World Association for Medical Law

Mykolas Romeris University

27TH WORLD CONGRESS FOR MEDICAL LAW

Vilnius, Lithuania
July 30 – August 4, 2023

PROGRAM AND ABSTRACT BOOK

Welcome to the 27th World Congress for Medical Law

This year, the WAML Annual Congress, a prestigious event with long lasting traditions, is taking place on August 2–4 in Vilnius, Lithuania.

During Vilnius Congress we will discuss a wide range of important issues in legal medicine, such as the challenges and successes of ongoing health system reforms to ensure access to quality health care; the role and responsibility of civil society in the health sector; new challenges to health systems in the post-pandemic period; the protection of patients' rights; and the role of forensic medical experts in the investigation of war crimes.

The WAML Vilnius Congress will be a great opportunity for scientists to meet like-minded fellows, it will also provide an excellent platform for new partnerships in the academic field and closer cooperation of representatives from medical and legal professions.

The Congress will also become a great opportunity to get to know Vilnius – the capital of Lithuania, celebrating its 700th birthday this year, with its rich historical traditions and the designation of its historic center as a UNESCO World Heritage site.

Prof. Dr. Toma Birmontienė
2023 WCML Program Chair

World Association for Medical Law

Mykolas Romeris University

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PROGRAM

Special Schedule for EC and BoG

Sunday (July 30)	
18:00	WAML Executive Committee Dinner (OFF PROPERTY)
Monday (July 31)	
09:00–12:00	Executive Committee Meeting *(Rho Room – Radisson Blu Hotel Lietuva)*
12:00–14:00	Executive Committee (BoG Candidate Interviews) *(Rho Room – Radisson Blu Hotel Lietuva)*
14:00–17:00	WAML Committee Meetings *(Rho Room – Radisson Blu Hotel Lietuva)* *14:00–15:00 – Bylaws Committee*
19:00–21:30	Board of Governors Welcome Reception *(Delta Lounge – Radisson Blu Hotel Lietuva)*
Tuesday (August 1)	
08:30–09:00	Executive Committee (BoG Candidate Interview)
09:00–16:00	Board of Governors Meeting *(Epsilon – Radisson Blu Hotel Lietuva)*
12:00–17:00	Registration and Hospitality Desk *(Lobby of the Conference Centre on the 2nd floor – Radisson Blu Hotel Lietuva)*
16:00–17:00	Program Chairs Meeting *(Epsilon – Radisson Blu Hotel Lietuva)*
17:30	Departure from Radisson Blu Hotel Lietuva to Welcome Reception National Gallery of Art
18:00–20:00	Welcome Reception *National Gallery of Art, Konstitucijos ave. 22, Vilnius*
Wednesday (August 2)	
08:30	Departure from Radisson Blu Hotel Lietuva to Mykolas Romeris University, *Ateities str. 20, Vilnius*
09:00–10:30	Opening Ceremony for 27th WCML *(Room I-201, Mykolas Romeris University)*
17:30–18:00	General Assembly Meeting *(Room I-201, Mykolas Romeris University)*
Thursday (August 3)	
19:00	Journal Dinner (OFF PROPERTY)
Friday (August 4)	
16:20–17:00	Closing Ceremony *(ZETA Meeting Room, Radisson Blu Hotel Lietuva)*
17:30	Departure from Radisson Blu Hotel Lietuva to Gala Dinner
18:00–20:00	Gala Dinner *Museum of Applied Arts and Design, Arsenalo str. 3, Vilnius*

Congress Schedule

Tuesday (August 1, 2023)

12:00–17:00	**Registration and Hospitality Desk** Lobby of the Conference Centre on the 2nd floor of Radisson Blu Hotel Lietuva
17:30	Departure from Radisson Blu Hotel Lietuva to Welcome Reception at the National Gallery of Art. Complimentary shuttle bus will be provided for participants with limited mobility only. Departure point: entrance of Radisson Blu Hotel Lietuva.
18:00–20:00	**Welcome Reception** *National Gallery of Art, Konstitucijos ave. 22, Vilnius*

Wednesday (August 2, 2023)

08:30–18:30	**Registration and Hospitality Desk** Lobby on the 2nd floor in front of Room I-201
08:30	Departure from Radisson Blu Hotel Lietuva to Mykolas Romeris University. Shuttle buses will be provided for all registered participants. Departure point: entrance of Radisson Blu Hotel Lietuva.
09:00–09:30	**Opening Plenary Session – Mykolas Romeris University (Room I-201)** *Moderators: Professor Toma Birmontiene, Professor Roy Beran* Ms. Viktorija Čmilytė-Nielsen, Speaker of the Lithuanian Parliament; Professor Dr. Inga Žalėnienė, MRU Rector; Professor Roy Beran, WAML President; Video greeting from Mr. Tedros Adhanom Ghebreyesus, WHO Director General
09:30–10:30	**Plenary Session 1 – Mykolas Romeris University** *Moderator: Professor Toma Birmontiene* 09:30–09:45 Dr. Ernestas Spruogis, Vice President of the Supreme Administrative Court of Lithuania, **Key Issues of the Health Care System Reforms in the Jurisprudence of the Supreme Administrative Court of Lithuania** 09:45–10:00 Professor Olegas Fedosiukas, Judge of Supreme Court of Lithuania, **Medical Negligence and Criminal Liability** 10:00–10:15 Associate Professor Dr. Radmyla Hrevtsova, **Protection of the Right to Health in the Times of War: The Ukrainian Experience** 10:15–10:30 Discussion
10:30–11:00	**Coffee Break Rotonda or Outside (University Park)**
	#Indicates Young Scientist Awards (Under 35 inclusive)

N.B. During the Congress, on 2 August, a shuttle service to the Radisson Blu Hotel Lietuva (and back to the University) will be provided at the times indicated at the University Registration/Information Desk.

	SESSION 1 (Room I-201)	SESSION 2 (Room I-414)	SESSION 3 (Room I-408)	SESSION 4 (Room I-409)
11:00 – 13:00	**PROTECTION OF PATIENTS' RIGHTS - CHALLENGES AND RESPONSIBILITIES OF THE STATE AND CIVIL SOCIETY** *Moderator: Rosa Teresa Meza Vasquez*	**TRANSFORMATIONS IN HEALTHCARE SYSTEMS AS AN INEVITABLE PROCESS IN ACHIEVING EXCELLENCE** *Moderator: Janne Rothmar Herrmann*	**PROTECTION OF PATIENTS' RIGHTS - CHALLENGES AND RESPONSIBILITIES OF THE STATE AND CIVIL SOCIETY** *Moderator: Vugar Mammadov*	**FOSTERING MORE EFFECTIVE RESOLUTIONS FOR DISPUTES BETWEEN PATIENTS AND HEALTHCARE INSTITUTIONS** *Moderator: Thierry Vansweevelt*
11:00 – 11:15	**1.1** **Health Advice on TikTok or Medical Advertising on Instagram? The Medical Service Contract and Are We Ready for New Legal Challenges?** *Dr. Mariya Petrova MD JD MPH (Bulgaria)*	**2.1** **Regulation of Medical Service Providers in Australia** *Professor Roy G. Beran AM, MBBS, MD, FRACP, FACLM (Australia)*	**3.1** **The Influence of Political Judicial Decisions on Public Health and Human Rights** *Advocate Jonathan Davies LLM (Israel)*	**4.1** **Recent Legislative and Jurisprudential Developments in Belgium in Medical Malpractice Cases: Trend Towards More Compensation Possibilities** *Dr. Christophe Lemmens PhD (Belgium)*
11:15 – 11:30	**1.2** **Effective Protection of Patients' Rights, in Particular the Application of Informed Consent in Belgium: An Evolution, Revolution or Devolution?** *Mr. Patrick Zonderman (Belgium)*	**2.2** **Building a Sustainable Healthcare System to Ensure Equitable Access in Post-COVID Era** *Professor Albert Lee MB BS LLB MPH LLMArbDR FMD GDLP ACLM FRCP FCIArb HonFFPH FRACGP (Hong Kong)*	**3.2** **On Class Actions and Public Health** *Professor Tamar Gidron JD (Israel)*	**4.2 - WITHDRAWN** **Medical Error or Negligence: Assessment of Physicians Knowledge in Tertiary Care Hospitals of Pakistan** *Dr Mustafa Aslam MBBS, DMJ, M.BETH, CPB (Pakistan)*
11:30 – 11:45	**1.3** **Ensuring Application of the Informed Consent Principle in Psychiatry for Patients with Mental Disability – Comparative Lithuanian, Latvian and Estonian Study** *Associate Professor Solvita Olsena Dr.iur, MD (Latvia)*	**2.3** **The Role of Healthcare Policies in China: Fighting Pandemic Versus Protecting Patients' Rights** *Mr. Man Teng Iong PhD (China)*	**3.3** **Is a Fetus a New Patient Without a Voice?!** *Dr Pnina Lifshitz Aviram Lecturer (Israel)*	**4.3** **Research on the Compensation for Loss of Chance in Medical Malpractice** *Professor Hongjie Man Dr (China)*
11:45 – 12:00	**1.4** **The New Legal Framework for Informed Consent and Patient Data Protection Under the New Brazilian General Data Protection Act (LGPD)** *Lawyer Karina Saleme Post Graduate (Brazil)*	**2.4** **The Vulnerability of the Health System Exposed by COVID-19 Pandemic - What is the Favorite Doctor in Japan?** *Dr Shigeki Takahashi MD. PhD, (Japan)*	**3.4** **Legal Protections of the Fetus and the Mother in the Context of the Development of Fetal Therapy** *Professor Yuko Nagamizu LL.M. (Japan)*	**4.4** **Healthcare Harm, Artificial Apologies and Robotic Redress** *Professor Oliver Quick PhD (United Kingdom)*
12:00 – 12:15	**1.5** **The Challenges of Informed Consent in a Largely Illiterate Population-Northern Nigeria as a Case Study** *Mr. Olaolu Osanyin (Nigeria)*	**2.5** **HR Over-Complexity in Belgian Hospital Law** *Philip Vanstapel Master of Laws (Belgium)*	**3.5** **The Legal Battle for Legalization of Birth at Home in Bosnia and Herzegovina** *Prim Mr Sci Dr Sanjin Dekovic (Bosnia and Herzegovina)*	**4.5 - WITHDRAWN** **Liability for Medical Error and Medical Negligence in Islamic Bioethics** *Prof. Dr. Osman Tastan (Turkey)*

	SESSION 1 (Room I-201)	SESSION 2 (Room I-414)	SESSION 3 (Room I-408)	SESSION 4 (Room I-409)
12:15 – 12:30	1.6 **Compulsory Vaccination of Children** *Marta Puścion, M.A. (Poland)*	2.6 **# European Union's Influence on Organisation of Member States' Healthcare Systems** *Zuzanna Zapotoczna Master of Laws (Poland)*	3.6 **Mandatory Tetanus Vaccination and Its Compatibility With ECHR: Questioning Vavřička Ruling** *Associate Professor Meliha Sermin Paksoy PhD (Turkey)*	4.6 **Challenges in Medical Negligence Litigation, Proposing Alternative Models** *Barrister Amarachukwu Ezetulugo LL.M (Nigeria)*
12:30 – 12:45	**Discussion**	**Discussion**	3.7 **Issues of Palliative Care for Children According to the Regulations of the Republic of Serbia** *Dr. Hajrija Mujovic PhD (Serbia)*	4.7 **Challenges in the Legal Regulation of Patient Rights. Non-Fault Liability** *Professor Toma Birmontiene (Lithuania)*
12:45 – 13:00	**Discussion**	**Discussion**	**Discussion**	**Discussion**
13:00 – 14:00	**Lunch Rotonda or Outside (University Park)**		**Lunch Rotonda or Outside (University Park)**	
	#Indicates Young Scientist Awards (Under 35 inclusive)		**#Indicates Young Scientist Awards (Under 35 inclusive)**	
	SESSION 5 (Room I-201)	**SESSION 6 (Room I-414)**	**SESSION 7 (Room I-408)**	**SESSION 8 (Room I-409)**
14:00 – 16:00	**THE LEGAL AND ETHICAL LIMITS OF SCIENTIFIC DEVELOPMENTS AND PROGRESS IN MEDICINE** *Moderator: TBA*	**INFORMATION TO PROMOTE PATIENT RIGHTS** *Moderator: Cécile Bensimon*	**PROTECTION OF PATIENTS' RIGHTS - CHALLENGES AND RESPONSIBILITIES OF THE STATE AND CIVIL SOCIETY** *Moderator: Judit Sandor*	**TECHNOLOGICAL DEVELOPMENTS AND PATIENT DATA PROTECTION. THE RIGHT TO PRIVACY VERSUS PUBLIC INTEREST** *Moderator: Sanjin Dekovic*
14:00 – 14:15	5.1 **# New Methods in Medicine: Legal Liability Where Lives Are Saved and Risked** *Dr. Martin Šolc Ph.D., (Czech Republic)*	6.1 **Fighting Health Inequalities in the Era of Precision Medicine** *Dr. Mónika Nogel JD, PhD (Hungary)*	7.1 **Protection of Patients' Rights in the Field of Neurology** *Professor Berna Arda MD MedSpec PhD (Turkey)*	8.1 **The Ethics of Genetic Programming** *Professor Marisa Almeida Araujo PhD (Portugal)*
14:15 – 14:30	5.2 **Status, Race and the Dilemma of Property in Dead Bodies: Exploring Consent and the Limits of Research and Experimentation Using Human Parts** *Dr. Jerzy Bednarski MD, PhD (Poland)*	6.2 **Who Shall Decide? Raising Awareness of Limitations to Take Healthcare Decisions by Patients with Limited Capacity** *Dr. Inesa Fausch (Lithuania)*	7.2 **Financial Capacity, Exploitation and Dementia: Balancing Protection and Choice** *Professor Nicola Glover-Thomas LL. B. (Hons); Ph.D. (United Kingdom)*	8.2 **European Health Data Space, Public Interest, and Personal Data** *Carla Barbosa (Portugal)*
14:30 – 14:45	5.3 **The Use of Artificial Intelligence in Assisted Reproduction: Legal and Ethical Challenges** *Associate Professor Li Du PhD (China)*	6.3 **Redesigning the Legal Framework on Abortion – Lessons From the Danish Case** *Professor Janne Rothmar Herrmann PhD (Denmark)*	7.3 **Current Situation on Regenerative Therapy in Japan** *Associate Professor Yuichiro Sato LLM (Japan)*	8.3 **Electronic Patients Data Records: The Patients' Rights Versus Public Interest in Medical Law** *Dr Tareck Alsamara Assistant Professor (Saudi Arabia)*

	SESSION 5 (Room I-201)	SESSION 6 (Room I-414)	SESSION 7 (Room I-408)	SESSION 8 (Room I-409)
14:45 – 15:00	5.4 **# The Lack of Diversity in Genetic and Genomic Research as the Source of Inequality in Health Care System** *Barbora Havlíková (Czech Republic)*	6.4 **Thou Shalt Not Kill, But... The Right to Die and How to Die. Some Thoughts in Light of Recent Cases of Infants with Severe Brain** *Damage/Dysfunction Dr. Esther-Lee Marcus M.D., (Israel)*	7.4 **Enhancing the Moral Authority of Advance Directives for Persons who Develop Dementia: An Analysis of Ethical Concerns and their Mitigation** *Associate Professor David Ernest MBBS, MHlthMedLaw, FRACP, FCICM, FACLM (Australia)*	8.4 **Health Application Controller Responsibilities of Personal Data Protection in Medan, North Sumatera-Indonesia** *Dr. Tengku Keizerina Devi Azwar Ph.D (Indonesia)*
15:00 – 15:15	**Discussion**	**Discussion**	7.5 **Sterilization of Vulnerable Persons in Japan: Recent Developments and Remaining Issues** *Professor Takeshi Miyashita LLM (Japan)*	8.5 **Sanctioning Hospital Doctors for Unlawfully Accessing a Patient's Medical Records – A Case Study** *Mr. Sander Briké LL.M. (Belgium)*
15:15 – 15:30	**Discussion**	**Discussion**	7.6 **Direct and Indirect Discrimination of Persons with Chronic Diseases: A Critical Analysis of European Legal Framework** *Michal Koscik Ph.D. (Czech Republic)*	8.6 **Patient Privacy in the Era of AI Act and European Health Data Space: How to Ensure Ethical and Legal Secondary Use of Patients' Health Data in Development of AI Software** *Master of Law; Magister Juris Monika Kupis (Poland)*
15:30 – 15:45	**Discussion**	**Discussion**	7.7 **Balancing Rights and Needs - Comparing Regulation of Restrictive Measures in Adult Patients' Somatic Care in Nordic Countries** *PhD candidate Merja Turunen M.D., LL.M, M.Sc. Admin (Finland)*	8.7 **Secondary Use of Patient Health Data: Balancing Between Privacy and Public Interest** *PhD candidate Raimondas Andrijauskas (Lithuania)*
15:45 – 16:00	**Discussion**	**Discussion**	**Discussion**	**Discussion**
16:00 – 16:30	**Coffee Break Rotonda or Outside (University Park)**		**Coffee Break Rotonda or Outside (University Park)**	
16:30 – 17:30	**SESSION 9 Forum discussion – Mykolas Romeris University Room I-414**		**SESSION 9 Forum discussion – Mykolas Romeris University Room I-414**	
	ARBITRATION TO RESOLVE MEDICAL DISPUTES AND CONFLICTS *Moderator: Professor Albert Lee and Professor Agne Tvaronaviciene (MRU)*		**ARBITRATION TO RESOLVE MEDICAL DISPUTES AND CONFLICTS** *Moderator: Professor Albert Lee and Professor Agne Tvaronaviciene (MRU)*	
17:30 – 18:30	**GENERAL ASSEMBLY – Mykolas Romeris University (Room I-201)**		**GENERAL ASSEMBLY – Mykolas Romeris University (Room I-201)**	
18:45	Departure from Mykolas Romeris University to Radisson Blu Hotel Lietuva. Complimentary shuttle buses will be provided for all registered participants. Departure point: entrance of MRU.		Departure from Mykolas Romeris University to Radisson Blu Hotel Lietuva. Complimentary shuttle buses will be provided for all registered participants. Departure point: entrance of MRU.	

Thursday (August 3, 2023)

08:00 – 18:00	**Registration and Hospitality Desk** Lobby of the Conference Centre on the 2nd floor	
08:00 – 09:00	**Installation of Posters**	
09:00 – 10:00	**Opening Plenary Session – Radisson Blu Hotel Lietuva (ZETA Meeting Room)** *Moderator: Professor Roy Beran* 09:00–09:20 Professor Danguolė Jankauskienė, Viceminister, Ministry of Health of the Republic of Lithuania, **Health Reform for the Value to the Patient** 09:20–09:40 Professor Dalius Jatužis, Dean of the Faculty of Medicine, Vilnius University, **Transformations of Medical Undergraduate and Postgraduate Studies: Challenges and New Perspectives** 09:40–10:00 Discussion	
10:00 – 10:30	**Coffee Break and Visit Posters**	
	#Indicates Young Scientist Awards (Under 35 inclusive)	
	SESSION 10 **Radisson Blu Hotel Lietuva (ZETA Meeting Room)**	**SESSION 11** **Radisson Blu Hotel Lietuva (LAMBDA Meeting Room)**
10:30 – 12:30	**THE LEGAL AND ETHICAL LIMITS OF SCIENTIFIC DEVELOPMENTS AND PROGRESS IN MEDICINE** *Moderator: Berna Arda*	**FOSTERING MORE EFFECTIVE RESOLUTIONS FOR DISPUTES BETWEEN PATIENTS AND HEALTHCARE INSTITUTIONS** *Moderator: Olaolu Osanyin*
10:30 – 10:45	**10.1** **Algorithms, Artificial Intelligence and Digital Health: What Public Interest? What Benefits for the Patient?** *DR, Emeritus Senior Lecturer Anne-Marie Duguet PhD (France)*	**11.1** **The Protection of Doctor Whistleblowers Against Retaliation by Their Hospital When in the Fulfilment of Their Duty to Warn for Quality Problems** *Professor Filip Dewallens PhD (Belgium)*
10:45 – 11:00	**10.2** **'Algorithm, What Should I Do?' – The Medical Standard of Care to Use AI in Healthcare Delivery** *Dr. Vera Lúcia Raposo PhD (Portugal)*	**11.2** **Impact and Practical Litigation Implications of "I'm Sorry" Laws in the U.S.** *Dr. Bill Hinnant MD JD FCLM (USA)*
11:00 – 11:15	**10.3** **The Impact of the Development and Use of Artificial Intelligence in Healthcare on the Protection of Patient Privacy** *Attorney Konrad Jagocha Master of Law (Poland)*	**11.3 - WITHDRAWN** **Death by a Thousand Cuts: Consciously Coupling Emotions and Law in Healthcare Disputes** *Dr Tina Popa PhD, (Australia)*
11:15 – 11:30	**10.4** **Knowing Me, Knowing You: Privacy and Emerging Technologies in Health Care** *Prof. Judit Sandor PhD. (Austria)*	**11.4** **Structural Staff Shortage in Healthcare Institutions: Legal Liability Issues** *Prof. Dr. Sylvie Tack Guest Professor (Belgium)*
11:30 – 11:45	**10.5** **Surrogacy in Portugal. The Right of the Surrogate to Revoke the Consent After Birth: Who is the Father Afterward?** *Prof. Dr. André Pereira PhD (Portugal)*	**11.5** **The Non Deference of the Brazilian Courts to the Regulation of the ANS - National Health Regulatory Agency Regarding the Concession of Homecare Services** *Mr. Mayrinkellison Wanderley M.Sc. (Brazil)*
11:45 – 12:00	**10.6** **The Impact of Technological Change on the Doctor-Patient Relationship in Europe** *Professor Rui Cascão Ph.D. (Portugal)*	**11.6** **Medical Liability in the Artificial Intelligence Era** *Bianca Hanganu (Romania)*
12:00 – 12:15	**10.7** **Issues Related to Health Care Services for Transgender People in Lithuania** *Lecturer Daiva Petrėnaitė Ph.D. (Lithuania)*	**11.7** **A Centre for Sexual Assault in Belgium: Patient-Centered and Holistic Care** *Medical Coordinator Lieven Wostyn M.D. (Belgium)*
12:15 – 12:30	**Discussion**	**11.8** **Public-Private Partnerships in Healthcare in the Face of Sustainable Finance Challenges** *MA, PhDc Weronika Wojturska (Poland)*

12:30 – 13:30	**Lunch**	
	SESSION 12 **Radisson Blu Hotel Lietuva (ZETA Meeting Room)**	**SESSION 13** **Radisson Blu Hotel Lietuva (LAMBDA Meeting Room)**
13:30 – 15:30	**FOSTERING MORE EFFECTIVE RESOLUTIONS FOR DISPUTES BETWEEN PATIENTS AND HEALTHCARE INSTITUTIONS** *Moderator: Radmyla Hrevtsova*	**TECHNOLOGICAL AND SCIENTIFIC RESEARCH INNOVATIONS IN LEGAL MEDICINE** *Moderator: Shigeki Takahashi*
13:30 – 13:45	**12.1** **Role of Forensic Medicine for Justice Process in Crimes Against Health & Life** *Prof., Dr. Vugar Mammadov Doctor of Medicine; Doctor of International Law & Human Rights (Azerbaijan)*	**13.1** **The Genetic Discrimination Observatory @ Work: Mapping Forensic Genetics Databases, Policies and Practices around the World** *Professor Yann Joly PhD (DCL) (Canada)*
13:45 – 14:00	**12.2** **The Development of a Clinical Forensic Service For Adults At Risk Of Harm in England** *Dr Elisabeth Alton, MBBS, MA, MRCGP, and Professor Margaret Stark LLM, MSc (Med Ed), FACBS, FHEA, FACLM,FRCP, FFCFM, RCPathME, DGM, DMJ, DAB (United Kingdom)*	**13.2** **Ethical and Legal Issues Related to the Commercialisation of Gamete Donation** *JUDr. Mgr. Jakub Valc Ph.D. (Czech Republic)*
14:00 – 14:15	**12.3** **Clinical Data Access for Forensic Investigation: Current Perspectives in Portugal** *Vanessa Rodrigues MD, JD (Portugal)*	**13.3** **New Technologies, Civil Liability, and the Future of Healthcare in Brazil** *Professor Eduardo Dantas LLM (Brazil)*
14:15 – 14:30	**12.4** **Bioethical Mediation as a Mechanism for Resolving Disputes Between the Right of Autonomy of Unconscious and End-of-life Care Patients and Liability for Healthcare Providers** *Barrister Innocent Nkwandu Ofili LL.B, BL, LL.M, M.Sc., MA, PhD (Nigeria)*	**13.4 - WITHDRAWN** **Expert Medical Witnesses, Evidence-Based Medicine and the Scientific Literature Review on the Information Highway. (Using Epidemiologic Methodology in Court, NOT just around COVID)** *Ofra Mehoudar MSc (Israel)*

14:30 – 14:45	**12.5** **Central Hospital Liability: A More Effective Resolution for Disputes Between Patients and Healthcare Professionals/ Institutions?** *Charlotte Cuypers LL.M. (Belgium)*	**13.5** **The Codes of Medical Ethics, Good Practices and Other Professional Standards – Just Nonbinding Guidelines or Something More?** *Dr Janusz Roszkiewicz (Poland)*
14:45 – 15:00	**12.6** **Resolving Patients' Rights Disputes, the Extrajudicial Way** *Jan Willem Franck (Belgium)*	**13.6** **Prohibition of Advertising of Medicinal Products in Order to Protect Patients' Rights and Public Health – Experience of the Republic of Latvia** *Lect. Laura Šāberte Ph.D. student (Latvia)*
15:00 – 15:15	**12.7** **Mediation in Health Disputes in Peru: Proposals and New Perspectives** *Rosa Teresa Meza Vásquez (Peru)*	**Discussion**
15:15 – 15:30	**12.8** **Legal Analysis of Peruvian Medical Arbitration Cases: New Perspectives** *Giancarlo Jiménez Bazán (Peru)*	**Discussion**
15:30 – 15:45	**Discussion**	**Discussion**
15:45 – 16:15	**Coffee Break and Visit Posters**	
16:15 – 17:15	**SESSION 14 Forum discussion – Radisson Blu Hotel Lietuva (ZETA Meeting Room)**	
	BLOCKCHAIN IN THE GLOBAL HEALTH SPACE – A DISCUSSION ON MEDIO-LEGAL, PRIVACY, AND REGULATION REQUIREMENTS *Moderators: Dr. Ana Corte-Real and Professor Paulius Pakutinskas, MRU*	
17:15 – 18:15	**SESSION 15 Forum discussion – Radisson Blu Hotel Lietuva (ZETA Meeting Room)**	
	DNA AND AI – THE CHALLENGES OF NEW TECHNOLOGIES IN THE FIELD OF BIOMEDICINE *Moderators: Prof. André Pereira Phd and Dr. Emeritus Senior Lecturer Anne-Marie Duguet PhD*	

Friday (August 4, 2023)

08:30 – 17:00	**Registration and Hospitality Desk** Lobby of the Conference Centre on the 2nd floor
09:00 – 10:00	**Opening Plenary Session– Radisson Blu Hotel Lietuva (ZETA Meeting Room)** *Moderator: Jonathan Davies LLM* 09:00–09:15 Ambassador-at-Large Linas Linkevičius, Ministry of Foreign Affairs of the Republic of Lithuania; Former Minister for Foreign Affairs, former Minister for Defense, **Challenges of International Cooperation in Time of Crisis** 09:15–09:30 Ms. Ieva Pilecke, Advocate, Representative of Lithuania Bar Association, **Current Problems in the Judicial Protection of Patients' Rights** 09:30–09:45 Professor Edita Žiobienė, Ombudsperson for Child's Rights, **Challenges for the protection of Children's health** 09:45–10:00 Discussion
10:00 – 10:15	**Coffee Break**
	#Indicates Young Scientist Awards (Under 35 inclusive)
10:15 – 12:00	**SESSION 16**
	NEW CHALLENGES FOR INTERNATIONAL COOPERATION *Moderator: Nicola Glover-Thomas*
10:15 – 10:30	**16.1** **Actual Forensic Medicine Trends and Challenges in the Global context** *Prof. Dr. Marija Caplinskiene M.D. Grand. PhD. (Lithuania)*
10:30 – 10:45	**16.2** **Minding the Gaps: Information Asymmetries, Propaganda, and the Politics of International Cooperation in Public Health Disasters and Emergency Medical Practice** *Dr. Irehobhude Iyioha LL.B., BL., LL.M., Ph.D.(Canada)*
10:45 – 11:00	**16.3** **Addressing Global Healthcare Challenges Through Collaboration** *Nnenna Joy Eze (Nigeria)*
11:00 – 11:15	**16.4** **Telehealth in the Metaverse: Legal & Ethical Challenges for Cross-Border Care in Virtual Worlds** *Dr. Barry Solaiman PhD (Qatar)*
11:15 – 11:30	**16.5** **Criminal Responsibility for Lethal Opioid Drug: Purple Rain - New Developments** *Professor & Researcher Gonçalo S. de Melo Bandeira LLD (Portugal)*
11:30 – 11:45	**16.6** **Pharmaceutical Patent Rights vs. Accessibility to Life-Saving Medicines in Cases of Global Pandemics - Critical Assessment of the WTO (TRIPs) Mechanism** *Advocate Nellie Munin Associate Professor (Israel)*
11:45 – 12:00	**Discussion**
12:00 – 13:00	**Lunch** **Posters Take Down**
13:00 – 15:00	**SESSION 17**
	CONTEMPORARY ISSUES PERTAINING TO HEALTHCARE SERVICE PROVIDER LIABILITY *Moderator: Charles William "Bill" Hinnant*
13:00 – 13:15	**17.1** **Error Reporting and Its Effects (Possible) in Criminal Liability in the Portuguese Legal System** *Dr. Sara Moreira Masters (Portugal)*
13:15 – 13:30	**17.2** **Criminal Liability for Medical Malpractice in Ethiopia: A Case Study** *Dr. Melkamu Meaza MD, MPH, LLB (Ethiopia)*
13:30 – 13:45	**17.3** **Medical Advertising on Social Networks and its Influence on Medical Responsibility** *Dr. Renato Assis Post Graduate (Brazil)*
13:45 – 14:00	**17.4** **The Relevance of the Medical Standards for Private Law Liability in Comparative Perspective** *Dr Witold Borysiak PhD in Law (Poland)*
14:00 – 14:15	**17.5** **Do Health Care Providers Have a Legal Duty to Actively Protect Patients from Violent Attacks?** *Tomáš Holčapek Ph.D., Petr Šustek Ph.D. (Czech Republic)*
14:15 – 15:00	**Discussion**

15:00 – 15:30	**Coffee Break**
15:30 – 16:30	**SESSION 18 Forum discussion – Radisson Blu Hotel Lietuva (ZETA Meeting Room)**
	THE UNIQUENESS OF NATIONAL HEALTH SYSTEMS - HOW TO PRESERVE THEM WHILE COMPLYNG WITH EU AND INTERNATIONAL PRACTICE? *Moderators: Professor Toma Birmontiene, Ms Dovile Burgiene, Advocate, WALLESS, Ms Guoda Sileikyte, Advocate, WALLESS*
16:30	**CLOSING CEREMONY AND AWARDS**
17:30	Departure from Radisson Blu Hotel Lietuva to the venue of Gala Dinner (*Museum of Applied Arts and Design, Arsenalo str. 3, Vilnius*). Complimentary shuttle buses will be provided for all registered participants. Departure point: entrance of Radisson Blu Hotel Lietuva (hotel reception floor).
18:00 – 20:00	**Gala Dinner** *Museum of Applied Arts and Design, Arsenalo str 3, Vilnius*
20:30	Departure to Radisson Blu Hotel Lietuva

POSTER PRESENTATIONS

THURSDAY, August 3 and FRIDAY, August 4, 2023

Radisson Blu Hotel Lietuva (LOBBY)
# Indicates Young Scientist Awards (Under 35 inclusive)

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Right to Assisted Reproduction Technologies for Single Women: Comparative Analysis
Lect. Nastė Grubliauskienė
Mykolas Romeris University, Vilnius (Lithuania)

P2
Empirical Study on Dutch Students and Their Attitudes Toward Genetic Engineering
Dr. Mónika Nogel JD, PhD.
Széchenyi István University, Győr (Hungary)

P3
Establishment of the Criteria for Administrative Involuntary Hospitalization for Patients with Mental Disorder: Exploratory and Educational Research
Dr. Akihiro Shiina PhD
Chiba University Center for Forensic Mental Health, Chiba (Japan)

P4
Simulation - Based Education in Healthcare: Legal Challenges and Future Perspective
Lect. Andreta Slavinska Mg.iur., Doctoral Student,
Assist. Prof. Karina Palkova Ph.D., Prof. Aigars Pētersons Dr. habil. med.
Riga Stradins University, Riga (Latvia)

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Bridging the Gap: The Power of Ombudsmen in Healthcare for Patients Rights and Systemic Improvements
Andra Mažrimaitė LL.M.
Law firm Ellex Valiūnas ir partneriai, Vilnius (Lithuania)
Mykolas Romeris University, Vilnius (Lithuania)

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Medico-Legal Examination of Driving Under the Influence of Drugs (DRUID) in Hungary
Professor Gabor Kovacs MD., JD., PhD.
Szechenyi Istvan University, Gyor (Hungary)

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Ebenezer Egwuatu LLB (Hons.)
Lawyers Arise for the People Initiative, Abuja, Federal Capital Territory (Nigeria)

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Assistant professor Toshimitsu Nakatsuka MD, JD,
Professor Hiroshi Matsumoto MD, PhD
Osaka University, Suita, Osaka (Japan)

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Dr., S.H., M.H. Bob Wahyudin Medical Doctor (PhD)[1,2],
DR, S.H., M.H Redyanto Sidi Law Doctor[2]
[1] Bosowa University, Makassar, South Sulawesi (Indonesia)
[2] Pembangunan Panca Budi University, Medan, North Sumatra (Indonesia)

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Lixia Wang Master[1], YU LIU Master[2], Dr. JING Wang MD[3]
[1] Beijing Tsinghua Changgung Hospital, Beijing (China)
[2] Beijing Health Law Association, Beijing (China)
[3] Beijing Tiantan Hospital, Beijing (China)

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Assoc. Prof. Dr. Eng Vesselin Chobanov PhD[1], Dr. Mariya Petrova MD JD MPH[2]
[1] Technical University of Sofia, Sofia, Sofia (Bulgaria)
[2] LexMedica - Healthcare, Medical and Pharmaceutical law firm, Sofia, Sofia (Bulgaria)

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Bianca Hanganu[1,2], Beatrice-Gabriela Ioan[2]
[1] Alexandru Ioan Cuza University of Iasi, Iasi (Romania)
[2] Grigore T Popa University of Medicine and Pharmacy of Iasi, Iasi (Romania)

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University Clinical Center, Tuzla (Bosnia and Herzegovina)

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Vilnius, Lithuania

PS1.3 Protection of the Right to Health in the Times of War: The Ukrainian Experience

Ass. Prof. Radmyla Hrevtsova Dr.
Taras Shevchenko National University of Kyiv, Kyiv, Ukraine, Ukraine

The humankind has not seen such full-fledged and global-impact war as the Russia's military invasion of Ukraine, since the II World War.

The Ukrainian state has done much to protect human rights, including the right to health, in the times of war. It is important that, although the Constitution of Ukraine allows to temporarily limit certain rights and freedoms under the conditions of martial law or the state of emergency, no derogation from the right to health care and medical assistance is made during the period of martial law. Moreover, legislative and governance measures are taken to ensure practical opportunities of exercising the above right.
912 attacks on the Ukrainian healthcare have been reported as of 1 April 2023, since the beginning of the full-fledged war (WHO Surveillance System, 2023).
Despite of all horrors and hardships brough by the war, Ukrainian healthcare system survived, remained manageable and generally capable of ensuring healthcare servicing of the population. How was it achieved?
First, the experience of the struggle with COVID-19 was used to ensure the proper response. Secondly, several changes introduced during the healthcare reform launched in 2017, appeared to be helpful to protect the right to health during the war. And certainly, it is due to dedication of healthcare workers.
The right to health is not limited to the provision of healthcare services. It also includes such underlying determinants of health, as access to safe and potable water and adequate sanitation, an adequate supply of safe food, housing, healthy occupational and environmental conditions, etc. (CESCR, General Comment No. 14, 2000). The unprovoked Russia's war against Ukraine has negatively affected all health determinants.
Thus, for e.g., it caused problems with access to potable water for 6 mln of Ukrainians (UNICEF, 2022). Another sad example is the impact of the war on housing. According to the Ministry of Regional Development of Ukraine, houses of more than 2,4 mln of Ukrainians were ruined or substantially damaged during the war (Minregion, 2022).
Attacks against civilians and civil objects, rapes, tortures, and other war crimes and / or crimes against humanity committed by Russia's aggressors negatively impact health of their victims and other individuals. International efforts, including those of lawyers and forensic experts, are required to call the perpetrators to liability, to provide necessary assistance to victims, to ensure compensation, as well as to rebuild and modernize the Ukrainian healthcare system.

1.1 Health Advice on TikTok or Medical Advertising on Instagram? The Medical Service Contract and Are We Ready for New Legal Challenges?

Dr. Mariya Petrova MD JD MPH
LexMedica - Healthcare, Medical and Pharmaceutical law firm, Sofia, Sofia, Bulgaria

Social media has become an integral part of daily life. While their initial purpose was to facilitate communication, they are now being used by medical practices and practitioners to promote their services and content. This can be an effective way of reaching a wider audience, but it also comes with risks and strict regulations.
Health tourism, telemedicine, and e-healthcare require the use of digital platforms, but with the popularization of social media such as TikTok and Instagram, the risks of their use have increased significantly. Rules on social media do not regulate the provision of medical services, and often they "skip" the restrictions on "advertising medical services." Additionally, content on social media is often biased, with practitioners sharing only positive outcomes that put them or the practice in a beneficial light. Risks associated with certain treatments are not always shared, alternative treatments - are overlooked. Many medical practices and practitioners present a skewed image on social media and may appear specialized or always successful.
The medical service contract is specifically regulated in different countries, both in its subject matter - medical services and health advice for prevention, prophylaxis, and treatment – and with respect to the parties - most often physician and patient. Offering health advice or medical services online is highly risky and either strictly regulated or prohibited in many countries, as is the promotion of healthcare or medical services.
What risks does advertising medical services on Instagram pose? Can TikTok be responsible for the health advice shared on it? What is the difference between a platform user and a patient, and what happens when the two overlap? How do we achieve consent to receive health advice from TikTok, and what is the legal nature of disclaimers? Are they a universal tool for "waiving responsibility?" When does an offer for a medical service arise on Instagram? Can the information on social media replace part of the standard terms and the process of informed choice and consent?
These and other debatable questions are at the heart of the report. It aims to explore the platforms as intermediaries for health services, define the parties in medical service contracts and their subject matter, and focus attention on patient rights in the meta world. It also sheds light on the related legal risks through examples from court proceedings.

1.2
Effective Protection of Patients' Rights, in Particular the Application of Informed Consent in Belgium: An Evolution, Revolution or Devolution?

Mr. Patrick Zonderman Lawyer
Dewallens & partners, Leuven, Vlaams-Brabant, Belgium

Through a brief introduction of how patients' rights are protected internationally, the regulations within Belgian law will be critically explained. Research shows that healthcare providers are often not or insufficiently aware of the legal framework of patient rights. This observation suggests that patients' rights are often violated. This will be followed by an examination of which bodies monitor compliance with the existing rules and what sanctions are provided for non-compliance. This is important because the Patients' Rights Act itself does not contain any specific sanctions. This was a deliberate choice by the legislator. A recent separate Quality Act did establish a Supervisory Commission, which will soon also be able to monitor compliance with patients' rights.

Based on the rules around informed consent, the protection of patients' rights will be tested in concrete terms. Case law within Belgium has come a long way in this regard. A recent judgment by the Court of Cassation on 31 March 2022 also changed the direction previously taken by the Court of Cassation. For instance, by its judgement of 25 June 2015, the Court still ruled that the burden of proof of informed consent lies with the professional provider. The specific judgment concerned a dispute between a client and his lawyer, but it was also applied to the patient-doctor relationship. In its 2022 judgment, however, the Court again put the burden of proof on the patient. A patient, who claims that he suffered harm because the doctor failed to communicate to him the information prescribed in Article 8 of the Patients' Rights Act, must not only prove that the doctor should actually have given this information, but must also prove that the doctor actually did not give this information.
Finally, it will consider whether patients' rights are effectively protected in Belgium and whether legal uncertainty in internal case law has now come to an end. Finally, proposals will be made to strengthen the effectiveness of the protection of patients' rights.

1.3 Ensuring Application of the Informed Consent Principle in Psychiatry for Patients with Mental Disability - Comparative Lithuanian, Latvian and Estonian Study

Associate Professor Solvita Olsena Dr.iur, MD, Researcher Inesa Fausch PhD, Researcher Mari Amos MA, MPh
University of Latvia, Riga, Latvia

The study aims to assess whether and to what extent the principle of informed consent is implemented in legal norms and practice in treating patients with mental disabilities in psychiatry in Latvia, Lithuania, and Estonia. The study analyses whether national laws in these countries are in line with principles concerning legal capacity and informed consent enshrined in the UN Convention on the Rights of People with Disabilities, Art. 12 and 25, requiring that persons with mental disabilities enjoy legal capacity on an equal basis with others in all aspects of life, including in health care.
Methods. The study is part of the research project "Towards a human rights approach for mental health patients with a limited capacity: A legal, ethical and clinical perspective", No. lzp-2020/1-0397. The doctrinal legal research method reviewed Estonian, Lithuanian and Latvian statutes and case law regulating legal capacity, informed consent, and decision-making in psychiatry. A comparative approach was applied to present regulatory approaches in three countries.
The study reveals that Estonian and Lithuanian laws concerning decision-making in health care do not differ in general and healthcare-related matters. In Estonia, persons who, due to mental disorders, are limited in their ability to understand or direct their actions will be limited in their legal capacity. The guardian will be permitted to take substituted healthcare decisions. In Lithuania, the law provides that patients determined to be legally incapable in healthcare matters are represented by a guardian. A patient with partial legal incapacity in the health care field shall acquire rights, assume obligations, and exercise them per the procedure laid down by the Civil Code. In Latvia, the law does not allow the limitation of legal capacity in personal rights, including patients' rights. However, provisions of the Patients' Rights Law state that when a patient lacks capacity, a guardian has a right to take a substitute decision.
During the study, it became evident that different healthcare providers in all three countries do not address the issue of mental disability, informed consent rights and limited ability sufficiently or not at all.
Conclusions. Legal regulations in all Baltic countries provide substituted decision-making and do not address informed consent rights of people with mental disabilities securing supported healthcare decision-making. Legislators in Estonia, Lithuania and Latvia should address this non-compliance with CRPD by amending the regulations to safeguard the rights and protection of people with disabilities in health care.

1.4 The New Legal Framework for Informed Consent and Patient Data Protection Under the New Brazilian General Data Protection Act (LGPD)

Lawyer Karina Saleme Post Graduate
ZNT Consultoria e Assessoria, São Paulo, São Paulo, Brazil

The Brazilian General Data Protection Act (LGPD) is a new legal framework for data protection and privacy in Brazil. It introduces new rules for the collection, storage, and use of personal data, including health data. In this presentation, we will explore the impact of the LGPD on informed consent and patient data protection in Brazil.
Informed consent is a fundamental principle of medical ethics, requiring healthcare providers to obtain the patient's explicit and voluntary consent before any medical intervention or treatment. With the implementation of the LGPD, informed consent also extends to the collection, processing, and storage of patients' personal and health data. This means that healthcare providers must obtain explicit and informed consent from patients before collecting and processing their data and must inform patients of their rights related to their personal data.
The LGPD establishes new rules for the collection, processing, and storage of personal data, including health data. Healthcare providers must comply with these rules to ensure the protection and privacy of patients' data. The LGPD also establishes new rights for patients related to their personal data, such as the right to access, rectify, and delete their data. Healthcare providers must implement appropriate technical and organizational measures to protect patients' data and must report any data breaches to the National Data Protection Authority.
The implementation of the LGPD has significant implications for healthcare providers in Brazil. Healthcare providers must ensure that they obtain explicit and informed consent from patients for the collection, processing, and storage of their personal and health data. They must also implement appropriate technical and organizational measures to protect patients' data and comply with patients' rights related to their data. Failure to comply with the LGPD can result in significant fines and reputational damage.
The implementation of the LGPD represents a significant change in the legal framework for data protection and privacy in Brazil. Healthcare providers must take steps to comply with the LGPD and ensure that they obtain explicit and informed consent from patients for the collection, processing, and storage of their personal and health data. By doing so, healthcare providers can protect patients' data and privacy,

and ensure compliance with the new legal framework. The aim of this work is to present an overview, regarding these new patient´s rights and healthcare provider´s liability.

1.5 The Challenges of Informed Consent in a Largely Illiterate Population-Northern Nigeria as a Case Study

Mr. Olaolu Osanyin
First Counsel Solicitors, Lagos, Lagos, Nigeria

The right of the patient to know all that pertains to his health, including the treatment method proposed by his physician in a language that he understands coupled with his autonomous right to accept or decline treatment, can be a very challenging process in a largely illiterate society.
This presentation attempts to high light the challenges faced by physicians in effectively communicating with their patients, also the challenges of illiterate patients asserting their rights of autonomy while receiving treatment. These shall be done in light of new legislations, court decisions and protocols enforcing the concept of informed consent in Nigeria.

1.6 Compulsory Vaccination Of Children

Marta Puścion MA
University of Warsaw, Warsaw, Poland

In Poland every year an increasing number of parents refuse to vaccinate their children. A similar trend can be observed in many countries around the world. In Poland, the obligation to vaccinate children is imposed by law.
In the case of children, according to the law, the responsibility for vaccination rests on the legal representatives. It is the parents' responsibility to vaccinate their child. It's one of few examples of compulsory treatment and restriction of patient's rights. There are no grounds other than health contraindications for avoiding preventive vaccination. There are legal sanctions for non-compliance with the obligation. Refusal to vaccinate children poses a serious risk to the health of the child, but also to others. Opponents of childhood immunisation cite the welfare of the child and the right to bring up children according to their own convictions. However, according to Polish law, parents do not have unlimited power over their child and should be guided by the child's best interests when making various decisions.
It is the responsibility of the doctor providing preventive care to inform parents of the need for their child to undergo mandatory preventive and recommended vaccinations. The doctor should provide information on the purpose of the procedure or the health consequences.
To illustrate the real challenges of vaccination refusal, two case studies will be presented: vaccination against COVID-19 of a child in the case of a conflict between parents and the refusal of specific health care services due to the non-vaccination of a child.

2.1 Regulation of Medical Service Providers in Australia

Professor Roy G. Beran AM, MBBS, MD, FRACP, FACLM
University of New South Wales, Sydney, NSW, Australia. School of Medicine, Griffith University, Gold Coast, Queensland, Australia. Western Sydney University, Sydney, NSW, Australia

Introduction: The Australian health system is complex with Commonwealth, State and Territory and shared responsibilities.
Registration and accreditation of health care providers in Australia: The National Registration and Accreditation Scheme (NRAS) transcended medical professionals and the Australian Health Practitioner Regulation Agency (AHPRA) provides oversight: facilitating cross borders care; ensures qualifications and standards; language proficiency; recency; professional development; indemnity insurance; and criminal reviews.
Comparison of regulatory systems: USA has predominantly state regulation decision-making autonomy and questions self-regulation. Canada has national registration although state issues impede across province border services. Despite greater self-regulation, regulatory authorities supervise: entry-to-practice credentials; public register; practice standards; and disciplinary proceedings. Canada is moving towards an umbrella regulatory system. UK has 10 separate statutory organizations/councils supervising: standards; quality assurance; register; and dealing with complaints. There is a Professional Standards Authority for Health and Social Care with regular reviews and can intercede if disagreeing with outcomes.
Managing complaints against health practitioners: AHPRA handles complaints, except in New South Wales (NSW) and Queensland (Qld) where the Health Professional Councils Authority or Health Care Complaints Commission prevails or the Qld Office or the Health Ombudsman officiates, unless being part of mandatory reporting or criminal. Outcomes depend on the complaint which may not proceed or could result in suspension or cancelation of registration.
Conclusions:
Australian health system is complex with commonwealth, state and territory or mixed responsibilities. The NRAS includes AHPRA, providing national registration, facilitating cross-state border care. Except in NSW and Qld, there is a national approach regarding complaints. USA, UK and Canada are moving in a similar direction with less national standards.

2.2 Building a Sustainable Healthcare System to Ensure Equitable Access in Post-COVID Era

Professor Albert Lee MB BS LLB MPH LLMArbDR FMD GDLP ACLM FRCP FCIArb HonFFPH FRACGP
The Chinese University of Hong Kong, Shatin, New Territories, Hong Kong. Australasian College of Legal Medicine, Brisbane, Queensland, Australia. University of Law (Hong Kong Campus), London, United Kingdom. Hong Kong Polytechnic University, Hung Hom, Kowloon, Hong Kong

The global health has been pre-occupied by COVID-19 pandemic over last 3 years. However, the epidemics of Non-Communicable Diseases (NCDs) is still posing public health challenges and patient care for managing NCDs has been greatly compromised during the pandemic with many services being cut down or even suspended. Another emerging health burden is mental health. Approximately 15–20% of the world's population have one or more mental or substance use disorders. The pandemic has further worsened the mental health with social isolation resulting from precautious measures, combined with reduced access to mental health and support services within the community

settings and fewer opportunities to engage in protective activities such as physical activity. We are likely to face waves of communicable diseases. It is blessing that we have brilliant scientists to advance vaccine development and drug discovery. However, we must not forget to tackle the epidemiology triangle of communicable diseases, host, agent and environment, the root of the problem. Have you invested proportionately to improve your living environment less conducive for transmission of infectious diseases? Existence of chronic health conditions put people at risk of complications from infectious diseases. Prevention and control of NCDs by early detection and treatment should be greater emphasis with the ultimate goal to stablise patients at early stage so they can avoid complications and unnecessary hospitalisations. Are resources allocated to primary care to enable early identification and management of NCDs? The community setting should have adequate resources to empower the community to improve mental health literacy and emotional competencies so they can seek help and support early stage. We must not forget the importance of the first 1000 days of life being the crucial period for healthy development. Early identification and prevention of adverse factors such as malnutrition, unhealthy lifestyles, hazardous exposure during pre-conception, antenatal, postnatal and infancy period is fundamental to ensure good start in life. In post COVID era, the sustainable healthcare system should enable equitable access to different tiers of prevention to adopt behaviours across a wide range of lifestyle factors to enhance health and well-being. From medical perspective, it highlights the importance of complex public health intervention to enhance health and well-being. From legal perspective, the approach can further advocate how law can affect health by structuring, perpetuating, and mediating the social determinants as addressed by the Lancet Commission on legal determinants of health.

2.3 The Role of Healthcare Policies in China: Fighting Pandemic Versus Protecting Patients' Rights

Mr. Man Teng Iong PhD
University of Macao, Macao, China

Compared to many other nations, the Chinese government made significant efforts to combat the COVID-19 pandemic. Nonetheless, the pandemic's issue with patient rights heightened concern in the Chinese population. For instance, there was a circumstance in which ambulances could not enter and exit the restricted and controlled zones for patients in an urgent and critical situation; another event refers to the situation where the emergency department of a hospital was closed or refused to accept urgent cases due to the local government's healthcare policy during the pandemic. The catastrophe mentioned above can be avoided by changing current healthcare policies, as these circumstances will recur in a new pandemic.
To highlight those that can be improved, this paper will summarise the steps taken by the Chinese government to combat the COVID-19 outbreak. It will recommend how Chinese healthcare policy might be changed to combat the epidemic, finding a compromise between controlling it and safeguarding patients' rights. It will conclude that, throughout the pandemic, all patients' rights should be upheld, not just those of COVID-19 patients.

2.4 The Vulnerability of the Health System Exposed by COVID-19 Pandemic - What is the Favorite Doctor in Japan?

Dr Shigeki Takahashi MD.PhD, Attoney at Law
Hamani-Takahashi Law Office, Tokyo, Tokyo, Japan

It is well known that Japan has an advanced medical system and health coverage, which results in the highest global life expectancy. What makes this possible is free access to the hospitals and clinics that are spread all over Japan. All the citizens are enrolled in public medical insurance and co-payment is 10 to 30 percent. Furthermore, we also have a medical care benefit system under which co-payments are waived when certain limits are reached. However, the pandemic has exposed this free access is dysfunctional in cases of emergency. In Japan, we don't have a word for 'family doctor'. Instead, we use 'favorite doctor', referring to the physician that the patient often consults. Under free access, the patients can have several favorite doctors and can change them arbitrarily. Under these circumstances. the municipalities prioritized the distribution of COVID-19 vaccines to clinics for family patients. However, there were many cases in which doctors disagreed with the patients' opinions that they were favorite doctors as we have no definition of family doctors. Additionally, those who wanted to consult their favorite doctors after suffering from COVID-19 were often refused treatment. The Medical Practitioners Act stipulates that they are not allowed to refuse any request for medical examinations or treatments without legitimate grounds. However, the refusal is legitimate because they cannot separate COVID-19 patients from others due to lack of space in the clinic. As 95% of clinics are privately run, municipalities cannot order a consultation. At this moment, people began to discuss the creation of a family doctor system. As this system inevitably include a gatekeeper function, it essentially contradicts the idea of free access. Furthermore, most physicians practice their own specialty, and few are able to practice in any field. The Japan Medical Association strongly opposed the gatekeeper function. As a result, the decision ended with the dissemination of information to facilitate choices of favorite doctors by the municipalities this time. As citizens enjoy the convenience of free access, there was no strong objection to this indecisive solution. However, it is evident that the free access system is financially unsustainable when we consider the ageing population. It is necessary to construct the family doctor system with loose gate keeper function that coordinates with Japanese society.

2.5 WITHDRAWN
Sustainable Implementation of Value Based Health and Care Principles into Healthcare Systems - A Legally Supported Framework

Dr. Helen Yu PhD
Value-Based Health and Care Academy, Swansea University School of Management, Swansea, United Kingdom

Affordable access to quality health and care is generally recognized as a basic human need and one of the grand challenges society currently faces, especially in the wake of the COVID-19 pandemic. However, according to the World Health Organization, the cost of healthcare has continually risen globally, reaching 10% of global GDP in 2018.

Conceptually, value-based healthcare (VBHC) is an intuitive and pragmatic approach to the delivery of health services, given the increasing demand on public healthcare systems in the face of limited resources. However, there appears to be a lack of uptake and implementation of VBHC practices, which is attributable in part to the lack of an agreed upon basis to assess or define "value". For example, the current focus on cost as the primary approach to understanding the principle of value may inadvertently create exclusionary and discriminatory outcomes, particularly for patients with rare diseases and those who can be cured (as opposed to be treated) by expensive personalized therapies.
This article proposes a more nuanced and holistic approach to the concept of VBHC by exploring how the principle of responsible research and innovation (RRI), can help achieve the objectives of VBHC in a more inclusive and equitable manner. Furthermore, this article describes how existing legal frameworks can be leveraged to operationalize RRI to practically align societal needs with the economic realities of healthcare systems to achieve VBHC outcomes. For example, the intersection between intellectual property rights and the concept of innovation partnerships and value-based procurement under the EU framework will be examined as a tool for public authorities to include attributes such as quality of healthcare and societal impact in the procurement of healthcare technologies to improve patient outcomes and incentivise industry.
Science and technology alone are not sufficient to address issues of global health, especially with VBHC outcomes as a key objective. For new policies or strategies to have legitimacy in the eyes of those who will adopt these new approaches, alignment of stakeholder interests needs to have a responsive component in order for it to be meaningful. This is where the law and the principles of RRI play a key role in giving credibility and accountability to ensure that stakeholder interests and concerns are reflected and taken into to account as part of the implementation process. The law can be used to provide legally supported and incentivized ways to help implement policy objectives such as VBHC.

2.6 HR Over-Complexity in Belgian Hospital Law

Philip Vanstapel Master of Laws
Dewallens & Partners, Leuven, Belgium

In the Western(ised) world the subsequent industrial revolutions and the rise of service economies coincided with bureaucratization and government regulation of many aspects of life, including of the workforce. A shift from self-reliance and self-employment to the 'protected' status of private sector employee or civil servant. On a more macro scale these employees and civil servants came to be regarded as "human resources" to be incentivized/managed for goals set by the business and political establishment.
The medical sector – Doctors in particular – have however always been keen on their "free and independent" status, e.g. the famous "Doctor's strike" of 1964 against an NHS-style healthcare system.
However, starting from the late seventies onwards, via so-called New Public Management in the public sector on the one hand, and an HR revolution in the private sector on the other, the role of HR procedures for evaluating, sanctioning and firing personnel has dramatically increased in both the public and the private sector.
The HR revolution of the seventies/eighties has not gone unnoticed in Belgian Hospital law either and led to (unintended) complexities. The following will be discussed:
Overly detailed-regulation of dismissal proceedings is problematic in a healthcare setting where competence is key and lives might even be at stake. Often introduced with the very best of intentions, such micro-management is better left aside in favour of a prudent and discretionary judgment by hospital management and, the legal system in case if the decision is appealed;
The technicality and complexity of hospitals necessitate the regulating of the medical profession, and if need be the taking of disciplinary actions against self-employed hospital Doctors without risking a requalification of the self-employed Doctor to the status of employee;
Since the 1980's a separate dismissal law for Belgian hospital Doctors has been introduced with some extremely far reaching obstacles against dismissal being introduced. It seems absurd that so-called self-employed Doctors are better protected than employees;
At the same time a general dismissal law exists for employees – and a small majority of hospital Doctors are employees: it is not entirely clear which rule has primacy
Common sense reforms are required: evaluating, sanctioning and firing of Doctors should be made much less formalistic, thus increasing quality of work and the excellence of the healthcare system as a whole.

2.7 European Union's Influence on Organisation of Member States' Healthcare Systems

Zuzanna Zapotoczna Master of Laws
Jagiellonian University, Kraków, Poland, Poland

In order to respond to global challenges, the European Union is stepping up its action, to promote the resilience of national healthcare systems and to ensure adequate availability of healthcare services in times of health crisis. Numerous programmes are concerned in this regard: e.g. EU4Health Programme, European Health Union or Pharmaceutical Strategy for Europe.
As art. 168 of the TFUE limits the scope of EU activities to those of 'complementary' and 'ancillary' character, the shape and scale of abovementioned policy-making actions provokes a scientific discussion about the admissible extent and manner of the European Union's interference in the organisation of Member States' healthcare systems. Moreover, despite the limited legislative power of the EU in the field, 'standardisation' concerning the EU Member States' healthcare systems can be achieved by the judicial and interpretative activity of the Court of Justice of the European Union (CJEU). The abovementioned judicial activity has already contributed in the important shift in the area of cross-border healthcare by providing fundamentals for legal regulation of cross-border healthcare on the European level. With the growing health policy goals linked to the 'new governance tools', 'soft measures', EU fiscal governance, 'health in all policies' approach and consequences of so called 'constitutional asymentry', the clear division of (factual) competences in the area of organisation of EU Member States' healthcare systems is no longer so obvious. Abovementioned circumstances can potentially create a powerfull tool allowing European Union to (re)shape Member States' domestic healthcare systems.

Consequently, the main aim of my research is to present the most important factors and elements of EU activity in the area of health that are influencing or constraining EU Member States' freedom when organising their healthcare systems.

3.1 The Influence of Political Judicial Decisions on Public Health and Human Rights

Advocate Jonathan Davies LLM
President of the Society for Medicine and Law in Israel, Tel Aviv, Israel. Secretary General for WAML, Tel Aviv, Israel

Since the 18th century and until the 1960s, abortions were prohibited in most US states. Women who suffered from life-threatening medical problems or did not want more children turned to private clinics to perform illegal abortions.
The Dobbs decision, decided in June 2022 by a majority of the judges in the US Supreme Court, overturned a 50-year-old ruling in the Roe v. Wade case.
The Roe v. Wade ruling established that women have the right to decide about their own body, based on the right to privacy anchored in the 14th Amendment, decide if they choose to have an abortion.
The Dobbs decision has shaked the American nation and exposed a deep division in American society between conservatives, and Democrats. The political, social, health, moral, legal, and judicial implications of the ruling on American society still unknown. However, it is clear that this is a judicial political decision that is rooted in the foundations of American society and the constitution, and it returns us to the situation that prevailed in the 1960s when black-market medicine operated through illegal clinics. The decision contradicts other rights that have been recognized by the US Supreme Court as constitutional rights, such as the right to privacy and autonomy, the right to health services and the use of contraceptives before pregnancy and chemical agents to terminate unwanted pregnancies. The ruling also undermines a woman's right to make decisions about her body and health during the later stages of pregnancy, including the use of drugs to terminate the pregnancy.
The Dobbs decision also has negative implications for public health. Recently, it was reported that the ban on using drugs that have a dual purpose, such as methotrexate, which is used for both terminating pregnancies and preventing uterine cancer, might harm women with chronic illnesses. This highlights once again the claim that the US Supreme Court did not consider all the aspects and implications of its decision, including its impact on public health. Another significant implication is the limitation on the freedom of movement for women who want to travel to a state that allows abortions but are at risk of facing criminal sanctions.
We will discuss the influence of other political judicial decisions on public health and human rights and suggest a different approach.

3.2 On Class Actions and Public Health

Professor Tamar Gidron JD
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A few years ago, the Eltroxin formula (manufactured by Aspen) was slightly changed. The new formulation was launched with excessive warnings to both clinicians and the Sick Funds. The new package carried a warning informing the public that a new "raw material supplier" is now involved and that the information sheet should be carefully read, and the patients are advised to also consult their doctors.
The multiple warnings that Aspen released were the direct legal outcome of one of Israel's most interesting pharmaceutical class actions of the last decade.
Although the legal saga eventually came to its end when the parties agreed on compensations, and the courts were quite hesitant as to the claim for autonomy breach, the proceedings still can be regarded as a step forward in the battle for better pharmaceutical consumer protection.
The paper is aimed to portray Israel quest to secure and enhance consumer protection via the important class actions proceedings.

3.3 Is a Fitus a New Patient Without a Voice?!

Dr Pnina Lifshitz Aviram Lecturer
Zefat Academic College, Zefat, Israel

Fifty years ago, in the case Roe v. Wade, the U.S. Supreme court ruled that women had a constitutional right to choose to have an abortion until the stage of the fetus' viability, invalidating laws in many states that forbade women to have abortions. A subsequent ruling in Planned Parenthood v. Casey provided more detailed protections, ruling that abortions could be limited only during the second trimester to protect the health of the woman and that that there could be limitations on abortions during the third trimester only to protect the health of the fetus. It is important to note that the court also determined that the United States constitution does not recognize the "unborn child," it does not recognize the rights of the fetus. The laws of the State of Israel, which are uniform in the country and which offer a unique approach to the balance of rights in abortion, also do not recognize the rights of the fetus at any stage, even when the fetus can survive outside of the womb.
Opponents of abortion in the United States did not accept these ruling waged a legal and political struggle for nearly 50 years, culminating on June 24, 2022, when the court issued its new ruling in Dobbs v. Jackson. Dobbs overruled Roe v. Wade and held that the Constitution of the United States does not confer a right to abortion; it therefore returned the right to decide about abortions back to the states. At the center of the case was a Mississippi law banning abortion after the 15th week of pregnancy. The Court, with Justice Samuel Alito writing for the six-judge majority, ruled that the Mississippi law was legal and that Roe v. Wade and Planned Parenthood v. Casey (upholding abortion as an essential right) were invalid. Four judges concurred with his verdict.
Supreme Court Chief Justice John Roberts wrote a separate opinion arguing that part of the Roe ruling preventing states from banning abortions before the fetus can survive outside the womb should be overturned. Therefore, he concluded that the Mississippi law was legal, but he did not want to overturn Roe in its entirety. Today, in the wake of the Supreme Court's decision in Dobbs v. Jackson overruling Roe v. Wade the United States and other parts of the world are wracked more than ever by -. a ruling declaring that the United States constitution permitted abortions For example, abortion opponents are now trying to pass a federal law forbidding abortions in all 50 states and five U.S. permanent territories.

3.4 Legal Protections of the Fetus and the Mother in the Context of the Development of Fetal Therapy

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Under the regulatory scheme for the protection of research participants, it has been believed that the participant is a pregnant woman only and the status of the fetus is unclear, even in the context of the research and development of fetal intervention/therapy. However, as the fetus has become the direct subject of fetal intervention such as the direct intervention into the womb, taking out the fetus from the womb for treatment and returning it to the womb after the surgery and the potential development of the artificial placenta, which the law did not presuppose, there is a concern whether protecting the fetus through the mother is enough, because of the fetal-maternal conflict.
In order to search for a better bioethical solution for this issue, we will first examine the legal status of the fetus in the Civil Code of Japan. The fetus is not a legal person in principle, but there are three exceptions when it is deemed to be born: damages claim for torts, inheritance, and bequest. We will especially look into an old Supreme Court case where the dispute was whether the fetus was bound by the out-of-court settlement its representative concluded with the perpetrator that had caused its father's death. It is quite interesting that the Supreme Court decided that it was not, mainly due to the lack of legal representatives during the fetal stage. We will turn to the Criminal Code of Japan next and introduce the structure of the crime of abortion and also the Supreme Court case concerning the fetal injury due to pollution (Minamata disease case). The Supreme Court ruled that a part of the maternal body had been injured and it meant that from the moment the fetus was born and attained legal personality, the injury was deemed to be caused to the person who had been the fetus at the time of injury. This case has been criticized as there was no legal person at the time of fetal aggression when the fetus cannot be a subject for the crime of inflicting injury through negligence. Finally, through critical examination of the legal interpretation of precedents and comparative studies with other jurisdictions such as the US and the UK, we will try to strike a balance in legally protecting both the fetus and the mother within the current legal framework.

3.5 The Legal Battle for Legalization of Birth at Home in Bosnia and Herzegovina

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Introduction: Birth at home in Bosnia and Herzegovina(BH) has long been a taboo subject.It is not legally regulated, but it's not prohibited either. Initiatives for its legal regulation date back a few years.It was activated by patient who gave birth at home at 2021 with the presence of certified midwife from Great Britain
Aim of study: Analyze all possibilities to reach an appropriate solution in order to legalize home birth, taking into account the satisfaction of all criteria of the medical profession, and respecting the health system in BH,but also the needs of patients to have a choice.
Discussion: Home births in BH represent a"gray area", since they are not legally regulated. A patient who wanted to end her fourth pregnancy by giving birth at home started a legal battle, and after being refused by all institutions in BH to give birth at home with assistence of midwife. She continued her fight in domestic courts, but also in European Court of human rights. The reasons for the desire of the patients to give a birth at home are due to bad experiences they had in maternity hospitals, the desire to give birth in a physiological position, and to have more direct contact with baby after delivery. Supporters of this idea believe that childbirth at home is safe if it is a healthy women, a normal pregnancy after 37 weeks, with all hygienic conditions met,and the presence of professionally trained midwife. The opponents of the legalization of birth at home find their reasons in more risk for mother and baby during childbirth, and that the health system in BH is not able to provide appropriate support during home childbirth. Therefore, the first steps towards legal regulation would be the development of protocol with clear guidelines for home births that would ensure a high degree of protection for mother and newborn.
Conclusion: In Bosnia and Herzegovina, despite the increased number of requests from future mothers, and the education of the first generation of midwifes who study in programs that follow EU practices,it is not realistic that home births will be legalized soon. Bosnia and Herzegovina, as well as its two entities, and local communities are still unable to ensure safe birth at home. A constant problem of BH is the lack of Ministry of Health at the state level that would harmonize the protocols on home births in both of its entities.

3.6 Mandatory Tetanus Vaccination and Its Compatibility With ECHR: Questioning Vavřička Ruling

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The compatibility of mandatory vaccinations with human rights has long been a debated topic. This topic has become a very current issue with the COVID-19 pandemic and the Vavřička ruling by the ECtHR in April 2021. In the Vavřička case, the court ruled that banning unvaccinated children from kindergarten or imposing low fines on their parents did not violate the ECHR. This ruling has been criticized for not conducting a disease and vaccine-based examination based on direct scientific evidence for every disease and vaccine. Indeed, disease and vaccine-specific examinations are necessary because some families only reject specific vaccines. In this examination, an assessment will be made based on direct scientific evidence about tetanus disease and its vaccine. Tetanus causes severe muscle spasms that can lead to a person's death if left untreated. This disease is transmitted by Clostridium tetani spores that contaminate open wounds on the human body but does not spread from person to person. Therefore, making this vaccine mandatory does not have the function of preventing a possible epidemic. Tetanus was seen sporadically before vaccination programs. Therefore, vaccine refusal will not cause overwhelming influx of patients to hospitals. Consequently, it should be

determined that the main reason for mandatory tetanus vaccination is to protect the health of the vaccinated individual, and the assessment should be made within this framework.
As accepted in almost every country and in the case law of the ECtHR, adults have the right to refuse treatment, even if the result is death. This rule also applies to preventive treatments. When it comes to tetanus, the refusal of an adult to be vaccinated does not increase the risk for other individuals in society.
As a general rule, parents are entitled to give consent for medical interventions on their children. If there is a concrete and current threat that permanently endangers the health of the child, medical intervention can be carried out against the will of the parents. Limitation of parental autonomy is more disputed when the child's life is not immediately threatened. When it comes to tetanus vaccination as a preventive treatment, it does not eliminate a concrete and current risk. As a result, interference with the parent's discretion on vaccination as a preventive treatment should be evaluated for its compatibility with the current legal approach to medical interventions on children and patient rights.

3.7 Issues of Palliative Care for Children According to the Regulations of the Republic of Serbia

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The field of Medical law is of particular importance because it focuses on health service and standards for a more humane approach to any medical treatment. This also applies to palliative care for children. Similar to medicine that protects human health, Medical law regulates and protects human rights related to health. The patients in Serbia have the right to the highest level of alleviation of suffering and pain, in accordance with generally accepted professional standards and ethical principles, which include pain therapy and humane palliative care, but not euthanasia. The Regulation on the National Program for Palliative Care of Children was adopted in 2016. This program has been in recent years implemented. The health care of children as a vulnerable category has priority here. Children are patients in different situations, such as newborns, older children, or adolescents. Standards are being improved as part of pediatric health care. We are talking about end-of-life care. The palliative care plan includes an assessment of the available diagnostic and therapeutic interventions in order to improve the quality of life of the child while living in a state of danger or terminal illness. However, some interventions may be withdrawn, based on the child's failure to respond to treatment. It is morally preferable to maintain the same treatment. Administering the necessary sedatives and analgesics to relieve progressive symptoms should not be interpreted as causing the child's death. Actually, the regulation in question, although it exists, has not yet been completed with clinical statements and standards.
(Kw: pediatrics, palliative care, children's rights, Serbian law)

4.1 Recent Legislative and Jurisprudential Developments in Belgium in Medical Malpractice Cases: Trend Towards More Compensation Possibilities

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During the last few years different developments can be observed in medical liability cases in Belgium that lead to victims of medical accidents having more possibilities to obtain compensation.
Firstly, this can be explained by the Act of 31 March 2010 on medical accidents. This law was mainly enacted because the application of the traditional liability rules to medical accidents was often problematic and victims were for various reasons often left without compensation. The law on medical accidents established a fund for medical accidents whereby any injured party can apply for an advice. The procedure before the fund was intended to be quick and free, with the fund examining each request for an advice, organising a (contradictory) expertise and then issuing a motivated advice within six months. The fund firstly examines whether a healthcare provider is liable. If no liability is established each injured party would have to bear its own damages under the traditional liability rules. However, with the law on medical accidents the 'medical accident without liability' was also introduced. Under certain conditions, e.g. the damages must be 'abnormal', victims can receive compensation from the fund even if no healthcare provider is liable. Meanwhile a lot of case law has emerged on the application of the law on medical accidents and certain clear inferences can be drawn about its application, both positive and negative.
In addition, a new Book 8 on evidence was introduced into the Civil Code with the Act 13 April 2019. These rules entered into force on 1 November 2020. These new rules on evidence not only determine who bears the burden of proof but also the standard of proof. As a rule whoever claims something bears the burden of proof of that claim. In medical liability cases this will be the patient. However, the new Book 8 enshrined the possibility for courts to exceptionally reverse the burden of proof and thus place it on the healthcare provider or hospital instead. A reversal of the burden of proof can be implemented when the application of the rules of evidence would be manifestly unreasonable. These new rules of evidence, including the possibility of reversing the burden of proof, have also been applied to medical liability cases. The results thereof are remarkable and, together with the law on medical accidents, seem to result in victims of medical accidents effectively having better compensation chances.

4.2 WITHDRAWN
Medical Error or Negligence: Assessment of Physicians Knowledge in Tertiary Care Hospitals of Pakistan

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In today's era, where medical science is evolving at a significant pace, the mishaps, and incidents due to error and

negligence in healthcare are also on a tremendous rise. This is causing a huge burden on the healthcare system.
Broadly speaking, medical error is a human error or mistake that may or may not result in an unintended harm to the patient, whereas medical negligence has a definite causal connection with violation of standard of care which results in causing harm to the patient.
In most cases an overlap occurs between medical error and negligence. Therefore, it is very important to understand the differences among these two terms. Unlike medical error, negligence has serious legal consequences.
It's a qualitative study and conducted online by providing a questionnaire to physicians from various tertiary care hospitals of Pakistan. This study enables us to analyze their knowledge and understanding regarding medical error and negligence.
The results obtained from this study help in strengthening the legislation and to educate health care professionals on such a grave issue.

4.3 Research on the Compensation for Loss of Chance in Medical Malpractice

Professor Hongjie Man Dr
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Presently most Chinese scholar agree that proportional compensation approach is the only way to apply the loss of chance doctrine to medical damage liability. In comparative law, the fundamental nature differs proportional compensation approach from other legal models is loss of chance doctrine is applied to establish the causation between medical negligence and patients' ultimate damage. In other words, proportional compensation is a tool to avoid the difficulties in establishing the causational link, in which case it can neither provide a fairer resolution, nor define a proper scope of application. True opportunities should be distinguished from untrue opportunities. Only true opportunities with uncertain factors should be protected. The litigation is based on the right to choose diagnosis and treatment, therefore the immaterial damage and pure economic loss, caused by the patient's loss of the chance to obtain better diagnosis and treatment, should be compensated.

4.4 Healthcare Harm, Artificial Apologies and Robotic Redress

Professor of Health Law and Policy Oliver Quick PhD
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Healthcare harm is a global public health problem, causing physical, emotional and financial harm for patients, families, clinicians and health systems. Explaining and accounting for harm may be provided through a variety of legal mechanisms and redress models. Apologies are an important part of this process and provide an opportunity for reconciliation and closure for those affected. However, if done badly, they may also compound harm and cause further distrust and dissatisfaction. This paper considers the appropriate use of Artificial Intelligence generated apologies as a way of communicating after healthcare harm. It also explores the difficult question of which redress model is most appropriate for dealing with healthcare harm associated with Artificial Intelligence.

4.5 WITHDRAWN
Liability for Medical Error and Medical Negligence in Islamic Bioethics

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The potential of liability for medical error or medical negligence concerns multiple aspects of Islamic bioethics, including the "sanctity" of human body created and entrusted to human care by God, and medical malpractices, causing potential disputes between the doctors and the patients. In Islamic jurisprudence, there is a shared field of responsibility between the doctor and the patient in terms of the divinely entrusted common good to care for the health of human body in case of need for medical treatment, which entails reciprocal duties for the patient to choose a competent medical specialist and for the medical specialist to respect the human right to health by providing the best available medical treatment for the patient. The present paper will try to shed light upon various aspects of the potential disputes and resolutions in medical negligence in context of Islamic bioethics.

4.6 Challenges in Medical Negligence Litigation, Proposing Alternative Models

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Medical negligence is the failure to exercise an accepted standard of care in medical professional skills or knowledge, resulting in injury, damage or loss. Medical negligence comes under the laws of tort, and a Tort is a wrongful injury, a private or civil wrong which is not a breach of contract. In principle, the social aims of the tort system in medical indemnity is to provide compensation for injuries, create accountability for actions and foster patient's safety and quality. Unfortunately, the litigation process is adversarial in its process, putting doctors and patients against one other, resulting in the destruction of the trust required for an effective partnership of care and impeding the objectives of patient safety. This research examined the present law and practice in relation to medical negligence litigation highlighting the causes of action, challenges and prospects before proposing alternative models thereof. To achieve this, the doctrinal research methodology was adopted. National and International legal instruments like constitutions and International conventions that protect medical and health rights were analyzed in seeking to achieve the objectives of this research. It was found that most injured patients in a bid to establish their medical malpractice claims always resort to litigation forgetting that there are alternative models. This research therefore recommended alternative models to medical negligence litigation as a faster, effective and friendlier alternative to litigation in ventilating medical negligence.

4.7 Challenges in the Legal Regulation of Patient Rights. Non-Fault Liability

Professor Toma Birmontiene
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The legal expression of patient rights is often not only a choice determined by the legal systems of the states, international obligations, but also a decision of a particular legislator. At the end of the 20th century, Lithuania was among the first European countries to regulate patient rights (along with other institutions of health law).
During the preparation and adoption as a special Law on Patient Rights in 1996, the provisions of the Finnish laws on patient rights were taken into account, it was also decided to introduce a model of non-fault liability, which was, unfortunately, suspended for a long time due to a lack of funds.
When the Lithuanian Civil Code was adopted in 2000, account was not taken of the already existing legal regulation, and patient rights, with regard to the example of the Netherlands codification, also found their place in the provisions of the new Civil Code, which caused legal dualism, confusion in the legal regulation, the duplication of some legal provisions and competition between them. Undoubtedly, the Civil Code was (and continues to be) dominant in the case law of courts.
It was only in 2019 that, after the reintroducing (reformulation) of the model of non-fault liability in the Law on Patient Rights and the introduction of the characteristics of an obligatory pre-trial institution (quasi-judicial institution) for the relevant commission that the competition between the legal provisions became less competitive, and the application to that commission has since been mandatory for the resolution of a dispute in court.
The report will briefly address the problems of the legal regulation of patient rights, the role and challenges of a model of non-fault liability in the Lithuanian health law system.

5.1 New Methods in Medicine: Legal Liability Where Lives Are Saved and Risked

Dr. Martin Šolc Ph.D., Prof. Petr Šustek Ph.D.
Charles University Faculty of Law, Prague, Czech Republic

A surgeon performing a new and bold operation, splitting one liver graft into two for two adult recipients suffering from fulminant hepatic failure, in order to save both patients while otherwise only one would survive. Physicians trying a new and highly speculative method of saving the life of a patient with rabies, an illness that leads to death with practical certainty. While these examples might be extreme, new methods in medicine are often applied across health systems, exposing health professionals and providers to important legal questions.
Brand new methods are capable of saving lives that would otherwise be lost or improve the quality of life where there seems to be no hope. Furthermore, they are crucial to advancing the science of medicine. However, they are also inherently connected with significantly higher levels of risk than established methods that have already been extensively tested in clinical practice. The line between an innovative approach and recklessness might often be blurred. In order to establish a suitable and just liability regime – and to provide the agents with at least a decent level of legal certainty that is so painfully missing in this area – it is necessary to define criteria under which legal liability for the possible unfavourable outcome will be applied.
This problem can be divided into several questions. Under which conditions should the providers be permitted to perform new methods? Is it necessary to establish a formalised evaluation procedure? How should the liability regime be defined (e.g., should it be based on fault or strict liability)? And what legal defences can be used by the provider to prevent their liability? We will analyse these questions and suggest possible answers that can balance the rights and interests of all relevant parties, including the patients' rights and the societal interest in the advancement of medicine.

5.2 Status, Race and the Dilemma of Property in Dead Bodies: Exploring Consent and the Limits of Research and Experimentation Using Human Parts

Dr. Jerzy Bednarski MD, PhD[1], Dr. Irehobhude Iyioha LL.B., LL.M., BL., Ph.D[2,3], Dr Jeng-You Wu MD[4,5], AP Ijou Lin PhD[6], Dr Agata Nogalska MD[7]
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The human body and its parts are widely used for research, experimentation and medical education. Historically, some types of bodies—defined by race and social status—were routinely used in these processes, leading to widespread abuse, discrimination, and suffering. With social scientific evidence pointing to an increasingly commercialized atmosphere for trade in and distribution of body parts for medical education and research across various countries, this presentation explores, firstly, the extent to which these selective practices involving the discriminate use of specific types of bodies for medical research and experimentation persist today in spite of the regulation of dealings in human body parts.
While the International Convention on Human Rights and Biomedicine (Oviedo Convention and its Protocol) prohibits the commercialization of the human body and its parts and the community legislator in Poland emphasizes the proscription of commercialization of the human body, there are several theories and philosophies regarding donation and use of the human body and its parts, products and services that offer rationalizations for trade in and use of human body parts for medical research.
Through an examination of selected philosophies, alongside International law, Polish case-law, medical protocols and the ethical landscape in Poland, this presentation analyzes the challenges of consent (or lack thereof) in the use of the human body and its parts for medical and educational purposes given historical and current concerns regarding the selective procurement of certain types of bodies. The

presentation will conclude with an exploration of the pathways towards the ethical and legal use of human bodies in medical research and education.

5.3 The Use of Artificial Intelligence in Assisted Reproduction: Legal and Ethical Challenges

Associate Professor Li Du PhD
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In a global context of declining fertility rates, assisted reproduction (AR) technology, particularly in vitro fertilization (IVF), has played an important role in the treatment of human infertility and in ensuring the achievement of reproductive autonomy. More recently, the application of information and communication technologies has brought about digital tools and artificial intelligence (AI) in AR treatments. However, while AI has the potential to improve the success rate of IVF, the development of AI-assisted AR and the implementation of AI in clinical settings still face many ethical and legal challenges, and these challenges have not been well examined. This presentation will explore these issues and provide evidence-based recommendations for law and policymakers. In particular, by reviewing the websites that offer AR services involving AI techniques and applicable regulations in selected jurisdictions, this study will identify critical ethical and legal issues that may impact the development of AI-assisted AR research and applications.

5.4 The Lack of Diversity in Genetic and Genomic Research as the Source of Inequality in Health Care System

Barbora Havlíková
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Today's health care system is moving towards personalised medicine. The term personalised medicine refers to medicine where each patient should be diagnosed and treated based on individual characteristics including genetic makeup. The research studies show that humans share approximately 98 - 99 % of DNA. The 1% genetic difference between two individuals might still have significant outcomes. The link between the efficiency and side effects of drugs on one side and the genome and genetic sequences on the other side has been scientifically proven. According to the studies, different ethnic (and racial) groups might share genetic predisposition for some diseases and for different responses to drugs and other substances. A well known example is Asians' genetic predisposition to a lower ability to metabolise alcohol. However, today's genetic and genomic research lacks diversity. According to the study from 2016 81 % of participants in genetic and genomic research are of European ancestry, 14 % of Asian ancestry, 3 % of African ancestry and other groups of the population are represented by less than 1 % each. Race and ethnicity are social constructs based on an aspect of self identification and social and cultural relations with group. The question of whether ethnicity and race might be relevant biological categories for genomic and genetic studies is quite controversial. The inclusion of ethnicity (and race) as biological category into genomic and genetic research might become a potential tool to mitigate the underrepresentation of ethnic and racial minorities. On the other hand, it might send a dangerous signal to society and increase the risk of stigmatisation and discrimination. Regardless of the question of the relevancy of ethnicity and race for genomic and genetic research, the research is conducted mostly on the white human population. If all available diagnostic tools and treatment methods, including drugs and medical devices, come from genomic and genetic research conducted only on and in favour of part of the population, the lack of diversity imposes a risk of favouritism, unfairness and discrimination in the health care system. It raises an important question whether the law provides a satisfactory regulatory framework in order to eliminate (or minimise) the risk of unfairness and discrimination in genomic and genetic research, and thus in the health care system. The presentation aims to deal only with the perspective of European law, in particular EU law, which generally provides a rich framework for the regulation of discrimination.

6.1 Fighting Health Inequalities in the Era of Precision Medicine

Dr. Mónika Nogel JD, PhD.
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The spread of technological applications based on genetic research has become essential for countries as they seek to ensure high quality of life for their population and make their economy sustainable. The age of medical genetics is giving way to the era of clinical and public health genomics. In many countries, medicine started to shift to personalized or precision medicine (hereinafter „PM"). The „P4 medical approach" - predictive, preventive, personalized, and participatory medicine - promises an increase in quality-adjusted life-years. The future application of technology in health care will also lead to the creation of an entirely new level of personalized, digital health care, where everyone is responsible for monitoring their health and quality of life. This paper emphasizes the growing need for better functioning of healthcare systems in real-time and the future development of personalized medicine. Also, it draws attention to the risk of widening health inequalities in Europe. It is necessary to consider that stakeholders must address disparities and increase data sharing to leverage the full potential of genomic medicine. How to seek this goal ethically? And there are possible side effects of PM, as well. The high cost of new biotechnologies and info-communication technologies can exacerbate health inequalities. The emphasis on PM and digital technologies may shift funds away from less costly interventions with greater public health impact. The study intends to analyze these challenges.
My goal is to explore policies that encourage entities involved in the commercial aspects of research to openly negotiate with community leaders for equitable benefit sharing and help to create standards to guide such negotiations. Also, we must consider formulating strategies for increasing the transparency of funding sources that support initiatives in genomics.

6.2 Who Shall Decide? Raising Awareness of Limitations to Take Healthcare Decisions by Patients with Limited Capacity

Dr. Inesa Fausch
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Does a patient with limited capacity have rights to freely decide upon their treatment? Is there civil society or an institution, which aims to assist such patients? There is limited academic discussion in Lithuania as to the patient's with limited capacity rights in taking healthcare decisions even considering the ratified by Lithuania Convention on the Rights of Persons with Disabilities (CRPD). Despite the great value of CRPD, applying its' provisions in national practice is challenging, i.e. there is no conformity with Art. 12 of CRPD as to the essential element of legal capacity – the right to make one's own healthcare decisions.
The presentation will analyse results of international project «Towards Proper Assessment of Patient's Decisional Capacity: Legal, Ethical and Clinical Perspective in Latvia, Lithuania and Estonia». Based on Lithuanian example, it will distill the current legal framework for patients with limited capacity as to their rights to take healthcare decisions, leading to the subsequent issues of these rights limitations and potential reasons thereof. Most importantly, it argues on potential of civil society to raise awareness on the rights of patients with limited capacity to take their own healthcare decisions and thus, how it may contribute to the potential positive changes in healthcare system.

6.3 Redesigning the Legal Framework on Abortion – Lessons From the Danish Case

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The WHO has called for an elimination of all non-medically indicated restrictions in access to abortion in a recent guideline.
In 1973 Denmark became one of the first countries in the Western world to make abortion available on demand and free of charge. We review the historical path of the abortion regulation, with its gradual move away from severe punishment towards legal abortion, and show how this liberalization was a by-product of other movements.
Autonomy was, surprisingly perhaps, not a strong driver of progressive abortion law reform. Hence, if the aim is a liberal abortion regulation, which avoids scrutiny of women's decisions for termination and is based on scientific data, the most passable route appears not to argue in terms of women's autonomy but instead through other accepted societal problems for which, by happenstance, the extension of women's right to abortion is a solution. Yet, such an approach not only weakens the focus on women's reproductive right to decide 'freely and responsibly on the number and spacing of their children' (which is central to the CEDAW Convention and the Cairo Platform of Action), but also means that many contemporary reproductive issues are inconsistently, conflictingly, or inadequately addressed. Our analysis of the Danish case shows that conceptualizing a reproductive right in ways other than through autonomy makes it difficult to follow suit downstream with regard to medical developments and new grounds for women's decision-making about their own reproductive lives.

6.4 Thou Shalt Not Kill, But… The Right to Die and How to Die. Some Thoughts in Light of Recent Cases of Infants with Severe Brain Damage/Dysfunction

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In the last decade, as a result of technological advances in diagnostics, brain imaging, and life support, the issue of life support for seemingly intractable brain-damaged patients has been raised. Patients who previously would have died from brain damage are now easily supported for extended periods of time, either at home or in specialized units. Functional MRI and other diagnostic procedures can show varying levels of brain function in those patients. Consequently, medical staff faces greater dilemmas adding to the confusion of families. Another major issue is the mingling of cultures, religions, and legal systems in various locations. Nowhere is this more fraught with emotion and confusion than in cases involving infants or children. Two recent high-profile cases in the United Kingdom raised the question of continuing or discontinuing life support. Both were extensively discussed by the justices of the upper courts.
First was the Charlie Gard case – an 11-month-old infant diagnosed with "Infantile onset encephalomyopathic mitochondrial DNA depletion syndrome" (MDDS). Infants suffering from MDDS typically develop early-onset muscle weakness, rapid progression of symptoms reflecting severe multiorgan dysfunction, followed by death within a short time. When diagnosed, Charlie was ventilator dependent. The parents wanted to try an experimental treatment. The hospital supported the withdrawal of life-support and believed that any treatment would be futile and prolong suffering. Charlie's case was brought to court, and it was decided to withdraw life support.
Second was the Alta Fixsler case - a two-year and four-month-old child who had suffered from a severe hypoxic-ischemic brain injury at birth. The hospital wanted to withdraw life support, and the parents claimed that withdrawal of life support violated their religious beliefs. The court accepted the hospital's request to withdraw treatment.
Central to such cases is the use of criteria such as "futility," "suffering," and "best interest," with the cultural and religious components confounding the deliberations. These are impacted by the jurisdiction where the deliberations occurred. The weight given to each criterion in the United Kingdom courts differs from other jurisdictions.
In Israel, for many reasons, it is almost unheard of for a court to approve active termination of life support. However, they may authorize "non-intervention" when the disease or other complications intervene.
These cases bring to the forefront the ethical and legal implications of the cultural environment as well as the autonomy of the parents as "natural guardians."

7.1 Protection of Patients' Rights in the Field of Neurology

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Neurology is a field in which many of the fundamental problems of general medical ethics are often experienced alongside the characteristic problems that surface in the context of neurology. The need for the implementation of ethics in daily medicine is quite evident. It also necessitates the development of counterpart elements that are normative and concrete. Although the correlation of these creates the ideal situation, there are various examples illustrating that some approaches in medicine sometimes create conflicting situations with medical law, and the failure to resolve these may possibly create situations where the physician's identity is challenged, and sometimes cultural differences are at the forefront.
The fact that neurological diseases are generally progressive and often incurable, has led to the emergence of various medical problems, particularly in the past. Patients' right to be informed is at the forefront today. The most important element of patient rights, which constitutes a crucial concept of human rights in medicine, that it can be applied and implemented in daily practice to ensure that "patients can receive information about their diseases in a clear and understandable way". In some area-specific disease conditions - for example, Prodromal Parkinson's - it is a topic that is currently discussed in the literature whether patients want to know about this condition in advance and if cultural differences have an impact on their concerning choice.
In this context, this presentation primarily outlines the ethical and legal problems experienced in clinical medicine practices in neurology and examines the global aspects of this to some extent. Protection of patients' rights in neurology will be the main focus of the presentation.

7.2 Financial Capacity, Exploitation and Dementia: Balancing Protection and Choice

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The Mental Capacity Act 2005 (MCA) in England and Wales, provides the legal framework for determining someone's ability to make decisions and how to make decisions for those that are unable to decide. It deals with decision-making in respect of health and welfare decisions and decisions in respect of property and financial affairs. Considerable academic and policy debate relating to the relationship between law and people with cognitive decline has emerged. This discussion has principally focused on the loss of capabilities to make medical, social care, and welfare decisions. Financial capacity has largely been ignored. This presents very serious implications for those with declining cognition, their families, and those providing care, not least because the financial landscape has become increasingly complex and difficult to navigate. Inherent challenges lie within the MCA framework and its implementation, as it relies on the use of alternative, non-judicial capacity assessors. Most capacity assessments occur in clinical settings with decisions around medical issues. The legal task of financial capacity assessment by health and social care practitioners can be more difficult because the decision-making environment is often more complex and multi-binary. Evidence suggests that social care practitioners may find it challenging to balance the right of people to make unwise financial decisions against the need to protect people from undue influence from another person. Mechanisms to support future financial decisions, through wills and Lasting Power of Attorney, are particularly demanding and are perhaps a consequence of their own lack of understanding of these issues.

7.3 Current Situation on Regenerative Therapy in Japan

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Japan enacted the Regenerative Therapy Act in 2013 after several scandals. The act regulates both research and therapy in the same manner and demands doctors to consult with one of the "Certified Committees for Regenerative Medicine" (certified by the MHLW) and to submit research/therapy protocol to an MHLW branch, which enables the MHLW to figure the number of research and therapies and to collect protocols. As expected, the number of therapies is much larger than that of research (about 5000 and 100 each in aggregation as of February 28, 2023), and it is reported that there are some "cartels" in making protocols, assisting reviewing, and processing and providing stem cells. The underlying problem is that the number of committees is too many and that the certifying requirement is too broad and easy to pass.
It follows that "commercialized" therapies cause troubles and legal disputes between provider/doctor and patient, and some have been brought before courts. In one case (which is not the subject of the act) a cancer patient in a terminal stage was provided "cancer vaccine therapy" (injection of formalin-fixed cancer cells and adjuvant, which the defendant company says boosts immunity strength) but died soon without therapeutic effect. Surviving relatives sued the company that develops the method and the hospital that hires the doctor who provided the therapy. The district court and appellate court partly awarded damages (the latter approved about 2.7 million yen, which is about 20,000 US dollars) against the hospital.
The MHLW set up a research team, of which Yuichiro was a member. The research team found (1) the mismatch of the speciality of doctors and the provided therapy (e.g. a doctor with obstetrics speciality treats cardiac infarction and spinal cord injury), (2) inappropriate reviews of medical papers in preparation, (3) excessive reuse of informed consent document, and (4) "cartels" described above. A special committee under MHLW issued its final report in July 2022 and MHLW is now preparing for the coming amendment of the act.
In the presentation, we will introduce the overview of the act, the current situation on regenerative therapy in Japan, and some legal disputes concerning regenerative therapy compared with the consumer protection act.

7.4 Enhancing the Moral Authority of Advance Directives for Persons who Develop Dementia: An Analysis of Ethical Concerns and their Mitigation

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Advance directives provide a mechanism that allows a person to instruct that life-prolonging interventions should not be undertaken if they later lose competence. However, ethical concerns may challenge the moral authority of advance directives when competence is lost as dementia develops. These concerns centre around (i) the advance directive being conceptually unsound and insufficiently protective of the incompetent person's present best interests and therefore the incompetent person should not be bound by past preferences which may have no bearing on their current interests; (ii) a person with dementia may retain a capacity to value such that respect for their immediate interests is not contrary to either that person's well-being or respect for their autonomy; (iii) when a person undergoes a dramatic change due to dementia what is good for that person also changes, which may balance the beneficence ledger in favour of offering treatments in conflict with earlier views; and (iv) personal identity arguments in which the person with advanced dementia is considered psychologically disconnected from the former author of the advance directive and therefore a different person.
Counter arguments to such ethical concerns include protecting precedent autonomy (honouring the previously expressed prudential concern and personal integrity of the now incompetent person); that focusing on an incompetent person's present condition for determining management decisions undermines prior advance directives and the duty to honour prior choices; and the need to have a 'one body, one person' rule.
Therefore, to ensure an advance directive has moral authority for a person who later develops dementia, there is a need to identify and describe the attributes of an advance directive that mitigate these ethical concerns. Mitigation strategies may include ensuring such advance directives are (i) appropriately informed by a medical practitioner (specifically including the treatment options and prognosis in the event of any later dementia); (ii) sufficiently detailed to describe acceptable/unacceptable medical interventions; (iii) regularly updated by incorporating a sunset clause to ensure contemporaneous values are documented; and (iv) supported by an appointed surrogate decision maker to act in accordance with the values of the person when competence is lost. I will argue that advance directives incorporating these mitigation strategies may successfully address the ethical concerns identified in persons who develop dementia. Moreover, advance directives incorporating these attributes may have moral authority across a spectrum of clinical contexts in which capacity is lost irrespective of the aetiology or time course.

7.5 Sterilization of Vulnerable Persons in Japan: Recent Developments and Remaining Issues

Professor Takeshi Miyashita LLM
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This presentation will address the issues on the sterilization of vulnerable persons. I already reported on the abolished eugenic protection law and the following legal situation at the 2019 Tokyo conference.
In this presentation, I would like to focus on what happened later, that is, a lawsuit claiming damages filed by victims who underwent forced sterilization under the Eugenic Protection Act. Since 2018, some victims have filed lawsuits against the Japanese government in several district courts claiming damages on the grounds of the illegality of the actions of the legislature that enacted the unconstitutional Eugenic Protection Act. Until about 2021, most district courts dismissed their claims on the ground of extinctive prescription on torts. Since 2022, however, several high courts have ruled in favor of the plaintiffs. So far, the Osaka, Tokyo and Sapporo High Courts have overturned their district court decisions, recognized the government's negligence in enacting unconstitutional legislation, and granted the plaintiffs' claims for damages. Regarding the extinctive prescription, these high courts rejected the government's claim on the grounds that it was significantly contrary to the principles of justice and fairness. First, the decisions of the High Courts will be outlined and examined. Then sterilization as a special medical treatment for vulnerable people is discussed from the aspects of their protection and autonomy.

7.6 Direct and Indirect Discrimination of Persons with Chronic Diseases: A Critical Analysis of European Legal Framework

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Chronic diseases are prevalent and can significantly impact individuals' access to employment and education. Discrimination based on chronic diseases is a concerning issue that needs to be addressed to ensure that the rights of persons with chronic diseases are protected. This paper aims to explore the concept of direct and indirect discrimination faced by individuals with chronic diseases and analyze the legal protections afforded to them within the framework of European law.
The author of this paper conducted a pilot survey study on 800 patients with severe chronic diseases in the Czech Republic in 2022 to examine the prevalence and forms of direct and indirect discrimination faced by individuals with chronic diseases. The collected data was analyzed to identify patterns and trends in discrimination. The survey results showed that individuals with chronic diseases face direct and indirect forms of discrimination in education and employment. The study identified a particular problem for individuals with chronic diseases who are in a "grey area" between permanent working disability and those who have the working ability but are affected by chronic disease. These individuals are affected by direct forms of discrimination in job interviews, as well as by inflexible work schedules, rigid attendance policies, business travel requests, and restricted

access to training and education. The study also revealed the negative impact of chronic diseases on family members.
Based on these findings, this paper discusses whether the definition of disability should be expanded to include persons in the workforce with chronic diseases. The analysis consists of international treaties on human rights ratified by member states and the EU primary and secondary law. The United Nations Convention on the Rights of Persons with Disabilities, particularly Article 27, guarantees access to employment and work for individuals with disabilities, including those with chronic diseases. The European Convention on Human Rights and the Charter of Fundamental Rights of the European Union also prohibit discrimination in employment and education. EU secondary law, such as the Equality Framework European Directive 2000/78/EC, prohibits discrimination in employment and training.

7.7 Balancing Rights and Needs - Comparing Regulation of Restrictive Measures in Adult Patients' Somatic Care in Nordic Countries

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Nordic countries Denmark, Finland, Norway and Sweden share common international legal framework in health law: conventions of the UN and the European Council, case law of the European Court of Human Rights and in addition, the recommendations of the European Council and several international declarations of medical ethics. Important rights safeguarded by these conventions and declarations to be balanced concerning restrictive measures in health care are rights to life, freedom and privacy, self-determination and necessary care.
Variations exist between Nordic countries in national legal implementation of informed consent principle and human rights restrictions, which mostly originate from solutions to decision-making incapability and related human rights balancing. Decision-making capability is not literally defined in health care legislation, except in Denmark and Norway as the ability to understand information and treatment or the meaning of consent. In Sweden a more detailed definition has been suggested. More detailed definition has been left to legal interpretation and the assessment to health care professionals. However, restrictive measures are mainly allowed when the patient is found incapable of self-determination and understanding the consequences of one's actions, which highlights the importance of decision-making capability and its variations. Deputy decision-making is allowed in Finland and Denmark, but not in Norway and Sweden. Treatment in the patient's best interest has its differences, too. Emergency care is a common exception to the requirement of decision-making capability and consent in the Nordic countries.
Patient's right to self-determination and the principle of informed consent as authorization to treatment is the general rule in all the Nordic countries, also in involuntary treatment. Involuntary treatment and use of restrictive measures are mostly regulated in special health care legislation on substance abuse, infectious diseases and mental health, which enables adjusting and balancing restrictions according to patient groups. In addition, Denmark and Norway have authorized use of restrictive measures in somatic care as part of patient rights legislation. In Finland and Sweden options for involuntary treatment and restrictive measures cover actual situations in somatic health care only partially. In all Nordic countries use of restrictive measures and giving treatment in the patient's best interest require specific justification, such as deterioration of patient's illness or endangerment to patient's or other person's health, life or safety. Human rights balancing shifts from self-determination and freedom to protecting life and necessary care depending on the patient group, circumstances and country.

8.1 The Ethics of Genetic Programming

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Biotechnology has a direct influence in our, and next generations', private lives, and in the society we are building. Respect for private life demands that all humans are free to establish their life project, assuming their identity, integrity and autonomy, without any form of manipulation, including their genetic heritage. However, on the other side, the reproductive autonomy claims for the ambition to guarantee the better characteristics science can provide our offspring. Also, the need to adapt the world in accelerated transformation, improve each person's characteristics to better adjust to new and more extreme environmental conditions, ensuring an improved quality of life, enhancing the opportunities that may reasonably aspire including in a future society where humans are cohabiting with the beings of AI. Although, genetic engineering can be a new form of manipulation and "quality control", raising the question, in a Kantian point of view, of human beings becoming not an end in themselves but an object on the hands of others.
It is essential a balanced composition of the conflicting interests in this frontier debate where human nature and human dignity lay at risk.
In any case, the responsibility becomes ours, and there are no neutral positions. The genetic programming of the next generations – either accept it of refuse it – is the new form of generational responsibility.
We are at the absolute threshold of human creation so, therefore, this is a moment of distress, and the shift from human nature to post-human nature, as Buchanan puts it.
We have analyzed the issue, first in an ethical perspective, considering the bioethical reports and the positions of different actors. We have also analyzed the perspective of the human rights and the different interests in conflict, connecting the issue to the key role of AI technology to the discussion. As the United Nations Secretary-General's High-level Panel on Digital Cooperation has emphasized the need to deep a cooperation, between different actors, with strong awareness in human values. Human rights have a direct impact in this matter increasing the complexities of the issue that the panel wants to address.
Ethical principles should be established and a regulation for the use of biotechnology is imperative built around universal consensus. We have concluded that a regulatory framework is imperative, with well-defined ethical principles, to protect human rights in an inter-generational perspective and provide a sustainable society where human beings are the first and last reference.

8.2 European Health Data Space, Public Interest, and Personal Data

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It is not news that Europe is the geographical area of the world with the most demanding legislation regarding the processing of personal data, including health data. This highly protective legislative source of the rights to privacy and informational self-determination is often seen, within the scope of health research, as castrating development in this key area. Incidentally, this aspect was widely mentioned during the last pandemic experienced worldwide.
Considering this aspect, the implementation of the European Health Data Space and the respective regulation, which is currently under public discussion, comes as a breath of fresh air. The future Regulation will address not only issues involving the processing of health data in the care context, but also in the context of research. The question that arises is to know what innovations this new legislation brings, whether this Regulation will be sufficient or will continue to suffer strong limitations arising from the legislation on personal data (and we are well aware that the opinions of the European supervisor have not been favorable). . How to achieve a healthy balance between the legal interests that guide the legislation on personal data, such as privacy and the protection of personal data – and health research that, to be successful, must pursue the public interest that must also be seen in it as a legal asset deserving the concern of the European legislator. Our objective is to try to identify solutions for this attempt at balance, which now seems more like a small mirage than a reality. This is what we will try to address in our communication.

8.3 Electronic Patients Data Records: The Patients' Rights Versus Public Interest in Medical Law

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This article discusses the conflict between patients' rights and public interest regarding Electronic Patient Data Records management. The study explores the legal and ethical challenges associated with managing patient data, including issues of privacy, confidentiality, and data security. It emphasizes the importance of balancing patients' rights to control their personal health information with the public interest in utilizing this data to improve healthcare outcomes and advance medical research. The article advocates for the establishment of a strong legal framework to ensure the protection of patients' rights while also facilitating the effective use of patient data for public health purposes. To achieve this, the study proposes solutions such as data anonymization, informed consent, and data sharing agreements that can reconcile patients' rights with the public interest. Ultimately, the article provides valuable insights into the intricate legal and ethical considerations involved in managing Electronic Patient Data Records in a way that upholds patients' rights and the interests of the wider public.

8.4 Health Application Controller Responsibilities of Personal Data Protection in Medan, North Sumatera-Indonesia

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As part of Covid-19 prevention, health applications numbers are rising in Indonesia. Hello Doc, Allodokter, YourPsychology, SehatQ are platforms often most used in Indonesia. The government itself launched Satu Sehat, an application which requires public facilities users to download and access it. Now, even small medical clinic had develop their own health application. On October 17, 2022 Indonesia enacted the Personal Data Law. This law ensure users data protection. This paper will discuss the duties and responsibilities of the application controller that had required by the law and the implementation of this law in Medan.
The research uses normative legal research, supported by empirical data. 10 small clinics and 2 major hospitals in Medan also involved in supporting the statutory and case approaches. The analysis of this study uses qualitative research data for the final conclusion.
Study shows that most of health application controller had big responsibilities in ensuring the protection of the application users data. This responsibilities that required by the law ensure that all controller understand the importance, understands ways in protecting and prevention of data leakage. Consequences that arise from this responsibilities includes fines, administrative and criminal. However, not all application controller aware and understands this responsibilities. Most application controller, think that the app developer were the ones who responsible for protecting the data. Various data collection and storage used, but data protection had never been a priority.

8.5 Sanctioning Hospital Doctors for Unlawfully Accessing a Patient's Medical Records – A Case Study

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The days when doctors kept a paper record of each patient's medical records are long gone. Today, electronic medical records are the norm in almost all medical practices and hospitals. The benefits are many, especially when multiple healthcare providers need to be able to access these data, for instance in a hospital setting.
However, the ability to access an electronic medical record by different healthcare providers also comes with certain risks. It is not uncommon for healthcare providers to - knowingly - exceed their authority and unlawfully access a patient's medical records. It goes without saying that this greatly violates patients' (but also the hospital's and society's) trust in the confidentiality of their health data.
Therefore, an unlawful access should (and often will) not be without consequences for the hospital doctor. The patient may claim damages, deontological sanctions may follow and a criminal investigation may be launched. However, the hospital itself may also decide to take action and sanction the hospital doctor. At that point, several questions arise.

A first question relates to proving the unlawful access, as it will often be denied by the hospital doctor. To provide the necessary evidence, the use of loggings is crucial. Attention should be paid to the legal and contractual embedding of the use of loggings and its compliance with the GDPR. One can also ask whether the unlawful access, despite the existence of loggings, could possibly still be challenged?
A second question relates to the nature of the sanction the hospital can apply. Unlawfully accessing a patient's medical record constitutes a (contractual and extra-contractual) fault. But is this fault serious enough to proceed to the termination of the legal relationship with this doctor? And what elements constitute aggravating or mitigating circumstances?
A final question relates to the public interest of this sanction (and, more generally, of all sorts of sanctions imposed by hospitals). Is a hospital's decision to terminate the legal relationship with this doctor also in the public interest? Does the risk of recidivism not increase if the unlawful access is dealt with purely internally, within the hospital? Does effective action in the public interest not require that similar behaviour will be avoided in the future (by other hospitals and/or in respect of other patients)?
We will address these questions (and their answers) by examining cases from different legal systems.

8.6 Patient Privacy in the Era of AI Act and European Health Data Space: How to Ensure Ethical and Legal Secondary Use of Patients' Health Data in Development of AI Software

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Modern healthcare lives on medical data. A technology in particular need of data is artificial intelligence (AI) – a groundbreaking chance for many medical uses, such as diagnostic imaging and screening tests. Without access to quality data, AI is deprived of the chance to develop and thus translate into all its benefits.
European decisionmakers are well aware of medical data potential. In 2022, two drafts of legal acts were published in the European Union: Proposal for a Regulation of the European Parliament and of the Council laying down harmonised rules on Artificial Intelligence (Artificial Intelligence Act) And Amending Certain Union Legislative Acts, COM/2021/206 final (hereinafter: AI ACT) and Proposal for a Regulation of the European Parliament and of the Council on the European Health Data Space, COM/2022/197 final (hereinafter: EHDS). The AI Act will be the first comprehensive regulation of artificial intelligence in the EU, while the EHDS sets out a framework for the secondary use of health data for innovative, academic, and policy-making purposes.
While both of these regulations bring a lot of opportunities to improve the functioning of healthcare in the European Union, they unfortunately leave some issues unaddressed. For example, the risks that the use of AI poses to the rights of individual patients, particularly related to their health, are only weakly addressed in the AI Act. With regard to the EHDS, there are also unresolved concerns relating to patients' rights; i.a. the circumstances in which data holders will be required to disclose clinical trial data under the EHDS.
In my presentation, I will outline the questions identified above and other unaddressed questions related to the potential use of the legal framework created by the EHDS in the context of AI/ML algorithm development/ In my presentation, I will also address the basis of the legal framework of the new EU proposals for broad access to health data under secondary use in the EHDS and the envisaged legal framework for AI in the European Union versus patients' privacy rights. I will also outline fundamental patients' rights impacts associated with AI development based on EHDS secondary use of medical data.

8.7 Secondary Use of Patient Health Data: Balancing Between Privacy and Public Interest

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As the human population grows and the average human lifespan increases there is an urgent need to have healthcare and medicine systems in countries that could meet the increasing demands of societies. From the economic point of view healthcare and medicine sectors are probably the most finance consuming areas in most of the countries. This is why there is a constant need for innovations and new discoveries in medical science that could allow in the best way to spend limited resources that could benefit the biggest part of society. The rapid pace of technological advancements and digitalization in recent decades is often introduced as a long-term solution to societal challenges, as data are considered a resource for the improvement and growth and a means by which to promote societal well-being. Healthcare and medical science are domains where the potential of processing large amounts of data is seen as ground-breaking.
Some of the countries and international organizations are considering the creation of the health data sharing space, where this data could be freely used for research and other purposes for further advancement and well-being of society. These initiatives are often accompanied by the fears of human rights activists that the privacy of patients and the protection of their personal data may be violated. Contrary to these fears or preconceptions, the European Union could be shown as an example, how to balance these two contradicting values. At the moment the European Union is known for having probably the strictest personal data regulation in the world – the General Data Protection Regulation (GDPR), but still in order to unleash the full potential of health data, the European Commission presented a regulation to set up the European Health Data Space.
Lithuania, as a European Union member state, directly applies the GDPR. However, this did not prevent Lithuania at the end of 2021 to adopt the Law on the Reuse of Health Data, aimed at regulating the process of using health data suitable for reuse for public purposes, ensuring the right to privacy and protection of personal data. This paper aims to present Lithuanian experience implementing secondary use system of patient health data in the context of European Union requirements relating to personal data protection: what safeguards have to be considered and what challenges may arise allowing usage of patient health data for research and other purposes related to public interest.

9 (Forum Discussion)
Arbitration to Resolve Medical Disputes and Conflicts
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With advancement of medical technology and complexity of disease management as well as higher expectation from healthcare consumers, it is not uncommon to encounter disputes between healthcare providers and consumers. The aggrieved parties can take the matter to disciplinary bodies for related medical and health professionals, and they will investigate whether the professionals have practised below the standard leading to clinical negligence and/or professional misconduct. The actions of those disciplinary bodies will only target on the related professionals and will not offer any redress to the complainants nor any actions toward the healthcare organisations. Another avenue is through legal proceeding under tort claims. It is not only costly as the claimant needs inputs from the legal profession and expert evidence reports, and it is also a very lengthy process as the court might not have the expertise in complex medical issues. The aims of tort law is also for compensation, deterrence and vindication besides corrective justice. Arbitration can serve the purpose as arbitrator(s) appointed by the parties will act in accordance with the terms of the arbitration agreement which is a consensual process to determine the scopes and how the arbitration will be conducted in terms of law governing the contract, arbitration agreement and arbitration, the place (seat) of arbitration and arbitration rules. Both parties would select arbitrator(s) who are neutral and impartial and possess appropriate expertise on the issues under dispute, and the arbitration procedures most appropriate for the case. A well-designed arbitration would lead to good quality decisions, less cost and quicker resolution of medical disputes in confidence, and this would avoid media attention with adverse effects on professional life of the defendant as well as private life for both parties. The arbitral awards can over variety issues agreed by both parties for arbitration and interim award allows different awards to be awarded at different times. Parties can enforce the awards in different jurisdictions who are parties to the New York Convention. Another merit of arbitration is finality of the award to avoid continuous appeal process. Apart from clinical negligence, arbitration in healthcare can also cover in areas such as healthcare insurance disputes, medical necessity, long term quality of care and billing issues, , and managed care disputes between payers and providers, risk sharing, insurance, reimbursement and/or administrative issues. It is time to develop an arbitration system to resolve disputes and conflicts in healthcare system.

10.1 Algorithms, Artificial Intelligence and Digital Health: What Public Interest? What Benefits for the Patient?
DR , Emeritus Senior Lecturer Anne-Marie Duguet PhD[1,2,3], Noémie Dubruel PhD candidate[4], Emmanuelle Rial PhD[5,3]
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Digital technology and AI are widely used in the field of health. The WHO report (2021) sets out the ethical principles for the use of AI in health: protection of autonomy, promotion of well-being, transparency, intelligibility and explicability. For its part, UNESCO puts into perspective the respect and protection of human rights in order to allow all countries access to AI technologies and to its potential benefits.
In France, the Data Protection Act (1978) states: "Information technology must be at the service of every citizen... It must not prejudice human identity, human rights, privacy, or individual or public liberties (art. 1)". The law has been harmonized with the General Data Protection Regulation (GDPR,2016). Digital tools using algorithms in the health sector are governed by the European directive on medical devices (directive 93/42/EC).
The use of digital tools by doctors improves the performance of medical acts, brings an individual benefit for the patient who retains autonomy in the use of digital technology and has the choice of whether or not to accept its assistance. The patient must previously be informed that the digital tool to which he or she will be subjected uses algorithms (art. L. 4001-3-1 of the CSP). He or she will thus be able to object to this use.
These algorithmic devices generate digitized data whose secondary use for research allows the training of the algorithm to be trained in research projects conducted in partnership between healthcare services and computer scientists. In this sense, each patient's personal data is reused in the general interest. The patient is free to authorize or not the secondary use of the healthcare. This re-use must meet quality and safety requirements and respect for the rights of individuals, particularly by anticipating the risks of discrimination and bias. These risks are addressed in the European Commission's White Paper on AI: "A European approach based on excellence and trust", European Commission (COM (2020) 65 final), and in the future European regulation.
Keywords: digital health; algorithms; artificial intelligence; patients' rights.

10.2 'Algorithm, What Should I Do?' – The Medical Standard of Care to Use AI in Healthcare Delivery
Dr. Vera Lúcia Raposo PhD
NOVA School of Law, Lisbon, Portugal

The medical standard of care can be defined as the care that a reasonably competent and skilled healthcare professional, with similar knowledge and in the same conditions, would have provided. The ongoing embrace of artificial intelligence (AI) in healthcare delivery raises a critical liability question: what is the proper standard of care for healthcare providers

when operating with AI? The lack of a clear standard of care might discourage doctors and hospitals from making use of AI tools, fearing the legal consequences of negative outcomes, and might also endanger patient safety.
However, the novelty and complexity make it difficult to establish what would be the proper standard of care for AI. Among them, I highlight AI's opacity, the lack of transparency regarding its operation mode and the data used to train and test it, the errors still identified in its outcomes, the impossibility to predict how the AI system will 'behave' (especially in the case of machine learning) and the lack of empathy towards patients. The aim of this presentation is to analyse these drawbacks and provide suggestions to circumvent them.

10.3 The Impact of the Development and Use of Artificial Intelligence in Healthcare on the Protection of Patient Privacy

Attorney Konrad Jagocha Master of Law
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The development of artificial intelligence and its application in healthcare is undoubtedly a breakthrough in saving the health and lives of patients.
Artificial intelligence can be applied to almost every field of medicine, and its potential contribution to biomedical research, medical education and healthcare delivery seems limitless. Artificial intelligence can play roles in diagnostics, clinical decision making and personalized medicine.
Diagnostic tools using the mechanics of artificial intelligence increase the quality and efficiency of healthcare provided. Interviewing the patient, analyzing test results, monitoring the patient, and performing many other activities by the doctor to make a diagnosis is very time-consuming and at this stage the help of machines equipped with AI may prove invaluable.
With the development of artificial intelligence, many difficult to solve problems have arisen. One such problem is the preservation of patient privacy. Scientists developing BBM algorithms need access to huge amounts of health information, which consequently puts patients at risk of losing their privacy.
Potential violations of patient privacy caused by improper handling and collection of a wide range of patient data may occur on many levels, including financial in nature, may also constitute a subjective sense of discomfort for the patient, may cause a sense of being deprived of dignity, personality, or individual autonomy in the event of loss of privacy or have overall negative social consequences.
It should be emphasized that scientists developing algorithms based on Black Box Medicine should comply with restrictions on the collection, use and disclosure of information about the health and course of diseases of patients.
Patient data, in particular medical data on diseases, should be used and collected in such a way that they do not fall into the possession of unauthorized persons.
It is also worth considering the idea of creating a special independent institution whose task would be to supervise the way other entities collect and use patient data.

10.4 Knowing Me, Knowing You: Privacy and Emerging Technologies in Health Care

Prof. Judit Sandor PhD.
Central European University, Vienna, Austria, Austria

Technological advances have often raised concerns over their breach of privacy. The capacity of artificial intelligence to monitor and evaluate health data and behavioral patterns, and the complexity of data processing that is not fully transparent for medical professionals who make decisions based on its assessment, put the individual in a vulnerable position.
At first glance, artificial intelligence is very useful in the process of establishing diagnoses and suggesting therapies, but meaningful human contacts between doctor and patient, and the transparency of decision-making based on the informed consent of the latter, will remain crucial in health care. Equally problematic is the lack of balance between collecting unprecedented amounts of health data about an individual, making humans transparent in many ways, and the technology of processing such data, which is opaque for not only the patient but also the medical professionals. The presentation will reflect on various situations where privacy is challenged and explores possible solutions within biomedical law.

10.5 Surrogacy in Portugal. The Right of the Surrogate to Revoke the Consent After Birth: Who is the Father Afterward?

Prof. Dr. André Pereira PhD
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Surrogacy has been a topic of intense debate in Portugal: Parliament, the National Council of Ethics for Life Sciences, The National Council for Assisted Reproduction Techniques, and the Constitutional Court have been the subjects that have been participating in the difficult regulation of this technique. Since Law 90/2021, of 16 December: "The conclusion of legal transactions of surrogacy is only admissible on an exceptional basis and free of charge, in cases of absence of uterus, injury or illness of this organ or other clinical situation that absolutely and definitively prevents the woman from becoming pregnant." As stated, the surrogate consents to a non-profit base, for altruistic reasons.
Following Constitutional Court decision no. 225/2018 the surrogate has the right to withdraw her consent to the surrogacy agreement after birth and therefore becomes the legal mother of the child. However, there are doubts concerning the identification of the father.
A draft regulation presented by the Government in 2022 stated that the beneficiary couple would have no rights and duties in case of withdrawal of consent. Thus, the intended father, even being the biological father, would lose any legal relationship with the child.
This solution seems ungrounded and does not respect the right to found a family, especially in the case he is also genetically the father. Also, the best interests of the child shall be of paramount importance (Art. 3 Convention Rights of the Child). On what basis shall the regulation eliminate the paternity of a child? The right to revoke the consent, shall not limit the interests and rights of the child. Even if the surrogate woman becomes the legal mother, there is no reason to deny a father.

If the biological and prospective father remains the legal father, the decision of the surrogate mother to accept undergoing the pregnancy and later on to withdraw shall be much more prudent, since the child will always keep a social and legal relationship with the beneficiaries: the father and the step-mother (who is in many cases also the genetic mother...).
Portuguese law is very keen on protecting the dignity of the surrogate woman who altruistically wants to help an infertile couple but creates uncertainty concerning the maternity of the child. There is no reason why paternity should also be affected.
The National Council of Ethics criticized this solution (Opinion 115/CNECV/2022) and one year later there are no signs of a regulation.

10.6 The Impact of Technological Change on the Doctor-Patient Relationship in Europe
Professor Rui Cascão Ph.D.
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Artificial intelligence (AI), machine learning (ML), robotic systems, internet of things, and cloud computing are increasingly being deployed in the provision of healthcare to patients, e.g. robotic assisted surgery, digital pathology imaging, electronic health records (EHR), ePrescription, telehealth, mHealth. In addition, medical practice and research are becoming increasingly (big) data hungry. The ongoing, fast-paced, technological shift of medical practice presents new challenges to medical law and is one of the most topical contemporary issues in this field.
Novel AI/ML technology has the potential to significantly enhance the quality and efficiency of healthcare, develop new procedures, pharmaceutical drugs, or even providing direct assistance to patients ("affective AI"). As the sophistication and complexity of these technologies increases steadily, especially in the case of autonomous machine learning capabilities, unforeseeable risks of unknown magnitude (e.g. inequality of access to technology, heuristic bias and risk of discrimination, algorithm opacity/"black boxes", difficulties in allocating liability, data protection and cybersecurity, technological literacy) must also be taken into account.
This contribution aims at a critical analysis of the impact of this technological shift on the relationship between patients and healthcare providers in matters related to informed consent, trust, and liability. This analysis benefits from the input of comparative law, bioethics, international law, and European Law, and aims at identifying how the law is (our ought to be) dealing with the challenges of adequately balancing patient's rights and safety, data protection, and public health, without hindering medical research, technological evolution, and entrepreneurship.

10.7 Issues Related to Health Care Services for Transgender People in Lithuania
lecturer Daiva Petrėnaitė doctor of law
Mykolas Romeris University, Utena, Lithuania

Even though the state takes care of people's health and provides medical care and services in case of illness, transgender people in Lithuania remain excluded. It should also be taken into account that they feel more discomfort and worry abut their privacy when they go to a medical facility because of societal stereotypes or moral prejudices, and often because of a lack of medical knowledge. The main problems analysed are gaps in legal regulation, bioethical issues, access to services, stereotypical attitudes, and lack of knowledge.

11.1 The Protection of Doctor Whistleblowers Against Retaliation by Their Hospital When in the Fulfilment of Their Duty to Warn for Quality Problems
Professor Filip Dewallens PhD
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The Belgian Quality Act of 2019 obliges all healthcare professionals (HP) to ensure that the necessary framework is in place to provide care at a high-quality level. This framework does not have to be "top notch", but it does have to be "state of the art". This difference will not always be clear in practice. In addition, the framework also includes the architectural and technical conditions under which the providing of care will be carried out. This technical knowledge is usually lacking among HP.
In addition to the duty of ascertain (duty to verify, to make sure), the Quality Act also imposes a duty to warn and a right of refusal for HP. The HP must first check whether the conditions under which the care is to be delivered are of sufficient quality, and if this is not the case, the HP must warn the hospital administrator. Finally, if the hospital administrator does not comply with the warning, the HP must even refuse to carry out the patient's treatment. One can however imagine the pressure by the board, colleagues and patients on the HP concerned to nevertheless perform the procedure. There could even be threats of sanctions or a dismissal. The Quality Act does indeed not protect the HP who takes up his duty.
This protection is from now on provided by the European whistleblower directive 2019/1937 (transposed into national law in 2022). This protection constitutes, as it were, the missing corner stone of the Quality Act. Every hospital has to set up a reporting channel in which HP, including self-employed, can report infringements. No retaliation can be taken against the HP when he has made a report based on his duties(as provided in the Quality Act) to monitor the necessary framework and to warn the hospital administrator. This is undeniably progress. It remains to be seen how this new legislation on whistleblower protection, in particular in the application of the Quality Act, will be applied by the judiciary and in practice ...

11.2 Impact and Practical Litigation Implications of "I'm Sorry" Laws in the U.S.
Dr. Bill Hinnant MD JD FCLM
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This presentation will discuss the history, rationale and implementation of "I'm sorry" legislation in multiple jurisidictions in the United States and its impact on medical negligence claims, risk analysis and stratification, and the cost and availability of professional liability insurance. Emphasis will be placed on evidentiary issues and how such laws allow

providers to express apology and offer explanation for bad outcomes without necessarily leading to indefensible claims. The impact on general principles embodied in the common Rules of Evidence derived from English Common Law will be examined. Practical examples will be utilized as to how certain provider communications may be presented to judicial fact finders while others may not and how various jurisdiction's relevant laws vary in their application in the hospital as well as the courtroom

11.3 WITHDRAWN
Death by a Thousand Cuts: Consciously Coupling Emotions and Law in Healthcare Disputes
Dr Tina Popa PhD, Dr Christina Platz PhD
RMIT University, Melbourne, Victoria, Australia

Healthcare disputes, especially medical negligence claims which involve clinician error, frequently involve pursuit of compensation by individuals who have sustained physical injuries and/or psychiatric harm. The very nature of the injuries means these types of disputes are emotionally charged, especially from injured claimants' perspectives. In Australia, and in many common law jurisdictions, medical negligence disputes play out in a court (or court-annexed) arena involving adversarial processes. These processes have not readily accommodated injured claimants' psychological, emotional and wellbeing needs. While litigious processes often fail to cater to individuals' non-legal and emotional needs, appropriate/alternative dispute resolution (ADR) mechanisms were hailed for their capacity to compensate for the limitations of litigation by addressing emotions in dispute resolution. However, existing research shows that despite its promise, dispute resolution mechanisms (such as mediation) are unable to fully address the emotional needs of claimants in personal injury claims. This is due to a focus on legal rights, combined with lack of sufficient training for mediators and dispute resolution officers, to equip them with skills to manage emotions and promote emotional healing. In Australia, policy initiatives have shifted the spotlight onto the significance of mental health in society, with growing recognition of the importance of emotional and psychological wellbeing in the legal sector. This is evidenced through therapeutic jurisprudence and procedural justice scholarship, empirical research studies drawing on injured claimants' lived experiences, and in the emerging field of 'legal design' which aims to create legal processes that better cater to human needs. The aim of this paper is to draw on extant literature and prior studies to demonstrate that dispute resolution processes for medical negligence claims are an ideal site for empirically informed research to reform legal processes that better align with disputants' emotional, non-legal and non-financial needs. Contemporary scholarship on law and wellbeing, and the expansion of 'legal design', provide a timely avenue for reforming processes that consciously couple health law disputes and emotions, both in Australia and internationally.

11.4 Structural Staff Shortage in Healthcare Institutions: Legal Liability Issues
Prof. Dr. Sylvie Tack Guest Professor
Ghent University UGent, Ghent, East Flanders, Belgium. Antwerp University UAntwerpen, Antwerp, Antwerp, Belgium. Sanalex Law Firm, Knokke, West Flanders, Belgium

Many countries in the world face structural staff shortage in healthcare institutions. Since many years, the care demand rises due to an aging population while the provision of caregivers is not sufficient. The recent COVID crisis has only intensified this problem. More than two years caregivers were being confronted with a very high workload and stressful working conditions, but their mental and physical health was not always sufficiently taken care of. These circumstances led to an even greater personnel dropout.
Many hospitals, nursing care homes and other institutions necessarily need to take unpopular measures to respond to a structural shortage of health personnel: some significantly reduced health services or even closed bed and rooms, other re-allocated health personnel from other less problematic departments or recruited (often less specialized) interim personnel.
These measures unavoidably impact the quality of health services and increase the risk to medical incidents and the legal liability of institutions and health care providers. Therefore, the question arises how medical liability cases should be judged when an incident or medical default is caused directly or indirectly by a prolonged period of staff shortage. This study examines how several legal principles should be applied in such cases: can standard due care criteria and quality guidelines still be applied in case of a structural staff shortage? If yes, to what extend? Does a structural staff shortage meet the conditions of an emergency situation? The US Institute of Medicine developed in 2012 the so-called "crisis standards of care", could such standards also be applied in situations of structural staff shortage?
Besides these questions, the study also explores which organizational policy obligations lay on the health institution's board and whether the competent government can be sued if the access to quality health care services is not guaranteed due to a structural personnel shortage.

11.5 The Non Deference of the Brazilian Courts to the Regulation of the ANS - National Health Regulatory Agency Regarding the Concession of Homecare Services
Mr. Mayrinkellison Wanderley M.Sc.[1,2], Mr. Mauricio Urti M.Sc.[2]
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This article will analyze judgments of the TJRJ – Tribunal de Justiça do Estado do Rio de Janeiro (Regional Court of Rio de Janeiro State, Brazil) between the years 2018 and 2020. The research demonstrates that this Court is not deferential to the Technical Acts of ANS (National Health Regulartoy Agency) when judging the concessions of services in homecare to the users of health insurances.
When analyzing the claims brought by the users of the health insurance companies, the TJRJ privileges other fundamentals, such as its own overviews, consumer rights, principles such as human life, health and dignity and especially medical reports.
ANS, as the body responsible for regulating the supplementary health market, issues resolutions and technical acts that must be observed by both operators and users. In the survey, it was concluded that the TJRJ does not consider ANS resolutions and substitutes them for other grounds. On the other hand, these decisions emphasizes the

protection of fundamental rights, such as health, consumer relationships and life.
The research contributes to the analysis of when the Judiciary Power interferes in the regulatory power, replacing its technical acts with others that it considers sufficient to meet the requests of the courts.

11.6 Medical Liability in the Artificial Intelligence Era

Bianca Hanganu[1,2], Cristian Paparau[3], Beatrice-Gabriela Ioan[2]
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Artificial intelligence is gaining more and more ground in the medical sphere, with artificial intelligence algorithms already being used for diagnosis and treatment in various specialties such as oncology, dermatology, robotic surgery, etc. The introduction of this new tool in medical practice requires, however, an adequate ethical and legal regulation, including on the subject of medical professional liability, in light of the important changes in the doctor-patient relationship.
Material and methods. Based on the literature data, the authors carried out an analysis of the ethical and legal challenges associated with professional liability raised by the use of artificial intelligence in medical practice. Results. Regarding the legal framework, opinions are divergent, between the need for changes and the maintenance of the current legislation. Despite the potential advantages, such as reducing physician overload and burnout and some of the diagnostic errors, artificial intelligence is accompanied by specific risks, such as the difficulty of understanding its operation by the physician (for example, when different diagnostic algorithms are applied) and the lack of clinical judgment behind a diagnosis. Another challenge associated with the use of artificial intelligence is related to the responsibility for a mistake made by the artificial intelligence, given that in current clinical practice the responsibility is related to what "a reasonable practitioner" would do under the same working conditions. Similarly, there are voices that support the granting of legal personhood, through which rights can be exercised and obligations fulfilled, but the European Parliament states that "artificial intelligence-systems have neither legal personality nor human conscience, and that their sole task is to serve humanity". Conclusions. The medical community must be prepared to meet artificial intelligence in practice. In order to be able to use this resource effectively, maximizing the benefits and reducing the associated risks, artificial intelligence must be proactively evaluated and regulated from ethical and legal perspectives.

11.7 A Centre for Sexual Assault in Belgium: Patient-Centered and Holistic Care

Medical Coordinator Lieven Wostyn M.D., Nurse Coordinator Nathalie Courtens
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A Centre for Sexual Assault is a specialised center that provides services and support to individuals who have experienced sexual violence, abuse, or assault. These centers are typically staffed with trained professionals (doctors and forensic nurses, forensic psychologists).
The holistic and patient-centered services offered by a Centre for Sexual Assault can vary depending on the location and resources available, but common services may include crisis counseling, medical exams and treatment for injuries, access to emergency contraception and sexually transmitted infection testing, support groups, and referrals to other resources such as legal aid or housing assistance.
These centers are often designed to provide a safe and confidential space for individuals who have experienced sexual violence or assault, and many offer hotlines or other means of contacting them for assistance. If a person has experienced sexual violence or assault, a Centre for Sexual Assault may be a good resource to consider for support and assistance.
Worldwide, one in three women have experienced sexual violence, causing various physical and mental health problems such as depression, posttraumatic stress disorder and medically unexplained symptoms. Nevertheless, the question remains whether the number of victims seeking help from a Centre of sexual assault is already adequate. We compare with international data.
Therefore, our presentation aims to investigate if there are differences in victim, incident and care characteristics among victims of a Belgian Center for Sexual Violence. We used data of victims attending the center from March 2022 until March 2023 including victim's reporting statements.
We describe the percentage of self-referrers were willing to receive psychosocial follow-up care, the percentage of male victims and transgenders, the percentage of children, background characteristics such as age and mental disability, the proportion of known perpetrators. Improve our understanding of the influence of societal changes on help-seeking behavior, the monitoring of victim, incident and care characteristics and support of the government remains important in the future.

11.8 Public-Private Partnerships in Healthcare in the Face of Sustainable Finance Challenges

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The article discusses how sustainability-related regulations may currently affect the implementation of PPP projects in healthcare. The re-evaluation of socio-economic realities in the wake of the climate crisis and pandemic has coincided with the European authorities materialising the EC Action Plan on financing sustainable growth. The European Green Deal consists of a series of acts regulating sustainability, associated with ESG (Environmental, Social and Governance) factors and risks, as a guiding criterion for decision-making in sustainable finance.
Due to the comprehensive approach of the EU, these regulations are applicable (both directly and indirectly) to a wide range of market actors, also becoming crucial from a public finance perspective. The risk of climate change determines the need to finance climate transformation expenditures from public budgets in the long term. The public sector is obliged to meet the Sustainable Development Goals set by the UN in 2015. In practice, this means integrating ESG factors into the decision-making process, while at the same time making efforts to mitigate the risks they create. In the social dimension, the public administration as a change-maker is directly responsible for investments that provide

effective and accessible health care. The PPP formula has the potential to combine ambitious environmental and social objectives with public investment. Above all, it fits in with Goal 17 of 'Partnerships for the Goals', understood as fiscal policies that strengthen domestic resource mobilisation and help mobilise other sources of finance, including from the private sector.
As the results show, growing awareness in the ESG area creates a favourable environment for the public sector to encourage and involve entrepreneurs in local government tasks and investments. The impulse for change is also coming from the financial sector towards which regulations, such as the SFDR or the EU Taxonomy Regulation, enforce the redirection of funding streams towards sustainable activities and the creation of new conditions for raising capital. This affects the ability of the private partner to obtain external financing, which is a key factor of successful implementation of a PPP project. It is particularly important in the context of achieving 'bankability' of PPP projects. This requires that the project is regarded as able to generate a satisfactory return on the provided financing. The EU ESG regulatory grid seems to be achieving its original objective. Experience from the Polish market shows that financial institutions are increasingly hesitant to commit funds to projects that do not meet sustainability objectives.

12.1 Role of Forensic Medicine for Justice Process in Crimes Against Health & Life

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Modern lawyers even engaged in criminal justice process do not always recognize role of forensic sciences and forensic medicine in investigation and discovery truth. This is a pity as they do not use one of important instruments of the process to make justice.
Forensic medicine is one of the most powerful tools for the justice process in crimes directed against health & life of people, such as murders, killings, rapes and sexual-gender-based crimes, assaults, tortures. Such crimes constitute usually the core of more complicated crimes of special jurisdiction like genocides, war crimes, crimes against humanity. Victims of these crimes usually occupy the central place in investigation and prosecution process with crucial position within all the judiciary process. Development of forensic-medical strategy in each of such cases may serve for justice process enormously powerful. It seems modern lawyers do not always remember that these victims are humans, ones with affected health & life. As health and life are subjects of research by medical sciences application of forensic medicine in their investigation right from the beginning of the process is essential. Observations show that lawyers who studied and practiced criminal law usually know it well but this is not a case for other background's lawyers. Nowadays, in courts of international jurisdiction, most of lawyers are those who graduated international law, human rights and never studied forensic medicine. If you don't know product you never use it. This is normal. The only way to cover this gap is promoting knowledge about role and importance of forensic medicine/forensic sciences for justice process in crimes investigation/trials.
Forensic medicine plays important, pivotal and critical role in evidence production during investigation and prosecution of crimes against health and law because in each of them there are numerous medical elements/components like visible and non-visible signs and symptoms, body injuries and traces, anatomical – physiological - biochemical changes, mental disturbances, patterned on the human body or remains, in the mental status, in medical records, in victims or witness statements, forensic – investigative – analytical - testimonial evidence. Detection, identification, documentation, interpretation, and transformation of these elements into forensic evidence can only be done by experts in forensic medicine.

12.2 The Development of a Clinical Forensic Service For Adults At Risk Of Harm in England

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In England the Care Act 2014 is the primary legislation that defines an 'adult at risk of harm'. The definition refers to people of eighteen years and over, who have need for care and support, are suffering or at risk of abuse and are unable to protect themselves due to their care needs. The Care Act also describes the duties of the local authority as the lead agency for safeguarding along with the police and any health partners. At present no clinical forensic service exists to assess adult victims of abuse who sustain an injury as a result of physical abuse or neglect. This is discriminatory under the UK's Equality Act 2010, as children up to the age of 18 in England, have a service commissioned by NHS England (the health provider), to provide an assessment and examination service for injuries that are thought to be non-accidental. This means that adults at risk of harm are disadvantaged by society, given that the infrastructure of a service is not available to them. 'Adults at risk of harm' may already be economically disadvantaged as using the Care Act 2014 definition, they have 'care and support needs' which may directly affect their ability to earn a living.
The Humber Forensic Project, currently moving into a second year was evaluated independently by the University of Hull. The evaluation has demonstrated good support from social workers and providers of secondary care. Preliminary outcomes suggest positive results in keeping adults safe, this has included changes in care and the use of management processes to alter staffing.
The project provides a forensic medical assessment performed by a trained forensic physician, also experienced in adult safeguarding, at the request of the safeguarding adults team at the local authority in either East Yorkshire or North Lincolnshire in England. Over the course of the past year (2022-2023) to date approximately 60 referrals have been made. The injuries seen have ranged from bruising and abrasions to fractures and burns. Interventions recommended have included alterations to manual handling, staff training regarding skin care, disciplinary processes and police involvement when a crime may have been committed.

False allegations have been revealed, meaning that staff have stayed in employment.
The service does not cover sexual assaults, but an unexpected outcome of the project is that sexual assaults in care establishments have been dealt with in a more timely and efficient manner.

12.3 Clinical Data Access for Forensic Investigation: Current Perspectives in Portugal

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The Nacional Institute of Legal Medicine and Forensic Sciences of Portugal (INMLCF) is the reference entity to execute the Medico-Legal expertise, and it is part of the Ministry of Justice. Due to several technological developments, in the end of 2022, INMLCF and the medical services made an agreement in which the medical experts working on INMLCF were conceded the possibility of consulting the patient's clinical files directly from the digital data records. This often allows the experts to obtain the necessary documentation for the forensic investigation. In this paper, It will be analysed how this was possible and what challenges it brings to us.
A review was made of the Portuguese laws in the field of medical information access to clarify the guiding rules of this matter. In addition, it was consulted the assigned agreement between INMLCF and the medical services, in order do understand its underlying principles.
The Portuguese laws about medical information access are very protective of the patient's right to privacy, only attributing permission of consulting with restrictive clauses. Nevertheless, it is given permission for Medico-Legal experts to obtain this information, mainly through order of the court, yet with the possibility of bypassing it as long as the patient's written consent is obtained. This way of obtaining information is supported by public interest of pursuing justice with less bureaucracy.
We find ourselves in the middle of the argument between the patient's right to privacy and the public interest, making little steps towards what we believe is better for the whole system. If it is true that the direct consult from the digital data makes the process more agile, it is equally true that this procedure can lead the Medico-Legal expert to obtain information that might not be claimed or relevant for the forensic investigation and is part of the patient's privacy.

12.4 Bioethical Mediation as a Mechanism for Resolving Disputes Between the Right of Autonomy of Unconscious and End-of-life Care Patients and Liability for Healthcare Providers

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The right of autonomy of the patient constitutes a fundamental cornerstone in medical law. A patient of full capacity has the right to decide what procedures should be carried out on him. In several jurisdictions, this right is recognised and variously referred to as autonomy, self-determination, or simply as the right of informed consent. However, this right of the patient may be somewhat neglected, challenged or outrightly violated in situations where the patient is unconscious, is in a persistent vegetative state, or in an end-of-life care state. And naturally, this could necessitate liability on the part of the healthcare providers. In resolving disputes arising from such concerns, and to limit liability for healthcare providers, litigation has generally been seen to be less effective. This is as a result of the length of time required for litigation, the inadequate expertise on bioethical considerations on the part of some judges, and the fact that the interests of all the parties involved may not be fully taken care of. Consequently, it is recommended that bioethical mediation be adopted as the mechanism to resolve such disputes. The paper examines the concept of bioethical mediation as a mechanism in resolving disputes arising from or related to the protection of the rights of patients in unconscious state, persistent vegetative state, and end-of-life decision state. It appraises the merits and demerits of bioethical mediation, in contrast with litigation, in achieving the protection of such patients' rights as well as minimising liability for healthcare providers. It considers contemporary issues related to the liability of healthcare institutions in relation to the rights of the class of patients under consideration. The paper concludes that to fully address the interests of the patient, family and healthcare providers, a professionally trained bioethicist mediator should be engaged to resolve disputes relating to the violation of the autonomy of the patient and the liability of health institutions therefor.

12.5 Central Hospital Liability: A More Effective Resolution for Disputes Between Patients and Healthcare Professionals/Institutions?

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Patients who become a victim of medical malpractice or negligence can recover their damages from the relevant healthcare professional or institution. Who the patient can address and in what way he should do so, depends however on whether the patient has entered into a contract or not, and with whom, the healthcare professional himself or the healthcare institution.
This can lead to complex situations and confusion for the patient on who he should address. One can imagine that a patient files a claim against a healthcare professional, who isn't responsible for the damages, or his or her claim against the healthcare professional can be inadmissible due to prescription, while the claim against the hospital isn't prescribed yet.
In Belgium, a system exists to remedy these problems: the so-called 'central hospital liability'. In case a patient has suffered damages in a hospital, he can directly address the hospital and he or she does not have to investigate which healthcare professional has caused the damages in order to sue that specific healthcare professional.
The patient has the possibility to lodge his claim against the hospital regardless of the legal relationship between the hospital and the healthcare professional, and regardless of the cause of the damages. For damages caused by healthcare professionals who are employed as an employee or as a civil servant, it was already possible for the patient to lodge his claim against the hospital because of the rule that an employer is liable for any damages caused by his employees.

Because of central hospital liability it is certainly easier to lodge a claim against the hospital in case the healthcare professional is self-employed.
Nevertheless, we can still criticise the central hospital liability in Belgium on a few points. The system is for example only in force in case a patient suffers damages in a hospital and does not remedy any damages suffered in other healthcare institutions. A second point of criticism is that due to the regulatory framework in Belgium the hospital has a possibility to exclude its liability for the self-employed healthcare professionals. The question raises whether this does not completely erode the advantages of the system of central hospital liability.
This presentation examines the opportunities and challenges that come with a system of central hospital liability. These considerations will be illustrated by making a comparison with different systems similar to the system of central hospital liability.

12.6 Resolving Patients' Rights Disputes, the Extrajudicial Way

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The Belgian Patients' Rights Act grants several rights to the patient, including a right to file a complaint to an ombudsman within the hospital, if the patient believes that his or her rights as a patient have been violated.
The Belgian legislator observed that in most cases the patient did not know what to do if he believed that his rights as a patient had been violated. Consequently, the judicial route often appeared to be the only chance for redress. However, pursuing the judicial route is costly, time-consuming and therefore not very satisfactory. And so, to remedy the problems with the judicial route the legislator introduced a right to "complaint handling" in the Patients' Rights Act. But how effective is this system really?
In a recent survey of patients to whom care was provided in 2021, it was found that no less than 20% of the respondents had some sort of complaint about a healthcare provider or about the care that was given to them. Of that 20% just over 30% had actually filed a complaint to the ombudsman within the hospital. But the way their complaint was dealt with was underwhelming according to the respondents. Reasons for this were the lack of follow-up given to their complaint and the fact that any real feedback from the ombudsman was usually lacking.
In brief, patients often finds themselves confronted with the limits of the complaint handling task of the ombudsman. Thus, questions may be raised about the professionalism and independency of the ombudsman.
How could these shortcomings be remedied in order to achieve a more efficient extrajudicial settlement of disputes in the context of patients' rights? What similar extrajudicial settlement methods exist in other European legal systems and can we get inspired by them? By way of illustration, in the Netherlands a patient can turn to a complaints committee. This could be one way to ensure more independence. In Norway, the file is sent to an arbitrator if the ombudsman does not provide a solution, which in turn ensures a more enforcable solution.

12.7 Mediation in Health Disputes in Peru: Proposals and New Perspectives

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Mediation is an alternative conflict resolution mechanism allowed by Peruvian law, however it is still not well known and therefore less used by the parties who have a medical malpractice dispute and who could benefit from the intervention of a third neutral party that allows them an approach to dialogue and communicate better, encouraging them to seek solutions and reach an agreement.
This mechanism provides the parties an opportunity to build together a quick solution to the conflict, avoiding a lawsuit that could take years with the consequent emotional and economic cost.
In this study we will show a legal approximation of the current situation in Peru regarding mediation and propose changes that could contribute to its development in our country in the coming years.

12.8 Legal Analysis of Peruvian Medical Arbitration Cases: New Perspectives

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In Peru the arbitration's legal framework for the parties to resolve certain medical disputes are the current Arbitration Act Legislative Decree N° 1071 and the Legislative Decree N° 1158.
At the 24th WAML Congress in 2018 held in Tel Aviv - Israel, we presented a study that provide a proposal for changes in arbitration proceedings related to medical disputes.
Five years later, medical disputes still continue to increased and mainly about damage compensation. There is no doubt that Arbitration process resolve medical malpractice disputes faster than the Judicial process. However is still limited, since judicial claims are the majority.
In this study we will provide an approach to the current situation in Peru based on a legal analysis of cases in Medical Arbitration that have occurred in recent years to show how this conflict resolution mechanism has developed, including comparative law remarks regarding the proposal for changes that we discuss before and could be useful to improve the dispute resolution system about health care malpractice and the damage compensation claims.

13.1 The Genetic Discrimination Observatory @ Work: Mapping Forensic Genetics Databases, Policies and Practices around the World

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Conceived in early 2018 and launched internationally in 2020 (Nat Genet 52, 466–468; 2020), the GDO is an international organization of researchers and stakeholders dedicated to documenting and addressing instances of genetic

discrimination around the world. Forensic genetics is a rapidly developing area of OMICs research with some of the largest genetic databases at the national and international level serving that purpose. Recently the GDO has become aware of a growing number of incidents of genetic discrimination and group-based harm caused by confidentiality incidents involving genetic data in this domain. There have also been reports of controversial practices involving techniques such as DNA dragnets, DNA phenotyping, epigenetic clocks, and familial genetic searches. Consequently, we undertook international comparative legal research to comprehensively map existing databases, policies, and practices in this field. Prior to our work, this data was unavailable from a single source, difficult to find on the internet, and not arranged in a manner conducive to the development of comparative legal and ethical studies by stakeholders. In this communication, we will present our new GDO Map of Forensic Genetics Databases, Policies and Practices. This map, openly available online, will be regularly updated by the GDO international expert panel. In addition to unveiling the map, will also discuss key findings based on our first analysis of data collected for this research and use this information to reflect on current practices in forensic genetics.

13.2 Ethical and Legal Issues Related to the Commercialisation of Gamete Donation

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The Programmes related to medical collection and use of gametes are already a common part of assisted reproduction performed by reproductive clinics. It is a consequence of technological and medical advance that brings a number of individual and social benefits. On the other hand, these procedures are associated with some ethical and legal issues. One of these is the tendency towards the increasing commercialisation of gamete donation, which should be based on the principles of altruism and solidarity, including the respect for human dignity. Legislation has been adopted at the level of the Council of Europe and the European Union which enshrines the requirement that the donation of gametes (as well as other body parts) cannot be a source of financial gain. However, it does not preclude donors from being compensated for the costs or inconvenience of donation under certain conditions. It is left to the Member States to determine such compensation. The aim of this paper is to show, using the example of Czech legislation, that insufficient or vague rules at national level can lead to the state when the amount of (financial) compensation is determined by the public offer of reproductive clinics, without the possibilities of effective state control. This results in the provision of compensation in the form of rewards, which not only violates the above principles but also increases the risk of exploitation of economically vulnerable people, who are furthermore motivated to conceal information about their health condition, putting the recipient at a potential risk. Therefore, this situation needs to be addressed, but it is complicated by the overall lack of donors of gametes (especially eggs) and the related efforts to adequately motivate them, which is often used as an argument for a more liberal setting of the rules for providing "compensation".

13.3 New Technologies, Civil Liability, and the Future of Healthcare in Brazil

Professor Eduardo Dantas LLM
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The healthcare industry in Brazil has undergone significant changes in recent years, largely driven by advances in technology. As new technologies emerge, they bring with them new challenges related to civil liability. In this presentation, we will explore the intersection of new technologies and civil liability in the context of healthcare in Brazil and consider the potential impact on the future of healthcare in the country.

The introduction of new technologies, such as telemedicine, electronic health records, and artificial intelligence, has transformed the healthcare industry in Brazil. These technologies have the potential to improve patient outcomes, reduce costs, and increase efficiency. However, they also raise important questions about who is responsible in cases of error or malfunction, and how liability should be allocated among various stakeholders.

Civil liability refers to the legal responsibility of individuals or organizations for harm caused to others. In the context of healthcare, civil liability can arise from medical errors, negligence, or malpractice. As new technologies are introduced, the potential for civil liability increases. For example, if a telemedicine system fails to deliver accurate information, who is responsible for the resulting harm? Is it the healthcare provider who used the system, the manufacturer of the technology, or both?

The impact of new technologies on civil liability has important implications for the future of healthcare in Brazil. Healthcare providers, insurers, and manufacturers will need to work together to establish clear guidelines and standards for the use of new technologies to minimize the risk of civil liability. In addition, patients and their families will need to be informed about the potential risks and benefits of these technologies.

New technologies have the potential to revolutionize healthcare in Brazil, but they also raise important questions about civil liability. As the healthcare industry continues to evolve, it will be important to establish clear guidelines and standards for the use of new technologies in order to minimize the risk of harm and allocate liability fairly. By doing so, we can prevent patients not to receive high-quality, safe, and effective healthcare, especially in a context of a fast-aging society, that will bring dire consequences for the health system, and require a responsible approach from public health policy makers.

13.4 WITHDRAWN

Expert Medical Witnesses, Evidence-Based Medicine and the Scientific Literature Review on the Information Highway. (Using Epidemiologic Methodology in Court, NOT just around COVID)

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In the Special Issue for the 24th World Congress on Medical Law and Bioethics, edited by Dr. Oren Asman in 2018, appeared two seemingly unrelated papers. On page 82, Adv. Jonathan Davies reviewed the influence of Epidemiology

research methodology on medical law. Advocate Davies has noted: 'the medical community has developed a field called "Evidence Based Medicine" (EBM), meaning, use of medical information based on the best information in the medical literature relevant to the condition being treated'. According to Davies, "Expert opinions are presumably objective and based entirely on the expert's credibility, experience, and knowledge. The opinion of a medical expert should be supported by medical evidence and data collected according to EBM rules, and rely on published medical literature [...]' Being an Epidemiologist by training, I had presented at the same Congress a Poster titled "Role of the Scientific Literature Review (SLR) in Medical Malpractice (MM) Lawsuits at an Era of Mass Information". In the abstract (page 120) I wrote: "in our days of Information Highway, research about different causes of illness is done all over the world simultaneously and yields rich information about options and probabilities. In court, interrogations and counter-interrogations may refer to minute details. Even the most specialized doctors struggle to keep ahead of the literature. Moreover, not all doctors are skilled in interpreting quantitative data." Both Davies's paper and mine discussed using epidemiologic methods for evaluating medical evidence in the context of MM lawsuits. From 2018 until now (2023), I had written SLRs for several legal procedures. Most of them were indeed MM lawsuits. One, however, was a criminal procedure around a fatal road accident. A car ran over a motorcycle, and the rider was killed. The car driver was accused of negligent driving. There were road cameras installed both outside and intside the car, though, and no specific negligent behavior was noted. Instead, strange vocalizations were recorded before the crash, from the side of the driver.
Personally, I am less knowledgeable in criminal law than in civil law. However, I have years of experience in Occupational Epidemiology. With guidance from the defense lawyers, I found that helpful at tailoring a SLR aimed to introduce "reasonable doubt" based on medical claims to counter the negligence claim. Compared to clinicians, research epidemiologists are experts at entertaining Doubt. Interdisciplinary teamwork of clinicians, researchers & lawyers can bring on surprising results. The driver was found Not Guilty.

13.5 The Codes of Medical Ethics, Good Practices and Other Professional Standards – Just Nonbinding Guidelines or Something More?

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The professional medical standards are set of norms created or recognised by medical chambers, private or public, national or international associations of medical professionals or bodies and/or governing bodies and regulators of health care sector or ultimately by courts: professional or national or international courts. The nature of this standards differs depending on their author, form and obviously – law system.
For instance, in **France** the code of medical ethics, adopted by the National Medical Council, is confirmed by the state in the form of a decree of the *Conseil d'Etat*. In **Poland** code of medical ethics is adopted by Supreme Medical Chamber on the basis of statutory authorisation. In **United Kingdom** *Good Medical Practice* is defined by General Medical Council as "a guidance, not a statutory code". In Switzerland codes of medical ethics are considered as an autonomous source of norms independent of state law, but the role of the state is to recognise them, ensure their effectiveness and resolve possible collisions. In **Germany** neither statutory provisions in *Ländern*, nor do any federal provisions create authorisation to issue codes of medical ethics or to enforce them. In **EU law**, professional standards are expressed in the form of recommendations, opinions and recommendations of scientific committees and agencies that have the rank of soft law, often considered as acts with "incidental legally binding force".
The professional standards not only set the patterns of behavior for the medical practitioners, but also constitute interpretative directives helpful in expounding technical terms used in provisions of medical law. While usually these directives are not formally binding, they are always legally relevant as a source of expertise in understanding legal concepts that have been drawn from medical sciences. As Hugo Grotius put it: "In terms of art which are above the comprehension of the general bulk of mankind, recourse, for explanation, must be had to those, who are most experienced in that art". *Curia novit iura* and only *iura* – the court is not an expert in medicine. Therefore, a court cannot disregard professional standards indicating the well-established meaning of medical terms, without a serious reason supported by an alternative expert opinion. An unjustified deviation from the professional standards in such circumstances will constitute an error in the interpretation of the law.

13.6 Prohibition of Advertising of Medicinal Products in Order to Protect Patients' Rights and Public Health – Experience of the Republic of Latvia

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The prohibition of advertising of medicinal products has been a topic of debate in many countries, with different approaches being taken to regulate the promotion of drugs to the public. This paper examines the experience of Latvia with regard to the prohibition of advertising of medicinal products as a means of protecting public health and patients' rights in general.
The paper provides an overview of the legal framework governing the advertising of medicinal products in Latvia, highlighting the differences between the current legislation and that of other countries. The paper argues that the prohibition of advertising of medicinal products in Latvia has had a positive impact on public health and patients' rights protection. Taking into consideration the Latvian experience and Case Law study several conclusions could be made. Directive 2001/83 harmonizes advertising of medicinal products and subjects it to conditions, restrictions, and prohibitions in order to protect public health.
The concept of "advertising of medicinal products" refers to any dissemination of information that promotes or encourages the prescription, supply, sale, or consumption of specific medicinal products or medicinal products in general, by visiting clients or by other means, including "advertising of medicinal products to the general public". Information dissemination that stimulates the purchase of medicines by

offering special prices, announcing a sale, or stating that certain medicines are sold in combination with other medicines or products constitutes advertising. Such dissemination of information falls within the concept of "advertising of medicinal products" even if the information relates to medicinal products in general.
Advertising that refers to the price of medicinal products and announces a sale or the sale of medicines in combination with other medicines or products may encourage end-users to purchase and consume these medicines for economic reasons, without an objective evaluation based on the therapeutic properties of the medicine and specific medical needs.
Advertising that refers to the price of medicinal products and announces a sale or the sale of medicines in combination with other medicines or products promotes irrational and excessive use of non-reimbursed over-the-counter medicines. Therefore, national legislation that prohibits the dissemination of such advertising content is compatible with Directive 2001/83.
Overall, the paper concludes that the prohibition of advertising of medicinal products in Latvia has been a positive development for public health. It has helped to ensure that patients have access to safe and effective medicines, and has increased transparency and accountability in the pharmaceutical industry.

14 (Forum Discussion)
Blockchain in the Global Health Space – A Discussion on Medico-legal, Privacy, and Regulation Requirements
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The World Health Organization has been drawing attention to the growing trend of forcibly displaced people worldwide fostered by globalization, low transportation costs, economic pressures, demographic trends, environmental degradation, violence, armed conflicts, and human rights abuse. These migration flows present a significant challenge to health systems in providing equitable access to healthcare and managing health data. Additionally, the COVID-19 pandemic had already highlighted the need for digital technologies to support migration flows and improve communication, support networks, and personal identification to enable access to national health services.
The Global Consultation on Migrant Health has emphasized the need to strengthen health information systems to collect and disseminate migrant health data while ensuring ethical considerations. To achieve this, there have been discussions at the national and international levels on implementing standardized information and collecting big data to improve health policies' impact. However, sharing this data across organizations and countries will require establishing a global health space.
Blockchain, a form of Distributed Ledger Technology, could potentially facilitate this sharing by securely recording and distributing data across a decentralized network of peers, providing real-time access to users within and outside national health systems anywhere in the world. Furthermore, the use of cryptographic mechanisms ensures the records' immutability and integrity.
Efficiency and transparency in health surveillance can benefit significantly from consolidating world population data. However, since sensitive information is at stake, it is essential to consider international guidance and regulations for regulating these databases. Furthermore, specific data protection and privacy laws and regulations must align with global health monitoring requirements.
Our aim is to encourage the establishment of legal frameworks for global healthcare systems in the digital era through the discussion of Blockchain as an emerging digital tool. This discussion will focus on the various medico-legal aspects and future directions of IT-supported health.

15 (Forum Discussion)
DNA and AI - The Challenges of New Technologies in the Field of Biomedicine
Prof. André Pereira Phd
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Scientific and technological advances in the area of biomedical sciences and their application to the area of health care are daily news and are transforming people's relationship with the health system and changing the health professions themselves.
Telemedicine, Robotics, Artificial Intelligence, Nanotechnology, Genetic Editing, Medicine of the 4 P's. One Health – unique health – a new vision of Health, including human, animal and environmental health.
This background frame encourages serene and informed reflection on these themes. Ethical problems that we can systematize in 3 reference values: Freedom, Equality and Fraternity. Thus, we must strive to ensure freedom of research with respect for human dignity, the dignity of all creatures and respect for Nature. We must fight for equal access to the benefits of scientific and technological developments and promote equality in the sense of non-discrimination against people with rare diseases, namely those with genetic diseases. Fraternity in sharing the risks and benefits and benefits and the concern to "leave no one behind."
The interaction between genetics, big data and artificial intelligence will transform the healthcare services, with many advantages, but also risks. There are large investments by the large computer industries, not only for reasons of market growth, but even based on philosophical assumptions. We speak of doctrines that advocate a radical transformation, called transhumanism or posthumanism.
The "Brave New World" that we have the privilege of living in these generations of 2020-2050 offers us extraordinary tools for disseminating knowledge and the possibilities of providing health care in more distant lands, through telemedicine, at lower costs in many diagnoses, using artificial intelligence, and large-scale disease prevention, thanks to bioinformatics and personalized medicine.
But all of this only shows progress if it is carried out with respect for human dignity. To this end, it is necessary to defend Medicine with a human face and the strengthening of people's rights in the context of health, namely with regard to the right to informed consent, the right not to know and the right to the protection of personal data.

16.1 Actual Forensic Medicine Trends and Challenges in the Global context

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Introduction. The main purpose of this presentation are to discuss the actual forensic medicine trends and challenges in the Global context as today we have to solve problems related to crime and legal assessment not only regionally. The achievements of newest technologies and scientific research while creating modern methods of medical – biological expertise, estimation of cause and time of death by applying specific-complex investigations, looking for new methods and modeling have to set up and transfer.
During the recent years not only the number of crimes has been increasing but also their type and manner are changing. That is why the polymorphism and complexity of expertise require looking for the newest methods of investigation implementation of which could help to better solve problems raised by the legal institutions.
The implementation of new modern technologies into practical expert activities which would meet the requirements of legal institutions for the expertise perform critical important. To improve estimation of cause and time of death by applying specific-complex investigations, set up new innovative human identification solutions, looking for new methods and modeling, by applying scientific research data and innovative methods are current targets. To analyze and differentiate the factors which have caused the death and the mechanisms of making injuries. While performing forensic medicine expertise of the dead person's evaluation of the cause and time of death is one of the most important issues. It is a standard question that forensic medicine experts are asked by the legal officials. Classical methods are used in estimating the cause and time of death. But that is not always enough, that's why it is necessary to expand the innovative investigations and look for new methods.
Discussion questions and conclusions. How critical important have to be development of framework and network of cooperation in forensic medicine for innovative research and technology transfer, what are the new challengers in current perspectives has to be discuss today. The detail analysis on actual forensic medicine trends and challenges in the Global context will be presented during the 27th World Congress for Medical Law in Vilnius, Lithuania, August 2-4, 2023.
Keywords: actual challengers; trends; innovations; forensic medicine; cooperation.

16.2 Minding the Gaps: Information Asymmetries, Propaganda, and the Politics of International Cooperation in Public Health Disasters and Emergency Medical Practice

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The eradication of global pandemics requires international solidarity, grounded on national and international collaboration, and governed through applicable international agreements, such as the International Health Regulations, 2005. Global solidarity and the international agreements that support cooperation are intended to have measurable impact at domestic levels as policymakers and physicians depend on data and evidence-based information to, respectively, support policies for the eradication of the pandemic and to manage disease outbreak among patients.
Unfortunately, the COVID-19 global pandemic revealed tensions between powerful nations, such as the USA and China, and limited advancements towards global cooperation and information-sharing—both of which are required under relevant international legal frameworks for the management of global health disasters. At the domestic level, mistrust of national governments and global institutions, such as the World Health Organization, engendered scepticism in medical information and physicians' advice. Both of these processes at the international and domestic levels—information gaps and mistrust of information—have significant impacts on public health emergency management and patient care.
In light of these gaps in information-sharing and mistrust of expert medical information within and between nations, this presentation will, firstly, examine the impact of information asymmetries and citizens' mistrust of expert information on the management of public health emergencies and disasters. Secondly, with multi-lateral deliberations in progress for a historic global agreement on pandemic prevention, preparedness and response, this presentation will summarily explore whether a new international legal framework for the management of global public health emergencies can address the impact of information asymmetries and mistrust of expert information.

16.3 Addressing Global Healthcare Challenges Through Collaboration

Nnenna Joy Eze
Ijenna LP, Abuja, Nigeria

The climate crises and pandemic among other issues have drawn attention to the necessity for global collaboration and fresh efforts to modify national healthcare systems. The initiatives towards regulating population health in high-income economies demonstrate how important healthcare policies are in combating these problems. In addition to the pandemic's clinical impacts, novel areas of action require the development of specific methodologies to analyse the multifactorial, medical, and non-medical effects. We should also understand ways to prevent potential damages. In a convoluted situation where a pandemic like COVID-19 intersects with multiple extreme criticalities, health professionals are directly confronted by the local and global repercussions of such emergencies. Addressing pandemics like COVID-19, which necessitates not just individual initiatives but also concerns of social and global relevance, demands the implementation of preventive healthcare programmes.
The investigation on international organisations and new attempts to modify national healthcare systems in light of global difficulties is summarised in this presentation, with an emphasis on the function of healthcare regulations in addressing the pandemic and climate crisis, which are both major global challenges. The presentation highlights the necessity for a global strategy to healthcare because of how much of an interconnected space the world has become.

The presentation further emphasises the value of measures for international collaboration in supporting national initiatives and promoting health policies that aim to prevent pandemics like COVID-19. The presentation concludes that in order to resolve global healthcare challenges and guarantee long-term viability of healthcare systems amid global challenges, international collaboration, supportive healthcare policy, comprehensive training initiatives, constant quality enhancement, and evaluation of outcomes across programmes are essential.

16.4 Telehealth in the Metaverse: Legal & Ethical Challenges for Cross-Border Care in Virtual Worlds

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This article examines the legal and ethical challenges for the provision of healthcare in the metaverse, a virtual 3D space powered by artificial intelligence (AI). It proposes that the issues arising in the metaverse are an extension of those found in telehealth and virtual health communities, albeit with greater complexity. Namely, licensing and jurisdiction issues, the quality of information and informed consent, data concerns and medical liability. It is argued that international collaboration will be required to regulate this space as it develops. Indeed, international organisations may need to pre-empt these developments in light of the potential transformation of national healthcare systems.
Virtual worlds have existed since the early 1990s but gained significant mainstream traction following the COVID-19 pandemic as alternative forms of interaction were sought to overcome in-person meeting restrictions. At the same time, technology has advanced rapidly in the previous decade enabling greater human integration into virtual spaces through virtual reality (VR), augmented reality (AR), mixed reality (MR) and extended reality (XR). There may be immense benefits to the growth of this technology in healthcare. For example, the World Health Organization (WHO) has deployed AR to train COVID-19 responders, AR and VR have been used to visualise scans in immersive detail, there are virtual physiotherapy consultations tracked with wearables, and there have been tours of virtual representations of real hospitals to calm the nerves of patients prior to surgery. Despite these benefits, a familiar risk arises. As technology develops at a breathtaking pace, the law threatens to fall behind, leaving citizens unprotected from an unregulated space. This was seen more generally with telemedicine, which was rapidly adopted following COVID-19 to provide care at a distance. That move raised several legal concerns.
Those risks will only be magnified in a metaverse with degrees of complication added owing to the complex cross-border nature of those services. Metaverses may be stored on multiple servers protected by peer-to-peer blockchain systems spread globally. Services may converge in those spaces from a plethora of international companies and doctors providing medical services located in many different countries. Mapping the potential risks and solutions before virtual care becomes more commonly used will help protect patients, encourage innovation safely, provide more healthcare options to those with limited physical access, and direct future research in this area.

16.5 Criminal Responsibility for Lethal Opioid Drug: Purple Rain - New Developments

Professor & Researcher Gonçalo S. de Melo Bandeira LLD
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Opium analgesic use in the US and in the world has reached inhuman levels. Consumption is associated with the early death of about more than 500,000 people - 400,000 only in US. Already in Portugal and European Union, this consumption, in relative terms, is not so high, but it has also reached in recent years levels of relief that justify a more than natural new concern. There is responsibility for the product. Namely criminal and civil liability. Countries like Portugal or any country in the European Union, or like brother country Brazil or another Portuguese-speaking country, must already take preventive measures, and if necessary curative ones, so that nothing similar to the USA will also happen. The excessive ambition of pharmaceutical industry for blind profits is, here and there, too much proven throughout its own history. There is also civilly and, in particular, criminal liability for the product.

16.6 Pharmaceutical Patent Rights vs. Accessibility to Life-Saving Medicines in Cases of Global Pandemics - Critical Assessment of the WTO (TRIPs) Mechanism

Advocate Nellie Munin Associate Professor
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Patent rights ensure exclusive rights for royalties on new medicines to their developers, to ensure reimbursement of their high R&D investments and considerable profit. Thus, the price of new medicines is high.
An ethical and health dilemma arises when poor populations encounter pandemics such as COVID-19 or AIDS/HIV, for which expensive, patent-protected medicines exist. While poor countries cannot afford these medicines to cure or vaccinate the poor masses, globalization reinforces the risk of quick spillover of such pandemics to the rest of the world. The ongoing burst of COVID-19, globally, illustrates the fact that no one is safe until all are appropriately vaccinated.
Articles 31-31bis of the WTO TRIPs agreement establish the governments' right to temporarily waive patent rights to protect public health, allowing compulsory licensing and parallel imports of medicines/vaccines.
Interestingly, during the COVID-19 pandemic, this procedure was not invoked. Governments were ready to contribute money to help developing and least developed countries (LDCs). However, no government was ready to give up its priority regarding access to vaccines in favor of the latter. This position was held not only for the first dose of vaccines but also for later doses.
The experience gained during COVID-19 illustrated that the major obstacle to the access of developing countries and LDCs to medicines and/or vaccines in cases of broad-scale, global pandemics is global production capacity and distribution priorities, namely: availability, rather than price. This reality illustrates the limits of the mechanism set forth by Articles 31-31bis TRIPs in such potential disasters. It further

illuminates the lack of any other global instrument to deal with this challenge in future cases of global pandemics.
The presentation will address the possible reasons for this omission, and open ethical questions that this provision involves, e.g.:
Which circumstances justify waiving the patent rights? Is a definition of obligatory circumstances necessary?
Who should have the final say regarding this decision?
What are the legal and economic risks such a decision involves?
Can medicine developers quantify the waiver's risk and include it in the medicine's price?

17.1 Error Reporting and Its Effects (Possible) in Criminal Liability in the Portuguese Legal System

Dr. Sara Moreira Masters
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We are all familiar with the expression, to err is human, however, not all errors must be taken this lightly, namely in the medical field, due to the consequences for the patient. We are not advocates of criminal liability for every adverse event, especially because in most situations we are dealing with negligent circumstances, where mens rea is not an issue. Regardless of that, the State has to take action when an error, a severe adverse event, takes place, repairing the damages for the patient and its family and should not close its eyes to a possible criminal liability suit, due to recidivism questions.
In Portuguese criminal law, where the presumption of innocence is non revokable, when someone is deemed liable, therefore responsible, for a wrongful act, it means that the subject has done something that is prescribed by law as a crime. However, this does not necessarily match the syllogism practice of tort / liability / punishment because we have to answer the question of guilt, which is the assumption and limit of any criminal liability according to portuguese legal policy. Now, one of the assets of Portuguese criminal proceedings is precisely the nemo tenetur se ipsum accusare privilege, with the result that no one is required to provide evidence against him or herselfself, that is, to take over as responsible and guilty for the commission of a particular crime - this is the privilege against self-incrimination.
This privilege, as we understand it, is essential when we struggle with the issue of medical liability and therefore the malpractice and reporting of adverse events, or error reporting if you prefer. The various systems of error reporting or communication of adverse events within medical facilities, which ensure the anonymity of all which is processed, namely the identification of the medical professional involved and the patient "victim" of the adverse event, is essential to improve patient safety and contributes to progress in medicine and in health care. However, the effectiveness of this system and its contribution to patient safety and rights, is questionable, especially considering the absence of sensitive improvement in hospital based bacterial infections (namely staph) - and other situations - so we are obliged to ask if its foundations are correctly set. It is precisely this question that we propose to explore with this communication, to dispel any doubts that still exist in this area, and how it is portrayed within the Portuguese legal system.

17.2 Criminal Liability for Medical Malpractice in Ethiopia: A Case Study

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Ethiopian law criminalizes breach of professional duty that results in the death or serious harm of a patient if the act is not performed in accordance with accepted practice and amounts to grave professional fault. This study attempted to outline the defendants' professional misconducts as well as the court's practice of criminalizing such acts.
The study's objective was to identify misconducts that lead to criminal charges, as well as the legal criteria for determining whether such acts deviate from accepted practice and constitute grave professional fault sufficiently to be considered a crime.
A single case study design was used to conduct an exploratory investigation using medical and legal analytical frameworks to identify categories of interest, provide data, and conduct a discussion from a medical and legal standpoint. Addis Ababa First Instant Federal Courts database was searched, and only one criminal case of medical malpractice was found (Federal Public Prosecutor v. Dr Selamawit A. & Sr Firehiwot H.; No. 212639). The judgement was utilized in the study.
Each defendant was found to have committed four professional misconducts. The pediatrician's misconduct included failing to assess risks and manage preterm twins; provide regular follow-up despite owing twins a duty of care; refer them to a better facility despite deteriorating health conditions; and follow standard referral procedures. The nurse's misconduct included failing to provide basic care for twins in danger; monitoring and identifying early symptoms and signs of severe illnesses; effectively communicating with the families, and promptly notifying the pediatrician of the twins' deterioration.
Defendants were charged with violating Criminal Code Article 575(2b) by failing to provide assistance that endangers the life or health of a patient while under a professional duty. Only eyewitness accounts were used as evidence. The pediatrician was acquitted due to a lack of supporting evidence. In contrast, the nurse was found guilty by the court. Documentary evidence or expert opinion were not used to determine whether the act violated accepted professional practice or constituted a grave fault.
The study concluded that there are no explicitly defined legal requirements for criminalizing professional misconduct. Furthermore, neither accepted medical practice nor grave fault are clearly defined in the law, which explains why Ethiopian courts have difficulty determining who is criminally liable for medical malpractice. It is recommended that more emphasis be placed on raising awareness of professional and legal responsibilities among healthcare practitioners in order to avoid or minimize legal consequences.

17.3 Medical Advertising on Social Networks and its Influence on Medical Responsibility

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Throughout the last decade, social networking has revolutionized communications all around, serving as the central means of communication and advertising nowadays. This phenomenon has allowed many medical doctors to become entrepreneurs of their own businesses, leading to a commodification of the medical practice never formerly observed.
Another event, the judicialization of medicine, has also grown during this period, with a 198% increase movement observed in Brazilian courts of law. The doctor-patient relationship (DPR) has gone into a crisis, especially in elective treatments, and particularly the aesthetic ones. In this context, it is worth noting the rising volume of legal decisions where the civic responsibility criteria are withdrawn from traditional standards.
Is there a connection between these phenomena? That is the analysis of the present study, assessing its occasional cause and effect association. We examine data pertaining to the judicialization of medicine in Brazil, inspecting legal decisions and their ground rules, expressly the convictions based upon medical advertising on social networks.
Brazil is second in the world rank of plastic surgeries by number, showing figures above 1.3 million a year, and an even higher number of non-surgical aesthetic procedures, most of which are published by social media. In such cases, the patient journey starts on a social networking environment, as opposed to a regular medical appointment, remarkably the nonelective treatments.
Although traditionally there is no obligation of result, medical ads compel the professionals to honor the promises they make in order to increase patient attraction (however indirect or discreet these promises may be). And, in the studied cases, we have noted a significant change in legal decisions concerning medical responsibility. Their obligation of means was replaced by an obligation of result toward patients. There are cases in which the responsibility, conventionally considered subjective, became objective. In this sense, even simple surgical misfortunes and unavoidable adverse events can be attributed to the doctor.
The aim of medical advertising must be the information, and patient attraction a sheer consequence. When advertising deviates from its original concept, it inevitably narrows the line between a DPR and an ordinary customer relationship (purely contractual). As a result, the judiciary alters the way doctors respond to the law.
It is crucial that the government and the civil society, mainly the medical authorities and the Boards of Medicine, regulate and properly monitor the practice of medical advertising on social networks, imposing the necessary limits to warrant patients' rights.

17.4 The Relevance of the Medical Standards for Private Law Liability in Comparative Perspective

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The medical standard is defined in the comparative perspective as the current state of medical knowledge and skills. Its purpose is not only to facilitate the performance of the medical profession but also to improve its quality and facilitate the performance of the ex-post evaluation.
The medical standards of conduct are specified in announcements or regulations by public bodies or entities. Such legally adopted standards, for example in the form of guidelines of the Ministry of Health, create binding norms for medical professionals. However, due to the dynamic nature of the state of medical knowledge, there is a risk of noncompliance of legally adopted standards with the current knowledge. Hence, even rigid adherence to such standards will not always mean that a medical professional's actions or omissions cannot be improper.
Therefore, in principle, medical standards are codified in various informal guidelines, primarily resembling standards or ethical codes, and are equivalent to 'customs' in other spheres of social relations. The codes are created mainly by different medical organisations or private medical societies chiefly for their members; however, sometimes they are binding even for non-members of those organisations (performing a certain medical profession). Guidelines developed within the medical profession may subsequently be raised to a normative status or at least inspire regulations by competent authorities; however, this is not always the case.
From a comparative perspective it is disputable if norms created by different medical organisations or private medical societies can create norms that are legally binding for every individual. It is both controversial and interesting, because every European legal system approves the need to refer to those guidelines of medical organisations when setting standards of care which influence the private law liability. Moreover, it is commonly accepted that failure to comply with the guidelines may determine the existence of wrongfulness or fault even though those medical standards cannot be formally classified as part of a legal system.
The paper aims to describe the medical standards as sources of binding norms influencing the private law liability in medicine and its relationship to such notions as wrongfulness and fault. This is one of the main topics of the scientific project titled "The role of codes of medical ethics and professional standards in biomedicine and their relevance for private law liability", conducted at the University of Warsaw, Faculty of Law and Administration.

17.5 Do Health Care Providers Have a Legal Duty to Actively Protect Patients from Violent Attacks?

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Two patients shared a hospital room; after a brief disagreement, one of them shot the other to death. In another hospital, a person suffering from psychological disorder killed seven people waiting in the corridors. A woman in a hospital killed her own son, her ex-partner and a nurse, and in addition injured eighteen other people. Fortunately, attacks in health care facilities are not common. But these real cases from the Czech Republic and Germany show that they can happen anywhere, and little is being done to prevent them.
In ordinary life, security measures involving active risk detection (such as X-ray screening of persons and baggage) are largely limited to civilian air transport and certain very specific environments such as courts and important administrative buildings. In these settings, security measures are understood as a standard and reasonable part of everyday life. In a typical hospital, the situation is very different. Some security measures are applied e.g. in selected hospital wards

in Israel, but on a global scale, they are very rare. Perhaps even rarer than in case of schools or shopping malls.
As a result, health care facilities represent soft targets for violent attacks. A lot of people gather in them, typically without any particular protection and often in a vulnerable condition. Potential assailants can do great harm in them. But should health care providers, maybe as a part of some general duty to prevent harm, be obliged to actively detect, and try to prevent, violent threats including the use of firearms? Are they under a legal duty to do so? Can they invade privacy of the patients in order to do it? Does a failure to comply with such obligation establish legal liability?
Traditionally, discussion of legal liability of health care providers has focused mainly on medical malpractice. But it has important aspects which are connected more to the overall organisation and effort to make the place safe rather than to whether a particular medical intervention was carried out in compliance with the rules of medical science. The question whether health service providers should be expected to protect their patients from violent attacks is ultimately an issue of legal policy. We will analyse the potential advantages and disadvantages of the establishing of such a legal obligation, taking into account also the principles of tort law and practical implications.

18 (Forum Discussion)
The Uniqueness of National Health Systems – How to Preserve Them While Complying with EU and International Practice?
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The right to health and medical care is one of the fundamental rights of every human. Emphasizing its importance, this right is recognized by many countries and included in their constitutions. National regulations and court case practice play a very important role in determining each country's domestic health policy. Therefore, we would like to raise a question – should the uniqueness of national health systems be preserved and how countries could balance it against international practices, e.g. while following decisions of EU courts.
Based on the performed analysis of legal systems in several EU countries, it can be noticed that all of them apply different rules for reimbursement of healthcare services and regulation of out-of-pocket payments. Some of them have well-developed voluntary health insurance systems or clear regulations regarding fixed prices of healthcare services, or a very strict separation between public and private healthcare institutions. For example, in Lithuania patients have a right to receive reimbursable healthcare services in both public and private institutions which have signed contracts with National health insurance fund. However, patients also have a right to choose a more expensive service by paying only the difference of prices which is not reimbursed. Such provision of reimbursed healthcare services in all countries are regulated differently. However, the latest decision of European General Court in case Casa Regina Apostolorum della Pia Società delle Figlie di San Paolo v European Commission provides a very problematic explanation regarding understating of "economic activity", i.e., whether private healthcare institutions providing reimbursable services may be considered as carrying out non-economic activities. This decision raised a lot of questions from competition law perspective – how to ensure fair competition of private and public healthcare institutions if they are considered to be engaged in non-economic activities.
In the course of the proposed discussion, we would like to reflect the differences of national health systems and their possible origins. The mentioned European General Court decision was focused on Italian legal framework. Therefore, it should not be directly applied or blindly followed by other countries with unique healthcare systems. It is very important to assess all the circumstances – from different national regulations, separation of reimbursed and out-of-pocket services to constitutional law of each state. It is essential to have a clear position on these issues in order to maintain the continuity of properly functioning national healthcare systems and ensure the consistency of basic legal principles during national reforms.

POSTERS:

P1 Right to Assisted Reproduction Technologies for Single Women: Comparative Analysis
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An increasing number of individuals, including single women, same-sex couples, and transsexuals, are seeking the opportunity to use assisted reproduction technologies.
In the Republic of Lithuania, assisted reproduction technologies are allowed only for married persons or persons who have entered into a registered partnership agreement. Such legal regulation, when the procedure of assisted reproductive technologies is not available to single women, may raise doubts that it can be seen as discrimination against single women. Discrimination is prohibited in the Charter of Fundamental Rights of the European Union (Article 21), the Treaty on the Functioning of the European Union, and the European Convention for the Protection of Human Rights and Fundamental Freedoms. Part 1 of Article 29 of the Constitution of the Republic of Lithuania enshrines the formal equality of all persons, part 2 of this article enshrines the principle of non-discrimination and non-privilege of individuals. The Constitutional Court has clarified that the constitutional principle of equality of persons before the law means the natural right of a person to be treated equally with others.
Unlike Lithuania, assisted reproductive technologies for single women are allowed in Belgium, Denmark, Spain and a dozen other European countries. Even in those European countries where assisted reproduction procedures can be performed only for heterosexual couples, the requirement of marriage or registered partnership applies only to some of them, while in other countries the fact of living together is enough to use assisted reproductive technologies.

P2 Empirical Study on Dutch Students and Their Attitudes Toward Genetic Engineering
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This study aims to verify whether there are significant differences between the profiles of the mean score students from a sample of three different groups at NHL Stenden

University (Leeuwarden, NL) regarding attitudes toward genetic engineering. The first group was selected from students of natural sciences who also selected a special minor course, "genetic engineering", the second group consisted of natural sciences students who had not chosen this course, and the third group was built up of students of social sciences. The survey will be conducted among 250+ students between 15 April and 30 June, and data will be processed through discriminant analysis. The aim is to publish the first results at the 27th World Congress for Medical Law.

P3 Establishment of the Criteria for Administrative Involuntary Hospitalization for Patients with Mental Disorder: Exploratory and Educational Research

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The decision-making process for the treatment of persons with mental disorders who have committed crimes and their treatment is a major issue in forensic psychiatry. In Japan, for many years there has been no legal framework specifically for forensic mental health, and mentally disordered offenders had been treated by prefectural governor, called as administrative involuntary hospitalization, based on the Mental Health and Welfare Act. In 2005, the Medical Treatment and Supervision Act, which established a scheme of treatment order for mentally disordered offenders by the court. However, administrative involuntary hospitalization scheme has still been alive. Up to date, there has been broad discussion regarding the issue around administrative involuntary hospitalization scheme. Especially, what are the criteria of adaptation for administrative involuntary hospitalization has yet to be established. Additionally, we clarified that many leading psychiatrists had no structural training of assessment of patients who were suspected at the risk of harming self or others.
This study aimed to develop an expert consensus on various issues related to the procedure of medical examination for evaluation of the necessity of administrative involuntary hospitalization, as well as to provide a teaching session for young psychiatrists about the consensus.
We conducted a series of examination regarding the procedure of administrative involuntary hospitalization to the participants before and after the session. Each result were compared with paired-T-test. As well, we scored Academic Motivation Scale (AMS) to clarify the influence of the session to participant's motivation of learning forensic mental health. A total of 13 psychiatrists participated on the trial. As a result, the total marks of the examination increased from 62.7+-9.0 to 79.2+-7.3 ($P<0.01$), and the intrinsic motivation subscale of AMS increased from 34.5+-8.0 to 39+-9.7 ($P=0.051$).
These findings suggest that systematic education of young psychiatrists may increase their motivation to learn forensic psychiatry, in addition to improving their skills of risk assessment.

P4 Simulation - Based Education in Healthcare: Legal Challenges and Future Perspective

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One of the specific objectives of the Regulation (EU) 2021/522 is enhancing access to quality, patient-centred, outcome-based healthcare and related care services.
There is no doubt that the quality and safety of healthcare are based on the professionalism of healthcare professionals, and it is only self-explanatory that the professionalism of any healthcare professional is based on high-quality education.
The national regulation of professions in Europe is guided by the EU Directives 2005/36/EC on the recognition of professional qualifications aim to ensure comparability and equivalence of diplomas mainly by regulating the minimum duration of the training and the distribution of hours between theory and practice. The detailed regulation of health professional education lies within national responsibility, leading to considerable variation in health professional training across countries.
The traditional 'apprentice' learning model in medical education is undergoing a pedagogical shift to a 'simulation-based' learning model. Although that the simulation-based medical education (SBME) approach to healthcare education is 1) widely integrated into the curricula of the best universities in healthcare; 2) this approach is highly valued among students, teachers, and healthcare professionals; 3) as well research shows that they have a positive impact on reducing the risk of harm to patients and healthcare professionals, there is still no unified approach and conditions on whether, how, when and to what extent simulations should be integrated into health education curricula.
The aim of the study is to identify the aspects that presume that the SBME approach in teaching and learning in healthcare is a separately implementable section between theory and practice.To achieve the aims of the research, an analysis of national and international law was required applying the methods of interpretation of legal norms. Aspects substantiate the integration of the SBMI approach in healthcare study programs: 1) the need to ensure high–quality healthcare, which includes safety aspects for patients and healthcare professionals; 2) the need to provide quality education, including skills training in line with EU guidelines and strategic development policies; and 3) the need to meet certain standards in the implementation of SBME approaches, both for the structures implementing the approach and for the staff (especially the simulation trainers). In order to standardize and harmonize education in healthcare between educational institution of different countries, it is necessary to make changes in the EU legal regulations. In that way, the study process would be implemented in three separate stages – theory, simulations, and practice.

P5 Bridging the Gap: The Power of Ombudsmen in Healthcare for Patients Rights and Systemic Improvements

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Ombudsmen in healthcare systems are independent and impartial bodies that play a crucial role in promoting patients' rights and resolving complaints. They provide a platform for patients to voice concerns, offer support and guidance, and advocate for systemic improvements. The main advantages of having ombudsmen in the healthcare industry include

promoting transparency and accountability, improving patient care and satisfaction, resolving disputes, and drawing on successful models in countries with established healthcare ombudsmen.
Ombudsmen serve as a critical avenue for patients to seek resolution for issues related to patient care, access to healthcare, and patient rights. They assist patients in navigating the complex healthcare environment, empowering them to make informed decisions. In addition, Ombudsmen work towards identifying and addressing systemic issues by investigating patterns of complaints and issues, advocating for improvements to enhance patient care, safety, and satisfaction.
Ombudsmen promote mediation and conflict resolution, fostering a collaborative approach to resolving issues and improving patient-provider relationships. This approach helps maintain trust and confidence in the healthcare system, avoiding costly legal battles. By promoting transparency and accountability, Ombudsmen contribute to better patient satisfaction and trust in the healthcare system, leading to improved patient-provider relationships.
Ombudsmen can advocate for systemic changes in healthcare services, identifying areas that need improvement and advocating for changes in policies, procedures, and practices. Drawing on successful models in countries such as Canada, Sweden, and Australia, where healthcare ombudsmen have been established for years, can provide valuable insights and best practices for other countries seeking to implement similar systems. This leads to positive changes in the overall quality of healthcare services and contributes to the continuous improvement of the healthcare system.
Taking everything into account, Ombudsmen in the healthcare industry play a vital role in promoting patients' rights, resolving complaints, and advocating for systemic improvements. Their establishment leads to increased transparency and accountability, improved patient care and satisfaction, resolution of disputes, and advocacy for positive changes in the healthcare system. By drawing on successful models from countries with established healthcare ombudsmen, other countries can benefit from their experience and insights. Ombudsmen contribute to fostering positive patient-provider relationships and enhancing overall healthcare services, making them an essential component of the healthcare industry. With their support, patients can have a voice in the healthcare system and work towards achieving better patient care, while healthcare providers can benefit from improved accountability and systemic changes that enhance the overall quality of healthcare services.

P6 Medico-Legal Examination of Driving Under the Influence of Drugs (DRUID) in Hungary

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Background and Aims
Member states of the European Union take a similar regulatory position on DRUID. All of the EU countries punish this offense. In Hungary, section 237 of Act C of 2012 on the Criminal Code (CC) criminalizes, 'Driving under the influence of drugs'. Over the last decade, we have witnessed a significant and consistent increase in this crime. While 178 DRUID crimes were registered in 2014, from 2018 to 2022 on average 969 DRUID driving was recorded yearly, which means more than five times increase annually. According to Hungarian law, presumptive tests are not eligible, and detecting active/inactive metabolite from the urine is not enough for a conviction. Detection of active metabolite in the blood is necessary for a guilty ruling. The law does not determine the required concentration of each drug in the blood to determine being under the influence. This task lies in the competence of a medical expert. In Hungary, there is no unified accepted practice for the limit value of each compound, and there is no unified expert practice in this field. Therefore, the opinion of experts is highly varied, even for the same active ingredients and similar blood concentrations.
Our study aims to evaluate how DRUID is regulated in Hungary and how it differs from the regulation in other EU countries. The Ministry of Interiors Professional Committee for Medico-Legal Experts was formed to create a good practice and prepare a unified guideline for this issue.
Results
Our research has shown that it is impossible to calculate blood concentration during criminal action from the results detected during the expert examination. The reason for this is that, in most cases, there is no sufficient scientific evidence on the dynamics of the metabolism of active ingredients in the human body. Furthermore, numerous studies have pointed out that the results of the medical examination used simultaneously with the blood tests are not reliable. At the same time, the law requires proof of the actual influence of drugs. Therefore, the only accepted reliable evidence is the detection of active metabolite in the blood. In our new Guideline, we are suggesting specific limits for each active substant. It can help evaluate the question of being under the influence of drugs in criminal procedure. The authors are the first in Hungary to make a recommendation on this task.

P7 The Role of Civil Society in Awareness Creation on Existing Laws and Redress Mechanisms for the Protection of Patients' Rights and Addressing Medical Negligence: The Nigeria Experience

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Patient rights awareness and redress for victims of medical negligence is a relatively new and emerging area of medico-legal practice in Nigeria. This stems from the long absence of a codified law that stipulates and protects the rights of patients. Semblance of codified patients' rights could be gleaned from chapter 4 of the 1999 Constitution of the Federal Republic of Nigeria (as amended), which provides for fundamental human rights, some of which could double as patients' rights. The Code of Professional Conduct of the respective professional disciplines that make up the medical profession also provide some ethical practices that gave the patient some rights. Consequently, the non-existence of a patients' rights law resulted in patient rights violation and medical negligence in our hospitals, leading to avoidable deaths in some cases.
However, in 2014, the National Health Act was signed into law and it became the first federal legislation that stipulated some rights of a patient in Nigeria. The enactment of the Compulsory Treatment and Care for Victims of Gunshots Act, 2017, the Patient's Bill of Rights 2018, the National Mental Health 2021 and other policies, regulations or laws enacted to

protect the rights of persons suffering from specified disease represent government's effort at protecting the rights of patients through legislation.
Despite the existence of the above listed legislation and policy regulations, there is still increasing number of patient rights violation cases in our hospitals, as well as near absence of seeking redress by the victims of such rights infringement and their families. This increasing number of patient rights abuse is traceable to ignorance of the patient rights protection laws on the part of healthcare providers and lack of awareness of their rights and available redress mechanisms on the part of the patients due to inadequate sensitization and awareness creation on these patient rights protection laws by the government and its agencies.
This paper examines the role of civil society in creating awareness on the existing patients' rights protection laws in Nigeria. It appraises the merits of adequate enlightenment on the society. It considers the factors responsible for the low level of patients' rights awareness by Nigerians. It x-rays the redress mechanisms available to victims of patients' rights violation and makes recommendations for improvement, thereby addressing medical negligence and avoidable deaths in our hospitals.

P8 A Study of Tort Liability for Malpractice in Artificial Intelligence (AI)-based Medical Care

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Currently, artificial intelligence (AI) has being more actively used in various fields in modern society. In the medical field as well, there has been a remarkable movement toward the practical application of AI, such as diagnostic imaging in radiology and pathology, medical interview and so on, AI is nearing the stage of practical application. By using AI, it is expected to improve the quality of medical care, such as improving the accuracy of diagnosis, and to increase the efficiency of administrative work. On the other hand, there are many legal issues unsolved in the use of AI in medicine. In particular, the question of legal liability in the event of malpractice in diagnosis and treatment using AI and AI devices remains unresolved. This is a major risk factor for both medical device manufacturers and healthcare providers and one of the main obstacles to the spread of AI medicine. Therefor clarification of this issue is urgently needed to promote the widespread use of AI medicine. Most Japanese jurisprudence claims that when errors occur in AI-based medicine, physicians are ultimately responsible for their decisions, and that medical device manufacturers are liable only in very exceptional cases. However, there are various phases of AI use in medical practice, and it is necessary to take into consideration each aspect of AI usage. In addition, there have been recent legislative attempts to regulate AI in foreign countries, and these trends cannot be ignored. Among them, the Proposal for an Artificial Intelligence Liability Directive adopted by the EU Parliament in 2022 is most significant for legal compliance in medical maltreatment. The Proposal is an attempt to comprehensively regulate AI, including the medical use, and may be expected to have an impact on Japan through extraterritorial application in the future. In this study, we examined the tort liability of physicians, medical device manufacturers, and others, assuming specific use phases of AI in clinical medicine. In addition, we referred to legislative trends and academic theories in other countries, such as the EU's AI Liability Directive. As a result of this examination, it became clear that not only physicians, but also medical device manufacturers, etc. have certain obligations of conduct, and that there are some aspects in which they can be held liable if they breach these obligations.
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P9 The Essence of Law in the Diagnosis of Disease by Doctors through Telemedicine in Indonesia

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The rapid growth of telemedicine has been accelerated by global events such as the COVID-19 pandemic, which necessitated the provision of remote healthcare services to prevent the spread of the virus . The widespread adoption of telemedicine has also been driven by advancements in digital technologies, enabling healthcare providers to offer medical consultations and treatment via video conferencing, mobile applications, and other digital platforms. As a result, telemedicine has gained increasing importance in healthcare delivery systems worldwide, including in Indonesia.
The Indonesian government has recognized the potential of telemedicine in addressing healthcare disparities, particularly in rural and remote areas, where access to medical facilities and professionals may be limited. By bridging geographical gaps, telemedicine enables patients to receive timely and appropriate medical care, improving overall health outcomes. Consequently, it is crucial to examine the legal framework governing telemedicine in Indonesia to ensure that it promotes the growth and development of remote healthcare services while safeguarding patient rights and interests.
In the context of diagnosing diseases, the use of telemedicine presents unique legal challenges related to the standard of care that doctors must adhere to when diagnosing patients remotely. The legal framework should establish clear guidelines on the scope of telemedicine services, the conditions under which remote diagnosis can be performed, and the requisite qualifications and training for healthcare providers engaging in telemedicine. Moreover, the legal implications of remote diagnosis should be evaluated in relation to the potential for misdiagnosis and the resulting liability for healthcare providers.
Another critical aspect of telemedicine is the protection of patient data and privacy. With the increasing reliance on digital platforms for the provision of healthcare services, the risk of data breaches and unauthorized access to sensitive patient information has grown. The legal framework governing telemedicine should address data security and privacy concerns by outlining robust data protection standards and holding healthcare providers accountable for maintaining patient confidentiality.
In addition to the aforementioned legal issues, the regulatory landscape for telemedicine in Indonesia should promote innovation and the integration of new technologies into healthcare delivery systems. This requires a flexible and

adaptive legal framework that accommodates advancements in telemedicine while preserving the safety and efficacy of remote healthcare services. The legal opinion should consider the potential impact of evolving technologies on the practice of telemedicine and propose recommendations for updating the legal framework as needed.

P10 DNR Decision Making for Patients in Emergency Care of China

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Ethics are generally considered a basic aptitude in healthcare, and the capacity to handle ethical dilemmas, in particular the discussion of DNR in relation to acute medical conditions, like Emergency Care, might impose ethical dilemmas to the patient and family and healthcare providers. This research analyzed the prevalence of DNR Orders for ER Patients in China. A majority of DNR studies are focused in the field of ICU and palliative care, with scarce studies on emergency care. Insufficient understanding and awareness of DNR is a typical issue for the general public in China. The features of ER patients made DNR issue more complicated in China. Literature review indicated that the signing rate of DNR orders in Chinese mainland is similar to that of other Asian countries, and DNR decision for ER patients in China are usually made by patients' surrogates. In the following session, several case studies had been done, further elaborating the ethical dilemmas of ER physicians in China. In the filed of legislation, there is currently no case law regarding ADs in Chinese mainland, while similar DNR guideline can be found in Hong Kong and Taiwan. Factors Influencing DNR Decision in China are classified into the following five categories, including patient self-determination, subjective conception of family members, conditions of terminally ill elder adults, external environmental factors and internal family factors. This research will further explore the development of hospice care in Emergency Care of China, while promoting legislation on Advance Directive in China.

Keywords: Do not resuscitate; emergency care; ethics; healthcare; advance directive

P11 Legal Challenges in Future Hospitals: Balancing High Technology and Outdated Regulations

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Hospitals' infrastructure plays a crucial role in ensuring high-quality medical care. However, many hospitals in Europe were built in the 1970s and 1980s, and regulations do not always allow for their expansion and upgrading. The difficulty of building new hospitals that can apply the latest technologies by design makes it challenging to address this issue. The existing infrastructure is often taken for granted and rarely subject to critical analysis, resulting in technological upgrades that may not be effective or can be dangerous. The energy crisis and the COVID-19 pandemic have provided a platform for reflection on the sustainability of current hospitals and their potential to be transformed into "hospitals of the future."

The absence of rules or over-regulation must not be a limiting factor to patients' access to the latest technological advancements, modern medical equipment, safe and secure hospitals, or treatments. The report demonstrates some of the shortcomings in regulations that limit states and hospitals from becoming sustainable and upgrading to adaptive and modern hospitals of the future. It highlights regulatory problems that have a direct impact on public health and patient safety in hospital care. The report also highlights shortcomings in the regulations of national systems or hospitals that exacerbate negative phenomena such as defensive medicine, health tourism, and medical migration. This report poses the question of whether Europe and the world achieve standards that enable hospitals to be upgraded and affirmed as hospitals of the future. It raises awareness about the need for hospital infrastructure to keep pace with the latest technological advancements while maintaining high standards of healthcare delivery. It also emphasizes the importance of balancing regulatory frameworks to avoid over-regulation that may impede innovation, while at the same time protecting patients from unnecessary risks.

In conclusion, upgrading and adapting hospitals to meet the evolving healthcare needs of society is essential. The challenges faced by hospitals and healthcare systems, as outlined in this report, must be addressed through effective regulation, innovative solutions, and sustainable investments. While regulators must strike a balance between promoting innovation and protecting patients' safety, the goal must be to provide high-quality medical care to patients while ensuring the well-being of healthcare workers. By addressing these challenges, hospitals can become hospitals of the future, equipped to provide advanced medical care and contribute to the overall health and well-being of society.

P12 The Impact of Pharmacogenomics on Medical Professional Liability

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Introduction. Completion of the Human Genome Project allowed a better understanding of the mechanisms underlying diseases- facilitating diagnosis, but it also allowed improving treatment or understanding on how a certain treatment could harm certain patients. In this regard, pharmacogenomics has brought many benefits by improving the safety of drug administration to patients who have certain genetic variations. However, with the development and application of new technologies in medical practice, professional responsibility could acquire new values. Material and method. Based on the literature data, the authors carried out an analysis of the particularities of professional liability generated by the implementation of pharmacogenomics in the current medical practice. Results. Knowledge about the indications of genetic testing becomes essential, the aspects of interest being related to pharmacokinetics, pharmacodynamics, drug interactions, organ failure (e.g.: liver, kidney) and contraindications of medication. It also becomes necessary the knowledge about the situations and

ways of using genetic testing to improve patient safety. In this regard, the doctor can be held liable for negligence or incompetence if it does not request the genetic testing when it is indicated, if it does not properly interpret the results of the genetic testing, if it fails to prescribe the medication and the dose corresponding to the results of the genetic testing, if it fails to inform the patients about the potential adverse events related to their genetic characteristics. Conclusions. Although at present the involvement of pharmacogenomics in medical practice is still limited, the more its areas of application will expand, the more will increase the need to include the determination of genetic variations in the standard of care, thus generating new standards for the evaluation of medical professional liability.

P13 Conditions and Procedure for Termination of Pregnancy on Request in Bosnia and Herzegovina

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Termination of pregnancy on request is one of the most complex issues of medical law, on which there are no agreed positions, neither in theory, legislation, or practice. Legal regulation of termination of pregnancy on request is considered a human rights issue and a very complex ethical issue related to the autonomy of the woman's will and the rights of the fetus. Lately, this topic has been further updated after the US Supreme Court's ruling in Dobbs v. Jackson Women's Health Organization, where the court found that the US Constitution does not guarantee women the right to terminate a pregnancy and thus overturned the precedent set by earlier rulings in the cases of Roe v. Wade and Planned Parenthood v. Casey, and the ruling of the Constitutional Court of Poland, which additionally tightened the already most rigid law on termination of pregnancy in Europe, after which women in Poland are allowed to terminate a pregnancy only in cases of rape, incest, or danger to the life or health of the mother. The subject of this paper is the current state of legislation in Bosnia and Herzegovina regarding the termination of pregnancy on request and the practice of health institutions in the implementation of regulations in this area. In the Federation of BiH, the 1977 Law on Conditions and Procedures for Termination of Pregnancy is still in force, while the Republika Srpska adopted a new Law on Conditions and Procedures for Termination of Pregnancy in 2008. Both laws are relatively liberal and represent a certain kind of compromise between the protection of a woman's right to freely decide about her offspring and the criminal law's protection of her future life. The most significant difference between these two laws is that in the Federation of Bosnia and Herzegovina, termination of pregnancy older than 20 weeks cannot be approved, while in the Republika Srpska, this is possible if the ethics committee of the health institution determines that there are conditions for termination of pregnancy. The criminal legislation incriminates the illegal termination of pregnancy in several forms: with the consent of the pregnant woman, without the consent of the pregnant woman, and in a qualified form: when, as a result of actions in one of the first two forms, the pregnant woman is severely physically injured, her health is severely damaged, or the actions cause the death of a pregnant woman.

P14 Empowering Progress: The Intersection of Health, Neuroscience, AI and Law

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In recent years, the number of scientific publications at the intersection of law and neuroscience has increased, and it has become clear that neuroscience has much to contribute to our understanding of human behaviour. Neuroscience is appearing everywhere and is making its way into law as well. The methods of neuroscience are now making it possible to devote more and more effort to understanding in greater detail various processes that are particularly important to law, for example, in the study of memory and truth-finding, issues of evidence, free will, responsibility, moral decision-making and punishment, the problem of juvenile offenders, various tendencies, mental health, influence, emotions, and decision-making processes. Moreover, a very powerful tool is currently coming to the aid of the human brain (especially its working memory) - artificial intelligence, which expands the scope and speed of human thought many times over, e.g., it can speed up decision-making by doctors (but patients can also receive much more information than before). Legal science will inevitably face ever greater changes. Given the importance of the dialogue between law and other fields, it is time to systematically characterise the scientific work in health, neuroscience, AI, and law. The aim of this study is to identify the main issues that appear in legal articles and legal regulations on health, neuroscience, and AI. Methods: theoretical-scientific analysis, systematic and critical review of scientific literature and other relevant sources; empirical-quantitative and qualitative analysis of scientific articles and legal regulations. Main finding: neuroscience can be very important today to better understand various aspects of mental health, neuroethical problems, etc. Future work could extend this analysis to better understand human behaviour, particularly the use of artificial intelligence to accelerate brain decisions (law must be first and foremost an ally of scientific progress, but at the same time an "supervisor" of sustainable, long-term progress in health care) and should explore changes in law.

Keywords: Health, AI, Neuroscience, Law

P15

Data Protection and Regulation Compliance On Handling Physical Child Abuse Scenarios - A Critical Reflection

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The use and collection of personal data can pose significant risks to individuals' privacy and security, including the exposure of personal information leading to identification, identity theft, discrimination, and the infringement of fundamental rights. In cases of physical violence against children, safeguarding personal data is crucial for ensuring the victim's security and enabling medico-legal management. Retrospective self-reports are commonly used in these cases, while clinical observation, such as dental data collection, can

aid early identification. Additionally, the regulation of clinical observation should align with international guidelines. The General Data Protection Regulation (GDPR) establishes clear rules for collecting, storing, processing, and protecting personal data in the European Union. This regulation applies to all entities that handle the personal data of EU citizens, regardless of their geographic location.

Many other countries and regions, including Brazil, have adopted data protection laws following the GDPR, such as the General Data Protection Law (LGPD), to ensure that personal data is appropriately managed and protected.

While the GDPR emphasizes the importance of obtaining consent from parental responsibility guardians for individuals under 16 years old, it does not serve as an obstacle to justified data processing and sharing. However, in cases of child maltreatment, strict adherence to this framework could compromise the safety and well-being of the child (GDPR-art. 6).

It is advisable to maintain a record of the decisions made and the reasons for those decisions, including whether the information was shared, what information was shared, with whom it was shared, and the purpose for which it was shared (GDPR-art. 8 and 9).

Law and regulations should be discussed concerning the social, cultural, and economic environment. In the UK, the Data Protection Act 2018 was published concurrently with the GDPR's implementation. This act explicitly permits professionals to share particular category data (e.g., medical data) without consent when doing so will safeguard children and at-risk individuals. Regarding the processing of data for minors, the Portuguese Data Protection Act (Law no. 58/2019, August 08) stipulates that individuals can only give consent after reaching the age of 13 years old. However, it does not provide guidelines for collecting and processing data for at-risk children and adults.

A critical understanding of how to develop the identification process and defend the child should be discussed globally.

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Marisa Almeida Araújo holds the position of Auxiliar Professor at the Faculty of Law of the Lusíada University (Oporto, Portugal) where she teaches in the areas of Private International Law and Civil Law. She is a Member of its School Council, Integrated Researcher at CEJEA, the Centre for Legal, Economic and Environmental Studies of said University, where she investigates mainly in Biolaw, International Law, and Civil Law. She is also a Fully Qualified Lawyer and Legal Consultant, Arbitrator and Member of the Justice Council of AFP.

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The author obtained a Ph.D. from the University of Perpignan (France), worked for the French Red Cross (Paris) as a legal advisor, and currently works as an assistant professor at Prince Sultan University (Saudi Arabia).

Elisabeth Alton

Elisabeth is a named GP for safeguarding adults working for Humber and North Yorkshire Health and Care Partnership. She has a Masters degree in Safeguarding Adults, Law, Policy and Procedure from Keele University. She co-produced the Royal College of General Practitioners, Adult Safeguarding Toolkit. Elisabeth sat on the Decision-making and mental capacity NICE guideline [NG108] committee and has worked extensively in implementing good practice around the MCA in primary care nationally. Currently she is involved in research into the interface of primary care and safeguarding in care homes in conjunction with the Department of Health and Social Care at Hull University. Her interest in forensic examination of adults at risk of harm stems from being involved in safeguarding adult reviews where the victim had been injured and recognising the inequality of service between children and adults that currently exists. She is currently the clinical lead for a pilot project in the Humber region providing forensic medicals for adults at risk of harm.

Raimondas Andrijauskas

Raimondas Andrijauskas is PhD student at Mykolas Romeris University. His fields of expertise are human rights, privacy and personal data protection. Raimondas Andrijauskas is former director of the State Data Protection Inspectorate (Lithuanian Data Protection Authority) and member of the European Data Protection Board. Now he works as an expert at WALLESS, one of the leading law firm in Lithuania.

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Graduate of Ankara University Medical School, 1987. Has medical specialty and PhD degrees. Main fields are medical law, research ethics, gender in medicine, human rights in medicine. Chair, History of Medicine and Ethics Department in Ankara University School of Medicine.Chair, Women's Studies Department in Ankara University Social Sciences Institute. Governor for Turkey and Treasurer in Executive Committee, World Association for Medical Law

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Dr. Mustafa Aslam, MB., B.S., DMJ, M.BETH, CPB, is a Forensic Physician & Bioethicist, presently working as a Faculty of Health Sciences and Section Head, Forensic Medicine at Aga Khan University, Karachi, Pakistan. He is a Co – Principal investigator, Faculty & Director of Health & Human Rights module in Masters in Bioethics Program at Aga Khan University in collaboration with NIH (National Institute of Health) and George Washington University, USA. He is also a Visiting Faculty at University of Health Sciences, Lahore, Pakistan. Dr. Aslam has extensive experience of clinical Forensic Medicine, teaching and training in medical jurisprudence, medical law & bioethics in undergraduate, graduate & postgraduate curriculums at various universities. He has also served in various clinical, research ethics committees and medicolegal boards. His areas of interest are clinical &research ethics, pediatric bioethics, ethics education and medical law (human right & humanitarian law)

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Brazilian, lawyer, law teacher and lecturer. Permanent columnist for the Law & Health section, from the newspaper Estado de Minas, since 2021. Founder of the law firm Renato Assis Advogados Associados, since 2006. Specialist in Medical Law, from the University of Araraquara/SP, in 2007. Specialist in Procedural Law, from the Pontifical Catholic University/MG, in 2007. Graduated in Law, by the University FUMEC, in 2006. Professor of the Judicialization of Health discipline, in the Medical and Dental Law Postgraduate, at the ANADEM Corporate University, since 2018. General Secretary of the brazilian unit of ASOLADEME - Latin American Association of Medical Law, since 2020. Effective and Lifelong Academic in the area of Legal Sciences at ALACH - Latin American Academy of Human Sciences, since 2017. Member of the World Association for Medical Law, since 2016. Legal and Scientific Counselor of the Brazilian Society of Medical Law and Bioethics - ANADEM, since 2015. Speaker at the XII Latin American Congress of Medical Law, held in Murcia/Spain, with the lecture: Image Crisis Management of Doctors in Social Medias, in 2022. Speaker at the 49th Plastic Surgery Journey in São Paulo, with the lecture: The Applicability of the General Data Protection Law in the Health Area, in 2022. Biennial World Conference from ICMIF - International Cooperative and Mutual Insurance Federation, held in Auckland/New Zealand, in 2019. XI Latin American Congress of Medical Law, held in Assumption/Paraguay, in 2018. Bienal Americas Conference da ICMIF - International Cooperative and Mutual Insurance Federation, held in Cartagena/Colombia, 2018. International Seminar on Law, Neurosciences and Artificial Intelligence, held at the University of Coimbra/Portugal, in 2017. Biennial Americas Conference from ICMIF – International Cooperative and Mutual Insurance Federation, held in London/United Kingdom, in 2017. X Latin American Congress of Medical Law, held in San Jose/Costa Rica, in 2016.

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Tengku Keizerina Devi Azwar

After I finish my Ph.D in Law in 2004, I worked as lecturer at Faculty of Law, Universitas Sumatera Utara. In 2004, I had been appointed as the Head of Notary Master Degree Program from 2005 - 2021. Currently, I held the position as the Program Secretary of Doctoral Degree of Law, at Universitas Sumatera Utara. Aside from administrative works, I am also a lecturer at the same university, I am responsible in teaching, student supervising and research in several classes per year. My Main research area are Intellectual Property Law and Company Law. For the past 2 years, I had do some research on health law, starting with the doctor's legal responsibility in plastic surgery. Last year I start taking master degree in health law.

Carla Barbosa

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MD, PhD. Dr. Jerzy Bednarski is a Trauma and Orthopaedic Surgery Specialist and an Associate Professor at the Department of Human Anatomy of the Medical University of Lublin, Poland. He also serves as a legal expert with the courts in Lublin, Poland. He is a Board Member in the section on Metabolic Diseases of Bone Tissue in the Polish Association of Orthopaedics and Traumatology Society. A member of the Polish Anatomical Society, Dr. Bednarski is the recipient of the Annual laureate of the Rectors Scholarship for best students and PhD students.

Roy G. Beran

Roy G. Beran is a consultant neurologist and accredited sleep physician, also working in legal medicine, military medicine and aviation medicine. His qualifications include: MBBS, MD, FRACP, FRACGP, Grad. Dip. Tertiary Ed., Grad. Dip. Further Ed., FAFPHM, FACLM, FRCP, FAAN, FACBS, B Leg. S, MHL and FFFLM (Hon). Registration with the Australian Health Practitioner Regulation Agency (AHPRA) includes: Neurology; Public Health; and Sleep Medicine. Designated Medical Examiner for Civil Aviation Safety Authority, medical assessor for Dispute Resolution for State Insurance Regulatory Authority and assessor for Workers Compensation Commission of New South Wales (NSW). Conjoint Professor of Medicine at University of NSW; Professor in the School of Medicine at Griffith University, Queensland; Conjoint Professor, Medical School, Western Sydney University; and Professor, Chair, Medical Law, Sechenov Moscow 1st State University, Moscow, Russia. Following Russia's invasion of Ukraine, he refused to re-sign with Sechenov University. He was the inaugural Visiting Professor at the International Research Institute of Health Law Sciences at the Southern Medical University, Guangzhou, China. He is: founding Fellow of Australasian College of Legal Medicine (ACLM); Past President thereof, having stepped down in 2011, remains on Council and was awarded its second Honorary Life Fellowship. 2019, appointed as 'Co-Head of Faculty' to co-ordinate the ACLM training courses throughout Australia. He is the Australian Governor and was elected President of the World Association for Medical Law (WAML), in 2022, having previously been Secretary General, Executive Vice President and Regional Vice President, plus serving on Organising Committees of numerous World Congresses for Medical Law (WCML), and being Programme Chair in 2004 and 2022, both in Australia. First Honorary Fellow of Faculty of Forensic & Legal Medicine of the Royal College of Physicians (London). Currently negotiating with Bond University to create a Master of Legal Medicine, in conjunction with ACLM. Neurology, a Fellow of Royal Australasian College of Physicians; Fellow of Royal College of Physicians, Edinburgh; Corresponding Fellow of American Academy of Neurologists; and Member of Australian and New Zealand Association of Neurologists. Member of Australasian Sleep Association, serving on various committees thereof. He pioneered the conduct of clinical trials and undertaking research within private practice, having been principal author in publications which included leading academic/tertiary referral institutions. Published: more than 380 papers, book chapters and letters to the editor; presented in excess of 420 papers at national and international meetings; written or edited 17 books; serves on numerous editorial boards; and is the editor in chief of the international journal, Medicine and Law, the official journal of the WAML. In 2022, he was invited to be a founding member of the newly formed Australian Magnetic Resonance Imaging Association and, at its initial meeting, was elected as Vice President/Vice Chairperson, of the foundation Board of Management. His research interests include: Concussion; Epilepsy; Legal Medicine; Stroke; Sleep; Neuroepidemiology; Neurological Imaging; and Medical Education. He was an officer in the Royal Australian Navy Reserve (holding the rank of Commander) and was awarded membership of the general division of the Order of Australia, in 2015.

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Witold Borysiak

Dr Witold Borysiak (PhD in Law) is assistant professor at the Faculty of Law and Administration (University of Warsaw) and the Institute of Justice (Warsaw, Poland). He also worked as the law clerk at the Polish Constitutional Tribunal. His research teaching focuses on civil law (tort law, contract law, family law and law of succession), medical law, comparative law and European legal tradition. He received many awards and scholarships, including the scholarship granted by the Max-Planck-Institut für ausländisches und internationales Privatrecht in Hamburg, post-doc SCIEX Scholarship of the Rectors' Conference of the Swiss Universities (CRUS) at the University of Geneva Faculty of Law, the scholarship START granted by the Foundation for Polish Science (twice) and the scholarship for outstanding young scientists granted by the Polish Minister of Science and Higher Education. He was a visiting scholar at many scientific Institutes and universities worldwide, including the Swiss Institute of Comparative Law in Lausanne (Switzerland), and Institute for European Tort Law in Vienna (Austria). He is i.a. a co-author of volume I of the System of Polish Medical Law, edited by M. Safjan and L. Bosek (C.H.Beck Publishing Company, Warsaw 2018), casebook Medical law. Cases and commentaries, edited by M. Safjan (Wolters Kluwer Poland, Warsaw 2012), and monograph Medical law, edited by L. Bosek (C.H.Beck Publishing Company, Warsaw 2019). He is a member and contributor of the scientific research project: "The role of codes of medical ethics and professional standards in biomedicine and their relevance for private law liability", coordinated and directed by L. Bosek, granted by the Polish National Science Centre (OPUS programme), and was director of the scientific research project SONATA: "The infringements of duties of care as a reason for responsibility for tortious acts", granted by the Polish National Science Centre.

Sander Briké

Sander Briké studied law at the KU Leuven (Belgium) and the Université de Rennes I (France). In 2015, he joined the law firm Dewallens & partners and is member of the Leuven Bar since then. In 2016 he received the postgraduate degree in Health Law and Medical Ethics at the University of Antwerp. Since 2021, Sander is also affiliated with the University of Antwerp as a PhD researcher in the Antwerp Health Law and Ethics Chair (Ahlec). Under the supervision of Prof. Thierry Vansweevelt and Prof. Filip Dewallens, he is preparing a doctoral thesis on the legal status of doctors as undertakings and as practitioners of a liberal profession. He regularly publishes and lectures on various topics in health law.

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Ms. Dovile Burgiene, Co-founder and Managing Partner, WALLESS Law Firm, Lithuania; Vice Chair at the IBA Corporate and M&A Law Committee; Co-vice president of the Lithuanian Business Confederation. Attorney at Law.

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Rui Cascão holds a Degree in Law from the University of Coimbra (1999) and a PhD in Law from the University of Tilburg, Netherlands (2005). He is currently an Assistant Professor at the Faculty of Law of Universidade Lusófona of Oporto and Integrated Researcher at the CAED- Centre for Advanced Legal Studies Francisco Suárez (Portugal). He is also a guest Adjunct Professor at the School of Technology and Management ESTG, Polytechnic Institute of Leiria (Portugal). He has taught and developed research in several teaching institutions: Tilburg University, The Netherlands (2000-2005); Karl-Franzens-University of Graz, Austria (2006-2008); Biomedical Law Centre of Coimbra University (since 2001); Legal and Judicial Training Centre of Macau, China (2009-2016) and ISIT-University of Paris 2 Panthéon-Assas (2021-2022). He was Legal Advisor in the Government of Macau, China (Office for Legal Reform, Legal Reform and International Law Bureau, Justice Affairs Bureau) from 2008-2021, with responsibility for legislative production, legal reform and international and regional law matters. He is the author of several scientific productions in the area of civil, commercial, European and biomedical law and has participated in high-impact international research projects, such as the "Study Group on a European Civil Code (SGECC)". He is also a DPO certified by the University of Maastricht, the Netherlands (ECPC-B) and a member of the board of the Portuguese Association of Health Law (ALDIS). He is fluent in Portuguese, English, French, German, Spanish, Dutch and Macedonian. He is currently developing research on international and European health law; law and technology; fundamental rights and civil law; as well as the new horizons of the law of persons.

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Vilnius, Lithuania

Vesselin Chobanov

Assoc. Prof. Dr. Eng Vesselin Chobanov is a highly accomplished academic and researcher with a passion for the complex interplay between renewable energy systems and power grids. He has been a faculty member of The Technical University of Sofia since 2010, where he has contributed significantly to the fields of power systems and energy transformation. Dr. Chobanov's research interests focus on the challenges of integrating renewable energy sources into the grid and finding practical solutions to make this integration smoother. He has made significant contributions to the field of power systems and energy transformation, with a focus on reducing carbon footprint, improving the operational flexibility of power systems, and analyzing the impacts of renewable energies, prosumers, and electric vehicles on power grids. Aside from his expertise in renewable energy systems and power grids, Dr. Chobanov is also interested in the regulation of models in healthcare and risk management. He has a deep understanding of the technical processes that can affect public health, and he is passionate about using his expertise to help ensure that these processes are effectively regulated.

Ana Corte-Real

Ana Corte-Real holds a Ph.D. in Medical Sociology (2009) and a Master's in Legal Medicine and Forensic Sciences (2005). Member of the Coordination Board of the Health Management and Direction course of the University of Coimbra, Portugal. Director of the Laboratory of Forensic Dentistry University of Coimbra, Portugal. Professor of Forensic Dentistry, Dental Anatomy, Quality in Health, and Health Strategy at the University of Coimbra (Portugal). Private clinical practice in Dentistry, Oral trauma, and Disability evaluation. Dental expert in Human Identification (Portuguese DVI team) and Forensic Odontology at the National Institute of Legal Medicine and Forensic Sciences of Portugal. Scientific coordinator of the ONG ATMU, Portugal. Past-member of the Coordination Board of International Relations of the Faculty of Medicine (2013-2019), Coimbra, Portugal. Academic and research issues on Patient Safety, Migration, and Health Quality.

Charlotte Cuypers

Charlotte Cuypers is a lawyer at Dewallens & partners law firm in Leuven, Belgium. She obtained her Master in Law at the University of Antwerp, and wrote a master thesis titled 'The status of hospitals under Belgian law. A public place accessible to third parties?', for which she was awarded with the 'Prijs Tijdschrift voor Gezondheidsrecht 2023'.

Eduardo Dantas

Lawyer, licensed to practice in Brazil (since 1995) and Portugal (since 2011). Specialist in Consumer Law by the University of Castilla-La Mancha, Spain. LL.M. in Medical Law by the University of Glasgow, Scotland. PhD Candidate in Civil Law by University of Coimbra, Portugal. Former Vice-President and member of the Board of Governors of the World Association for Medical Law. Vice-President of the Asociación Latinoamericana de Derecho Médico. Past President of ALDIS - Associação Lusófona de Direito da Saúde. Author of several articles published in Brazil, Portugal, Israel, USA, Poland, Mexico, Czech Republic and France. Author of the books Direito Médico, Comentários ao Código de Ética Médica, Aspectos Jurídicos da Reprodução Humana Assistida, Contemporary Issues in Medical Law and Droit Médical au Brésil ; Former Member of the Special Commission of Medical Law in the Federal Council of the Brazilian BAR (2013/2015 e 2016/2018). Member of the Instituto Brasileiro de Estudos de Responsabilidade Civil - IBERC. Vice-President of the National Commission of Medical Law of the Brazilian Association of Lawyers.

Jonathan Davies

Academic Degrees: • Tel Aviv University, Israel, Law, 1983 (LL.B). Tel Aviv • University in collaboration with Berkeley University of California, Commercial Law (LL.M with honors magna cum laude). Additional Memberships: • ACLM - American College of Legal Medicine; • RSM - The British Royal Society of Medicine. • Member of Board of Governors, World Association of Medical Law (WAML) • Member of the Board of Governors, the Society for Medicine and Law in Israel; • Positions: • Secretary General of the World Association for Medical Law (WAML) • President of the Society of Medicine and Law in Israel • Editor-in-Chief, the "Medicine and Law" periodical (2000-2015); • Chairperson of Council of Presidents for World Association of Medical Law (WAML) (2008-2012); • Chair of the DAVIES AWARD, WAML. Promoting research in Public Health & Law. • Member of the Unesco forum for Medicine, Law and Ethics in Haifa University • Public Member of Helsinki committee Meuhedet HMO (Israel) . Teaching Positions: • Bar Ilan University, periodical course, Regulation of the Health system in Israel. • Lectures for expert witnesses courses at the Medical Association (2000-2015). • Guest lecturer in law faculties in the field of medical Malpractice. Publications: • "Law and Precedents in Medical Law", Avi Legal Books, 1999. • "The Right to Life with No Malformation" A collection of Scientific, Ethical and Legal articles (Hebrew), Tel Aviv, Probook Publishers, 2007. • Author of the chapter "Legal and Forensic Medicine in Israel", part of the Legal and Forensic Medicine Encyclopedia. Springer, (2013). • "Legal aspects of alternative medicine" in J. Shoval and E. Averbuch's book - Alternative and Bio-Medicine in Israel: Boundaries and Bridges (Hebrew Version) Rasling Publishers, Israel;2014 • Author of the chapter "Public Health Care Law and Ethics in Israel", part of the Legal and Forensic Medicine Encyclopedia, Springer, (2021).

Sanjin Dekovic

Prim Mr Sci Dr Sanjin Dekovic was born in Sarajevo, Bosnia and Herzegovina at 1967 where he completed Faculty of Medicine at 1993. He passed the state examination at 1994. From November 1994, he was employed at the Clinic for

Gynecology and Obstetric of Clinical Center of University in Sarajevo until today. He completed his specialization in Gynecology and Obstetric at 2000. Since 1994 until 2013, he has been working as a teacher of subject of Gynecology and Obstetric in Secondary Medical school for nurses and techinicans, totaling 19 generations of graduates. He completed a post-graduate study at the Faculty of Medicine in Sarajevo 2006, and he defense 2011 his master tesis. In 2013 he received honorary title of Primarius and in 2015 he become subspecialist in Fetal Medicine and Obstetrics. Since 1994 until today, he has had continuous presentation of his papers at numerous world and domestic congresses, conferences and seminars, namely: 81 papers as an author and 21 papers as a coauthor, out of which a large number has also been published in reference Magazines. For 23 years already,he has been engaged in the issues of medical Law within activity of the World Association for Medical Law. His continue involvement in the work of WAML and in Congresses and Conferences organized by it, has received acknowledgment in August 2006 at World congress in Touluse/France, when he was elected a member of the Board of the Governors. To date he was participated on ten WAML congress since 2000 (nine World Congresses and one International WAML congress - Korea 2005).This year 2023 he will celebrated 23 years of membership in WAML and 17 years as Member of the Board of the Governors of WAML. Today he work in Gynecology and Obstetric Clinic on Clinical Center of University in Sarajevo, the biggest University Clinical Center in Bosnia and Herzegovina.

Filip Dewallens

Filip is a professor of medical law at the University of Antwerp (Antwerp Health Law and Ethics Chair (AHLEC)). He is president of the Flemish Association for Healthcare Law and he published more than hundred peer reviewed scientific books and articles. Together with Prof. dr. Thierry Vansweevelt he is the editor of the "Handboek Gezondheidsrecht" (Manual on Health Law), a monumental standard reference work in two volumes. Filip was an independant university board member of the KU Leuven between 2014 and 2018. He studied law at the KU Leuven and obtained his PhD in Law (Doctor of Law) at the University of Antwerp. He is a member of the Leuven and Antwerp Bar and founder and managing partner of Dewallens & partners, healthcare law firm. In the field of health law he has a particular focus on hospital law, hospital governance and networks in healthcare. Thus he guided the merger process of more than 30 hospitals and is a permanent advisor of boards of directors, executive committees, medical boards, professional associations and hospital physicians. Between 2004 and 2009 he was member of the board of ZiekenhuisNetwerk Antwerpen (ZNA), the country's largest hospital group. On an international level Filip has worked for the IMF, the World Bank (Macedonia 1997, Slovenia 2004) and the Council of Europe (Montenegro 2008, Serbia 2009).

Li Du

Dr. Li Du is an associate professor at the University of Macau Faculty of Law, Macau SAR. He holds dual bachelor's degrees in both clinical medicine and law (Wuhan University, China) and a Ph.D. in law (University of Alberta, Canada). His teaching and research interests include international law, food law, biotechnology law and policy, and privacy law. Dr. Du has led many research projects on legal and ethical implications of novel and emerging biotechnologies, e.g., genetic testing, stem cells, synthetic biotechnology, etc.

Anne-Marie Duguet

Anne-Marie Duguet is medical doctor and PhD in law. She is Emeritus Senior Lecturer at Paul Sabatier University where she taught medical law and bioethics. In the team « Bioethics » of the UMR/ INSERM 1295 CERPOP, she conducts her research on French and European health law, bioethics, law and ethics of research, digital technology, new technologies and genetics. She has written more than 200 scientific articles and has published or contributed to about thirty books. In 2006, she organised the 16th World Congress of Medical Law in Toulouse and in 2019 the Conference of the EAHL. She is governor for France of the World Association for Medical Law and member of the advisory board of the European Journal of health law.

Ebenezer Egwuatu

Ebenezer C. Egwuatu is a Legal Practitioner, Medical law Consultant, certified Mediator and a passionate Patients' Rights and Safety Advocate. He is the Principal Partner, Lawfount Multi-Disciplinary Consults, a firm that provides innovative legal insights and cutting-edge solutions located in Abuja, Federal Capital Territory, Nigeria. He is also the Founder and Executive Director of Lawyers Arise for the People Initiative (LAPI), a patient rights and safety advocacy NGO. He is a trained Medical Care Assessor by International Medical Law Centre, St. Kitts, North America. He is a member of Nigerian Bar Association (NBA), Member, Medical Law Professionals Association of Nigeria (MELPAN), Member, Institute of Medical and Health Law (IMHL) and Associate Member, Three C's MET International Institute of Mediation, Negotiation, Counselling and Conciliation. Ebenezer has over a decade on-the-field experience in HIV/AIDS and Patients' Rights and Safety Advocacy. Driven by his passion for Patients' Rights and Safety, Ebenezer, as an undergraduate law student in 2010 wrote his final year Long Essay (Project) on the topic "THE RIGHTS OF PERSONS LIVING WITH HIV/AIDS IN NIGERIA: A Case Study of Federal Capital Territory: A Critique." Ebenezer has also worked with Centre for the Right to Health (CRH), a reputable NGO that is committed to Health Rights Advocacy, where he Volunteered as Program Officer, Legal/ Human Rights Program for over a year before he resigned to focus on his law practice. While at CRH, Ebenezer among other things worked as an Associate Editor/Researcher of the book "THE RIGHT TO HEALTH AND VIOLATION OF PATIENTS' RIGHTS IN NIGERIA: A Desk Review of Health - Related Laws in Nigeria" published by CRH

in 2016. He has attended many trainings and workshops with certifications. He has served and still serves in different leadership capacities.

David Ernest

Associate Professor David Ernest is a Critical Care physician with post-graduate qualifications in Health and Medical Law, who combines these interests in an active medical and medico-legal practice in Victoria, Australia. He is a member of the Human Research Ethics Committee at Monash Health and is currently completing a Master of Bioethics at Monash University.

Nnenna Joy Eze

Nnenna Eze is a lawyer, public health specialist and disability advocate. She found her footing in the public health field with her work with Governance team of the largest city council in Europe, Birmingham City Council, during the Commonwealth Games 2022.

Amarachukwu Ezetulugo

Ezetulugo Amarachukwu is a legal practitioner in Nigeria and also a Notary Public for Nigeria. she has been in active legal practice in Nigeria particularly in medical Law practice since her call to the Nigerian Bar. she has her Masters degree in Law and is presently doing her Doctorate Degree in Medical Law at University of Abuja Nigeria.

Inesa Fausch

Dr. Inesa Fausch has 10 years legal practice in the field of medical law. Inesa Fausch holds a legal degree (2014, Vilnius University), doctor in law (Dr.iur.) degree (2019, Basel University) and is admitted to Lithuanian Bar (2021). She is legal advisor at the Swiss Institute for Comparative Law (Lausanne, Switzerland), Lecturer at the University of Bern, Sitem-Insel AG, the Swiss Institute for Translational and Entrepreneurial Medicine and a researcher at the University of Latvia. I. Fausch is a member of the European Association of Health Law Supranational Biolaw Interest Group, CEPS Expert Working Group on alternative configurations for the institutional design of the European Health Emergency preparedness and Response Authority (HERA). She is an author of numerous publications in medical law field, e.g. co-author (together with J. Gumbis, R. Pumputiene, S. Narbutas, I. Balene) of monograph "Medical Law in Lithuania" (WoltersKluwers), author of monograph "Personalised medicine as a challenge for patent law" (WoltersKluwers), co-author (together with A. Mahalatchimy) on the book chapter on Advanced Therapy Medicinal Products, in Oxford University Press Online Encyclopedia on the EU Law (pending).

Jan Willem Franck

My name is Jan Willem and as of last year, I became a member of the Bar in Leuven (Belgium) where I work as a junior associate with the firm Dewallens & partners. In addition, I am pursuing a postgraduate degree in Health Law and Ethics under the Antwerp Health Law and Ethics Chair.

Tamar Gidron

Prof. Tamar Gidron is former head of the Law School at Zefat Academic College. She is currently the head of the Zefat Center for Bioethics, in collaboration with Ziv Medical Center in Zefat and the Galilee Medical School (Bar-Ilan University). Prof. Gidron is a member of the Israeli Bar Association. She also acted on several public legal committees and was a member of the State's Estates Committee (Justice Dep.) for 6 years. Prof. Gidron specializes in Private law, Comparative Law and Law of Torts and Medical Law.

Nicola Glover-Thomas

Professor of Medical Law @Law_UoM Interested in regulatory issues within medical law, capacity law, and mental health.

Nastė Grubliauskienė

Nastė Grubliauskienė is a lecturer at Law School of Mykolas Romeris university. Her fields of interest are health law, human rights law.

Bianca Hanganu

Bianca Hanganu is an assistant professor, forensic specialist physician, helding a PhD in Legal Medicine. She is currently also a master degree student. Her main areas of interests are medical professional liability, medical communication, forensic human identification and research ethics.

Barbora Havlíková

Barbora Havlíková is Czech lawyer and a doctoral student at the Faculty of Law at the Charles University. Barbora holds Czech law degrees (Mgr. and JUDr.) form Charles University and Swedish LL.M. degree in Intellectual Property Law form Uppsala University. In 2022 Barbora passed the Czech bar exam and works now as an advocate. Barbora's PhD project focuses on human genome editing from the perspective of European protection of fundamental rights. The PhD project follows up her diploma thesis on the legal status of human embryo. In general, Barbora is interested in intersection of new technologies and human rights, but she does not avoid issues related to traditional legal fields (f.e. civil law).

Bill Hinnant MD

Bill Hinnant, Principal in the firm Hinnant Medical and Law Offices, LLC, is a Urologist and Health Care Attorney admitted to the trial and appellate courts of South Carolina, the Fourth Circuit Court of Appeals and the U.S. Supreme Court. His legal practice focuses on medical malpractice, qui tam litigation, administrative health law, white collar crime, drug matters, insurance law, healthcare business and transactions, workers compensation and social security disability. His medical interests include infertility, reproductive endocrinology, oncology, voiding dysfunction, renovascular disease and general urology. He is a long-term member of his state's

Federal Criminal Justice Act Attorney Panel and has significant experience in Federal Sentencing Guidelines. Bill is Past President and General Counsel of the American College of Legal Medicine. He has authored amicus briefs for national medical organizations, including for the ACLM, as well as regulatory comments for medical associations and national medical organizations. He has advised or represented over 200 physicians in peer review and credentialing matters. He is active in assisting physicians and attorneys with substance abuse and addiction and is the U.S. Governor for the World Association for Medical Law. He is an Adjunct Assoc. Professor of Public Health Sciences at Clemson University and an Instructor in Health Law at Limestone University. Bill and his wife, Virginia, have four grown children and enjoy travel, sports, food and wine, theater and are self-professed politics and news junkies. They participate annually in Renaissance Weekend, one of the oldest idea festivals in the country, originally organized by Bill and Hillary Clinton.

Tomáš Holčapek

Dr. Tomáš Holčapek graduated from the Law Faculty and the Faculty of Social Sciences, Charles University in Prague; he also studied at the Cardiff Law School, University of Wales. He regularly teaches at the Law Faculty and at the 2nd Faculty of Medicine, Charles University in Prague, and is author or co-author of books and peer-reviewed journal articles focusing on health law and civil procedure. Formerly an attorney in a law firm, where he worked in the fields of real estate, business contracts, intangible assets and litigation. Currently a judge of a district court in Prague, Czech Republic.

Radmyla Hrevtsova

Ass. Prof. Dr. Radmyla Hrevtsova is a Ukrainian scholar with 18 years' experience in lecturing and more than 20 years' experience in legal practice. She is an Associate Professor of the Taras Shevchenko National University of Kyiv, Ukraine, and a research fellow of the University of Coimbra, Portugal. Having a diverse legal background, Dr. Radmyla Hrevtsova focuses her research and practice on Medical Law, Pharmaceutical Law, Public Health Law and Governance, Bioethics, and Human Rights. She is an attorney-at-law, numerously recognized as one of the best lawyers in Ukraine in the field of Medical Law / Pharmaceuticals by various professional rankings. Dr. Radmyla Hrevtsova is a Governor of the World Association for Medical Law, Head of the Ukrainian Unit of the International Network on Bioethics, and a non-staff legal consultant to the WHO.

Man Teng Iong

Man Teng Iong is a Senior Instructor at the Faculty of Law of the University of Macau. He finished his LLB at the Faculty of Law, New University of Lisbon (Portugal) before completing his Master of Law degree at the Faculty of Law, University of Macau, with a dissertation regarding advance directives in Macau. He obtained a PhD in law at the Law School, University of Minho (Portugal) with a dissertation entitled "Civil liability in traditional Chinese medicine: analysis from the perspective of the Portuguese legal system". Before he began his academic life, he had worked as a legal advisor at the Macao Health Bureau for six years and gained legal experience in medical law issues. His research interest embraces medical malpractice, patient safety, patient rights, and fundamental rights. He has published papers about medical law and ethics in international journals, such as Medicine and Law and Biolaw Journal.

Irehobhude Iyioha

Dr. Irehobhude O. Iyioha ('Ireh Iyioha'), LL.B. (Hons), BL, LL.M., Ph.D., is an Associate Professor at the Faculty of Law, University of Victoria, a Full Professor, Adj. at the John Dossetor Centre for Health Ethics, Faculty of Medicine and Dentistry, University of Alberta, and a professor at the Osgoode Hall Law School Professional Master of Laws (LL.M.) Program at York University. She is currently a Visiting Scholar in Philosophy at Harvard University (Spring Semester, 2023). She has served as a Nathanson Visiting Fellow at the Jack and Mae Nathanson Centre on Transnational Human Rights, Crime and Security at Osgoode Hall Law School, Visiting Scholar at the Faculty of Law, University of Toronto, and Visiting Academic at the University of Alberta. Dr. Iyioha's scholarship focuses on the limits and effectiveness of law in the fields of moral and legal philosophy, international human rights law, feminist legal theory, torts, comparative health law, and women's health law and policy. In these areas, her work has advanced understanding of why law works and why it fails in various legal, social and geopolitical contexts. She is editor and co-editor of two books – Women's Health and the Limits of Law: Domestic and International Perspectives (Abingdon, UK: Routledge, 2020) and Comparative Health Law and Policy: Critical Perspectives on Nigerian and Global Health Law (London: Ashgate, 2015) (with RN Nwabueze), and is currently working on a third book on the moral limits of pandemic law. She is the recipient of over sixty academic and service awards, including the 18th World Congress on Medical Law Award, a 2017 Canadian Association of Law Teachers (CALT) Award for Scholarly Work that Makes a Substantial Contribution to Legal Literature for her theory of Substantive (Legal) Effectiveness and a $690,000 Racial Justice Grant from the Law Foundation of British Columbia.

Konrad Jagocha

Attorney practicing in a law firm. PhD student at the Department of Bioethics and Medical Law at the Jagiellonian University in Krakow. Author of publications in the field of medical and pharmaceutical law. Speaker at numerous conferences, both national and international.

Giancarlo Jiménez Bazán

Lawyer, graduated from Pontificia Universidad Católica del Perú. Master in Medical Law and Bioethics, from the University of Castilla – La Mancha (Spain). Member of the World Association for Medical Law – WAML. President and founder of the Peruvian Affiliate of the Latin American Association for Medical Law – ASOLADEME PERU. Main

partner and co-founder of Meza & Jiménez Attorneys, first law firm dedicated exclusively to Medical Law in Peru. Master Degree Professor of Medical Law at Universidad Autónoma de Santo Domingo - Dominican Republic.

Yann Joly

Yann Joly, Ph.D. (DCL), FCAHS, Ad.E. is the Research Director of the Centre of Genomics and Policy (CGP). He is a Full Professor at the Faculty of Medicine and Health Sciences, Department of Human Genetics at McGill University. Prof. Joly is also an associate member of the Bioethics Unit and at the Law Faculty at McGill. He was named advocatus emeritus by the Quebec Bar in 2012 and Fellow of the Canadian Academy of Health Sciences in 2017. In 2021 he received, the Canadian Science Policy Centre, Science Policy Trailblazer Award. Prof. Joly is a member of the Canadian Commission for UNESCO (CCU) Sectoral Commission for Natural, Social and Human Sciences. He is the current Chair of the Bioethics Workgroup of the International Human Epigenome Consortium (IHEC) and Co-Lead the Regulatory and Ethics Work Stream of the Global Alliance for Genomics and Health (GA4GH). He was Chair (2017–2019) of the Ethics and Governance Committee of the International Cancer Genome Consortium (ICGC). He is also a member of the Human Genome Organization (HUGO) Committee on Ethics, Law and Society (CELS). Prof. Joly's research interests lie at the interface of the fields of scientific knowledge, health law (biotechnology and other emerging health technologies) and bioethics. He created the first international genetic discrimination observatory (GDO https://gdo.global/en/gdo-description) in 2018. He has published his findings in over 200 peer-reviewed articles featured in top legal, ethical and scientific journals. In 2012, he received the Quebec Bar Award of Merit (Innovation) for his work on the right to privacy in the biomedical field.

Michal Koscik

Michal Koščík is Head of the Institute of Public Health at the Masaryk University Faculty of Medicine and Head of the Health System Effectiveness Research Group at the National Institute for Research on Socioeconomic Impacts of Diseases and Systemic Risks. He also lectures at the Faculty of Law and the Faculty of Pharmacy of MU. He is the national rapporteur for the Czech Republic in the European Health Law Association. He is the author or co-author of more than 40 professional publications and organizer of numerous professional events in national and international context.

Gabor Kovacs

Professor Gabor Kovacs's academic qualification are in the fields of Medicine and Law. He holds a PhD (2007) in Law, and Dr. Habil degree (2014) in Medical Sciences (Forensic Medicine). He is full professor at University of Győr and head of the Department of Forensic Sciences. He works as a forensic medical examiner participated in more than 10 000 cases. He has published widely in the fields of expert evidence, forensic science, DNA in forensics, with over 225 journal articles, book chapters and two monograph.

Monika Kupis

I am a PhD student at Jagiellonian University in Kraków, Poland and a lawyer practicing in new tech & life sciences sector. Currently I am working on my PhD thesis on the tor liability model for the use of AI software in healthcare. Apart from my academic career, I advise in matters of pharmaceutical and biotechnology law as well as healthcare and new technologies law, working as a trainee attorney-at-law at a renowned Polish law firm.

Albert Lee

Albert Lee is Professor Emeritus in Public Health and Primary Care, and Medico-legal Consultant. He qualified as medical doctor in UK in 1984, and admitted as lawyer in Australia (2021) and Barrister and Solicitor in New Zealand (2022). He possessed higher academic and professional qualifications in Family Medicine, Public Health, Law, Legal Medicine, Arbitration and Mediation in Australia, Ireland, Hong Kong, UK and US. His research areas are in primary care development, chronic disease management in primary care, health promotion, health risk management, healthcare law and ethics. He is involved in medical teaching, Master degree courses in healthcare management and public health, and graduate diploma in law. He has published over 250 journal papers and 290 invited presentations. His work is widely recognised by appointment of WHO Temporary Advisor from time to time in health promotion and primary care, elected as International Member of US National Academy of Medicine and Honorary Fellow of UK Faculty of Public Health (the highest accolade of the Faculty). He received Award for Pioneer in Healthy Cities Research by Alliance for Healthy Cites in 2014, Davies Award (2nd place) in 2022 World Congress in Medical Law, and President Award 2023 of American College of Legal Medicine. He co-edited a book on Healthcare Law and Ethics with three King's Counsels being lead authors of three chapters. He is member of Education Committee of Australasian College of Legal Medicine and World Association of Medical Law.

Christophe Lemmens

Christophe Lemmens studied law at the University of Antwerp (cum laude). During his final year of his law studies he conducted research on nosocomial infections in hospitals as an aspiring assistant. In 2013 he obtained a doctoral degree at the University of Antwerpen with a thesis headed "Voorafgaande wilsverklaringen met betrekking tot het levenseinde" (advance directives concerning the end of life). In 2014 this doctoral thesis was awarded the biennial Scientific Prize for Health Law André Prims. Since 2013 Christophe is member of the Leuven Bar and joined the Dewallens & partners law firm. Since 2020 he is a partner in this law firm. He has a broad orientation in health law and in the meantime he is keen to learn more about new subdomains. From his academic background he is specialized in patients' rights and obligations and in medical liability, including the fund for medical accidents. Besides he built a unique expertise in administrative health law (among others

constitutional distribution of competences), care networks, setting up cooperation structures, corporate healthcare and healthcare governance. Since 2014 Christophe is visiting professor at the University of Antwerpen where he lectures the module patients' rights in the postgraduate program in Health Law and Medical Ethics (Antwerp Health Law and Ethics Chair-Ahlec). On a regular basis he gives lectures at home and abroad and writes scientific articles on different themes. In 2008, during the World Congress on Medical Law held in Beijing, Christophe was pronounced the first laureate of the Young Researchers Forum. In 2011 he obtained, as only laureate in the subdomain of social and human sciences, a grant to stimulate young researchers from the Research Council of the University of Antwerp. Christophe was named an effective member of the Federal Control and Evaluation Commission on Euthanasia by Royal Decree of 18 April 2017.

Pnina Lifshitz Aviram

Name: Pnina Lifshitz-Aviram Date: 21/6/19 CURRICULUM VITAE 1. Personal Details Permanent Home Address: 16 Hashomron St, POB 1409, Even-Yehuda 4051716, Israel Home: +972-9-8997505 Cellular: +972-54-2064216 Email: pninaaviram@gmail.com 2. Higher Education A. Undergraduate and Graduate Studies Year of Approval of Degree Degree Name of Institution and Department Period of Study 1976 LL.B. Faculty of Law, The Hebrew University of Jerusalem, Jerusalem, Israel 1971-1975 1989 LL.M. Faculty of Law, Tel-Aviv University, Israel 1986-1989 2005 JSD Faculty of Law, Tel-Aviv University, Israel 2000-2005 3. Academic Ranks and Tenure in Institutes of Higher Education Rank/Position Name of Institution and Department Dates Lecturer School of Law, Zefat Academic College, Zefat, Israel 2011-2019 Lecturer School of Law, The Carmel Academic Center, Kiryat-Ono, Israel 2011-2013 Lecturer School of Law, Ono Academic College, Kiryat-Ono, Israel 2005-2011 Lecturer School of Law, Sha'arei Mishpat Academic Center, Hod-Hasharon, Israel 2005-2006 4. Referee of Doctoral Dissertations 5. Offices in Academic Administration A. Zefat Academic College (1) Officer, Prevention of Sexual Harassment (2017-current) (2) Member, appeal committee, School of Social Work (2017-current) B. Ono Academic College (1) Research fellow, Center for Legal-Medical Research (2007-2011) 6. Scholarly Positions and Activities outside the Institution C. Membership in Associations Present 1. Israel Bar Association 2. WAML – World Association of Medical Law, Member Membership Academic Journals and Law Reviews (2) Past (a) Bioethics and Medicine Law Journal, Editorial Committee (2007-2011) 7. Participation in Scholarly Conferences A. Israeli Conferences Role Subject of Lecture/Discussion Place of Conference Name of Conference Date Lecturer Informed consent of adolescents for medical treatment Faculty of Health Professions-Tel Aviv University Continuing education in medicine 2010 Lecturer Consent for information in the frame of the Genetic Information Act Faculty of Health Professions- Tel Aviv University Continuing education in medicine 2010 Lecturer Minors' rights in Medicine Haruv Institute, Jerusalem, Israel Lecturer Legal aspects of children and adolescents' cosmetic surgeries Be'er-Sheva, Israel, ben- gurion university Children and adolescents B. International Conferences Role Subject of Lecture/Discussion Place of Conference Name of Conference Date Lecturer The moral rights of a fetus Tokyo, Japan Annual WAML World Congress-Role of Medicine Law in 21st Century 08/2019 Research-lecturer Fetal rights and informed consent to medical treatment Toronto, Ontario, Canada 03/2018 Research Fetal rights and Eugenics Toronto, Ontario, Canada 12/2017 Research Fetal rights and probational parenting Fordham University, New-York City, New-York, USA 07/2017 Lecturer Women's and fetuses' rights dichotomy Los-Angeles, California, USA Annual WAML World Congress-Role of Medicine 2016 Lecturer Fetal rights Naples, Italy UNNESCO in Bioethics and Health Law, Bioethics, Medical Ethics and Health Law 2014 Lecturer Informed consent of minors for medical treatment Las-Vegas, Nevada, USA American College of Leal Medicine 2009 Lecturer Informed consent of minors for medical treatment Beijing, China World of Medical Law 2008 Lecturer Rights and duties of parents in cases of SIDS Jeruslaem, Israel, Sarey zedek Hospital Medical Menter Sudden infant Death syndrome Lecturer Comparison of minor's consent to medical treatment in different countries Kinar Hotel, Israel UNNESCO in Bioethics and Health Law, Bioethics, Medical Ethics and Health Law C. Organization of Conferences or Sessions, or Member of the Advisory Committee 8. Invited Lectures\Colloquium Talks Presentation/Comments Name of Forum Place of Lecture Date 9. Scholarships, Awards and Prizes A. Zefat Academic College: Research grant, Fetuses' Rights 2017,2018 B. Zefat Academic College: Research grant, Eugenics and termination of pregnancies 2017,2018 C. Zefat Academic College Research grant, Urban developments and professional legal ethics, 2018 10. Teaching A. Zefat Academic College Course Duration Units Nature of the Course Degree The Law of Property 2012-Current 6 Mandatory-Annual LL.B. Professional Ethics A 2012-Current 2 Mandatory-Semester LL.B. Professional Ethics B 2012-Current 2 Mandatory-Semester LL.B. Civil Law Litigation Workshop 2019-Current 2 Elective-Semester LL.B. Planning and Construction Law 2019-Current 2 Elective-Semester LL.B. Real Estate Issues 2012-Current 2 Elective-Semester LL.B. Introduction to Health Law 2012-Current 2 Elective-Semester LL.B. Legal Issues of Minor's Treatments 2012-Current 4 Elective-Semester LL.B. Urban Renewal 2019-Current 2 Seminar-Semester LL.B. Execution Law of 2016-2018 2 Elective-Semester LL.B. Law of Method og payment 2016-2017 2 Elective-Semester LL.B. Rights of a Fetus 2016-Current 2 Seminar-Semester LL.B. B. Ono Academic College Course Duration Units Nature of the Course Degree Professional Ethics of Lawyers 2005-2011 2 Mandatory-Annual LL.B. The Law of Property 2005-2011 6 Mandatory-Annual LL.B. Ethics in Business Law and behavior norms 2009-2014 4 Elective-Semester MBA C. The Carmel Academic Center Course Duration Units Nature of the Course Degree Professional Ethics of Lawyers 2011-2013 2 Mandatory-Semester LL.B. Real Estate Issues 2011-2013 2 Mandatory-Semester LL.B. D. Sha'arei Mishpat Academic Center Course Duration Units Nature of the Course Degree Real Estate Issues 2005 2 Elective-Annual LL.B. E. The

Hebrew University in Jerusalem Course Duration Units Nature of the Course Degree The Law of Property 2018 4 Elective-Semester M.A F. The Technion Course Duration Units Nature of the Course Degree The Law of Property 2009-2013 4 Elective-Semester MRE-Master of Real Estate PUBLICATIONS A. Ph.D. Dissertation Title: "Informed Consent of a Minor to Medical Treatment". Date: 2005 Number of Pages: Language: Hebrew. Institute: Faculty of Law, Tel-Aviv University, Tel-Aviv, Israel. Supervisor: Prf. Daniel Mor, Prf. Amod Shapira Committee Members:2 Publication: B. Scientific Books (Refereed) 1. Fragile Equipose – A Perspective on The Rights of a Viable Fetus in the Eyes of Israeli Law: The Rights of the Mother versus The Right oh her Uborn Offspring, (2016), (250 pages).(Hebrew) 2.Informed Consent of Minors to Medical Treatment, (2005)(350 payges).(Hebrew)

Vugar Mammadov

Professor of Forensic Medicine, Lawyer, Doctor of Medical Sciences of Azerbaijan and Russian Federation, Doctor of Law and Human Rights. Graduated Azerbaijan Medical University, Law Faculty of Baku State University and Law Faculty of Dagestan State University (Russia). Postgraduate trainings on Forensic Medicine at Azerbaijan Medical University, All-Russian State Forensic-Medical Center, University of Dundee (UK), University of Glasgow (UK), Transnational Crime and Corruption Center, American University, Washington, DC (USA), International Criminal Court (ICC), The Hague (Kingdom of Netherlands). Deputy Chairman of the Board, State Agency of Medico-Social Expertise, Disability and Rehabilitation, Government of Azerbaijan Works as Professor of Forensic Medicine and Medical Law at the Law Faculty, Baku State University and Azerbaijan Medical University, Visiting Professor of a number of universities in USA, Russia, China, Kazakhstan, Turkey, Pakistan, Ukraine...teaching Forensic Medicine and Medical Law in English, Russian and Turkish. National consultant/expert/visiting professional of different programs of WHO, ICC, UNESCO, UNDCP, UNDP, FAO in different years. Past Executive Vice-President, Governor of the World Association of Medical Law, Chairman of Azerbaijan Medical Law & Bioethics Association, Vice-President of Silk Road Forensic Consortium, Past Vice-President of European Association of Health Law, Founding member of Forensic Medicine Organization of Developing Countries. Author of 352 publications including 11 books, and 350 TV programs on Health and Bioethics.

Hongjie Man

Prof. Hongjie MAN, Ph D (Fudan), is professor and the director of Center for Public Health Governance Studies, East China University of Political Science and Law, Shanghai, China. His major research fields include health law, civil law (esp. tort law, contract law and personality right) , and human rights law. He is a member of the board of China Human Rights Society and China Civil Law Society, and a standing member of board of China Health Law Society. He has published extensively in the above fields, with books, chapters and peer-reviewed journal articles in Chinese and English. His study and research experience overseas, such as in the University of Wisconsin (U.S.), McGill University (Canada) and Max-Planck Institute for International and Comparative Private Law (Germany) enhances his interests of comparative law study and international collaboration.

Esther-Lee Marcus

Esther-Lee Marcus, MD, Senior Lecturer at the Hebrew University Faculty of Medicine. She is the head of the Chronic Ventilator-Dependent Division at Herzog Medical Center, a university-affiliated long-term acute care hospital. She is active in teaching geriatric medicine to medical students, nursing students, and postgraduate studies for physicians and other healthcare care professionals, and in teaching medical humanities courses. Her research interests include, among others, infectious diseases in older adults, advanced dementia, ethical issues related to end-of-life care, prolonged mechanical ventilation, and depiction of old age in art and film.

Andra Mažrimaitė

Andra Mažrimaitė, is an associate attorney at law in Lithuania and lecturer in Countline. In the law field, she is well known for her expertise in Life Sciences, Healthcare, and Pharmaceutical law. She is currently working in an esteemed law firm in Baltics Ellex Valiūnas and Partners. With a Master's degree in Law from Vilnius University, Andra's profound knowledge in these specialized areas is not only derived from her professional experience but also from her unwavering dedication to academic pursuits and personal interests. Andra's commitment to continuous learning and professional development is exemplified by her pursuit of an LLM degree in Health Law from Mykolas Romeris University, where she was awarded the prestigious Mykolas Romeris Nominal scholarship for excellence in her studies. Through her rigorous academic program, Andra is further honing her skills in health law, enhancing her understanding of complex legal issues and emerging trends in the field. As a young legal scholar, Andra already has contributed significantly to the field through her published scientific papers. Her research covers a wide range of topics, including patients' rights, appropriate compensation for personal health damages under Lithuanian legislation, the no-fault model of damages in Lithuania, and the regulation of the COVID-19 pandemic with a comparative analysis of legal practices from both Lithuania and other countries. Her scholarly works have been featured not only in national publications but also in internationally recognized journals such as the Bratislava Law Review. Andra Mažrimaitė's unwavering commitment to excellence in her field is evident in her holistic approach to mastering Life Sciences, Healthcare, and Pharmaceutical law. Her scholarly contributions, combined with her practical experience and dedication to staying at the forefront of legal developments, make her a distinguished legal expert in her area of life sciences law specialization.

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Melkamu Meaza

Dr. Melkamu Meaza is a consultant surgeon. He is the author of the book titled "Medical Law & Ethics in Ethiopia". He is an advocate of music, health & well being; patient safety, and the right to health. Dr. Melkamu proposed the initiative & undertook the arduous task of establishing the Medicolegal & Ethics Society of Ethiopia (MESE). He is currently serving as the president of the MESE.

Ofra Mehoudar

Ofra Mehoudar is a Public Health epidemiologist, interested in the use of Evidence-Based Medical Information for health promotion, as well as other health-related purposes: social, ethical and legal. Ofra holds a first degree in Psychology and Linguistics and a second degree in Medical Science. Considered in Israel an expert on Health Literacy and teaches the subject in Medical School. Ms Mehoudar won the 2022 Israel Minister of Health “Shield” award for delivering health information to the public during the COVID19 pandemic via social networks in a "creative way, which promoted public health and eased anxiety". (will add details, if needed, later)

Rosa Teresa Meza Vásquez

Lawyer, graduated from Pontificia Universidad Católica del Perú. Master in Medical Law and Bioethics, from the University of Castilla – La Mancha (Spain). Governor of the World Association for Medical Law – WAML. Former President and founder of the Peruvian Affiliate of the Latin American Association for Medical Law – ASOLADEME PERU. Main partner and co-founder of Meza & Jiménez Attorneys, first law firm dedicated exclusively to Medical Law in Peru. Master Degree Professor of Medical Law at Universidad Autónoma de Santo Domingo - Dominican Republic.

Takeshi Miyashita

I graduated from the Tokyo Metropolitan University Faculty of Law, obtained LL.M. from Nihon University Graduate School of Law, then proceeded Sophia University Graduate School of Law. While holding a readership at Sophia University, I was adopted by Bunkyo University Faculty of Human Sciences, where I am teaching medical law, bioethics and civil law in graduate and under-graduate programs. My research interests are decision-making process in the end of life, guardianship on medical care, sterilization of vulnerable persons and organ transplantation. And also, I serve in the roles of an ombudsperson in a municipal government and an evaluator in Japan University Accreditation Association.

Sara Moreira Masters

Lawyer Assistant Lecturer at the Coimbra Business School of the Polytechnic Institute of Coimbra Phd Candidate

Ervin Mujkić

I graduated from the Faculty of Law of the University of Sarajevo in 2006. I passed the bar exam in 2011 before the commission of the Federal Ministry of Justice. I defended my master's thesis in 2018 at the Faculty of Law of the University of Tuzla. I am currently a Ph.D. candidate at the Faculty of Law of the European University "Kallos" in Tuzla, where I am also a senior teaching and research assistant. Since 2007, I have worked at the University Clinical Center Tuzla, where I was the head of the Department for Legal Affairs and Human Resources for two terms. I was the President of the Commission for Monitoring the Protection of the Rights of Persons with Mental Disorders of the Federation of Bosnia and Herzegovina, the President of the Association of Lawyers in Health Care of Bosnia and Herzegovina, an external associate of the Center for Public Law Foundation, and the national contact person for Bosnia and Herzegovina in the European Association of Health Law. I am the author of a large number of professional papers published in domestic and foreign professional magazines, and as a lecturer, I have participated in numerous professional meetings in BiH and abroad.

Hajrija Mujovic

Lawyer, the title of Doctor in Medical Law, Senior Fellow and Visiting professor; a member of the first research team who started Medical law projects in Serbia and one of the founders of the Serbian Medical and Health Law Association, whose Secretary-General was for a long time and now Vice-president; In the period from 2008 to 2022 took the Head position of the Centre for Legal Research at the Institute of Social Sciences; a Team Leader of fundamental legal projects with multidisciplinary approach; consultant and first author for several health legislative issues in Serbia; a member of the National Bioethics Committee at the Commission for Cooperation with Unesco; participant at WCML events since 2000 (Finland); authored a significant number of scientific articles and published or contributed to many books (http://idn.org.rs/en/hajrija-mujovic-3/).

Nellie Munin

Associate Prof., the law school, Zefat Academic College, Israel. Former Minister of Economic Affairs in the Israeli Mission to the EU. Former chief legal advisor of the state revenue administration, the Israeli Ministry of Finance. Fields of interest: international trade law, international taxation, EU economic law, innovative legal didactics. Published 6 books and many articles in my fields of expertise. In recent years taught courses as visiting Prof. in Czechia, Italy, Latvia, and Kazakhstan. Lectured and participated in many international forums.

Yuko Nagamizu

Yuko Nagamizu is a professor in family law and medical law at the faculty of law of Momoyama Gakuin University. She graduated from Sophia University in Tokyo and received LLM from the Graduate School of Law at Sophia University. She was a visiting academic at Cardiff University from 2016 to 2017. She has written articles on medical neglect, mature minor's rights in healthcare, genetic information and the

family, assisted reproductive technology, medical research, and so on. She's the co-author of 'Medical Law in Japan (fourth edition)' (Kluwer Law International, 2022) with Yuichiro Sato and Katsunori Kai. She was a member of the governmental committee on the amendment of ethical guidelines of medical research and served as an expert panel member on the research for human specified embryos, etc. in the Ministry of Education, Culture, Sports, Science and Technology for 10 years.

Toshimitsu Nakatsuka

I graduated from Kyoto University Law School and Osaka University School of Medicine.I have obtained medical license in 2020.Now I work as a specially appointed assistant professor and I'm researching medical law.

Mónika Nogel

Mónika Nogel graduated from the Faculty of Law and Political Sciences, Széchenyi István University in Győr (Hungary). She holds a Ph.D. in Law. She also holds a European Union Data Protection Consultant diploma. Currently she is an Associate Professor at the Department of Criminal Sciences of Széchenyi István University in Győr (HU). She is also a Researcher at the Research Center for Forensic Sciences and Criminology, Széchenyi István University, Győr (HU). Her specialization is Expert Evidence Law, Bioethics and Medical Law. Her main research area covers the connection between genetics and law. She speaks English, Slovak, Czech, and Hungarian.

Innocent Nkwandu Ofili

Ofili Innocent Nkwandu hails from Ute Okpu in Delta State, Nigeria. He attended the University of Benin, Nigeria for the LL.B, LL.M, M.Sc. (International Relations), M.A. (International History and Diplomacy) degrees and he is currently a Ph.D researcher at the University of Abuja, Nigeria. His specialisation is on patients' right of autonomy. Ofili was called to the Nigerian Bar in May 2002 and has a successful career experience in both the private and the public sectors in Nigeria. He is a member of Executive Council of the Medical Law and Ethics Committee of the African Bar Association (AfBA). He is the founder of Medlaw Consult, a medical law consulting firm registered in Nigeria.

Solvita Olsena

Solvita Olsena holds a medical doctor degree (1996), a professional lawyer degree (2004) and a doctor in law (Dr.iur) degree (2010). She is an associate professor and a leading researcher at the University of Latvia, Faculty of Medicine. She is an attorney at law at the Latvian Council of Sworn Advocates. S.Olsena is a member of the European Committee for the Prevention of Torture and Inhuman or Depredating Treatment or Punishment (CPT) elected in respect to Latvia, she is a member of the medical group of the Committee. She is a leading health law expert in Latvia with long experience in academia and legal practice. Her academic interests and research topics include the right to health and health inequalities, patients' rights, mental health law, patient safety, medical data protection, and eHealth.

Olaolu Osanyin

Laolu Osanyin is a Nigerian Medicolegal Consultant, member of the Board of Governors of WAML, adjunct lecturer of Medical Law and Legal Practitioner of over 20 years.

Meliha Sermin Paksoy

Meliha Sermin Paksoy is Associate Professor of Civil Law at Altinbas University. Paksoy teaches property law, introduction to civil law, inheritance law, personal law and medical law. She is the author of three legal books: 'Renunciation of Prescription', 'Inducing Breach of Contract' and 'Non Competition Duty in Turkish Obligation and Property Law'. Paksoy graduated from Robert College in 2005, Bilkent University Faculty of Law in 2009, Ankara University Civil Law Masters Program in 2011 and Istanbul University Private Law Doctoral Program in 2016. Paksoy is the lead researcher in a multidisciplinary project entitled "Getting Ready For The Next Pandemic: Challenging COVID-19 Vaccination Regulations and Child Vaccinations", funded by Türkiye Scientific And Technological Research Council. Paksoy attends congresses on Medical Law and presents several topics in this field.

André Pereira

Professor of Medical Law, University of Coimbra Director - Centre for Biomedical Law Vice-President - National Council of Ethics for Life Sciences. PhD in Law (Summa cum laude) – title of the thesis: "Medical Liability and Patient's Rights" (800 pages) on January 2014. His academic career started with the graduation in Law at the University of Coimbra (awarded Prof. Manuel de Andrade for best student (1992-1997)); he has a Post-graduation in Medical Law (1999) and a Post-graduation in Civil Law (2002), and defended his Master's Thesis: "Informed Consent in Patient-Doctor Relationship" (2003 [400 pages]). His languages skills, besides his mother language (Portuguese), include fluency in English, Spanish, German and French. He is President of Direction of the Centre for Biomedical Law; President of the Institutional Review Board of AIBILI; Vice-President of the Council of Ethics for Life Sciences and member of the Ethics Committee of the National Institute of Legal and Forensic Medicine. At the international level, he is Fellow of ECTIL (European Centre on Tort and Insurance Law - Vienna, Austria); he was invited Professor at the Summer School on European Private Law (Salzburg, Austria) and at the Summer School on Medical Law (Toulouse, France) and he was Governor, Treasurer and Member of the Executive Committee of the World Association for Medical Law (2012-2016).

Mariya Petrova

Mariya Petrova, MD. JD, MPH is the founder of LexMedica, a leading Healthcare, Medical, and Pharmaceutical law firm

based in Sofia, Bulgaria. She received her medical degree from the Medical University of Sofia in 2009 and has since worked in various healthcare and legal counseling settings, including hospitals, patients' rights NGOs, the Ombudsman of Bulgaria, and research centers. In addition to her medical training, Mariya has pursued a career in law, specializing in medical law and access to healthcare. Before joining LexMedica, Mariya worked as a medical advisor for leading law firms and pharmaceutical companies and has experience in clinical research, patients' rights, drug registration, and medical service contracts. Mariya is passionate about healthcare innovation and is committed to helping shape the future of healthcare in Bulgaria and beyond. She is an active member of the Bulgarian Medical Association and winner of the WAML Young Scientist Award in both 2018 and 2019. She is also currently pursuing her PhD in Medical Service Contracts and Digital Healthcare Services.

Daiva Petrėnaitė

Daiva Petrėnaitė is a Doctor of Social Sciences (Law), who defended her dissertation at Mykolas Romeris University in 2021 on the topic "Prospects for the Recognition of the Right to Gender Identity and Regulatory Issues related to Gender Reassignment". She teaches "Health Law and Ethics" at Mykolas Romeris University and "Gender in Law", "Gender Studies" at Vilnius University. Research interests: human rights, health law, biolaw.

Tina Popa

Dr Tina Popa is a Senior Lecturer in law at RMIT University. Tina's research and teaching interests are in tort law, health law, psychiatric harm and alternative/appropriate dispute resolution. Tina researches legal issues in medical negligence compensation, no-fault compensation systems and psychiatric harm, as well as the role of non-adversarial approaches to justice in tort and health disputes. Tina's PhD thesis explored the challenges in the litigation and mediation of medical negligence and mental harm claims in Victoria, Australia. Tina has recently completed a Graduate Diploma in Psychology, and has an emerging research interest in law and psychology, along with emotions and wellbeing in legal disputes.

Dr Christina Platz

Dr Christina Platz is a Senior Lecturer in Law and a nationally accredited mediator in Australia. Christina's research experience is in appropriate dispute resolution (ADR) and intellectual property (IP) law with a specific interest in emotion in conflict and emerging technologies in copyright law. Christina's research has been published in leading international and national journals. Christina is a practising mediator and a member of the Victorian Association for Dispute Resolution.
Christina has made a significant contribution to discipline-based research in law, by contributing to research in IP and ADR. Christina has disseminated her research with the wider community by presenting her research at national and international conferences. More recently, Christina has combined her passion for mediation and dispute resolution with emotions and wellbeing in conflict. She is presently working on an industry project in law and psychology with Dr Tina Popa of RMIT University, exploring wellbeing in the legal profession and emotions in dispute resolution.

Marta Puścion

PhD Student, University of Warsaw, Faculty of Law and Administration, Department of Civil Law

Oliver Quick

Oliver Quick is Professor of Health Law and Policy and Co-Director of the Centre for Health, Law and Society at the University of Bristol. His research is interdisciplinary and impactful and focuses on professionalism, regulation, safety, and trust in healthcare. His monograph Regulating Patient Safety: the End of Professional Dominance? (CUP, 2017) was shortlisted for the St Petersburg International Private Law Prize in 2019. Oliver has published widely on the need for candour about healthcare harm, comparative systems for incentivising safer maternity care, the criminalization of medical harm, professional fitness to practise frameworks, and the benefits and harms of digital health technologies.

Vera Lúcia Raposo

Vera Lúcia Raposo is currently an Assistant Professor of Law and Technology at Nova School of Law, in Lisbon, Portugal, where she is the leading researcher at the FutureHealthLaw, focused on the use of new technologies in health care. In the past, she lectured at the University of Macau (China), the University of Coimbra (Portugal) and the University Agostinho Neto (Angola). She was also of counsel at the law firm Vieira de Almeida e Associados, in Lisbon, in the departments of health law and privacy law. She is a frequent speaker at academic events worldwide and a member of the Editorial Board of the European Journal of Health Law. She is the author of more than one hundred studies, particularly in digital law (AI, data protection, metaverse) and biomedical law (medical liability, patient safety, gene editing, digital health), many of which were published in indexed journals.

Vanessa Rodrigues MD, JD

Fashion lover, Medical Doctor as Forensic and Juris Doctor.

Janusz Roszkiewicz

Assistant professor at the Human Rights Centre at the Faculty of Law and Administration of the University of Warsaw, attorney-at-law, an expert at the Office of the Commissioner for Human Rights, a research team member implementing the grant from the National Science Center on "The role of codes of medical ethics and professional standards in biomedicine and their relevance for private law liability".

Janne Rothmar Herrmann

Professor of Medical Law and Biolaw at the University of Copenhagen. Member of the Nordic Committee on Bioethics

and the Danish Dataethics Committee. Funded by Independent Research Fund Denmark working on projects related to reproductive rights and women's health.

Gonçalo S. de Melo Bandeira

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Laura Šāberte

Laura Šāberte is Ph.D., working on her thesis and writing related scientific publications in the field of medical law. Her research topic involves the right to freedom of religion in medical treatment. Laura Šāberte has professional experience in medical law since 2014, having worked as a lecturer at Riga Stradiņš University, teaching medical law courses to bachelor's and master's program students. She has also gained practical experience in institutions with legal regulation in the field of medical law, having worked as a lawyer for the National Health Service and the Riga Eastern Clinical University Hospital. Currently, Laura is the head of the Legal Department of the State Health Inspectorate (Latvia). She contributed to the book "Medical Law" published in 2015, authoring chapter 4 on "Medical Practitioners." Additionally, Laura is the author of several commentaries on the "Patient Rights Law" in books published in 2019.

Karina Saleme

Lawyer since 2006, partner at ZNT Assessoria e Consultoria Ltda., Specialist in medical, hospital, laboratory and dental law, Specialist in civil liability in the health area, legal director in medical professional civil liability at ZNT Assessoria e Consultoria, Member of the National Civil Liability Working Group of AIDA - International Association of Insurance Law, Member of the Executive Board of Asolademe – Latin American Association of Medical Law, Member of the Latin American Association of Medical Law – ALDIS, member of the Southeast Comission of Medical Law at the Brazilian Asociation of Lawyers, Academic Member of the Civil Liability Commission of the National Insurance Academy – ANSP, Professor of the professional civil liability course at Saber Seguros.

Judit Sandor

Judit Sándor is a professor at the Faculty of Political Science, Legal Studies and Gender Studies of the Central European University (CEU) in Vienna. She received Ph.D. in law and political science and had a bar exam. She participated in different national and international legislative, standard setting and policy making activities in the field of biomedical law and bioethics. In 2004-2005 she served as the Chief of the Bioethics Section at the UNESCO. She published eleven books in the field of human rights and biomedical law. Her works appeared in different languages, including Hungarian, English, French and Portuguese. Since September 2005 she is a founding director of the Center for Ethics and Law in Biomedicine (CELAB) in Budapest. She has completed ten European research projects founded by the European Commission in the field of biobanks, genetic data, stem cell research, organ transplantation and human reproduction. She is one of the Governors of the WAML. In 2019 she received an ERC Synergy Grant.

Yuichiro Sato

Yuichiro Sato is a graduate of Hitotsubashi University, Japan (LLB, 1995), of Tokai University, Japan (LLM, 1997). He was an Assistant Professor at Yokohama City University School of Medicine, Japan (2000–2007), an Associate Professor at the Faculty of Law of Kobe Gakuin University, Japan (2007–2011), and has been an Associate Professor at Tokyo Gakugei University, Japan since 2011. His major is Medical Law and Bioethics, especially the legal nature of parts of the human body and regulation of innovative therapy. He is a member of the governmental committee on innovative therapy and committee on pharmaceuticals, and so on. He was also a working member of the Global Ethics Observatory of the United Nations Educational, Social and Cultural Organization. He is one of the authors of "Medical Law in Japan" (Wolters Kluwer, 2022).

Akihiro Shiina

AS is a research professor of Chiba University Center for Forensic Mental Health. He is specialized for forensic mental health, law and psychiatry, and medical law and education.

Guoda Šileikytė

Ms. Guoda Šileikytė, Associate Partner WALLESS, WALLESS Law Firm, Lithuania; member of The World Association for Medical Law.

Andreta Slavinska

Andreta Slavinska is Ph.D. student in the Department of Legal Sciences at Riga Stradins university and Acting Lecturer at the university with the focus on Medical law. As well as Andreta is the deputy director of the Riga Stradins univeristy Medical Education Technology Center. Andreta has great experience in the field of Simulation - based education in healthcare. She is the author of several scientific publications, and the leading national expert in the field of simulation based education. Andreta has the experiences of active participation in academic conferences, national and international scientific projects as "The experiences of active participation in academic conferences for student-Centred Learning "SkillTrack"", "Integration of reliable technologies for

protection against Covid-19 in healthcare and high risk areas".

Barry Solaiman

Dr Barry Solaiman is an Assistant Professor specialising in healthcare law at HBKU College of Law. He completed his PhD at the University of Cambridge and was Editor-in-Chief of the Cambridge International Law Journal, and served as Interim Editor-in-Chief of the Medicine and Law. He is Co-Director of Weill Cornell Medicine-Qatar's Intersection of Law and Medicine series. In Qatar, he has advised the Ministry of Public Health and local hospitals. Internationally, he is Chair of the Young Members Committee of the World Association for Medical Law. His current research focusses on artificial intelligence, healthcare and the law, with a book on the topic forthcoming in 2023. He is also LPI for one HBKU grant, and PI on another HBKU grant aimed at developing AI guidelines in health and examining patient rights.

Martin Šolc

A lecturer at the Department of Medical Law and the Department of Civil Law at the Charles University Faculty of Law. Apart from his legal studies, Dr. Šolc has also obtained a Master's degree in applied ethics at the same university. His doctoral thesis focused on civil liability for new methods in medicine. Dr. Šolc's professional interests mainly focus on medical law and its intersections with bioethics, especially in relation to medical research and genetics, as well as tort law. He is the author of the books New Methods in Medicine and Law (Wolters Kluwer, 2022), Law, Ethics and Stem Cells (Wolters Kluwer, 2018), and a co-author of the major handbook of Czech medical law (Medical Law, Wolters Kluwer, 2016). Dr. Šolc also publishes in various international and national legal and medical professional journals. He teaches medical and civil law at the Charles University Faculty of Law and at the medical faculties of the same university. Occasionally, he also teaches at other institutions, including for example the University of Milan.

Margaret Stark

Dr Elisabeth Alton Elisabeth started working as a general practitioner in 1989. She was a partner in a practice in Beverley from 1998 leaving recently to pursue her interest in adult safeguarding. Elisabeth became a named GP for safeguarding adults in 2014. Completing a Master's degree in Safeguarding Adults and the law at Keele University created many opportunities. Recently she has completed a piece of research regarding the interface of primary care, care homes and the difficulties of recognising and reporting abuse. The challenge of recognising non-accidental injuries in safeguarding adults has led to a collaboration with the FFLM and NHSE&I to improve outcomes. Professor Margaret Stark has been a forensic physician since 1989, mainly working with the Metropolitan Police Service (MPS), also in Surrey, Sussex, and with British Transport Police. She was the first Medical Director of the Forensic Healthcare Service in London and the Director of the Clinical Forensic Medicine Unit for NSW Police, based in Sydney, from 2011 – 2014. She a recent Past-President of the Faculty of Forensic & Legal Medicine (FFLM), Chair of the Forensic Science Sub-Committee, Lead Facilitator for the Faculty's course in General Forensic Medicine, and an educational advisor for the Faculty's examinations. She was the Founding Academic Dean for the FFLM. She was awarded the David Jenkins Professorship in Forensic and Legal Medicine in 2011/12 and was an Adjunct Professor at Sydney University from 2012-2015. She is an Honorary Professor of Teesside University. She also works as the Responsible Officer and Appraisal Lead for Care & Custody (Health) Ltd (part of the MITIE Group), a Deputy Crematorium Referee (Croydon) and an Expert Witness. for adults at risk of harm. This work led to the Humber Forensic Project development.

Sylvie Tack

Master of Law 2004 Ghent University Lawyer specialised in health law (sinds 2004) Phd in Law 2012 Ghent University Guest Professor Antwerp University since 2014 Guest Professor Ghent University since 2023

Shigeki Takahashi

Takahashi is an attorney-at-law as well as a medical doctor (physician) majoring in industrial public health. As an attorney he works on civil cases especially concerning medical law, such as medical litigation, administrative regulations on public health, and management problems of medical corporation He is also an adjunctive lecturer of forensic medicine at Nihon University, in charge of teaching medical law. He served as a member of the government's Hansen's disease problem recurrence prevention review committee from 2010 to 2020. He is a former president of Health Law Commission of Union Internationale des Avocat (UIA). He has attended the WCML continuously since 2000 (except 2014) and was a chief auditor of WAML from 2014 to 2022.

Osman Tastan

Osman Taştan is a professor of Islamic Law at the Faculty of Divinity, Ankara University. He received his B.A. in Islamic Studies from Ankara University 1986 and his Ph.D. in Islamic Law under Islamic Studies from Exeter University in 1993. He was a 'visiting scholar' in NES at Cornell University, in 2004 and 'visiting fellow' in Oxford University, in 2014. He was a 'vertretung professor' of Islamic Studies in DIRS at FAU, Erlangen in 2014-2015 and a visiting professor at NCCU, Taipei, in 2018-2019. His research interests concern the intersection of religion, law and politics in Islam.

Merja Turunen

Medicine is my profession and law is my passion. I have 20 years medical expertise in various units from health care centres to hospitals and 9 years expertise in health care management and leadership in Lapland Central Hospital Emergency department. In addition to my work in health care

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I'm a PhD candidate in welfare law at Faculty of Law, University of Lapland. My research interests lie especially in health care related legal issues, constitutional and human rights and coordination between these rights, professional responsibilities and ethical duties. In my dissertation project I explore adult patient's right to self-determination and focus on prerequisites for restricting that right in somatic health care in Finland.

Dovilė Valančienė

Dovile Valanciene is a Doctor of Social Sciences (law), a lecturer at the Department of Public Law, Faculty of Law, Vilnius University. The main research areas are: the paradigm of complex systems, the theory of law, the history of law, philosophy of science, philosophy of law, new science (complex dynamic systems) and law, neuroscience, neuroscience and law, decision-making and neuroscience.

Jakub Valc

The presenter works as an attorney and assistant professor at the Faculty of Law of Masaryk University. His teaching and research activities have long been focused on specific areas of medical law and human rights protection. Specifically, the presenter has published a comprehensive monograph and a number of scientific articles on law and (bio)medicine. At the same time, he has presented the results of his research at many domestic and international conferences. The main area of interest of the presenter is the ethical and legal aspects of assisted reproduction, including the issue of gamete donation, genetic selection or research use of embryos, surrogacy, etc. Currently, the presenter is implementing his own long-term project in this area of expertise (with an emphasis on the rights of donors of human body parts and related public interests), which was financially supported by the Grant Agency of the Czech Republic.

Philip Vanstapel

Philip graduated in 2015 as Master of Laws at the KU Leuven (cum laude). In 2016 he obtained an additional LLM in social law from the Université Libre de Bruxelles. In 2018 he successfully followed the “Special Training in Criminal Cassation Proceedings”. Until September 2019, he worked in Brussels in an office specializing in social and tax law, where he mainly focused on dismissal law, social criminal law and civil service law. Philip has been working at Dewallens & Partners since October 2019. Philip is also affiliated as assistant for at the Institute for Comparative Law at the KU Leuven since 2018.

Bob Wahyudin

Bob Wahyudin is currently the head of the Department of Pediatrics, Faculty of Medicine, University of Bosowa. Previously, from 2015 to 2012, he was staff and lecturer at the Pediatric Respirology Section, Faculty of Medicine, Hasanuddin University/ Wahidin Sudirohusodo Hospital. He is currently also taking Doctor of Law Education at Hasanuddin University with a dissertation topic on telemedicine

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Lieven Wostyn

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Helen Yu

Helen Yu is an Associate Professor and the Associate Director of the Value-Based Health and Care Academy at Swansea University, School of Management. Her research focuses on how the law can support the responsible development and sustainable implementation of new innovations to address societal challenges, particularly in the biomedical and healthcare fields. Helen holds a degree in neuroscience and practiced as an intellectual property lawyer and registered patent agent in Canada before pursuing an academic career.

Zuzanna Zapotoczna

Zuzanna Zapotoczna is a PhD Candidate at the Jagiellonian University in Cracow (Poland). She graduated from the faculty of Law and Administration of the Jagiellonian University in Cracow, as well as from the Master 2 programme at the faculty of Law, Economics and Management of the University of Orleans (France). She is specialising in the field of Medical and Health Law.

Patrick Zonderman

Patrick Zonderman studied law at the KU Leuven. In 1996 he obtained a supplementary degree in fiscal law. Afterwards he was called to the Leuven Bar. Since 2008 Patrick has joined Dewallens & partners law firm. In 2017 he followed with success the “Special Training in Cassation Proceedings”.

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Patrick is a 'litigator' and focuses on litigations and arbitrages. He is specialized in proceedings concerning human damage. Furthermore, Patrick has been a member of the council of the Leuven Bar Association for more than 10 years and is active within the Order of Flemish Bars.

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