



WORLD ASSOCIATION FOR MEDICAL LAW

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Editor's Note March 2024



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This issue features articles on Medical Ethics in Pakistan edited by its Governor Dr. Mustafa Aslam. This is a subject of concern in all of our countries and the reports of its status in one is of interest to us all. The circumstances of the change of venue of this year's World Congress to Indonesia are also described herein. It should also be noted that this month's presentations to the Annual Meeting of the American College by WAML President Beran, Secretary General Davies and Canadian Governor Bensimon are an example of the value of the interdependence of our Associations and the advantages of being part of [WAML](#).

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

Integration of Law in Bioethics Curriculum in Pakistan



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Law and ethics are closely interrelated in health care settings, law consists of a set of certain rules and regulations, whereas ethics provide guidance regarding responding to a particular situation.

Law serves as foundation for implementation of ethical considerations in health care, however, it is considered to be the lowest platform of morality, nonetheless, minimal ethical standards.

The ethical principles provide the guidelines for decision making

and help health care professionals to navigate the complex dilemmas and challenges. The ethical obligations often go beyond what is legally required.

The law creates legal binding and may provide a pathway for resolving ethical dilemmas, as it serves as framework to enforce ethical consideration and provide legal validation but that is not the case always. The most challenging situation the health care profession may encounter is when ethics and law intercept or are in conflict.

The ethical consideration may extend beyond legal boundaries. Thus, it is pertinent that bioethics shall be taught along with the law and shall also be considered amongst the basic framework for bioethics education. If law is considered as the lowest platform of morality, then it is almost impossible to achieve excellence without knowing the minimum standards.

Though the importance of bioethics in today's era cannot be ignored, in Pakistan, bioethics has widely been recognized by the regulatory bodies such as Pakistan Medical & Dental Council (PMDC), Higher Education Commission of Pakistan (HEC) and College of Physicians and Surgeons Pakistan (CPS) which have strongly recommended the inclusion of bioethics in curriculums of medical colleges & universities. However, the bioethics teaching revolves around clinical and research ethics and most of the current curriculums do not provide thorough understanding of law. Therefore, it should be emphasized to integrate with medical law in order to deal with complex issues in healthcare.

Few universities and medical colleges in the country are offering dedicated postgraduate courses and diploma programs in bioethics

which cover basic topics such as patient autonomy, informed consent, confidentiality, end - of - life care, negligence, research ethics, public health ethics, and issues related to justice in healthcare.

Despite the progress in bioethics education in Pakistan there are challenges in its implementation. As the essential concepts of bioethics are interlinked with legal complexities, it is pertinent to consider law as an anchor stone and an integral part of bioethics curriculum.

However, medical law is being successfully integrated in a few bioethics programs of the country. Like a Diploma in Healthcare Ethics and Professionalism at Shalamar Medical & Dental College, University of Health Sciences, Lahore. Aga Khan University, Karachi, is also initiating a Master's Degree Program in bioethics in collaboration with George Washington University, USA, with integration of formal teaching of humanitarian & health law, in the curriculum.

To achieve the aims and objectives of formal bioethics training the collaboration of comprehensive law related to healthcare is essential and shall be amongst the mandatory components of bioethics curriculum. This alliance will help to evaluate the moral and legal implications of various healthcare situations. This approach will also promote critical thinking and develop deeper understanding of the interplay between law and ethics in healthcare practice.

Teaching Bioethics in Pakistan



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Pakistan is a country with a strong cultural heritage which has been carved through the influences of political history, local traditions and practices; and religious beliefs along with multiple sects based on beliefs. It has a growing healthcare sector with more than 140 medical colleges in the country, graduating a myriad of physicians every year. A significant number of these physicians move to western countries for training or permanent settlement.

In 2002, Pakistan Medical & Dental Council (PMDC), the accreditation body, made bioethics a mandatory part of undergraduate medical curricula in the country. Previously, bioethics was considered a part of the hidden curriculum which

medical students were expected to learn during their clinical training. Although this was a traditional approach to teaching bioethics, evidence disproved this unstructured, unobserved and unmonitored method.

However, after two decades of making bioethics a mandatory part of the curriculum, much has not changed in the country. Most medical colleges do not have a dedicated bioethics department or teachers. Faculty members from other clinical or basic-science departments are expected to teach this important subject, along with their primary discipline, wrongly assuming that any professionally sound and ethically upright medical professional will be able to teach bioethics to undergraduate students.

How to teach bioethics in Pakistan?

Bioethics education may encompass a wide range of topics, including patient rights, genetic engineering, organ transplantation, gender issues, research ethics, end-of-life care, and much more. Teaching bioethics equips future healthcare practitioners and researchers with the necessary tools to navigate ethical challenges, make informed decisions, and prioritize the well-being of individuals and society. Therefore, these complex issues require thoughtful consideration from a contextually relevant approach to teaching undergraduate medical students.

John Dewey's contextually relevant ethics education model CREEM incorporates a wide range of elements including learners' environments, socio-cultural context, experiences, reflection and feedback. These elements are assimilated into an

educational strategy to address the requirements of bioethics education and enhance its effectiveness in any socio-cultural context. The model provides a coherent set of implications for the teaching of bioethics in the context of countries like Pakistan. These implications are:

1. Acknowledge and respect learners' socio-cultural values and beliefs.
2. Ascertain, activate and build on their prior knowledge, acquired from the environment.
3. Provide appropriate learning experiences with consideration of learners' socio-cultural, living and working environments, and resources available to them.
4. Encourage social interactions in the discourse on ethical practices.
5. Facilitate critical reflection and provide constructive feedback.
6. Develop a learning environment that supports open discussion, exploration and self-directed learning.
7. Demonstrate a learning relationship of trust and empathy with learners.

Through these implications, bioethics teachers can engage their students in discussions, debates, and conversations to explore, analyze, and resolve bioethical issues in healthcare.

In the absence of a comprehensive medico-legal framework in Pakistan, physicians feel free to work as they will, without any threat of litigation. PMDC has sanctioned a process for penalizing physicians for violating the council's code of ethics. However,

most professionals are not aware of them. In such circumstances, professionals like medical doctors, teachers and lawyers must work together to improve the situation with better medico-legal laws in the country and enhance the teaching of bioethics. This will not only equip future physicians with the skills to make ethically sound decisions but also fosters a society that intrinsically upholds the values of integrity, compassion and justice.

Harmonizing Healthcare: Navigating Ethical Complexities in Emergence of Nurse Practitioners in Pakistan



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The Pakistan Nursing and Midwifery Council (PNMC) Act of 2023 is a groundbreaking legislation

that will alter the way nursing is practiced in Pakistan. The PNMC act was passed in August 2023 and it represents a substantial advancement in healthcare regulation. This act also raises the bar for nursing education with the introduction of the role of the nurse practitioner which is not a new concept as it is well established in many western countries including USA, Canada, Australia, UK etc. This legislation will enable nurses with master's or doctoral degrees in nursing with clinical component to work as nurse practitioners in the healthcare system of Pakistan. These Advanced Practice Nurses (APNs) will be able to perform childbirths, request and interpret diagnostic tests manage chronic care conditions and primary care, and prescribe limited medications.

Inclusion of nurse practitioners in Pakistan's healthcare system has begun a new era in the history of healthcare system. As advanced practice registered nurses, nurse practitioners have specialized education and training that enable them to provide a greater range of services. The ethical issue, however, stems from the precarious balance between competence and authority. Giving patients the best treatment possible is crucial, and this is supported by the fundamental ethical ideal of beneficence. To guarantee patient safety, the scope of practice of nurse practitioners must be expanded in accordance with their knowledge and skills. It is crucial to achieve this equilibrium in order to uphold the moral duty of doing no harm.

However, the extension of the scope of practice for nurse practitioners has triggered discussions including concerns voiced by the Pakistan Medical and Dental Council (PM&DC). The PMDC contends

that nurses shouldn't be permitted to carry out the same duties as doctors since doing so will foster quackery. Discussions on ethical issues have been sparked by this Act, particularly in light of the long-standing arguments about the superiority of doctors and the changing professional identities of nurses, the acceptability of nurse practitioners in the healthcare system and the wider consequences for patient care and healthcare standards. Although the legislation results in positive reforms, it also reveals a complicated web of ethical issues that demand careful consideration.

The concern of the PM&DC about the NP job is rooted in the larger context of nursing shortages, which have been a recurring problem in Pakistan's healthcare system. Debates over the caliber of nursing education and the competency of graduates have arisen as a result of the growth of nursing institutes and the requirement for more qualified nursing practitioners. Understanding how the introduction of NP jobs could address nursing shortages is based on this context. Secondly, the idea of patient safety and well-being serves as the foundation for ethical behaviour in healthcare. Questions about the ethical need to guarantee that these professionals have the knowledge and abilities needed to deliver safe and efficient patient care have been raised by the advent of NP roles. Producing knowledgeable NPs who can improve patient outcomes is essential, as stated by the ethical concept of beneficence, which emphasizes doing right by patients. Most importantly, the development of NP positions digs into the moral sphere of professional autonomy and identity. Historically, nurses have been seen as playing a supporting function within the healthcare system. The PM&DC's

worries, which reflect a pro-doctoral supremacy perspective, underscore the ethical challenges of upsetting established hierarchies. All nurses, including NPs, are independent workers capable of making important choices that have an impact on patient care. This refutes the notion that nurses are inferior and emphasizes the change in their professional identity. The deeply ingrained culture of doctor supremacy is the root cause of the worries expressed by the Pakistan Medical and Dental Council (PMDC) regarding nurse practitioners encroaching on doctors' territory. The long-held belief that doctors have unchallenged authority in healthcare decision-making is the foundation of this ethical dilemma. However, interdisciplinary cooperation and patient-centered treatment are becoming more prevalent in contemporary healthcare. According to the ethical concept of autonomy, people have the freedom to pick the healthcare professionals who best suit their needs and choices. A paradigm shift that acknowledges nurse practitioners' autonomy as healthcare providers undermines the conventional hierarchical structure while allowing patient autonomy.

Reassessing the professional identity of nurses in Pakistan is prompted by the realization of nurse practitioners' expanded duties. The moral conundrum is how to uphold nursing's fundamental principles while accepting increased roles. Care, compassion, and patient advocacy have long been at the heart of nursing. These moral pillars must remain strong despite nurse practitioners' expanding roles. Instead, it should strengthen these ideals by ensuring that advanced practice stays faithful to its core mission of providing

all-encompassing patient care. In order to establish their own path while following ethical norms, nurse practitioners must integrate their professional identity with their actions, which is emphasized by the ethical concept of integrity.

The PNMC Act must be accepted by the healthcare system as a whole in order to be effective. The difficulty of developing collaboration while resolving objections gives rise to ethical difficulties. The veracity ethical principle places a strong emphasis on sincerity and honesty. All parties involved must have open discussions while admitting concerns and disseminating facts concerning the security and efficiency of nurse practitioners. In order to foster an ethical workplace where nurse practitioners are welcomed as significant partners in patient care, interdisciplinary teamwork that is founded on respect for one another and appreciation of each profession's distinctive contributions is essential. It is crucial to have a holistic strategy that incorporates various viewpoints and respects the ethical principles of justice and beneficence in order to navigate these ethical complications. In other nations, nurse practitioners have proven their expertise, enhancing patient outcomes and increasing access to treatment. The moral requirement is to apply this understanding to the Pakistani context when responding to the issues brought up by the PMDC.

Medical Law & Bioethics: Current & Future Prospect in Pakistan



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Bioethics education in Pakistan is not linked to the contexts of Pakistan. The context is deeply entrenched in discriminations on the basis of class, gender, religion, and ethnicities, to name key equity stratifiers of Pakistan.

Bioethics, without questioning, is rooted in justice and is against all forms of discriminations. If Aristotle's position, that it be a habit, is to be favored then Bioethics will encompass all forms of discriminations that lead to poor health outcomes.

It persistently focuses on ethical principles, respect for all, and informed consent, to name some key elements of bioethics

teaching. These efforts are significant to instill an ethical sense in the responsibility of the service provider and the researcher, but are they enough? The helplessness of the poorest segments of Pakistani society does not feature in the teaching, a health professional armed with bioethics is likely to balk at the social trepidations in which a patient is embodied. Doing their best is needed, but going beyond the best is a challenge. Can bioethics education in Pakistan integrate this challenge in its teaching?

There is at least one private medical university in Pakistan that has integrated humanities and social sciences in its curriculum. This provides an opportunity to expose the students to local contexts of Pakistan. This could be a theoretical exercise alone, but if pedagogy includes interaction with the poorest segments of society, the learning of the context could be ensured. However, this initiative is less than a drop in the sea.

Two points need to be noted. One, social transformation inducts people from all classes. In the nationalist struggle against the British, all classes came together. The same can be said of the health sector in Pakistan. While self-interest may be the case of many, but stalwarts like Adeeb Rizvi of an institute that provides free services to all seeking treatment for kidney ailments, and the management of a free private hospital in Karachi represent a socialist sense of health care. However, whether the landless can access them is a different matter for both do not

have outreach programs for addressing the local contexts in which the poor are trapped.

The second point can begin with what Paolo Freire says: education will not transform society, but education can change people who will then transform the society. Bioethics education can be a critical step for preparing students and faculty to be educated for social transformation, by integrating local contexts in its curricula, and review laws supportive of the poor, and the implementation of the laws. There will of course be immense challenges, and institutions will have a role to play.

Health in Pakistan is dominated by the clinical model and thus focuses on diagnosis and treatment. Public health is growing, and reports monitor maternal and child death rates, but ideas of death by age is not broken down to class differences, and do not pull out the landless from the faceless category of poor. It is time Bioethics education begins to focus on specific underprivileged social groups like the landless; and interrogate laws to highlight how they could be deeply protective of the landless.

Current Situation of Bioethics in Pakistan



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The field of medicine has greatly evolved over the last 2400 years, and it was Hippocrates, considered as father of modern medicine, who first presented ethics as a set of principles that a practicing professional must follow while dealing with patients. This set of ethics was later formulated in the form of the Hippocratic Oath that every graduating medic has to take before embarking upon his professional career, but it is very unfortunate that the majority of health professionals have never read the document with an intention to implement it during their professional career. On careful analysis of the Hippocratic Oath, one finds many ethical principles and values which are now considered part of ethics theories such as justice, confidentiality, compassion, humility, competence and respect for human life. Nevertheless, present day medicine has evolved much and the advancements in fields of science and technology have completely

transformed it. Consequently, many issues have been raised for the very first time due to such advancements which have highlighted the question of application of ethics principles safeguarding the very core of humanity.

Records indicate that bioethics was formally introduced in most developed countries as a part of medical curriculum some 50 years ago but in third world countries like Pakistan, its importance has only been recognized during last two decades. In such countries, medical ethics is still being considered a new concept and many professionals consider it a part of medical humanities which deal with all type of interactions between a health-care provider and a patient whereas medical ethics apply to some of these interactions.

As third world countries constitute more than two-thirds of world population, it is extremely important to include medical ethics as part of medical curriculum where students should be taught not only the basics of medical ethics but actually sensitized about current issues in the present day world of CRISPR and genome editing which have further emphasized the need of application of ethical principles to preserve the human mankind.

In Pakistan, although medical ethics has been made a part of medical curriculum it is still not taught as a separate subject except in a four-years nursing program. Although some institutions have introduced behavioral sciences in their undergraduate curriculum but, unfortunately, students are not adequately assessed at the end of their academic years as they are for other subjects. This has resulted in a lack of interest in medical ethics.

The regulatory body of Medical programs in Pakistan, Pakistan Medical and Dental Council (PM&DC) has revised the curriculum in 2014 with introduction of medical ethics at undergraduate level. Unfortunately, the discipline is limited to few hours of teaching without any due weightage in final examination. As for other programs in medical sciences except Nursing program, there does not exist any central regulatory body. This is the current state of affairs about medical ethics in Pakistan although it is very encouraging that Pakistan Nursing Council has included medical ethics as a separate subject (01 credit hour) in 4th semester of undergraduate nursing program with formal assessment at the end of semester.

As for studying bioethics at post-graduate level, only two institutes (Sindh Institute of Urology and Transplantation, Karachi and Shalamar Medical and Dental College, Lahore) in a country of 250 million population offer certificate and diploma programs in medical ethics. Only Aga Khan University offers Masters in Ethics with limited seats. All this reflects the so-called importance that is being given to practice and implementation of ethics while dealing with patients.

One important matter is the lack of any sort of enquiry or investigation boards at the level of tertiary-care hospitals to determine the cause of death of patients during their stay in hospitals. Such hospitals in almost all well-developed countries have medical boards comprising health-professionals of high integrity who are responsible to determine the cause of death of any patient who dies during stay in hospital by

conducting an impartial enquiry into the matter. No such medical boards to best of my knowledge exist in any tertiary level hospital (both public or private sectors) to safeguard patients' safety and this unfortunately has developed a culture of amnesty for health-care providers who could be penalized in case of their professional negligence while treating patient. Furthermore, many incidents have been highlighted in the media where hospitals, especially in the private sector, actually refuse to admit critically ill patients just to maintain the institute's mortality number within acceptable figures.

Many ethics specialized professionals have pointed out the need to design a carefully structured program of medical ethics in third-world countries in the light of their cultural and socioeconomic problems during clinical practice and to motivate undergraduate students about ethical issues that may arise during their professional career. Lack of formal education of medical ethics together with administrative incompetence and socioeconomic problems due to increasing unemployment and financial instability have made it very difficult for health-care professionals to practice and act according to ethics principles. The central government could play a role through legislation by making teaching medical ethics mandatory as a separate subject both at undergraduate and post-graduate levels. Furthermore, medical professionals willing to specialize in medical ethics should be incentivized through scholarships in technologically advanced countries to produce a professional workforce who could be assigned the task of teaching medical ethics

in its true sense. All this ultimately would result in better hospital culture across Pakistan together with preservation of patients' rights in every aspect.

Bioethics Society of Pakistan and Other Activities in Pakistan



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On May 27, 2023 the Bioethics Society of Pakistan (BSP) was launched. The aim of this society is to bring together healthcare and other professionals in Pakistan on a single forum to deliberate, collaborate and educate about ethical issues. The hybrid meeting to launch BSP was attended by physicians, nurses, allied health

professionals, and ethicists from all over Pakistan, representatives of international bioethics associations. International participation and prospects of collaboration were highly appreciated by everyone. The meeting was dominantly attended by alumni of the Masters in Bioethics of the Aga Khan University, Karachi, and Diploma in Healthcare Ethics and Professionalism (DHEP), Shalamar Medical College, Lahore. The participants nominated an interim Executive Committee that plans to initiate the membership process so that by the beginning of 2024 office bearers can be elected by the members of BSP. There are regional groups and societies like Punjab Bioethics Group (PBG), Karachi Bioethics Group (KBG), Lahore Bioethics Group (LBG), and Clinical Ethics Group (CEG) already actively working on Pakistan, no one group, or society was present before this offer a national forum for activities related to Bioethics in Pakistan.

Pakistan has a uniquely diverse social, cultural, and religious landscape that has a huge impact on clinical decision-making in Pakistan. The role of family, rather than the individual, in clinical decision-making often conflicts with the standard medical education including ethical principles and values that are largely influenced by the West. This creates a moral dilemma and often moral distress among clinicians and healthcare professionals. For this purpose, clinicians and ethicists from the Aga Khan University collectively contributed to publishing a book, "Bioethics in Pakistan-Local Context, Local Cases. The book is edited by Kulsoom Ghias, Murad M Khan, Kauser S. Khan, and Sameer Nizamuddin. It includes chapters on research, clinical ethics, and medical law and ethics in Pakistan and offers a variety of contexts for local ethical and philosophical challenges faced by healthcare providers in Pakistan. Another step in a similar direction to engage

workers, lawyers, and religious scholars as a part of Punjab Bioethics Group. The Punjab Bioethics Groups (PBG) is one of the largest informal discussion forums where professionals from various institutions and cities of the province of Punjab meet every two months to discuss various issues of healthcare ethics. PBG started meeting regularly in October 2020 when a bunch of healthcare professionals from various cities in Punjab realized the need for a common platform to share the ethical and legal challenges faced in clinical practice, healthcare research, ethics and medical education, and beyond but it didn't remain limited to the institutions and cities of Punjab and now colleagues join the hybrid meetings from various cities even outside of Punjab. It is heartening to see the interest and enthusiasm for these discussions, particularly among the younger professionals in Pakistan.

Ethicists and healthcare professionals in Pakistan are engaging in not only local but international discourses in the field of ethics, law and humanities. Healthcare-related institutions are showing more interest in professionals with interest and experience in healthcare ethics and many hospitals have established clinical/hospital ethics committees. Research Ethics Committees or Institutional Review Boards are already flourishing in Pakistan's healthcare institutions. However, there is still a great need to encourage and foster academic discourse and writing in the fields related to healthcare ethics and law in Pakistan.



The Executive Committee of Bioethics Society of Pakistan

From Left to Right: Dr. Jamshed Akhter, Dr. Sarosh Saleem, Dr. Nida I. Shamsi, Dr. Sumaira Khowaja-Punjwani, Ms. Asfiya Aziz, Dr. Mustafa Aslam

morally, philosophically, and legally with the practical challenges related to the legal and social constraints associated with non-consensual pregnancies as a result of sexual abuse, rape, and incest, is taken up by clinicians, social

President's Report



Roy G. Beran AM

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Since the last Newsletter, there was a virtual Board of Governors (BoG) meeting which accepted that the 28th World Conference for Medical Law (WCML), planned for Toronto, Canada, in August 2024, had to be cancelled.

There was discussion whether an alternative site should be approved or whether the 28th WCML should be abandoned altogether. It was agreed that the World Association for Medical Law (WAML) was committed, via the current WAML By Laws, to hold annual WCMLs and it would be inappropriate to abandon the 28th WCML. Prof Nasser Muh, the Indonesian member on the BoG, was planning to host the inaugural WAML ASEAN/Pacific-Australasian Regional Affiliates Organisation, on the Indonesian Island of Batam, in conjunction with Batam University. He offered to expand its planning, to incorporate the 28th WCML. This was gratefully accepted and will occur between 20th July and 23rd July, with the welcome reception on the evening of 20th July.

Batam offers the opportunity to enjoy a very exciting academic programme, examining grass roots issues in legal medicine, health law and bioethics, plus an exotic environment to absorb Indonesian culture and meet regional delegates from one of the fastest growing regions on the planet. We look forward to welcoming our WAML family, during the 28th WCML, and to introduce those, unfamiliar with the WAML, to join the WAML family. The Conference relies on its delegates joining the meeting and, as a supreme optimist, and based on the feedback received, it is anticipated that this will be a benchmark meeting for which the WAML will be truly proud.

Another issue, raised during the BoG meeting, was the need for the WAML to return to its long-established, non-political status. The WAML has a mandate for academic excellence in Health Law, Legal Medicine and Bioethics and to foster these disciplines and assist in the dissemination of principles, within these areas, for teaching and research. It was agreed that it is not the role of the WAML to comment on activities, occurring around the world, with the various conflicts in different parts thereof. It was accepted that it may be very difficult, for those who feel strongly about these issues, and their consequences, but these are personal for those individuals, and the WAML should neither become involved nor implicated by association.

The Newsletter offers a perfect opportunity for the Editor-in-Chief of the WAML Journal, Medicine and Law, to seek additional support for the Journal, to ensure that it maintains its high standards. There is a need to attract additional

personnel, to assist the editorial team, especially Ms Ava Vandam, the Journal's Administrative Officer, with English language editing and indexing. The Journal has established itself as a high calibre academic journal and a 'go-to' journal, for those with a major interest in Health Law, Legal Medicine and Bioethics. It is accepted that, as an international journal and the representative Journal, for the WAML, that it attracts submissions from highly respected academics for whom English is not their native tongue. As a consequence, the Journal must evaluate the language, grammar and syntax of many submissions which offer a very valuable message, but the format may require improving, to ensure that they are acceptable. If any of the readers, of this Newsletter, feel that they have the necessary wherewithal, to help maintain the standard of the Journal, PLEASE contact the writer, via the WAML webpage, or directly with the Journal, at jmedlaw@law.haifa.ac.il, and offer your services. The Journal really needs your help to satisfy our readers, without the ongoing, over-burdening of those already involved.

It is an extremely invigorating time for the WAML, acknowledging the novel activities of the WAML Education Committee. There was the initial free webinar, exploring Informed Consent, with future webinars, planned for 2024. This is testimony to the energy, within the WAML, to further meet its responsibility for being a leading educator in its areas of interest. The WAML is also establishing an international educative programme, relying on academic institutions, universities and other educators, from around the world, planned to commence later in 2024. Everyone,

within our WAML family, should “... watch this space...” and become involved in this exciting and educative programme. The WAML aims to be a peak body in education, and recognises that, in conjunction with external institutions, has enticed universities to come on board and help to spread the word, about Health Law, Legal Medicine and Bioethics. Bond University, in Queensland, Australia, after the 26th WCML, created a micro-credentialed programme in negligence starting in 2023. This was successful and offers a model, for other institutions. It is early days for the WAML, but it is envisaged that, like the Journal, the WAML will become the ‘go to’ organisation, for education in Health Law, Legal Medicine and Bioethics and, if the WAML cannot meet expectation, it will refer the request to affiliated institutions.

What is on record, within this Presidential Report, is testimony to the energy and commitment, within the WAML, to meet expectation of its membership. If any of the readers feel that the WAML is missing an opportunity, to ‘value add’, PLEASE share those ideas with the Executive Committee (EC). The EC will critically evaluate those suggestions and, if practicable, will find a way to make those ideas become a reality. In conclusion, as the President of the WAML, I remind each of you that the WAML, and its executive and BoG, are your servants. Help us help you, to ensure everyone benefits from suggestions, designed to improve the lot of our WAML family.

Roy G Beran

President
The World Association
for Medical Law

WAML Secretary General Report



Adv. Jonathan Davies

Secretary General report for March Newsletter
Reflections of the Democratic decision making process in the WAML

Many things have happened in the WAML since the Vilnius Congress in August 2023. The Education committee conducted several Webinars that Contributed to international change of views in the sphere of Medical Law. The 28th WCML that was scheduled for August 2024 in Toronto, was cancelled and the BoG convened to choose a Substitute venue. The third issue that the BoG discussed was WAML’s Database.

The international armed conflicts, however, presented serious challenges to the WAML family. Further to the events of October 7th., 2023, the Board of Governors (BoG) conducted two extraordinary online meetings at the request of several Governors and due to publications of posts taking advantage of WAML’s database.

The first meeting was held on Nov. 14th, 2023, and the second one was held on January 23rd, 2024.

Standard of Procedure suggested Statement for the WAML

On Nov. 14th the BoG conducted an extraordinary meeting following the motion for Standard Operational

Procedure (SOP) Agenda put forward by Barry Solaiman, Governor for Qatar, asking to confirm the WAML non-political mandate. Prior to the meeting President Roy Beran published a suggested statement to vote upon as a one issue agenda.

In proximity to the BoG meeting Governor for Ukraine Radmyla Hrevtsova suggested a different version of the statement to allow the WAML and its members to react to possible violations of international law and human rights, for the BoG to vote on. This motion was seconded by Janne Rothmar Herrmann, Governor for Denmark, during the meeting.

Further to the meeting the SG suggested that the two versions of the SoP be put forward to the BoG and the Governors were requested to vote for one version. The results were: Version I (The one suggested by Barry Solaiman) = 13 votes; Version II (The one suggested by Radmyla Hrevtsova) = 13 votes; 1 Abstain and 3 have not voted.

The Audit Committee (AC) monitored the vote. The EC considered the option of the Chairman/President’s casting a vote to break the deadlock but decided to seek AC opinion and the AC noted this was not considered in the Bylaws and suggested a revote plus implementation of the convention, of a casting vote, for future deadlocked voting.

Due to the draw in the above vote BoG discussed if to re vote or to empower the President to have a casting vote. The BoG discussed the EC suggestion but didn’t decide. It was decided to add another option – No SoP at all.

The results of the second vote of the BoG were as follows:

Option I - 9 votes; Option II 9 votes; No SoP – 3 votes; Abstain – 2 votes; No vote – 7 Governors. The EC consulted the Audit Committee that recommended as follows: “Based on the discussions in previous BoG meetings, the likelihood of Option 2 being accepted is low. We believe Option 1 offers the highest level of transparency”.

The EC has adopted the AC recommendation and decided that the following Statement will apply to all members of the WAML:

The World Association for Medical Law, Board of Governors approves the following Standard Operating Procedure:

“Neither the WAML nor any person, on behalf of WAML, makes any political statement, whatsoever, concerning conflicts around the world;

The WAML returns to its purpose which, according to the By-laws, is to encourage the study and discussion of health law, legal medicine, public health and bioethics, for the benefit of society and the advancement of human rights, in accordance with Article 2 of the By-laws.

Governors of WAML will respect the purposes of the WAML, as mentioned in the By-laws, the WAML being a non-political organization, and will refrain from any political statements, during their role as a WAML representative or in any discussions conducted within the WAML activities and/or between academic activities between themselves and in any social media outlets that identifies such person as a WAML representative or uses the banner or database of the WAML.

Keeping WAML as an open forum of academic and scientific debate, in an environment of respect and fraternity between all its associates, who may have conflicting views concerning various themes, is important to contribute to peace and development of all members of the international society and for the benefit of society and the advancement of human rights”.

Since the above is the statement officially adopted by the EC, members of WAML should be aware of this statement and requested to keep this statement in mind.

WCML 2024 Venue following Toronto Cancellation

On December 14th EC conducted a meeting and accepted Program Chair Bill Hinnant’s letter reporting the cancellation of the 28th World Congress for Medical Law, due to financial concerns. The Sheraton Hotel has cancelled, without financial penalty, and will refund all attendees who reserved a room and paid any funds.

Prior to the meeting EC received 2 additional proposals:

- a. Nasser Muh provided a proposal for 2024 (July 20-23, 2024) in Batam, Indonesia. The 28th Congress was proposed by the Indonesia Health Law Lecture Association in conjunction with the proposed establishment of WAML ASEAN/Pacific and Australasian Regional Affiliates Congress, being supported by University of Batam.
- b. Andre Pereira, Chair of the Educational committee, indicated he could organize the meeting in Coimbra with the University support.

The BoG decided to accept the Nasser Muh offer to conduct the 28th Annual World Congress for Medical Law in Batam, Indonesia. We ask you to register as soon as possible.

WAML’s Database

The BoG also discussed WAML’s database and adopted the SG recommendations to consolidate the Database that refers to a collection of resources and information pertaining to medical law and ethics.

According to the updated Bylaws, ratified by the General Assembly at the 27th WCML in Vilnius, the purpose of the Association shall be: (I) to encourage the study and discussion of problems concerning health law, legal medicine, public health law and ethics, and their possible solution in ways that are beneficial to humanity and advancement of human rights; (ii) to promote the study of the consequences in jurisprudence, legislation and ethics of developments in medicine, health care and related sciences; (iii) to address any matters that involve issues of health law or legal medicine and to inform the public of WAML’s deliberations.

The EC has gathered the information concerning WAML’s database from the following materials:

1. All information published on WAML’s webs site <https://wafml.memberlodge.org/>
2. Social media contents published on behalf of WAML i.e. Facebook, LinkedIn, X (Tweeter) etc.
3. Membership Information: Details about the members of WAML (applications, personal details etc.) including conditions to join the WAML.

4. Mailing lists of WAML's affiliation individuals and Organizations
5. Newsletters and Updates: Latest developments, and updates of future meetings in the field of medical law worldwide.
6. Conference Proceedings: correspondence with third parties, Information about Webinar's and Seminars organized by WAML, which could include presentations, abstracts and discussions on current issues in medical law.
7. Academic Articles and Publications: Research papers, journal articles, and other scholarly works on various aspects of medical law and ethics.
8. Minutes and protocols and records of WAML's committees, Reports and Legal Documents, Contracts with suppliers and Hotels: legal proceedings relevant to WCML past and future.

All the above information is intended for Members of the WAML, professionals, researchers and students in the field of medical law, legal medicine and bioethics. The information and data were collected and organized by WAML's Administrative Officer and Meeting Planner **Denise McNally** who has access to the database.

On November 21st 2023, Members of BoG (Nicola and Thierry) developed a list of questions.

EC decided to substitute Social Media Chair and further to that It was decided that Prof. Andre Pereira will act as Chair within his capacity as Education Committee chair.

The Education Committee has conducted online international webinar on the topic "Children's Health" and is about to conduct two more in the coming months.

Please follow the publications on WAML's website. We look forward to seeing you in one of the next webinars and contribute in attending.

Treasurer Report



Prof. Berna ARDA (MD MedSpec PhD)
Ankara University, Faculty of Medicine
History of Medicine and Ethics Dept.
Chair, Women's Studies Dept. , Ankara
University - TURKEY

The Treasurer's report is generally expected to focus on the financial situation of the Association. As the elected treasurer, since September 2018, I prefer not to mention incomes and expenditures in detail for the March newsletter.

The closing balance sheet of Bank of America statement for 29 February 2024 shows nearly 3,41 % growth in comparison with the balance on the 27 February 2023.

The large part of the WAML member fees have still not paid as of the end of February 2024.

Therefore, I would like to remind members to pay their membership fees in the early months of the year.

Hereby, I would also like to remind you that the membership fees and the contribution of the members

combined constitute the major income of WORLD ASSOCIATION for MEDICAL LAW. We are grateful to each of our valuable members.

See all of you in Batam

Berna Arda
Treasurer

WAML Meeting Planning and Administration



Denise McNally,
WAML Administrative Officer
and Meeting Planner

Join us for the 28th World Congress on Medical Law (WCML)

July 20 – 23, 2024

Held in conjunction with the 1st WAML ASEAN-Pacific - Australasian Regional Affiliates Organization Meeting

Batam, Indonesia

Program Chair: M. Nasser MD.
Doctor of Law

Head of Organizing Committee: Dr. Bahtiar Husain MD. LLM

Theme: Medical Crimes is not General Criminal

Topics:

- Public Health Law

- Health and Human Right
- Medical Error and Pharmaceutical Error
- Medical Negligence and Medical Dispute
- Program will take place at Batam University



Supported by:

University of Batam
Australasian College of Legal Medicine
Ministry of Law and Human Rights
Parliament of Republic of Indonesia
Indonesia Bar Association

Important Dates

**Abstract Submission
Deadline: May 15, 2024**

**Registration: Early Registration
until July 17, 2024**

**Congress dates:
July 20 – 23, 2024**

**Registration and Call for Abstracts
for the 28th World Congress for
Medical Law is Now Open!**

**Please use the relevant links
below and follow the instructions.**

Register for WCML (July 20 – 23,
Batam, Indonesia):

[https://wafml.wildapricot.org/
event-5582982/Registration](https://wafml.wildapricot.org/event-5582982/Registration)

REGISTRATION RATES:

1. WAML Member: \$350

2. Local Attendees: \$200
3. Non-Member: \$400
4. Student: \$200

Submit your abstract at (Deadline
May 15, 2024): [https://app.
oxfordabstracts.com/stages/6769/
submitter](https://app.oxfordabstracts.com/stages/6769/submitter)

Visa Information - [https://wafml.
wildapricot.org/2024-Visa-Information](https://wafml.wildapricot.org/2024-Visa-Information)

About Batam, Indonesia: [https://
wafml.wildapricot.org/About-Batam-
Indonesia](https://wafml.wildapricot.org/About-Batam-Indonesia)

Hotel Reservations: [https://www.
accomodation-section.com/](https://www.accomodation-section.com/)

Visit our website: [https://wafml.
wildapricot.org/28th-World-Congress-
for-Medical-Law-Batam-Indonesia](https://wafml.wildapricot.org/28th-World-Congress-for-Medical-Law-Batam-Indonesia)

Executive Committee Meeting, Board of Governor Meeting and Program Dates during 2024 WCML (Batam, Indonesia)

- Friday, July 19, 2024 – Executive Committee Meeting
- Saturday, July 20, 2024 – Board of Governor Meeting
- Saturday, July 20, 2024 – International Seminar
- Saturday, July 20, 2024 – Welcome Reception 28th WCML
- Sunday, July 21, 2024 – Congress Program 28th WCML
- Sunday, July 21, 2024 – WAML General Assembly
- Monday, July 22, 2024 – Congress Program 28th WCML
- Tuesday, July 23, 2024 – Congress Program 28th WCML

- Tuesday, July 23, 2024 – Gala Dinner 28th WCML

1st WAML ASEAN-Pacific -
Australasian Regional Affiliates
Organization Meeting

- Monday, July 24, 2024 – Organization Meeting

Membership Dues

The purpose of the World Association for Medical Law (WAML) is to encourage the study and discussion of health law, legal medicine, ethics and forensic medicine for the benefit of society and the advancement of human rights.

Membership in WAML is Annual and your 2024 membership dues were due by December 31, 2023. Membership dues are \$150. If you received a notice that your membership has lapsed you still have the ability to login to your profile, generate a dues invoice and pay.

WAML members enjoy many benefits which include access to quarterly E-Newsletters, discount registration fees to the WAML Congress, notice of upcoming events, active website information, the “Medicine and Law” electronic Journal and discounted access to activities of affiliated organizations.

We encourage you to log into the WAML website <http://wafml.memberlodge.org/> and pay. After logging in choose ‘View Profile’ (located top right), click ‘Membership’ and then “Renew’. You also have the option to pay by check or wire transfer.

If your membership dues are paid, thank you!

Do you have an idea,
comment, or suggestion?

Please contact
Denise McNally
worldassocmedlaw@gmail.com



World Association
for Medical Law

SAVE THE DATE

JULY 20-23

2024

**The 28th Annual WAML
World Congress**

Batam, Indonesia
www.thewaml.com

FUTURE MEETINGS Of Affiliated National Associations and Collaborating Organizations

28th Annual WAML World Congress

July 20 – 23, 2024

Batam, Indonesia

Website: www.wcml2020.com

www.thewaml.com

58th Annual National Association of Medical Examiners Meeting

September 19 – 23, 2024

Denver, Colorado (USA)

Website: <https://www.thename.org/annual-meetings>

29th Annual WAML World Congress

August 6 – 8, 2025

Istanbul – Turkey

Website: www.thewaml.com

30th Annual WAML World Congress 2026

Antwerp, Belgium

Website: www.thewaml.com



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