World Association For Medical Law

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Editor's Note March, 2021

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Editor WAML Newsletter

This last year we have all been focused on the COVID Pandemic and our response to it. Our life has been altered in many ways. For instance, the use of "distancing" to cut down on our exposure to the virus. One aspect of distancing has been the six foot or two-meter rule which should end as the epidemic winds down. However, another has been the use of various kinds of telepathic communication in both law and health. Much of our daily work in medical practice has moved from seeing the patient in the hospital or office to using television technology to diagnose and treat the patients in their own home. At the same time, much legal practice has also moved from in person appearances in the courtroom to virtual appearances. When the epidemic abates, this kind of distancing is unlikely to end. What we don't know is how much of this distance activity in both professions will remain, what form it will take and how successful it will be. How many of the temporary regulatory changes will become permanent? During the next few years, this will be a lively topic for our WAML Journal and Congresses as we discuss the variable approaches of our various countries. Meanwhile, this News Bulletin can serve to begin this exchange and we encourage your contributions. How has remote medicine and remote law affected practice in your country?

Australian Experience with COVID-19

Roy Beran, MBBS, MD
Governor and Vice President of the WAML

It is just over a year since the first case of Covid 19 appeared in Australia. It was 25th January, 2020, the day before Australia Day. Since then, there were two large peaks of disease, one occurring between 16th March, 2020, till 18th April, 2020. The peak of the rise occurred on 28th March when there were 458 cases with a 7 day average of 367 cases. The second peak started about 28th June, 2020, and lasted till 25th September, with the peak being on 5th August with 715 cases and a 7 day average of 552 cases. As of 20th February, 2021, there were 2 new cases, recorded Australia wide, with a 7 day average of 4 cases.

There has been a total of 28,922 cases in Australia, since the pandemic started, with 25,496 recovered and 909 deaths. State breakdown of figures shows that in New South Wales there have been ~5,150 cases with ~55 deaths; Victoria ~20,480 cases with ~820 deaths; Queensland ~1,320 cases and 6 deaths; Western Australia 910 cases and 9 deaths; and South Australia ~610 cases with 4 deaths.

There have been ~4.9 million tests for Covid carried out over this period for a population of ~26 million Australians. These tests do not equate to ~5 million individuals as many have had numerous tests while others have not been tested.

The Pfizer vaccine is being rolled out, for the first time in Australia, next Monday, 22nd February, 2021, with front line workers and geriatrics at the head of the queue. Three hospitals in Sydney are starting the roll out, namely Liverpool Hospital, Royal Price Alfred Hospital and Westmead Hospital. The Astra Zenica vaccine is somewhat delayed, compared with the Pfizer product, and will come out probably next month, in March.

At the moment, all state borders are open to the other states in Australia, without mandatory 2 week hotel quarantine, but those returning to Australia, from overseas, still need to hotel quarantine for 2 weeks at the traveller's expense. While this is the stated scenario, some states are having great difficulty in recouping this money, with about half being recovered thus far.

Australia has coped better than many places around the world. The reason for this is a proactive government in an island continent that experiences summer while the northern hemisphere has a cold winter; hotel quarantine was instigated earlier than in other countries; border closures and lockdowns were freely introduced to stop the spread of the pandemic although with major economic consequences (the last Victorian lockdown, lasting for 5 days, ending last Wednesday night, 17th February, was estimated to cost the country of the order of 1 billion Australian dollars).

It is anticipated that, with the roll out of the vaccine, we should experience a more rapid return to the new normal, whatever that will prove to be. A great deal of our freedoms already have been restored, but masks are still mandatory on public transport in NSW and in various other venues. Social distancing is still being enforced. Hand sanitiser is still ubiquitous in most places, especially shops and grocery venues. Having said that, the 'anti-vaxers' have been very vocal, with rallies in all major state capital cities on Saturday, 20th February, with a number of arrests as a consequence. This is despite the vaccine not being compulsory but certain jobs and activities, such as international travel, may not be available to those who refuse to be vaccinated against Covid 19.

The pandemic is forcing people to take one day at a time but Australia has done fairly well with the majority of jobs, lost through the pandemic, being reinstated with almost ~30,000 jobs being created last month. Australia had a very brief period of recession, due to the pandemic, and is considered out of same at the moment, thereby demonstrating a great resilience.

Biopolitics of Vaccine-Passports

Judit Sándor
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Being vaccinated is not just a matter of individual decision; it is also important to take responsibility for our fellow members of society. The European Union, where numerous countries were severely affected by the covid-19 pandemic, negotiated on behalf of its member states in order to get access to the vaccines.

While vaccines are still in shortage, the European Commission is exploring proposals to introduce vaccine passports, a move that will facilitate greater travel across borders within the EU. Nevertheless, in my view, a hasty introduction of vaccine passports may do more harm than good. Especially because it seems that what was before regarded as 'normal life' now has become a 'privilege' of the few. Unfortunately, in most countries of the European Union, the anti-covid vaccine is not yet available for the majority. While waiting for the vaccines, new forms of discrimination against unvaccinated people may develop, even though these people have not had a choice over being vaccinated or not.

Back to Index

Under the circumstances of shortage, a peculiar relationship could evolve between vaccinated and unvaccinated individuals. As adequate vaccination coverage could protect an entire society, the reception of vaccines usually expresses social solidarity among fellow citizens. However, in the current case of a prolonged vaccination process, the few vaccine recipients may even feel privileged—especially if the vaccine passport is introduced. Because of this, in the present case, the issue of solidarity towards unvaccinated people needs to be enhanced, as they currently represent the more vulnerable population. Since women and children are more likely among the unvaccinated, while physicians and politicians are among those who have been vaccinated, the delay in access to vaccines creates new forms of discrimination. In addition, there are also curiosities in the allocation, for instance, in Hungary soccer players enjoy priority before the general population.

Those who receive the vaccine—it follows from the selfish human nature—will probably be less empathetic to those who are still awaiting the vaccine. However, medical practitioners and health care professionals who are vaccinated still need to take care of unvaccinated patients with the same diligence; in that patients should be called in to visit the outpatient care separately, there should be adequate disinfection in the hospital premises, and the health care professionals and the patients should equally implement social distancing measures. This is an issue of moral challenge: the medical staff still have to be cautious even though they have already been vaccinated. This is why the slow vaccination schedule is not a favorable option, as in this case hierarchical relationships can evolve between the vaccinated and unvaccinated. This is particularly true in already unequal situations, such as in doctor-patient or officer-client relationships. It could also further impair the hierarchy of the relationship between police officers and citizens if the patient or citizen or client, being in a more vulnerable position, is the unvaccinated party and the members of the authority are the vaccinated party.

If legal consequences are linked to the lack of vaccination in the early stages, it obviously results in many discriminatory cases. So long as pregnant women and children are not (yet) eligible for the vaccination, it could lead to impossible consequences within the family if, for example the woman cannot travel, or the child is placed in quarantine, but the rest of the family is not, etc. Certain members of the family could take part in a cultural event, but the pregnant woman needs to stay at home.

The situation is even more complex in countries where the healthcare system is feeble, underfinanced and lacks the sufficient health care staff and the pandemic is managed under strict political control. In Hungary, for instance, the Minister of Foreign Affairs may decide about the use of a foreign vaccine, provided that already one million people have been vaccinated by that type of vaccine in three countries, including U.K. Ireland, or one EU member state/or one EU candidate country. True, the death toll of the Covid-19 pandemic is very high per one million inhabitants in Hungary, and something has to be done urgently. A populist and pronatalist government that has invested massive financial resources into supporting the increase of child births now faces the devastating demographics figures that are due to the sad mortality rate. But it is very difficult to build trust with vaccines that have not yet been licensed within the European Union.

Council of Europe recognized that equitable access to vaccination is crucial and the Council of Europe Committee on Bioethics has made today a number of recommendations. https://www.coe.int/en/web/bioethics/-/covid-19-and-vaccines-equitable-access-to-vaccination-must-be-ensured

"Vaccination, allocation and distribution strategies should be designed so as to prevent acts of corruption, arbitrary exceptions, priority access based on financial capacity, manipulations such as lobbying, political interference, deliberate ambiguity."

The World Health Organization has noted that poor countries with poor health care systems have difficulties to access vaccines. Furthermore, the members of the WHO Ethics Working Group on Immunity Passport argued against the use of immunity passport as an entitlement to live normal life. According to the Working Group, immunity certification, where available and reliable, should never be used as the main strategy for reducing the effects of the COVID-19 pandemic.

Before the European Union creates immunity privileges, it should be made sure that safe vaccines, and vaccine choices are available for everyone. Alternative methods to ensure safety should be also taken into consideration, so that travel and social life would not be the monopoly of the few privileged while others suffer all aspects of restricting their human rights, not only the right to basic health care, but also basic liberties. In authoritarian societies, access to vaccines can be easily transformed to a biopolitical weapon against minorities, women, youth, and other vulnerable segments of the society. Before introducing

vaccine passports, I believe we should aim to spread regularly updated information to develop solidarity and increase availability and speed up the vaccine schedule.

Is a Covid19 IPR Waiver Building Up Steam in Denmark and EU?

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In September 2020, India and South Africa proposed a waiver of intellectual property rights (IPR) related to COVID19 to the World Trade Organization (WTO). This was to ensure that IPR did not become a hindrance for dealing with the COVID19 pandemic. The proposal found support from the least developed countries (LDC's) while US, Japan, Australia, Canada and EU including Denmark opposed the waiver. The Danish minister for foreign affairs stated that there is already sufficient flexibility enshrined in the WTO agreement on intellectual property rights (TRIPS agreement) to address the pandemic.

In EU, the Greens/EFA are calling for global and equitable access to vaccines, including a temporary lifting of patent rights to allow more manufacturers to produce vaccines. A waiver of IPR and TRIPS obligations could enhance the freedom to operate particularly for LDC's, which are currently far behind in the vaccination race as well as all other races to control the pandemic. The spread of corona mutations has made it apparent that the fight against the pandemic must take into account the LDC's. For now, Denmark has aligned with EU. Instead of supporting an IPR waiver, Denmark relies on compulsory licenses, donations to the COVAX collaboration and UNICEF which will be allocated EUR 6.7 million each and the social responsibility of the pharma industry.

While the current debate focuses on access to vaccines, it is important to have in mind that IPR relate to virtually every aspect of COVID19: Patents on pharmaceuticals, diagnostic testing kits, design protection of protective equipment and copyright on software and research articles. Conditions for access and use of all of this must be considered for an effective and long-term handling of the pandemic. LDC's are not only short on vaccines, but on fundamental things such as protective equipment and diagnostic testing kits, goods that have been hoarded by countries of more purchasing power.

The TRIPS agreement allows states to grant compulsory licenses to patented inventions and to import and export products produced under a compulsory license without the authorization of the patent holder in case of a national health crisis. Compulsory licenses were used by South Africa and Nelson Mandela's government to ensure affordable access to HIV-medicines in the beginning of the millennium. Statutory and administrative measures to ensure access to pandemic-related technologies through compulsory patent licensing were introduced early in the pandemic by e.g. Israel, Canada and Germany. However, the COVID 19 situation is different from the HIV crisis, which was not a question of shortages, but of prices on pharmaceuticals. Furthermore, access to a much larger and diverse selection IPR is needed to fight the pandemic. The least developed countries are facing a broad pallet of shortages, where compulsory licenses may prove ineffective in promoting expedient access to the broad pallet of technologies, equipment and knowledge needed. The COVAX initiative, which Denmark supports, only focuses on access to vaccines. Funding to buy vaccines is only ticking in slowly and there is not a solution in place to address the reported shortages in vaccine production. Likewise, the money designated by UNICEF is for purchase and distribution of vaccines and does not solve the broader implications of IPR and production issues. The Danish biotech company Bavarian Nordic has stated that they are willing and have the capacity to aid in the vaccine production for others while waiting for their own vaccine candidate licensed from AdaptVac to be ready. Despite the continuous reports of shortages and delays in supply, Bavarian Nordic has not been able to make an agreement with other vaccine manufacturers and the Danish government has not mentioned compulsory licenses.

Back to Index

Private initiatives have been initiated to ensure access to COVID19 related IPR via so-called IPR pledges. Pharmaceutical companies have e.g. pledged to abstain from enforcing patents, promised to license their patent to all interested parties on fair terms or to sell their products at cost price. Some efforts have been made to coordinate these private solutions to enhance IPR access and use, e.g. the "Open Covid Pledge". Adoption of this standardized pledge has been most frequent in the information technology-, equipment- and service sectors, but very few companies in the pharmaceutical sector have supported the coordinated efforts. Instead, they have opted for making their own pledges - if any - or individual agreements with specific parties. The legal landscape for private ordering, therefore, appears heterogeneous and suffers from a lack of transparency and legal uncertainty.

The COVID Pandemic has enlarged many gaps and problems in the pharma- and healthcare sector that were already present before we started to see the strange words "COVID" and "Corona" in the headlines on a daily basis. The disparate interests of the global south and north on IPR protection are such an issue. We can only hope that the pandemic has the transformational potential to push the disagreements out of the old deadlock. Questions and concerns being raised about IPR in this exceptional situation have reopened the discussion about how societal interest and pharmaceutical innovation may be aligned in the future. On that note, the pandemic also provides a multitude of positive stories about e.g. private- public partnerships and collaborations.

For now, Denmark has chosen to stick with the industrialized countries and EU on issues of IPR and access to COVID 19 and voted against a temporary waiver for COVID19 related IPR. It seems to be dawning on most people including politicians, that a national solution to the pandemic must be global. Where IPR will land in that jigsaw will be interesting to follow as a researcher, a citizen of Denmark and a fellow citizen of the world.

The Covid-19 Pandemic and Canada's Covert Discrimination Operation Against Persons with Disability

Ken J. Berger
MD, JD
Secretary-General and Board of Governors, World Association for Medical Law
Program Chair, 2024, 29th WAML meeting, Toronto, Canada

At a time when buildings are in flames, women, children and persons with disability should be rescued first, or if a boat is sinking, persons in wheelchairs should be seated safely first on the life-raft to the shore.

Shamefully, Canada does not aspire to such compassion and compliance with fostering human rights for its vulnerable and disabled citizens, which has been unmasked during Covid-19.

The Covid-19 pandemic has been a time for the State to double down against its own animus and targeting of its disabled citizens by not only seeking to expand its euthanasia practices to persons with mental and physical disability, who are not close to death, so they can be abused and exploited, instead of providing them with the help and support to live, but they hold entirely consistent discriminatory practices by not doing any risk stratification to ensure persons with disability have appropriate preferential access to the Covid-19 vaccine with their increased risk for bad outcomes, at the same time, excluding such persons from some protocols for life saving intensive care measures and resources.

This is simply amazing and incredible, given the State signs all International treaties including the UN Convention of the Right of Persons with Disability, but never actually complies.

Canada seems to treat its disabled citizens as undesirable and not worthy of living, which is repulsive given lessons of history.

A State should be judged not by what it is perceived to be doing, or stating it will do, but what it actually is doing, and, hopefully, there are other State parties

globally doing their part, that are acting as better Stewards to uphold fundamental human right laws, treating persons with disability equally, with dignity, compassion and respect while complying with International Law and treaties.

We must continue to work with our International partners the WHO, the UN and the ICC to ensure that justice is done, human rights are fostered everywhere and the rights of vulnerable persons in every facet of life are zealously fostered and there is equal justice and distributive justice. Without strong International collaboration and minimum standards, even the most developed Countries can have slips in policies and practices and we must remain vigilant. Not simply to point to other States but examine our own house.

Very truly yours,

Ken J. Berger MD, JD

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

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

Covid 19 - From Autonomy to Public Health Interests – The Israeli Approach

Jonathan Davies, LLM
Israel Governor to WAML on behalf of the Society for Medicine and Law

The Covid-19 pandemic poses the most significant health challenge since the Spanish flu Pandemic in 1918 and is the most influential economic incident since 1929 Global Financial Crisis that will affect many areas of our lives. The difference between the pandemics is the hope that the vaccination can make the difference and offer strong protection against Covid – 19.

In March 2020, I had the privilege to act as Guest Editor of the WAML's Newsletter. I presented 5 short articles by prominent Israeli Medical and legal academics outlining the situation of the health system in Israel, as a provider of health services to all its residents based upon fundamental principles of equality and access to health services. Since then, we were hit by the Covid-19 which has changed everything. None of the leading experts could predict that only a year later Israel would be the world's live laboratory for the vaccination.

Since the Covid-19 outbreak in March 2020, the State of Israel has been coping with 3 waves of illness in which over 80,000 caught the virus and over 6000 died. Government handled the pandemic by closing the borders, shutting down businesses, forbidding any form of gathering such as sport events, weddings, communal parties, restaurants, hotels, and a complete shutdown of tourism.

3 lockdowns were declared in which the country was shut down, workplaces were closed, Universities and schools moved to distance learning until the pandemic is over.

Israel has a solid Health system that provides basic health services to all its citizens irrespective of their income, race or religion and more advanced private health services through private insurance provided by the HMO funds. As part of the battle against the virus, Government of Israel signed contracts with Pfizer and Moderna in which the pharmaceuticals companies ensured the country an early and steady supply of vaccines in exchange for data.

With its small population (9 million citizens), highly digitized universal health system, and rapid, military-assisted vaccine rollout, Israel's real-world data provides a useful supplement to clinical trials for researchers, pharmaceutical companies and policymakers.

More than 50 percent of the population has already received a first dose of the vaccine, and over quarter of the population are fully vaccinated. Israel has become something of an international test case for vaccination efficacy.

Israel leads the world in vaccinating its population against the coronavirus, has produced some encouraging news: Early results show a significant drop in infection after just one shot of a two-dose vaccine, and better than expected results after both doses.

In the first early report, HMO Clalit, Israel's largest health fund, compared 200,000 people aged 60 or over who received a first dose of the vaccine to a matched group of 200,000 who had not been vaccinated yet. It said that 14 to 18 days after their shots, the partially vaccinated patients were 33 percent less likely to be infected.

At about the same time, HMO Maccabi's research arm said it had found an even larger drop in infections after just one dose a decrease of 60%, 13 to 21 days after the first shot, in the first 450,000 people to receive it.

Israel became a world hub for vaccinations to the point where it exports vaccinations to other countries and intends to vaccinate thousands of Palestinian who enter the country or wish to be vaccinated.

At the same time of crisis, we face two particularly important choices. The first is between totalitarian surveillance and citizen empowerment. The second is between infringement of human rights autonomy to refuse vaccinations and public health interests.

In normal times methods of mobile tracking would be dismissed as paternalism and illegitimate, however, at the present time they are retrogressive vis a vis the right to life and physical perfection.

Contrary to the freedom of choice and full autonomy, stands a firm policy of the MoH that prefers public health interests. Covid 19 has tremendous ramifications on all avenues of life. The pandemic followed by economic, social and political crises that its implication are too early to forecast, these choices are not easy.

At present, the rights of the individual are put on hold and are subordinated to political interest, for example, the rights of access to medical services to which normally there is no challenge, are being subordinated to the public interest under emergency orders, which require persons to remain in isolation.

The global battle for vaccination that we are unfortunately witnessing these last few years calls for special attention to the means different states apply in order to maximize vaccination rates to the benefit of society at large and of those who refuse to be vaccinated. In some states, vaccination is mandatory with only few exceptions (medical, religious). In others, the law mandates that parents at least receive educational information re benefits of vaccinations to the child, family and society, and still other states use pinpointed actions such as expelling unvaccinated children from school or restricting unvaccinated individuals from visiting public areas. The fact that unvaccinated communities can be traced geographically – according to cultural, social, religious beliefs- as well as by their limited physical accessibility to health services can help the State to optimize efforts to educate and provide a higher level of targeted information, that may help overcome deep-rooted objections and misconceptions.

It is our assumption that public health interests will prevail over the right to autonomy in Israel and worldwide and the obvious example will be that once a successful vaccination is found the above paternalistic policy will apply in accordance with the public interests and vaccination will become mandatory.

This is the time to call to citizens of the world for collaborating in the fight against the virus and avoiding its spread in different variants. We in WAML could contribute to that matter by spreading the information and influencing our own people.

COVID-19: The Second Wave the Nigerian Perspective

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Governor and Vice President of the WAML

In the third week of December, 2020, it was officially announced that Nigeria had entered a second wave of coronavirus infections. The Government stated that the increase in the number of COVID-19 cases detected in the country in the past two weeks preceding the announcement indicated that a second wave of the outbreak of coronavirus infections had begun in Nigeria.

The most probable cause(s) of the second wave would be lifting lockdown restrictions too soon. Evidently, the lockdown had caused massive disruption- destroying jobs, affecting people's health, taking children out

of school, destabilizing the economy - but they have controlled the virus spread.

SARS-COV-2 VARIANTS AND THE GOVERNMENTS RESPONSE

The **Nigeria Centre for Disease Control** declared that the new variant dubbed **B.1.525** was first discovered in a sample collected on November 23, 2020, from a patient in Lagos State. So far, this has been detected among cases in five states in Nigeria. B.1.525 cases had also been reported in other countries in travelers from Nigeria.

The Director-General, Chikwe Iheakwazu, said that six new cases of the B.1.1.7 COVID-19 variant which was first detected in the United Kingdom were detected in Lagos State by scientists at the **Africa Centre of Excellence for Genomics of Infectious Diseases** (ACEGID). This brings the total number of people who have tested positive to the variant in Nigeria to 13.

COVID-19 Travel Terms and Conditions

Since the easing of the lockdown throughout the nation, domestic flights and interstate travel have resumed. The Government has implemented some conditions, particularly for international travel.

Public transportation systems are required not to exceed 50% of their capacity in compliance with social distancing rules.

On International travels, Commercial international flights are ongoing. However, only two Airports are used for flights. At present, travelers arriving in Nigeria are expected to provide evidence of negative COVID-19 testing up to 120 hours (five days) prior to arrival. Also, upon arrival into Nigeria, travelers are required to observe a mandatory self-quarantine period of 8-14 days, in the city of their arrival, irrespective of the negative test status.

Travelers must also be registered on the travel portal of the Nigeria Centre for Disease Control and must make efforts once in the country to register for a follow-up test. There is a need for evidence of this registration upon entry. Once a negative follow up test has been completed, travelers can leave isolation. Travelers who fail to take the follow-up test face a travel ban on a temporary basis.

Regulation of Social Activities

The government has also taken great effort to regulate all social activities by implementing certain restrictions in compliance with the laid down COVID-19 guidelines.

Domestic steps have been put in place, such as the closing of bars and nightclubs. Public events remain limited while outdoor athletic activities are yet to resume. Gatherings are limited to 50 individuals in confined spaces with appropriate social distance controls and the use of face masks. All gatherings linked to religious events must be less than 50% capacity of the facility of use during which they must observe social distancing. It was also ordered that civil servants resume duties at public offices. Some academic activities were also permitted to begin again.

Media Impact

The government is actively sensitizing the populace through the media by providing essential information on the virus, as well as the ways to reduce its spread, whilst encouraging the mandatory use of nose masks in public and regular use of hand sanitizers.

Proper Care and Treatment of Patients

The National Center for Disease Control must be credited for its swift and effective action in not only the treatment of COVID -19 patients, but also the creation of new isolation centers to accommodate more COVID -19 patients.

More than 152,074 cases of COVID-19 have been diagnosed in Nigeria so far, while 1,839 people have died from the virus. Over 128,619 patients have recovered. The treatment outcomes have been largely encouraging.

Vaccination:

The Nigerian Government is making efforts to get majority of Nigerians vaccinated and they are currently in talk with at least two of the three vaccine providers.

It is hoped that with the commencement of vaccination of Nigerians, this pandemic will be curtailed.

Nigeria is clearly not out of the woods yet as the pandemic is still persisting, however with the hope of the efficacy of the vaccine and the large youth population of Nigerians, expectations are quite high.

The Fight Against Covid 19, The Strategic Orientations in France in 2021: Different Choices from our European Neighbors

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WAML Governor

After the Christmas vacations the epidemic situation did not evolve according to the government's forecasts announced in December. Cinemas and theaters that should have opened on December 15 remained closed, as well as museums. Bars and restaurants did not open on January 15. Even if the circulation of the virus did not explode after the holidays, as was the case in the USA after Thanksgiving, the rate of infected people remained too high to allow meetings in cultural places and restaurants.

The health authorities' strategy and the government's fight against the epidemic were significantly different from those of our European neighbors, leading to a series of new political and media criticisms in France.

Measures for the population

There has been no containment throughout the country as in Germany, Spain or the United Kingdom, but binding measures have been proposed. In January, in spite of a significant circulation of the virus, the government's choice was not to confine the country, but to maintain the curfew implemented in November throughout the country, brought forward to 6pm from January 16.

The government chose to keep schools and secondary schools open so as not to deprive children of social contact and the benefits of traditional education. Keeping the children in school allowed parents to resume their professional activity in companies when teleworking was not possible. State support for economic actors has been extended. There have been few contamination clusters in both schools and companies. Business bankruptcies have been limited and unemployment has not increased excessively.

New variants of the virus have appeared, mainly in the very active areas of virus circulation: in the north of France, Paris and its region, the eastern and Southeastern regions. Localized measures in these regions were ordered with a total curfew during the weekend and additional doses of vaccine.

Vaccination

The vaccination campaign began in France at the same time as the other European Union states at the end of December. The recommended vaccination strategy takes into account the specificities of patients' rights and the precautionary principle. Vaccine "hesitation" is a French specificity: on December 23rd, 6 out of 10 French people declared they were refusing the injection on the grounds that it takes at least 10 years to develop a vaccine. In 2009, vaccination against H1N1 was a bad experience: only 17% were vaccinated or intended to be vaccinated. Adults under 35 years of age were the most reluctant. Doubts about the safety of the vaccine (71%) and fear of side effects (68%) were the most common reasons for refusal. Those at risk were more likely to accept the vaccine (40%).

At that time, anti-vaccination leagues developed, sometimes supported by health professionals, and conspiracy theories began to circulate. For the Covid 19 vaccine, the technique with messenger RNA worried (confusion with GMOs). 15% of the population has lost confidence in health authorities, politicians and researchers. This is why the start of the vaccination campaign was deliberately slow and gradual, surrounded by precautions to avoid a recurrence of the H1N1 vaccination scenario.

Vaccination in France is a medical act, carried out by a healthcare professional after informed consent has been obtained. The subject is informed of the risks of vaccination and potential contraindications to vaccination are sought. Due to the context of public distrust, making vaccination against Covid 19 was not mandatory, even for health professionals. However, the choice was made to make the vaccination centers free of charge and to have them organized by the State. In addition, general practitioners have mobilized to vaccinate in their offices and pharmacists already trained in flu vaccination were authorized in early March to vaccinate in pharmacies.

Priority was given to the most vulnerable public and those likely to develop the most serious forms, i.e. the elderly in institutions and the staff working there (1 million people). Then people with a risk factor:

Back to Index

people over 75 years of age living at home or suffering from a chronic disease, and health care personnel over 50 years of age and/or with chronic diseases (14 million). While 80% of elderly people in institutions were vaccinated at the end of February, only 36% of the staff had been vaccinated. An incentive letter from the Minister of Health was sent to them individually to remind them of their duty of prevention and to urge them to be vaccinated.

The comparison of the vaccination rate with our European neighbors (UK 34.65%, Spain 10.08%, Italy 9.24%) is clearly to the disadvantage of France (8.56%), but the delay is being made up, the supply of vaccine doses is now sufficient, and the doubts that hung over the effectiveness of the Astra-Zeneca vaccine for the elderly have been removed by the President of the Vaccination Monitoring Committee. The effects of vaccination of the most vulnerable are being felt as deaths and hospitalizations of the over 75-year-olds have fallen by 10 percent.

Some remarks to conclude

Depending on the different epidemic variations in European countries, the control strategy depends on the culture and acceptance of prevention measures. As explained above, the acceptance of measures is highly contested by the French population in some cases and a delicate balance has been struck. The government wanted to avoid at all costs what had happened with the H1N1 vaccination. The anti-vaccination reluctance is similar and some health professionals continue to resist.

The prospect of an electronic "health pass" that would facilitate access to cultural and sporting events and travel may convince some unsure people to get vaccinated. Such a pass would contain not only vaccination information, but also, for those who are not vaccinated, recent test results.

The Ministers of Health of the European Union countries wish to harmonize the European cooperation line that has been established with the centralized ordering of vaccines. The President of the European Commission acknowledged that these orders have been insufficient and late, but one must underline the initiative of the EU to increase its means to fight against pandemics that are likely to be prolonged or re-emerge in the future.

World Association for Medical Law

SECRETARY-GENERAL REPORT

Friends and colleagues, it has been well over a year and we are still facing Covid-19, however, the spread of increasing vaccination gives us hope for a brighter future.

Unfortunately, there has been another casualty: our beloved Istanbul Annual World Congress Meeting.

The good news however, is that Istanbul and the boat trip down the Bophsphorus have survived and have only been merely postponed.

WAML does not simply live, but continues to thrive and accumulate far greater medical law challenges to experience, debate and solve during our ongoing future work together and at the next exciting World Congress on Medical Law in Gold Coast, Australia.

We look forward to Roy Beran hosting all of us warmly "Down Under" and we will have so much to discuss of where we have all been and where we continue to wish to go in our journey together.

It gives us hope and something to look forward to in 2022 that this terrible pandemic will be over and we will be back to our usual life, enjoying what we do and further collaborating together.

We have been able to transition some special events from Toronto to Istanbul and now to Gold Coast, including the launch of the book series and Davies award and many are rolling over their registration and starting to make plan for 2022.

The EC would like to thank all the Governors and Members for their ongoing dedication and commitments during these difficult times.

On behalf of the EC, I wish everyone good health, prosperity, and safety and, yes, even a quick and painless jab in the arm!

Very truly yours,

Ken J. Berger MD, JD

WAML Executive Vice-President's Report

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

Dear colleagues!

More than a year has passed since the appearance of the disease called COVID-19. This disease became the reason for unprecedented measures , having received the classification of pandemic. The world has faced pandemics before, but society has not taken such unprecedented restrictive measures. The restrictions are of not only local, but even global nature, such as the suspension of international flights and various scientific and political events around the world. WAML has postponed 2 congresses in Toronto and Istanbul so as not to put our own members in trouble and endanger their safety... COVID-19 has changed the world. 5 billion people have been completely or partially isolated, suffering from lock-down policies. Media resources have played a key role in the formation and development of the attitude towards the disease in people, focusing on negative outcomes rather than positive. Legal professionals have mostly remained silent, not raising a public voice. People and certain experts sometimes have not. We have seen anti-Covid meetings, demonstrations and disagreements especially in social networks. I wish WAML could play a more active role in medico-legal analysis of the situation on national, regional and international levels.

Despite all the depressing news, the facts show many positives with a low mortality rate, different from all other pandemics, which is often ignored by the media. 80% of those 113 millions who got Covid all over the world, have already been cured without any complications (90 millions of people), 99,6% of present active patients are in mild or non serious course of disease with 1 or 2 symptoms and will recover soon. Global mortality rate which was 6-7 % in early months of March – April 2020, went down to 5-5,5% in May – June, then to 4% in August and to 2,2% from the Fall of the year till the start of vaccination. This says a lot. So the present mortality rate at 2,2% is not a result of vaccination, but a result of natural processes, which can be scientifically explained or not, but this is a fact which all of us should accept.

Right from the beginning our announcements about political reasons of this pandemic to create a fear and world's lockout have stressed importance to respect psychological health of the people and not let media dominate over our common sense. Time has shown it was the right intention. Around the world, we have seen many psychological health issues among the different groups of the population, especially vulnerable ones such as people with chronic disease and with weak immunity, which will have greater impact on that population rather than the global 2,2% mortality rate right before starting vaccination in Fall 2020. At present, we may start to talk about the medico-legal outcomes of the pandemic and let us do this together as WAML. Previous year has taught us many lessons and can become a key factor in understanding the role of the media and interested groups in pandemic times. Developing strategies for combating diseases and protecting public health, we are the ones who can assess the situation not only from medical, but also from legal points of view and reflect irrreplaceble opinions for world public, political and health community.

Let's stay calm and patient. I believe sooner or later the pandemic will get close to its finish and we may return to our normal life. I wish WAML will have an outstanding GoldCoast Congress in 2022 and we all meet physically together again. I wish all of you and your families good health and happiness.

WAML Treasurer Report

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

Dear Valued Colleagues,

Starting 2021, I was hoping to meet all of you face to face in beautiful Istanbul in August. As the program chair, I dreamed of listening to stimulating presentations, having productive discussions and establishing fruitful collaborations for the future in the fascinating atmosphere of the Bosphorus. Unfortunately, Covid-19 prevented this dream from being realized. Of course, the start of vaccination is a promising development. However, there are still concerns; on one hand, it does not continue at the same speed and effectiveness in every country and on the other hand, new mutant virus types have emerged which are more contagious. Therefore, limitations regarding safe travel at the international level still persist. Due to all these uncertainties, it was sad, but an inevitable result that the 2021 Congress was postponed. Istanbul will continue to wait for you all patiently.

The Treasurer's report, is expected to focus on the financial situation of the Association. Therefore, I would like to give brief information. The closing balance sheet of Bank of America statement for 31 December 2020 shows nearly 9 % growth in comparison with the balance in the end of 2019 (9, 09 %). Allow me to emphasize that in a period of absence from Congress revenue, membership fees are our most important source of income. I would like to thank all our regular members wholeheartedly.

Keep healthy

Berna Arda

Treasurer

WAML Meeting Planning and Administration

Denise McNally,
WAML Administrative Officer and Meeting Planner

2021 (ISTANBUL, TURKEY) CONGRESS HAS BEEN POSTPONED UNTIL AUGUST, 2025

WE LOOK FORWARD TO SEEING YOU IN GOLD COAST, AUSTRALIA

AUGUST 1 - 3, 2022

We encourage you to join the leading experts in medical law, legal medicine and bioethics by submitting your abstract in English only online. A call for abstracts will be announced to the membership in 2021.

Congress Themes

1. AGED AND DISABILITY ADVOCACY

Elder law
Guardianship and administration
Quality and safety in health care, aged & social care – as distinct from / in addition to acute care hospitals
Health care standards

2. SOCIAL JUSTICE

Human rights
Social media
Professional boundaries
Trial by allegation

3. MEDICINE AND TECHNOLOGY

Artificial intelligence and robotics in medicine
Remote medicine / telemedicine
Concussion and sports injuries with advanced imaging and assessment of neurotransmitters

Back to Index

HOTEL RESERVATIONS

QT Gold Coast
7 Staghorn Avenue
Surfers Paradise QLD 4217 Australia
W: www.qthotelsandresorts.com.au

Organizing Committee and Supporting Organizations can be found http://wafml.memberlodge.org/Organizing-Committee-and-Supporting-Organizations

About Gold Coast can be found http://wafml.memberlodge.org/About-Gold-Coast

The QT Gold Coast is offering a reduced group room rate. Reservation link available soon.

ACCOMMODATION

Prices listed below are AUS

MOUNTAIN RIVER VIEW
(per room per night AUS)
$199.00 room only
$224.00 with breakfast for 1
$249.00 with breakfast for 2

OCEAN VIEW
(per room per night AUS)
$229.00 room only
$254.00 with breakfast for 1
$279.00 with breakfast for 2

QT KING SUITE
(per room per night AUS)
$329.00 room only
$354.00 with breakfast for 1
$379.00 with breakfast for 2

https://www.qthotels.com/gold-coast/?utm_source=google&utm_medium=organic&utm_campaign=gmb

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 2021 membership dues were due by December 31, 2020. 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 2021 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!

WAML Book Series

Professor Thierry Vansweevelt

Professor Nicola Glover-Thomas

Informed Consent and Health - A Global Analysis

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

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

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

Promotional leaflet-IC and Health

Do you have an idea, comment, or suggestion?

Please contact
Denise McNally
worldassocmedlaw@gmail.com

World Association
for Medical Law

SAVE THE DATE

August 1–3

2022

The 26th Annual WAML World Congress

Gold Coast, Australia
www.thewaml.com

FUTURE MEETINGS

Of Affiliated National Associations and Collaborating Organizations

NAME 2021 Annual Meeting
October 15 - 19, 2021
West Palm Beach, Florida
Website: https://www.thename.org/annual-meetings

26th Annual WAML World Congress
August 1 – 3, 2022
Gold Coast, Australia
Website: www.thewaml.com

29th Annual WAML World Congress
August 2023
Vilnius, Lithuania
Website: www.thewaml.com

28th Annual WAML World Congress
August 8 – 11, 2024
Toronto, Canada
Website: www.wcml2020.com
www.thewaml.com

27th Annual WAML World Congress
August 6 – 8, 2025
Istanbul - TURKEY
Website: www.thewaml.com

WAML Newsletter Production Team

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Back to Index