



# World Association For Medical Law

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## Interactive Index

December 2020 Notes from Editor	1
Australian Experience with COVID-19	1
Hungary	2
Covid-19 Experiences in Nigeria	3
Second Wave of COVID 19 in France	4
Netherlands	6
Minkgate: Unlawful Order Undermines the Danish Government's COVID Response	7
Coronavirus Pandemic in Azerbaijan Republic	9
COVID-19 in Russia: current situation	9
Update on USA Response to COVID-19	12
WAML Treasurer Report	13
World Association for Medical Law	13
WAML Meeting Planning and Administration	14
Future Meetings	15

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## December 2020 Notes from Editor



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Editor WAML Newsletter

We wanted the year 2020 to be as perfect as 20/20 vision. It certainly has not been and one must go back a little over a century to find a similar pandemic-plagued year. It has been a year in which medical, medico-legal and medico-ethical issues have dominated world thinking. During this unhappy year, every country around the world has had to determine its appropriate medical, legal and ethical responses to this devastating disease. Although WHO recommendations have been intended to be used globally, the vastly different political, social, legal, and medical situations of the different countries have resulted in a multiplicity of differing approaches to and results from handling the COVID-19 epidemic. By presenting these differing experiences from WAML's Country Governors, we hope that the Newsletter reports can help our readers in other countries to find new and better ways to approach this daunting threat in their own land.

This issue of the WAML Newsletter continues our series of updates on the progress of our various countries

in approaching this pandemic. It is presented with our fervent hopes for a Happy 2021!

## Australian Experience with COVID-19



**Roy Beran, MBBS, MD**  
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As an island continent, Australia has had a much better experience with the consequences of COVID-19 than has much of the rest of the world. As of 9<sup>th</sup> November 2020, Australia has recorded a total of 27,668 cases (since January 2020), of which 25,287 have recovered with 907 deaths. There were 10 new cases, Australia wide, in the last 24 hours (as at 9<sup>th</sup> November 2020), out of almost 30,000 people having been tested. There are an estimated 85 active cases throughout the country, 20 of whom are hospitalised. Within the last week, there have been 9 locally-acquired cases and almost 60 overseas-acquired cases. There have been no new cases in the Australian Capital Territory, Queensland, Tasmania, Victoria and Western Australia, in the last 24 hours (as at 9<sup>th</sup> November 2020) with 7 new cases in New South Wales (NSW), 2 in South Australia and 1 in the Northern Territory.

Victoria is slowly emerging from its second lockdown, following the second wave of infections, having had a total of 20,345 cases confirmed but none in the last 24 hours. NSW has had pockets of infection and has very active tracing techniques to limit the spread of infection. There have been a number of days with no new infections, even in NSW, while a new cluster has just emerged and will be isolated and controlled.

State border restrictions are being relaxed, as is the number of people allowed to mix socially, attend weddings and funerals, go to restaurants and there is a move to try to regain a degree of normality. Overseas travel remains something for the future but there has been significant progress with the development of a COVID-19 vaccine, which many predict will be widely available in the first quarter of 2021.

COVID-19 has drastically altered the way we live, our social contacts and our willingness to mix in public. There are still many people who wear masks, when going out of their home environment, but there is also a growing number of people who have stopped wearing masks. Social distancing and respect for personal hygiene remains the order of the day, as does 'signing in', if going to a restaurant or other social outlet. Anyone who visits a COVID-active region or develops symptoms, consistent with Covid-19 infection, must go to a Covid-19 testing clinic and must self-isolate. Those returning from overseas are isolated, under strict supervision, in hotels. We are far from 'out of the woods' but we, here in Australia, are doing much better than are many other countries around the world.

## Hungary



**JUDIT SÁNDOR**

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The second wave of the Covid-19 pandemic arrived in Europe in September 2020. The number of those infected, hospitalized, and deceased has risen drastically in comparison with the first wave. In some European countries more people die from the complications of Covid-19 in a single week than died during the whole first wave. By the end of November in Hungary more than 4,000 people died in relation to the Covid-19 pandemic. It seems that those European healthcare systems where the first wave was relatively mild, such as in Hungary and the Czech Republic, and Poland were unprepared for such a dramatic increase.

Although the Hungarian borders have been practically closed since September, the numbers did not go down; on the contrary, they increased. In September the official communication of the government of Hungary was that the country is an island of safety as opposed to the rest of Europe, thus Hungary was marked green, while all other countries red. This perpetuated the misconception that everything was fine here, and that the virus was just an enemy brought in from abroad. Travelers were indeed quarantined or were only able to get out of quarantine earlier than two weeks at the price of an expensive test, but those actually infected, and their contacts were not automatically quarantined, thus travelers were effectively discriminated against. Doctors were promised to have a significant salary increase, but under very strict and controversial limitations in their labor contract.

Since October 1 public schools have been required to measure body temperature and the limit above which a child could not go to school was set at 37.8 °C. On November 11, the government again implemented a tight lockdown in Hungary, with an overnight curfew between 8:00 p.m. and 5:00 a.m.; it ordered the closing



of restaurants, cinemas, theatres, fitness centers, cafes; while high schools and universities have to return to online teaching. The Parliament approved the declaration of ‘situation of danger’ on November 10, 2020. A hasty amendment of the Fundamental Law was adopted on the same day including provisions of limiting the notion of family to heterosexual families, and significant changes in electoral law and public finances.

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## Covid-19 Experiences in Nigeria



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### INTRODUCTION

COVID-19 sprung up a global surprise that stopped the world in its tracks. The pandemic was not envisaged, however, when it broke out, the Nigerian government took necessary steps to combat it. The Index case in Nigeria was recorded on the 27<sup>th</sup> of February, 2020, in Lagos; an Italian arrived at the Lagos international airport and commuted to another state where he worked. Fortunately, the doctor at his workplace was swift in suspecting that it was Corona virus, as the virus was at its peak in Italy at the time he arrived in Nigeria. He was later taken to the Infectious Disease Hospital (IDH) in Lagos state. As soon as he was tested and confirmed to have the virus, contact tracing commenced immediately, and all the passengers on the flight that the Italian boarded were quickly moved to the Infectious Disease Hospital for isolation. Passengers who could not get to the hospital for one reason or another were advised to self-isolate.

As soon as the COVID-19 cases were confirmed, the government gave an Executive Order on the 27<sup>th</sup> of

February, 2020, for its citizens to ensure that they were staying safe by wearing nose masks, avoiding crowded places, washing hands regularly as well as sanitizing hands and environment.

Despite the fact that the flight from Europe had brought in a COVID-19 patient, borders were still open, whereas, America had blocked flights from Europe to avoid the rise of the virus among the American travelers. It is greatly suspected that a lot of American bound flights were rerouted through Nigeria, hence, that led to the rise in the cases recorded.

### GOVERNMENT EFFORTS IN CURBING THE VIRUS

The Lagos State Government imposed a 2 week lockdown within the state. Subsequently, the Federal Government imposed a national lockdown on the 29<sup>th</sup> of March which included stay- at- home directives, closure of state/national borders including interstate travels, restriction on social gatherings, closure of all academic institutions and religious houses, which was a total shut down of the economy in a bid to keep the virus contained. This lockdown on the country lasted for about 6 weeks and was later eased on the 4<sup>th</sup> of May, 2020.

Sequel to the outbreak of COVID-19 in the country, the Federal and State Governments made emergency policies as legitimized by Section 8 of the Quarantine Act. These regulatory measures to effectively control the spread of the virus included COVID-19 REGULATION of Nigeria, 2020, LAGOS STATE INFECTIOUS DISEASES (EMERGENCY PREVENTION) REGULATIONS 2020, and Executive Orders.

### EFFORTS FROM NIGERIAN MEDICAL EXPERTS

In the Government's efforts to contain the virus, the National Center for Disease Control (NCDC) vigorously ensured the increase in capacity to manage infected persons through the opening of new isolation centers all over the country, with Lagos remaining the epicenter. The commission, to the best of its capacity, organized screenings, tests, and also sensitization of the public by encouraging them to stay safe and follow the COVID-19 guidelines. The treatment outcomes of patients in isolation centers were positive as low fatality rates were recorded among patients in the isolation centers. It is Imperative to say that most patients were discharged within 10-15 days of treatment.

### STATISTICS ON MORTALITY RATE

COVID-19 took the lives of a few Nigerians. The first

death recorded on the 23<sup>rd</sup> of March with just 33 active cases as of then, was a 67 year old male who returned home following medical treatment in the UK. He had underlying medical conditions - multiple myeloma, diabetes, and was also undergoing chemotherapy. The virus also took the lives of other notable Nigerians including the former Chief of Staff to the President of Nigeria who died after returning from a trip outside the country, and a former Governor. Celebrities and business tycoons also lost their lives to the virus.

Presently, there are about 65,000 confirmed cases in Nigeria, with about 3000 active cases and over 1,100 deaths. It is safe to say now that despite the population of over 200 million people, we have recorded significantly low infection rates, as the country gradually reopens the economy; religious houses are already opened, schools have resumed, and interstate travels have commenced. Nonetheless, while many institutions and private facilities have included strict COVID-19 guidelines in their policies including no face masks then no entry, mandatory hand washing before access into any facility, reduction in the sitting capacity by about 40 percent, mandatory temperature testing before access into facilities, and ensuring social and physical distancing.

#### NIGERIANS RESPONSE TO THE VIRUS

Nigerians being the type of people well exposed to the importance of herbs and spices, upon hearing about the virus started to look for ways to prevent and or cure the virus. A plethora of herbal mixtures were prepared in various homes which included boiling of various leaves renowned for detoxification and immune boosting. These mixtures were recommended to be drank hot. It also included eating hot soups regularly. Some of the ingredients contained in the mixtures are Garlic, Onions, Ginger, Tumeric, Cloves West African black pepper, and some fruits.

The initial fear of massive deaths on the African continent arising from the high poverty rate and insufficient medical infrastructure was a great concern to all. However, so far, there are no high mortality rates as experienced in America and Europe. Some claim that it is because of the climate conditions in the tropics that have prevented the high death rates. Another theory was that the country has a massive population of persons less than 40 years of age, as such a more youthful and healthy society with less risk of the deaths of her citizens.

#### THE NEW CULTURE

The impact of the pandemic on our ways of life cannot be overemphasized. Despite the shutting down of the country due to the pandemic, it brought out a rapid increase in the acceptance of a 'new normal' for Nigerians in order to successfully go through our day-to-day activities. These innovative ways of doing things include; telemedicine, online court sessions, online schooling, online parties, online interviews, conferences and seminars. Regardless of the fact that the pandemic seems to be under control, the Nigerian Government still remains vigilant and admonishes citizens, as well as sensitizes people, on the need not to drop their guards because of the possibility of a second wave.

Collectively, Nigerians hope and pray for lives to go back to normal in order for them to express brotherly love

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#### Second Wave of COVID 19 in France



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On November 20, 2020, there were 2,144,660 cases of Covid 19 and 49,232 deaths in France. After an initial confinement for the first wave from March 15 to May 11, all activities were authorized during the summer except for travel outside the European Union countries. However, the population did not respect the barrier gestures, especially in vacation resorts. So the circulation of the virus has accelerated.

In order to maintain economic activity as much as possible, the beginning of the school and university year was organized with precautions, to allow parents

to maintain normal professional activity or distance working. At the end of September, Covid 19 spread throughout the country with numerous clusters, particularly in homes for the elderly.

To face this second wave, a curfew was set up on October 17 in several metropolises, then in 54 departments. Wearing a mask outside was imposed in big cities.

Despite these measures, the virus continued to circulate widely, forcing the government to decide a second containment on October 30, 2020. At the same time, universities were closed down with the continuation of distance learning courses. A new law on health emergency was enacted on November 14 until April 1, 2021

#### Lessons learned from the first wave

In terms of health, the lack of masks and the criticism of their distribution that the government was accused of in the first wave gave way to opposition to barrier actions and to respect for confinement in certain cities. However, in the face of the seriousness and violence of the second wave of the epidemic resistance calmed down.

A large testing policy was put in place with the organization of screening centers accessible to all, free of charge, leading to overcrowding in the sampling centers. Delays of more than 3 days for results led to a significant delay in isolation. Afterwards, access to tests had to be organized according to health priorities.

Contrary to the first wave, hospitals kept care for non-Covid patients as long as possible and deprogramming of non-urgent interventions was only effective in the most affected areas: Rhône-Alpes, Franche-Comté and Hauts de France.

Concerning the elderly, family visits were maintained with precautions, but many clusters of contamination were identified, with the virus reaching both staff and residents. Despite the number of deaths, the families no longer questioned the health authorities' management of the crisis in institutions for the elderly.

On the social level, the opening of schools, middle schools and high schools has freed parents from home childcare, which had been difficult to manage during the first wave when the schools were closed. Most of the parents have returned to work, either in companies with protective measures or through distance working. Economic activity has been maintained except in the fields of entertainment, culture, tourism, restaurants

and bars, which are closed.

#### Positive effects

Digital technology has filled some of the gaps created by the confinement, contacts have been maintained, new solidarities have been developed with volunteer networks to help isolated people (for 43% of the population). On the professional level, distance working has been widely developed, employers have facilitated working from home, online platforms have been created in the food sector. However, unequal access to digital technology is a reality in some regions and for some populations, even though 16,500 computers have been made available to enable disadvantaged children to follow distance learning.

The health system having been very badly hit by the epidemic when it was already in difficulty, a plan to modernize and improve the health system called "Ségur de la santé" was presented on July 21. It provides for 19 billion euros in investments and 8.2 billion euros to upgrade the professions, 1,500 staff recruitment and the opening of 4,000 beds. The wage increases took effect in September.

#### Comments on the management of this second wave

In the management of the crisis, the recommendations of scientists are no longer in the forefront. It is more the consideration of the economic and social consequences that prevails. There is even a loss of confidence in scientists, due to controversies and uncertainties.

Disputes over containment measures are ongoing and action in justice continues. The Public Prosecutor's office in Paris received 328 complaints and opened legal proceedings for willful failure to fight a disaster, endangering the lives of others, homicide and unintentional injury.

#### Perspectives

The second confinement is relaxed from November 28 with the opening of shops and in view of the Christmas holidays. Free movement will no longer be restricted from December 15 allowing families to meet, however the curfew will be maintained after 21:00h except on December 24 and 31. Cinemas and theaters will be able to reopen from December 15, but bars and restaurants will not open until January 15. Despite significant financial support from the state to partially compensate for the loss of turnover, professionals are dissatisfied, saying they are unfairly sacrificed.

While vaccination seems to be an encouraging prospect for the future, it is not experienced as the solution for a recovery from the crisis since half of French people say they will refuse to be vaccinated. Despite this resistance, the vaccine doses have been ordered and the vaccination plan starting with the most vulnerable is ready. Vaccination will not be mandatory, and people will have to make up their minds to live with the virus for a long time.

## Netherlands



**Prof. Dr. Henriette Roscam Abbing**  
Professor Emerita of Health Law  
WAML Governor

### Corona virus in the Netherlands: main measures taken

#### Basic rules

The COVID 19 virus may affect a large part of the population.

For the purpose of its containment, the application of basic rules in relation to the COVID 19 virus is necessary in order to protect one another.

In the Netherlands, presently the following basic rules apply to every individual:

- Keep a distance of 1.5. meters from others. This is not necessary if one belongs to the same household.
- Do not shake hands
- Wash your hands regularly with soap and water
- Cough and sneeze into the crook of the elbow
- Use paper tissue to blow the nose; put them in the bin straight after
- Avoid busy places; leave an area if it becomes difficult to socially distance.

Where one was initially allowed to receive no more than 1 group of 3 visitors a day, this has been changed

into 2 persons (children under 13 not included). Outside the home, no more than 4 persons, or 1 household can go somewhere or do something together. Children under 13 years of age are excluded from this condition. These rules apply to all areas that are accessible to the public, indoors and outdoors.

#### Local measures

Whenever necessary, the mayor of a city may take special measures. These include limiting opening hours of shops, closure of crowded locations such as a park, a shopping centre, a car parking resp. parking place near the beach, as well as a lock down of an overcrowded shopping street, or even an entire city centre. Traffic may be directed. Mass meetings such as at a football stadium may be prohibited.

#### Mouth-caps

As there is no proof that the wearing of a mouth cap prevents contagion by the corona virus in public places, the State Institute for Health and Environment (RIVM) did not see an urgency for making them overall mandatory to wear. Initially, only travelers aged 13 and older were required to wear a face mask on public transport (and in air-plains).

Yet, as of December 2020, the wearing of a mouth cap from the age of 13 years onwards in public accessible inner-spaces – such as shops, museums, restaurants, theatres and schools (except the basic school) – has been generally imposed. Mouth-caps are also required for contact professions like the hairdresser and drive-instructor, as well as at train-, bus- and tram-stations. When the rule is not observed, one may expect a fine. Yet, so far, there are many shops who remind their clients of their obligation to wear a mouth-cap, but shop-owners will not refuse their entrance if the client refuses to wear one.

#### Elderly people

As elderly people are most at risk of becoming severely ill from the virus, March 2020 the Dutch minister of health pronounced the prohibition for inmates of nursing-homes and small homes for the elderly to receive visits, family members included. This rule of social deprivation has had much negative impact. In order to give priority to quality of life instead of quantity, the visitors rule was gradually liberalised into 'yes, provided'. Each nursing home must make its own plan for organising safe visits in accordance with the general rules.

Independent living elderly are provided with a list of

additional behavioural advices.

### Regular Health care

The advice given to the Dutch government by the Outbreak Management Team in relation to the COVID 19 pandemic on measures to be taken is based on three pillars:

- Acceptable burden of care- taking into account that hospitals must not only provide quality care to Corona- patients but also to patients in need of regular care;
- protection of vulnerable persons in society;
- keeping track of, and insight into the spread of the virus.

Emergency care, emergency surgery, oncology care (cancer treatments) and acute obstetrical care are continued as far as feasible. Unfortunately hospitals are necessitated to move non-emergency care to a later time, due to the large influx of the number of corona patients and the non-availability of sufficient health staff. As it happens, corona-patients are flown over to hospitals in nearby countries because of scarcity of IC beds.

### Testing

To get a grip on the situation an open possibility for testing has been started, thereby putting the collective interest (as a result of your test possibly other persons are saved) on the forefront. Hospital personnel may be tested since April 6, 2020. As a consequence of a positive test outcome a self-quarantine of 14 days is imposed.

### Airports

All passengers aged 13 and above travelling to and from Dutch airports must fill in and sign a Health Screening Form before the flight. If one reports symptoms on the form that suggest one may have COVID-19, boarding the aircraft is not allowed. Travellers must wear a face mask at check-in, security, border control and while boarding.

On return one must submit to a test. Otherwise, one will have 14 days of home quarantine.

### Travel restrictions

The Dutch Government has given a negative travel advice to foreign countries until mid-January 2021. The advice for travel within the Netherlands is to travel as little as possible; when on holiday one has to stay near the holiday accommodation as much as possible,

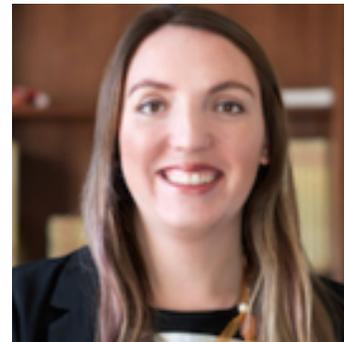
number of outings must be limited and busy places avoided. Holiday travel and family visits are not considered to be essential.

### Miscellaneous

Maximum 30 persons may attend funerals. Marriage is good for 20 persons.

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## Minkgate: Unlawful Order Undermines the Danish Government's COVID Response



**Katharina Ó Cathaoir, PhD**  
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In Autumn 2020, Danish media was dominated by an unlikely scandal that centred on minks. Unbeknownst to many, Denmark is the world's largest producer of mink fur. Yet, over the summer, evidence established that minks could become a dangerous reservoir of COVID-19. The animals were identified as highly susceptible to COVID-19, meaning that, given the scale of the Danish mink industry, they could pose a public health danger. By November, concern heightened as new coronavirus mutations were found to be circulating in the population of North Jutland, having been transmitted from unsuspecting minks. A central concern was that some of the mutations appear to be less susceptible to antibody responses, which raised fears that the much-awaited vaccines would not be effective on this strain. This catapulted "minkgate" into the international media and led some countries to unilaterally restrict entry from Denmark. Within a few weeks of rapid testing, the concerning mutations had died out, but a political crisis had deepened.

At the beginning of the COVID-19 pandemic, the usual political bickering was set aside and the parliament unanimously adopted wide reaching revisions to the communicable disease act (epidemiloven). However, the political and societal trust placed in the government was undermined when it emerged in November that the government gave an order - without having a legal

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basis - to cull the many millions of minks that are farmed in Denmark.

When the Prime Minister, Mette Fredericksen, ordered the culling of all Danish mink, there was no provision in law to order the destruction of healthy mink, but only those that were sick. Furthermore, it later emerged that the Minister for Food, Agriculture and Fisheries had several times received information explaining that the government did not have the legal basis to order the cull. Subsequently, Fredericksen announced her intention to introduce “fast tracked” legislation to provide a legal basis for culling all mink, but was not met with enthusiasm from the other parties, who cited a lack of evidence and the need for time to reflect. Despite this, the Food Safety Authority continued to advise that all minks should be destroyed and farmers were offered a bonus for completing this between 6-16 November 2020.

Under the Danish Constitution and the First Optional Protocol to the European Convention on Human Rights, property (such as minks) is protected as a right and expropriation thereof must be provided for by law, required by the common good and include “full compensation” under the Danish Constitution. A proportionate balance must be found between the public interest (here the protection of public health) and the individual right (to property). However, the government acted without having either the legislative authority or the compensation in place.

The “mink crisis” show that cracks have appeared in the paper-thin political unity that emerged in the Spring when the Parliament rapidly agreed to give the Minister for Health wide reaching powers to impose restrictions on private and business life. In response to the crisis, the Minister for Food stepped down as he and other Ministers had been warned as far back as October that there was not the legal basis to order the cull. Minkgate furthermore raises the question of how much evidence is needed to justify far reaching limitations on human rights, such as the right to property. The State Serum Institute considers that without culling the population, they will continue to pose a significant risk to public health. How much evidence is sufficient? Is the destruction of millions of unaffected animals a necessary and effective means of eliminating the risk? Could better hygiene measures and improved conditions for the animals stop the spread? Can the world afford to risk another novel disease outbreak? Despite the scandal, parliament eventually agreed with the government and health

authorities to adopt legislation to mandate the culling and prohibition of mink until 2022.

However, the political crisis has not resulted in a broader discussion on animal rights, which I believe is necessary. The crisis should serve as a reminder that improving the conditions of caged animals is part of pandemic preparedness and that zoonotic leaps are the cause of the emergence of most novel viruses, including COVID-19, Ebola, H1N1 and HIV. Yet, although some countries are moving to ban mink farming, the Danish government has stated that it does not intend to permanently ban the industry but will prohibit caging of minks.

Faced with the risk of becoming the next ground zero, the Danish government reacted quickly to quell the spread of the new mutations and gather more knowledge on the implications for human health and forthcoming vaccines. All residents over 2 years old in the affected municipalities were asked to voluntarily take a COVID test. Furthermore, the government increased sequencing of human and mink COVID infections to monitor and better understand the new mutations. The offer of mass testing underscores that restrictions alone are insufficient and must be accompanied by positive measures to trace infections. It is important that testing is transparent, however, meaning that individuals are clearly informed that testing is voluntary and of the opportunities to opt out of scientific research on any remaining biological material.

The new mutations highlight yet again the need for adequate surveillance and testing. Denmark has one of the highest COVID testing rates in the world and can be commended for its advanced infrastructure that detected and traced the mutations. However, the fact that the government acted without a legal basis despite warnings, is of serious concern. During the COVID-19 pandemic, states have adopted wide reaching restrictions on human rights with little oversight, and this must have limits, and breaches thereof, repercussions.

## Coronavirus Pandemic in Azerbaijan Republic



**Prof. Dr. Vugar Mammadov**  
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COVID-19 has changed the world. 5 billion people have been completely or partially isolated, suffering from lock-down policies.

As with many other countries, Azerbaijan took the way of a strict follow-up of WHO recommendation. Quarantine regimen in Azerbaijan started immediately after the WHO announcement of a worldwide pandemic in March, 2020 and continues until the end of the December. In February, the Decree of the President of the country established the Operational Group for COVID 19 under the Cabinet of Ministers, including key relevant ministers and heads of state committees. According to Government decisions, state borders, all international flights, events and gatherings, lessons in educational organizations, sport and cultural programs and religious processes in the mosques have been cancelled or closed from the second half of the March till now.

The 44 days Qarabagh de-occupation war with Armenian military forces during 27<sup>th</sup> September – 09<sup>th</sup> November 2020 moved the pandemic issue to second place of the national agenda. We have many more new patients/day now than in the Spring. The celebrations of the war victories with crowds of people on the streets as well as ceremonies for paying respect to war victims (Shahids) in October-November increased the number of COVID-19 contaminations significantly. As of December 06<sup>th</sup>, there have been 140.000 + confirmed cases of COVID-19 with about 1.600 associated fatalities. The military curfew is still in effect from 9:00 pm to 6:00 am (21:00 to 06:00) every day in Baku, main cities and a dozen regions. Schools and univesities continue online learning through at least December 30, 2020. All weekend business activities and public transport are suspended through December 28, 2020

with the exception of vital services. Pharmacies and grocery stores remain open. Protective face masks are compulsory in public spaces, and gatherings of more than 5 people remain prohibited.

Let's stay calm and patient. I believe in the next Spring the pandemic issue will get close to its finish on the planet and we may return to our normal life. I wish WAML has an outstanding Istanbul Congress in 2021 and we all meet physically together again. I wish all of you and your families a good health and happiness around.

Merry Chistmas, Happy NEW 2021!

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## COVID-19 in Russia: Current Situation



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## Statistics update

Since January 31, 2020, when the first case of COVID -19 infection was recorded in Russia, the number of

infected by December 1, 2020 reached 2,322,056. This puts Russia on the 4th place in the world by reported cases. At the same time, Russia demonstrates one of the lowest death rates in the world – 1.6% (40,464 deaths).

The World Health Organization's representative in Russia, Melita Vujnovic, has downplayed doubts about the country's coronavirus statistics even as new public data suggests authorities may be undercounting the death toll from the pandemic. Some scholars argue that such a low death rate might be due to an obligatory vaccination in Russia since soviet times—the bacillus Calmette–Guérin (BCG) vaccination against tuberculosis.

Daily number of new cases reached 26,402 by December 1, 2020, and number of daily recovered – 24,763. Up to 40% of new cases in December 2020 were registered in Moscow, while before May 2020, this number was well above 50%.

According to the Ministry of Health of Russia, in late May 2020 more than 40% of citizens testing positive for coronavirus did not have any clinical manifestations, in December 2020 this indicator was only around 22%.

People aged 18-45 are responsible for 38% of new cases, group 46-65 – 32%, group 66+ - 17% and 12,7% - kids (under 18).

Daily number of tests conducted in Russia exceeded 600,000 in December, total of 77,2 million tests made, 533,000 tests per million citizens (top 20).

## Restrictions

The Decree of the President of the Russian Federation, on April 2, 2020, No. 239 and continued acts of the federal government propelled highest officials of said entities to develop a set of restrictive measures to counteract the spread of COVID-19. This national effort was based on the sanitary and epidemiological situations in each entity.

The activities of organizations and individual entrepreneurs were suspended and limited and a special procedure for movement was established to involve the methodological recommendations of consumer protection agency, Rospotrebnadzor and chief state doctors. These measures did not apply to medical and pharmacy organizations, grocery organizations and others providing emergency and essential services.

Rospotrebnadzor proposed the phased removal of

restrictive measures which involved 3 stages. The decision on specific measures at each stage is assigned to the head of the region at the suggestion of the chief sanitary doctors and in case of complications of the epidemic, restrictive measures may be resumed.

By early July due to a decrease in the incidence of COVID-19, most regions dropped major part of restrictions, but masks and gloves regimen remained throughout Russia.

After schools and most universities reopened on September 1, 2020, and summer holiday period ended, number of cases registered began to grow again. When in early September the number of daily cases registered were around 5,000, by the end of October it reached 15,000, growing to 25,000 by December 1, 2020. Second wave was then officially recognized.

Some large regions such as Moscow and Ekaterinburg had to introduce on-line classes for 6-11 graders in the late October, while keeping regular classes for youngsters. By November 11, Ministry of science and education of the Russian Federation ordered to switch onto on-line education for universities of Moscow and Saint-Petersburg followed shortly after by the same decision for all Russian higher education institutions.

Government kept restaurant industry open with some sanitary restrictions, introducing the system of QR code check-ins. All restaurant guests were obliged to register using QR code, when entering the facility, which they could get via personal cellphone number. The system helped to quickly investigate new cases contacts and to inform all contact persons to get the test.

Rospotrebnadzor obliged all Russian citizens returning from abroad to do a COVID-19 test upon arrival. Hence every arriving passenger had to sign an information form and provide test information within 3 days via government electronic service gosuslugi.ru. Violation fine is 15-40 thousand rubles (200-500 US dollars).

Mask and gloves regimen remained active in public places and transport. Shopping malls, recreation centers and other public facilities had to make sure that customers follow the rules and refuse to provide service to violators.

## New Laws of Liability

In the light of the danger of the spread of infection, 2 new federal laws were drafted by deputies of the State Duma and the federal Government. These came into force on April 1, 2020 and provided for increased

administrative and criminal liability for violations of sanitary and epidemiological rules, including violations of the quarantine and shelter-in-place regime and liability for spreading fake news about the coronavirus pandemic. These laws aim to improve mechanisms of protecting citizens' health against contagious diseases (including the coronavirus infection) and to increase social responsibility of people potentially dangerous to others.

Since the introduction of restrictive quarantine measures in all Russian regions, citizens and organisations have been subject to administrative punishment almost daily under the special administrative clauses aimed to prevent the spread of the new disease. At the same time, classification of the committed violations under the new administrative clauses is difficult. This has led to numerous challenges of court decisions.

## **Telemedicine**

The pandemic gave a new impulse to the development of telemedicine.

Moscow authorities starting March 17, 2020 created special telemedicine service for patients with COVID-19 over 18 years and participants of the Russian coronavirus vaccine study. Service is available 24/7 and it has been supported by 200 specially trained doctors. Daily capacity of this service is up to 4000 consultations.

Doctors have access to an electronic map of these patients, they can make special appointments, adjust the therapy, and call an ambulance if necessary. To receive consultations, patients must register on a special telemedicine platform of the Moscow city health Department.

By December 2020, specialists of the telemedicine center had conducted more than 660 thousand consultations for patients with COVID-19, and more than 155 thousand consultations for participants of the Russian coronavirus vaccine study.

At the same time, federal and regional remote consulting centers for COVID-19 and pneumonia have been established to provide doctors with professional telemedicine consultations on providing medical care to patients with COVID-19 around the clock.

Such centers are based in major medical institutions, including most known Sechenov University, which is one of the innovators in the field of telemedicine

consultations. Special rules and regulations applied to such centers were also introduced in new legislation for remote medical consultations.

Also, one of the actively developing areas of telemedicine during the pandemic is distance education of medical professionals in the format of online conferences and lectures.

## **Measures of state support for medical workers.**

While the burden on medical institutions has increased dramatically, President of Russia introduced special cash benefit for doctors working with COVID-19 patients. Starting May 2020 additional monthly bonus paid to every medical staff member was from 25,000 rubles to 80,000 rubles (300-1000 US dollars).

The Russian government also approved payments for students of medical universities and institutions of secondary professional education, which carry out practical training implementing support work for coronavirus patients and doctors involved (10,000 rubles a month – for medical students; 7000 – for students of secondary professional medical education organizations).

## **Vaccine perspective**

First Russian COVID-19 vaccine developed by N. F. Gamaleya Federal Research Center for Epidemiology & Microbiology, named “Sputnik-V” was issued a temporary license on August 11, 2020. Second Russian vaccine “EpiVakCorona” developed by Russian government company Vector was licensed in October, 2020. Several more vaccines are being developed in Russia by different institutions.

More than 100,000 people in Russia have been vaccinated by “Sputnik -V” by December 1, 2020 as the third phase of testing is coming to an end.

Vladimir Putin charged government with mass vaccination from COVID-19 starting December 7th. About 2 million doses of vaccine will be produced. Medical workers and teachers will be the first to get it. Vaccination will be voluntary and free of charge.

## Update on USA Response to COVID-19



**Thomas T. Noguchi**  
President of WAML

Dr. Thomas Noguchi and Dr. Richard Wilbur wrote an article regarding the Coronavirus in the USA in the WAML Journal of Medicine and Law published in June 2020. The following is a continuation of the June 2020 article.

The US elected a new president on Nov. 7 2020. President-elect Joe Biden has established a Coronavirus taskforce which he will implement once he is sworn in as the new president, on Jan 20 2021. What we need is a strong national leadership as the COVID epidemic develops. We hope to have a nationally-coordinated program to deal with COVID 19 as well as with other future hazards.

The general US population became aware of a COVID infection threat in early March 2020. On March 16, the governor of the State of California declared a two week lockdown. As of November 11, 2020, the outbreak of the coronavirus disease (COVID-19) has been confirmed in over 210 countries and territories. The virus has infected almost 52 million people worldwide, and the number of deaths has reached over 1.2 million. The most severely affected countries include the U.S., Brazil, and Mexico. Since Friday Nov. 6<sup>th</sup> the US has reached more than 100,000 infections a day, with just the week of Nov. 16<sup>th</sup> reaching 1,147,582 COVID cases.

“The nearly universal rise in statewide hospitalization rates, particularly in our colder regions, is a pattern that will grow as we move into the holiday season”, The Children’s Hospital of Philadelphia Policy Lab said. Some hospitals have reached full capacity and are sending patients away. Doctors are asking that the public get more serious about wearing masks, washing hands and physical distancing. Yet experts worry that their warnings will be brushed aside as Americans prepare for Thanksgiving; they suspect that many

families will take the risk of gathering and so, for those that do, outdoor events with ample spacing between older adults and the rest of the family will be important.

More than 110,000 additional people in the US are projected to die from Covid-19 in just the next two months, according to the University of Washington’s Institute for Health Metrics and Evaluation.

### American’s Compliance with another Shutdown

Fewer than half of Americans say are very likely to comply with another lockdown, according to a new Gallup poll. About 49% of Americans surveyed between October 19 and November 1 said they would be very likely to stay home for a month if health officials recommend it following a coronavirus outbreak in their community. That’s down from 67% in the spring. While 18% said they were somewhat likely to comply, a third of people said they would be unlikely to comply with lockdown orders, the results showed.

While Americans are less willing to stay at home, the results show they’re actually more worried about the pandemic – with 61% saying they believe the situation is getting worse, compared to 40% in April. Health experts have said mask use could significantly reduce the need for more shutdowns.

### Safety Measures

Even with news about an effective COVID-19 vaccine, preventative measures – like wearing masks and social distancing – need to be kept up.

### VACCINE FOR COVID 19

Pfizer and partner BioNTech said that their vaccine against COVID-19 was strongly effective, exceeding the expectations in the face of the global pandemic. The companies said an early analysis of the results showed that individuals who received two injections of the vaccine three weeks apart experienced more than 90% fewer cases of symptomatic Covid-19 than those who received a placebo. For months, researchers have cautioned that a vaccine might only be 60% or 70% effective. The most recent was 94.5% effective. It will take some time to scale up vaccine production to distribute to all countries and even when they do arrive “people may need booster shots in the future”, said Dr. Anthony Fauci, Director of the National Center for Infectious Diseases. A vaccine will likely suppress the spread of the virus below pandemic and epidemic levels yet “if you look back at common cold coronaviruses and the experience we have, it is not the kind of virus that usually gives lifelong immunity” Fauci said.

## WAML Treasurer Report



**Professor Berna Arda**  
Ankara University Faculty of Medicine  
History of Medicine and Ethics Department  
WAML EC Treasurer

Dear colleagues

“December” is accepted as the 10<sup>th</sup> month in the Roman calendar, derived from the Latin root “decem-” meaning ten. We say “Aralık” in Turkish means “interval or spacing”. The word that can mean the transition between two years, the month between November and January, or the month between two holidays, as one of the most beautiful month names in my mother language.

This year, each of us witnessed one of the worse events. Approximately one hundred years ago, during 1918-19, the Spanish flu affected the world and more than 40 million people were dead (<http://www.ankaratipfakultesimecmuasi.net/archives/archive-detail/article-preview/last-tango-of-the-sick-man-of-europe-with-the-span/18472> ). In 2020 humanity again encountered a common enemy and tried to fight it. In the light of history of medicine, to find similarities and differences between them is possible, but in the final analysis the truth is pandemics are a reality and Covid 19 is not the last one. It also seems an opportunity to think about some concepts such as “social medicine”, “accessibility to health services” “social responsibility”, “solidarity”. No doubt we will see hopeful developments as 2020 connects to 2021.

Wish you happy new year

Stay healthy

Prof. Berna ARDA (MD MedSpec, PhD)  
Ankara University Faculty of Medicine  
History of Medicine and Ethics Department  
WAML EC Treasurer

Chair, 26<sup>th</sup> World Congress on Medical Law, Istanbul  
4-6 August 2021

## World Association for Medical Law



### SECRETARY-GENERAL REPORT

On behalf of the Executive Committee, I wish to send the warmest of greetings to all WAML members and friends, with the upcoming holidays and 2021.

With that, there is hope of widespread vaccinations and a return to life as we once knew it.

It has been a year of challenges and reflections, with so many tragic losses of family and friends through this pandemic, battling uncertainty, and the stress and difficulty of greater isolation.

Through our greatest struggles, we are a very resilient group with a bright future ahead.

From these turbulent experiences, we see more of the WAML, as an organization, that allows us to come together to share our thoughts and ideas, to unite through common goals, and to foster lasting and enduring friendships.

I look forward to seeing you at future congresses we have planned and we can all reminisce of our own personal journeys through such difficult times.

Be well and be safe, to you and your families, and wish all a joyous holiday season and happy new year.

Very truly yours,

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

## WAML Meeting Planning and Administration



**Denise McNally,**

WAML Administrative Officer and Meeting Planner

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

**Call for Abstracts will go out December 2020.**

**Hilton Istanbul Bosphorus will be the Lodging and Congress Venue**



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

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

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

### Categories:

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



### 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 are due by December 31, 2020. Membership dues are \$150. WAML members enjoy many benefits which include access to quarterly E-Newsletters, discount registration fees to the WAML Congress, notice of upcoming events, active website information, the “Medicine and Law” electronic Journal and discounted access to activities of affiliated organizations.

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

If your membership dues are paid, thank you!

## WAML Book Series



Professor Thierry Vanswevelt 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

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# FUTURE MEETINGS

Of Affiliated National Associations and Collaborating Organizations

## 26<sup>th</sup> Annual WAML World Congress

August 4 – 6, 2021

Istanbul - TURKEY

Website: [www.thewaml.com](http://www.thewaml.com)

## NAME 2021 Annual Meeting

October 15 - 19, 2021

West Palm Beach, Florida

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

## 28<sup>th</sup> Annual WAML World Congress

August 1 – 3, 2022

Gold Coast, Australia

Website: [www.thewaml.com](http://www.thewaml.com)

## 29<sup>th</sup> Annual WAML World Congress

August 2023

Vilnius, Lithuania

Website: [www.thewaml.com](http://www.thewaml.com)

## 29<sup>th</sup> Annual WAML World Congress

August 8 – 11, 2024

Toronto, Canada

Website: [www.wcml2020.com](http://www.wcml2020.com)

[www.thewaml.com](http://www.thewaml.com)



World Association  
for Medical Law

# SAVE THE DATE

**AUGUST 4-6**

# 2021

**The 26<sup>th</sup> Annual WAML  
World Congress**

**Istanbul - Turkey**  
[www.thewaml.com](http://www.thewaml.com)



## WAML Newsletter Production Team

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