World Association For Medical Law

June Issue June-August www.thewaml.com

Editor's Note June 2022

Hon Richard S Wilbur
MD JD FCLM FACP FRSM FACPE
Member of the National Academy of Medicine
Editor WAML Newsletter

This issue presents articles from some of our members about the reaction of their different nations to the COVID Pandemic, the success (or failure) of these actions and their advice as to what should be done next time to obtain better results.

United States Lessons from the COVID Pandemic.

The first lesson that the United States should take from the Pandemic is that it is not alone. This was a global epidemic and thinking, planning and acting in isolation would not solve the multiple serious problems that have arisen from it. With rapid intercontinental travel, a new variant in one country is soon global in many. Possibly some countries may be able to isolate themselves from the rest of the world, but not the US. A second lesson is that a nation must have plans in place and then follow those plans when the pandemic arrives. The US did not follow any coordinated plan of action in early 2020. The national government, the individual states and many of the larger cities all set off in their own separate ways with often conflicting mandates of masking, social gatherings, hospital visitation limitations, etc. The Public Health leaders failed to coordinate with each other. This exacerbated an already strong distrust of government rules and regulations. This also turned the fight against an epidemic into a politically charged disagreement as to the correct approaches. The internet provided a rich source of not only a suspicion of government, but also of pseudo-scientific information such as unproven remedies –examples being ivermectin and hydroxychloroquine. The race to produce a vaccine was successful beyond expectations, but the distrust of authority and the plethora of misinformation about its origins and side effects severely limited its effective dissemination. As a result, this country had over one million deaths from the pandemic and a seriously damaged economy. We did not do ourselves proud.

Now would be the right time for the US to begin planning for next time. One part of which is to be sure that all of the various jurisdictions have adequate public health personnel and the means for them all to agree on a common plan of action. summary.

Lessons Drawn from the Covid Pandemic: Hungary after the Fifth Wave

Judit Sándor
Professor at the Central European University, Vienna, Budapest
Governor of the WAML

Mandatory mask wearing was phased out in March 2022 in Hungary, and now it is not obligatory to put on a protective mask even when one enters crowded and closed spaces, such as public transportation or shopping malls. The severity of illnesses caused by the new Omicron variant of SARS-Cov-2 has decreased and the strain on the public health system has started to relieve. Mortality from Covid illnesses in Hungary, however, is still among the highest (currently the fourth) in the world: up until the end of March 2022 more than 46.000 people in the first five waves of the pandemic. The Hungarian Civil Liberty Union repeatedly requested official data about the infections at Hungarian hospitals, and due to their efforts, finally a data was disclosed from 2020 according to which nearly 10 000 people were infected by the SARS-Cov-2 covid virus at health care facilities.

The severity of the pandemic and the serious deficiencies in the management and financing of the health care system, which caused avoidable human losses, curiously did not play any role in the parliamentary elections held on April 3, 2022. The governing coalition, led by Viktor Orbán's Fidesz party, managed to win over two-thirds of the parliamentary seats, just like it did during the three preceding elections.

Government propaganda managed to shift the agenda away from mismanagement of the public health crisis and it focused instead on avoiding any Hungarian participation in the war that Putin's Russia started against Ukraine. The government, blatantly serving the interests of the ruling party, framed the opposition as if they wanted to send soldiers to die on foreign land. The state, on the other hand, was again not able to organize an efficient public health response to the wave of the refugees flowing into the country, and it was again NGOs and various civil society actors who could provide humanitarian and logistical assistance to the Ukrainian women and children (as well as students from third countries) entering Hungary.

There was also a referendum held on the day of the parliamentary elections, which also influenced the decision of the voters. The rather propagandistic questions of the referendum were related to sex education at schools and gender reassignment surgery performed on children. The referendum turned out to be invalid as many voters chose to answer in a deliberately unclear (therefore invalid) manner to the questions (such as putting an X to both response options).

Government mismanagement of the pandemic took many forms, including the acquisition of unnecessary (and unused) vaccines and respiratory ventilators at high prices. Some international NGOs therefore sought to receive more data on the purchase of ventilators and also wanted to investigate the reasons why these machines were applied inefficiently in the intensive care units. Transparency International (TI) sued the Ministry of Human Resources to find out how many ventilators were resold by the Hungarian government after it had acquired more than 17,000 units for HUF 300 billion. In April the court of first instance in Budapest ruled in favor of TI.

The public health crisis in Hungary has shown that the health care system was not prepared for such a massive pandemic. Responses to its challenges were on a day-to-day basis and many decisions were of ad hoc nature. Some general health care reforms did start to take shape: under-the-table payments for extra medical services were banned and the salaries of physicians were raised. However, the general condition of the health care institutions has not improved, nor have the salaries of nurses and other health care workers increased. Many health care jobs are unfulfilled as health care professionals, including doctors, have left Hungary in large numbers.

The most important lesson to be drawn is that the readiness of the health care system has to be improved dramatically and fast. Furthermore, regular communication between science and society should be enhanced in order to eliminate distrust and "fake news" as these are detrimental in such a public health crisis. Right to health should be considered as an essential part of the catalogue of human rights, since right to health is instrumental in protecting other rights, such as right to life, civil and political rights, reproductive rights to establish a family, etc.

Back to Index

Azerbaijan Adopted the Robust Strategy to Fight the COVID

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

Azerbaijan adopted the robust strategy to fight the COVID-19 and to minimize the impact of the pandemic on the population. The national authorities have implemented several containment measures to halt the spread of COVID-19 with people-centered approach. Over 20 state-owned hospitals serve COVID-19 patients in Azerbaijan. 11 modular hospitals for COVID patients have been constructed within six months as a part of additional measures. These modular hospitals provide additional 4,100 hospital beds. It is planned to build seven additional modular hospitals. The local production of face masks has been launched in Azerbaijan as the next step to fight the global coronavirus pandemic. Along with medical masks, disposable protective clothing, disinfectants, sanitizers, etc. are also produced locally. During last 15 month of pandemic 329.371 people contaminated, 313.778 recovered, 4.768 died. Vaccination against COVID-19 coronavirus began in Azerbaijan in January, 2021 with the Chinese vaccine CoronaVac from Sinovac. 4 million of CoronaVac been purchased by country for 2 millions of people out of 10M. Last month 84.000 doses of Astra Zeneca vaccines arrived to Baku to be applied to people 60 years old and over from the beginning of May. 432,000 more doses of Vaxzevria to be delivered by late May. As of today, 1.777.426 vaccinations been done, more than 1 M are the first dose vaccination. This makes more than 10% of population vaccinated by now.

Vaccination is done free of charge for the people and covered by state. This is not mandatory and done upon a wish. However, most of medical and educational organizations administration pushed employees to take it. The state promotes largely vaccination in media and through administrative channels. It has been started first for people above 60, then in February above 50, then above 40 and now above 18. Medical and educational professionals had a priority to be vaccinated. However, quite a big number of people are not enthusiastic and continue to resist vaccination. There was a case when executive power representative using own position made a pressure to issue fake certificate of vaccination without being vaccinated. This lady was released from the job after notice of law enforcement bodies that shows the state bodies carefully observe this situation. However, senior officials of the state, except leadership of the health system, have not been publicly vaccinated yet as it is done in other countries.

Vaccines are distributed by the government who established medical facilities in own health care institutions like polyclinics and hospitals. Two shots need to be finished with interval of 28 days before moving on to the next tier. There is no vaccine passport discussion in-country, we observe this topic discussed in other countries. Masks continue to be mandatory outside, penalties envisaged if you don't use in public areas. Travels between the cities in the country are open, to go abroad you should make tests and prove you are not contaminated.

I think the Azerbaijan experience of fight with COVID is quite successful as we don't have so huge number of contaminated, and the mortality rate through all the periods was not more than 1.5%. However, we may see the similar or even better situation in other regional countries like Belarus, Kazakhstan, Uzbekistan…. The special quarantine regime will remain in effect at least until June 1, 2021. Restaurants and cafes opened on February 1, 2021 and most other business and services are open, except shopping malls. Cafes and restaurants function with respect to social distance, but no weddings and parties with more than 10 people. Mosques and religious places are closed since beginning of pandemic. Starting April 5, 2021, educational institutions in Baku, Sumgayit, Ganja, Sheki, and the Absheron district switched to distance learning. Quarantine measures are subject to change at short notice. Local media reports a delivery of Pfizer-BioNTech vaccines is expected in next months. The Cabinet of Ministers announced the Sputnik V vaccine will also be available. In its global efforts to fight against COVID-19 pandemic and expressing its solidarity with states affected by the virus, the Government of Azerbaijan has donated 5 million US dollars to the World Health Organization (WHO). Additional 5 million US dollars were donated to WHO to support the most affected Non-Aligned Movement (NAM) countries. World Health Organization

expressed appreciation to the President of the Republic of Azerbaijan for Azerbaijan's contribution to the global response to COVID-19 and for the measures taken in Azerbaijan to combat the pandemic. Azerbaijan has also provided urgent aid to 14 affected countries on bilateral basis, including sending technical and financial assistance, airplanes, transport airplanes, etc.

The UK, Covid-19, and Mandates: Learning Opportunities for the Future?

Professor Nicola Glover-Thomas
University of Manchester Law School
Williamson Building
Oxford Road
Manchester
M13 9PL
Nicola.glover-thomas@manchester.ac.uk

Introduction

A mandate to protect the health of the public creates an obligation for the state to care for the well-being of all members of society. Individual wants and desires are demoted by the need to protect the collective. In the UK, with the arrival of Covid-19 the UK government acquired significant powers to manage the pandemic under the Coronavirus Act 2020. A brief examination of this legislation and the powers contained within it is provided alongside an evaluation of how effective these mandates have proved to be.

The mandates

While a suite of public health provisions already existed in the UK to cope with a variety of infectious diseases under the Public Health (Control of Disease) Act 1984, COVID-19 and the various repercussions of the disease presented new challenges for the country. The Coronavirus Act 2020 was introduced to streamline some of the processes in the Public Health (Control of Disease) Act, and to ensure equivalent powers existed across all four nations of the UK. On 25th March 2020, the 329-page Coronavirus Bill became law after passing through Parliament in just three days without opposition from MPs in the House of Commons and without amendment from the House of Lords. The speed and ease in which this Bill passed into law itself clearly indicates the recognised need at the time to deploy legal powers to curb the virus. At the same time, the speed of enactment eliminated any opportunity for Parliament to scrutinise the Bill resulting in significant scope for the legislation to fall short of the normal standards sought when introducing new laws.

The Coronavirus Act 2020 gave considerable powers to the police, immigration officers and public health officials to detain people believed to be potentially infectious and put them in isolation facilities. Among other things, the legislation allowed the government to prohibit and restrict gatherings and public events for the purpose of limiting the spread of COVID-19 and it allowed people to leave their jobs to volunteer in the National Health Service to assist with the overwhelming demands being placed upon the service by the virus. At the time, the government was quick to assure its citizens that the powers would only ever be used when needed. When faced with a 'potentially infectious' person which was defined in the Coronavirus Act 2020 as someone who 'is, or may be, infected with coronavirus' or who has been in 'an infected area within 14 days,' ECHR Article 5 rights to liberty were surpassed by the right to take steps to protect public health. Key areas were covered by the legislation, including: the powers to ease the burden on frontline staff and the powers instituted to contain and slow the virus.

Easing the burden on frontline staff

Provision was made for the rationalisation of procedures for mental health assessments (section 10) and discharge procedures for those leaving acute hospital settings who have social care needs (sections 14 – 17), powers to vary the appointment process for and increase the number of Judicial Commissioners overseeing the Investigatory Powers Act 2016 (section 22) and powers to extend the lifespan of urgent warrants pending judicial approval (section 23), powers allowing vaccines to be administered by a wider range of health professionals in Scotland (section 36), powers to direct the suspension of ports or diversion of arrivals (section 50), powers to expand the availability of video or audio link in court proceedings while making provision for public participation (sections 53-57) and flexibility in relation to the number of Treasury Commissioner signatures required for the Treasury to transact business (section 71). While all these powers were administrative in nature – all had the potential to

Back to Index

impact real lives, notably the temporary suspensions of local authorities' legal duty to meet the care needs of all people who are eligible under the Care Act 2014.

Containing and slowing the virus

Powers were also provided to temporarily close, require provision or make directions in relation to educational institutions or registered childcare provider (sections 37-38), powers to test and isolate persons who had or might have had COVID-19 (section 51), powers to prohibit or restrict events and to close premises to prevent, protect against or control the incidence or transmission of COVID-19 or facilitate deployment of medical or emergency personnel and resources (section 52) and powers to postpone the local, mayoral and other elections and recall petitions (sections 59-64).

How effective were these mandates?

One of the core concerns surrounding the passing of the Coronavirus Act 2020 was the speed in which it was undertaken, and the lack of Parliamentary scrutiny allowed before it was enacted. One argument that was raised was why the use of the Civil Contingencies Act 2004 was not used instead of introducing new legislation. The Civil Contingencies Act is used to establish a new legislative framework for civil protection in the United Kingdom when preparing and responding to emergencies. In the end the UK Government decided to use the Public Health Act 1984 for most Covid-19 related measures, which has a weaker set of scrutiny provisions applying to the use of the powers contained in the Act. An independent review of the Civil Contingencies Act 2004 is currently ongoing, and it is hoped that should a future pandemic occur greater efforts will be made to ensure citizens are better protected by greater levels of Parliamentary scrutiny in the creation of new mandates. Use of the Civil Contingencies Act 2004 would have been more effective in several areas, not least during the pandemic and in periods of lockdown where there were several occasions of political uncertainty and unrest, including the widespread Black Lives Matter rallies. The Coronavirus Act 2020 did not contain safeguards for strikes and industrial action which do exist in the Civil Contingencies Act 2004 thus presenting significant implications for those choosing to be involved in political protest including rights to freedom of expression and freedom of assembly.

While the mandates within the Coronavirus Act 2020 raised direct concerns about the restriction of rights and the loss of due process, wider concerns emerged with the legislation particularly relating to the potential for discrimination. International human rights law guarantees everyone the right to achieve the highest attainable standard of health and obliges governments to do what they can to achieve this. At the same time, it is recognised that when there is a serious public health hazard, restrictions may be necessary and legally authorised under the Siracusa Principles. These principles means that restrictions and limitations on people can be legitimised when a state must take measures to deal with a serious threat to the health of the population. However, these limitations should be the 'least restrictive and intrusive as possible… they should not be… arbitrary, unreasonable, or discriminatory.' Across the UK questions have been asked about whether all citizens were treated fairly. In the early stages of the pandemic when life sustaining interventions were needed by more people, there were clear concerns that rationing was being undertaken using factors that tended towards directly discriminatory behaviour including the use of age as a justification for not intervening.

As time has progressed, indirect discrimination has more clearly been identified where patients have not been given access to healthcare. One area of concern relates to the wider health impact of COVID-19 on those people who are seriously ill. In England and Wales, deaths in private homes, from all causes, were one-third higher in 2020 than in the previous five years. There were around 167,000 deaths from all causes in private homes in England and Wales in 2020, compared with an average of 125,000 between 2015 and 2019. Deaths in hospital were 4% above the five-year average. However, if deaths due to COVID-19 are excluded, then deaths in hospitals would have been 16% lower than the average. The mortality rate for 2020 shows that "excess deaths" from all causes were 14% above the five-year average in England and Wales, with the coronavirus (COVID-19) being the main reason for excess deaths. The mandates regarding lockdown, self-isolation and social distancing all played a role in these figures with people not seeking out medical help, facing difficulty accessing that help and waiting longer than normal to receive that help.

The Coronavirus Act 2020 had a limited lifespan. The sunset clause ensured that there would be a time limit on the legislation and would expire two years after the enactment of the legislation. While most of the provisions expired on the 25th March 2022, a few remain. Four provisions of the Act have been kept by

the government for a further six months until 25th September 2022. Section 30 allows coroners inquests to proceed without a jury where the suspected cause of death is Covid-19. The Government plans to replace this with further temporary measures in the Judicial Review and Courts Bill, which has yet to become law. The extension would ensure this option is available to inquests until there is a new statutory basis for it. Sections 53 to 55 relax the rules on the use of remote video or telephone proceedings in the criminal courts. The Police, Crime, Sentencing and Courts Bill would make these changes permanent, but it is also yet to become law. However these remaining provisions will be subject to Parliamentary scrutiny where both Houses are expected to vote on the regulations that would extend sections 30 and 53 to 55. The extension needs to happen before the provisions expire. Some of the Coronavirus Act's powers will remain in force indefinitely because they are permanent, including section 76 which gives permanent powers to Her Majesty's Revenue and Customs (HMRC) to implement certain forms of financial support as and when the Treasury thinks necessary.

Conclusion

Across the UK the mandates enacted at the height of the global public health emergency are largely now expired. Some of the provisions in the Coronavirus Act 2020 were never used while other legislation was in the end deemed more effective to meet certain needs. Covid-19 has now been relegated as a disease to be managed and accepted as part of the group of respiratory illnesses that are experienced every year. While there is continued encouragement to be vigilant and careful, with the removal of the mandates those living in the UK have largely returned to normal. Seeing a person with a face mask is a novelty and socialising in large groups has returned. The pandemic and legal response highlighted the lack of preparedness for such an event. The Civil Contingencies Act 2004 should be used if a pandemic were to arise in the future on the basis that greater scrutiny and safeguards are needed if mandates need to be introduced quickly in response to an emergency. But it is perhaps the practical challenges experienced that are more illuminating. Inadequate communication and ineffective enforcement have been one of the more difficult problems to overcome. In the UK we are still seeing evidence of people breaking the lockdown rules, not least by the Prime Minister, Boris Johnson, and members of his Cabinet and other MPs and government staff. Unless rules introduced to protect the population in public health emergencies are effectively implemented, the problem of high caseloads, high death rates and continuing health problems will likely occur again.

Implication of Covid 19 on Public Health Law

Jonathan Davies, LLM, FACLM, FRSM
Acting President of the Society for Medicine & Law Israel Governor to WAML on behalf of the Society for Medicine and Law in Israel

The Covid-19 pandemic poses the most significant health challenge of the 21st century, and is the most influential economic incident since the 1929 Global Financial Crisis that affects many areas of our lives.

Israel was the first to introduce the vaccination to its citizens, and first to introduce, the third and fourth vaccination. Lately the Government has declared mask free policy in closed places excluding Hospitals, Airports and flights. Last month The Ministry of health cancelled the need to PCR test when entering the country. The feeling in the street is that Covid is almost behind us. Still there are many ramifications on patient safety and Public health.

Since the outbreak of Covid 19, there has been a sharp transition in the balancing point, on the scale of protecting human rights from protecting patient safety and risk management to public interests. The world, including Israel, is in a constant battle to recover from the pandemic, trying to return to normal life.

The chase, to prevent a spread of the pandemic, paid a significant price, constituting an infringement of basic constitutional rights, such as freedom of movement, the right to property, freedom of occupation, the right to privacy, freedom of information, and the right to access medical treatment.

The COVID-19 crisis has placed an enormous strain on hospitals and health systems. Caring for the rapidly

Back to Index

evolving needs of patients has triggered radical changes in the organization and delivery of services. Some hospitals built special units to treat Covid patients transformed into huge pulmonary critical care units. Most drastically curtailed the usual elective procedures and preventive care to accommodate the flood of patients requiring intensive care for coronavirus disease.

The consequences of the pandemic are obvious, economically and personally, thousands were infected, and many died – especially elderly population. Many of them spending their last days separated from their families and loved ones. The injuries to public health may be even deeper, with businesses closed, some permanently, and many out of work.

This pandemic has also created new problems with patient safety and health care quality at multiple levels of the system. Missed and delayed diagnoses, caused by clinicians' cognitive biases or patients' reluctance to seek care for urgent problems. Another is medical errors made by inexperienced practitioners. A third is failures in infection prevention and control practices

Delays in care and new types of diagnostic errors are harming patients. Patients who are unable to obtain care, due to the shutdown of ambulatory clinics or suspension of elective procedures cause some of these wounds. Some are caused by patients afraid to seek care due to fear of contagion. There have been delays in reporting symptoms while the causes are still reversible, and preventive screenings for cancer are falling behind schedule. These collateral damages also affect patients with other conditions such as trauma.

We are too close to the end of the pandemic, and accordingly the implications are still unveiled.

However, at the same time things in WAML are not moving. Other than by the Newsletter, Board of Governors and WAML members have hardly been communicated with by the EC since the outbreak of the pandemic. On the contrary, when BoG members asked to convene an extraordinary meeting to receive reports from Executive Committee and discuss the call to discuss the situation in Ukraine, EC members were not interested in sharing data and information.

I call upon the EC to take the reins and show leadership in recovering the relations between BoG and EC members and creating new avenues of communications among all WAML members.

WAML President's Report

Thomas T. Noguchi
President of WAML

Looking forward to seeing you at the 26th World Congress for Medical Law in Gold Coast, Queensland, Australia on December 5 – 7, 2022.

The following are this year's themes:

1. Impact of COVID on Legal Medicine
2. Medicine and Technology
3. Concussion and Traumatic Brain Injury

Our Program Chair, Dr. Roy Beran, has been planning to bring the best in Australia, gathering support from many organizations; the program will be full of new information, and will provide members an opportunity to delegate and present their papers.

Let us meet in Australia in December.

EVP report

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

Dear colleagues!

We move forward to have 26th World Medical Law Congress in December 2022 in Gold Coast, coming back to Australia continent after 18 years. It took long

time to return but this will be historical congress to celebrate finishing of COVID-19 pandemic that made the long three year break in WAML activities. We believe this was a right decision not to pospone this for 2026 and thanks to those governors and executives who supported this decision.

Pandemic lock-downs are cancelling globally and people return to normal work and regular life. Both in Azerbaijan and Netherlands we work now for 5 days a week, with free mask regime in public places and working environment. On March 5, 2022, the Cabinet of Ministers of Azerbaijan announced the elimination, beginning March 6, 2022, of limits on hours and numbers of attendees at restaurants, cultural facilities such as movie theaters, children's entertainment facilities, religious places of worship, and areas at the airport for seeing off and picking up passengers. Proof of vaccination is still required for those 18 and over at indoor facilities such as malls and restaurants. Requirement for Covid-19 testing and negative PCR test requirement during travels to the country was eliminated beginning April 15, 2022, so incoming tourists may come to visit our country without any additional expenses and troubles related with COVID-19, situation is fully nomalized, we don't have any death cases increase for a while. Travelers over age 18 must have only a COVID-19 passport (or a document confirming full vaccination against COVID-19 or immunity to COVID-19). However, accoding to the previous July 24, 2021 announcement of the Cabinet of Ministers if non-Azerbaijani citizens have close relatives who are Azerbaijani citizens, they are exempt from the COVID-19 passport requirement. Permanent residents and foreigners with work permits are also exempt from the COVID-19 passport requirement.

Last week analysis shows just 1 contamination per 100.000 of population during last week that certainly says that country in safe epidemic regime. Retrospective look shows almost 793.000 cases of coronavirus infection and 9.705 death cases since March 2020. With population 10 M, Azerbaijan has administred more than 13M doses vaccines so far. Assuming every person needs 2 doses, that's enough to have vaccinated about 67,7% of the country's population. During the last week reported, Azerbaijan avarages about 9.000 vaccines per day. At that rate, it will take a further 9 months to administer enough doses for another 10% of the population.

At the end of my note, I want also to say that we pray for the Peace will come to Ukraine soon.

Best regards,

WAML Meeting Planning and Administration

Denise McNally,
WAML Administrative Officer and Meeting Planner

JOIN US FOR THE 26TH WORLD CONGRESS ON MEDICAL LAW (WCML) DECEMBER 5 – 7, 2022 GOLD COAST, QUEENSLAND, AUSTRALIA

Congress Themes

1. IMPACT OF COVID ON LEGAL MEDICINE

2. MEDICINE AND TECHNOLOGY

3. CONCUSSION AND TRAUMATIC BRAIN INJURY

The Destination

The Gold Coast is a major tourist destination for Australia in December. Registrants are encouraged to book accommodation as early as possible to avoid disappointment, especially if planning to stay at the conference hotel. There are other accommodation options nearby, but these too will fill rapidly, so book early!

Please use the relevant links below and follow the instructions.

- **Register for WCML (5 - 7 December, Gold Coast):**

  http://wafml.memberlodge.org/event-2746302/Registration

- **Submit an abstract for WCML (Deadline July 1, 2022):**

  https://app.oxfordabstracts.com/login?redirect=/stages/1415/submissions/new

- **Book WCML Gold Coast Accommodation: www.qthotelsandresorts.com.au QT Gold Coast Hotel will be the Lodging and Congress Venue. To receive the discount rate please email or call the QT hotel and inform them you are with the WAML event. Email: reservations_qtgoldcoast@evt.com PH 07 5584 1248**

- **Register for ACLM Satellite Dinner Meeting (10 December, Sydney): https://legalmedicine.com.au/education/2022-sydney-satellite-dinner-meeting/**

- **Book Tour Packages:** Donna Barlow Travel agency donna@dbt.com.au is arranging exciting tours, with options to visit Australia's most iconic destinations both pre- and post-WCML. Most tours include time in Sydney to attend the ACLM Satellite Meeting and visit iconic Sydney sights, such as the Harbour Bridge and Opera House.

PRE & POST CONFERENCE TOUR PACKAGES

5 Nights AUSTRALIA ROCK & REEF – WAML– Pre Conference
Start Date 29 Nov to 1 Dec 22 — Flyer: HERE
Total price for 1 pax single occupancy: AUD 4,742.00
Total price for 2 pax twin/double share: AUD 5,320.00

3 Nights AUSTRALIA DAYDREAM ISLAND
Start Date 1 Dec to 4 Dec 22 — Flyer: HERE
Total price for 1 pax single occupancy: AUD 2,229.00
Total price for 2 pax twin/double share: AUD 2,854.00

3 Nights AUSTRALIA HAMILTON ISLAND
Start Date 1 Dec to 4 Dec 22 — Flyer: HERE
Total price for 1 pax single occupancy: AUD 2,823.00
Total price for 2 pax twin/double share: AUD 3,211.00

3 Nights AUSTRALIA HAYMAN ISLAND
Start Date 1 Dec to 4 Dec 22 — Flyer: HERE
Total price for 1 pax single occupancy: AUD 4,769.00
Total price for 2 pax twin/double share: AUD 5,203.00

4 Nights AUSTRALIA SYDNEY
Start Date 8 Dec to 12 Dec 22 — Flyer: HERE
Total price for 1 pax single occupancy: AUD 3,195.00
Total price for 2 pax twin/double share: AUD 4,069.00

9 Nights AUSTRALIA SYDNEY + ROCK & REEF
Start Date 8 Dec to 17 Dec 22
Total price for 1 pax single occupancy: AUD 7,646.00
Total price for 2 pax twin/double share: AUD 9,137.00

Flyer: HERE

7 Day Coach Trip – TASMANIAN HIGHLIGHTS
Total price for 1 pax single occupancy: AUD 2,823.00
Total price for 2 pax twin/double share: AUD 3,211.00

Flyer: HERE

RESERVE MY SPACE – PROCEED TO BOOK HERE

For assistance, please email WAML: worldassocmedlaw@gmail.com

Visit our website: www.wafml.memberlodge.org/26th-World-Congress-for-Medical-Law-Gold-Coast-Australia

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 2022 membership dues were due by December 31, 2021. Membership dues are $150. If you received a notice that your membership has lapsed you still have the ability to login to your profile, generate a dues invoice and pay.

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

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

If your membership dues are paid, thank you!

Back to Index

FUTURE MEETINGS

Of Affiliated National Associations and Collaborating Organizations

Australasian College of Legal Medicine
2022 Annual Scientific Meeting & Awards Dinner
From the Cradle to the Grave: Beginning and End of Life Legal Issues
October 15, 2022
Website: https://legalmedicine.com.au/education/aclm-2022-asm/

56th Annual NAME Meeting
October 14 – 18, 2022
Dallas, TX (USA)
Website: https://www.thename.org/name-2022-annual-meeting

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

27th Annual WAML World Congress
August 2 – 4, 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

29th Annual WAML World Congress
August 6 – 8, 2025
Istanbul – Turkey
Website: www.thewaml.com

WAML Newsletter Production Team

Editor-in-Chief:
Richard S. Wilbur, MD JD

Coordinator:
Denise McNally

Graphic designer:
Raul Vergara

Join us on Facebook

http://www.facebook.com/thewaml

follow us on twitter

http://twitter.com/THEWAML