World Association For Medical Law

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Interactive Index

The Power of South Africa's Collaborative Response to COVID-19

Overview of South Africa's COVID-19 experience

Dr. Ronald Whelan
Head of COVID-19 Task Team
Chief Commercial Officer
Discovery Health (Pty) Ltd
South Africa

Howard Snoyman
Head of Legal and Ethics
Discovery Health Medical Scheme
South Africa

Shirley Collie
Chief Health Analytics Actuary
Discovery Health (Pty) Ltd
South Africa

South Africa's first COVID-19 case was identified on 05 March 2020, a traveller returning from a skiing vacation in Italy. Within three weeks the number of Covid-19 cases climbed to 100 new daily cases nationally, culminating in a hard National lockdown from 26 March to 30 April 2020. Although damaging to the economy, the lockdown provided valuable time to prepare the health system and to ensure sufficient supplies of critical equipment such as PPE, ventilators, oxygen supplies. It also gave South Africa time to learn more about the SARS-CoV-2 virus through the experience of other countries. This additional time and experience resulted in South Africa being one of the first countries globally to successfully use high flow oxygen and dexamethasone in the treatment of Covid-19 pneumonia, saving countless lives.

South Africa's first wave peaked on the 19 of July 2020 with a 7-day moving average of 12 584 new daily cases. This was followed by four subsequent waves that from Dec 2020 – May 2022, each caused by a new variant (D614G, beta, delta, and omicron, respectively). As of June 2022, South Africa had recorded more than 330,000 excess deaths, equivalent to ~40% more deaths than projected for the same period had it not been for Covid-19, illustrating the severity of the pandemic.

South Africa's COVID-19 experience was characterised by a strong private / public collaboration, where the respective strengths and capabilities of both the public and private sectors were galvanised to the benefit of the entire population

Government, business and civil society led response

South Africa's National Department of Health coordinated the National response to Covid-19. Business galvanised under Business Leadership South Africa (BLSA), an independent association whose members include the leaders of some of South Africa's foremost businesses and Business for South Africa (B4SA), an alliance of South African volunteers working with the South African government, and other social, business and healthcare partners in the response to Covid-19. This joint public / private approach also resulted in the formation of the Solidarity Fund, a newly formed not-for-profit entity, that allowed for centralised collection of donations and effective disbursement of funds under a fully independent Board and management team. The Solidarity Fund received and disbursed approximately R3.5 billion in funds, with grants going to a range of Covid-19 prevention and relief efforts. Funds collected by the Solidarity Fund were rigorously managed and accounted for, ensuring highest- possible levels of corporate governance and financial controls.

Collaborative public / private National vaccination programme

BLSA worked in support of South Africa's National Department of Health to procure Covid-19 vaccines for South Africa and set up the health system for administration of vaccines. More than 3,000 public and private sector sites were established as National Covid-19 vaccination sites. Various private sector groups set up vaccination sites including hospital groups, pharmacy groups, general practitioners, occupational health sites, and health insurers. Addressing access for all was paramount, thus all South Africans had access to both private and public health sites free-of-charge for Covid-19 vaccination. The collaborative public / private efforts resulted in more than 30 million Covid-19 vaccinations being administered in less than 9 months, approximately 10 million delivered through private healthcare providers, and 20 million delivered through public health sites.

Collaborative public / private scientific response

In efforts to support South Africa's scientific and public health response, COVID-19 data insights from the private sector, including monitoring of vaccine effectiveness, were regularly shared with South Africa's Vaccine Ministerial Advisory Committee, the National Institute of Communicable Diseases, and the South African Medical Research Centre. Representatives from private healthcare funders were also included in weekly recurring South African COVID-19 scientific exchanges. Data relating to vaccinations administered in the private sector was shared with the National Department of Health via an independently administered switching mechanism, in a manner that complied with local data protection laws. The private sector, mainly in the form of private healthcare insurers and pharmacies, administered vaccines to privately insured members as well as the un-insured population, at no cost to the end user. Vaccination costs were covered by the healthcare insurers in respect of the insured population, and the State in respect of the un-insured population. It was seen as an ethical and public healthcare imperative that no person should be denied access to vaccination from Covid-19 by virtue of a lack of financial means.

These data collaboration and scientific exchanges resulted in numerous publications in several leading scientific journals, including the New England Journal of Medicine, the Lancet, the British Sports Journal and the South African Medical Journal. Several articles and media reports also quoted data from South Africa's analysis of vaccine effectiveness, including the New York Times, the Wall Street Journal, the Financial Times, CNN and the BBC.

South Africa's collaborative public / private response to Covid-19 provides a powerful example of the benefit of leveraging the collective skill and capacity of the public and private sectors to the benefit of all citizens and the functioning of the health system more broadly. The key learning from our experience has been that public-private partnerships must be fostered and constructed quickly in order to roll out adequate, appropriate and timeous care to all those in need.

The New Zealand Response to SARS-CoV-2

James Johnston, M.D., J.D.
GlobalNeurology®
Auckland, New Zealand

The SARS-CoV-2 pandemic unleashed from Wuhan, China in 2019 rapidly seeded the entire world as the Chinese Communist Party (CCP) restricted domestic travel but on 4 February 2020 ordered airlines to continue operating thousands of outbound international flights, falsely claiming no evidence for human to human transmission of the optimized virus. This created a catastrophic situation in every corner of the world, with varied responses based on each nation's political views, economic stability, perceived risks, and myriad other factors.

CHRONOLOGY

New Zealand rapidly closed the borders to non-citizens and non-residents on 19 March 2020 and adopted 'Alert Levels' or government orders of increasing restrictions. By 25 March 2020, the country was in a 'lockdown' that extended to 8 June 2020, confining every person in every region to their residence, and closing every business except for essential services such as healthcare and supermarkets.

The constitutional law does not provide for any formal declaration of emergency [New Zealand does not have a written constitution so constitutional law is derived from an amalgam of sources including inter alia Bill of Rights Act, Letters Patent, and Treaty of Waitangi (Te Tiriti o Waitangi)], so the legal foundation for this lockdown was cobbled together from the Epidemic Preparedness Act 2006 and the Civil Defence Emergency Management Act 2002, each a prerequisite for invoking the Health Act 1956, empowering the Director General of Health to "require to be closed" all premises within a district and to have persons "isolated, quarantined, or disinfected." But these powers were creatively expanded to close every business in the nation and confine every person to their residence. On 13 May 2020, without public consultation, the government passed the controversial Covid-19 Public Health Response Act 2020 providing a tailored legal basis for these restrictions.

The Alert Level was downgraded after 8 June 2020, and localized restrictions copied from NSW, Singapore, and South Korea were attempted, but by 11 August 2020 a national lockdown was reinstated due to a second wave of community transmission, and this lasted until 7 October 2020. In November 2020, the government required incoming travelers to enter managed isolation and quarantine for 14 days.

These policies and restrictions were generally successful but created an 'elimination trap' without an endpoint - until the arrival of vaccines offered a solution. On 20 February 2021 the government enacted mandatory vaccinations for large classes of workers and adopted a strategy of vaccinating for herd immunity. However, the rollout was delayed most of the year and when Delta hit only a small percentage of the nation was vaccinated, so lockdown restrictions continued.

By October 2021 the government abandoned this ill-fated elimination strategy, finally accelerating a vaccine rollout, with the November 2021 Covid-19 Response (Vaccinations) Legislation Act 2021 providing the legal framework for vaccination.

Unfortunately, the vaccine induced herd immunity approach was the wrong choice: By late 2021, there were escalating covid cases in countries with high vaccination levels and the peer reviewed literature confirmed that vaccination was only effective for a few months at reducing hospitalization or death, and did not prevent infection or transmission.

This misguided approach combined with the government shift to a comparatively hands off position was associated with the expected wave of omicron, so that by March 2022 New Zealand had the highest per capita peak of cases compared to the US, UK, and EU. [2 March 2022, 338.9 cases per 100,000, compared with EU peak on 27 January 2022 of 282.4, UK on 5 January 2022 of 272.9, and US on 13 January 2022 of 239].

On 30 March 2022, the Covid-19 mortality rate surpassed that of the USA. The reports of a low cumulative Covid-19 death rate are skewed by the initial elimination strategy. Now, 15% of deaths are directly attributable to Covid-19, making it the leading cause of death in New Zealand, about the same proportion of people that die from ischaemic heart disease and twice the number dying from stroke, the number one and two killers, respectively.

As of this writing, deaths reached 151 in the 7d to 16 July 2022, and there were 64,780 known active cases. The confirmed cases exceed 1.7 million, but with unreported cases authorities estimate that 60% of the nation's 5.1 million people have had covid.

And despite the wave, at 11:59pm on 31 July 2022, after 2 years and 4 months of restrictions, the borders were

opened to the world, particularly tourists, international students, and cruise ships.

LEGAL CHALLENGES

Legal challenges to the lockdown restrictions were generally dismissed or failed. For example, an early habeas corpus claim was dismissed, with the High Court stating in dicta that even if lockdown was detention, it was lawful and not arbitrary, a decision affirmed by the Court of Appeal. In another example, a challenge that rights enshrined in the Bill of Rights Act were violated failed, with the High Court ruling that "the right to be free to refuse medical treatment" is not an "absolute right," and is subject to "reasonable limits" such as government imposed vaccine mandates. There remain challenges, such as the legality of prohibiting religious gatherings, and concerns, such as granting police warrantless powers of entry to private homes to investigate suspected non-compliant gatherings.

CONCLUSION – LESSONS LEARNED

The risk based escalation and de-escalation decisions combined with testing, isolation, contact tracing, and quarantine measures for an elimination strategy delayed the inevitable spread of Covid-19 to a time after deployment of a vaccine capable of reducing the burden of severe disease, but with significant economic damage including staggering losses from the collapse of international tourism, loss of international students, and absence of migrant workers, along with overwhelming an already highly strained public health system, leading to serious delays in medical care, and an increase in all-cause excess deaths.

This initial elimination approach could not be exported to other nations since it was predicated on serving an isolated island in the southern hemisphere, with a low population density, a single airport for most international flights, and a willingness to accept the loss of liberties and rights.

Nor should the strategy be copied or repeated in the next pandemic. There were early global accolades for a zero-covid approach - even the NEJM and Lancet published tabloid-style articles proclaiming New Zealand 'successfully eliminated' Covid-19. But few reports covered the failure to urgently vaccinate the population [exposing people to a year of 'zero-covid' harms after most developed nations had successfully deployed the vaccine], and the inevitable Covid-19 wave leading to an extraordinarily high per capita peak of cases, positioning Covid-19 as a leading cause of death.

Additionally, there is criticism that the strategy was unethical, relying on the fact other countries did not adopt a zero-covid policy, thereby creating conditions allowing development and testing of a vaccine, which permitted NZ to escape its zero-covid trap.

And New Zealanders learned an important legal lesson – the Bill of Rights Act does not absolutely protect their rights, but serves as a mechanism to challenge the law, opening the door for courts to review the law and put the onus on the government to respond, through a 'declaration of inconsistency.'

Situation of COVID-19 in Peru

Giancarlo Jiménez Bazán
Presidente de la Sede Perú de la Asociación Latinoamericana de Derecho Médico Abogado especialista en Derecho Médico y Bioética

On June 26, 2022, the Peruvian Ministry of Health announced the start of the Fourth Wave of Covid-19 in our country, given that the weekly average went from 1,800 cases to more than 11,000 cases per week.

On the first half of August 2022, in Peru the average number of people hospitalized daily by Covid-19 were 1,328 people, showing an increase compared to the second half of July 2022.

According to official information from the Peruvian Ministry of Health, as of September 1, 2022, 71.4% of the general population has been vaccinated with the third dose against Covid-19. We are even already in the fourth dose placement campaign that began with vulnerable people, that is, people over 60 years of age (4 months after their third dose), immunosuppressed patients (5 months after their third dose), elderly 18 years of age with comorbidities (with 5 months since their third dose), and health professionals (with 5

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months since their third dose). Currently, the age ranges to access the fourth dose have been lowered and today those who are over 30 years old and 5 months have passed since their third dose, can go to the vaccination centers. The fourth dose in Peru is being placed with Pfizer and Moderna vaccines.

Likewise, the Ministry of Health of Peru expects to have 80% of the population over 12 years of age vaccinated with 3 doses by the end of the year, and the same percentage of vaccination in children between 5 and 12 years of age with 2 doses.

In Peru, the confirmed cases of Covid-19 as of August 30, 2022 amount to 4,103,874 people. The government lifted the measure on the use of masks in open spaces, however it maintains the obligation to use a double surgical mask or a KN95 to enter closed spaces. Physical distancing of at least 1 meter between people, hand washing and completing the vaccination schedule according to their age.

WAML President's Report

Thomas T. Noguchi
President of WAML

As we meet in the coming WAML congress, we are very happy to see each other. COVID pandemic is under control, and we will have the opportunity to travel and meet.

I look 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 confer with other members, vote as delegates at the Meeting and present papers.

Let us meet in Australia in December.

EVP Report

WAML Executive Vice-President
Chairman of WAML
Education Committee

Dear colleagues!

In a few months we will have 26th World Medical Law Congress in December 2022 in Gold Coast. Look forward seeing you all after 3 years! I believe this will be a historical congress to close out the long difficult isolation pandemic times and restart new pages in WAML history. I am thankful to those majority of governors and executives who supported this decision to have it in 2022 with full respect to those who had a strong careful opinion to not have it now and wait until 2023.

In this report upon request of Dr. Richard Wilbur, Editor-in-Chief of the WAML Newsletter, I would like to provide you some general information about my recent term as Visiting Professional (VP) in the Office of the Prosecutor (OTP), International Criminal Court (ICC), The Hague, Netherlands. The 6-months term was served successfully during 17th January – 15th July 2022 for ICC at the Forensic Science Section (FSS), OTP, where I tried my best to exercise my gained knowledge and skills.

In 2020, ICC placed a vacancy announcement at the website of the organization about plans to have VP in Forensic Medicine at FSS, OTP. After strengthening WAML/ICC collaboration during 2016-2019 that was reported to you, the WAML Executive Committee

was duly informed about this announcement and Denise was requested to share it with the WAML membership. I decided to apply for this open bid and my application was successfully selected by ICC Human Resources and relevant OTP departments. I was invited to serve my term in period of January – June 2021 but I could not due to COVID-19 lock-down restrictions and started consultancy for WHO. However, later I was happy to be informed that ICC wishes to retain my place for 2022, so, upon permission from WHO, I moved to the Hague in the beginning of 2022. This was a very productful and interesting time for me, both from personal and professional development perspectives. Certainly, I can not disclose the scope of my work at ICC in complience with the confidentiality provisions of my agreement with ICC, but with full respect to Dr. Wilbur's request and WAML membership I am happy to share some open information about ICC, in general, and VP status, in particular. This information is also reflected at the ICC website.

The ICC investigates and, where warranted, tries individuals charged with the gravest crimes of concern to the international community:

- genocide,
- war crimes,
- crimes against humanity, and
- the crime of aggression.

The Court is participating in a global fight to end immunity from justice, and through international criminal justice, the Court aims to hold those responsible accountable for their crimes and to help prevent these crimes from happening again. The OTP is an independent organ of the Court. It is responsible for examining situations under the jurisdiction of the Court where crimes mentioned above appear to have been committed and carrying out investigations and prosecutions against the individuals who are allegedly most responsible for those crimes. It is for the first time in history that an international Prosecutor has been given the mandate, by an ever-growing number of States, to independently and impartially further select situations for investigation where atrocity crimes are or have been committed on their territories or by their nationals. The OTP benefits from the services of approximately 380 dedicated staff members from over 80 different nationalities, including members of the legal profession, investigators and analysts, psycho-social and forensic experts, individuals with experience in diplomacy and international relations, public information and communication, and more. The current Prosecutor is Mr. Karim Khan QC from the United Kingdom and his Deputies are Mr. Mame Mandiaye Niang (Senegal) and Nazhat Shameem Khan (Fiji).

The VP programme of the Court provides for an exchange of knowledge by allowing professionals from diverse academic, practical and cultural backgrounds the opportunity to develop an in depth understanding of the Court's objectives and functions, in order to enhance their professional experience. From other side, the VP programme of the Court also provides the Court with assistance from qualified individuals in various professional fields. Visiting Professional placements are a mutually benefitial arrangement with participants gaining transferable experience in a multicultural and international workplace. The ICC also benefits from the input and expertise of high-calibre working professionals. The Courts aims to attract individuals with sound academic background and extensive experience in their chosen profession. Examples of well-placed applicants include candidates:

- employed with governmental, non-governmental, or inter-governmental organizations national jurisdictions, or broader civil societies
- who have practised as judges, investigating magistrates, prosecutors, or lawyers in a field relevant to the work of the Court
- who have engaged in extensive academic research, writing or teaching in any of the disciplines of interest to the court.

I was lucky and privileged that Forensic Medicine was in focus of the interest of the Court in recent

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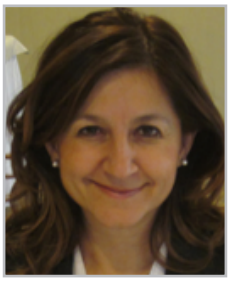
years so I had this opportunity to further strengthen WAML/ICC cooperation started many years ago by the WAML President, Prof., Dr. Thomas Noguchi. I will be happy if WAML colleagues are interested about ICC VP Programmes, and recommend them to follow-up ICC recruitment sites to use such opportunities in their own disciplines to serve for the interest of international community and rule of law, for protection of human rights.

Look forward to seeing you all soon!

Best regards,

Treasurer Report*



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

Valued colleagues

In this issue I would like to briefly mention about gender concept and implications in daily medicine..

"Sex" describes some characteristics brought by birth based on the reproductive functions of people and emphasizes the biological dimension; on the other hand, "gender" is another concept. It has been pointing to a concept that is shaped by social and cultural factors. Relevant to gender concept, we have to be aware that these are the roles of femininity and masculinity that are not brought by birth but instead have been determined socially and culturally. There are rigid prejudgements that show differences between societies. Especially, when the references that are made to social and cultural differences are considered, the gender term is also used more widely to denote a range of identities that do not correspond to established ideas of men and women. According to the relevant medical literature , the ideology of gender roles, gender blindness, gender inequality, and masculine bias do strike us as the realities for medicine today. It is common for men to be in a risky behavior pattern resulting in disability and even death, to deny their illnesses, to disrupt their control, and to not get their treatments properly. Therefore, sexually transmitted diseases such as human immunodeficiency virus, traffic accidents, and suicides have increased men's health-threatening risks.

The normalization of the masculine attitude is one of the results of the sexist approach in diagnosis and treatment. For example, boys are diagnosed with hyperactivity disorder and behavior disorder more than girls. The acceptance of boys' behaviors being correlated with masculinity causes treatment to begin late. Medicine and gender blindness, power asymmetry, and gender norms between men and women lead to bias. The fact is that the researches are mostly based on men and that the male body alone leads to the overlooking of gender, environment, and psychosocial effects in treatment too. It is a historical fact that medical education is structured almost exclusively on male anatomy. According to the relevant literature on "gender blindness," male health workers are more gender blind than women. In a study including family physicians on violence against women in the Netherlands, some of the male doctors have stated that refusing to have sex can provoke violence while all female doctors involved in the study have stressed that there is no justification for using sexual violence. Gender expresses the set of roles, behaviors, and values that are created by dominancy of masculine thinking in society, attributed to gender by society, and leads to continuing a sort of disadvantageous model of inequality for women. There are striking examples of masculine thoughts and behaviors that leads to bias. For example, the data regarding the coronary artery diseases associated with men were more than the data of rheumatic diseases considered specific to women. Therefore, while coronary artery diseases can be prevented by physical activity-nutrition recommendations in the early period, women may be deprived of protective measures because of the biased attitude that does not pay regard to risk for women. Another example is in the field of psychiatry. On the one hand, the frequency of depression is twice as high in women as in men. How much of this difference stems from the fact that men do not apply to hospitals because of their gender roles? Or what is the effect of not being diagnosed with depression in men presenting? Do we know this exactly? On the other hand, the frequency of suicide in men is higher than in women. What would be the consequences of the lack of

a gender-sensitive approach to diagnosing depression?

Bioethics as an academic field is interested in value problems to identify and to analyze with a critical approach. Therefore, the problems that depend on gender are natural subjects of bioethics. My training experience on gender and bioethics may seem to be limited despite teaching for more than 20 years in Ankara University Gender Studies Master and Doctorate Program, and this might be considered as one of the rare samples in the field. One of the taught courses in the postgraduate program has been "Bioethics and Woman." Being one of the 14 courses in the master's program, the second-year course in the spring term is a mandatory one. It is taught 3 h in a week and has a total of 45 h in one semester. There are no prerequisites to enroll. Interactive seminars, small group discussions, and structured interviews have been conducted. Participation has a transdisciplinary character, and the program is open to students with different backgrounds such as philosophy, psychology, public administration, education, social services, law, archeology, journalism, and medicine. There are many situations in which women were in the center and require elaborate bioethical evaluation. In this context, it is the fact that surrogacy has become almost completely commercial motherhood today as a big part of a huge industry. Another fact that infertility is primarily fictionalized over the woman in terms of both diagnosis and treatment is among the bioethical topics that raise concerns about women. When we look at medical research and women's perspective, where are we today? How much of the research is done for women? How many of the researchers are women? How many of the Nobel Awards in Science, as a criterion, were given to women? We will answer these questions with small numbers and low rates.

The world of research and science still continues to be an environment where women are considered as a minority in every sense. We have a long way to go to be able to tackle discrimination in scientific research and publishing as well as in daily clinical practice. On this way medical law will be one of the greatest guarantees to protect the rights based on gender concept.

See you all in Gold Coast

Berna Arda

*This report has been mainly based a published ethics editorial "Arda B: Is There Any Room for Women in Medical Research? Bioethical Concerns" (Balkan Medical Journal 2020; 37: 58-59).

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

As we prepare for our first Congress in three and a half years, we have much to contemplate. The leadership will see new Governors and a change of Officers. Our years of preoccupation with the COVID-19 as a pandemic will switch more to it as an endemic and we shall be able to once again concern ourselves with the many other issues where Medicine, Law and Ethics intersect. While ZOOM and other electronic marvels enable us to interact at great distances, they just don't really compare with face to face meetings and exchanges of points of view. Those of us making the trek "Down Under" will be well rewarded by the hospitality of the hosts as well as the quality of the selected presentations. Look forward to greeting you there!

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!

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Gold Coast weather in December is typically High of 28°C (82°F) and Low of 20°C (68°F).

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

- **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:** groupreservations_qtgoldcoast@evt.com **or Phone +61 7 5584 1248. Please appreciate that December, in Australia, is the start of summer which translates to the Gold Coast being a favored tourist 'hot spot' and the QT Hotel being a popular destination. To avoid disappointment, we advise an early booking, to take advantage of the perfect location and conditions, just a block away from a great, lifeguard patrolled, surfing beach.**
- **Following the WCML in Queensland, The Australasian College of Legal Medicine (ACLM) will have a Satellite Dinner Meeting in Sydney (10 December). Register:** https://legalmedicine.com.au/education/2022-sydney-satellite-dinner-meeting/

The venue will be Sir Stamford at Circular Quay in the Elizabeth Room. This luxury, five star hotel enjoys a prime location for exploring Sydney and surrounds. The Sir Stamford at Circular Quay is located downtown in the heart of Sydney's CBD, overlooking the Royal Botanic Gardens, adjacent to Circular Quay and the Sydney Opera House.

The location allows for both a fabulous academic dinner meeting and a full experience of what Sydney has to offer. The hotel is within easy walking distance to the Sydney Opera House; the ferries leave from Circular Quay and offer a perfect opportunity to have a very cheap harbor cruise, by taking a ferry to Manly Beach, one of the iconic Sydney beaches; the Rocks, the birthplace of Sydney and the colony, are adjacent to Circular Quay; as is the harbor bridge, with the potential of a bridge climb and the very best view of Sydney from the 'coat hanger'. This Satellite meeting should not be underrated as it offers the perfect match of scientific exchange with social interaction and a life changing experience that should be on everyone's bucket list!!!!!

WE ENCOURAGE ALL TO COMBINE ATTENDANCE AT BOTH EVENTS.

- **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 Sydney sights, such as the Harbour Bridge and Opera House.

Pre & Post Conference Tour Packages

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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

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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

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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

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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

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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

Flyer: HERE
Total price for 1 pax single occupancy: AUD 7,646.00
Total price for 2 pax twin/double share: AUD 9,137.00

7 Day Coach Trip – TASMANIAN HIGHLIGHTS

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

RESERVE MY SPACE – PROCEED TO BOOK HERE

As you plan travel to the 26th World Congress for Medical Law (WCML), to be held at the QT Hotel, on the Gold Coast in Queensland, Australia, please plan to arrive no later than early on Sunday 4th December 2022, to ensure that you benefit from the welcoming arrangements, prepared by the Local Organizing Committee, specifically for your pleasure.

The World Association for Medical Law (WAML) will have the Welcome Reception off property, with a bus leaving the QT Gold Coast Hotel at 17:15 (5:15 PM) to transport attendees to the Bond University campus for a recital by the Gold Coast Chamber Orchestra, followed by a traditional indigenous "Welcome to the Country" and a viewing of the Bond University's acclaimed collection of modern indigenous art, together with the welcome reception, provided by one of our major sponsors, the Bond University. The WAML will also be arranging transportation, back to the QT Hotel, after the festivities.

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!

World Association
for Medical Law

SAVE THE DATE

December 5-7

2022

The 26th Annual WAML World Congress

Gold Coast, Australia

www.thewaml.com

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
December 5-7, 2022
Gold Coast, Australia
Website: www.thewaml.com

ACLM Satellite Dinner Meeting
December 10, 2022
Sydney, Australia
https://legalmedicine.com.au/education/2022-sydney-satellite-dinner-meeting/

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

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