World Association for Medical Law

MEETING PROGRAM

2015 Annual Congress

August 2-6, 2015

Hotel Vila Galé

Coimbra, Portugal

Program Chair

André Dias Pereira

www.thewaml.com

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World Association for Medical Law

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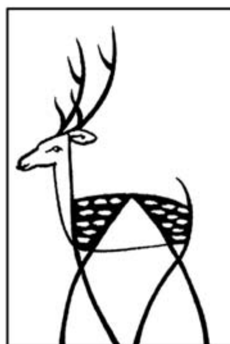

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MEDICAL LAW REVIEW

EDITORS-IN-CHIEF: PROFESSOR HAZEL BIGGS, PROFESSOR SUZANNE OST

The *Medical Law Review* is established as an authoritative source of reference for academics, lawyers, legal and medical practitioners, law students, and anyone interested in healthcare and the law.

The *Review* presents articles of international interest which provide thorough analyses and comment on the wide range of topical issues that are fundamental to this expanding area of law.

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WAML 2015 Annual Congress
Hotel Vila Galé – Coimbra, Portugal

Dear Colleagues and Friends,

Welcome to the **2015 Annual Congress of the World Association for Medical Law**. The WAML Annual Congress provides an international forum for discussion of a broad range of issues covering Ageing and Health Law, Informational Technology and Health Law, Migrations and Health Law, Islamic Bioethics and related topics. 220 abstracts were received and reviewed by the selection committee.

Meeting Highlights:
This year's Annual Congress is being held from Sunday, August 2nd through Thursday August 6th, 2015 at the Hotel Vila Galé. The Hotel Vila Galé is located in the historical centre of Coimbra, with a stunning view over the Mondego River. Hotel Vila Galé opened in 2010 and dance was the theme chosen for the decoration of this hotel in Coimbra, which has two restaurants, a bar, a convention and events area, a library and a Satsanga Spa with indoor pool, gym, sauna, Turkish bath, Jacuzzi and rooms massages. One of the strengths of this hotel in Coimbra, is the wide area outdoor pool with a bar. The hotel offers free Wi-Fi access in all areas. The proximity to the historic centre of Coimbra, allows easy access to major cultural interest areas such as the long staircase Quebra-costas, the Ancient Cathedral, the Church of Santa Cruz, the prestigious University of Coimbra and its majestic library of the eighteenth century, the Botanical Garden, the New Cathedral of the sixteenth century and the National Museum of Machado de Castro. In the downtown area, you will find lively streets, full of typical restaurants, bars and shops.

The advance program and other information is available at http://wafml.memberlodge.org/page-1841460.

Social Events:
The meeting kicks off with a welcoming reception Sunday evening August 2nd at the outdoor pool area. Tuesday evening August 4th enjoy a reception located at City Hall sponsored by the Coimbra Mayor.

The WAML General Assembly Meeting will be held Wednesday, August 5th from 6:00 PM – 7:00 PM and the WAML Gala Dinner and Award Ceremony will be held Thursday, August 6th from 6:30 PM – 10:00 PM.

Special Acknowledgements:
I would like to gratefully acknowledge all who provided so much input and effort into the planning and implementation of the meeting. I sincerely thank our invited speakers for their contributions to the program.

I look forward to your participation and we are looking forward to a successful Annual Congress. Welcome to both our established and new colleagues! I hope that our new colleagues will consider joining our association as members to take advantage of the year-round interactions that our members enjoy.

Thank you for your participation and enjoy the Congress!

André Dias Pereira
2015 WAML Congress Program Chair

August 2015

Dear colleagues,

We are delighted to welcome you to the Fourth International Conference on **Islam and Bioethics** at Coimbra, Portugal, 5-6 August 2015.

This conference, like its three predecessors (2001 Haifa, 2006 Penn State, 2010 Ankara University/Antalya), brings together scholars from a variety of disciplines, such as medicine, law, philosophy, history, Islamic studies, religious studies, anthropology, and more—all united in their interest and academic involvement in the field of Islamic bioethics, in theory, in practice, or both. The participants at our conference come from four continents; we appreciate the scholarly contribution and all the efforts made by every one of you to attend this meeting and thank you for joining us in Coimbra. We thank you for rendering our program so rich and versatile.

Coimbra in Portugal lies half way between the Americas and Europe, and close enough to Asia and Africa. We think it is the perfect place to study and discuss Islamic bioethics, especially when we recall the magnificent old heritage of Islam in the Iberian Peninsula.

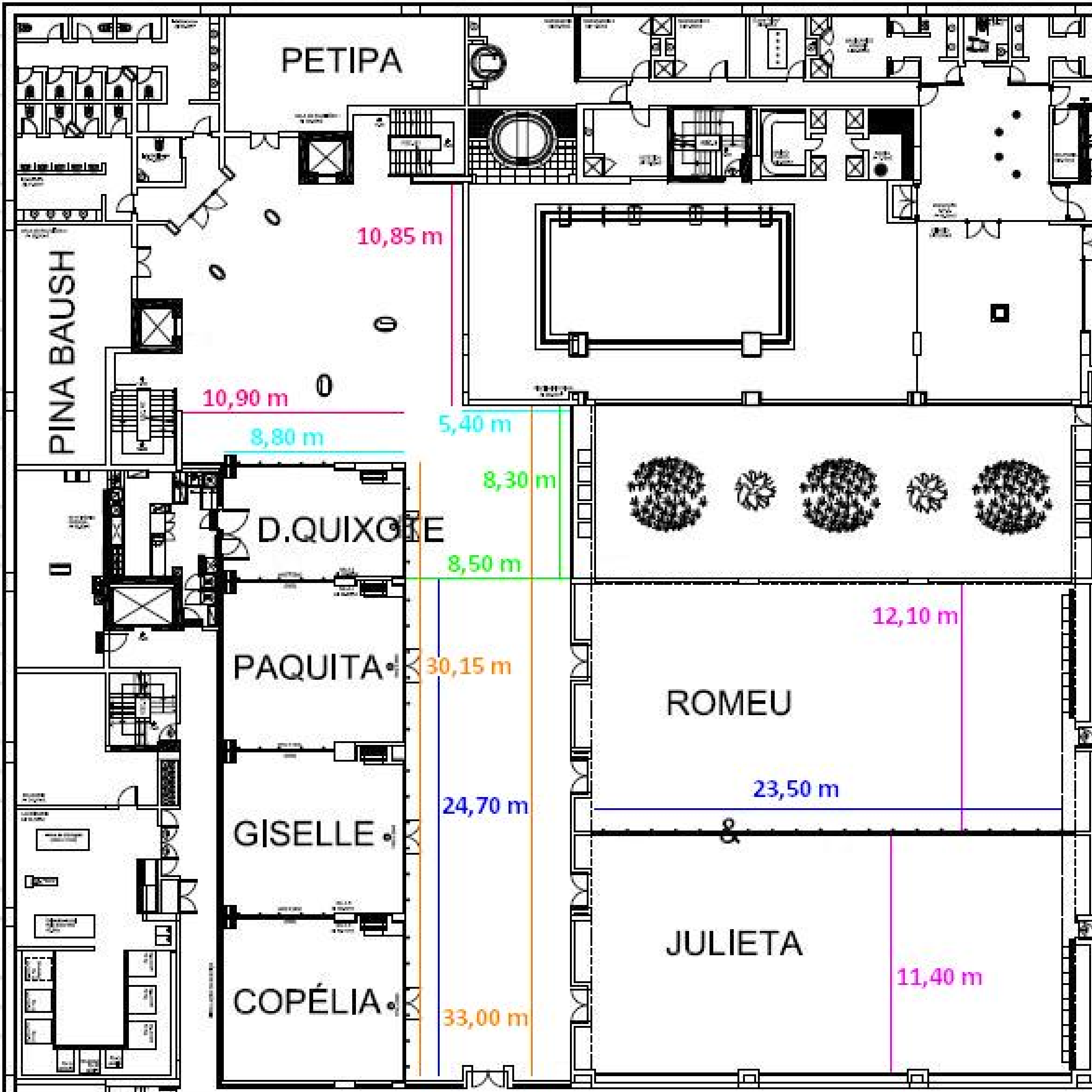
We are grateful to WAML and its president Prof. Thomas Noguchi, and to the local organizing committee chaired by Dr. André Dias Pereira, for hosting our gathering, coinciding with the WAML annual international conference. By facilitating the Islamic bioethics section's joining the general WAML meeting they demonstrate their belief in the importance of our section, and the outstanding academic merit of its participants.

The support of the University of Haifa is highly appreciated, especially that of Prof. Reuven Snir, Dean of Humanities, and of the Rector, Prof. David Faraggi. This conference could not have been launched without their moral support and funding.

We wish you an enjoyable stay in Coimbra, and productive discussions at the conference.

Yours,

Vardit Rispler-Chaim (University of Haifa)
Oren Asman (University of Haifa)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&
JULIETA
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21st Annual World Congress on Medical Law
Hotel Vila Galé – Coimbra, Portugal
August 2 – 6, 2015

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This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The American College of Legal Medicine and World Association of Medical Law. The American College of Legal Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The American College of Legal Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Legal Medicine designates this live activity for a maximum of 13.5 *AMA PRA Category I Credits*™, which includes a maximum of .5 hours of Medical Ethics credits. All sessions denoted with “CME Approved” are eligible for Continuing Medical Education credit. Participants should claim only the credit commensurate with the extent of their participation in the activity.

The deadline for submitting the online CME application (https://www.surveymonkey.com/s/ZVDCHQG) is December 31, 2015.

The **World Association for Medical Law** must ensure balance, independence, objectivity, and scientific rigor in all its individually jointly sponsored educational activities. All individuals participating in any education sponsored activity are expected to disclose any off-label or investigational uses mentioned in their presentations, as well as all financial interests and/or other relationships with all manufacturer(s) of product(s) and/or provider(s) of services, including alternative treatment technologies. (Financial interests or other relationships can include such things as grants or research support, employee consultant, major stockholder member of Speakers Bureau, etc.) The intent of this disclosure is not to prevent an individual with a financial or other relationship with provider(s) or manufacturer(s) from participation, but rather to provide the audience and listeners with information regarding such relationships from which the audience and listeners can make a judgment. It remains for the listener to determine whether the presenters' interests or relationships influence the presentation with regard to exposition or conclusion.

CME Presenter and/or Author

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Self	AAN	Grants/research support	with financial interest
Self	WAML	Honorarium	with financial interest

CME Presenter

Fernandes, Isabel
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Self	Janssen	Consultant	with financial interest

Disclosure of Financial Relationships and Resolution of Conflicts of Interest

The planning committee members and staff of this CME activity have no relevant financial relationships with commercial interest to disclose. The following faculty and authors of abstracts for oral and poster presentation have no relevant financial relationships with commercial interest to disclose. They are:

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21st Annual World Congress on Medical Law
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August 2 – 6, 2015

WAML 2015 Congress Program

SATURDAY, AUGUST 1, 2015

COMMITTEE MEETING [NOT CME]

9:00 AM – 6:00 PM Executive Committee Meeting (Invitation Only) – Pina Baush

7:00 PM – 8:00 PM Board of Governors Reception (Invitation Only)

SUNDAY, AUGUST 2, 2015

COMMITTEE MEETING [NOT CME]

9:00 AM – 4:00 PM Board of Governors Meeting – *Petipa*
4:00 PM – 5:00 PM Council of Presidents Meeting – *Petipa*

GENERAL INFORMATION [NOT CME]

9:00 AM – 6:00 PM Pre-Registration (Exhibitors & Attendees) - *Outside of D Quixote*
12:30 PM – 6:00 PM Installation of E-Posters – *Foyer Meeting Rooms*
8:00 PM – 9:00 PM Posters – *Foyer Meeting Rooms*
8:00 PM – 10:00 PM Welcome Reception (Pre-Paid Registrants/Ticket Holders Only)
HOTEL VILA GALÉ (Pool Area)

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The American College of Legal Medicine designates this live activity for a maximum of 13.5 *AMA PRA Category 1 Credit(s)*™.

MONDAY, AUGUST 3, 2015

GENERAL INFORMATION [NOT CME]

8:00 AM – 5:30 PM Registration - *Outside of D Quixote*
9:00 AM – 6:00 PM Posters – *Foyer Meeting Rooms*

PROGRAM INFORMATION:

9:00 AM – 9:15 AM **Opening Ceremony**
Welcome Speech – Rector of the University of Coimbra - Prof. Dr. João Gabriel Silva
Opening Speech – President of the World Association for Medical Law - Prof. Dr. Thomas Noguchi
The Aims of the 21st World Congress on Medical Law – Program Chair of the 21st WCML – Prof. Dr. André Dias Pereira

9:15 AM – 11:15 AM SESSION P1: ***Plenary Session (Ageing & Health Law)***
Moderator: Prof. Dr. Thomas Noguchi
Romeu, Lower Level 1

9:15 AM – 9:40 AM P1.1.01 “Health Law and Elderly Persons” **[CME Approved]**
Guilherme de Oliveira

9:40 AM – 10:05 AM P1.1.02 “End-of Life Decisions in Japan” **[CME Approved]**
Katsunori Kai

10:05 AM – 10:30 AM P1.1.03 “The Role of Family and Close Persons in Health Care Decisions: A European Perspective” **[CME Approved]**
Brigitte Feuillet-Liger

10:30 AM – 11:00 AM P1.1.04 “Medicolegal Aspects of Right to Die: Societal and Ethical Concerns”. **[CME Approved]**
Cyril Wecht

11:00 AM – 11:15 AM Questions & Answers

11:15 AM – 11:30 AM *BREAK/VISIT POSTERS*
Foyer Meeting Rooms, Lower Level

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MONDAY, AUGUST 3, 2015

Indicates Early Career Best Paper/Poster Award Competition

11:30 AM – 1:00 PM
SESSION P2.1: ***EAHL/ EJHL Joint Seminar***
Chair: Prof. Dr. Anne Marie Duguet, Prof. Dr. Henriette Roscam Abbing
Romeu, Lower Level 1

11:30 AM – 11:45 PM
P2.1.01 "Access to Care in France for Elderly Immigrants From North Africa: Influence Of Socio-Cultural Factors: The MATC Survey"
Anne Marie Duguet

11:45 AM – 12:00 PM
P2.1.02 "Age Discrimination and Access to Healthcare Services"
Brenda Daly

12:00 PM – 12:15 PM
P2.1.03 "The Increasing Trend of Register Based Research of Elderly in Sweden – A Goldmine for the Health Care System or a Breach of Privacy for the Individual?"
Titti Mattson

12:15 PM – 12:30 PM
P2.1.04 "Ageing from the Perspective of an Individual and Health Care - The Polish Experiences"
Maria Sokalska

12:30 PM – 12:45 PM
P2.1.05 "Health, Healthcare and Ageing: Putting Human Rights Values at the Centre, A Common Challenge for EU Health Systems"
Henriette Roscam Abbing

12:45 PM – 1:00 PM
Questions and Answers

1:00 PM – 2:30 PM
LUNCH (ON YOUR OWN)

11:30 AM – 1:00 PM
SESSION P2.2: ***Information Technology & Health Law***
Moderator: Eduardo Dantas
Paquita, Lower Level

11:30 AM – 11:50 AM
P2.2.01"The Simulated Facebook Pages: High Fidelity Teaching on Professional Use of Social Media"
****Sandra Collins***

11:50 AM – 12:10 PM ***[CANCELLED]***
P2.2.02 "Does the Federal Open Payments Data Base Functioned as Designed?"
Alan Hoffman

12:10 PM – 12:30 PM
P2.2.03 "New Zealand's IT Solution to Accessible Health Law Information: Preventive Law in Action"
Kate Diesfeld

12:30 PM – 12:50 PM
P2.2.04 "Introduction of the Electronic Health Care Services in Azerbaijan in the Context of Development of Public Health and Health Law"
Vugar Mammadov

12:50 PM – 1:00 PM
Questions and Answers

11:30 AM – 1:00 PM
SESSION P2.3: ***Spanish***
Moderator: Prof. Dr. Maria Luísa Arcos
Giselle, Lower Level

11:30 AM – 11:50 PM
P2.3.01 "Abandono de Las Personas Mayores Y Reciente Doctrina Del Tribunal Supremo Español Sobre La Desheredación De Hijos Y Descendientes"
Javier Barceló Doménech

11:50 AM - 12:10 PM
P2.3.02 "Análisis Interdisciplinar Sobre El Destino De Miembros Amputados: Residuos Sanitarios O Restos De Entidad?"
****Blanca Soro***

12:10 PM – 12:30 PM
P2.3.03 "El uso de las Tecnologías Convergentes como Medidas de Seguridad Dispuestas para el Tratamiento Penal de los Delincuentes Peligrosos"
Emilio Armaza

12:30 PM – 12:50 PM
P2.3.04 "La Reproducción Asistida Post Mortem en el Marco Jurídico Internacional"
****Javier Jiménez Victoria***

12:50 PM – 1:00 PM
Questions and Answers

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MONDAY, AUGUST 3, 2015

Indicates Early Career Best Paper/Poster Award Competition

2:30 PM – 4:00 PM
SESSION P3.1:
Moderator: Prof. Dr. Vugar Mammadov
Romeu, Lower Level

2:30 PM – 2:50 PM
P3.1.01 "Limitations of Autonomy for Elderly Patients. Consent Issues"
Eduardo Dantas

2:50 PM – 3:10 PM ***[CANCELLED]***
P3.1.02 "Advance Directives for Healthcare- A Romanian Perspective"
Beatrice Ioan

3:10 PM – 3:30 PM
P3.1.03 "Palliative Care in Brazil: A Right to Dignified Death"
Ana Paula Albuquerque

3:30 PM – 3:50 PM
P3.1.04 "Medical Student Simulation Teaching of Common Medical Ethical Scenarios"
****Sandra Collins***

3:50 PM – 4:00 PM
Questions and Answers

2:30 PM – 4:00 PM
SESSION P3.2:
Moderator: Dr. Richard S. Wilbur
Paquita, Lower Level

2:30 PM – 3:00 PM **[CME Approved]**
P3.2.01 "Transdisciplinarity in Strategic Decisions for Oncological Treatments"
****Isabel Fernandes***

3:00 PM – 3:30 PM **[CME Approved]**
P3.2.02 "Clinical Records: Between Tradition and Technological Innovation"
Carla Barbosa

3:30 PM – 4:00 PM
Questions and Answers

2:30 PM – 4:00 PM
SESSION P3.3: Spanish
Moderator: Prof. Dr. Javier Barceló Doménech
Giselle, Lower Level

2:30 PM – 2:50 PM
P3.3.01 "Análisis Críticos De La Legislación Chilena Referida A La Vejez Y Discapacidad Psíquica A La Luz De Las Regulaciones Internacionales De DD.HH Y Bioéticas"
****María Isabel Cornejo-Plaza***

2:50 PM – 3:10 PM
P3.3.02 "Consentimiento Informado Y Envejecimiento: Fundamento Y Límites"
Carolina Pereira

3:10 PM – 3:30 PM
P3.3.03 "Mediación En La Responsabilidad Sanitaria Privada En Chile. Evaluación Del Último Periodo 2014"
Karla Moscoso Matus

3:30 PM – 3:50 PM
P3.3.04 "Quiebras Del Principio de Igualdad Derivadas Del Sistema Descentralizado De Prestaciones Asistenciales Para Los Ancianos En España"
****Blanca Soro/ Belén Andreu***

3:50 PM – 4:00 PM
Questions and Answers

4:00 PM – 4:30 PM
BREAK/VISIT POSTERS
Meeting Foyer

21st Annual World Congress on Medical Law
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MONDAY, AUGUST 3, 2015

***Indicates Early Career Best Paper/Poster Award Competition**

4:30 PM – 6:00 PM
SESSION P4.1: ***Ageing & Health Law (Seminar)***
Moderator: Prof. Dr. Mitsuyasu Kurosu
Romeu, Lower Level

4:30 PM – 5:45 PM **[CME Approved]**
P4.1.01 "Ageing, Psychiatry and Law: Medicolegal Debate Based on a Case Scenario"
Joaquim Cerejeira/ Oren Asman/ André Pereira

5:45 PM – 6:00 PM
Questions and Answers

4:30 PM – 6:00 PM
SESSION P4.2: ***Public Health & Health Law***
Moderator: Prof. Dr. Guilherme de Oliveira
Paquita, Lower Level

4:30 PM – 4:50 PM
P4.2.01 "Vaccination and the Collective Good: A Case for a Compulsory Mandate?"
Nicole Glover-Thomas

4:50PM – 5:10 PM
P4.2.02 "Planned and Unplanned Mass Gatherings: Implications"
****Anita Raman***

5:10 PM – 5:30 PM
P4.2.03 "The Ebola Patient Migration - The Nigerian Medicolegal Perspective"
Olaolu Osanyin

5:30 PM – 5:50 PM
P4.2.04 "Criminal Law Protection of Public Health: The Ukrainian Experience"
Radmyla Hrevstova

5:50 PM – 6:00 PM
Questions and Answers

4:30 PM – 6:00 PM
SESSION P4.3***: Spanish***
Moderator: Prof. Dr. Albert Ruda
Giselle, Lower Level

4:30 PM – 4:50 PM
P4.3.01 "El Consentimiento Informado En Las Personas Mayores"
Belén Trigp

4:50 PM – 5:10 PM
P4.3.02 "Planificación Antecipada de la Atención, Instrucciones Previas, Testamento Vital, Representante de Cuidados de Salud: una cuestión de Autodeterminación"
****Cândida Carvalho Gonçalves***

5:10 PM – 5:30 PM
P4.3.03 "Evaluación De La Calidad De La Comunicación Asistencial En Una Muestra De Profesionales Sanitarios"
Eduardo Osuna

5:30 PM – 5:50 PM
P4.3.04 "Movimientos Migratorios, Salud Colectiva Y Limitación De Los Derechos Fundamentales"
Antonio Magdaleno

5:50 PM – 6:00 PM
Questions and Answers

ADJOURN

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MONDAY, AUGUST 3, 2015
6:00 PM – 7:15 PM
SESSION P5.1: E-POSTER SESSION
MONITOR 1

Indicates Early Career Best Paper/Poster Award Competition

6:00 PM – 6:05 PM
P5.1.001 "Historical Development and Present Status of Legislations about Pharmacy in Turkey"
Sevgi Sar

6:05 PM – 6:10 PM
P5.1.002 "Early Aging and Health Assurance"
****Nilay Tarhan***

6:10 PM – 6:15 PM
P5.1.003 "The Ethical Need to Institutionalize the Designation of a Decision-Maker for Competent Patients in Some Countries including Korea"
****Hojong You***

6:15 PM – 6:20 PM
P5.1.004 "Legal Environment Regarding Decision Making for Children Treated for Pediatric Cancer"
Yoko Sato

6:20 PM – 6:25 PM
P5.1.005 "Legislation of Medico-Legal Activity in Portugal"
Vanessa Rodrigues

6:25 PM – 6:30 PM
P5.1.006 "Decisions about Frozen Embryos – A Portuguese Multicentre Study"
Margarida Silvestre/Duarte Nuno Vieira

6:30 PM – 6:35 PM
P5.1.007 "Violencia En Usuarios De Los Servicios De Urgencias Y Psiquiatría En El Ámbito Hospitalario. Adaptación De Un Instrumento De Medida"
Eduardo Osuna

6:35 PM – 6:40 PM
P5.1.008 "La Participación de los Menores de Edad en los Ensayos Clínicos de la Región de Murcia: Consideraciones Ético-Legales"
Eduardo Osuna

6:40 PM – 6:45 PM
P5.1.009 "Laws Related to the Protection of Women's Health in Japan"
Michiko Miyazaki

6:45 PM – 6:50 PM
P5.1.010 "Valoración Judicial Penal de la Prueba Pericial Médica Por Parte del Tribunal Supremo"
Eduardo Osuna

6:50 PM – 6:55 PM
P5.1.011 "Therapeutical Obstination in Terminal Patients"
Margarida Silvestre/ Duarte Nuno Vieira

6:55 PM – 7:00 PM
P5.1.012 "Pre-implantation Genetic Diagnosis to Fetal Sex Selection"
****Margarida Silvestre/ Duarte Nuno Vieira***

7:00 PM – 7:15 PM
Questions and Answers

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MONDAY, AUGUST 3, 2015
6:00 PM – 7:15 PM
SESSION P5.2: E-POSTER SESSION
MONITOR 2

Indicates Early Career Best Paper/Poster Award Competition

6:00 PM – 6:05 PM
P5.2.001 "Philosophy of Neurolaw"
Ana Elisabete Ferreira

6:05 PM – 6:10 PM
P5.2.002 "Collision or Collusion: When Medical Ethics and Religious Belief Meet, What Happens to the Fiduciary Contract?"
Nahed Khairy

6:10 PM – 6:15 PM
P5.2.003 "Children's Rights and Marriage"
Michiko Miyazaki

6:15 PM – 6:20 PM
P5.2.004 "The Morality of Using Human Genome Information for Personalized Genomic Medicine and the Right to be Forgotten"
Changrok Jeong

6:20 PM – 6:25 PM
P5.2.005 "U.S. Pediatric Medical Malpractice Claims Stratified by Age, Error Type and Clinical Outcome"
Richard Kelly

6:25 PM – 6:30 PM
P5.2.006 "The Problem of Drug Shortages in the United States"
Richard Kelly

6:30 PM – 6:35 PM
P5.2.007 "Attending Physician Fatigue: An Undiagnosed Problem?"
Richard Kelly

6:35 PM – 6:40 PM
P5.2.008 "An Examination on Healthcare Issues of Syrian Refugees Sheltering to Turkey in Legal and Ethical Context"
Gulten Dinc

6:40 PM – 6:45 PM
P5.2.009 "The Reality of Ageing within the Frame of Turkish Medical Ethics and Law"
Gamze Nesipoglu

6:45 PM – 6:50 PM
P5.2.010 "Abortion in Relation to High-Tech: A Comparison of Legal Regulations of the United States of America and Selected Countries of the European Union"
Anna Kasolik

6:50 PM – 6:55 PM
P5.2.011 "Limits of Viability and Prematurity: Clinical and Ethical Approach"
Margarida Silvestre/ Duarte Nuno Vieira

6:55 PM – 7:00 PM
P5.2.012 "Do Not Resuscitate Order? Ethical and Legal Aspects of a Life Decision"
Margarida Silvestre/ Duarte Nuno Vieira

7:00 PM – 7:15 PM
Questions and Answers

8:30 PM – 10:30 PM
Coimbra University Walking Tour - "Pre Registration Required"

21st Annual World Congress on Medical Law
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TUESDAY, AUGUST 4, 2015

GENERAL INFORMATION [NOT CME]

8:00 AM – 5:00 PM Registration - *Outside of D Quixote*
9:00 AM – 6:00 PM Posters – *Foyer Meeting Rooms*

7:30 AM – 8:30 AM **Expert Witness Workshop** [Optional] * Additional payment required
Speakers: Prof. Dr. Roy Beran, Prof. Dr. Francisco Corte-Real Gonçalves, Prof. Dr. André Dias Pereira
Paquita

PROGRAM INFORMATION:

9:00 AM – 10:30 AM
SESSION P6.1: ***Information Technology & Health Law (Seminar)***
Moderator: Dr. Kenneth J. Berger
Romeu

9:00 AM – 10:15 AM
P6.1.01 "Electronic Medical Records: Data Protection in Portugal and Brazil"
Eduardo Dantas/ André Pereira/ Washington Fonseca/ André Nigre/ Filomena Girão/ Ferreira Ramos

10:15 AM – 10:30 AM
Questions and Answers

10:30 AM – 11:00 AM
BREAK/VISIT POSTERS
Meeting Foyer

9:00 AM – 10:30 AM
SESSION P6.2: ***Ageing & Health Law***
Moderator: Dr. Radmila Hrevtsova
Paquita

9:00 AM – 9:20 AM
P6.2.01 "A Case of Maternal Brain Death During Pregnancy - Who is the Patient?"
David Ernest

9:20 AM – 9:40 AM
P6.2.02 "Autonomous and Dependent Ageing Animals: Legal Criteria for a Sound Healthcare Decision Making for Aged People"
José Antono Seoane

9:40 AM – 10:00 AM
P6.2.03 "Care for Elder Patients: Who Decides if the Patient Can Still Decide?"
Tom Balthazar

10:00 AM – 10:20 AM
P6.2.04 "Public Health in the Most Aged Country"
Shigeki Takahashi

10:20 AM – 10:30 AM Questions and Answers

9:00 AM – 10:30 AM
SESSION P6.3: ***Spanish***
Moderator: Prof. Dr. Federico Montalvo
Giselle

9:00 AM – 9:20 AM
P6.3.01 "La Decisión Del Menor de Edad: Historia, Sociedad, Derecho y Salud"
Eduardo Osuna

9:20 AM – 9:40 AM
P6.3.02 "La Vulnerabilidad de los Datos de Salud en Tecnología Móvil"
Maria Belen Andreu Martinez

9:40 AM – 10:00 AM
P6.3.03 "La Maternidad Mediante Vientres de Alquiler Como Expresión del Derecho A Procrear: Problemas Jurídico-Legales de los Nacidos Mediante Estas Tecnicas"
Belen Andreu Martinez

10:20 AM – 10:30 AM
Questions and Answers

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TUESDAY, AUGUST 4, 2015
11:00 AM – 1:00 AM
SESSION P7.1: ***Plenary Session (Information Technology & Health law)***
Moderator: Prof. Cyril Wecht, MD, JD
Romeu, Lower Level 1

11:00 AM – 11:30 AM
P7.1.01 "Telementoring: Legal and Ethical Issues" **[CME Approved]**
Richard S. Wilbur

11:30 AM – 12:00 AM
P7.1.02 "Clinical Trials, Research and Privacy Issues" **[CME Approved]**
Roy Beran

12:00 PM – 12:30 PM
P7.1.03 "Electronic Medical Records & Cloud Computing" **[CME Approved]**
Alexandre Pereira

12:30 PM – 1:00 PM
Questions and Answers

1:00 PM – 2:30 PM
LUNCH (ON YOUR OWN)

21st Annual World Congress on Medical Law
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TUESDAY, AUGUST 4, 2015

Indicates Early Career Best Paper/Poster Award Competition

2:30 PM – 4:00 PM
SESSION P8.1:
Moderator: Dr. Oren Asman
Romeu, Lower Level 1

2:30 PM – 2:50 PM ***[CANCELLED]***
P8.1.01 "Some of the Ethical Implications of Targeted Treatment With Precision Medicine"
Alan Hoffman

2:50 PM – 3:10 PM
P8.1.02 "Biobanks, Medical Research and Public Health: What Do We Want?"
****Andreia Andrade***

3:10 PM – 3:30 PM
P8.1.03 "Additional Safeguards for Children Using Biometric Technologies in the European Union Multilevel System from the Perspective of Fundamental Rights Protection"
****Joaquín Sarrión Esteve***

3:30 PM – 3:50 PM
P8.1.04 "The Communication of Adverse Events and Criminal Procedure - A Comparative View"
****Sara Moreira***

3:50 PM – 4:00 PM
Questions and Answers

2:30 PM – 4:00 PM
SESSION P8.2:
Moderator: Prof. Dr. Anne Marie Duguet
Paquita, Lower Level 1

2:30 PM – 2:50 PM
P8.2.01 "Ageing in New Zealand: Legal Wonders and Pitfalls of New Zealand's Unique Medico-Legal System"
Kate Diesfeld

2:50 PM – 3:10 PM
P8.2.02 "The Organization of Medical Long-Term Care for Elderly in Poland – Chosen Problems and Proposal of Solutions"
Tomasz Sroka

3:10 PM – 3:30 PM
P8.2.03 "New Juridical Measures to Protect Elderly People with Neurodegenerative Diseases"
****Ana Elisabete Ferreira***

3:30 PM – 3:50 PM
P8.2.04 "Health Policy and Law: Responding to the Challenge of Ageing (A Newly Emerged Country Perspective)"
Radmyla Hrevtova

3:50 PM – 4:00 PM
Questions and Answers

2:30 PM – 4:00 PM
SESSION P8.3: ***Spanish***
Moderator: Prof. Dr. José Antonio Seoane
Giselle, Lower Level 1

2:30 PM – 3:00 PM
P8.3.01 "Disentir Bajo la Objeción de Conciencia Sanitaria?"
María Jorqui

3:00 PM – 3:30 PM
P8.3.02 "Marco Internacional y Factores de Infuencia en la Legislación del Diagnóstico Genético Preimplantacional"
****Joaquín Jimenez Gonzalez***

3:30 PM – 4:00 PM
P8.3.03 "Centros Residenciales y Rechazo de Tratamientos Médicos"
****Leyre Elizari***

2:30 PM – 4:00 PM
SESSION P8.4:
Moderator: Prof. Dr. Berna Arda
Copelia, Lower Level 1

2:30 PM – 2:50 PM **[CME Approved]**
P8.4.01 "Living Will (LW): An Unknown Reality in Portugal"
Mara de Sousa Freitas

2:50 PM – 3:10 PM
P8.4.02 "Justification Standards of State Task for Regional Ministry (Department) of Health on the Basis of Monitoring of the Main Types of Legal Professionals"
Polina Shapovalova/ Konstantin Shapovalov

3:10 PM – 3:30 PM
P8.4.03 "Financial and Criminal Accountability § Constitutional Right to Health, Public Moneys and Asset Recovery"
****Gonçalo Bandeira, /Francisco Rocha Gonçalves***

3:30 PM – 3:50 PM
P8.4.04 "Informed Consent in Malaysia: Bridging the Gap between Law and Medical Practice"
Puteri Nemi Jahn Kassim

3:50 PM – 4:00 PM
Questions and Answers

4:00 PM – 4:30 PM
BREAK/VISIT POSTERS
Meeting Foyer

21st Annual World Congress on Medical Law
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TUESDAY, AUGUST 4, 2015

***Indicates Early Career Best Paper/Poster Award Competition**

4:30 PM – 6:00 PM
SESSION P9.1:
Moderator: Prof. Dr. Sanjin Dekovic
Romeu, Lower Level 1

4:30 PM – 4:50 PM
P9.1.01 "Online Clinical Records of an Off-Label Prescription: The Problem Through the Portuguese Case"
Carla Barbosa/ Mafalda Matos

4:50 PM - 5:10 PM ***[CANCELLED]***
P9.1.02 "The Effects of the Affordable Care Act on Medicaid Patients and the Ethical and Financial Implications on Patients and Providers in States Not Participating in the Program"
Alan Hoffman

5:10 PM – 5:30 PM
P9.1.03 "Legal Regulation on Electric Medical Records in Japan"
Mitsuyasu Kurosu

5:30 PM – 5:50 PM
P9.1.04 "Genetic Data Protection Under Spanish Law: A Tort Law Perspective"
****Natalia Wilson Aponte***

5:50 PM – 6:00 PM
Questions and Answers

Adjourn

7:00 PM – 9:00 PM Civic Reception
(Sponsored by Coimbra Mayor at City Hall)
[No transportation will be provided]

4:30 PM – 6:00 PM
SESSION P9.2:
Moderator: Prof. Dr. Roy Beran
Paquita, Lower Level 1

4:30 PM – 4:50 PM
P9.2.01 "Patient Autonomy and Respect for Living Will"
Jussara Maria Leal de Meirelles

4:50 PM – 5:10 PM
P9.2.02 "A Legal Approach to E-Health and Elderly People: Indirect Discrimination vs. Health Efficiency"
****Miguel Vieito Villar***

5:10 PM – 5:30 PM
P9.2.03 "Informed Consent in Dentistry - It's Application in the Iberian Peninsula"
****Ana Corte-Real***

5:30 PM – 5:50 PM [CANCELLED]
P9.2.04 "Research on Aged Tendency of Population and the Aged Health Care Legislation of China"
****Xiuqin Shen***

5:50 PM – 6:00 PM
Questions and Answers

4:30 PM – 6:00 PM
SESSION P9.3: ***Spanish***
Moderator: Prof. Dr. María Jorqui
Giselle, Lower Level 1

4:30 PM – 4:50 PM
P9.3.01 "Consentimiento Informado y Cuidados Paliativos a los Enfermos en Situación Terminal en el Sistema Sanitario en México. El Dilema de la Alimentación e Hidratación"
Adolfo Espinosa de los Monteros/ Sergio Alberto Viruete,

4:50 PM – 5:10 PM
P9.3.02 "El Final de la Vida y el "Derecho A No Saber"
Maria Luisa Arcos

5:10 PM – 5:30 PM
P9.3.03 "Bioderecho: Un Nuevo Modelo de Relación Entre Tecnología y Salud"
José Ramón Salcedo Hernández/ Adolfo Espinosa De Los Monteros Rodríguez

5:30 PM – 6:00 PM
Questions and Answers

4:30 PM – 6:00 PM
SESSION P9.4:
Moderator: Dr. Richard S Wilbur
Copelia, Lower Level 1

4:30 PM – 5:00 PM
P9.4.01 "Patient Rights in Azerbaijan Republic: Informed Consent"
Fidan Rustamova

5:00 PM – 5:30 PM
P9.4.02 "Persuasion and Respect in Maternal-Foetal Conflict"
Eduardo Osuna

5:30 PM – 6:00 PM
P9.4.03 "Mediation on Solving Medical Dispute"
Muh Nasser

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WEDNESDAY, AUGUST 5, 2015

Indicates Early Career Best Paper/Poster Award Competition

9:00 AM – 10:30 AM
SESSION P10.1:
Moderator: Prof. Dr. Thierry Vansweevelt
Romeu, Lower Level 1

9:00 AM – 9:30 AM
P10.1.01 "Brain Stem and Glanduler Manipulation to Create Organ's and Other Systems"
****Tracy Richardson***

9:30 AM – 10:00 AM
P10.1.02 "Like Father, Like Son - The Call to Raise Elder Abuse Out of the Shadow of Child Abuse"
Kenneth J. Berger

10:00 AM – 10:30 AM
P10.1.03 "Due-Diligent" Informed Consent in the Elderly"
****Sean Harap***

10:30 AM – 11:00 AM
BREAK/VISIT POSTERS
Meeting Foyer

9:00 AM – 10:30 AM
SESSION P10.2:
Moderator: Prof. Dr. Alexandre Pereira
Paquita, Lower Level 1

9:00 AM – 9:20 AM
P10.2.01 "The Medical Intern and Patient Safety - A Brief Overview of the Criminal Perspective"
****Sara Moreira***

9:20 AM – 9:40 AM
P10.2.02 "Negligent Credentialing & Hospital Corporate Liability"
Thomas Bojko/ Debra Petracca

9:40 AM – 10:00 AM
P10.2.03 "U.S. Anesthesia Medical Malpractice Claims Compared to U.S. Surgical and Diagnostic Malpractice Claims"
Richard Kelly

10:00 AM – 10:20 AM
P10.2.04 "Medical Crime in Indonesia"
Muh Nasser

9:00 AM – 11:30 AM
SESSION P10.3: ***Islamic Bioethics***
Moderator: Prof. Vardit Rispler-Chaim
Giselle, Lower Level 1

9:00 AM – 9:15 AM
Opening Remarks and Greetings
Prof. Dr. Thomas Noguchi, Prof. André Pereira, Dr. Oren Asman, Prof. Vardit Rispler-Chaim

9:15 AM – 10:00 AM ***(Plenary Session)***
P10.3.01 "The Challenge of "Doing" Bioethics in the Islamic Republic of Pakistan"
Dr. Farhat Moazam

10:00 AM – 11:30 AM
SESSION P10.3: ***Islamic Bioethics***
Moderator: Dr. Sanjin Dekovic

10:00 AM – 10:20 AM
P10.3.02 "Methods and Sources of Justification in Islamic Medical Ethics"
Prof. Abul Fadl Mohsin Ebrahim

10:20 AM – 10:40 AM
P10.3.03 ""Accommodating Religious Values and Practices of Medical Trainees"
****Munzareen Padela***

10:40 AM – 11:00 AM
BREAK

11:00 AM – 11:20 AM
P10.3.04 "Mapping the Landscape of Responses on Muslim Biomedical and Social Ethics"
Rafiq Ajani

11:20 AM – 11:30 AM
Questions and Answers

9:00 AM – 10:30 AM
SESSION P10.4: ***Reproductive Rights***
Moderator: Prof. Dr. Stefania Negri
Copelia, Lower Level 1

9:00 AM – 9:20 AM
P10.4.01 "Bioethics and Governance Over Human Genome Research in South Korea"
So Yoon Kim/ Yeji Lee

9:20 AM – 9:40 AM
P10.4.02 "The Duty to Inform: Wrongful Birth and Wrongful Life Claims"
Luís Manso

9:40 AM – 10:00 AM
P10.4.03 "Abortion and Problems in Practice in Turkish Law"
Hakan Hakeri

10:00 AM – 10:20 AM
P10.4.04 "The Right to Health, Family Planning and Assisted Human Reproduction in Brazil"
Ana Paula Albuquerque/ Robson Antão

10:20 AM – 10:30 AM
Questions and Answers

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WEDNESDAY, AUGUST 5, 2015

GENERAL INFORMATION [NOT CME]

8:00 AM – 5:30 PM Registration - *Outside of D Quixote*
9:00 AM – 6:00 PM Posters – *Foyer Meeting Rooms*

PROGRAM INFORMATION:

****Indicates Early Career Best Paper/Poster Award Competition***

11:00 AM – 12:30 AM
SESSION P11.1:
Moderator: Prof. Dr. Federico Montalvo
Romeu, Lower Level 1

11:00 AM – 11:30 AM
P11.1.01 "Successful Introduction of National Organ Donation Reform in Australia"
David Ernest

11:30 AM – 12:00 PM
P11.1.02 "The Dead Body and the Law: Legal Life After Death"
Thierry Vansweevelt

12:00 PM – 12:30 AM
P11.1.03 "Quidne Mortui Vivos Docent: Etic and Legal Issues in the Use of Corpses for Purposes of Medical Education"
Inês Correia/ Margarida Silvestre

11:00 AM – 12:30 PM
SESSION P11.2:
Moderator: Prof. Dr. Brigitte Feuillet
Paquita, Lower Level 1

11:00 AM – 11:20 AM
P11.2.01 "Ethics and Medical Sciences Engaged in a Joint Effort to Assist Criminal Law"
****Bárbara Santa Rosa***

11:20 AM – 11:40 AM
P11.2.02 "U.S. Outpatient Anesthesia Medical Malpractice Claim Trends"
Richard Kelly

11:40 AM – 12:00 PM
P11.2.03 "Confronting Forensic Scientists"
Victor Weedn, MD, JD

12:00 PM – 12:20 PM
P11.2.04 "Medical Panels Victoria (Australia): An Effective Medical Dispute Resolution Model"
David Ernest/ Peter Gibbons

12:20 PM – 12:30 PM
Questions and Answers

11:30AM -12:40 PM
SESSION P11.3: ***Islamic Bioethics***
Moderator: Dr. Kartina Choong
Giselle, Lower Level 1

11:30 AM – 11:50 AM
P11.3.01 "Separation of Conjoined Twins from the Shari'a and Common Law Perspectives: The Legal and Ethical Conundrum"
Dr. Puteri Nemie Jahn Kassim and Fadhlina Alias

11:50 PM – 12:10 PM
P11.3.02 "The Technique of Soul Removal Plastic Surgery: Islamic and Western Perspectives"
****Dr. Mashhad Al-Allaf***

12:10 PM – 12:30 PM
P11.3.03 "Islamic Bioethics in the Clinical Trials Arena"
****Dr. Doaa Abdelrahman***

12:30 PM -12:40 PM
Questions and Answers

11:00 AM – 12:30 PM
SESSION 11.4: ***Reproductive Rights***
Moderator: Prof. Cyril Wecht, MD, JD
Copelia, Lower Level 1

11:00 AM – 11:20 AM
P11.4.01 "Multiple Pregnancies: Some Legal Considerations"
Loutjie Coetzee

11:20 AM – 11:40 AM **[CME Approved]**
P11.4.02 "The Challenges of International Commercial Surrogacy"
Rui Cascão

11:40 AM – 12:00 PM
P11.4.03 "Law and Policy on Gestational Surrogacy: Through Consensus Conferences"
Yun-Hsien Diana Lin

12:00 PM – 12:20 PM **[CME Approved]**
P11.4.04 "Electronic Fetal Monitoring: Ethical and Legal Perspectives"
Berna Arda

12:20 PM – 12:30 PM
Questions and Answers

12:30 PM – 2:30 PM
LUNCH [ON YOUR OWN]

WEDNESDAY, AUGUST 5, 2015

Indicates Early Career Best Paper/Poster Award Competition

2:30 PM – 4:00 PM
SESSION P12.1:
Moderator: Prof. Dr. Katsunori Kai
Romeu, Lower Level 1

2:30 PM – 2:50 PM **[CME Approved]**
P12.1.01 "Japanese Guidelines for End-of-Life Medical Care"
Eiji Maruyama

2:50 PM – 3:10 PM **[CME Approved]**
P12.1.02 "Medicine Heals and Law Kills - The Supreme Court of Canada Unanimously Decriminalized the Right to Die"
Kenneth J. Berger

3:10 PM – 3:30 PM
P12.1.03 "Euthanasia and Physician Assisted Suicide in the Netherlands"
Anna Snijder- van der Haagen

3:30 PM – 3:50 PM
P12.1.04 "Euthanasia for all Generations"
Sanjin Dekovic

3:50 PM – 4:00 PM
Questions and Answers

2:30 PM – 4:00 PM
SESSION P12.2:
Moderator: Prof. Dr. Robson Antão
Paquita, Lower Level 1

2:30 PM – 3:00 PM
P12.2.01 "Compliance with the Security Measures by Schizophrenia Holders: Scientific Definition of Hazard Concept for Medicine as Factor Preponderant the Implementation Measurement and Human Rights Preservation"
****Rita Cavalcanti***

3:00 PM – 3:30 PM
P12.2.02 "Penal Code Administration in Medical Law Enforcement"
Muh Nasser

3:30 PM – 4:00 PM
P12.2.03 "Efficacy of Cognitive Behavioural Therapy for Late-Life Generalised Anxiety Disorder and Ethical Issues in Clinical Trials: A Systematic Review and Meta-Analysis"
Vugar Mammadov

2:30 PM – 4:00 PM
SESSION P12.3: ***Islamic Bioethics***
Moderator: Prof. Abul Fadl Mohsin Ebrahim
Giselle, Lower Level 1

2:30 PM – 2:50 PM
P12.3.01 "The Response of Islamic Law To Harvard's Brain Death Criteria as a Basis for the Withdrawal of Life Support Machines"
Dr. Bashiru Adeniyi Omipidan

2:50 PM – 3:10 PM
P12.3.02 "An Appraisal of the 'Three Parent Babies' Technique from an Islamic Bioethics Perspective"
Dr. Kartina Choong (presenting) and Dr. Mahmood Chandia

3:10 PM – 3:30 PM
P12.3.03 "Religion and Science in Multicultural World"
Prof. Syafaatun Almirzanah

3:30 PM – 4:00 PM
Questions and Answers

4:00 PM – 4:30 PM
BREAK/VISIT POSTERS
Meeting Foyer

21st Annual World Congress on Medical Law
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WEDNESDAY, AUGUST 5, 2015

Indicates Early Career Best Paper/Poster Award Competition

4:30 PM – 6:00 PM
SESSION P13.1:
Moderator: Prof. Dr. Henriette Roscam Abbing
Romeu, Lower Level 1

4:30 PM – 4:50 PM
P13.1.01 "Informed Consent and Elderly Patients: An Approach Through the 156º Article of Portuguese Criminal Code"
Mafalda Matos

4:50 PM – 5:10 PM
P13.1.02 "Forensic Testing Substantiates Elder Neglect Allegation but Conviction Reversed on Appeal"
Michael F. Rieders

5:10 PM – 5:30 PM
P13.1.03 "The Powers of Informal Caregivers in Healthcare Decisions on Behalf of Incapable Patients"
****Geraldo Ribeiro***

5:30 PM – 6:00 PM
Question and Answers

4:30 PM – 6:00 PM
SESSION P13.2:
Moderator: Prof. Dr. Margarida Silvestre
Paquita, Lower Level 1

4:30 PM – 4:55 PM
P13.2.01 "Halal Medicine Concept Within the Framework of Health And Islamic Law"
****Miray Arslan***

4:55 PM – 5:15 PM
P13.2.03 "Conscience Exemptions, Religious Freedom, and the Affordable Care Act"
****Aamir Hussain***

5:15 PM – 5:35 PM
P13.2.03 "Precedent Autonomy and the End-of-Life Decisions in Bosnia and Herzegovina"
Igor Milinkovic

5:35 PM -6.00 PM
Questions & Answers

4:30 PM – 6:00 PM
SESSION P13.3: ***Islamic Bioethics***
Moderator: Prof. Dr. Berna Arda
Giselle, Lower Level 1

4:30 PM – 4:50 PM
P13.3.01 "A Comparative Study on the Legality of Abortion Between Indonesian and Islamic Law"
****Muh Endriyo Susila***

4:50 PM – 5:10 PM
P13.3.02 "Islamic Perspective on Disorder of Sex Development Condition"
****Taqwa Zabidi***

5:10 PM – 5:30 PM
P13.3.03 "Using DNA Tests in Proving Parentage in Islamic Law"
Dr. Mohamed Mohamed

5:30 PM – 5:50PM
P13.3.04 "Ethical Approach and Relationship of Doctors With Female Patients of Islamic Denomination During Gynaecological and Obstetrical Examinations- Bosnian and Herzegovinian Experience
Dr. Sajin Dekovic (presenting)

5:50 PM -6:00 PM
Questions and Answers

4:30 PM – 6:00 PM
SESSION P13.4:
Moderator: Prof. Dr. Maria Sokalska
Copelia, Lower Level 1

4:30 PM – 4:50 PM **[CME Approved]**
P13.4.01 "Why Legal Medicine in the 21st Century Cannot be a Medical Specialty"
MJ Carneiro de Sousa (presenting) and J. Pinto da Costa

4:50 PM – 5:10 PM **[CME Approved]**
P13.4.02 "The Relationship Between Doctors and the Pharmaceutical Industry from the Perspective of a Clinician in Private Practice"
Roy Beran

5.10 PM – 5:30 PM **[CME Approved]**
P13.4.03 "The Patient Protection and Affordable Care Act: A Promise Fulfilled?"
Richard Kelly

5.30 PM – 6:00 PM
Questions & Answers

6:00 PM – 7:00 PM
WAML General Assembly

ADJOURN

21st Annual World Congress on Medical Law
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THURSDAY, AUGUST 6, 2015

GENERAL INFORMATION [NOT CME]

8:00 AM – 4:00 PM Registration - *Outside of D Quixote*
9:00 AM – 4:00 PM Posters – *Foyer Meeting Rooms*

PROGRAM INFORMATION:

***Indicates Early Career Best Paper/Poster Award Competition**

9:00 AM – 10:30 AM
SESSION 14.1: ***Migration & Health Law***
Moderator: Dr. Rui Cascao
Romeu, Lower Level 1

9:00 AM – 9:45 AM **[CME Approved]**
P14.1.01 "Irregular Migrants' Right to Access Healthcare in Ireland"
Brenda Daly

9:45 AM – 10:15 AM **[CME Approved]**
P14.1.02 "Migrant/Displaced Populations and Disparity in Healthcare: Some Possible Solutions"
Rita Raman

10:15 AM – 10:30 AM
Questions and Answers

10:30 AM – 11:00 AM
BREAK/VISIT POSTERS
Meeting Foyer

9:00 AM – 10:30 AM
SESSION P14.2: ***WORKSHOP***
Moderator: Prof. Dr. Vugar Mammadov
Paquita, Lower Level 1

9:00 AM – 10:15 AM
P14.2.01 "Living Wills: Context and Limits"
Jose Seoane/ Federico Montalvo/ André Pereira

10:15 AM – 10:30 AM
Debate

9:00 AM – 10:30 AM
SESSION P14.3: ***Islamic Bioethics***
Moderator: Dr. Oren Asman
Giselle, Lower Level 1

9:00 AM – 9:20 AM
P14.3.01 "The End of Life of Chronically Ill Elderly People in Indonesia from the Islamic View Point"
****Dr. Pirlina Umiastuti***

9:20 AM – 9:40 AM
P14.3.02 "Nurses' Attitudes Towards Death in Islamic Culture"
Isabel Lourenco

9:40 AM – 10:00 AM
P14.3.03 "Respect of the Body and of the Wills for Burial of Mghrebi Immigrants Living in France"
Dr. Anne-Marie Duguet

10:00 AM -10:30 PM
Questions and Answers

9:00 AM – 10:30 AM
SESSION P14.4:
Moderator: Prof. Dr. Sanjin Dekovic
Copelia, Lower Level 1

9:00 AM – 9:20 AM
P14.4.01 "Litigation in the Practical Work of the Legal Department of the Regional Ministry (Department) of Health"
Polina Shapovalova/ Konstantin Shapovalov

9:20 AM – 9:40 AM
P14.4.02 "Medical Law and Portuguese General Physicians: A Research Study in a District Capital"
Pedro Henriques

9:40 AM – 10:00 AM
P14.4.03 "Is Islam Used as a Political Ideology? Why and How? PJD Morocco as a Case Study"
****Driss Bouyahya***

10:00 AM – 10:30 AM
Questions and Answers

THURSDAY, AUGUST 6, 2015

Indicates Early Career Best Paper/Poster Award Competition

11:00 AM – 1:00 PM
SESSION P15.1: ***Migration & Health Law***
Plenary Session
Moderator: Prof. Dr. André Dias Pereira
Romeu, Lower Level 1

11:00 AM – 11:30 AM
P15.1.01 "Immigration and Health Care in the United States" **[CME Approved]**
Thomas Noguchi

11:30 AM – 12:00 PM
P15.1.02 "Legal and Forensic Medicine in the Context of Migrations" **[CME Approved]**
Duarte Nuno Vieira

12:00 PM – 12:30 PM
P15.1.03 "Ebola and Human Rights" **[CME Approved]**
Stefania Negri

12:30 PM – 1:00 PM
Questions and Answers

11:00 AM – 1:00 PM
SESSION P15.2: ***Islamic Bioethics***
Moderator: Dr. Mashhad Al-Allaf
Giselle, Lower Level 1

11:00 AM – 11:20 AM
P15.2.01 "The Ethics of Global Health Research in Developing Countries and Exploring the Importance of an Islamic Perspective - Literature and Guideline Review"
****Mehrunisha Suleman***

11:20 AM – 11:40 AM
P15.2.02 "The Notion of Privacy in Islamic Medical Ethics"
Prof. Vardit Rispler-Chaim

11:40 AM – 12:00 PM
P15.2.03 "Comparison of 21st Century Publication Trends in Bioethics Within the Three Abrahamic Faith Traditions"
****Aamir Hussain***

12:00 PM – 12:20 PM
P15.2.04 "An Analysis of E-Fatwas on Tobacco Inhalation"
Dr. Obadah Ghannam

12:20 PM – 12:40 PM
P15.2.05 "Circumcision in Multiple Contexts in Relation to Islam and Bioethics"
Prof. Osman Taştan

12:40 PM – 1:00 PM
Question and Answers

1:00 PM – 2:30 PM
LUNCH [ON YOUR OWN]

THURSDAY, AUGUST 6, 2015

****Indicates Early Career Best Paper/Poster Award Competition***

2:30 PM – 4:00 PM
SESSION P16.1: **Migration & Health Law**
Moderator: Prof. Dr. Stefania Negri
Romeu, Lower Level 1

2:30 PM – 2:50 PM
P16.1.01 “Legal Aspects of Cross-Border Medical Tourism” **[CME Approved]**
Rui Cascao

2:50 PM – 3:10 PM
P16.1.02 “Economics, Immigration and Quarantine: A Triangulation of Driving Forces for Health Care Reform in the United States of America” **[CME Approved]**
John Conomy

3:10 PM – 3:30 PM
P16.1.03 “Bolivian Immigrant Women in Brazil and Their Reproductive Health” **[CME Approved]**
****Michely Vargas Delpupo***

3:30 PM – 3:50 PM
P16.1.04 “Living Wills and Their Enforceability in Cross Border Medical Healthcare”
Geraldo Ribeiro

3:50 PM – 4:00 PM
Questions and Answers

2:30 PM – 4:00 PM
SESSION P16.2:
Moderator: Prof Dr. Maria José Pinto da Costa
Paquita, Lower Level 1

2:30 PM – 2:50 PM
P16.2.01 “Advance Directives for Dying Patients in Brazil: A Study Based on Criminal Law”
****Sílvio Valente***

2:50 PM – 3:10 PM
P16.2.02 “The Guardianship of Elderly Autonomy Concerning Decisions Towards Their Health and Advanced Directives in the Brazilian-Portuguese Legal System”
****Paula Pereira***

3:10 PM – 3:30 PM
P16.2.03 “Elderly Persons, Advanced Directives and Patients’ Consent”
Virgilio Rodriguez-Vazquez

3:30 PM – 3:50 PM
P16.2.04 “Older People in the Maze of the Health Care System - Polish Experiences”
Katarzyna Miaskowska-Daszkiewicz

3:50 PM – 4:00 PM
Questions and Answers

2:30 PM – 3:00 PM
SESSION P16.3: ***POSTER SESSION***
Islamic Bioethics
Giselle, Lower Level 1

2:30 PM – 2:40 PM
P16.3.01 “A 15 Year Review of Trends in Representation of Female Subjects in Bioethics Research in Islam” (Poster)
****Zeenat Hussain, Edyat Kuzian, Naveed Hussain***

2:40 PM – 2:50 PM
P16.3.02 “La Limitación de Tratamiento de Soporte Vital Y Los Cuidados Básicos en la Experiencia Médica Islámica” (Poster)
Adolfo Espinosa de los Monteros Rodriguez, Jose Ramon Salcedo Hernandez

2:50 PM – 3:00 PM
P16.3.03 “Islamic Bioethics in the Thought of Tariq Ramadan” (Poster)
****Domenico Musella***

3:15 PM – 4:00 PM
SESSION P16.3.2
Moderator: Prof. Vardit Rispler-Chaim

3:15 PM – 4:00 PM
P16.3.2 “Islamic Law, Bioethics and Courts Decisions in Israel”
Oren Asman

2:30 PM – 4:00 PM
SESSION P16.4:
Moderator: Prof. Dr. Katsunori Kai
Copelia, Lower Level 1

2:30 PM – 2:50 PM
P16.4.01 “Transhumanism and the State of Worldwide Law on Human Technological Enhancement”
Sander Rabin, MD, JD

2:50 PM – 3:10 PM
P16.4.02 “The Bio-Technology Revolution and New Challenges for Ethics, Bio-ethics and Bio-law: Some Reflections”
****Ricardo Rodrigues***

3:10 PM – 3:30 PM
P16.4.03 “Conceiving Better Birth Plans: Mental Illness, Pregnancy and Court Authorised Obstetric Intervention”
Samantha Halliday

3:30 PM – 3:50 PM
P16.4.04 “The Legal Protection of Transsexuality in Brazil”
****Marianna Chaves***

3:50 PM – 4:00 PM
Questions and Answers

4:00 PM – 4:30 PM
BREAK/VISIT POSTERS
Meeting Foyer

21st Annual World Congress on Medical Law
Hotel Vila Galé – Coimbra, Portugal
August 2 – 6, 2015

THURSDAY, AUGUST 6, 2015

4:30 PM – 6:00 PM
SESSION P17.1: ***Migration & Health Law***
Moderator: Dr. Kenneth J. Berger
Romeu, Lower Level 1

4:30 PM – 4:50 PM
P17.1.01 "Syrian Refugees: Turkey's Experience in The Light of Ethics and Human Rights" **[CME Approved]**
Berna Arda

4:50 PM – 5:10 PM
P17.1.02 "The Dilemma of Providing Healthcare to Immigrants in the United States" **[CME Approved]**
Jill Mushkat Conomy

5:10 PM – 5:30 PM
P17.1.03 "The Haitian Immigrant and Access to Health in the City Of São Paulo: Impacts"
Alessandra Benedito

5:30 PM – 5:50 PM
P17.1.04 "Legal Issues of Migration for Health Treatment in South America"
Washington Fonseca

5:50 PM – 6:00 PM
Questions and Answers

4:30 PM – 6:00 PM
SESSION P17.2:
Moderator: Prof. Dr. Virgilio Rodriguez-Vazquez
Paquita, Lower Level 1

4:30 PM – 5:00 PM
P17.2.01 "Legal Aspects of the Services Provision for Residents of Nursing Homes in Poland"
Anna Jacek

5:00 PM – 5:30 PM
P17.2.02 "Granny Goes to Jail": How to Avoid Medicaid Elder Care Liability in the United States"
William Hinnant

5:30 PM – 6:00 PM
P17.2.03 "Legal Aspects of the Elderly Brazilian Code and Its Local Application"
Daniela Cristina Ito

4:30 PM – 6:00 PM
SESSION P17.3: ***Islamic Bioethics***
Moderator: Oren Asman, Vardit Rispler-Chaim, Berna Arda, Farhat Moazam
Giselle, Lower Level 1

17.3.01 Summary, Comments, Future Plans

4:30 PM – 6:00 PM
SESSION P17.4:
Moderator: Prof. Dr. Mitsuyasu Kurosu
Copelia, Lower Level 1

4:30 PM – 4:50 PM
P17.4.01 "Mental Health Law and Political Liberty- Time to Move From Rhetoric to Reality" **[CME Approved]**
Louise Bouic

4:50 PM – 5:10 PM
P17.4.02 "Patients' Rights in the Azerbaijani Legislation and International Experience"
Nigar Galandarli

5:10 PM – 5:30 PM
P17.4.03 "The Role of Arbitration in Disputes Between Pharmaceutical Patents and Generics – The Portuguese Experience" **[CME Approved]**
Alexandre Pereira

5:30 PM – 5:50 PM
P17.4.04 "Mandatory Reporting - Unlikely to Work!" **[CME Approved]**
Roy Beran

5:50 PM – 6:00 PM
Questions and Answers

6:30 PM – 10:00 PM
GALA DINNER AND AWARD CEREMONY

21st Annual World Congress on Medical Law
Hotel Vila Galé – Coimbra, Portugal
August 2 – 6, 2015

CME STATEMENTS FOR JOINTLY SPONSORED ACTIVITIES

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of The American College of Legal Medicine and World Association of Medical Law. The American College of Legal Medicine is accredited by the ACCME to provide continuing medical education for physicians.

The American College of Legal Medicine is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The American College of Legal Medicine designates this live activity for a maximum of 13.5 *AMA PRA Category I Credits™*, which includes a maximum of .5 hours of Medical Ethics credits. All sessions denoted with “CME Approved” are eligible for Continuing Medical Education credit. Participants should claim only the credit commensurate with the extent of their participation in the activity.

21st Annual World Congress on Medical Law
Hotel Vila Galé – Coimbra, Portugal
August 2 – 6, 2015

OPTIONAL/SPECIAL PROGRAMS

OPTIONAL UNIVERSITY TOUR [CME]
Date: Monday, August 3, 2015
Time: 8:30 PM – 10:30 PM
Cost: 7€ directly to your tour guide on August 3, 2015

Please join us on A Coimbra University Walking Tour. You will be accompanied by a professional guide and attendees will be divided into groups of 50. Pre-Registration is required to cdb@fd.uc.pt.
Maximum – 150 people
Don't miss this opportunity! Amazing Experience!

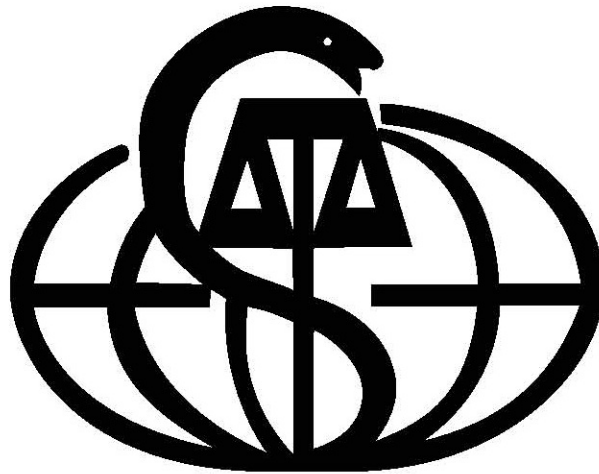
OPTIONAL EXPERT WITNESS WORKSHOP [NOT CME]
Date: Tuesday, August 4, 2015
Time: 7:30 AM – 8:30 AM
Location: Paquita
Cost: $50 USD
Prof. Dr. Roy Beran, Prof. Dr. Francisco Corte-Real Gonçalves, Prof. Dr. André Dias Pereira
Workshop will discuss interpretation of the Common Law legal system, expectations for an expert witness and differentiate barrister and judge. There will also be discussion on the perspective of the Civil Law legal system, highlighting the difference between the adversarial and inquisitorial legal systems and demonstrate how the judge, in the Continental Law, plays a much more active part in the legal process.

ADDITIONAL EVENTS

WELCOMING RECEPTION (Pre-Paid Registrants/Ticket Holders Only)
Date: Sunday, August 2, 2015
Time: 8:00 PM – 10:00 PM
Cost: $25 (1 included in full registration)

CIVIC RECEPTION [NOT CME]
Date: Tuesday, August 4, 2015
Time: 7:00 PM – 9:00 PM
Cost: Included in full registration
Sponsored by Coimbra Mayor at City Hall - No Transportation will be provided

GALA DINNER AND AWARD CEREMONY (Pre-Paid registrants/Ticket Holders Only)
Date: Thursday, August 6, 2015
Time: 6:30 PM – 10:00 PM
Cost: $50 (1 included in full registration)



Abstracts of the 2015 Annual Congress

August 2 – 6, 2015

Hotel Vila Galé

Coimbra, Portugal

P1.1.01

Health Law and Elderly Persons

Guilherme Oliveira
University of Coimbra, Coimbra, Portugal

The elderly probably do not need sophisticated health care because they probably suffer from known pathologies and are chronically ill.

The elderly probably do need improvements in:

1. Law focused in the individual persons — Appropriate hospitality requirements; Maintaining links with places, family and peers; Maintaining routines; Priority in care; Slowness and time to understand and decide; Protection and promotion of personal autonomy; Adequate information; More advanced directives; Effective legal representation; Quick schemes for damage compensation.

2. Law focused on appropriate medical techniques — Friendly modes of administration of medicines; Friendly medical devices; Information technology to avoid traveling; Nurses and therapists instead of doctors; Clinical trials and medical research; Ethics Committee's protection more than informed consent.

3. Law focused on the sustainability of health care systems at large — Duty to defend and promote one's health; Promoting healthy lifestyles; Debate about rationing of care.

P1.1.02

End of Life Decisions in Japan

Katsunori Kai
Waseda Law School, Waseda University, Tokyo, Japan

In Japan, there are no acts and, specific provisions or official guidelines on euthanasia, but recently, as I will mention below, an official guideline on "death with dignity" has been made. Nevertheless in fact, this guideline provides only a few rules of process on terminal care. Therefore the problems of euthanasia and "death with dignity" are mainly left to the legal interpretation by literatures and judicial precedents of homicide (Article 199 of the Criminal Code; where there is no distinction between murder and manslaughter) and of homicide with consent (Article 202 of the Criminal Code). Furthermore, there are several cases on euthanasia or "death with dignity" as well as borderline cases in Japan. Following it, in this presentation I will show the situation of the latest discussions on end of life decision-making, especially "death with dignity" in Japan from the viewpoint of criminal law and medical law. Particularly, "death with dignity" is seriously discussed including the legislation in Japan, therefore I rather focus on it.

The issue of withholding and withdrawing the prolonging-life treatment is very important for clinical ethics and law in Japan. Generally speaking, in Japan there is a strong trend to distinguish legally and ethically between withholding and withdrawing the prolonging-life treatment. Namely, according to this opinion, withdrawing is not permissible, but withholding is permissible. In my opinion, however, there is no legal and ethical difference between them under certain conditions.

P1.1.03

The Role of Family and Loved Ones in Decision-Making at the End of Life: An International Perspective

Brigitte Feuillet
Université Rennes, Institut Universitaire de France, Rennes, France

Today, often, it is the medical team who closes "the book of life" without any intention of cutting life short. Generally, however, the physicians do not make this decision alone. While a competent patient increasingly participates in medical decisions, those nearest to him (usually the family but not always) endorse this responsibility once he becomes incapable of expressing his wishes. Many questions surround not only this concept of "nearest and dearest", or "loved ones", but also their roles and legitimacy. Whether they act as the patient's legal

representative or if they are stripped of all legal power, will the "loved one" be simply consulted by the caregivers on the presumed wishes of the patient regarding end-of-life choices? Or must they guarantee him a genuine right of self-determination? Will their role be affected by the existence of living wills drawn up by the patient in question?

This conference aims to present an international study from the law of eighteen countries. Beyond the differences that clearly separate these various traditions, a recurrent question arises: more than providing paternalistic protection, does the "loved one" not always have to ensure respect for what "their patient" would have wanted, thus guaranteeing up to the end of his life a basic right, namely his decision-making autonomy? If this study demonstrates the difficulty of such a task in different contexts, it also attempts to pave the way to a more humanistic approach across cultures to advocate respect for the patient at the very end of his life.

P1.1.04

Medicolegal Aspects of Right to Die: Societal and Ethical Concerns

Cyril Wecht
Cyril H. Wecht & Pathology Associates, Inc, Pittsburgh, PA, USA

The legal history of cases concerned with the right to refuse medical care and the right to die goes back more than 100 years in the United States. The first statement in U.S. law regarding the ethical principle of autonomy was set forth in the famous case of Schloendorff v. The Society of the New York Hospital (1914). Judge Benjamin Cardozzo (later to become one of the most respected U.S. Supreme Court Justices in our country) stated that "Every human being of adult years and sound mind has the right to determine what shall be done with his own body".

For the most part, subsequent litigation in various states has essentially adhered to the same basic principle, namely, that patients have a right to determine whether they wish to continue with life-sustaining treatment. Courts have required "clear and convincing evidence" of an incompetent patient's wishes, i.e., evidence that those were the thoughts clearly and consciously expressed by that patient prior to the onset of an incompetent medical status.

It should be noted that the U.S. Supreme Court in reviewing lower court decisions has determined that under the Due Process Clause of the 14th Amendment to the U.S. Constitution, there is no constitutional right for physician-assisted suicide.

Despite highly regrettable politicization of health care reform measures that encouraged physicians to discuss with Medicare patients the kinds of treatments they would want as they neared the end of life, advanced planning for end-of-life decisions has been receiving more and more attention with each passing year. Many people are signing living wills that specify the care they want as death nears, and powers of attorney that authorize relatives or surrogates to make decisions are being implemented with increasing frequency.

These advanced directives early on were sometimes too vague to cover many different, unexpected medical situations. Now a growing number of states are promoting a specific program to help guide physicians in ethically implementing a patient's specific instructions. These programs are known as "Physician Orders for Life-Sustaining Treatment" or "POLST". About eighteen states have enacted laws or regulations that authorize use of these forms, and similar legislative efforts are being considered in more than two dozen other states. These laws generally allow medical institutions to decide whether to offer the POLST forms and to always permit patients and families to decide voluntarily whether to use them. These programs also call for the training of health care providers to teach them how to discuss end-of-life treatment choices with patients suffering with terminal illness, or anyone else wishing to define their health care preferences.

In a recent national survey in the United States, it was determined that more than 80% of

patients believe it is important to have their end-of-life wishes set forth in writing, although less than one fourth of them actually accomplished that planning. The survey showed that 70% of respondents did not have written advanced directives. About 40% stated that they had discussed with a close relation what medical treatments they would want at the end of life, but had not followed through to set those wishes down in writing. About 25% said they did not want to talk about death or dying, although only 3% said that they had not thought about the subject at all. Interestingly, only 8% of the patients in that survey had ever been asked about end-of-life treatment wishes by their physician.

Advanced directives allow patients to make their end-of-life wishes known in the event they are unable to communicate. Typical advanced directives include the following: a living will, which addresses such issues as cardiopulmonary resuscitation (CPR); Do Not Resuscitate (DNR) order; Do Not Intubate (DNI) order; and artificial nutrition and hydration. These also include medical power of attorney and physician orders for life-sustaining treatment (POLST).

Physician-Assisted Suicide
Since Ancient Greece, physicians have been tempted to help desperate patients kill themselves. However, from that time to the present, physician-assisted suicides have been rejected by most physicians as being antithetical to the basic rule of the Hippocratic Oath.

It is fascinating to reflect upon the history of physician-assisted suicide, thinking back in the United States to Dr. Jack Kevorkian who developed his “suicide machine” in 1991.

Three states (Oregon, Washington and Montana) allow for physician-assisted suicide under very strict parameters. In 2011, the Supreme Court of India laid out guidelines for the use of euthanasia in extreme situations involving terminally ill patients. However, the Court did not go so far as to allow for “Active Euthanasia”, in which the patient is given life-ending drugs or other lethal intervention. The Court outlined what it considered to be “passive euthanasia”, such as ending antibiotics, turning off a heart-lung machine, not proceeding with surgical interventive measures, etc. A handful of other countries, including Belgium, Luxemburg, the Netherlands, and Switzerland allow some form of euthanasia.

In February of this year, the Canadian Supreme Court unanimously overturned the 1993 ban on physician-assisted suicide on the grounds that it impinged on citizens’ rights. How much this ruling will affect individuals wishing to die in Canada remains to be determined in the years ahead.

Sociopolitical concern reached such quasi-hysterical proportions in the United States by some groups about “death panels”, alleging that a seemingly innocuous bipartisan proposal for Medicare to pay doctors for their time if the patients want to discuss end-of-life issues (e.g., whether they wanted to be kept alive at all costs if there were no chance they would ever leave the hospital), as to result in the deletion of this provision from the final legislative enactment.

As painful as these decisions may be, they are only the beginning of future excruciating reckoning between the soaring costs of medical care and increasingly strained resources. One-fifth of American deaths take place in intensive care, where ten days of most likely futile efforts can cost as much as one-third of a million dollars.

The results of highly troubling surveys resulted in approval by the American Board of Medical Specialties for subspecialty certification in “hospices and palliative medicine”. An American living with cancer today has roughly one in four chance of dying in a hospital and a similar chance of spending a portion of his or her last month in intensive care. Chances are higher with patients who suffer from chronic lung or heart disease. An American with Alzheimer’s Disease will very likely spend most of his or her last months in a nursing home. Yet many long-term care facilities are woefully understaffed and ill-equipped to care for demented people. Less than 45% of dying Americans receive hospice

care at home, and nearly half of those are referred to hospice within just two weeks of death. Fortunately, over the past two decades, the fields of geriatrics, hospice and palliative medicine have demonstrated that much better care is both feasible and affordable. Some groups have suggested the development of a "Safe Dying Act", which would require medical schools to adequately train medical students to access and treat pain, listen to patients' concerns, collaborate with patients and families in making treatment decisions, etc.

Conclusion:
It is undeniably true and extremely disturbing that despite all the brilliant technological, highly sophisticated advances in medicine that we have experienced in the past few decades, serious problems still exist pertaining to treatment of patients with terminal illnesses. Economics, politics, personal and religious beliefs, and a failure to understand basic medical concepts will continue to present many obstacles in finding ethical, moral and legal ways in which to deal with these problems. Medical educators, ethicists, attorneys, economists, and many other groups must work together to deal with these medical-legal, societal, and ethical concerns regarding end-of-life treatment and the right to die.

National and international professional organizations such as WAML can contribute significantly to the development and promulgation of rational, scientifically sound policies and procedures to deal with this extremely formidable challenge.

P2.1.01

Access to Care in France for Elderly immigrants from North Africa: Influence of Socio-Cultural Factors: The MATC Survey

Anne-Marie Duguet[1], Jenny Duchier[1], Jean-Paul Rwabihama[2], Samir Maatoug[3]
[1]UMR/INSERM 1027, Toulouse, France, [2]Centre Hospitalier, Draveil, France, [3]CHU, Sfax, Tunisia

France is faced with an aging immigrant population and in the institutions for elderly, immigrants represent only 4%, mainly women from European countries, but very few from the Maghreb. Why this population does not benefit of these services?

The MATC Survey (1) is a socio-anthropological qualitative study based on interviews with patients, caregivers, family and health professionals in France and Tunisia. The goal is to compare the data from the literature to the experiences reported in our interviews.

Immigrants have rights in France and they have access to aid and prevention of dependency devices (APA) but, there a very low representation of these older migrants among the beneficiaries.

From our interviews, we have pointed out that the importance of culture and tradition of filial piety are very strong since the Maghrebi consider a duty for the child to host a dependent parent. An excessive respect for the image of the "patriarch" has led families to refuse the intervention of outside health care providers (interviews in Sfax) and / or the institutionalization for men (in France).

Professionals have a representation of family solidarity which is increasingly more and more contradicted by the facts. The argument of a higher tolerance in immigrant families in the population of the host country with regard to these patients is too often advanced.

(1) *MATC : Influence of socio-cultural factors on the needs and care of elderly immigrants from North Africa with cognitive disorders sponsored by Médéric Alzheimer Fondation*

P2.1.02

Age Discrimination and Access to Healthcare Services

Brenda Daly
Dublin City University, Dublin, Ireland

In 2008, the European Commission "Renewed social agenda: Opportunities, access and solidarity in 21st century Europe" called for

greater facilitation of access to healthcare. This Renewed Social Agenda specifically identified a need to ensure that all EU "citizens must have access to good quality...health care and services that can help to overcome inequalities in starting points and to enable all to enjoy longer, healthier lives." Subsequent to this, a proposal for a Council Directive of 2 July 2008 on implementing the principle of equal treatment between persons irrespective of religion or belief, disability, age or sexual orientation beyond the workplace has been initiated, which would include access to health care in its scope.

The EU has signalled its commitment to both the recognition and respect of the rights of the older person under Article 25 of the EU Charter of Fundamental Rights. Furthermore, Article 35 of the Charter clearly provides that:

"Everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices."

It is within this context, that this paper will consider the issue of age discrimination in relation to access to healthcare services in Europe.

P2.1.03

The Increasing Trend of Register-Based Research of Elderly in Sweden - A Goldmine for the Health Care System or a Breach of Privacy for the Individual?

Titti Mattsson
Lund University, Lund, Sweden

Since the 1970s, there has been continuous development of nationwide quality registries to assess health care and to do research in Sweden. There are currently over a hundred national quality registers funded by the state and the county councils. The registers provide almost unique research opportunities. This is illustrated by that Sweden stands for a (relative to population number) disproportionately large part of the publication of the register-based studies in top international journals (> 9%). An important background motive is the demographic transition resulting from an increasingly ageing population as one of the most important challenges of our time and a growing concern in many European countries and elsewhere. This demographic development is said to threaten economic sustainability in terms of employment, pensions and health care systems, as well as overall social cohesion in terms of intergenerational solidarity. One condition for meeting this challenge in health care is to find more efficient ways of treatment for the elderly. For such development research is necessary. How, then, should research be done when people are permanently incapable of giving a valid consent to be included in research, statistics and systematic improvement studies? It is considered also that people with limited or no decision-making capacity need to be addressed in the quality registries and in research. For example, to develop better treatment for elderly patients with dementia, such patients need to participate in research and clinical evaluations.

In Sweden, current legislation allows for registering incapacitated patients in registers without a legal consent under certain conditions. It has not been considered possible to ensure the privacy of the incapacitated to the same degree that we others enjoy. In my presentation, I will discuss to what extent Sweden has chosen to put the common good above the individual's privacy, and therefore have accepted a certain weakening of the incapacitated persons' privacy protection in this situation.

P2.1.04

Ageing From the Perspective of an Individual and Health Care- The Polish Experiences

Maria Sokalska
Independent, Warsaw, Poland

Population ageing is taking place nearly in all countries of the world. In Poland, declining fertility rates and increasing life expectancy have substantially changed the demographic situation. Median age of Polish citizens will shortly rise to 40 years. The number of people above 65 increased from 16,8 to 22,7 . The

older population is itself ageing. This process has major social and economic consequences. It cannot but affect individuals, families and the entire society.

The older population is not a homogenous group. Many older persons are active participants of new development processes. However, increasing life expectancy due to prevalence of morbidity and increasing demand for health care will result in higher health expenditures.

Since health care budget is already very tight, a just distribution of available resources will not be an easy task.

In spite of considerable variability country-wise many older people feel at risk of age related discrimination. Access to health care, autonomy, informed consent, confidentiality and other privacy related issues are among most neglected rights of patients. The situation calls for an open debate. In July 2012, a Coalition for healthy ageing has been founded to define objectives and action expected from the Government. The guiding motto has been approved as **Healthy Ageing begins at childhood**.

The ways we choose to meet the challenges of growing older population will determine the future of generations to come.

P2.1.05

Health, Healthcare and Ageing: Putting Human Rights Values at the Centre: A Common Challenge for EU Health Systems

Henriette Roscam Abbing
European Association of health Law, European Journal of Health Law, Amsterdam, The Netherlands

All European health systems are presently faced with an ageing population. To be able to guarantee elderly persons their right to healthcare, European health care systems have to adapt to the changing demographic situation. This brings a number of challenges, both nationally and at European level.

First, a short overview of current problems to ensure elderly persons equal right to access to healthcare of good quality is given.

This is followed by a critical appraisal of common trends in Europe to cope with the changing demographic situation, eg. decentralisation and de-institutionalisation of long- term care for the elderly, integrated (health) care, co-payment systems, technological and therapeutic innovations for long term elderly care, European standardisation of residential homes etc. etc.

Some key messages for guaranteeing elderly patients' right to healthcare are given.

P2.2.01

The Simulated Facebook Pages: High Fidelity Teaching on Professional Use of Social Media

Sandra Collins, Kevin Jones
The Great Western Hospital Academy, University of Bristol, Bristol, UK

Background and Purpose

88% of medical students report to having viewed colleagues acting unprofessionally on the social media site, Facebook.[1,2] In one study, 13% of such reports were breaches of patient confidentiality[3]. Medico-legal cases where negligent use of social media has compromised patient safety and justice are increasing, with 28 cases investigated by the GMC between 2009 and 2014[4,5]. We aimed to increase student's awareness of professional use of social media.

Methodology

We designed five fictional cases, based on real cases, where a medic's unprofessional use of Facebook compromised patient safety resulting in medico-legal implications. We used Photoshop to create simulated Facebook pages for each of the fictional cases. Our medical

students were each allocated one case - one student as the defence and one the opposition. The students had to stand in front of a mock GMC panel in a mock courtroom to face a hearing, where they debated the case.

Results

100% of attendees used Facebook and felt that the session was 9.44 (10point Likert) relevant to them. On a 10point Likert scale students noted a 2.11 increased consciousness of their use of social media and a 1.66 increased awareness of what is 'unprofessional' on Facebook. Students noted a 2.11 increase in awareness of the implications of unprofessional use. Students felt 2.0 more aware in available support and advice on the use of social media.

Discussion

Our high-fidelity simulation teaching session increased awareness of the potential compromise to patient confidentiality and justice and the potential medico-legal implications.

P2.2.02

Does the Federal Open Payments Data Base Funtioned as Designed?

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A portion of the Affordable Care Act of 2010 and the Physician Sunshine Act requires that biological drug companies, medical supply manufacturers, pharmaceutical companies and device manufacturers disclose payments, payment in kind and gifts over $ 10.00 given to physicians and hospitals. This paper will discuss the database that has been set up and is available to the public as well as compliance issues.

P2.2.03

New Zealand's IT Solution to Accessible Health Law Information: Preventive Law in Action

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New Zealand's health law system is commendable for many reasons, including public access to health law information. Also, one university committed 15 years ago to the mandatory legal education for its undergraduates with degrees ranging from podiatry and paramedicine to health promotion. This presentation will illustrate how publically available and simply-expressed case notes, on complex legal concepts such as capacity to consent, have been incorporated into undergraduate education. Sample case notes from the Health and Disability Commissioner, the Privacy Commissioner and the Health Practitioners Disciplinary Tribunal will illustrate the benefits of a unified commitment to accessible information through the internet. Also, examples will be given on how case notes are used during lectures and assessments to apply health and disability law to future practice, thereby using the law preventively.

The analysis of the merits of those case notes, and the orientation of the corresponding websites, will be informative for legal decision-makers and educators.This session fosters international exchange regarding optimum delivery of health law information, using technology, for tomorrow's health and disability professionals.

P2.2.04

Introduction of the Electronic Health Care Services in Azerbaijan in the Context of Development of Public Health and Health Law

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Advances in information technologies promote modernization and improvement of health care services extending their quality and quantity, which, currently include introduction of eHealth.

"Azerbaijan 2020: Look into the Future" concept of Azerbaijan development declared by President of the country, Mr. Ilham Aliyev in 2012 reflects the public health care issues as one of prioritized, includes provision of high quality services to the population and their availability. Implementation of electronic means establishes conditions for monitoring of public health and upgrading of quality of the services in this field.

In 2005 the World Health Organization adopted the "eHealth Resolution" which recommended member-states to develop communication technologies and facilitate integration of eHealth to health-care services. In accordance with international standards eHealth strategy is implemented in Azerbaijan and it is aimed at simplification and acceleration of receiving of services by the population. Thus, in 2006 the rules of application of "Electronic health card" and "Medical examination card" systems were approved. "Electronic Health" Internet portal under the Ministry of Health which provides numerous services such as getting medical certificate on birth, receiving sms-notifications on time of prophylactic vaccination etc. was put in function in 2008. Moreover, the Order of President of Azerbaijan Republic on approval of "State Program (Electronic Azerbaijan) on development of communication and information technologies in 2010-2012 in Azerbaijan Republic" and Decree on "Certain measures in the field of organization of electronic services of the State bodies" of 2011 promoted further extension of use of information technologies in public health.

P2.3.01

Abandono de las Personas Mayores Y Reciente Doctrina del Tribunal Supremo Espanol Sobre la Desheredacion de Hijos Y Descendientes

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Desentenderse de nuestros mayores y condenarlos a la marginación familiar, a la triste e innoble soledad propia de la enfermedad o de la ancianidad, no debe permitir simultáneamente estar a la expectativa de recibir, por vía de herencia, la legítima. Originariamente el sistema legitimario protegía a los hijos (normalmente, menores) frente a una muerte de los padres a edad temprana, pero esta realidad, propia del tiempo en que se publicó el Código civil español (1889), hoy es totalmente diferente, por la prolongación de la edad media de vida, lo que determina que sean los padres (y no los hijos) quienes más protección requieren; padres de 80 años e hijos de 50 son una situación a la que el Derecho de Sucesiones debe dar cumplida respuesta.

El Tribunal Supremo español ha mantenido durante décadas una consolidada doctrina (muy criticada por la doctrina) que impedía el análisis de la falta de relación afectiva y el abandono sentimental como posibles causas generadoras de un maltrato psicológico que permitiera la desheredación de hijos y descendientes; se consideraba que los estrechos cauces del art. 853 del Código civil eran válidos solamente para los malos tratos de obra y las injurias. En los últimos meses, se ha producido un radical giro en la jurisprudencia del Tribunal Supremo, habiéndose dictado varias sentencias que abiertamente reconocen el maltrato psicológico como causa de desheredación, dictando así una medida preventiva y, al mismo tiempo, sancionadora del abandono de las personas mayores.

P2.3.02

Análisis Interdisciplinar Sobre el Destino de Miembros Amputados: Residuos Sanitarios o Restos de Entidad?

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Se trata de analizar las cuestiones jurídicas, ambientales, éticas y económicas que plantea el destino definitivo de los miembros amputados.

En primer lugar, en función de su entidad, se distinguirá el régimen jurídico aplicable según tengan la consideración de residuos sanitarios (normativa sobre residuos) o de restos humanos de entidad (policía mortuoria).

En relación con ello, se discutirá sobre los derechos y deberes de los pacientes, sobre la responsabilidad de los centros sanitarios en los que se practica la amputación y sobre la importancia del suministro de información y la necesidad de prestación del consentimiento informado en estos supuestos. Además, se partirá de la comprensión de las prescripciones procedentes de las distintas confesiones y religiones a estos efectos, detectando, en su caso, los conflictos que pueden producirse entre las distintas éticas y la ética incorporada a las normas en este ámbito.

Finalmente, y desde el punto de vista económico o de mercado, y una vez derterminado quién debe hacerse cargo de los costes de gestión ambiental o de enterramiento de los miembros amputados, se abordará la eventual comprensión de estos gastos en los seguros de asistencia sanitaria y seguro de gastos de sepelio.

P2.3.03

Tejidos Humanos Y Consentimiento Informado: Los Biobancos Y la Proteccion de la Confidencialidad

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En presencia de una ciencia y de una tecnología que se caracterizan por el incremento de la capacidad de realizar nuevos propósitos,està una pregunta relacionada con la relación entre la ciencia, la tecnología y la sociedad:la investigación científica es neutral y libre de desplegarse en cualquier dirección o es necesario sumitir la investigación científica a una evaluación previa por la fuerte relación entre la libertad de la ciencia y la protección de la persona?Estas preguntas son aún más sentidas en un contexto condicionado por la lógica del mercado,en el que la práctica experimental y la pratica clínica viven en realidades económicas sujetas a recortes.La investigación científica implica a un contexto sensible a los derechos fundamentales:la realización de la actividad científica-como por los biobancos-no sólo afecta a los bienes de la vida y a la integridad física de la persona, pero pesa sobre ellos para ayudar el avance del conocimiento y de la ciencia médica.Es necesario reflexionar sobre las interconexiones entre la autonomía del científico y la libertad de la persona, conscientes de que la ciencia ya no es un bien homogéneo, adecuado para ser tratado como un parámetro constitucional unitario.Entre las perspectivas, parece plausible la que identifica las condiciones de "ajuste" de las muchas posibilidades de la ciencia, fuera de la «ansiedad de la legalidad»,pero sin ceder a los temores de una «ciencia incierta», en una lógica que privilegia los procedimientos participados de preliminar evaluación científica de los riesgos, en el cono de luz de la protección de la persona.

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P2.3.04

La Reproducción Asistida *Post Mortem* en el Marco Jurídico Internacional

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El desarrollo de la biotecnología ha marcado un punto de inflexión en la vida de las personas. Situaciones que pertenecían al ámbito de la ciencia ficción se han convertido en una realidad gracias a un gran número de avances en una ingente cantidad de materias.

La esfera relativa a la reproducción humana no solo no ha sido una excepción sino que, seguramente, se trate del campo en el que las conquistas científicas hayan tenido un mayor impacto en la vida privada de muchas personas.

Estas nuevas realidades, que han de ser reguladas por el Derecho, darán lugar al replanteamiento y readaptación de instituciones jurídicas tradicionales. Este va a ser precisamente el caso que nos ocupa, al tratar una de las aplicaciones más excepcionales en

el uso de técnicas de reproducción humana asistida, como es la reproducción asistida post mortem.

Bajo esta denominación hacemos referencia a la posibilidad de que, en el seno de una pareja, la mujer haga uso del material reproductor de su compañero, con el objetivo de inseminarse o de que le sean transferidos preembriones constituidos entre ambos, una vez que este haya fallecido.

Cabe preguntarse, sin embargo, si es habitual la admisión de esta figura en la tradición legislativa de los diferentes países. A esta cuestión trataremos de dar respuesta en esta comunicación mediante el análisis de los Ordenamientos Jurídicos de algunos de estos países tanto de Europa como de América Latina.

P3.1.01

Limitations of Autonomy for Elderly Patients: Consent Issues

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The development of the medical sciences brought along a raise in life expectancy. As a consequence, issues related to the treatment of the elderly became much more important, since they live longer, and are now a more representative percentage of society.

This paper aims to demonstrate that there is a gap in the way patient´s autonomy is being discussed. All attention is focused on informed consent, and this approach is essentially wrong. Consenting is just a part of the process of choosing, and is not enough to allow older patients to exercise their right to autonomy. This can only be accomplished through the complete and understandable disclosure of all information regarding treatment, their options and possible consequences. This is especially significant when we look at the elderly patient, given the variety of unanswered ethical questions that have risen in the last decades, regarding capacity to consent, proxy´s guardians, end of life situations and advanced directives.

A study in comparative law is presented in this paper, using European and Brazilian legislation, in order to discuss how disclosure of information, obtaining consent, and respecting choice is necessary to allow the exercise of true autonomy for the elderly patient.

Keywords: Informed consent. Informed choice. Right to information. Informational negligence. Autonomy. Elderly patients.

P3.1.02

Advance Directives for Healthcare - A Romanian Perspective

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Protecting and promoting patients' autonomy by means of their involvement in the decision-making process on their medical treatment is essential to human dignity. Even if the patient isn't capable of making decisions, he may still participate in the decision-making process concerning their healthcare by means of the advance directives.

The authors of this paper present and discuss the results of a study which analyzed the opinions of the population and healthcare professionals about the usefulness of implementing the advance health care directive in Romania. The study had a mixed methodology, quantitative and qualitative, with data being collected by means of questionnaire and focus-groups. The results of this study showed that healthcare professionals have a

positive attitude towards the utility of the advance directive in the current medical practice. Data collected from the population showed that 43.4% view the implementation of the directive as a natural and necessary step. We also noticed that the level of information on this issue in general population is still poor, as 31.5% of participants do not know the notion or refuse to respond.

Our study showed that the advance directives are necessary to the current medical practice and accepted by healthcare professionals and population. Practical steps are needed in order to properly inform for properly informing the general population about the utility of this instrument and for developing adequate conditions of validity of the advance directives so that they become a useful instrument for protecting the dignity of the incompetent and terminally ill patients.

P3.1.03

Palliative Care in Brazil: A Right to Dignified Death

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In times in which the principle of dignity of the human person opens to society, in Brazil, the new Medical Ethics Code, which entered into force in April 2010, brings up the protection to patients without prospect of cure. Known as palliative care, these have the objective of reducing the physical, psychological and spiritual suffering of the sick, thus ensuring a dignified death. Among the articles crystallized as duties of doctors, palliative care, for the first time, appears in code edited by the Federal Council of Medicine (CFM). The new meaning first seen by CFM is indispensable response to the problems of the end of the life, being responsible for through the moral value of human dignity to life and its end. Because it is theme that relates the life care for a dignified death, it can be concluded that involves several areas of knowledge and leads to the conclusion that the principle of human dignity has been transforming the thinking of society and the right to not only ensure the right to life, but recognize and protect the right to a decent life and also the right to die with dignity. If this course, ponders, what is fair recognition of the principle of human dignity designed also in death. Considering the guiding principles of the Unified Health System in Brazil, the public health policies takes extreme importance to the guarantee of access to palliative care in relation to the implementation of the right to health.

P3.1.04

Medical Student Simulation Teaching of Common Medical Ethical Scenarios

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Background and Purpose

Healthcare professionals face medical ethical scenarios daily. Appropriate, experienced management makes a significant difference to both patient safety and patient experience. Our preliminary research found that final year medical students have a confidence of 5.6 (10-point Likert scale) of the management of medical ethical issues. We aimed to teach about the GMC's ethical principles and also their practical application to simulated cases.

Methodology

We designed three simulation scenarios to cover three medical ethical issues that commonly present in clinical practice: (1) domestic violence and patient confidentiality, (2) patient autonomy and the mental capacity assessment (3) acting in a patient's best interests. The sessions were delivered to final year medical students, divided into small groups. We collected qualitative and quantitative feedback through focus group work and an anonymous questionnaire.

Results

The final project (n=33) showed an improvement of 2.36 (10point Likert scale) in confidence with

managing patient confidentiality with a statistically significant p-value of 0.0001. There was a 1.94 (10point Likert) improvement in confidence of assessing capacity (p-value 0.0001). The improvement in confidence in acting in patient's best interests was 2.3 (10point Likert) (p-value 0.0001). Objective observation showed a significant improvement in students' performance before and after debriefs.

Discussion and Conclusion

It is well recognised that students engage and learn very effectively from high-fidelity, experiential learning. The use of simulated scenarios to teach final year students of medical ethics and application to realistic scenarios has demonstrated a significant increase in students' awareness and confidence in managing such issues.

P3.2.01

Transdisciplinarity in Strategic Decisions for Oncological Treatments

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The current models for equity and access to new oncological treatments are under strain due to the economic and demographic crisis in Europe as well as the rising costs of innovative drugs.

Cancer treatment needs an interdisciplinary model of patient-centered care. The breakthrough of innovation lead to a huge rising of costs all over Europe.

Accordingly with the Article 64 of the Constitution of the Portuguese Republic, the state has the primary duty of ensuring health protection regardless of their economic circumstances. The state has to ensure a rational and efficient nationwide coverage in health human resources and facilities.

Physicians should be focused in the doctor-patient relationship and informed consent is important especially when new medicines are prescribed (amount of information, what information and end of life information)

Related with informed consent there is therapeutic privilege which can be resumed to retain information considering the beneficence principle.

Also utilitarianism and social justice has to be considered without compromising human dignity. The principle of economy cannot be ignored in the provision of public services and it implies excellence, clinical governance and optimization of social rights through good governance of public and private resources allocated to the health system.

A close relation of all healthcare stakeholders is essential for the new oncological drugs approval, considering several interrelated areas such as human rights, economic opportunities, good governance and development.

Transdisciplinary decision between civil society, pharmaceuticals, healthcare professionals and policymakers is essential to assure quality, access to innovation and equity in oncological care.

P3.2.02

Clinical Records: Between Tradition and Technological Innovation

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The increased importance of medical information requires consideration of the

mechanisms by which that information is handled in the health care sector.

The arguments supporting the introduction of online health files are well known. Fundamentally, reference is made to cost abatement in processing medical information, from storage to reproduction, information integrity, and the possibility to immediately and fully access the information with considerable benefits to the patient's health and the overall efficiency of the health care system.

However, there are possible dangers arising to personal values from the technological application now facing us such as the inclusion of a person's medical history in a single storage or the possibility for the data subject to freely access his/her medical information, etc..

Thus, the online health files will be a authentic benchmark of the continued usefulness of data protection legislation and the supervisory authorities capability to ensure its effectiveness.

We will try to approach the concerns voiced in the above paragraphs paying particular attention to the Portuguese case – Plataforma da Dados da Saúde (Health Data Plataform).

P3.3.01

Análisis Críticos de la Legislación Chilena Referida a la vejez y Discapacidad Psíquica a la luz de las Regulaciones Internacionales de DD.HH y Bioéticas

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Este trabajo pretende un análisis legislativo crítico de la discapacidad psíquica en ancianos, desde el punto de vista de los convenios internacionales de DD.HH, declaraciones bioéticas y legislación nacional vigente. La convención sobre la discapacidad de 2006 otorga una serie de derechos a las personas que padecen alguna discapacidad, así como obligaciones a los Estados miembros que han ratificado dicho convenio de implementar medidas para su ejecución. Por otro lado, existe legislación nacional específica, Ley Nº 20.422 y la Ley Nº 20.584, que no abordan de manera armónica y proporcional, a la luz de las declaraciones internacionales, temas relevantes como son la investigación en ancianos discapacitados psíquicos, de manera que enfermedades tan prevalentes como el Alzheimer, o la demencia senil no pueden ser investigados en éstas personas, por no poder otorgar su consentimiento por sí mismos, privándoles de toda esperanza de mejora terapéutica. Esta investigación, pretende un análisis normativo comparado, a fin de demostrar que la discapacidad psíquica en ancianos tratada en la normativa nacional es sesgada y no compatible con estándares de salud mental global.

P3.3.02

Consentimiento Informado y Envejecimiento: Fundamento y Límites

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Existen dos maneras básicas de entender el consentimiento informado: como una exigencia del derecho a la integridad física y moral o como una exigencia de la autonomía. Cada concepción da lugar a un sentido, alcance y límites del consentimiento distintos. En esta comunicación se pretende analizar, en primer lugar, la solidez de ambos fundamentos y, en segundo lugar, el sentido, alcance y límites del consentimiento informado en uno y otro caso, especialmente en el ámbito del envejecimiento. Para ello se utiliza jurisprudencia constitucional, principalmente española, y jurisprudencia del Tribunal Europeo de Derechos Humanos. Como conclusión se sostiene la mayor solidez del fundamento del consentimiento informado en el derecho a la integridad física y moral y se proponen pautas para definir su alcance desde una perspectiva práctica.

P3.3.03

Mediación en la Responsabilidad Sanitaria Privada en Chile. Evaluación del último Periodo 2014

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Chile no está exento de la judicialización de la salud, que vive el mundo, por ello, el año 2005, durante la implementación de la Reforma Sanitaria se introdujo la mediación, como mecanismo pre-judicial, destinado a disminuir los conflictos legales y a fomentar los acuerdos y reparaciones, en el ámbito de la responsabilidad sanitaria. Siendo este procedimiento un pre requisito en lo civil, que representa como elemento legal el 20% de las demandas en salud.

La composición mixta de nuestro sistema de salud, publico/privado, con primacía del primero (75%), se requirió un sistema de mediación dividido en dos procesos, uno privado dependiente de la Superintendencia de Salud, y otro público, dependiente del Consejo de Defensa del Estado.

Hemos revisado el estado de situación en el ámbito privado, más disponible a los acuerdos que al juicio público. Al respecto, existe un aumento progresivo del número de casos que acceden a mediación. Asimismo, las especialidades más demandadas han ido cambiando, incorporándose la Traumatología y la Odontología, a la ya tradicionalmente más demandada como es la ginecología y obstetricia, entre las tres primeras. El número total de casos frustrados y que no logra acuerdo se mantiene, alcanzando el 85,1 %. Solo el 12,3% logra acuerdo. Según la Fundación Legal del Colegio Médico, el 10% de las mediaciones sin acuerdo terminan en juicios. Concluimos que el proceso de mediación es un elemento de contención en la judicialización, pero no hay variaciones porcentual en número de acuerdos, en el tiempo.

P3.3.04

Quiebras del Principio de Igualdad Derivadas del Sistema Descentralizado de Prestaciones Asistenciales para los Ancianos en España

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Las distintas condiciones de acceso a las prestaciones asistenciales de los establecidas por las leyes de las Comunidades Autónomas españolas nos obligan a plantear la posible vulneración del principio de igualdad. En otros ámbitos de actuación administrativa, como es el caso de servicios públicos como la educación o la sanidad, el Estado regula los criterios de admisión a los distintos centros de prestación de servicios.

Carecen de justificación las diferencias de trato en relación al acceso a servicios públicos de competencia autonómica financiados exclusivamente a través de tarifas pagadas por los usuarios. Por el contrario, sí estarían justificadas las diferencias cuando estos servicios públicos son financiados total o parcialmente con cargo a fondos propios de las Comunidades Autónomas. Y lo mismo cabe decir cuando las diferencias de trato se producen en relación con servicios públicos de competencia local.

El estatuto jurídico del anciano viene constituido, además de por los derechos propios de la persona y de los administrados, por una serie de derechos específicos reconocidos precisamente en razón de la edad y los cuales se encuentran reconocidos y regulados por la normativa autonómica. ¿Puede la normativa autonómica reguladora de la tercera edad incidir sobre los derechos fundamentales de la tercera edad?

P4.1.01

Ageing, Psychiatry and Law: Medico legal Debate Based on a Case Scenario

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The workshop will strat with the presentation of a Case: a busy and disoriented elderly is brought to the hospital by family; after the relocation he moves to a nursing home as the family can not afford to keep him/ her at home. Secondly there will be the presentation of the new Coimbra Hospital system, which consists of the psychiatry department supporting nursing homes. Thirdly there will be a discission about Portuguese, Israeli, European and International norms concerning compulsory detention of psychiatric patients and compulsory outpatient treatment, in particular for elderly persons.

P4.2.01

Vaccination and the Collective Good: A Case for a Compulsory Mandate?

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Distrust of vaccines, from the pertussis vaccine controversy in Great Britain in the 1970s and 1980s through to the MMR study in 1998, has threatened efforts to protect patients from preventable diseases. Latterly, this distrust has evinced further difficulties in responding to more recent threats presented by the H1N1 and seasonal influenza viruses; public health officials are also increasingly concerned that the H2N2 strain of influenza could threaten another pandemic. Such mistrust in vaccination programmes has not always been misplaced and damage to healthy children as a result of receiving routine immunisation has been an acknowledged risk associated with these public health programmes (Vaccine Damage Payments Act 1979).So far, the vast majority of vaccination systems around the world have been voluntary, and this combined with a significant level of enduring distrust and controversy has seen the emergence of continuing outbreaks of disease, such as, measles.

The question of compulsory vaccination raises a number of important questions which go to the heart of medical law and ethics: how far should government act in order to promote or protect the public good? And, to what extent, is it legitimate to constrain individual interests/rights in autonomy, liberty, privacy or property in trying to protect collective interests in health? Does the potential benefit of herd immunity trump all other individual interests making compulsory vaccination a civic duty?

P4.2.02

Planned and Unplanned Mass Gatherings: Implications

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"Mass gatherings" are planned or unplanned gatherings with a high number of attendees. Planned gatherings are addressed through temporal limitation, official screening, planning, prevention and treatment measures, as seen with Pope Francis' delegation to the Philippines in 2015. Unplanned gatherings require similar steps but present greater difficulty due to an underlying context, limited information and available resources, such as gatherings in the DRC beginning in 1997.

Between 6 to 7 million persons attended Pope Francis' 17 January visit to Manila, a planned event for which prevention and emergency medicine protocols were pursued and fulfilled. The Development Authority additionally required diapers for staff toward consistent operation of security and health locations. Attendees were encouraged to follow similar measures.

An estimated 5 million persons have died due to conflict in the Congo, with 1.8 million lost through violence, and the balance to treatable but untreated illnesses such as malaria,

diarrhea, pneumonia and malnutrition, compounded by conditions in displaced person and refugee camps. Given the scope, nature, and volume of needed services, together with unplanned conditions and losses of medical personnel, services are provided by telemedicine when feasible.

Addressing mass gathering health issues requires national definition of "mass gathering" in both urban and rural environments, examination of existing infrastructures and resources in granting permits, and for developing sanitation , food hygiene, accommodation, seating, health care and evacuation measures. In the USA, individual states have mass gathering legislation which could serve as templates, with local guideline sets serving as going-forward regulatory models.

P4.2.03

The Ebola Patient Migration - The Nigerian Medicolegal Perspective

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On the 20th of July 2014 a Liberian "Ambassador" arrived the Murtala Muhammed International Airport in Nigeria's former capital Lagos, in a "terribly ill" condition from Monrovia, Liberia.

He collapsed upon arrival and a protocol officer drove him in a Diplomatic vehicle to First Consultant Hospital in Lagos which originally treated him for malaria. But as his health worsened and began to manifest symptoms of Ebola, including diarrhea and vomiting, he was prevented from leaving the hospital.

Mr. Sawyer insisted that he wanted to exercise his right to leave the hospital and sign against medical advice. He further went into a fit of rage, yanking off his intravenous line and spilling blood all over the hospital ward after he was told he would not be allowed out of the hospital as he had requested. He stated emphatically that he was a Diplomat with Diplomatic Immunity.

The hospital came under intense pressure, including the threat of legal action and diplomatic row from the Liberian Ambassador to Nigeria who insisted that Mr. Sawyer be released to attend to his diplomatic assignments and that the Hospital had no authority or right to keep him otherwise they would face charges of 'kidnapping'.

This paper attempts to review the medicolegal dilemma this Nigerian Hospital encountered with respect to migration, the freedom of movement and health law, patients' rights and in this extreme instance "diplomatic Immunity". The paper further identifies medicolegal legislations, protocols and policies regulating public health, infectious diseases and rights of Health care providers.

P4.2.04

Criminal Law Protection of Public Health: The Ukrainian Experience

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The concept of public health as different from population health is comparatively new for state management, health and legal science and practice in a number of countries, including Ukraine. Though public health domain is still discussable, understanding of importance of public health and its legal protection is increasing. An essential way of such protection is that by means of criminal law.

In Ukraine, the Criminal Code adopted in 2001 contains special Chapter XIII "Crimes in the sphere of turnover of narcotic drugs, psychotropic substances, their analogues and precursors and other crimes against population health." It provides for liability for crimes targeted at the system of measures of communicable diseases control, at those of struggle with drug addiction (Fesenko, 2001), etc. In 2011, pharmaceutical industry-related crimes, including counterfeiting of drugs, were added to Chapter XIII of the Criminal Code of Ukraine. This is especially important in terms of

performance of Ukraine's obligations under MEDICRIME Convention ratified by Ukraine.

The system of criminal law protection of public health also includes crimes contained in a number of other Chapters of the Criminal Code, particularly those providing for liability for crimes against individual health, individual rights and freedoms, environment, public security, occupational health safety, etc. The crimes contained in such Chapters target at public health indirectly (and in some cases, directly).

Although the described system needs to be better organized and the determination of crimes components needs to be improved, the attention paid to criminal protection of values pertaining to public health is notable.

P4.3.01

El Consentimiento Informado en las Personas Mayores

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La Carta de los Derechos Fundamentales de la Unión Europea, de acuerdo con los tratados internacionales en la materia, establece que cualquier intervención en el marco de la medicina y la biología debe hacerse con el consentimiento libre e informado de la persona de que se trate. Ahora bien, la normativa comunitaria en la materia sigue remitiendo al derecho de los estados miembros aspectos esenciales de su regulación; así, las reglas sobre capacidad de la persona y representación legal, el régimen aplicable de responsabilidad civil y penal en caso de incumplimiento de los requisitos legales o la historia clínica de los pacientes (vid. REGLAMENTO (UE) No 536/2014 DEL PARLAMENTO EUROPEO Y DEL CONSEJO de 16 de abril de 2014 sobre los ensayos clínicos de medicamentos de uso humano).

En especial, resulta preocupante la escasa atención prestada al consentimiento informado de las personas de edad avanzada en los derechos nacionales, pese a la mayor sensibilización hacia las necesidades de este colectivo en los últimos años, en paralelo al progresivo envejecimiento de la población europea.

En efecto, incluso no existiendo incapacitación de la persona, en edades avanzadas tienen mayor incidencia factores que pueden afectar a la libre y consciente prestación del consentimiento informado. Desde dificultades para la comunicación por motivos físicos (dificultad auditiva) o formativos (falta de actualización de conocimientos), hasta situaciones de vulnerabilidad (discapacidad, dependencia, salud delicada).

Una realidad a la que el derecho debería dar una respuesta adecuada.

P4.3.02

Planificación Antecipada de la Atención, Instrucciones Previas, Testamento Vital, Representante de Cuidados de Salud: Una Cuestión de Autodeterminación

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El envejecimiento de la sociedad, el número de personas que probablemente necesiten una intervención médica en un momento en que son incapaces de decidir es cada vez mayor, sobre todo en el contexto de las enfermedades neurodegenerativas.

Las personas cada vez más informados y conscientes, buscan antemano declarar su voluntad con respecto a la atención médica futura. Lo hacen por diversas razones, especialmente las cuestiones religiosas y el deseo de no querer perder la calidad de vida.

La decisión del paciente gana más dimensión en la medida que excede los límites del consentimiento actual; aceptando que la

voluntad previamente expresada por el paciente es la mejor referencia para decisión terapéutica. A continuación se examina el testamento vital y del representante del cuidado de salud mediante un análisis que combina las dimensiones ética, clínica y jurídica.

El fundamento ético último de las instrucciones previas es la autonomia. No se tata de una autonomia entendida como valor absoluto sino de una noción relacional, contingente y graduable, que debe armonizarse con los restantes valores y principios éticos de la relación clínica. Esta concepción de la autonomia há conducido al reconocimiento jurídico del derecho del paciente para adotar y realizar decisiones en relación con su vida y su salud y sobre los cuidados o tratamentos que desea recibir, coexistiendo con el deber de los profissionales sanitários de conocer, respetar y aplicar las instrucciones previas en el ejercicio de su función asistencial.

P4.3.03

Evaluación de la Calidad de la Comunicación Asistencial en una Muestra de Profesionales Sanitarios.

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La comunicación desempeña un papel clave, no sólo en el proceso de obtención del consentimiento informado, sino en la propia base de la relación clínica, en la que la atención al enfermo debe sustentarse en una relación de confianza. En este estudio evaluamos el grado de satisfacción de los profesionales sanitarios en relación al proceso de obtención del consentimiento informado, elemento clave, en el proceso de toma de decisiones y que es el resultado final de una adecuada comunicación entre el profesional sanitario y el paciente. El estudio se ha realizado en 2186 profesionales sanitarios de centros asistenciales públicos de la Región de Murcia (721 varones y 1465 mujeres) de una edad media de 38,7 años ±0,27 (D.S. 15,00), con un rango de edad entre 67 y 19 años. De los profesionales encuestados 1398 son profesionales de la enfermería y 584 médicos. El 21,5% de los encuestados considera que las habilidades de comunicación que los compañeros utilizan no son suficientes para proporcionar la mejor asistencia al paciente. El 48,3% de los profesionales consideran que el paciente no conoce suficientemente el contenido de la información necesaria para la correspondiente toma de decisiones. El 55,6% de los profesionales consideran que el documento de consentimiento informado no se proporciona al paciente con la suficiente antelación. Un adecuado proceso de comunicación constituye un valor esencial en el desarrollo de estrategias dirigidas hacia la mejora de la calidad en la prestación de los servicios sanitarios y en la prevención de posibles reclamaciones.

P4.3.04

Movimientos Migratorios, Salud Colectiva y Limitación de los Derechos Fundamentales

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La mundialización económica y el abaratamiento de los medios de transporte han supuesto un incremento de los movimientos migratorios y, con ello, un aumento de las posibilidades de propagación de enfermedades muy contagiosas como, por ejemplo, la tuberculosis, la gripe aviar o el ébola.

En los casos más graves, la protección de la salud colectiva puede implicar la necesidad de adoptar medidas como, por ejemplo, tratamientos médicos coactivos, que suponen una limitación de la autonomía de los pacientes y, por tanto, del derecho fundamental a la integridad física. Se trata de medidas previstas explícita o implícitamente tanto en las declaraciones internacionales de derechos como el Pacto Internacional de Derechos Civiles

y Políticos o el Convenio Europeo de Derechos Humanos, así como en los ordenamientos jurídicos nacionales.

Ahora bien, la posibilidad de limitar los derechos fundamentales no es ilimitada, pues necesitará de una habilitación previa, tendrá que estar justificada en la protección de otro derecho o bien colectivo, y tendrá que respetar las garantías que se establecen para asegurar la vinculación de los poderes públicos a los derechos fundamentales, esto es, deberá respetar los límites a los límites de los derechos fundamentales.

El trabajo analizará las limitaciones a los derechos fundamentales derivadas de la protección de la salud colectiva, así como el control jurisdiccional de su aplicación con la finalidad de establecer una serie de estándares respetuosos con su protección.

P5.1.001

Historical Development and Present Status of Legislations About Pharmacy in Turkey

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Health-related regulations are very important for the implementation of applications in this area all around the world. Also, regulations related to pharmacy practice, constitutes an important branch of medical practice, are vary according to the situation in practice around the world.

In Turkey, legal arrangements known in the modern sense was started to make during the Ottoman Period. The first known legal regulation in this period was the "Regulations for the Pharmacists of the Ottoman Empire" on 17th May 1852 and "Civilian Regulation for the Practice of the Art of Pharmacy", which is important because of defining pharmacy term as an independent profession first time, put on 2nd February 1861, followed up it.

In Turkey with the proclamation of the Republic in 1923, as in many areas, there have been major changes in the health field. In this context, several laws were enacted related pharmacists and pharmacies. The first regulation in this area after the proclamation of the Republic was "Law on Pharmacists and Pharmacies" (No.964) came into force on 6th July 1927.

Today, pharmacy services in Turkey are conducted by "Law on Amending the Law on Pharmacists and Pharmacies and Law on Control of the Narcotic Drugs" (No.6308) came into force on 31st May 2012, in accordance with changes that were made in "Law on Pharmacists and Pharmacy" (No.6197) published in 1953. Furthermore, some applications are conducted by the various regulations in this law.

In this study, pharmacy-related laws in Turkey will be examined and discussed in several aspects.

P5.1.002

Early Aging and Health Assurance

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The increase in stress, heavy working, technology, unhealthy food consumption and other factors in developing world causes individuals early aging. The individuals fulfilling the criteria of biological aging, they not only face difficulties in their daily life but also they come across these in business. In Turkey, some acts have been got into force to overcome the burdens of such individuals experiencing early aging.

By means of early aging the people's working productivity reduces and leaving/being terminated in their business may cause them not to pay necessary health fee and being deprived of social security. In order to avoid this burden, the Act no 5510 valid from May 31, 2006 has been endorsed by Parliament stating that those

who are early aged, 55 years old and paid 5400 insurance fee days can benefit from health facilities in the same conditions as other insured people.
In this study, the criteria for early aging and the legal status of those who have the rights in Turkey will be analyzed from various aspects.

P5.1.003

The Ethical Need to Institutionalize the Designation of a Decision-maker for Competent Patients in Some Countries including Korea

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In many countries of Europe and the United State, there is the system of advance directive, which allow people to shape their medical treatment even they become incapable of contemporaneous decision making. On the contrary, other countries including Korea still do not have this system. This fact, it seems, is not because the latter countries do not have the necessity for it but because the people in them lack cognition about it. The use of the system needs to be expanded to all countries in the world. As the system of the will is needed in all societies, the system of advance directive is needed just as much.

Here is one thing to notice. Some countries including Korea where the patient's autonomy is infringed by the patient's family even when the patient is competent to decide for himself or herself need the establishment of another system at the same time of the introduction of the system of advance directive or before the introduction. That is the system of the Designation of a Decision-maker for competent patients. It is the system on which a patient can express his/her preferences as to who should hear the physician's full explanation of his/her condition and decide on his/her treatment. I will discuss why the system is needed in those countries by focusing on Korea.

P5.1.004

Legal Environment Regarding Decision Making for Children Treated for Pediatric Cancer

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As the effects of chemotherapy and radiotherapy on pediatric cancer patients are significantly greater than they are on adults, 70 to 80 percent of pediatric patients recover from the disease today. The patients need follow-up assistance in cases of late-stage disorder and for self-care as adult patients. In Japan, the Convention of the Rights of Children was ratified in 1994, and children's rights to express their opinions are being respected. However, they have very few opportunities to gain information about things such as necessary preparation and informed consent offered to respect their decision. They do not have enough chance to express their decisions or opinions in regards to their treatment. Therefore, this study has considered the provisions of hospitals, professional organizations in addition to the legal environment of patients' decision making in pediatric cancer care.

Since the ratification of the Convention of the Rights of Children, the EACH Charter and the provisions of nursing associations to protect the rights of children have been expanding into the field of pediatric care. Led by the Basic Plan to Promote Cancer Control Programs, which was formulated by the Japanese Government based on the Basic Law for Anticancer, 15 hospitals were designated as pediatric cancer core hospitals in 2013. This fact shows these measures to respect children's autonomy have been eye opening.

Clarifying the legal environment regarding decision making for pediatric cancer patients could be helpful as fundamental information to specify and improve the problems and tendencies of children's rights in pediatric care.

P5.1.005

Legislation of Medico-Legal Activity in Portugal

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In Portugal, Legal Medicine is the area that applies medical knowledge to judicial cases resolution. It is divided in Clinical Forensic Medicine and Forensic Pathology.

We present the legislation that regulates the major part of the Medico-Legal activity in Portugal. It is excluded Forensic Psychiatry.

We have consulted the substantive and procedural laws of civil, work and criminal matters. A schematic overview of the different course of each kind of expertise was done.

In Clinical Forensic Medicine the examinations evaluate the post-traumatic damage divided into Civil, Work and Criminal matters. Each one has a specific framework and purpose. In Civil Law, the examinations are a support for the establishment of the indemnification by the judge. In Work Law, they are an independent evaluation of the workers, which is compared to the Insurance's by the judge. In Criminal Law, they are an evidence of crime and a help to typify the crime by the prosecutor. In Forensic Pathology, the medico-legal autopsies are always done with the same purpose no matter the branch of law where the action happens. They are required by the prosecutors after violent or unknown death and the end is to help in the determination of the cause and the circumstances of death, focusing the investigation on the suspicion of crime.

The knowledge of the laws that rule our activity help us understanding our paper and what is expected from us. It is also a support to explain the Medico-Legal activity in Portugal.

P5.1.006

Decisions About Frozen Embryos – A Portuguese Multicentre Study

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Objective: To investigate how Portuguese couples decide about their cryopreserved embryos.

Design: Cross sectional study.

Setting: 20 Portuguese infertility centers.

Patients: A total of 932 couples that had surplus embryos, cryopreserved until the end of March 2012.

Intervention: Anonymous questionnaires sent by mail.

Main outcome measure: Decisions about cryopreserved embryos, reasons for and difficulties experienced in making a decision.

Results: Of the 328 couples that answered the questionnaire, 35% did not intend to use the frozen embryos in another cycle, mainly because they had already completed their family. Among those who did not intend to transfer the embryos in the near future, the most common decision related to donations to research (47%). Amongst only 2% of couples did the partners disagree about what to do with the frozen embryos, while 25% had not yet made a decision. By using a timeframe that determines the widespread introduction of official national informed consent forms, the perceived degree of difficulty in deciding about frozen embryos was significantly lowered.

Conclusions: The main alternative to embryo transfer is by making donations to research. Although the widespread use of official informed consent forms seems to make the decision making process easier, there are still many

participants who are unable to decide. It is thus necessary to implement measures to solve this real problem.

P5.1.007

Violencia en Usuarios de los Servicios de Urgencias y Psiquiatría en el ámbito Hospitalario. Adaptación de un Instrumento de Medida.

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Introducción: La violencia, por el número de víctimas y la magnitud de las secuelas que produce, se ha convertido en un problema de salud pública de carácter endémico, repercute en diferentes grupos profesionales, afecta a la dignidad de las personas y es una fuente de desigualdad, estigmatización y conflicto en el ámbito laboral. Para su eliminación es necesario, incidir en diferentes tipos de intervención y con ello, lograr una actitud, no discriminatoria y respetuosa con las particularidades culturales y con las cuestiones de género, disminuyendo los riesgos a través de medidas preventivas, así como reducir al mínimo las repercusiones de la violencia para evitar que ésta se repita.

Objetivo: Estudiar la violencia laboral de usuarios hacia el personal de Urgencias y Psiquiatría del Hospital General Universitario Reina Sofía de Murcia, desde una perspectiva cualitativa, para validar y adaptar la escala HABS-U (Waschgler, Ruiz, Llor y García).

Método: Se han realizado 8 entrevistas a trabajadores del ámbito hospitalario para valorar el grado de comprensión de la escala y obtener información para la elaboración de nuevos ítems.

Resultados: Se transcribieron y analizaron las entrevistas realizadas y se llegó a la redacción de 17 ítems que expresan situaciones que pueden llegar a ser conflictivas para el personal de Urgencias y Psiquiatría. Los nuevos ítems han sido elaborados a partir de las entrevistas y comprenden situaciones reales que pueden transcurrir en el ámbito de urgencias y psiquiatría.

P5.1.008

La Participación de los Menores de Edad en los Ensayos Clínicos de la Región de Murcia: Consideraciones ético-legales

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La experimentación clínica con seres humanos es una cuestión compleja, que en el caso del ámbito pediátrico está sujeta a aspectos ético-legales específicos, como consecuencia de la minoría de edad. En el presente trabajo hemos realizado un análisis sobre el nivel de cumplimiento de los principales requisitos ético-legales en los ensayos clínicos pediátricos evaluados en la Región de Murcia durante los años 2006-2012, mediante el análisis de los protocolos y hojas de información al paciente. Con ello, pretendemos proponer actuaciones de mejora en la calidad en la realización de los ensayos clínicos en este grupo de población. La muestra de estudio comprende el total de los ensayos clínicos pediátricos con medicamentos realizados durante estos siete años, lo que comprende un total de 24 procedimientos y representa el 9,4% de total de ensayos clínicos con medicamentos realizados en pacientes de todas las edades en la Región de Murcia. El análisis estadístico realizado consta de una parte descriptiva y otra inferencial para conocer las relaciones estadísticamente significativas entre las variables estudiadas. Concluimos que

en los protocolos y hojas de Información al paciente no existe un cumplimiento riguroso de las normas, destacando la inobservancia reiterada de la normativa de protección de datos de carácter personal. Se detecta también un incumplimiento de algunos aspectos relacionados con el proceso de obtención del consentimiento informado, ya que en el 20,8% de los casos la información sobre el ensayo incluye tecnicismos, inapropiados para poder cumplimentar el documento de consentimiento informado de forma adecuada.

P5.1.009

Laws Related to the Protection of Women's Health in Japan

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Modern Japan is a gender-equal society in which "men and women are regarded as equal members of society with equal opportunity to participate in their desired field and benefit equally politically, economically, socially and culturally". However, due to biological differences, women receive various legal protections to ensure their health, and the clarification of these protections is important in guaranteeing women's health.

Women bear and raise children, with the Maternal and Child Health Act in place to ensure appropriate health care for pregnant women, fetuses and infants. Young girls also receive periodic medical examinations as prescribed under the School Health Act. In addition, child abuse, particularly the sexual abuse of girls, is protected against by the Child Abuse Prevention Act. Women who become pregnant and decide on giving birth are also protected by the abovementioned Maternal and Child Health Act, while women choosing to terminate their pregnancy can obtain a legal abortion under the Maternal Protection Act. In addition, the Labor Standards Act protects the health of working women, while spouses are protected from physical threat under the Domestic Violence Act. Finally, older women are guaranteed health services based on the Nursing Care Insurance Act.

The above laws are in place to ensure the lifelong protection of women's health. However, the association between women's health and these protections is not always obvious. Further, the constitution does not have any measures specific to women's health. However, these laws guarantee women's rights to the "pursuit of happiness" as outlined in the constitution.

P5.1.010

Valoración Judicial Penal De La Prueba Pericial Médica Por Parte Del Tribunal Supremo

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La labor del perito se configura en la ley como un complemento o auxilio del juzgador, cuando le sean necesarios conocimientos científicos, artísticos, técnicos o prácticos para valorar hechos o circunstancias relevantes en el asunto judicial. Las intervenciones de los peritos se configuran como actividad probatoria, sujeta al principio de aportación de parte. La valoración de esta prueba siempre se ha considerado como una materia compleja pues se está reconociendo al Tribunal la condición de perito de peritos (peritus peritorum), pudiendo examinar de forma crítica las conclusiones a las que han llegado los peritos intervinientes, así como las opiniones que viertan en el seno del proceso.

El objetivo de este trabajo es analizar el estado actual de la prueba pericial médica y su consideración según el Tribunal Supremo español, mediante el estudio de sus decisiones, seleccionando aquellos casos en los que se dilucida de forma clara una contradicción entre dictámenes periciales, y que por tanto se ajustan a nuestro estudio, clasificándolas dependiendo del informe escogido por el Tribunal para fundamentar su decisión. Para ello, se han analizado un total de 80 sentencias desde el año 1992 hasta la actualidad. Según el análisis realizado, la jurisprudencia otorga de forma mayoritaria una prevalencia al informe emitido por el médico forense, al suponerse que está dotado de mayores cotas de objetividad e imparcialidad. No se encuentran sentencias en las que se haya dictaminado de conformidad a lo establecido por los informes periciales privados o de parte.

P5.1.011

Therapeutical Obstination in Terminal Patients

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Technological progress and lengthier average life expectancy have led to an increase in the number of incurable, progressive and advanced illnesses. Thus, Palliative Care has become a right for welfare promotion and suffering relief. However, there are still challenges pertaining decision making in terminal patient treatment. The following work aims to elaborate a revision on good and bad practices upon these patients, inquiring ethical and legal principles that serve as basis for these clinical decisions.

The literature referenced in this revision was obtained by searching in the Pubmed database, filtered for date of publication (1995-2014). For the data regarding the Portuguese context of this topic, the official webpages of the *Associação Portuguesa de Cuidados Paliativos*, the *Associação Portuguesa de Bioética* and the *Direcção-Geral da Saúde* were consulted.

Presently, dignity and personal autonomy are ethical priorities in clinical practice, and end-of-life decisions are therefore related to quality of life. As such, increased importance is given to the dialogue for the promotion of patient-doctor relationship and weighing of treatment's benefits and risks.

Given the pluralist nature of post-modern society regarding opinions and beliefs, answers to the challenges in the clinical decision making context are complex and ethical dilemmas can arise. Therefore, a quantitative and qualitative investment is imperative in medical training in fields such as ethical legislation and medical law, and also in Paliative Care.

Keywords:

Dignity, Biomedical Ethics, Self-Determination, Medical Futility, Palliative Care.

P5.1.012

Pre-Implantation Genetic Diagnosis to Fetal Sex Selection

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Objectives: The Pre-implantation genetic diagnosis (PGD or PIGD) is a technique used to identify severe genetic diseases in embryos obtained by in vitro fertilization. This method was first used in 1989 in the United Kingdom. In Portugal, the legal framework regarding this issue was only established in 2006. The present paper is a review of the use of the PGD for sex selection considering its ethical, moral, legal and cultural dimensions.

Methods: A literature review was conducted based on national and international scientific articles available in Pubmed. Scientific books, technical opinions, conventions, reports and legal documents were also consulted.

Results: The ethical subjects are three-fold: the informed consent, the status of the Human Embryo, and the Eugenics associated with the diagnosis. The use of PGD for non-medical purposes is against the law in almost all countries in the world but this legal constraint is not enough. The sex of the baby is particularly important in some cultures. As a result, there are differences between the various national legislations. Nevertheless, the main point of these legal frameworks is to prevent cultural behaviors or personal wills that may object to the good medical practice.

Conclusion: The use of the PGD to select the sex of the baby raises many ethical and moral questions. Despite the fact that the current legislation regulates this practice, it is essential to promote and update this subject considering all its above-mentioned dimensions.

P5.2.001

Philosophy of Neurolaw

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Thinking law and neuroscience imposes to be able to shift the traditional focus on the sources of law to the individual, the person.

And then there, when we assume that the (study of the) individual itself must be the most important on law, and it´s because of it the controversy, and all the controversy is at the end a probative dispute - we leave aside that almost sacred importance of the sources of law and we see the autentic individual - not an adressee of law but an agent of law. And when it launches the question of the nature of the individual and its social conduct, it starts a process of multiple combinations between Legal Theory and the Theory of Mind.

P5.2.002

Collision or Collusion: When Medical Ethics and Religious Belief Meet, What Happens to the Fiduciary Contract?

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This is first hand experience of a medical doctor (psychiatrist) who witnessed the revolution, its dawn and sunset and the process in the middle. The write up touches on a research that was conducted about the impact, if any, on religious/political affiliation on the fiduciary contract.

P5.2.003

Children's Rights and Marriage

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At present, marriage takes a variety of forms including common-law, civil and same-sex marriage. However, marriage can basically be seen as the social and economic bonding of a male-female couple based on a continuous sexual relationship, through which people can expect a tranquil life while building a new family.

The age limit for civil law marriage in Japan is 18 years for males and 16 for females, at which age both males and females are considered to have reached physical, emotional and social maturity. However, while many countries prescribe similar age limits for marriage, a number do not.

"Child marriage" continues to exist in a number of countries. WHIO reports 39,000 cases of child marriage daily, for an annual total of 140 million cases. Fifty million of those involved are aged 15 years or under, making this a serious human rights violation that threatens the health, educational opportunities and life choices of those involved. Specifically, such marriage

represents a health hazard due to early pregnancies and potential violence or sexual abuse from the husband. However, the parents and community often see such marriages as best for the child.

Valued cultures and customs that complicate the tradition of child marriage exist in many countries. However, marriage must not be allowed to threaten the health and life of children, and I believe that the prescription of age limits for marriage can prevent the violation of human rights associated with child marriage.

P5.2.004

The Morality of Using Human Genome Information for Personalized Genomic Medicine and the Right to be Forgotten

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This paper summarizes the debate surrounding the morality of using human genome information in cutting-edge biotech research to develop personalized genomic medicine, and the right to be forgotten. The opening text briefly discusses the human genome, and then outlines the issues surrounding human genome information and the definition of the right to be forgotten. Thereafter, the moral debate regarding human genome information is considered, with specific examination of cases where human genome information has been revealed or leaked. The paper also discusses the application of the right to be forgotten to human genomic information, with the following issues in mind: Is the right to be forgotten generally guaranteed for providers of human genome information in bio-research for personalized genomic medicine? How can the providers of human genome information have their right to be forgotten guaranteed? Lastly, when, and under what circumstances, can the right to be forgotten not be guaranteed?The aim of this paper is to pose these questions from ethical and legal perspectives, and to logically determine what kinds of answers are possible.

Keywords : Human Genome Research, Research Ethics, Right to be Forgotten, Privacy

P5.2.005

U.S. Pediatric Medical Malpractice Claims Stratified by Age, Error Type and Clinical Outcome

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This study compares pediatric malpractice claims to adult claims for U.S. physicians using the National Practitioner Data Bank for years 2005-2013.

During 9-year period, 83,717 claims met criteria for inclusion: 72,447 (86.5%) adults (>19 years), 3,487 (4.2%) teenagers, 2,407 (2.9%) children, and 5,376 (6.4%) infants. Median payment for infants was 85% higher than adults ($351,881 vs. $190,025). Payments for children ($208,743) was slightly more expensive than adults ($190,025); claims for teenagers were least expensive ($172,958). Catastrophic payments (>$1 million) constituted 7.3% of adult claims, 8.2% of teenagers, 11.6% of children, and 20.7% of infants.

Medical error accounted for 58.1% of adult claims while 35.3% involved procedural errors. More teenager and child injuries resulted from medical errors (67.9% for teenagers and 73.9% for children) but majority of infant injuries were procedural (60.5% procedural vs. 35.4% medical).

For every pediatric age group, procedural error payments were higher than medical error payments. For infants, procedural error median payment was substantially higher than medical error ($433,000 vs $266,000) but, for adults, procedural error median payment was lower ($181,000 vs. $202,000).

Debilitating injury claims were less common with age (25% infant vs. 3.0% adult). Severe injuries accounted for largest percentage of claims in infant group (40.6%) whereas death accounted

for largest percentage of claims in all other age groups.

Claims for infant deaths were almost equally likely to be medical as procedural (11.3% medical vs. 9.3% procedural). In all other age groups, death was more likely to be medical.

P5.2.006

The Problem of Drug Shortages in the United States

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This abstract examines roles various key stakeholders play in drug shortages.

Drug Shortage Crisis

The number of drug shortages has almost tripled from 2010 to 2013 while the number of drug shortages prevented has also grown.

Government Response

In 2012, Congress granted the FDA authority to expedite review and inspection of drug shortages resulting in a six-fold increase in notifications to the FDA. In 2013, the FDA issued a strategic plan aimed at improving current drug shortage mitigation activities and developing long-term prevention strategies that address root causes of drug shortages.

Key Stakeholders' Responses

Pharmaceutical manufacturers' organizations have recommended that manufacturers implement quality systems and comply with ten additional factors that mitigate drug shortages.

Professional medical organizations representing stakeholders affected by drug shortages are conducting research, lobbying Congress, and partnering with other stakeholders to address the drug shortage problem.

Physicians and other health care providers are sharing information with websites that provide Internet feeds to health care providers warning of drug shortages.

Hospitals have begun to purchase alternative drugs when available; develop proactive plans to address shortages; prioritize distribution of their pharmaceutical drugs; educate physicians about alternatives; and appoint staff to manage hospital-wide drug shortages.

Looking Ahead

The Drug Quality and Security Act, signed in November 2013 by President Obama, requires drugs to have a complete transaction list of all purchases and sales of each drug from the time of manufacture in order to ensure a steady supply of high quality products to potential buyers.

P5.2.007

Attending Physician Fatigue: An Undiagnosed Problem?

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We studied the legal question whether attending physicians' work-hours in the United States should be regulated.

We first examined the problem of unregulated physician work-hours by reviewing the science of sleep deprivation. Our review showed that fatigued physicians are at high risk for committing medical errors. We then approached physician fatigue from an ethical perspective and concluded that, although any work-hour limitation must be sensitive to special circumstances in differing settings, patients' welfare requires limits on attending physicians' work-schedules.

We then performed a comparative review of the work-hour regulations promulgated by the U.S. Nuclear Regulatory Commission, the Federal Aviation Administration, the Accreditation

Council for Graduate Medical Education, and the European Parliament's Working Time Directive in order to understand other regulatory schemes. This review suggests regulation of attending physician work-hours is feasible and provides valuable lessons to inform efforts to design effective work-hour limits.

Finally, we evaluated ways physician work hours can be regulated. We considered the U.S. tort system as an alternative to legislatively-mandated regulations but found the tort system does not provide necessary incentives or deterrence to encourage limitations of attending physicians' work-hours. Next, we considered self-regulation by medical societies but concluded that the medical profession's historical resistance to work-hour regulation and inherent conflict of interest does not allow for effective work-hour limits. Finally, we considered federal and state statutory limits, and we concluded that congressional action is the best option for establishing coherent and enforceable limitations on attending physicians' work-hours.

P5.2.008

An Examination on Healthcare Issues of Syrian Refugees Sheltering to Turkey in Legal and Ethical Context

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The civil commotion, which began on March 15th 2011 in Syria, has gradually turned into a civil war and in this environment the Syrian citizens, who were seeking safe areas, had to enforcedly undergone internal and external migration. Turkey is the most affected country by the migration. While the number of Syrian refugees, who have been coming to Turkey since the begging of the war, is registered as 1.6 million in formal records, the estimated number is remarked as over 2 million in reality. Women and children constitute 75 percent of the number. About 220 thousand people took shelter in 25 camps set up in 8 provinces different provinces close to the border by the government of Turkey whereas the rest of the refugees struggles to live with their own facilities in big cities. The legal acts about "mass migrations" and "conditions on being required urgent humanitarian assistance" in national legislation of Turkish Government remain very limited towards the great migration movements. Therefore most of the Syrian refugees have important problems about basic needs, sheltering, and education besides especially health. Moreover there are various limitations, which make difficult to access health services for the refugees, such as the lack of health care legislation, financial incapability, communication and language issues, and not knowing where and how the services are demanded.

In this study, legal regulations used in the utilization of health services of the Syrian refugees in Turkey and ethical issues encountered in this area will be examined.

P5.2.009

The Reality of Ageing within the Frame of Turkish Medical Ethics and Law

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Scientific and technological advancements have affected to struggle with incurable diseases in the past, mysteries of healthy and qualified life were begun to solve and these advancements supplied to prolong human life. In global context, there has been shown an increase in older age groups.

Recommendations for Human Rights of Older Persons, it was foreseen that one-fifth of the world's population will be aged 60 and over 60, and the first time in human history, older population will be more than children population in 2050. In different sources, it was stated that 27.5% of total European population and 30% of Turkish population will be older age group in 2050. It is clear that life expectancy and demands regarding life will inevitably increase also this case will prioritise old group to live in personal and social welfare.

Changing face of the population necessitates legal acts in context of not only fundamental rights and freedoms but also health field. In this context, age discrimination on access to resources and distribution of them in health field is one of the most discussed topics within the frame of justice.

This issue is questioned in terms of other principles of medical ethics because of perception that incompetency is associated with old age.

The issues encountered in long-term care and end of life treatment require to legal regulations having certain limits and stronger sanctions.

In this study, reality of ageing will be examined within the frame of Turkish medical and law by using international regulations and legislations as a base.

P5.2.010

Abortion in Relation to High-Tech: A Comparison of Legal Regulations of the United States of America and Selected Countries of the European Union

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The issue of acceptability and executing abortions is highly controversial among societies of the world. A differentiated approach towards the issue of abortion on both legal and medical grounds is a result of the aforementioned status. From medical point of view, pharmacological method is one of the ways of terminating pregnancy. It consists in applying medicine (mifepristone or methotrexate) that damages the embryo and then therapeutics that cause uterine contraction and result in miscarriage. The process of pharmacological abortion may be supplemented by telemedical tools. In the aforementioned case the physician and the patient undergoing an abortion are not in the same place. Medical recommendations, consent for access to medicine and other medical data are transferred by means of remote communication. In the discussion on the legal status of abortion, the issue of legal admissibility of using telemedicine in the process of pharmacological pregnancy termination has become one of the major problems in recent years. Comparison of legal regulations of the United States of America and chosen countries of the European Union is an interesting research area in the aforementioned matter. Currently web-cam abortions are prohibited by law in 18 states of the USA. In march 2015, Idaho senate adopted provisions that prohibit a medical abortion, thus joining the group of opponents. On the other hand, partial and vague legal regulations related to the use of telemedical systems in a treatment process in the European Union cause a number of problems, including ones related to performing remote abortions.

P5.2.011

Limits of Viability and Prematurity: Clinical and Ethical Approach

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Goals - The reduction of the limit of viability allows for a decreased mortality in extremely preterm newborns. However, the cost is a morbidity that does not decrease proportionally, with consequences and limits that should be discussed, a topic which has been gradually more present in Neonatal Medicine. The work aims to promote reflection on this subject, through the exposition of the clinical aspects and the subsequent ethical and legal approach involved in decision making, particularly emphasising the role of medical teams and parents.

Methods - National and international literature was researched, namely using the PubMed online database. Other documents were also used, including conventions, reports and declarations.

Results - Clinical aspects are highlighted, such as taking action according to gestational age and possible complications. Considerations of an ethical nature are made: the vulnerability, ethical approaches at birth, difficulties in decision making, parent involvement (counselling, communication and consent) and conflicts of interest with legal repercussions; integrating the principles of medical ethics as a foundation for the whole work.

Conclusions - The capacity for acting in extreme preterm scenarios and the limits of application of techniques raise clinical and ethical issues, which have not found consensus amongst health professionals, oftentimes leading to communication gaps with the parents, causing more difficult decision-making with regard to the best interest of the newborn. A greater awareness for this topic is of growing importance, coupled with a discussion of the ethical limits of action, inserted in a Medicine that is increasingly more technical, but cannot stop being human.

P5.2.012

Do Not Resuscitate Order? Ethical and Legal Aspects of a Life Decision

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Objectives - Nearly 40 years after the first do-not-resuscitate (DNR) order there is no standard regarding its application in the practice of medicine. The DNR order is a valid and appropriate subject, to the terminally ill and the captivating scientific advancements but raises clinical, legal and ethical issues. Based on existing literature this paper aims to review these issues, particularly in cancer patients, currently encouraging reflection about end of life issues.Methods - Literature review, specifically, scientific articles from the online database PubMed. Other literature sources were opinion documents, books, conventions and legislation.

Results - According to the Hippocratic principles, the physician's role in the care focuses on the best interest of the patient and in the suitability of therapy. It also reflects the respect for the patient’s autonomy upon informed consent and the binding nature of advance directives in determining limits on medical intervention. Finally, the reflection stands out around the ethics of virtues integrating it into medical practice as the basis of uncompromising respect for human dignity.

Conclusions - Withholding and withdrawing life-prolonging medical treatment is common practice, however the DNR order is not a consensual subject and lacks guidelines. Emphasizes the need for open discussion regarding advance directives and specific training in medical schools to identify and communicate with patients with limited prognosis can lead to improvements in care for end of life patients.

P6.1.01

Electronic Medical Records: Data Protection in Portugal and Brazil

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Medical records are very important in order to ensure the safety of treatment, the taking of evidence, control health expenditures and simplifying the justification of honoraria.

According to the Portuguese Code of Medical Deontology, doctors have the intellectual property of data collected; at the same time, Law 12/2005 states that patients are the owners of the medical information and the hospital is the holder of the medical record.

In Brazil, the protection of the patient´s data privacy is regulated by the Medical Ethics Code, a resolution issued by the Federal Council of Medicine. Apart from the deontological rules, there is no specific regulation for medical

record´s data protection in the Brazilian Law. The Consumer´s Protection Code – Law 8078/1990 – is the alternate source of legislation used in the Brazilian courts of Justice to set guidelines for the issues faced in that specific field.

Adding up to these paradoxical concepts, there are very distinct difficulties inherent to the information society, the risks concerning illegitimate access to data, violation of confidentiality and the transformation of the patient into an element of Big Data.

This workshop aims to provide an overview of the problems faced and solutions tested in both countries, comparing the different legal experiences and discussing if (and how) the ethical guidelines can help building a safer legal environment for patient´s privacy.

Keywords: Medical Records; Data Protection; Internet; Confidentiality; Access to Medical File.

P6.2.01

A Case of Maternal Brain Death During Pregnancy - Who is the Patient?

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We report on a 42 year old, 26 week pregnant woman admitted to Intensive Care after being found collapsed from a brain haemorrhage. Six days later she was declared brain dead. Five weeks after admission, a healthy 1.8 kg live baby was delivered, followed one hour later by organ donation from the mother.

Thirty previous cases of maternal brain death have been reported in the literature, with wide ranges of gestational age at the time of brain death and at the time of delivery, and duration of maternal life support prior to delivery (2-107 days). Of those cases, twelve were reported to yield a viable liveborn infant and five resulted in maternal organ donation.

The clinical management of our patient and her fetus created conflicting tensions between her treating clinicians both before and after declaration of brain death according to their respective clinical perspectives. Following the declaration of brain death, there was consensus that any ongoing treatment was solely for the fetus, which resulted in a range of ethical, moral and legal considerations between the treating clinicians, family, and hospital administration not previously encountered.

The specific legal considerations in this case included the legal rights of the fetus, those of the patient's partner with regard to determining the continuation of the pregnancy following certification of brain death, and the potential for a later claim for wrongful birth or wrongful life by a liveborn infant.

P6.2.02

Autonomous and Dependent Ageing Animals - Legal Criteria for a Sound Healthcare Decision Making for Aged People

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Human beings are made up of two distinctive features: autonomy and dependence. That is, the free exercise of our capabilities by oneself and the need of support for overcoming one's deficiencies.

Every human being is vulnerable and fragile, but dependence, incompetence and disability are most common in aged people, and therefore the legal answers in healthcare field should fit to their concrete condition.
The purpose of this communication is threefold. Firstly, it aims to explain the meaning of aged patient autonomy by distinguishing three dimensions: decisional autonomy, informational autonomy, and functional or executive autonomy. Secondly, it aims to show the different legal settings for decision making, namely informed consent, advance directives, and surrogate decision making. Thirdly, it aims to describe the legal answers to overcome incompetence and to define systems of

individualized and tailored support for ageing people.

P6.2.03

Care for Elder Patients: Who Decides if the Patient Can Still Decide?

Tom Balthazar
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In the care for elder patients, health care professionals are often confronted with patients who are no longer able to take decisions due to mental problems. The Alzheimer-disease, different forms of dementia and other mental illnesses can cause incompetence.

In these cases the crucial decisions about the care and cure of the patient will be taken by the family, a proxy appointed by the patient, a proxy appointed by the court or by the physician himself (in the best interests of the patient).

A difficult question is the way to decide if a patient is still competent or not. Different standards were elaborated to evaluate if a patient is still competent or not (and in which degree).

The question is not only to decide **how** the evaluation about the competence is done, but also:

- - **Who** will decide about the incompetence (and the degree);
- - **Who** can start or provoke the evaluation process.

Especially in the relation with the family or an appointed proxy, the question rises if they can claim their power to represent the patient.

These problems are analyzed from an international perspective and according to the law of four different European countries (Belgium, the Netherlands, France and the UK). We make a comparison between the positive law in these four countries and the implementation in the instructions or recommendations of professional boards.

P6.2.04

Public Health in the Most Aged Country

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In Japan, the ration of aged persons (over sixty-five years old) is 25.1% (2013), which is the biggest number in the world. On the other hand, thanks to the Public Health Insurance System, the citizens are easy to access to the medical resources and the self-pay ratio of the medical expenses is 10-30%. Furthermore, the self-pay amount has the upper limit per month, approximately 1,000 USD, under the high cost medical care benefit system.

It is natural that the more one is aged, the more the chance to have some diseases increases. In Japan, the aged persons consume 55.6% of the national medical expenses and the amount per person is four times, comparing to the one of less than sixty five years old.

In Japan, almost 90% of the hospitals and the clinics are private. Their owners tend to make profit by consulting the aged persons. On the other hand, we do not have the clear discrimination of the beds between for the acute diseases and for the chronic diseases. Thus, the medical resources that should be appropriated for the acute diseases are apt to be wasted in treating the patients of chronic diseases excessively.

As it is supposed that the society of Japan is more and more aged, we have to construct the efficient public health system though the reformation.

P6.3.01

La Decisión del Menor de Edad: Historia, Sociedad, Derecho y Salud

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La relación establecida entre el médico y el paciente menor de edad había seguido desde antaño los dictados del modelo ético de conducta paternalista, pero en torno a la segunda mitad del siglo XX, se empiezan a escuchar las primeras voces que reclamaban urgente protección para aquellos derechos del menor, que el excesivo proteccionismo de las prácticas derivadas de este principio de actuación estaba vulnerando en el ámbito sanitario. A pesar de la gravedad que suponía este vacío legal, en España el reconocimiento expreso de estas prerrogativas no tuvo lugar a nivel interno hasta la incorporación en 1981 del artículo 162 al Código civil y, a nivel sanitario, hasta el establecimiento en el Convenio de Oviedo en 1997, de las bases necesarias para dar protección internacional a la dignidad y a los derechos fundamentales del ser humano en este delicado espacio. No obstante, en la actualidad se mantiene un importante debate sobre el protagonismo que el menor tiene en el proceso de toma de decisiones sanitarias. La legislación existente no es uniforme y el profesional sanitario se encuentra ante un complejo escenario, agudizado cuando existen discrepancias entre lo manifestado por el menor y sus padres o representantes legales. En el presente trabajo se realiza un análisis histórico y normativo de la cuestión y se pretenden dar respuestas ante esta delicada cuestión.

P6.3.02

La Vulnerabilidad de los Datos de Salud en Tecnología Móvil

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La Directiva 95/46/CE, relativa a la protección de las personas físicas en lo que respecta al tratamiento de datos personales parte de la prohibición del tratamiento de los datos relativos a la salud, salvo que el paciente haya dado su consentimiento expreso, tenga por finalidad proteger su interés vital o así lo disponga una ley (art. 8).

Lo primero que salta a la vista en la manifestación del consentimiento a través de aplicaciones móviles de salud es el problema planteado por su prueba, así como la inexistencia de información clara en la recogida de datos, por lo que ese derecho de información que contempla la normativa de protección de datos puede verse vulnerado o limitado.

Las aplicaciones móviles de salud están proliferando en los últimos años previéndose que en España uno de cada tres usuarios tendrá instalada una en su terminal smarthphone. Pero también hay un debate abierto desde el punto de vista jurídico, al haberse desarrollado descuidando ciertos aspectos de privacidad y seguridad que han de ser tenidos en cuenta y que son regulados en la normativa europea e internacional. Así, las aplicaciones que recaben y almacenen datos de salud y que sin duda facilitan su transmisión transfronteriza, deberán garantizar el derecho de protección de datos personales, asegurando entre otros aspectos un control de acceso, autenticación, seguridad y confidencialidad, o información a los usuarios.

P6.3.03

La Maternidad Mediante Vientres De Alquiler Como Expresión Del Derecho A Procrear: Problemas Jurídico-Legales De Los Nacidos Mediante Estas Tecnicas

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El auge de las técnicas de reproducción asistida iniciado en los años 70, concebidas inicialmente para remediar los problemas de infertilidad de pareja, fue posteriormente ampliándose a la maternidad de mujeres solas, y puesto que la técnica lo permite, ahora el debate se centra en la posibilidad de acceder a la paternidad

biológica por parte de las parejas homosexuales formadas por varones, y quienes necesariamente deben acudir a la técnica de maternidad subrogada, vientre de alquiler, o gestación por sustitución.

El debate se plantea desde el punto de vista ético, medico y jurídico, y una vez que se ha acudido a la procreación haciendo uso de las técnicas en cuestión, nos encontramos con la problemática jurídica de los nacidos y la respuesta del Derecho.

Al respecto, el Tribunal de Derechos Humanos y Civiles de Estrasburgo, en una de las últimas sentencias la de 26-06-2014, falló contra Francia en un supuesto en el que dos matrimonios, acudieron a las técnicas de reproducción asistida, mediante vientre de alquiler en USA, por entender que la negativa del reconocimiento de filiación de los así nacidos era contraria al art. 8 del Convenio de Roma de 1950.

Los tribunales españoles, siguen negando el reconocimiento de la filiación de los nacidos mediante estas técnicas de vientre de alquiler, siendo exponente de esta posición la última sentencia del Tribunal Supremo, de 02-02-2015.

P7.1.01

Telementoring: Legal and Ethical Issues

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Telementoring, as used in this presentation, refers to the teaching of a new procedure to a surgeon in a region distant from the instructor. The American Medical Foundation for Peer Review and Education (AMF), of which I am Chairman, has spent the last twenty five years examining the quality of care in over 4000 reviews of US hospitals. We have found that one of the most common causes of patient injuries is the attempt by proceduralists to perform an operation or use an instrument which has been introduced into practice since he/she finished residency training. AMF has been working with the American College of Surgeons and other Specialty Societies to develop practical means for training community surgeons in newly introduced procedures through mentoring by academic experts. Problems in arranging for travel of the learner practitioners to academic centers to observe these experts and then of the experts to the community to supervise the learners in their first operations on their own patients combined with appropriate patient scheduling have thwarted implementation of this valuable and necessary training. Telementoring offers an elegant solution to this problem, but raises both legal and ethical issues which will be presented.

Note: No Conflicts-AMF is non-profit and I am not salaried.

P7.1.02

Clinical Trials, Research and Privacy Issues

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Clinical trials are usually sponsored by international pharmaceutical companies, satisfying regulatory demands with rapid recruitment by competent clinicians in the field. Such trials are often criticised as being commercial endeavours rather than scientific. While commercial reality remains fundamental, such trials, must satisfy Good Clinical Practice (GCP), be evaluated and approved by a Human Research Ethics Committee (HREC) and must benefit the patients for whom the treatment is considered.

Trials are usually conducted in tertiary academic institutions, although recently have been undertaken within private practice. This has necessitated some additional ethical considerations, beyond GCP, for added protection for subjects who are often recruited from within the patient population of practice.

Clinical research is not limited to trials and includes investigator-initiated studies, (often pharma sponsored) also respecting GCP and

HREC approved. Often clinical research is predicated by critically observing routine patient care. These may include practice audits, patient analysis to examine noted trends or simply reporting findings not previously recognised. Clinical research demands self-analysis and acute awarness of what one does in clinical practice, being questioning of what one does, why and what it achieves.

Research often results in publications which must be de-identified to protect the patient's privacy. It dictates informed consent but clinical trials evoke trial audits and examination of source data which means that external monitors will access patient records and review what has occurred. Patients need to appreciate such intrusion into their privacy as an integral component of GCP and trial management which should be part of informed consent.

P7.1.03

Electronic Medical Records & Cloud Computing

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Providers of medical services are turning to the cloud in order to reduce costs and to take advantage of new technologies concerning portability and access to the medical records of patients. However the cloud is sensitive concerning the protection of health data and privacy. How does the Law cope with this challenge? Existing legislation is adequate to deal with privacy concerns in the cloud environment? Is there legislation specifically tailored to regulate the use of cloud computing for processing health data of individuals? This communication focuses on the security and integrity of health data in the cloud from a legal perspective, providing an overview of existing regulations and works in progress concerning the protection of health data and privacy in the cloud.

P8.1.01

Some of the Ethical Implications of Targeted Treatment with Precision Medicine

Alan Hoffman
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In view of a Presidential call for "Precision Medicine" one must look at several threshold ethical issues. This paper will explore various ethical aspects of targeted treatment with "Precision Medicine." The cost of such treatment as well as the burden and responsibility for the payment will be reviewed. In addition, the applicability of the well established doctrine of the Standard of Care will be explored as it relates to "Precision Medicine" and the arising ethical implications.

P8.1.02

Biobanks, Medical Research and Public Health: What Do We Want?

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Summary:

Based on the recent technical and scientific developments in the area of genetic medicine and its legal implications, the proposed presentation intends to carry out a study aiming on the recent legal issue of Biobanks. A contribution to the explanation of his legal framework to national, European and International levels, taking into account the benefits and risks of Biobanks' activity for the rights of each and every one. An approach that places in interaction the technical-scientific, ethical-legal, sanitary, industrial, economic and social-policy fields. In coherence with the highlight that it takes today, urges that the Biomedicine will occupy the top spots in public debates in the coming years. This fact requires the preparation of legal solutions that give full response to problems such as the model of governance of Biobanks, the protection of

genetic data, limitations to fundamental rights of citizens and business interests in the in medical research heading for for public health purposes.

Key-Words:

Biobanks - Fundamental Rights - Medical Research - Protection of Genetic Data - Public Health.

P8.1.03

Additional Safeguards for Children Using Biometric Technologies in the European Union Multilevel System from the Perspective of Fundamental Rights Protection

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Certainly biomedical research has experienced an exponential development in recent years, in part due to the profound transformations in biotechnology. In fact, actually biometric data represent a challenge for security systems in the actual global world.

New technologies help us to identify persons thanks to fingerprint/palm identification, iris identification, face recognition or DNA technology. However, we need to respect fundamental rights when we are using these technologies. I this objective is important per se, it is much more so in the case of minors that require special attention and specific (additional) guarantees.

Therefore, we need to focus on proportionality to limit the use of these technologies (when they are necessary) in order to guarantee public or private security but with respect to fundamental rights (rights to integrity, image, data protection, etc.), and we also need to take additional safeguards for children.

In this paper we present that the advances of these biometric technologies and their use have as a challenge the use of them in our security systems in order to respect fundamental rights, particularly regarding the additional safeguards for children

P8.1.04

The Communication of Adverse Events and Criminal Procedure - A Comparative View

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The actions that take place in medical facilities are possible candidates for a lawsuit. If an adverse event takes place - one that has not been accounted for before the medical act, but that has occurred, inflicting an injury upon the patient - we need to learn from it. For that and to increase patient safety, error reporting/notification platforms were created. In Portugal, the platform has been effective for a couple of years, yet the numbers are not very satisfactory, besides it being anonymous, confidential and voluntary. These characteristics have been applauded, due to the fact that the main purpose of the platform is to increase patient safety, however, if the identity of both the professional and the patient are left out, its main purpose is severed. We understand that those characteristics make the platform more accessible to the medical community, once there are less risks of a criminal or civil lawsuit. Yet one of the main principles which would possibly be breached if the platform was not anonymous, is the nemo tenetur ipsum accusare. It is linked to the right to remain silent and self-incrimination privilege. This principle is not always respected within the Portuguese legal system, and it has not always been respected outside of Portugal. The basis of our research is precisely that link between error reporting and self-incrimination. Therefore, we will analyse the legal doctrine, jurisprudence, case-law and legal documents, in order to come to the conclusion which system works best, a self or a non-incriminating system.

P8.2.01

Ageing in New Zealand: Legal wonders and Pitfalls of New Zealand's Unique Medico-legal System

Kate Diesfeld
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New Zealand's many positive features include its novel medico-legal system and its commitment to its ageing population. Distinctive elements of the medico-legal system include the accident compensation scheme and an enforceable code of patients' rights. Established in 1974, New Zealand's accident compensation scheme was designed as a provider of insurance for personal injury. In exchange, New Zealand barred personal injury. When gaps in protections for patients became apparent, an Office of the Health and Disability Commissioner was established. This legal "experiment" has attracted international interest for its aspirations and outcomes. However, legal fault lines have become apparent for older people through recent interdisciplinary research published in Elder Law in New Zealand (Thomson Reuters, 2014).

Two legal matters of concern to ageing New Zealanders and their advocates will be addressed. First, a critique of select accident compensation cases involving older claimants will be presented. Secondly, the strengths and limitations of the patients' rights regime under the Office of the Health and Disability Commissioner will be discussed. More broadly, the analysis will reflect upon how "elder law" is emerging as a recognised field and how it may best serve New Zealanders in the future. Designed to foster international exchange, this session will invite discussion on medical law strategies to protect, and advance, the interests of older people.

P8.2.02

The Organization of Medical Long-Term Care for Elderly in Poland – Chosen Problems and Proposal of Solutions

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Poland, as other countries, faces the need to increase the accessibility, efficiency and quality of health care for the elderly. But the "Senior - Vigor" policy adopted in 2015 focuses not on medical, but on social care. No action to improve the long-term medical care for the elderly is taken.

Problems with long-term care in Poland can be divided into three main groups. Firstly, organizational problems. The number of institutions providing comprehensive medical care for the elderly is insufficient in relation to the number of patients. This results in, i.a., long periods of waiting for a vacancy.

Secondly, financial problems. Only medical treatment is state-financed, while the costs of food and accommodation are covered by the patient. However, patients and their families are informally forced to make additional pecuniary donations to welfare institutions under pain of not accepting the patient or of lower-quality care.

Thirdly, problems with the quality of medical care. The facilities are short of staff and the patients are frequently neglected. The correctness of medical treatment is not verified, while, for example, there are signs of abuse of sedatives applied to patients. This can arise to a violation of the dignity of the elderly.

The presentation will present the problems mentioned above relying on specific examples, as well as possible solutions to those problems. These considerations may be of interest to other countries with similar problems with the organization of long-term medical care for the elderly.

P8.2.03

New Juridical Measures to Protect Elderly People with Neurodegenerative Diseases

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Aging is the great social, political and legal issue of our time. Nevertheless, is still a lack of concrete legal measures to protect individuals that gradually lose their discernment, capacity of judgement and conscience because of neurodegenerative diseases.

At this presentation, we will ask for the measures to protect incompetent adults currently available - disqualification and ban, the advance directives of will and the appointment of a proxy of health care - and request for new possible measures. At this point, we will point to the following sub-themes: 1) changes to traditional concepts of 'guilt' and 'free will' in law, imposed by the new conceptions of "understand and want to" and "to act otherwise" brought by new studies in neuroscience, and its implications on the notions of capacity and liability; 2) the assumptions of legal incapacitation and its scope, the need to develop new measures of partial and progressive legal disability for patients who experience progressive loss of discernment and psychic autonomy; 3) ways and measures to access the patient's will according to its set of values when it is no longer able to express their choices in terms of medical treatments, interventions, studies and scientific research where they want to be involved on.

P8.2.04

Health Policy and Law: Responding to the Challenge of Ageing (A Newly Emerged Country Perspective)

Radmyla Hrevtsova
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Population ageing has lately become a concern of health policy- and law-makers in many countries of the world. This is manifested in the newly emerged countries that have to both tackle problems inherited from the past and respond to new challenges. It seems important to understand how those countries are accounting for the population ageing in their health policies and / or legislative acts for fostering international cooperation.

In many of such countries the demographic trends are worrisome. Thus, for example, in Ukraine the percent of population aged over 65 to that aged between 15 and 64 years will reach 38 % in 2050, with the old-age dependency ratio being projected to approximately 10 individuals of working age to 4 persons of pension age (M.Svenchitsky, L.Tkachenko and I.Chapko, 2010). The situation has been complicated by the healthcare system of outdated design, little attention to public health issues affecting the elderly, etc.

Accounting for the WHO recommendations, health policies are to be value-based, putting such values as human rights protection, solidarity and other values relevant to the ageing population challenge, as a ground for the re-designed healthcare systems.

While forming health policies, the inter-sectoral approach should be ensured. It is critical, for example, with the view of the trend of integration of healthcare and long-term care services (NIVEL, Health services research: helping tackle Europe's health care challenges, 2011).

The policy priorities, including those responding to the discussed challenge, should be clearly identified and the proper legislative basis for their implementation created.

P8.3.01

Disentir Bajo la Objeción de Conciencia Sanitaria?

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Debería el profesional sanitario compatibilizar sus convicciones morales con su obligación de

atender a quienes solicitan determinadas prestaciones legalmente establecidas?. Objetar en conciencia es una forma de ejercer la libertad. Pero valorar ejercerla no sólo con convicción sino también con responsabilidad, implica renunciar a la soberanía de la conciencia en cualquier supuesto, sin restricciones, ni límite alguno. En efecto, la protección de la salud y todo lo relacionado con la vida, -sobre todo en su inicio y al final de la misma-, es un terreno fértil para el debate ideológico y religioso. Sin embargo, hay que hacer un esfuerzo por aclarar qué debe y qué no debe resolverse bajo los postulados de la objeción de conciencia sanitaria. Por otra parte, ¿hasta qué punto legitimar al objetor escudarse en el anonimato?. El objetivo de esta comunicación consiste en examinar los criterios que nos ayuden a delimitar cuándo la libertad para disentir del profesional sanitario es subsumible bajo dicho supuesto. Para ello, comenzaremos con una breve delimitación conceptual de nuestro objeto de estudio. A continuación, analizaremos la situación legal y revisaremos algunos casos en la esfera sanitaria. Finalmente, nos ocuparemos de las cuestiones que habría de tener en cuenta la regulación de esta materia en este ámbito para que tanto el cumplimiento de la ley como la objeción de conciencia se realicen con plena responsabilidad.

P8.3.02

Marco Internacional y Factores de Infuencia en la Legislación del Diagnóstico Genético Preimplantacional

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El diagnóstico genético preimplantacional(DGP), técnica que tras análisis genético puede seleccionar embriones potencialmente sanos o con una característica genética específica,ha generado un debate donde el Derecho y la Ética no han resuelto una cuestión donde otra vez la Ciencia se ha adelantado a los conceptos previos.

El marco legal internacional es muy dispar. Las declaraciones universales de la UNESCO no engloban ampliamente la problemática del DGP. Apenas existe legislación específica, mayoritariamente en Europa, encontrándose en el resto recomendaciones de sociedades científicas o jurisprudencia. En España y Gran Bretaña existen legislaciones más permisivas mientras que en otros son más restrictivas (Alemania,Dinamarca,Francia,Suecia). En Austria, Letonia, Lituania, Suiza e Italia el DGP está prohibido.En EE.UU. está sometido a contrato realizado entre pareja y entidad privada.En Japón rigen recomendaciones científicas.En Israel, incluida la elección de sexo, está ampliamente aceptado. También en países árabes, jugando la religión en ello un papel determinante. En China hay una vacío legal y en India las fuertes tradiciones se imponen a una ley inconcreta. En África y Latinoamérica la biotecnología es un asunto menor. El fenómeno religioso,las tradiciones culturales ,los hechos históricos y el nivel económico influyen decisivamente en el tipo de legislación nacional y toma de decisiones respecto a la técnica.

Ello ha generado graves consecuencias en esta cuestión trascendente, incluido el fenómeno del cross-border reproductive care,desequilibrios demográficos en China e India debidos a selección genética, y en EE.UU. casos con fines no médicos. Puede ser el momento para plantear una legislación internacional común y vinculante sobre DGP.

P8.3.03

Centros Residenciales Y Rechazo De Tratamientos Médicos

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La relación entre el centro residencial y el usuario no se circunscribe al ámbito sanitario,

pero este aspecto está incluido sin duda dentro del contenido de la prestación. Centrándonos en el colectivo de personas mayores, el hecho de residir en un centro no ha de suponer una alteración en el derecho del paciente a ser informado y a decidir sobre la aceptación o rechazo de un tratamiento médico, pero sin duda condiciona la recepción de la información y la prestación del consentimiento. En el caso español, se plantea la aplicación de la Convención de Naciones Unidas sobre Derechos de las Personas con Discapacidad y su sistema de apoyos en la toma de decisiones, así como una interpretación restrictiva de las excepciones que permiten prescindir de la información y obtención del consentimiento de la persona mayor. Por otro lado, se constata que en ocasiones el derecho del paciente a rechazar un tratamiento se ve vulnerado por actuaciones prácticas que se perciben como normales, como la prescripción de fármacos por el servicio médico del centro residencial y, lo que es especialmente grave, por su uso como sujeciones farmacológicas sin consentimiento del paciente. Es necesario avanzar en la regulación de estas prácticas, así como en los mecanismos de control sobre las mismas, para garantizar el respeto a los Derechos Fundamentales de los usuarios.

P8.4.01

Living Will (LW): An Unknown Reality in Portugal

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It has passed three years since the law was approved, 16 July 2012 (25/2012[1]). It "Regulates the Advance Directives in the form of living will**[2]**".The intend of our research was to identify the fraction of the full aged Portuguese population that knows and is aware of the meaning of LW; to analyze the factors that might be related to this knowledge and identify, among those who know the LW, the source of information? The method was a questionnaire by telephone, to a representative sample of Portuguese patients (n = 1064, with a sampling error of 3.7%).The data were analyzed with SPSS v.22.0 software, using descriptive and analytical statistics. Significance was set at $p < 0.05$. By exploring some results, we can say that the major part of the respondents don't know (78%), at all, what LW means.This lack of knowledge is not influenced by the gender, age or family situation, but it appears influenced by the country region.The remaining results, the discussion about ethical and political issues and the conclusions will be presented at the 21st Annual World Congress.

[1]Official Gazette, 1st Series - No 136 - July 16, 2012 OF PARLIAMENT Law No. 25/2012 - July 16

[2] It gives, in addition, the possibility of nominating someone as a Healthcare proxy, and creates the RENTEV (National Registration of Living Will), a new software that allows citizens to register "living wills" with no expenses (created only in May of 2014 by Portugal Directorate-General of Health).

P8.4.02

Justification Standards of State Task for Regional Ministry (Department) of Health on the Basis of Monitoring of the Main Types of Legal Professionals

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The basis of state control activities of public institutions is a state task. For the formation of its quantitative indicators developed standards of core activities of the legal department (LD) of the Ministry of Health of the Republic of Komi (MH RK) on results for 5 years.

Continuous method analyzed: 2156 legislation and regulations; 139 claims; 172 lawsuits; 1634

court proceedings, as well as 22,539 other documents received by the LD.

Regional standards for the formation of the state task include a year of not less than: 431.20 laws and regulations, including: 3.40 Decrees of the Head of RK (0.79±0.19%); 8.00 Laws of RK (1.86±0.29%); 1.60 Resolutions of the State Council of RK (0.37±0.13%); 22.00 Resolutions of Government of RK (5.10 ±0.47%); 19.40 Government Orders (4.50±0.45%) and 376.80 Orders MH RK (87.38±0.72%); 46.33 Claims suppliers; 86 lawsuits with 326.80 trials and turnover of 4507.8 documents per year.

Standardization of other types of work: the treaties subordinate republican health care institutions, citizens' appeals, law enforcement agencies, the participation of employees in the LD permanent commissions MH RK; carrying out official inspections; professional development; analysis of the current legislation requires further study and development of scientific and methodical campaigns. It was worked the universal registration form "Structure and dynamics of legislative and regulatory acts, claims, proceedings, documents turnover during the calendar for the formation of the volume of public tasks" (Shapovalova P.K., 2006).

P8.4.03

Financial and Criminal Accountability § Constitutional Right to Health, Public Moneys and Asset Recovery

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It is important that there is good governance in particular in cases involving for example the public money in the health sector. It is necessary, appropriate and proportionate, following the constitutional principles (constitutional) transparency and responsiveness to the demands of the population, accountability and self-responsibility. All this involves the development of constitutional anti-corruption principles. The financial and criminal liability may be an incentive to improve the management of public funds and the enhanced enforcement of the constitutional right to health. The constitutional, administrative, criminal areas, public administration and science of administration and good governance, particularly in health, should be articulated in a single strategy. Constitutional Court, Supreme Court or Court of Auditors must be aware together. Attention to the management of taxpayers' resources and indebtedness of the public authorities. What even has implications for national sovereignty and relations with foreign creditors. It manage with competence and honesty public money. One can not forget, in parallel, of necessity, appropriateness and proportionality of the existence of an effective criminal responsibility and appropriate means to recover public assets, directed to the health sector, which have been illegally diverted to serve private interests.

P8.4.04

Informed Consent in Malaysia: Bridging the Gap Between Law and Medical Practice

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The law relating to informed consent in Malaysia has developed significantly since 2007. By adopting the “reasonable prudent patient test” to determine the material risks that need to be disclosed, the Federal Court has made the circumstances surrounding the patient of utmost importance thereby thrusting the respect for patient autonomy into a more dominated ideology. The subsequent development of judicial cases since 2007 has also shown the reinforcement of patient autonomy and the right of self-determination. Although the decision by the Federal Court marked the change in the legal jurisprudential landscape in Malaysia, it has also created gaps in medical practice. Generalised consent forms are no longer adequate without specifically detailing the risks discussed with the patient prior to consent being granted and there is still uncertainty in the practice of informed consent. Factors such as complexity of communication in clinical

encounters involving language barriers, advancing medical technology and changing relationship between doctor and patient have undermined informed consent processes. Informed consent should not be understood as being just a theoretical principle but an arduous process covering a spectrum of structural realities and cultural perspectives. Future efforts need to ensure informed consent involve collaborative processes that promotes autonomy, freedom and choice that is required within contemporary healthcare settings. Medical choice depends on factors that transcend professional training and knowledge which can be procured through appropriate education, training and continuing professional development. This will eventually ensure that the informed consent obtained will be "real" and no longer “in a form” only.

P9.1.01

Online Clinical Records of an Off-label Prescription: The Problem Through the Portuguese Case

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Off-label prescription of a medicine is not only common and a widely accepted practice, but also unavoidable in modern health systems. A practitioner tasked with treating patients in this real world, facing a lack of useful therapy, cannot wait for all the procedure to get a licensed medicine use. However there is still no regulation of this kind of prescription in Portugal (or Europe).

As a physician's prerogative, therapy freedom must guarantee the patient's respect, reason why he/she must be fully informed. It is imperative that the patient knows the particular therapy, its potential risks and benefits and the reasons that led the practitioner to prescribe off-label. Besides all information should be comprehensibly noted in the patient's clinical records to ensure protection for both patient and physician.

Although there is no consensus about the form of off-label prescription's informed consent, in 2014, an administrative guideline from DGS (Portuguese Health's Direction) recommends a written form.

The problem is: how to adjust this demand with the growing informatization of the clinical records and with mechanisms like the Portuguese Health Data Platform?

In fact, this is a common health problem. Recently, FDA (U.S. Food and Drug Administration) published a draft guidance that provides recommendations on procedures using an electronic informed consent.

The purpose of this communication is to reflect about the possible matching of off-label prescription and electronic informed consent.

P9.1.02

The Effects of the Affordable Care Act on Medicaid Patients and the Ethical and Financial Implications on Patients and Providers in States Not Participating in the Program

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This presentation will explore the effect of the Affordable Care Act on Medicaid patients in states that have adopted the Affordable Care Act compared to those that have not adopted the Affordable Care Act. Information will be presented as to treatment modalities as well as alternative reimbursement models. The presentation will also present information on staffing as well the ultimate effect on patient care. While there has been no study to date, questions arise as to whether a lesser level of care in states who have failed to adopt the Affordable Care Act could be a lesser standard of care.

P9.1.03

Legal Regulation on Electric Medical Records in Japan

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In Japan demands on clouding computing services for medical examination informations have increased by the following factors; 1) declining birth rate and aging population, 2) depopulation in the suburbs, 3) assisting cooperation of local health and nursing cares, 4) remote medical system, 5) life support system for aged and single persons. In 1999 the Ministry of Health and Welfare notified that the Ministry accepts storage of medical records using electric media. In 2001 the Ministry of Health, Labour and Welfare announced the Grand design on healthcare towards information age. In 2003 the Act on the protection of personal information was enacted. In 2004 the Ministry of Health, Labour and Welfare notified the Guidelines for adequate deal with personal information for health and nursing care providers. In 2011 the Ministry of Economy, Trade and Industry announced the Information security management guidelines for the use of could computing services. In 2014 the Information security management guidelines was revised and the Guidebook for the guidelines was made up. In 2015 the amendment of the Act on the protection of personal information was proposed to the Diet. Legal regulation for cloud computing system in medical records has been inadequate. We should consider a certification system of cloud computing system supplier, international standards and so on to protect patient's medical information.

P9.1.04

Genetic Data Protection Under Spanish Law: A Tort Law Perspective

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Genetic data have characteristics that make them deserving of special protection. In particular, given that such data are sensitive, misbehaviour in data treatment may cause damage to the holders of such data which may be difficult to restore in an effective way. However, the current regulation on the protection of personal data in Spain is very underdeveloped as regards liability issues. Therefore, different questions from the perspective of tort liability may arise. The present paper explores these issues from the point of view of Spanish law and in light of the new regulatory proposals at a European level.

P9.2.01

Patient Autonomy and Respect for Living Will

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The evolution of practices and medical technology greatly affected the doctor-patient relationship and how both deal with the dying process. In this context, the recognition of living will may represent the breakdown of organismic ideal and promote the dignity of the human person in many of its dimensions, showing respect for autonomy as a fundamental right of the patient. This article discusses the legal and binding character of these statements, imposing the need for living will respect not only by the medical staff, but especially by the family members or responsible for the patient. Often are established conflicts between family members who, before dying relative, position themselves for or against respect for his statements. Considering the right to refuse medical treatment as a fundamental right it is necessary not only allocate a specific legal regulations, but also think legal mechanisms to ensure it effectively. Injunction, condemning actions to fulfill an obligation to do or obligation not to do? Do these procedural mechanisms are sufficient and adequate to ensure compliance for the living will? That's what we intend to discuss, considering as a starting point the self-determination as part of dignity; this premise leads to death can only be analyzed from its

meaning for the patient himself on which it was able to reflect.

P9.2.02

A Legal Approach to E-Health and Elderly People: Indirect Discrimination vs. Health Efficiency

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Undoubtedly, the progress on e-Health tries to improve the quality of our Public Systems. In this sense, the implementation of technological mechanisms of medical appointments, informed consent and even electronic health records are useful tools to provide a better and faster service.

But, is this true for everyone? Is this a modern model for all patients or is it a system that creates, de facto, a dark and unapproachable framework for an important sector of the population?

As we can see in many social studies, elderly people have not knowledge enough to be independent users of these technologies. In fact, this modern system creates doubts and insecurities that may result in a discriminatory system for an increasing percentage of the population.

In this research we are going to analyse both the Spanish and the international legal framework on e-Health and elderly people in order to determine whether exist, or may exist in the future, a systemic discrimination against people without electronic knowledge.

P9.2.03

Informed Consent in Dentistry - It's Application in the Iberian Peninsula

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The information contained in the informed consent can meet the patient's right to self-determination regarding their health care. Consent prepared as a written document meets the legal principles of each country.

This work aims to analyze the assumptions and bases for the preparation of consent in Portugal and Spain. Collect the updated clinical information for correct preparation of such in the field of dentistry. Thereby, guiding the health care professional who pursues his medical activity in the aforementioned countries regulating the clinical procedure.

Three situations are exemplified in orthodontic diagnosis, contemplating surgical versus nonsurgical treatments. For each a methodology that considers pre-treatment plan is used. This plan includes the choice of the election therapy view of the recent updates in the area of orthodontics. Lastly are considered the risks and possible complications for each situation. For the proper preparation of patient consent was carried out a test stage in a group of professionals from both countries that make up allowed some adjustments to their terms and their subsequent validation.

After a correct filling in the forms was possible to create different consent forms for the situations described, which were later used in the countries involved.

This work aims to alert the healthcare professional to the importance of implementation of legal assumptions in its good clinical practice in dentistry, using the previous elaboration of informed consent.

P9.2.04

Research on Aged Tendency of Population and the Aged Health Care Legislation of China

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With the speeding aged tendency of population, the health care system which closely related with the aged people's life quality has become most important issue focus on by the whole world. Many countries took measures to perfecting their own legislation to deal with this situation positively. Nowadays, we don't have corresponding perfect legal system of the aged health care, lacking of united legislative ideal and guiding principles, without basic health care law for the aged people, and scattered legislation, lower grade of law. we did not reach the goal of satisfying every people's health care requirement. Based on the competitive analysis on the aged health care model typical representative of England, Japanese, Singapore and America, the author put forward several advice perfecting our legal system on the aged health care, explicating legislative idea of fair privilege, enhancing the legislation of the aged basic health care system, specifying the rules on combination of compelling and voluntary, establish new type medical aid system, developing multiple levels health care model of the aged people in China.

P9.3.01

Consentimiento Informado y Cuidados Paliativos a Los Enfermos en Situación Terminal en el Sistema Sanitario en México. El Dilema de la Alimentación e Hidratación

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Los avances tecnológicos y científicos en el campo de la medicina permiten mejorar las condiciones de vida de las personas prolongando la duración esta; al punto de que padecimientos que se consideraban fatales para el paciente, y actualmente se consideran enfermedades crónicas tratables. Las condiciones de la prolongación de la vida del enfermo es tema de cuestionamientos en bioética y que contempla el bioderecho. Tradicionalmente a los médicos se les formaba para esforzarse en salvar a toda costa la vida de los pacientes como el bien más preciado a preservar. El paciente era objeto de esas intervenciones y se ponía totalmente en manos del médico, con muy poca participación e información sobre el tratamiento.

Actualmente muchos de los pacientes terminales se implican en las condiciones en las que se pretende mantener su existencia. Su visión de vida buena y correcta va de la mano con unas condiciones de mínimos de dignidad. De la mano con derechos fundamentales. Ello implica que el médico, el personal sanitario y las propias instituciones de salud pública y privada reevalúen sus procedimientos para garantizar los derechos del enfermo, informar adecuadamente de las alternativas de los tratamientos de cuidados paliativos, entre otras cuestiones con el fin de evitar los casos de obstinación terapéutica y las violación de los derechos humanos. La cuestión central es sobre los dilemas que se presentan en el procedimiento médico adecuado, el establecimiento de los cuidados básicos como la higiene, alimentación e hidratación- y la manifestación de la voluntad del paciente.

P9.3.02

El Final de la Vida y el "Derecho a No Saber"

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El envejecimiento de la población va a evidenciar la necesidad de retomar la reflexión sobre cuestiones sobre las que todavía no se ha alcanzado un suficiente consenso en el ámbito del Derecho Sanitario. En las últimas tres décadas el llamado "derecho a no saber" ha suscitado el interés de los expertos (Andorno, Laurie, Helgesson, Takala...) principalmente en torno a la información genética (UNESCO

Universal Declaration on the Human Genome and Human Rights 1997). Pero la posibilidad de optar por la ignorancia no está legalmente limitada a ese ámbito. En España, por ejemplo, la Ley 41/2002 de Autonomía del Paciente dispone que "toda persona tiene derecho a que se respete su voluntad de no ser informada", y que "cuando el paciente manifieste expresamente su deseo de no ser informado, se respetará su voluntad..."; todo ello en la línea del art. 10 Convenio de Oviedo ("... deberá respetarse la voluntad de una persona de no ser informada") y, por tanto, en el contexto más general de la defensa de la dignidad humana ante intervenciones sanitarias de toda índole.

En la etapa final las personas pueden padecer transtornos o enfermedades irreversibles, que deterioren progresivamente sus condiciones de vida o que determinen su fallecimiento. Ante tales diagnósticos es necesario plantearse ¿qué alcance debe reconocerse por los médicos y las personas de su entorno a la voluntad del paciente de no recibir información sobre su estado, o sobre su pronóstico? ¿son trasladables a este contexto las reflexiones nacidas en el ámbito de la genética?

P9.3.03

Bioderecho: Un Nuevo Modelo De Relación Entre Tecnología Y Salud

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Los nuevos avances biotecnológicos operados en los últimos decenios, han supuesto un importrante impacto en el entorno de las ciencias de la vida y en el derecho encargado de afrontar las temáticas relacionadas con la salud y con la dignidad de la persona en la relación clínica. Frente al creciente poder de intervención en la vida humana por parte de la ciencia, se ha vuelto inevitable preguntarse si todo lo que es técnicamente posible puede ser éticamente justificable y, si lo es, dentro de qué límites jurídicos. Todo ello provoca controversias de difícil solución, sobre todo en las fases de envejecimiento de la persona y en los momentos finales de la vida. Se hace preciso ofrecer nuevas fórmulas de afrontar la búsqueda de solución a tales conflictos: hecerlo desde planteamientos éticos, con el aval de la ciencia y bajo el marco de en un derecho cercano a la sociedad cuyo referente radique en el imperativo sustentado por los Derechos Humanos. Esto es lo que entendemos que es la eclosión de una nueva ciencia, la ciencia del Bioderecho. Ante un problema de salud y de dignidad, no sólo interviene la ciencia y sus conocimientos avanzados; también interviene la ética, que se interroga por las realidades transcendentes comprometidas en la decisión a tomar; y también lo hace el derecho estableciendo los cauces de convivencia necesarios, las garantías de los derechos reconocidos, los deberes asignados y el mínimo común denominador mediante el que derecho, ética y ciencia convergen en la solución más justa.

P9.4.01

Patient Rights in Azerbaijan Republic: Informed Consent

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Medical services provided to the patients are improved from year to year all over the world, including Azerbaijan. But with improvement of services, the principles of respect of life and human dignity, and the person’s rights to protection of health should be respected.

These principles are stated in the main Law – Constitution, and health laws of Azerbaijan Republic. The main law on health is Law of the Health of Population. The Article 24 of this Law is on Patient Rights. In this article stated that patient has the rights as follows:

To give oral or written voluntary consent to medical intervention;

To refuse medical intervention.

If the rights of patient are violated he/she may apply to the head of treatment and prevention institution, relevant executive authority, or apply to the court in the manner prescribed by law.

Unfortunately, appropriate control mechanisms of conduct of informed consent do not exist in the Law of the Health of Population. As a decision of this problem international laws on patient rights were studied by author to give suggestions: to take actions on adoption and regulation of new mechanisms of informed consent, and in order to have evidence for protection of the rights of patient, and at the same time the rights of physician, informed consent should be in written form.

P9.4.02

Persuasion and Respect in Maternal-Foetal Conflict

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Within the maternal-foetal relationship, the interests of the foetus are generally aligned with those of the pregnant woman, however, it may sometimes diverge. In this communication we analyze the legal and ethical aspects in the conflict between maternal autonomy and foetal well-being in an uncommon case of the mother's refusal to undergo a medically indicated caesarean delivery to terminate the pregnancy in a pregnant woman with severe pre-eclampsia and foetus with substantial haemodynamic alterations. Opinions differ between those that argue that the patient's autonomy takes precedence and that the woman's informed refusal should be respected, and those that argue that beneficence, justice, and avoiding harm to the viable foetus should ethically overrule the refusal of surgery. In this case, the Duty Court authorized the medical team to carryout a caesarean delivery against the wish of the patient. The communication between the patient and the medical team was crucial in obtaining her consent to a caesarean delivery, thus solving the potential litigious situation given the divergence of opinions as regards taking a decision, and this is likely to facilitate consensus based on a shared understanding of values and goals.

P9.4.03

Mediation on Solving Medical Dispute

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Solving medical dispute by mediation is not widely known in Indonesia, even though the Health Act No. 36/2009, on article 29 clearly regulated medical negligence occurs in hospital must be solved first by mediation.

This paper will discuss the importance of medical dispute, both on crime and Tort Law. The dispute that fall into category of criminal law are Intentional and Omission. While the Tort Law if negligence's present. Both kind of medical dispute need mediation.

For mediation on criminal law is almost not present since the inexistence of regulation to backed it up. However, it is possible the kind of solution seeks by both parties is mediation. Recently, in East Java the police force found a case of death by the suspect of medical negligence which could lead to 5 years imprisonment. However, after further investigation the result is a reconcilement already agreed by both parties, and this case closed by withdrawal of report.

Mediation on medical crime is the best possible way to solve the problem if both parties agreed without compulsion or under other people influence. Normally, Physician or Hospital pay for compensation in the sum that agreed by both parties. Physician or hospital usually prefer reconcilement because this can be done in private, far from media coverage so this will protect the reputation of the doctor or hospital.

P10.1.01

Brain Stem and Glanduler Manipulation to Create Organ's and other Systems

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What is the first part of the body that is created in the fetis? Is it stemcells or our brain stem ? Then why are we researching the body's ability to recreate it's own organs based on the original recipe in Stem Cell research . Spinabifita is a direct result of our brain stems getting it wrong in the design of our spines belonging in the inside of our bodies.. If we know this then why arent we studying the brain stems and glandular systems of all the aborted fetises we discard yearly . It is clear what systems are responsible for creating and designing out body . If we can tap it to it we can manipulate it to continue to design our body's on demand. No cloning , no organ rejection , no Stem Cell research debates , just the gift of life from mother nature that we are all born with . We are designed for life not death so lets use what we have to live longer. The power is there , we must be wise enough to use it and not waste time and money on research that does not include these areas.

P10.1.02

Like Father, Like Son - The Call to Raise Elder Abuse Out of the Shadow of Child Abuse

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The baby boomer population has been undeniably increasing at an alarming rate. The World Health Organization stated, "In almost every country, people aged over 60 years is growing faster than any other age group" Global efforts have to be undertaken to execute the appropriate shifts - in healthcare, legal and social systems to accomodate for the ageing population.

A first step is in the direction of tackling Elder Abuse - an issue neglected until now due to potential social stigma or cultural justification, yet a critical matter that needs addressing for its violation of human rights.

The older population represents a group of individuals highly vulnerable to harm through abuse -including physical, psychological, financial, and even sexual abuse and neglect. It is curious that this frail group receives a fraction of both the attention and funding compared to children. The basic rights of care for a human being are not subject to alteration with time: the wrongdoing to an elder should be seen as important as the harm to a child.

An integrative approach between law and medicine is necessary to develop effective detection, prevention, and response, through a co-ordinated and systematic approach, including legislative enactments, legal enforcement, and sustained and timely health and social services care.

P10.1.03

"Due-Diligent" Informed Consent in the Elderly

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The doctrine of informed consent is well established as a fundamental standard of care in medical practice throughout the world. A health care provider has a legal duty to inform her patients of any proposed care to be given, to make the patient aware of any risks involved with instituting that care as well as alternatives to any care offered encompassed by the consent.

Informed consent applies to all patients regardless of age and capacity. Particular concern, however, arises when providing informed consent to the elderly. In many circumstances the delivery of informed consent in this population, even in the presence of capacity to consent, needs to overcome substantial hurdles that exist, both for the patient

and the health care provider. These hurdles make accomplishing 'due-diligent' informed consent particularly challenging in this vulnerable population.

Among the challenges faced by health care providers and elderly patients as they strive to deliver due-diligent informed consent are 'confounders' of capacity that make the task of meeting all of the elements of consent more difficult to achieve in a fair number of encounters involving the elderly.

Elderly patients who do not receive due-diligent informed consent are, in essence, deprived of the true benefit of their consent. Both the medical and legal professions need to address whether elderly populations are being given informed consent to this standard, and if they are not, assist in devising solutions to ensure that it is accomplished to the fullest extent possible.

P10.2.01

The Medical Intern and Patient Safety - A Brief Overview of the Criminal Perspective

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While at the hospital, or other medical facilities, we are frequently examined by medical interns. Therefore, we consider to be legitimate to question if they are fit to practice medicine in the exact terms they are. Given the fact that interns are not yet specialists, it does not mean that there will be a lack of liability during this stage of their career, au contraire. The center of our research is settled precisely on this embryonic phase of the medical career. Besides the fact that the medical intern is not yet considered to be a doctor at its full extent, he has responsibilities from which he cannot refrain from, in order to provide a fair level of patient safety.

Criminal liability shall only be considered as a last resource and Portuguese legislation is clear about that, however, we face some difficulties when different interpretations of the law can determine whether or not an intern can practice medical acts at a certain stage of their internship. Misinterpretation, or different interpretations, might determine a big enough breach to put patient safety at stake. It is of due importance to determine precisely when an intern has acted within his permitted skills, when a crime has been committed, or if he negligently surpassed them, committing a crime at his own and the patient's "expense".

We consider this research to be significant as far as patient safety is concerned, given the fact that interns also deal with patients and their welfare on a daily basis.

P10.2.02

Negligent Credentialing & Hospital Corporate Liability

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"The problem is seldom the fault of the individual; it is the fault of the system. Change the people without changing the system and the problems will continue." The common thread in most avoidable errors is system failure: the failure of the hospital to establish and implement policies and procedures designed to protect its patients.

In the US, it is the responsibility of the hospital's governing board to credential and grant clinical privileges to individuals who can demonstrate their qualifications and competence. When there are systemic failures in these areas, patient safety is impacted.

Negligent credentialing of physicians could become a growing area of concern in Europe as it is in the US. For example, in Italy, a hospital's liability stems from the physician's failure to perform the requisite treatment, so if hospitals improperly credential a physician they are taking a risk.

Under this theory of liability patients can overcome limitations on medical malpractice damages and obtain compensation far exceeding that recoverable under traditional medical malpractice claims. Patients are becoming increasingly successful in their claims against hospitals, prompting hospital administrators to scrutinize and reform their credentialing procedures to avoid potential liability.

Physician and hospital liability has become a significant medical/legal issue in the US. Negligent credentialing of physicians can become a risk management issue for hospitals worldwide and an area of exposure if not done carefully.

P10.2.03

U.S. Anesthesia Medical Malpractice Claims Compared to U.S. Surgical and Diagnostic Malpractice Claims

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Using data from the National Practitioner Data Bank, we compared anesthesia-related medical malpractice claims to surgical and diagnostic claims made against physicians between 2005 and 2013.

Payment Frequency and Size
During 9-year study period, 98,590 medical malpractice claims were reported against U.S. physicians; 31,437 diagnostic errors, 26,098 surgical errors, and 2,697 anesthesia-related. Median payments for these claims were $233K, $233K, and $168K.

Patient Age
For all three groups, patients aged 40-59 were most common. Anesthesia-related claims were more likely to involve patients aged 60 and above. Ages 0-19 comprised 8.6% of anesthesia-related claims, more than surgical claims but less than diagnostic claims.

Anesthesia-related claims were more expensive than surgical and diagnostic claims for all ages. Anesthesia-related payments for younger patients were more expensive than older patients, with inverse trending between patient age and payment size.

Practitioner Age
Age 40-50 was the most common practitioner age ranges overall, with a higher percentage of anesthesia-related claims than the other groups. Practitioners 60+ years were more common among surgical claims than anesthesia-related or diagnostic claims.

Anesthesia-related claims were more expensive than surgical claims for all practitioner age groups.

Clinical Outcome Severity
The most common outcome among anesthesia-related and diagnostic claims was death. While brain damage and paralysis were more common among anesthesia-related claims, death claims were more expensive in the anesthesia-related group. Median payments were higher for anesthesia-related than for diagnostic claims, but surgical and anesthesia-related payments were similar. For all groups, paralysis or brain damage were the most expensive of all outcomes.

P10.2.04

Medical Crime in Indonesia

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Presently, Indonesia is on the process of initiating the renewal of Indonesia's Penal Code. Indonesia Helath Law Society tried to deliver its thought and advice in the form of material to the Parliament of Republic of Indonesia which the material related with the issues. There are several important elements that must be considered in a medical crime.

This paper will tell the big picture about ideas developed by IHLS in order to make the draft of the penal code.

Medical crime is an action done in purpose by health professional work in medical facilities or medical service which violates the laws. Medical crime consists of intentional medical practice and negligence that suffered by the patients. Both actions must be proven if such an action really intended on purpose.

Intentional is if there is violation done on purpose or there is planning to violate the written standards which give loss to the patients. Intentional, are doing the action or ordering it to happen or at least know there is incompetent person replace or doing risky medical action for the patient or the receivers of the medical services.

Medical omission is a condition where health professional supposedly act quickly but they unwilling to do so, in turn it caused fatal loss to the patient.

Medical practice where planned omission or Harsh negligence or allegation should not be committed by educated health professional, more importantly these medical practice shall not go unpunished. Intentional or negligence of medical practice must be ensuring that it is not medical risky action or medical accident.

Medical negligence is condition where a helath professional harshly not doing something that supposed to be done or done something that not supposed to be done which caused loss towards the patient.

If negligence on medical care happened, therefore mediation will be put first in order to settle the compensation.

Indonesian Health Law Society encouraged the aim of punishment to caused carefulness among provider of the medical workers to protect public interest.

P10.3.01

The Challenge of "Doing" Bioethics in the Islamic Republic of Pakistan

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Pakistan has 200 million people a majority (96%) of whom identify themselves as Muslim. The society has tremendous cultural, ethnic, socioeconomic and educational diversity, and a legal system inherited from the British existing alongside Sharia based family laws. Nevertheless, public and professional lives are shaped by traditional hierarchies, religious values and profound family centeredness.

Bioethics arrived in the country as a discipline in the late 1980s. It remains a physician directed movement, medical and practical in its ethos, rather than a theoretical, epistemological undertaking of theologians or philosophers. The Center of Biomedical Ethics and Culture, SIUT in Karachi, inaugurated in 2004, targets mature healthcare related professionals in its programs. My talk will use examples from class discussions to demonstrate how students try to negotiate between their understanding of religious doctrines and a rational stance within a framework of local contexts and socioeconomic realities. Our experience indicates that doing bioethics in Pakistan is not amenable to encapsulation within monolithic rubrics of "Islamic" or "secular."

P10.3.02

Methods and Sources of Justification in Islamic Medical Ethics

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Islamic medical ethics is applied ethics in the domain of medicine. The scope of Islamic medical ethics is all-encompassing covering a wide range of issues which can be classified under broad headings such as the beginning and end of human life; resolving the problem of

infertility; improving the quality of life; prolongation of life; termination of life; tampering with the nature of human life; experiments involving humans, etc. While it is true that the justification in Islamic medical ethics is contingent upon the primary sources of Islam, namely, the Qur'an and Sunnah (the sayings and exemplary model formulated by Prophet Muhammad), Muslim ethicists and jurists have over the years turned their focus on what is termed as Maqasid al-Shari`ah (Objectives of Islamic Law) in order to resolve a number of the problematic medico-legal issues. Moreover, they have also delved into what is fast becoming a relevant methodology for the justification of some of the biomedical innovations on the basis of what is termed as al-Qawa'id al-Fiqhiyyah (Principles of Islamic Jurisprudence). The presentation will address the scope of Islamic medical ethics and the relevance of the Qur'an and the Prophetic precepts as the primary sources of Islamic medical ethics. It will also shed light on the methods of justification vis-à-vis the objectives of Islamic Law and the principles of Islamic jurisprudence in the domain of Islamic medical ethics.

P10.3.03

Accommodating Religious Values and Practices of Medical Trainees

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Cultural competence is a value that is emphasized in medical education and inculcated into students during their training. Institutions value physicians that can appreciate, acknowledge and accommodate the cultural and religious beliefs and practices of their patients. Addressing patients' varying needs and beliefs is considered integral to eliminating healthcare disparities. However, as future physicians progress through their medical education, they may also face cultural and religious barriers themselves. At these times, medical trainees may perceive a conflict in which they feel forced to choose between following their beliefs or overlooking them in order to continue in their training. However, both ethically and legally, clinical trainees have the right to practice their religion and to reasonable religious accommodations. This paper calls attention to the types of challenges religiously observant trainees may face and provides an overview of the ethical and legal underpinnings for accommodating the religious practices and values of trainees. The paper also illustrates some strategies and policies employed by medical institutions to address the religious values and practices of trainees.

P10.3.04

Mapping the Landscape of Responses on Muslim Biomedical and Social Ethics

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The Muslim perspectives on issues in biomedical and social ethics are highly diverse and often conflicting. The range of interpretive difference amongst Muslim scholars, theologians and policy practitioners has resulted in a wide spectrum of responses. However, it is still not clear how the differences in Islamic norms of conduct are played out at present within the scope of biomedical and social issues. Are the differences played out along the denominational lines, that is, Sunni/Shi'i, or along the lines of school of thought (madhab), that is, Ja'fari, Hanafi, Shafi'i, Hanbali. Is the inquiry to be pursued along the lines of hermeneutic tendency, such as Mu'tazili, Twelver Shi'i, Salafi, etc., or the focus should be on regional variation, such as North African, Turkic, Persian, South Asia, etc.[1]

In my opinion, the above question can be answered by first mapping the landscape of responses among Muslims on Biomedical and social issues. The presentation will be mainly concerned with my project on building a thematic index of Muslim responses (including fiqh) on biomedical and social issues.[2] To date there is no thematic index on fiqh available in the English language.[3] The research on the Hadith literature at least within the canonical compilations of Hadith has been made easier by the availability of the concordance and the thematic index of A. J. Wensinck and the recent encyclopaedia on the chain of transmission

(isnad) by G.H.A. Juynboll.[4] If one wants to find a Hadith on the theme of "ablutions" for instance, one simply needs to look up the references marked against the subject in Wensinck's thematic index of traditions.[5] Such a facility is not available for the writings on fiqh. This presentation will show a sample index created for the issue of abortion.

[1] This question was asked by Kevin Reinhart in "The past in the future of Islamic Ethics" in Islamic Ethics of Life: Abortion, War and Euthanasia, ed. Jonathan E. Brockopp (University of South Carolina Press, 2003), pp. 214-220.

[2] The project is supported by The Institute of Ismaili Studies, London.

[3] Whether such a thematic index is available in languages, such as, Persian, Arabic, Turkish or Urdu, needs to be identified.

[4] A. J. Wensinck, Concordance et indices de la tradition musulmane: les Six Livres, le Musnad d'al-Dārimī, le Muwatta' de Mālik, le Musnad de Ahmad ibn Hanbal, 8 vol. (Leiden: E.J.Brill, 1936-1988); A handbook of early Muhammadan tradition: alphabetically arranged (Leiden: Brill, 1927); G.H.A. Juynboll, Encyclopedia of canonical hadith (Leiden: Brill, 2007).

[5] The theme of abortion is not present in Wensinck's handbook of early Muhammadan tradition. See the footnote above for reference.

P10.4.01

Bioethics and Governance Over Human Genome Research in South Korea

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OBJECTIVES: For the last two decades, the emerging field of biotechnology in South Korea has advanced drastically. In particular, the government perceived human genome research as promising future industry for country development, and started to support it actively since early 2000s. Yet, mere promotion of research in the beginning raised several important ethical issues, as it was not ready to protect human subjects sufficiently. Therefore, the need of bioethics and governance over scientific research became indeed crucial.

This paper aims to address and overview the historical development of bioethics and governance over human genome research in South Korea, what were the issues it had to confront with and what were the influences of the international community over the country through the works of the International Bioethics Committee of UNESCO (IBC). It will include the legislation of 'Bioethics and Safety Act' (2005) as a legal instrument that provides the basis of bioethical consideration and governance over human research. And it will also briefly describe the government's recent activity, the initiation of Center for Ethical, Legal, and Social Implication (ELSI) Research in 2011, which has been studied human genome research in South Korea at national level.

P10.4.02

The Duty to Inform: *Wrongful Birth* and *Wrongful Life* Claims

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This paper analyzes reproductive health care and, in particular, the breach of the medical duty to inform parents about the risks of fetal (or embryonic) abnormality, which deprives the woman (couple), in prenatal diagnosis, of terminating pregnancy, under the law, or, in medically assisted reproduction and preimplantation genetic diagnosis, of refusing to authorize the transfer of embryo into the womb, leading, as such, to the birth of a disabled child.

In this regard, it will be carried out an important study on the conceptual framework of wrongful birth and wrongful life actions, as well as, a brief reference to the jurisprudential and doctrinal

panorama in Portuguese Law and Comparative Law.

Finally, the current presentation will also examine the feasibility or infeasibility of those actions within the legal requirements for the establishment of civil liability.

P10.4.03

Abortion and Problems in Practice in Turkish Law

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The life of the embryo is not protected in the same way as that of a human being after birth. However, embryonic life is also not left to the pregnant womans discretion.

It needs to be noted that measures under criminal law are not suitable to control abortion. It is a matter of fact that in case of abortion, in modern socities the threat of severe criminal sanction has no appreciable effects on special prevention nor on special prevention through threat. Systems with restrictive rules are characterised by a dramatic divergence between estimated exorbitant numbers of unreported crime and minimal numbers of convictions.

It should not be forgotten that, as a rule, for the termination of a pregnancy to be performed, an indication is required. This prodecure is not a cosmetic operation to be done arbitrarily. Generally, abortion can only be an exit from an emergency situation. The defenition of "emergency", however, needs to be broad.

P10.4.04

The Right to Health, Family Planning and Assisted Human Reproduction in Brazil

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The ethical and legal implications of assisted human reproduction (AHR) has been subject of much relevance in Brazil. Considering the high costs of treatment, also questioned if it would fit to Unified Health System (UHS), cover expenditure directed in AHR procedures. Another relevant aspect is that the use of these techniques can be inserted in the context of family planning, a right established by the 1988 Federal Constitution (FC) and treated by the law number 9263/96 as part of the global and integral right to health care. It is intended, in this job, to make a critical analysis about the AHR, from Resolution number 2013/2013, from the Federal Council of Medicine, under the light of the principles of civil-constitutional law if the right to health in Brazil must be guaranteed through public policies. The FC/88 recognized that family planning is a free decision of the man, woman or couple. The law number 9263/96 says that the instances of UHS managers undertake to assure the people conception and contraception assistance. In 03/22/2005, the Ministry of health published the Ordinance number 426/GM that established that the UHS have to establish the national policy of comprehensive care in AHR, but four months after its publication, this decree was revoked under justification there should be an analysis of the financial impact and until today has not been implemented again. In this way, it becomes necessary to debate on family planning and assisted human reproduction in the context of the right to health.

P11.1.01

Successful Introduction of National Organ Donation Reform in Australia

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Organ donation is feasible in around 1% of patients dying in hospital, and is essential to support organ transplantation. In response to an increasing demand for organ transplantation, Australia introduced a National Reform in 2009, based on international experience from leading organ donation countries including Spain and Portugal, involving creation of a central Authority

and local hospital donation specialists roles, national education initiatives and community awareness, and funding to hospitals to facilitate an increase in organ donation.

Strategies to increase donation included identifying all potential donors dying in hospital, increasing consent for donation rates, and expanding the donor pool by establishing a donation after circulatory death (DCD) pathway to complement the existing donation after brain death (DBD) pathway.

The legal framework for organ donation includes State-based Human Tissue Acts with “opt-in” consent and use of a Donor Registry to notify a donation intention. Families are always asked to confirm the donation wishes of the potential donor, including those that have “opted-in”, and may override such wishes.

In 2014, 378 deceased organ donors enabled 1,193 organs to be transplanted, transforming the lives of 1,117 transplant recipients, 72% via DBD and 28% via DCD. From 2009 to 2014, there has been a 53% increase in organ donors (from 11.4 donors per million population [dpmp] to 16.1 dpmp), which has resulted in a 38% increase in transplant recipients. These 5-year results compare favourably with those achieved in other international jurisdictions that have introduced similar reforms.

P11.1.02

The Dead Body and the Law: Legal Life After Death

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In principle death puts an end to the person. The deceased has no rights or obligations anymore. Does this mean the dead body is a thing that deserves no protection? No, the legal protection of the dead body is ensured by the State and by the deceased himself or his relatives.

The State has to protect the dignity, identity and integrity of "everyone" who has been born, whether now living or dead. The human body must still be treated with respect even after death (European Court of Human Rights, Elberte v. Latvia, 13/1/2015). In addition, the State provides protection through regulation of undertaking services. In several countries the destiny of the dead body is strictly limited: burial or cremation. Other funeral options are much more controversial and in some countries forbidden, like mummification, cryonics, resomation, plastination,...(French Court de Cassation, 16/9/2010).

The deceased person himself has a right to decide about certain aspects of his corpse. Personal autonomy is an important human right (art. 8 ECHR). It encompasses the right of every living person to decide what has to be or can be done with his dead body. The scope of this competence is quite wide: the donation of organs or human tissue, donating the body to science, burial or cremation, personality right of image, ...

If the person himself did not decide on anything, the relatives will decide. They also have a collective-family right to protection of the dead body and of the memory of the deceased person.

P11.1.03

Quidne Mortui Vivos Docent: Ethic and Legal Issues in the Use of Corpses for Purposes of Medical Education

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INTRODUTION: During times, anatomy has been an important mark of a doctor’s life, and its importance has been rising for years. In this field, the autopsy can be very useful for medic education, as well as other learning methods. The dissection has been connected to this field for the last five hundred years.

METHODS: Then, in this paper, we explored the importance of corpses utilization in medical

education and its limitations, comparing with other learning methods, as well its ethical and legal implications, performing a revision of the published literature of different countries.

RESULTS AND DISCUSSION: There are several methods that can be used for the purpose of learning medical disciplines. Regarding each one of those, there are various interests and rights of different people involved. Especially when using dissection, we need to take in account all the connections with the laws and normatives of the country and religious and ethical questions marking out our position about the principle that may prevail, the autonomy or the benevolence. This situation provokes, naturally, profound ethical conflicts.

CONCLUSIONS: It seems clear to us that a coordination of methods is the wright answer for the best learning of medical disciplines. For this to become possible, changes should be performed in the actual legislation in order to conciliate the principles of autonomy and benevolence and explain the methodology for getting informed consent. Finishing, this can only be done after an education of the population. That may be achieved by inserting this topic in basic education.

P11.2.01

Ethics and Medical Sciences Engaged in a Joint Effort to Assist Criminal Law

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The concept of accountability relies on two dimensions: subject's abilities to evaluate the wrongfulness of an action and to act according to previous evaluation. Thus the legal concept of responsibility goes beyond appreciation of actions outcomes since it values also agent's decision-making abilities, adding an ethical criterion.

Furthermore autonomy is a concept closely related to the one of accountability. It is relevant to distinguish autonomy as a competence of the agent from autonomy as a feature of actions. An autonomous subject is usually answerable and responsible for his actions or decisions, but, in certain circumstances, may not act autonomously. In fact a mental illness may preclude the wrongfulness of an action since it may impair the subject's decision-making abilities.

But autonomy assumes degrees and even if it is possible to substantiate a psychological pattern that influence subject's decisions it may not imply per se inability to recognize and to act within legal limits.

The authors selected a case about a 19 years old boy that faced a criminal charge for having downloaded and shared child pornography files over the Internet. When the police seized his computers found 7019 child pornography files, 1010 of which consisted of realistic child abuse representations. Public prosecutor ordered a forensic psychiatric evaluation that revealed the defendant's behavior pattern to have not only obsessive-compulsive traits but also paraphilic ones.

An in depth analysis is made to illustrate the importance of the inputs of biology, neurosciences, psychiatry and also (bio)ethics when accessing defendant's accountability.

P11.2.02

U.S. Outpatient Anesthesia Medical Malpractice Claim Trends

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Using data from National Practitioner Data Bank, this study compares inpatient and outpatient anesthesia-related physician malpractice claims between 2005 and 2013.

Anesthesia-related Malpractice Claims, 2005-2013
During 9-year period between 2005 and 2013,

2,408 malpractice claims were attributed to anesthetists and met criteria for inclusion in study. Of the claims, 76.5% occurred in inpatient settings and 23.5% occurred in outpatient settings. Median payment for all anesthesia-related claims was $245,000. Inpatient claims were more expensive than outpatient claims. Median payments for inpatient and outpatient claims were $261,742 and $189,349. Payments for inpatient claims accounted for 82.6% of total costs.

Payments Trends
Over 9-year period, anesthesia-related claim frequency decreased 41.4%. Inpatient claims decreased 45.5% and outpatient claims decreased 24.3%. Cumulative spending decreased 47.8% during study period from $174.4 million in 2005 to $91.1 million in 2013 with inpatient claims decreasing more than outpatient claims. Percentage of total spending attributable to outpatient claims increased significantly between 2007 and 2010.

Paid Claims Characteristics
Majority of malpractice claimants were female with more outpatients than inpatients. Most common patient age group was 40-59 years. Inpatient claims were more likely to involve infants. Court judgments represented 2.7% of anesthesia-related claims but judgments were more likely among inpatient than outpatient.

Death was the most common outcome in both settings, representing a larger proportion of inpatient than outpatient claims. Major injury was common but no significant difference across settings. Outpatient claims commonly involved minor injuries and rarely involved debilitating lifelong injuries. Emotional injury was least likely of all injury types.

P11.2.03

Confronting Forensic Scientists

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The Sixth Amendment of the United States Constitution, among other things, provides that "in all criminal prosecutions, the accused shall enjoy the right...to be confronted with the witnesses against him." This Confrontation clause has ancient origins, prevents *ex parte* examinations and trials by writ, and is said to encapsulate the hearsay rule. The application of this right was weakened by exceptions through time and specifically in the U.S. Supreme Court case of *Ohio v Roberts* (448 US 56, 1980) which held that out of court statements can be admissible if they are corroborated by an adequate "indicia of reliability". However, this was over-ruled in *Crawford v Washington* (541 US 36, 2004), with Justice Scalia writing for the majority: "Dispensing with confrontation because testimony is obviously reliable is akin to dispensing with jury trial because a defendant is obviously guilty." Then in three cases, Melendez-Diaz v. Massachusetts (557 US 305, 2009), Bullcoming v. New Mexico (564 US __, 2011), and William v. Illinois (566 US __, 2012), the Court attempted to apply this doctrine to forensic scientist experts. In 5-4 decisions, the Court initially held that the defendant had a right to confront "analysts" called by the prosecution, but then seemed to backtrack and blur this analysis, when permitting a government forensic scientist to testify to the report of a contract lab, and offering no majority rationale. Lower courts continue to try to sort this out with mixed results, sometimes barring the autopsy report of the deceased forensic pathologist who performed the autopsy.

P11.2.04

Medical Panels Victoria (Australia) – An Effective Medical Dispute Resolution Model

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Medical disputes are complex, expensive and time-consuming matters, for which there is a need for a simple, inexpensive and efficient process of resolution. Medical Panels Victoria (MPV) was established in the 1990s to address this need, and operates under Workers Compensation legislation and the Wrongs Act 1958 to resolve disputes regarding aspects of an injury or medical condition.

According to the nature of the referral, an independent group of relevant specialist doctors from a pool of accredited and trained practitioners, is convened to form a Medical Panel, who undertake a thorough consultation with the claimant in purpose built premises, including a review of the relevant medical reports and investigations, to provide answers to the referred medical questions in an Opinion and Reasons document, which is final and binding on the parties in dispute and provided within legislated timeframes.

MPV currently receives around 5,000 referral per year from worker's insurance agents, conciliation officers (in matters where conciliation has failed), the Courts, and respondants (in alleged negligence matters), in relation to a range of medical disputes that include payments of impairment benefits or compensation, and medical services. The operation of MPV is funded by employer insurance premiums and referring party fees, with average per referral costs around AUD$4,200.

MPV as an alternative medical dispute resolution process has been integral to the timely and inexpensive resolution of medical disputes in Victoria and its success has served as a model for other Australian states.

P11.3.01

Separation of Conjoined Twins from the SHARI'AH and Common Law Perspectives: The Legal and Ethical Conundrum

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The birth of conjoined twins is a comparatively rare event, constituting 1 in 100,000 births. Being a product of a single fertilised egg, these twins are believed to be the result of an incomplete division of embryo, which inhibits complete development of various organ systems. As a result, they usually suffer from physical malformation manifested in for instance, conjoined hearts, lungs, livers, limbs or even genito-urinary tracts. As such, their chronic medical condition tend to require surgical intervention. However, separating them has triggered a plethora of legal and ethical issues as separation means the possibility of sacrificing one twin if they are sharing organs. This inevitably creates a range of ethical dilemmas, particularly, in choosing between sanctity of life and quality of life as the survival of one twin threatens the survival of the other. In certain circumstances, separation may not lead to the demise of the other but may cause severe harm to the other or a possible hazard to at least one twin's cognitive outcome. Nevertheless, in spite of their physical conjoinment, the twins are legally and morally distinct and are different individuals with competing needs and interests. Legal issues arising from their separation such as informed consent, parental consent, the determination of the "best interests" criterion and murder has been much debated in the court of law. Thus, this research paper seeks to discuss the legal as well as ethical issues and dilemmas arising from the separation of conjoined twins from the common law and shari'ah perspectives.

P11.3.02

The Technique of Soul Removal Plastic Surgery: Islamic and Western Perspectives

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The reconstructive and cosmetic surgeries are both discussed in this paper. Each of these types of plastic surgery will be examined to address questions such as "who am I" as well as examine the issue of how altering or changing what one looks like challenges out traditional concepts of free will, beauty, our relationship to God, human identity, and dignity. These issues will be discussed in relation to the essence and attributes of man (genotypes and phenotypes); free will (including whether or not a person has the right to injure himself or herself); psychological suffering (and the question of whether or not psychological harm justifies cosmetic surgery).

P11.3.03

Islamic Bioethics in the Clinical Trials Arena

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Although clinical trials' is a new method of medical research, some scholars found that Islam had knowledge about it hundreds of years. This paper deals with how Islam supports the new inventions generall, and in the medical field in special. It presents the different approaches in the Islamic jurisprudence on how clinical trials may be conducted under a legitimate cover. This paper is directed to the scholars who alleged the reactionary of Islam and Islamic thoughts.

This paper aims to find answers to the questions regarding the legality of the clinical trials in Islam and the conditions of adopting such trials. In doing so, a critical analysis for the different points of views will be used to draw a comprehensive view about Islamic Bioethics.

For this purpose, I will deal in the introduction with how Islamic jurisprudence protects new medical inventions. In the main body of the paper, I will deal with how Islamic scholars had different approaches about the legality of the clinical trials. In addition, I will present the requirements for authorising the clinical trials in Islamic communities.

The aim of this paper is to spot how Islam deals with bioethics hundreds of years ago. In addition, this paper aims to present a catalogue for Islamic countries on how to conduct clinical trials in a way conforming to Islamic principles.

The findings of this paper may be important for those who work in the medical, legal and Islamic studies fields. It is also directed to scholars who claim that Islam did't support the new inventions.

P11.4.01

Multiple Pregnancies: Some Legal Considerations

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Pregnancies involving more than one embryo/foetus is one of the most notable consequences of modern fertility treatments and techniques. There has been a sharp rise in the incidence of multiple pregnancies in many parts of the world since the advent of these treatments and techniques. The "epidemic of multiple pregnancies" has been attributed to a lack of regulation. Multiple pregnancies hold many risks for the expecting mother and the developing embryo/foetus. The concerns about multiple pregnancies gave rise to policy initiatives, guidelines and codes of practice aimed at reducing the number of multiple gestation pregnancies resulting from assisted reproduction techniques. The number of embryos or oocytes to be transferred during any one cycle has become one of the most controversial regulatory issues. Moreover, medical science has been seeking ways of addressing the risks associated with extant multiple pregnancies, such as the so-called "reduction" or "selective reduction" of multiple pregnancies, and "selective foeticide". Health care practitioners can

conceivably incur liability for causing a multiple pregnancy (wrongful pregnancy), or for a failure to reduce a multiple pregnancy (wrongful birth and wrongful life). This contribution will investigate some of the legal considerations pertaining to the causing of, and the management and reduction of multiple pregnancies.

P11.4.02

The Challenges of International Commercial Surrogacy

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(1) Most jurisdictions in the World forbid surrogacy contracts, in particular commercial surrogacy. Said prohibition entails the unenforceability of such contracts and other consequences. (2) Several jurisdictions recognised commercial surrogacy (India, Ukraine, Russian Federation, some US states). (3) This gives an incentive to *forum shopping:* prospective commissioning parents may procure surrogacy in a foreign jurisdiction to circumvent domestic legislation. (4) Arguments against relate to the prohibition of financial gain from the human body; protection of physical and mental wellbeing of the surrogate; prevention of exploitation; the complexity of the legal relations emerging thereof; religious/ideological arguments. (5) Arguments in favour of commercial surrogacy include the protection of personal liberty (self-determination, contractual freedom, reproductive rights); transparent regulatory frameworks in order to avert clandestine exploitative surrogacy; protection the child's interests. (6) Legal uncertainty emerging from surrogacy can be detrimental to the interests and legitimate expectations of the parties involved; often outright contrary to the interests of children born *fait accompli* out of such arrangements (legal impossibility to establish parenthood, statelessness, etc.). (7) This presentation will debate the different bioethical and legal issues at stake and attempt to formulate a non-paternalistic, realistic, balanced, regulatory framework for international commercial surrogacy.

P11.4.03

Law and Policy on Gestational Surrogacy: Through Consensus Conferences

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In response to the ever-growing requests for legalizing gestational surrogacy, the Taiwan Department of Health had held two consensus conferences to develop a draft of surrogacy legislation. In the context of surrogacy, controversies and challenges from aspects of law, ethics, and gender are intertwined. How would, or how did, the civil conference help to clarify the complex case of surrogacy? Although the scheme of consensus conferences is developed along the theory of deliberative democracy and is designed for providing solutions to controversial issues, would such scheme satisfy the challenge from surrogacy issue? On the other hand, the theory of communication and action by Juergen Habermas is often employed to analyze the interactions and opinions in a consensus conference. But when it comes to analysis of an issue highly relevant to gender, such as legislation and practice of surrogacy, does the theory of communication and action still work?

This paper discovered that consensus conferences could represent the legal and moral consciousness shared by lay people, and thus provide important guidance to legislators. Furthermore, while a valid consensus conference should be organized in order to provide every participants equal opportunities to communicate, a consensus conference on surrogacy motherhood should show more gender-awareness to be an ideal and valid one.

P11.4.04

Electronic Fetal Monitoring: Ethical and Legal Perspectives

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Electronic fetal monitoring (EFM), introduced four decades ago without clinical trials, remains the standard of care in developed nations despite overwhelming evidence that it is clinically ineffectual, rife with interpretive errors, harbors a 99% false positive rate, and has never affected the very malady it was designed to prevent – cerebral palsy (CP). EFM has, however, increased the cesarean section rates with resultant harm from that major abdominal operation to women and newborns alike. EFM is used primarily as a legal prophylactic – protection from lawsuits – by physicians and hospitals, but doing so compels physicians to daily violate the fundamental ethical principles of autonomy, beneficence and non-maleficence. And, yet, despite EFM's known flaws, it is still today the most common obstetrical procedure, and is the cardinal driver for an ongoing worldwide CP litigation crisis. This presentation reviews the myths behind EFM, explains why CP-EFM litigation is still successful, and provides a Kuhnian perspective on the ethical dichotomy engendered by EFM's defensive medicine application. The authors propose a solution allowing birth related professional organizations to change the clinical standard of care, link EFM to the globally recognized Daubert exclusionary evidence doctrine, and thereby end not only the CP litigation lottery but the ethical dichotomy created by physicians' continued use of a scientifically flawed, and still unproven machine.

P12.1.01

Japanese Guidelines for End-of-Life Medical Care

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In May 2007, Japanese Ministry of Health, Labor and Welfare (MHLW) published Guidelines for the Decision-Making Process of the End-of-Life Medical Care. In the late 1990s and the early 2000s, there were several cases in which medical doctors were subject to police examination for the withdrawal of respirator and other forms of terminal care. None of them were indicted. However, medical personnel and institutions became very cautious in starting respirators for terminal patients, for fear that they might later be interrogated and perhaps prosecuted for its withdrawal.

The gist of the MHLW Guidelines is as follows :(1) The end-of-life medical care should be tailored primarily according to the self-determination by the patient after the close talks between her/him and the medical personnel based on adequate information provided by them. (2) The starting/withholding, change, and termination of a medical procedure should be considered carefully based upon medical validity and appropriateness by a multi-professional medical and care team, (3) Comprehensive treatment and care should be provided by the team that includes the alleviation of painful and uncomfortable symptoms and the emotional and social assistance of the patient and her/his family.

After the publication of the MHLW Guidelines, other academic and professional groups published their own policies and guidelines. Most of them adopted the same basic principles as the MHLW Guidelines. However, terminal care actually provided by the medical providers has been slow to change. My report will attempt to explore the causes behind the situation resisting early change.

P12.1.02

Medicine Heals and Law Kills - The Supreme Court of Canada *Unanimously* Decriminalized the Right to Die

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In Carter, the Supreme Court of Canadana recently unanimously legalized euthanasia. The court claims that a mentally competent patient suffereing intolerable and enduring pain has a right to a doctor's assisted suicide.

Yet, how is it that anyone can really know whether or not the patient, including the elderly and infirm, is competent when suffering intolerable pain and in a vulnerable position. Is it not an abdication of the court's role to protect the vulnerable and easily exploited. Any safeguards appear to be illusory.

The decision is just another example of the disparity and divergece between law and medicine and the need to bridge the gap between medicine and law, so right is done. It appears the decision was based on a complete ignorance of the realities of palliative care, and effective communication and support of patients and families at the end of life.

Every life has value , and when a large gulf exist between medicine and law, which leads to extinguishing precious life, danger lurks.

Many have celebrated the decision, but some have critisized the decision as extreme judicial activisim.

P12.1.03

Euthanasia and Physician Assisted Suicide in the Netherlands

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In my presentation I/we will discuss two end of life issues: Euthanasia and Physician Assisted Suicide. It is not my intention to promote, but to explain the rules, the due care criteria, etc. according to Dutch law. I will show the route of legislation from the first important euthanasia verdict in 1973 to the Euthanasia Act in 2002 (including the cases).

I will give some statistics: the number of (notified) cases and numbers where the review committees found the Physician had not acted in accordance with the due care-criteria.

After that I will discuss some cases: some complied with the criteria and some nót complied with the criteria.

Euthanasia and Physician Assisted Suicide has been a topic in the media several times during the last years again: The Heringa case: Mr Heringa helped his 99 -year old mother to commit suicide. He filmed everything and the TV made a documentary about it. Later on he was prosecuted. I will show a little part of the documentary in which we will see the old lady and see some comments (also of mr. Chabot)

I will tell something about the End of Life Clinic and " The Civil Initiative".

At last I will talk about " the doctor Tromp case": a general practitioner gave his patient with cancer a mortal dose of medicines; it was not according the due care criteria. The doctor committed suicide. Even a government committee investigated the whole case recently.

P12.1.04

Euthanasia For All Generation

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Introduction: Although, in the new millennium, euthanasia has been allowed only in a few countries, it still remains one of the greatest dilemmas of the medical law for the future. From being originally envisaged only for terminally ill persons, requests for it have been made that encompass all generations, from euthanasia for seriously ill newborns to persons in deep old age, while there have been requests from persons not suffering from any illness.

Paper Objective: Analyse the possibility for euthanasia in strictly defined cases to be allowed in all life ages, but having all ethical, medical and legal dilemmas that would accompany such a decision resolved, as well as consider whether it can be allowed upon request of individuals who desire it for personal reasons.

Discussion: For the last few decades, a discussion has been going on between the advocates and opponents of euthanasia. In numerous countries, cases of seriously ill persons demanding euthanasia have been appearing in courts for years, but most commonly, due to legal barriers, those requests have not been granted. Still, requests coming also from seriously ill younger people have in a certain way opened the possibility for its approval in all life ages, but with a particularly studious approach when underage persons are concerned. More and more requests can also be expected to appear, especially in countries that have allowed euthanasia, from persons not suffering from any serious illness. This is going to represent a new challenge for the advocates of euthanasia, and for the countries in which it is allowed, while it is going to deepen the negativistic attitudes of its opponents.

Conclusion: For the time being, the possibility of euthanasia for all generations still remains only within the borders of those countries that have allowed it. The number of countries that will allow euthanasia in the future will certainly grow, and its scope will gradually expand. Euthanasia for personal reasons is an extremely problematic category that requires a long and argumented analysis, in order for it to be allowed.

P12.2.01

Compliance with the Security Measures by Schizophrenia Holders: Scientific Definition of Hazard Concept for Medicine as Factor Preponderant the Implementation Measurement and Human Rights Preservation

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The schizophrenia is a social phenomenon, and have repercussions, besides the health, in the politic and the right. To identify potential gaps in knowledge about higher education in Brazil, this research aims to research conducting a review of studies on psychiatry, specifically with schizophrenia connected one who has committed a crime, but with the focus of public health in the period 2000-2014. For this research, we adopted an ordered set of criteria that determine the scientific value of a systematic review. The search of the studies will be conducted broadly across the Virtual Health Library (VHL), which hosts databases recognized. The search will be performed with the descriptors "Public Health", "Custody Hospitals in the Brazil", "Rights for mentally disabled peoples" and "The Dangerous in the Schizophrenia" whose result will conduct research to databases: Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Health Sciences (LILACS) and Scientific Electronic Library Online (SciELO). Inclusion criteria make up: original articles, available in full; published in the period 2009-2013, in Portuguese, English and Spanish, with the method definition, study setting, study population, consistent presentation of results, and the profile of authors (preferably professional and / or titration). The knowledge generated will favor a value assigned to the interfaces of knowledge needed for the recognition of social determinants in public health and the rights for mentally disabled peoples in custody hospitals in the Brazil.

P12.2.02

Penal Code Administration in Medical Law Enforcement

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According to **Black's; 1990 : 46** : "Body of law created by administrative agencies in the form of rules, regalations, orders, and decisions to carry out regulatory powers and duties of such agencies".

Penal Code Administration can be said as "penal code in administrative laws violations" or administrative crime. Other referennce : "An offence consisting of a violation of an administrative rule or regulation and carrying with it a criminal sanction".

Beside, the foundation of administrative laws are regulatory rules, which means law that made government enforcement of administration (regulatory powers), therefore "administrative penal code" often also called "penal code regarding government regulation" or "penal code of all regulations" ("**ordnung-strafrecht/ ordeningstrafrecht**"). Other than that, since the term administrative laws related with government (quite often "state administrative law" also called "governance laws"). Therefore make "administrative penal code" also being called "penal code of the government" and make the term "**verwaltungsstrafrecht**" and "**bestuursstrafrecht**" known to many.

Based on the above description, we may consider administrative penal code actually is realization from the regulation that used penal code as facility to impose a dministrative laws.

This, is the form of "penal code instrumentalization in administrative law". Consider the vast area covered in the study of administrative law explain above, we can say there are many of penal code being used in variety of administrative law area. Administrative Crime can be used for law enforcement in medical dispute or even medical crime.

P12.2.03

Efficacy of Cognitive Behavioural Therapy for Late-Life Generalised Anxiety Disorder and Ethical Issues in Clinical Trials: A Systematic Review and Meta-analysis

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Discovery of new medicines, methods of treatment and investigation of efficacy of newly proposed or already formed therapies justify ethical reasoning of clinical trials in modern times. One of such arguable therapy is Cognitive Behavioural Therapy (CBT) for Late-Life Generalised Anxiety Disorder (GAD) - condition, characterised by excessive worry and anxiety on more days than not for at least six months, which is common among older people. Several factors like worry provoking events such as death of family member, loneliness and chronic disease can cause to GAD among older people.

Universal Declaration on Bioethics and Human Rights established principles representing universal ethical values such as human dignity and human rights, consent, respect for human vulnerability and personal integrity and other. People of old age can be considered as vulnerable, therefore their involvement in clinical trials represents certain ethical difficulties especially in case of further inefficiency of the offered technique in treatment. In this regard, obtaining of the consent is not only significant, but moreover it is important to exclude inconveniences that can be caused by the clinical trials.

Thus, taking into account all of the mentioned above, 8 randomized trials conducted in Azerbaijan were reviewed by authors from the point of view of implementation of ethical principles mentioned in the Universal Declaration on Bioethics and Human Rights. The results of the research will be reported during the Congress.

P12.3.01

The Response of Islamic Law to Harvard's Brain Death Criteria as a Basis for the Withdrawal of Life Support Machines

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Patients in coma or vegetative state are usually fed through life support machines or system, until they either recover or pass away. However, the story is no longer the same today, as patients thought to be in coma or vegetative state are usually disconnected from such machines, in order to save cost. Apart from disconnecting them from the machine, they are equally denied food and drink, being basic necessities of life. This is resorted to in order to quicken the pace of death. Health officials have always relied on the Harvard's brain death criteria as the basis for their actions. Research has however shown that the said brain death criterion is not reliable after all. Thus, this paper examines the justifiability of the brain death criteria as the basis for the withdrawal of life support machines. In doing so, the paper provides the position of Islamic law on the issue. It will at the end show that indeed the brain death criterion is faulty and should never be the basis for the withdrawal of a patient's treatment.

Key Words:

Response; Islamic Law Harvard; Brain Death; Criteria; Basis; Withdrawal; Life Support Machines

P12.3.02

An Appraisal of the 'Three-Parent Babies' Technique from an Islamic Bioethics Perspective

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In February 2015, the UK Parliament lifted the ban that previously forbade genetically altered embryos from being implanted into a woman's womb. This will allow IVF technology to be deployed with the aim of preventing the transmission of genetically inherited mitochondrial diseases from mothers to their children. This is achieved by replacing the defective mitochondrial DNA from the mother's egg with healthy mitochondrial DNA from a donor. Since the child carries 0.02% of the donor's DNA, he or she is consequently known as a 'three-parent baby'.

This paper examines the technique from an Islamic bioethics perspective. It highlights three fundamental issues:

- First, although procreation is strongly encouraged in Islam, it is important that the genealogy of the child is clearly established within marital ties. By introducing a third party into that relationship, this clouds the child's and his or her descendants' genealogy.
- Second, this raises the question of what constitutes parenthood. Is it biological parenting, gestating a child, or raising a child?
- Third, what is the nature of the relationship of the child with the egg donor parent and can the child inherit from her? Further, what is the nature of the relationship between this child and other children of the egg donor parent; and does it have any implications for marriageability in adulthood?

In addressing the above issues, this paper argues that the technique would not be consistent with Islamic legal principles, and if it were applied then the Islamic idea of parenthood would remain applicable.

P12.3.03

Religion and Science in Multicultural World

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Ever since the announcement of success in the cloning of a sheep named Dolly, significant breakthroughs in the medical world has happened. When Dolly was successfully cloned, people started to ask, how long will it take until "the shepherd" can also be cloned? An example of this can be seen in the writings of G de Wert. (G de Wert, 1997, p. 7)

Debates begin to rise even though this technology said above was done in order to determine whether or not the process can produce embryonic stem cells. The supporters of this research call this "therapeutic cloning", and they believe that if it succeeds, it can be a foundation for treatments for many diseases, from Parkinson's to diabetes.

Currently there are not a lot of writings on the revolution of biotechnology with an ethics and theological approach. Of the existing writings, only a small percentage of the ethically and theologically based approaches are considered 'good' or 'valid' scientifically, and vice versa. Other than that, comprehensive approaches on the subject can be said to be next to nonexistent.

This research paper will explain both the possibilities of this kind of technologies as well as the ethical and theological issues which arise from it. There will also be an analysis of the consequences of the matter towards public policies and governmental decisions. An analysis of the interactions between the different views and presuppositions about the matter will also be discussed.

P13.1.01

Informed Consent and Elderly Patients: An Approach Through the 156º Article of Portuguese Criminal Code

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The ageing of Portuguese population, as well as World's population, has led to to a drastic increase of neurodegenerative diseases, which is taking hold of the last years of life of many patients and depriving them of their ability to make decisions.

Nevertheless, this is not the rule. Many elderly people are still able and competent to take medical decisions and deserve all the respect for their values, beliefs and choices that, in fact, have shaped who they are.

Unfortunately, the personal liberty, the autonomous freedom to make medical decisions, protected through the crime of arbitrary medical and surgical treatments, enclosed in the article 156 of the Portuguese Criminal Code, is often violated when concerning an ageing patient.

Autonomy, independence and dignity of an elderly patient are repeatedly taken away based on a supposed loss of capacity that actually never left them.

Without legal protection of the elderly vulnerability, lack of practitioner's time and resources have silenced the voice of those who should give the informed consent, replaced for supposed legal guardians or representatives.

How to ensure an effective protection of an elderly patient, who is competent to exercise their personal liberty to make medical decisions?

P13.1.02

Forensic Testing Substantiates Elder Neglect Allegation but Conviction Reversed on Appeal

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Elder neglect and abuse investigations often include medical evaluation, victim and witness statements and, in this case, forensic analysis of hair to determine if drugs had been illegally administered. We present the case of a

caregiver accused of regularly providing a 92-year old female with sleep medication so she could entertain and shop. Hair was initially collected and submitted for toxicological testing by a relative. Due to the potential conflict of interest, this was followed up by a second hair sample collected under police chain-of-custody. Results of GC/MS analysis showed the presence of diphenhydramine, donepezil, and metabolites of quetiapine and bupropion. A trace level of zolpidem was found in the first hair analysis, but was not reported from the second hair test since all analytical acceptance criteria were not satisfied. Following trial, the caregiver was convicted of neglect of an elderly adult, and sentenced to a five year prison term. On appeal the trial court's judgment of conviction was reversed based upon the definition of neglect. The appellate court defined neglect as a caregiver's "failure" or "omission" to provide care. In this case, however, the caregiver performed an affirmative act by administering non-prescribed medication. The court applied the statute in a manner most favorable to the accused. By this time, the caregiver already served two years in prison. This case presentation will underscore the importance of maintaining sample integrity, the use of bioanalytical testing to corroborate neglect or abuse allegations, and the need for thoughtful application of the legal process.

P13.1.03

The Powers of Informal Caregivers in Healthcare Decisions on Behalf of Incapable Patients

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Ageing processes bring with themselves the real risk of social and economic exclusion and dependence. The incidence of degenerative diseases in the ageing population and the consequent impairment or insufficiency of their personal faculties leaves them in a position where they are not capable of protecting their own interests, either patrimonial or personal. The absence of adequate means of care, especially when there isn't any health care power of attorney or judicial guardianship, places the patient in an apparent legal void in what regards its own capacity to authorize medical care.

The possibility of framing the caregiver's activity in terms of family solidarity or negotiorum gestio attributes relevance to the actions taken by informal caregivers (close persons or family) in terms of property management and authorization of healthcare and poses a challenge to identify the obligations and duties that arise from such informal care, in particular in terms of liability.

It is the purpose of this presentation, in a crosscutting approach between continental and common law systems, to solve some problems resulting from that factual relationship and to give notice of some of the rights and obligations of informal caregivers, specially in what concerns the powers to authorize healthcare acts and the continuity and disruption of care.

P13.2.01

Halal Medicine Concept within the Framework of Health and Islamic Law

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Some religious concepts in the health field as well as in all areas come to the agenda by the people's request of maintaining their life according to their own belief systems and religious obligations. As a result of this situation concept of Halal Medicines is started to attract attention, especially in recent years.
The halal concept in Islam, as Kosher in Judaism, explains the certain rules must be complied with and the situations that determines need to be done or not. A broad consumer audience consists of Muslims has developed the halal economy and has revealed the concept of halal products. The increment in the demand of Muslim consumers on halal products has made

the concept of halal products often discussed recently in the health field as well as in many areas. Today by the concept of autonomy, justice and do, not harm is spoken frequently, the products they want to reach in accordance with everyone's beliefs and the important of this for health care are the subject of debate. There are scientific studies in this area especially in Central and South Asia, also in some Arab countries.

In this study, the concept of halal medicine will be evaluated in terms of Health Law and Islamic Law by examining the studies in the literature on halal medicine and the issue will be discussed in various aspects.

P13.2.02

Conscience Exemptions, Religious Freedom, and the Affordable Care Act

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BACKGROUND: In August 2011, the U.S. Department of Health and Human Services announced that most employers would need to provide contraceptive health insurance coverage to their employees under the new healthcare law. Some objected to the contraceptive requirement alleging that the mandate infringed on religious liberty.

OBJECTIVE: To assess whether the mandate in its original form violated the Free Exercise clause and the 1993 Religious Freedom Restoration Act (RFRA)

METHODS: Legal analysis of the HHS mandate using a multi-part test involving a review of government policies and public health data.

1. Does the government have a “compelling interest” in mandating contraceptive coverage?

2. Did it use the “least restrictive means” of furthering that interest?

RESULTS: Objection to contraceptive coverage constitutes a “religious exercise,” and the mandate “substantially burdens” this exercise. In the August 2011 form of HHS mandate, the government demonstrated a “compelling interest” in expanding contraceptive access. However, its exceedingly narrow conscience exemption scheme did not use the “least restrictive means” of furthering that interest. Thus, the August 2011 mandate was a RFRA violation.

CONCLUSION: Expanded contraceptive access is a social good and thereby a compelling governmental interest, as it would help mitigate gender disparities in health access, and reduce the need for abortions. Although the August 2011 HHS mandate violated RFRA, the revisions issued in June 2013 address the majority of the initial religious liberty objections. However, there still exist various other moral and practical objections to the new mandate.

P13.2.03

Precedent Autonomy and the End-of-Life Decisions in Bosnia and Herzegovina

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Respect for patients' autonomy obliges medical professionals to honor the competent patients' informed and voluntary decisions about their medical treatment (the arguments from autonomy and dignity speak in favor of respecting patients' wishes even regarding end-of-life decisions). Advance directives enable people to exercise their autonomy in advance, by documenting their wishes for medical care in the event of future incompetence. First, the notion and ethical relevance of advance directives will be analyzed. Then, the possibility of the advance directives introduction in Bosnia and Herzegovina will be explored. In 2007, Bosnia and Herzegovina ratified the Convention on Human Rights and Biomedicine, which states that previously expressed wishes relating to medical intervention by a patient who is not, at the time of the intervention, in a state to express his/her wishes shall be taken into account.

However, in Bosnia and Herzegovina legal regulations on the advance directives still do not exist. The development of this legal instrument is additionally complicated by the fact that BH entities adopted different legal provisions regarding the patient's right to refuse medical treatment. In Federation BH, patients do not have right to refuse a life-saving treatment. In Republic Srpska, this right is established by the Health Protection Act (it could be argued that in Republic Srpska a legal framework for the introduction of advance directives already exists, although legislative changes are necessary in order to regulate practical application of this instrument). Possible modifications of current legislation will be suggested based on the experience of other countries.

P13.3.01

A Comparative Study on the Legality of Abortion Between Indonesian and Islamic Law

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Abortion is one of the most controversial areas in medical law and ethics. The abortion debate that has taken place is immensely wide-ranging, embracing numerous concepts, such as the beginning of human life, the sanctity of life and the autonomy of the woman to choose on whether to reproduce and determine the fate of her unborn child. Judicial interventions in this area have taken into account not only the legal and ethical dilemmas, but religious viewpoints as well. Although abortion has remained unlawful in Indonesia, there are several exceptions that have made abortion lawful in several circumstances. In 1992, abortion can be conducted if it is medically indicated to save the woman's life. The provisions of the Health Act 2009 has also allowed abortion to protect the woman from suffering from grave psychological injuries, particularly, if she is having an unwanted pregnancy resulting from rape. Religious viewpoints on the issue of abortion have also been predominant amongst the Indonesian society. Islam regards life, including that of a fetus, as sacred. Although there are no direct verses in the Holy Qur'an that prohibit termination of pregnancy or abortion but there are many verses that prohibit taking away life without legitimate reasons. Thus, abortion under Islamic law can be lawful if done for legitimate reasons. Nevertheless, there is diversity of opinions amongst the Muslim scholars on whether abortion can be conducted within a stipulated time. This paper seeks to discuss the legality of abortion from the Indonesian and Islamic Law perspectives.

P13.3.02

Islamic Perspective on Disorder of Sex Development Condition

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Gender identity is one of the complex human development as early as in the mother's womb. However, due to unexpected condition, Disorder of Sex Development (DSD) could be traced at birth or at adult age. This issue is very crucial since it encounters identity of the patients and will lead to lower quality of health if it is not treated in the best way. It also can lead to ‘gender panic' when the parents/guardians are fear of the possibility of homosexuality among the children with DSD. As this condition has been critically studied within various medical and psychological aspects, this paper will emphasis on issues and challenges that has been facing by Muslim communities especially in Malaysia. Issues such as optimal gender assignment, decision makers on gender, method and timing of assigning gender are raised among Muslim physicians, patients, parents/guardians as well as the community in general. A case of gender reassignment for 18-year old patient with Congenital Adrenal Hyperplasia (CAH) will be shown to indicate on how this condition can affect Muslim's ritual and social life. Obviously, number of questions on how to address these issues in the light of Islamic perspectives is

essential. As a result, evaluation of Islamic perspectives is necessarily entailed especially on biomedical practices and ethics. A multidisciplinary team consisting Muslim scholar apart from various medical expertise can contribute to a greater impact in managing patient with this condition.

P13.3.03

Using DNA Tests in Proving Parentagein Islamic Law

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An examination of recent debates around the validity of DNA tests in proving parentage will reveal several interesting aspects, in terms of the used *methodology* and the prioritized social, legal and ethical *objectives*. Traditional Islamic scholarship distinguishes between biological and legal parentage, and favors the later of them. This scholarship favors the value of *stability*, whether legal or social, over that of "revealing the *truth.*" In addition, *satr*, which literally means covering up, is a very significant value, especially in cases like those. I will use these three principles –ignoring truth, *satr*, and socio-legal stability, to analyze and explain a series of questions addressed by Muslim jurists. These questions articulate different cases of men or women, married or unmarried, trying to prove or deny parentage. Jurists, guided by a set of objectives and principles, will synthesize approaches based on 1-classic *adillah šarʿiyyah*, legal evidences, for instance, *firāš*, *iqrār*, *bayyinah*, *qiyāfah*, etc. 2-modern scientific discoveries and 3-*maṣlaḥah*, public interest. In their *fatāwa*, they try to create social and legal stability, while solving women and children increasing problems. In addition to exploring the current juristic debate, the paper aims to explain the reluctance of Muslims' jurists to automatically apply new scientific discoveries. The reluctance is based in a traditional favoring of *legal truth* over an objective one. The paper also aims to explain recent changes in modern laws, and the interesting weaving of traditional and modern methods of proving parentage that is governed by a specific set of values and objectives.

P13.3.04

Ethical Approach and Relationship of Doctors with Female Patients of Islamic Denomination during Gynaecological and Obstetrical Examinations - Bosnian and Herzegovinian Experience

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Introduction: Bosnia and Herzegovina is a European country in which inhabitants of Islamic faith represent a majority. Even though male gynaecologists are not accepted in certain Islamic countries, in Bosnia and Herzegovina they actually constitute a majority. Still, when female patients with somewhat more pronounced religious orientation are concerned, known as „veiled women" in this part of the world, it is possible that they may request a female gynaecologist, which in turn requires an adequate ethical approach and an attempt to satisfy such requests.

Paper Objective: Analyze the relationship of doctors/gynaecologists and veiled female patients in the light of the ethical approach to and treatment of „veiled women" and possible difficulties during work that can lead to damaging the relationship between the doctor and the patient and her family.

Discussion: In Bosnia and Herzegovina, among the female members of the Islamic faith there is a different approach to practicing religion that is respected by the general public. The great majority of these patients come to gin ecological check-ups without special requests. On the other hand, a smaller number of them, mostly veiled women, demand a female gynaecologist

and the absence of any of the male gynaecologists during the examination as well as during childbirth. Taking into account that it is not always possible to fulfil the patient's request, it can sometimes result in a damaged relationship of such patients and their immediate family with the doctors, which can have consequences especially when emergency situations are concerned. In such cases, doctors' ethical approach is exceptionally important regardless of the complexity of situations that can occur.

Conclusion: At the moment, the experience of Bosnia and Herzegovina with its different approaches, with the highest level of ethics, towards patients during gynaecological and obstetrical examinations, gives an example of flexibility, understanding, good treatment and response to all the demands of female patients of Islamic denomination and despite occasional individual problems. Therefore, a certain number of „veiled women", as well as their families, i.e. husbands in the first place, do not oppose to being examined, and their babies delivered by male gynaecologists. This greatly relaxes the relationship between a doctor and a patient.

P13.4.01

Why Legal Medicine in the 21st Century Cannot be a Medical Speciality

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Legal Medicine is the application of medical knowledge and other scientific knowledge's to law processes. Today scientific knowledge demands a specialization in all fields, including Medicine.

Sometimes this super specialization can be negative for the human being because we are not a sum of parts but a unique and unrepeatable animal.

This demand for specialization also touches Legal Medicine and today in order to give a correct answer to the Courts we must have strong knowledge's about the subjects we are dealing with so that our answers are scientifically credible.

Can Legal Medicine be a medical specialty in the sense of what it means to be an expert in a particular area? The scope of forensic medicine is very wide and extensive, covering the areas of pathology, toxicology, biology, medical clinic, psychiatry and many others. How can we be a specialist in all these subjects?

We must change this perception and disseminate the classical concept of Legal Medicine for other areas of science that have a relevant contribution to judicial investigation, as the purpose of forensic medicine is to help in the application of Justice in their various branches, mainly in civil, occupational, criminal an family law.

The future of forensic medicine will be in short term, the creation of skills in several areas, many of them outside the medical training, enabling a specialized scientific quality in the most varied subjects. At present, the Legal Medicine has its major role in the field of forensic pathology, the study of death, diagnosis between natural death, violent death and in this case, homicide, suicide and accident, without forgetting the undetermined death, the one in which the current state of science still does not allow to find the precise cause of death.

How many countries have Legal Medicine as a medical specialty? How any medical doctor does to become a Medico Legal doctor? Which is his trainee? At the end he is entitled to do what kind of Medico Legal acts?

Many questions need to be answered in nowadays in relations to this matter, so that Portugal may follow the present and future needs in this field.

After this profound analysis we will reached the answer that Legal Medicine cannot be a medical specialty in the 21st century.

P13.4.02

The Relationship Between Doctors and the Pharmaceutical Industry from the Perspective of a Clinician in Private Practice

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The relationship between doctors and the pharmaceutical industry is often criticised as being unethical, unacceptable and creating prescribing by unscrupulous doctors with little regard for their patient's wellbeing. This represents a manipulation of the true relationship creating a false impression, which is defamatory both of the pharmaceutical companies and those doctors who have received largess from them.

Those who complain are often either looking from outside the medical profession or alternatively are those within the profession who operate in salaried positions in which there are no opportunity costs that impact on conference attendance or preparation of reports and lectures.

Doctors in private practice do not have the luxury of underwritten travel expenses, which may equate to actually earning more while attending conferences and meetings, designed for continued professional development. Private practice generates opportunity costs, which continue while attending such meetings (including salaries, overheads and unearned income).

Without sponsorship to attend conferences, those in private practice will refrain from going to such meetings, which will have a negative impact on continued education and patient care. What follows is an analysis of the doctor/pharma relationship, a critical appraisal of competing interests and an evaluation of the cost/benefit ratios. It takes the position of exploring this interchange from the perspective of a clinician in private practice and compares this with the position of the salaried medical officer. The objective of the presentation is to provide an alternate perspective to that which is usually offered as a very one-sided debate.

P13.4.03

The Patient Protection and Affordable Care Act: A Promise Fulfilled?

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The Patient Protection and Affordable Care Act (PPACA) is arguably the most comprehensive and far-reaching U.S. health care reform bill to be passed by the U.S. Congress since President Lyndon Johnson and his "Great Society" program gave rise to the Social Security Amendments of 1965 that created Medicare and Medicaid. The PPACA, however, has faced stiff opposition to its passage right from the start and ever since its passage Americans have seen political and constitutional challenges to the legislation that have changed both its original intent and scope. As time passes and more and more of the legislation is implemented both in the states and on a national level, partial dismantling or even full repeal of the legislation may be worse than having never passed the legislation in the first place. There is a need to better understand some of the most important elements of the legislation in order to adequately grasp the consequences that repealing select portions of the bill or even the entire legislation may have for the progress of health care reform in the United States. This lecture, intended for a medically and legally sophisticated audience, will examine the most important elements of the health care law, analyze whether the PPACA was ever up to the task of delivering on the promise of needed health care reform, and examine how constitutional challenges and legislative efforts intended to derail the legislation have impaired its ability to deliver true health care reform.

P14.1.01

Irregular Migrants' Right to Access Healthcare in Ireland

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There are between thirty to forty million irregular immigrants worldwide, enduring precarious working conditions and uncertain, often dangerous, living conditions. While the provision of any rights to irregular immigrants is particularly controversial, the right to healthcare is an essential human right irregular migrants also have an entitlement to, which in many cases is either denied de facto or de jure to irregular migrants.

Ireland has been criticised by the UN Economic and Social Council for failing to ensure that the National Health Strategy includes a human rights framework in relation to non-discrimination and equal access to health services and facilities for irregular migrants.

This paper explores the gap between Ireland's international obligations to respect the right to health and the right of access to healthcare for irregular migrants. This paper examines the extent to which the respective rules of international health law have been effectively implemented in Ireland, including discussion of the implementation of Article 12 of the International Covenant on Economic, Social and Cultural Rights (ICESCR), Article 12 of the International Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), and the European Convention on Human Rights in respect of women's right to health and right to access health care. The central aim of this paper is to address the extent to which Ireland currently respects the right of irregular migrants to access healthcare services.

P14.1.02

Migrant/Displaced Populations and Disparity in Healthcare: Some Possible Solutions

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The reasons for the disparity in health care that migrant/displaced populations receive include poor socioeconomic status, disparate impact of facility neutral practices, lack of cultural competence, and various forms of discrimination. Healthcare and reproductive services provided to this population also shows marked inequities. In the US several federal laws such as Title XVIII (Medicare), Title XIX (Medicaid) of the Social Security Act, Title IX and the Hill Burton Act address access to health care. Title VI of the Civil Rights Act addresses elimination of racial discrimination. Discrimination may be intentional or subconscious and any laws and regulations that aim to minimize barriers to health care have to address prejudice, stereotyping, discrimination and the social structures that reinforce these behaviors. The U.S. Office of Civil Rights and the Department of Health and Human Services have therefore interpretive guidelines that also address disparate impact discrimination. States/regions also play an important role in minimizing disparities in healthcare. The International Convention on the Elimination of all Forms of Racial Discrimination (ICERD) and the UN expert body charged with monitoring progress in eliminating disparities in health care in countries can also aid in eliminating discrimination and the inadequate healthcare that migrant populations receive. Education of the migrant and displaced populations about the healthcare services available and ensuring access to these services is very important. In sum, it will entail team effort at the international, national, regional and local levels and education of the migrant/displaced populations to ensure optimized healthcare for this population.

P14.2.01

Living Wills: Context and Limits

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1) **JOSÉ ANTÓNIO SEOANE -** Instructions or wishes? The normative meaning of advance directives

2) **FREDERICO MONTALVO -** Legal efficacy of prospective autonomy

3) **ANDRÉ DIAS PEREIRA** - Portuguese socio-cultural basis; the "doctrine" of the Portuguese National Committee of Ethics for Life Sciences; the Law of 25/2012 on Living wills and health care proxy; access to and efficacy of living wills; Proposals for a larger implementation.

After a short presentation of the different perspectives, the Authors aim to foster a debate with the audience, considering comparative law input, bioethics and medical practice.

P14.3.01

The End of Life of Chronically Ill Elderly People in Indonesia from the Islamic View

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Indonesia is the fourth most populous country in the world with more than 250million(M) people, 38M are elderly age 65+ with Islam being dominant accounted for over 200M(88%)1. God set a death according to Al-Qur'an Sura Yunus 49,56 and Al Mulk 1,2. A treatment is obligatory/mandatory if there is a hope for recovery and vice versa. The language is matter here. We may discontinue treatment/life support but we always care for having family with him when he dies and witnessing his lives and dies. Medical/technical treatment is often not what is needed of the elderly end of life but presence, witnessing, love, and care. Family and friends gathering help the dying person by reading Surah Yasin which is asking God to release the burden of the sick either by healing or letting him go in peace.

Indonesia has no DNR* form, but follows the "*wasiat*" and some kyais obligate to stop using medical assisted live tools for the elderly irreversible coma/PVS** due to delay management remains without emergency reason, suspend the distribution of inheritance and "*iddah*", prolonging the family sad and suffering, dissipate the wealth and spend for something useless. It is mudharat to prevent other people who need these scarce medical aids based on Hadist Ibn Majah, Ahmad, and Malik. Making easy the death process is called letting die, owing to mercy with no human action steps as said by Syeikh Yusuf Al-Qardhawi. In conclusion, euthanasia is forbidden by Islam Law, yet it is also permissible with care.

P14.3.03

Nurse's Attitudes Towards Death in Islamic Culture

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The cultural diversity that the nurses are subject, implies that increasingly becomes a requirement for knowledge of new anthropological realities with implications in the practice of daily care.

Death is inevitable, a normal stage of life, perhaps the last of human development (Costa 2009).

The particularities of care to the dying man in Islamic culture becomes one of the goals to be achieved in the search for a humane and

dignified care to the individual and their family, especially when you take care of the person with terminal illness.

In the case of terminal illness, the person must have the maximum quality of life, taking into account all the dimensions, mainly a spiritual (Lourenço, 2004).

It is crucial to provoke a reflection about need for a custom care the person respecting their culture and their values. The law nº 15/2014 of 2103 in article 8º refers to "the person of health services has the right to religious assistance, regardless of the religion they profess."

Facing a life characterized by the diversity of cultures, where each individual is also the result of a growth in religious and spiritual contexts, specific assistance in health and illness should she even be customized.

Thus, the care the person at death in institutional context should be ensured by a nurse with the utmost respect by the Customs and individual sensitivity or community in question, for which must acquire skills.

Death is not a rut, is a unique phenomenon and therefore a chance tending.

P14.3.03

Respect of the Body and of the Wills for Burial of Maghrebi Immigrants Living in France

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In interviews conducted for the study MATC[1], professionals from the Maghreb have mentioned several times the fear expressed by caregivers of patients admitted to care homes not to be treated as people of French origin in relation the consideration of culture, including respect for the body and the funeral rites. Not to speak openly about discrimination, the entourage thinks their parents will not have the necessary precautions to respect the traditions and Muslim culture because health professionals are not aware of the expectations of patients from the Maghreb.

Regarding precautions related to culture, the dietary recommendations are the minimum considered during hospitalization. But the wishes of families go beyond especially they get attached to respect for dignity in care the body. On its side, the staff acknowledges his ignorance of the needs and regrets the lack of information. The entire organization of the end of life and funeral rites depends on the family because caregivers cannot provide the support required.

Finally, the authors will comment the report of the defender of the rights about the disparities for burial since burials compliant to Islam are sometimes denied due to the French regulation of cemeteries that no longer allows the confessional groupings.

[1] MATC : Influence of socio-cultural factors on the needs and care of elderly immigrants from North Africa with cognitive disorders sponsored by Médéric Alzheimer Fondation

P14.4.01

Litigation in the Practical Work of the Legal Department of the Regional Ministry (Department) of Health

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Forming an objective and independent assessment of the legal activities in the field of health, quality of work and organization of the daily activities of the Legal Department (LD) will require the development of science-based indicators, norms and standards of doing business in the courts.

The analysis of the structure 172 of litigation, which was attended by members of the LD of the Ministry of Health of the Republic of Komi (MH RK) and the 1634 court sessions for 5 years in order to create a regional standard.

Regional standard for forming volume state task of the legal department of the MH RK includes annual participation in at least 86 court disputes, of which the predominant part (87.22±3.60%) in the Supreme Court of RK, the Arbitration Court of RK and the city court capital. Daily load reached - 0.35 litigation, monthly - 7.17.

Annual regional standard for the formation of the volume of the state task of LD of MH RK includes the participation of not less than 326.80 trials, including daily - 1.31 monthly - 27.23, quarterly - 81.70, every six months - 163.40.

Quarterly load participation in trials consistently was raised to 2.19 times from 44.50 to 97.25 courtroom and reached a maximum in the IV quarter (30.23±2.54%), exceeding the annual average, and the rate of II quarter - 1 47 times.

P14.4.02

Medical Law and Portuguese General Physicians: A Research Study in a District Capital

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Introduction: Despite being a subject with growing relevance nowadays, Medical Law seems to remain a non common concern among many Portuguese physicians. It is crucial for the physician the practice of state of the art medicine as well as to be updated in legal issues that may occur during their consultations or procedures.

Methods: Observational, descriptive and transversal study with distribution of a 23 question enquiry for physicians and a 17 question enquiry for nurses, in all 6 Primary Care Practices located in a Portuguese District Capital town, Viseu. Similar questions were posed to physicians and nurses, for instance: acquaintance with the "medical law" concept; experience in statements about patients given in court; to be unionized. Some questions were restricted to physicians, for example: their definition of malpractice and medical error; patients' behavior when then realize their physician made an error; possible reasons to break the medical secret, amongst others.

Results: Gathering of 63 valid enquiries (31 physicians and 32 nurses). The most remarkable findings were: nurses referred to be more familiarized with the "medical law" concept than physicians; almost half the doctors said to have experience with statements about patients in court; nurses stated to be more unionized than physicians but lesser protected by a malpractice insurance.

Conclusion: "Medical Law" remains an unusual subject amongst these Portuguese Physicians. Since almost half of these professionals have had experiences in court, it is imperative to upgrade their knowledge in these matters in order to promote more informed and protected professionals.

P14.4.03

Is Islam Used as a Political Ideology? Why and How? PJD Morocco as a Case Study

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The twentieth century saw a rapid rise of groups of Muslims who use Islam as an ideological weapon for their political ends. This is the current commonly referred to in scholarly and media writings as Islamism and its proponents are designated as 'Islamists', not Muslims, in order to stress that they are attributing an ideological dimension to Islam.Unlike some Islam oriented parties, the PJD (Party of Justice and Development) in Morocco does not focus on the following precepts: madawiyya (a return to the Islamic principles), shumuliyya (a comprehensive application of Islam in all sphere of life) and al da'awa al nidaliyya (a call for struggle to bring about the Islamization of the state and society). To demystify this exception,

my approach draws on aspects of Adonis's study of the Islamic tradition (the Constant and the Changing), The Order of Discourse of M. Foucault 1971 and Lotman's idea on the study of text in relation to the outside world or context.

P15.1.01

Immigration and Health Care in the United States

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This is an overview of current U.S. immigration and health care issues. The United States has provided a strong incentive to immigrants to continuously enter the country. In addition, there are a number of unauthorized immigrants who have stayed or entered illegally. Political debate is continued over how to handle so many unauthorized immigrants. In 2010, the Affordable Care Act is meant to expand access to affordable health care coverage, but the law excludes one group from benefiting: the nearly 12 million unauthorized immigrants currently living in the United States. For the undocumented immigrants, there is no federal coverage. But, they remain eligible for emergency care under federal law, eligible for Emergency Medicaid if low-income, and Citizen or lawfully present children of undocumented parents are eligible. The largest unauthorized immigrants are in the State of California, bills have been enacted to provide limited care to them.

Immigration from areas of high incidences of disease is thought to have fueled the resurgence of tuberculosis, chagas, and hepatitis in areas of low incidence.

To reduce the risk of diseases in low-incidence areas, the main countermeasure has been the screening of immigrants on arrival.

Researchers have also found what is known as the "healthy immigrant effect", in which immigrants in general tend to be healthier than individuals born in the U.S.

There has been concern for the increased Terrorism and infectious diseases. Crime among immigrants as well as illegal immigrants is remaining lower in the general population.

Key words: immigration, healthcare, vulnerable citizen

P15.1.02

Legal and Forensic Medicine in the Context of Migrations

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Migration constitutes today a humanitarian tragedy in several parts of the word. In many cases, this phenomenon involves tragic realities, which demand the contribution of legal and forensic medicine for the problems that they arise. The number of migrants, who die in their attempt to reach Mediterranean European countries and that remain unidentified, becoming therefore missing persons, is a sticking example of this situation. Numbers are grossly under-represented in official statistics, but its known that this reality is affecting tens of thousands of people. Among them are included those fleeing armed conflict, other situations of violence, famine and other catastrophes affecting their countries of origin.

In 2013, a "First Conference on the management and identification of unidentified decedents, with an emphasis on dead migrants: the experience of European Mediterranean countries" was held in Milan, Italy. The main key findings were outline for future action and recommendations were produced regarding the contribution of Legal and Forensic Medicine.

In this presentation the author will outline these recommendations and several other aspects regarding the potential contribution of Legal and Forensic Medicine and the absolute need to improve communication, coordination and cooperation among relevant stakeholders for

preventing and resolving this humanitarian tragedy. In fact, Legal and Forensic Medicine also as a crucial relevance in other aspects regarding this phenomenon, namely in the confirmation of allegations of torture and ill-treatment, age determination, identification, etc.

P15.1.03

Ebola and Human Rights

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Since 1976 more than 15 Ebola outbreaks have erupted in sub-Saharan Africa. Until now it has been considered a tragic malady confined largely to the isolated regions of the African continent, but it is no longer so. The 2014 Ebola outbreak in Western Africa has been the most severe in history and represents a challenge to the entire international community. It was declared by the WHO Director-General a “public health emergency of international concern,” triggering public health powers under the 2005 International Health Regulations and the UN Security Council, in its first emergency meeting on a public health crisis, unanimously adopted a resolution defining it a threat to peace and security.

Without effective vaccines or treatments available, West African governments declared public health emergencies invoking extraordinary powers — a divisive trade-off between population health and human rights — and adopted classic public health measures like isolation and quarantine, social distancing and travel restrictions.

Travel restrictions and control over migration fluxes are considered necessary measures to minimize Ebola’s spread to other potentially vulnerable geographic areas including the densely populated regions of Africa, East Asia, and the Central and South Americas. Some countries have temporarily suspended migration from Ebola-hit nations to prevent the virus from crossing their borders. Nonetheless, immigration controls are particularly difficult in the face of easy movement across relatively porous borders between the affected countries and their neighbours, as well as in the case of illegal migrations at the Southern borders of Europe.

P15.2.01

The Ethics of Global Health Research in Developing Countries and Exploring the Importance of an Islamic Perspective - Literature and Guideline Review

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Context
The field of global health research ethics faces the continuing challenge of its application within ethnographically diverse settings. It is therefore necessary to assess existing research protocols to establish whether they allow for the necessary cultural diversity and therefore enhance applicability.

Objectives
Islam forms the second largest religious affiliation across the world and very little study has been done to explore its role in the context of research ethics. The majority of Muslims live in the developing world and therefore can form a significant cohort for research as well as those who carry out the research. Islam has generally encouraged the use of science, medicine and biotechnology as solutions to human suffering and as such it would be useful to assess its influence on local (regional and national) ethical decision-making.

Methodology
This piece of research is an analysis of the literature and current research protocols submitted within the OIC (Organisation of Islamic Cooperation) and focuses on establishing the role, if any, that the Islamic tradition plays within the local and international discourse on research ethics, in informing the ethical decision-making.

Results and Discussion
Themes that are analysed include the complexity of the consent process involving married and single Muslim women and the consent of minors. There is also an exploration

of the religio-ethical challenges raised by global pandemics such as HIV and scholarly deliberations surrounding emerging medical technologies within genetics and reproduction.

P15.2.02

The Notion of Privacy in Islamic Medical Ethics

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Like the medieval Islamic legal texts, present-day Islamic medical ethics is greatly concerned with notions of privacy and secrecy. These are not a special concern of the medical profession but constantly figure in the relations between patient and physician, or patient and other health providers (e.g. nurses, physiotherapists, technicians, etc.), or patient with his or her family members. In this paper I compare contemporary Islamic debates on privacy with the classical legal Islamic texts on the same subject, and also probe whether the Islamic notions are compatible with contemporary notions of privacy in the Western world (especially in law and philosophy).

Today privacy and secrecy often appear in the domain of basic human rights, as taught in the West by the International Declaration of Human Rights, announced by the United Nation in 1948 (Band 12); accordingly I also investigate how Muslim jurists and scholars today view the right to privacy as contained in the UN Declaration, and whether they assess it as concurring with or contradicting Islamic teachings. The sources are a variety of recent Western writings on privacy, as well as contemporary Islamic fatwas on privacy and secrecy, compared with medieval shar'i texts.

P15.2.03

Comparison of 21st Century Publication Trends in Bioethics within the Three Abrahamic Faith Traditions

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Introduction: The three Abrahamic faiths share common origins for their religious traditions, but their interpretation of religious and ethical principles that impact medical care may be different. Published bioethics literature could provide an insight into areas of immediacy and controversy.

Aim: To investigate trends and patterns of bioethics-related publication within the 3 major Abrahamic faiths (Christianity, Judaism, and Islam).

Methods: PubMed(National Library of Medicine, USA) for years 2000-2014 was searched using key word ‘Ethics' combined with key words for the 3 Abrahamic religions- ‘Islam' or ‘Islamic' or ‘Muslim'; or ‘Judaism' or ‘Judaic' or ‘Jew' or ‘Jewish'; or ‘Christian' or ‘Christianity' were used as search terms. Published abstracts were studied by two independent reviewers and information abstracted and recorded on a structured data collection form.

Results: A total of 2856 publications were found with 1989 related to Christianity, 487 related to Islam and 583 related to Judaism. In 203 publications more than one faith was studied. The prominent themes were different for each faith. There was a decreasing trend in number of publications relating to Christianity (R^2 0.58, $p<$ 0.0010); an increasing trend in publications relating to Islam (R^2 0.90; $p<$ 0.0001) and no significant change in trends in publications relating to Judaism (R^2 0.06; p-NS).

Conclusion: The reasons contributing to the increasing interest in Islamic bioethics needs to be further explored.

P15.2.04

An Analysis of E-Fatwas on Tobacco Inhalation

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Introduction: The burgeoning phenomenon of e-fatwas complicate Islamic scholarly dialogue on bioethics and the field requires a systematic methodology that facilitates the summarisation of such fatwas.

Aim: To use a sample of e-Fatwas to describe juristic ethico-legal understandings of tobacco inhalation.

Methods: Using Google, 2,014 websites were obtained with the words Fatwa, online, Islam, question and answer, Fatwa bank, smoking, shisha and hookah. Of these, 50 were English, Sunni, and fatwa-banks. A twelve-term search string was then used to retrieve 267 fatwas on tobacco inhalation. Muftis' demographic characteristics were tabulated alongside their legal ruling regarding tobacco inhalation. The ethico-legal reasoning utilised in the fatwa was analysed to identify the major premise(s), minor premise(s) and scriptural evidence(s) employed.

Results: Ninety-five unique e-fatwas discussed the ethico-legal ruling on tobacco inhalation, 72 of which issued unequivocal judgements. Fifty-four of these e-fatwas (75%) declared tobacco smoking to be haram, 10 makrooh (14%), and 8 makrooh tahrimi (11%). These assessments were derived from scriptural references in the Quran and Sunnah proscribing actions that harm. The ethico-legal device of qiyas was employed by making analogies to tayammum. Muftis enumerated harms of smoking to be of physical, psychological, environmental and economic natures. Scientific evidence was rarely cited.

Conclusion: A systematic survey of e-Fatwas may provide an additional window into juristic understandings of health and bioethics and the scientific evidence quoted can facilitate the engagement of contextual experts. E-fatwas are accessible, systematically retrievable, diverse in their legal and theological representations, and represent potentially appropriate and nuanced scriptural references.

P15.2.05

Circumcision in Multiple Contexts in Relation to Islam and Bioethics

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Circumcision denotes multiple aspects of human rights and bioethics in Islamic jurisprudence across religion and politics, such as the capacity of guardianship of parents in relation to children’s rights; the right to integrity of body; identity building in social gender context; legitimacy of socio-political identity, perception of loyalty to community’s common values, etc. Such issues leading to discussions upon the concepts of ‘human person and legal person’, ownership, self-determination, autonomy in relation to human body, identity politics, etc. in multiple contexts in Islamic thought could show how the issue of circumcision sheds light upon the overlapping aspects of human rights and bioethics in Islam. Additionally, popular religious culture in relation to circumcision in modern times discloses a capacity of tension in terms of accommodation of Muslim minorities in European secular or non-Muslim majority countries as reflected in certain recent debates in Germany in advocacy of stopping children’s circumcision, along the generality of debates in the West about the capacity and possibility of accommodation of Islamic law pertaining to private fields of life under the European legal systems via the laws of arbitration. Thus, circumcision mirrors a wide range of debatable problems in relation to Islam and bioethics with reference to human rights. This paper intends to show how circumcision is much more than circumcision, by approaching to human rights and bioethics in multiple aspects in Islamic jurisprudence across the issue of circumcision in past and present.

P16.1.01

Legal Aspects of Cross-Border Medical Tourism

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(1) The phenomenon of medical tourism, i.e., travelling to seek medical treatment is well documented throughout history and has significantly expanded in an increasingly globalised world. (2) Many reasons lead patients to seek healthcare abroad: quality, affordability, availability, legality in the jurisdiction of origin, etc. (3) However, cross-border medical tourism presents significant practical challenges as regards issues such as quality of treatment, financing, brokerage, impact in the local economy, impact in local healthcare systems (demonstration effect), regulation, etc. (4) Cross-border medical tourism also poses several complex legal problems and potential risks to the parties involved: informed consent protocols; asymmetrical information; privacy/confidentiality standards; waivers; insurance; privity of contract (in case of intermediaries/brokerage); as well as conflict of laws issues (determination of the applicable law and forum, characterisation, *forum non conveniens*, consumer protection, etc.). (5) Furthermore, many cross-border ethical and legality issues may emerge from specific types of medical tourism: reproductive tourism, abortion, transplantation, gender reassignment procedures, and euthanasia. (6) This presentation concludes by defining a framework of guidelines to decrease uncertainty in cross-border medical tourism.

P16.1.02

Economics, Immigration and Quarantine: A Triangulation of Driving Forces for Health Care Reform in the United States of America

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Tumult regarding institution of government-based health care in the USA is viewed through the prism of heated political debate. Lost are legal, social and scientific factors forming the base of health reform. Health care is not simply a political issue, but one encompassing multitudinous driving factors. This presentation concerns interaction of three persistent elements shaping debate regarding health care reform in the USA. Captioned "Obama Care", the confluence of these forces, over time, has been powerful in bringing the reality of systematic health care reform into the fovea of societal concern. Economic reality is stark. Health care cost in the USA (2015) is expected to be $3 trillion USD, 20% of GDP, or $9,000 for every person in the land, a breathtaking sum exceeding the GDP of most nations. Expenditure is not commensurate with health outcomes. The nation simply can no longer afford it. Immigration to the USA, no longer based in Europe, is predominantly from the Asian and Hispanic worlds, bringing a citizenry new to the nation in terms of demography, placing new burdens and new solutions upon the country's methodology of health delivery. The nation cannot avoid it. Further, there is the specter of diseases new to America. HIV-AIDS is an older and Ebola Fever a newer example or how the American nation, hardly major nests of such scourges, remains the source of scientific study and rational solutions, including modification of Laws of Quarantine, for such mortal afflictions of mankind. The challenge facing the USA is formidable, and given rational approaches, achievable. The nation cannot relinquish it.

P16.1.03

Bolivian Immigrant Women in Brazil and Their Reproductive Health

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This article aims to assess the health impacts of Bolivian immigrant women in Brazil in order to show that immigration is not only a result of a

rational choice, but also an economic and social need, which has consequences to the organization of the family nucleus and the reproductive health of immigrant women. Our concern lies in premature gestation, with the objective in keeping the family nucleus in Brazil. Such pregnancies happen without family planning, without prenatal care and childbirth in poor conditions; notwithstanding, the fact of the denial of a dignified life to the newborn. We will analyze what are the public policies developed by the Brazilian government to remedy these deficiencies, since the flow of immigrants, regular or not, is something present in our daily lives, especially in the labor market of metropolitan areas. We will analyze the bibliographic and statistical data presented by the responsible Governmental Agencies for the control and flow of immigrants in the country. The data allow us to verify that in the chaos of the Brazilian public health, we still have a lot to develop in relation to this population group (immigrant women) that adds to the many already pre-existing difficulties in the country, with respect to the maintenance of women's reproductive health.

Keywords: Bolivian immigrants; gender; family nucleus; women's reproductive health.

P16.1.04

Living Wills and Their Enforceability in Cross Border Medical Healthcare

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The living wills, although an expression of prospective self-determination, are placed under the risk of becoming irrelevant when the granter travels to another country to receive healthcare or goes temporarily abroad.

Is it possible to allow for a living will to have extraterritorial effect outside the country it was concluded in? Should the healthcare provider respect it, according the legal regime it was concluded under? Should the healthcare provider take into consideration such living will and attach to it the effects under the local legal order? Should autonomy be recognized to the granter, wherever he is found, or should these subjects be considered as a matter of public order and refuse any extraterritorial efficacy to such documents?

To this we might add the relevance of the consent and of other causes of justification where we integrate the institute of the living will that demands the compatibility between the interests of the granter and the protection of his expectations. However, contra posed to these interests we can invoke the interests of health care providers in the application of their own criteria and the difficulty of determining the legal framework of the State according to which the living will was adopted.

The absence of uniform conflict of rules, or even of specific conflict of rules in many States, renders necessary the analysis of the available instruments in order to solve the arising legal disputes.

P16.2.01

Advance Directives for Dying Patients in Brazil: A Study Based on Criminal Law

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Advance directives for dying patients are documents which express personal desires related to procedures that may be applied to people in a situation of medical assistance in the end of life. They are useful to make health assistance teams know about what kind of specific treatment the patiens permit, or don't permit, when they are not able to communicate their wishes in a hypothetical situation of disability. Advance directives entered Brazilian ethical law by Resolution 1995/2012 of the Federal Council of Medicine. The aim of this study is analysing this ethical rule by means of the criminal law, because advance directives are closely related to passive euthanasia and orthotanasia, which are prone to criminal sanction in Brazil. Therefore, it is paramount to study advance directives using the doctrinal tools of criminal law and principles like human dignity and reasonability. The goal is surveying

the qualities, inadequacies and limits of advance directives under Brazilian law, and also to understand the legal basis of the advance directives, which are the institutes of autonomy and consent of the patient. Although advance directives for dying patients are a welcome ethical law, it demands some improvement and refinement, which could be represented by the advance care planning, a kind of document that is focused on the life values of people. Furthermore, a change of paradigm related to euthanasia, in the direction of making it apart of criminalization, would be vital to promote the adequate efficacy of the advance directives in Brazil.

P16.2.02

The Guardianship of Elderly Autonomy Concerning Decisions Towards Their Health and Advanced Directives in the Brazilian-Portuguese Legal System

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The increase in longevity and the population aging have been entailing the need for a greater attention, from the jurists, to the category of vulnerables - the elderly - especially due to the majoring in the number of unabling diseases along old age.

In this context, it is urgent the use of juridical tools, able to assure the exercise of prospective autonomy, by the elderly, in case of eventual disability in self determining their medical choices.

However, there are some issues towards the validity, efficacy, the way to declare their wishes for health care, not only from the part of medical professionals who deal with ethical, religious and legal dilemmas in situation of terminality (euthanasia, ortothanasia, dysthanasia, lack of knowledge about the patient`s desire) but also from the part of law operators, that need to provide jurisdiscity to the act, to safeguard the eldery interests.

In Brazil, despite the lack of law ruling the advanced directives, the Federal Law of 1988, the Civil Code, the Elderly Statute, the deonthological rules (Resolution nr 1995 of 2012 from Federal Medical Council) assure the elderly autonomy exercise towards their decision concerning the medical treatments, even of eventual refusal. As early as in Portugal, the law nr 25 from July 16th, 2012, disciplines the advanced directives (living will and medical power of attorney).

The present study intends, after a comparative analysis between the Brazilian and Portuguese legal systems, to estabilish some criteria and efficient mechanisms to protect the right to life/death of the eldery.

P16.2.03

Elderly Persons, Advanced Directives and Patients' Consent

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Advanced directives are concerned with borderline situations of life termination. Their legal recognition is the outcome of a social debate encapsulated by the banner 'for a dignified life'. However, Act 41/2002, 14 November, regulating patient's autonomy and the rights and obligations in relation to information and medical records, does not limit the application of advanced directives to the above-mentioned borderline situations, as such a name identifies the document with which patients choose the kind of treatment that they are willing to undergo at any given moment, not only in a terminal situation. The same denomination covers two very different situations, which determines, in my opinion, an important difference in the value attached to advanced directives. On the one hand, it covers the expression of a given patient's will in relation to an extreme situation of life termination, i.e. a situation where the patient is in a state of irreversible unconsciousness, completely dependent on others and being fed and hydrated artificially. On the other hand, the above expression covers those cases where a

patient is in a state of reversible unconsciousness, which is temporary and can be reversed by applying the required medical treatment. The present paper aims at examining the legal value of advanced directives in the decisions of elderly persons, namely in relation to medical treatment in those cases where a patient cannot state his/her consent due to his/her being in a state of unconsciousness.

P16.2.04

Older People in the Maze of the Health Care System - Polish Experiences

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The purpose of the present article is to illustrate the problems faced by older people using health care services in Poland. On the basis of reports of the Commissioner for Patients' Rights will be diagnosed deficits in both the health care system (the lack of specialized services such as residential centres, home care programmes and geriatric services, age-unfriendly primary health care and insufficient palliative care) and most frequent symptoms of the patient's rights violations. At the same time gap analysis allows to formulate priorities for the health care system to be executed by the government. In particular, in light of the global phenomenon of an aging population.

P16.3.01

A 15 Year Review of Trends in Representation of Female Subjects in Bioethics Research in Islam

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Introduction: There has been increased interest in Islamic bioethics in the 21st century, but given restrictions placed on women in certain Muslim-majority countries, their representation in research could be in jeopardy.

Aim: To study the trends in representation of female subjects in Islamic bioethics research.

Methods: A search was done in PubMed (National Library of Medicine) for years 2000-14 using key words ‘Ethics' combined with ‘Islam' or ‘Islamic' or ‘Muslim'. Publications were reviewed by two independent reviewers and information abstracted using a data collection form regarding -human subjects research studies, gender distribution, research themes (gender specific vs. general bioethical issues) and country of study were recorded.

Results: A total of 487 publications related to Islamic ethics were found on PubMed over the last 15 years (2000-14). There were temporal trends in increasing overall publications of any type (R^2-0.90; $p < 0.0001$) and ‘human subjects research' related publications (55 over 15 years) also showed a positive trend (R^2-0.19; $p < 0.05$). Female subjects were well represented in all studies (averages - 69% from Muslim-majority; 59% from non-Muslim majority countries). There was a significant increase in proportion of female subjects from Muslim countries over the past 15 years (R^2-0.17; $p=0.0168$). Females were also significantly higher ($p < 0.001$) in studies focused on female gender related themes related such as pregnancy and fertility.

Conclusion: Women were well represented in Islamic bioethics research studies from all regions of the world in both gender and non-gender focused studies with increasing participation trends from Muslim majority countries.

P16.3.02

La Limitación de Tratamiento de Soporte Vital y los Cuidados Básicos en la Experiencia Médica Islámica

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Para el Islam la vida humana es sagrada y por tanto debe ser protegida y respetada. La vida del ser humano no es de su propiedad porque no se ha creado a sí mismo sino que proviene de Dios, por lo que la vida propia no puede ser despreciada ni dañada por uno mismo. Según la Declaración Islámica Universal de Derechos Humanos (1981) la vida humana es sagrada e inviolable y deben llevarse a cabo todos los esfuerzos necesarios para protegerla. La muerte y el sufrimiento existen por voluntad del Creador (Corán 57, 22). La enfermedad y el sufrimiento contribuyen a la expiación de los pecados y a obtener créditos ante Dios, por eso los hombres están llamados a afrontar la adversidad con autocontrol, coraje, fuerza de ánimo y resignación ante la voluntad divina. Pero la ausencia de valor, fuerza y paciencia ante el dolor no está castigada porque las personas tienen diferente capacidad para soportar el dolor y distinta resistencia ante el mismo (Corán 2, 45). Según la tradición islámica, es posible la suspensión de tratamiento o no iniciación del mismo cuando no hay esperanza de curación. La muerte viene provocada por el propio proceso imparable de la enfermedad, por lo que no se puede hablar de homicidio ni de suicidio. Pero ¿es determinante la autonomía del paciente ante el rechazo a un tratamiento en una medicina eminentemente paternalista? Los cuidados básicos hay que mantenerlos pero ¿son cuidados básicos la hidratación y alimentación artificial?

P16.3.03

Islamic Bioethics in the Thought of Tariq Ramadan

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This paper aims to present and examine Tariq Ramadan's point of view on Islamic Bioethics. A Swiss scholar of Egyptian origin and grandson of Ḥasan al-Bannā', Ramadan enjoys a widespread presence in the public sphere and the mass media and has a very influencing role in shaping the debate on contemporary Islam, in the West as in a part of the Muslim-majority countries. Proposing a partial "ethicization" of šarīʿa, Ramadan has tackled the issue of an Islamic approach to Bioethics and Medical Ethics in his works, considering it within the larger framework of a renewed global Islamic Ethics and Law. Referring to the general objectives of Islamic Law (maqāṣid al-šarīʿa), Ramadan proposes a holistic approach to the controversial issues concerning Islamic answers to some bioethical problems, which also includes Environmental Ethics, a balanced interaction between the real context and the sacred texts, and other relevant contemporary questions. Focusing on some of Tariq Ramadan's last books and speeches and on his activity as Director of the Qatar-based CILE (Research Center for Islamic Legislation and Ethics), our analysis try to outline the peculiarities of Ramadan's discourse in the Islamic debate dealing with Bioethics. It also aims to find connections with the reflections of other influent contemporary Muslim scholars and muftīs like Yūsuf al-Qaraḍāwī and others.

P16.3.2

Islamic Law, Bioethics and Courts Decisions in Israel

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Religious considerations (Islamic, Christian, Jewish, Druze, etc.) have influenced both the enactment and revision of laws, by-laws, and clinical guidelines in Israel. Some of these laws cover "classic" bioethical issues such as abortion, euthanasia, egg donation, IVF and Determining the time of death, whereas other laws relate to persoal status issues such as the age of marriage and polygamy.

The interaction of contemporary law with religious law is a challenge both to the legislator and to the courts, trying to find an acceptable modus vivendi between different law systems and balancing competing constitutional rights.

In my presentation we will review several legal cases brought before the Israeli courts over the past years, in relation to:

1. The legal age of marriage and its relevance in Shari'a courts.

2. Poligamy and the authority of Shari'a courts in allowing it from a legal and constitutional perspective.

3. the religious viewpoint regarding the beginning of life, ensoulment and the status of the unborn, and its implication on claims regarding patients' rights and wrongful life.

This choice of topics will allow us to briefly tend to the challenges of some legally set bioethical guidelines in a multicultural society, wherein a legal system that integrates religious courts on personal status affairs is functioning within the general state courts system.

P16.4.01

Transhumanism and the State of Worldwide Law on Human Technological Enhancement

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Technology is poised to enhance human physical and mental capabilities, eclipse human intelligence, and create new forms of life. Between the promise and peril that human technological enhancement engenders lie foundational questions about our human nature and nature itself. Traditional answers to these questions define key legal concepts such as personhood, property, competence, and protected freedoms. Outside of the law, our concepts of nature and human nature are already the focus of a political debate between bioconservatives, defending us from any human technological enhancement, and, transhumanists, standing for our right to become more than human. Their debate is fundamentally about humankind assuming the role of natural selection in evolution. With stakes reminiscent of Prometheus and Faust, and both sides claiming a moral imperative, most legal professional have never heard of transhumanism or human enhancement. Yet law may offer our only chance for managing the controversies its enabling technologies are creating. This paper reviews American, European, and Asian law and policies on stem cell research, medical devices, gene therapy, reprogenetics, cloning, artificial intelligence and robotics as potential precursors to regulations for human enhancement enabling technology and laws on four foundational transhuman rights - cognitive liberty, morphological freedom, procreative liberty and participant evolution.

P16.4.02

The Bio-Technology Revolution and New Challenges for Ethics, Bio-Ethics and Bio-Law: Some Reflections

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Introduction: The present study has as its object the potential impact evidenced by the biotechnology revolution, its repercussion on the individual, society and the environment, and consequent challenges imposed to ethics, bioethics and biolaw.

Material and Methods: Following a phenomenological view of law we started from the concrete data sufficiently evidenced for Legal projections that are intended to tackle successfully the issues arising from the problematic under discussion.

Results: Technological and scientific developments has seen marked progress with the introduction, development and implementation of manipulation sciences to all living beings. That positive development had practical consequences in the medicine practice and development of agricultural production.

Discussion: Advances in biotechnology raise serious questions in ethics, bio-ethics and bio-law domains, that deserve to be analyzed, discussed and reflected transversally.

Conclusion: The plural discussion along with one projected vision - in time and space - of the dignity of the human person over the emergent realities will allow us ensure the protection of fundamental legal goods, real or hypothetically exposed

Keywords: Bio-technologie; Ethic; Bio-ethic; Bio-law

P16.4.03

Conceiving Better Birth Plans: Mental Illness, Pregnancy and Court Authorised Obstetric Intervention

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After a lull of ten years, during the last 18 months at least nine women have been subjected to a caesarean after the court found such treatment to be in her best interests. In the majority of those cases the women concerned were suffering from a mental illness. The latest cases reflect the difficulty in achieving an appropriate balance between treating the woman's disorder and protecting the embryo and foetus from harm given that no psychotropic drugs are licensed for use during pregnancy. Such a balance needs to be sought on an individual basis and will often be extremely difficult to achieve, resulting in higher relapse rates than usual and increasing the likelihood that the affected women will be considered no longer to have the capacity to make decisions for themselves as birth approaches.

The paper will analyse the assessment of a best interests in the latest tranche of cases, focussing upon the centrality of the achievement of a successful delivery within that assessment and the notion that a safe delivery will negate any harm suffered. It will be argued that more thought needs to be given to how such cases can best be managed, in such a way as to facilitate the woman's ability to make decisions. It will be suggested that positive steps should be taken to facilitate anticipatory decision-making, ensuring that her wishes are given significant weight in the determination of her best interests, with any proposal that they be disregarded being subjected to rigorous scrutiny.

P16.4.04

The Legal Protection of Transsexuality in Brazil

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Is it a girl or a boy? It's the classic question posed to parents after an ultrasound examination or after the birth of offspring.

The sex was and still is considered, at least by common sense, a natural element and, a priori, immutable, forming the inflexible body of data on the person's identity. Gender identity is not a problem for most people. However, its complex definition is susceptible to contingencies of various orders that can cause several states of discrepancy between the living and the sex of the person.

In the case of transsexuality, the question is predominantly psychological, the individual does not follow his gender, identifies with the opposite sex. It is considered a psychic hermaphrodite, a tenant in his own body whose solution to his suffering is surgery of sexual reversion; only instrument capable of making his body externally reflects what it is intimately.

However, presently there are many transsexuals who feel they belong to the opposite sex, but do not feel full repulse for their sexual organs and do not want to undergo sex reassignment surgery. Or that despite they want the surgery, they resist facing it for several reasons.

Given this perspective, this paper aims to present an overview of the legal protection of transsexuals in Brazil, particularly in relation to access to sex reassignment surgery and the

need - or not - of them for switching name and sex in the civil registry the trans person.

P17.1.01

Syrian Refugees: Turkey's Experience in The Light of Ethics and Human Rights

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Since the turmoil in Syria in March 2011, increasing number of refugees from Syrian A. R. have been seeking asylum in Republic of Turkey. Turkey, as a neighbour country, has been following an *open border gate policy* and grant the refugees a temporary protected status. In respect of the relevant policy, refugees has been provided protection and assistance, which includes unlimited stay, protection against forced repatriation and also access to arrangements, which respond to immediate needs.

In March 2015, 1,858,000 refugees fled to Turkey from Syria. Approximately 250 000 Syrian refugees live in 10 provinces a total of 25 camps. However, unfortunately more than 1,5 million refugees live outside the camps. Continuous health services are provided in the camps and refugees, who live outside of the camps have access to health services only at provinces, where they registered in. More than 500,000 patients have been referred to hospitals from camps. While, inpatient treatment services have been presented to 200,000 Syrians, outpatient clinics provided to 6.5 million. Also, the number of patients, who underwent surgery has exceeded 200,000. Furthermore, over 35,000 Syrians were born in Turkey. Approximately 900 million U.S.D has been spent on health expenditures out of a 5.2 billion U.S.D worth fund established for the needs of the refugees by Turkey.

This presentation will focus on the case of Syrian immigration, which is a current and sorrowful one depending on political necessities. The main aim is to analyze the case from ethics and HR perspectives.

P17.1.02

The Dilemma of Providing Healthcare to Immigrants in the United States

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In the ambience of our current struggles in the world of healthcare and in immigration in the United States, we are faced with the intersection of two major dilemmas. The Affordable Care Act is altering the provision of healthcare in the US. The entry of immigrants, be they legal or undocumented, is projecting a need for healthcare services that is crucial, yet for many contentious.

The fact is that regardless of one's position on immigration, there are people in this country who require healthcare both to enhance their own well-being, and to ensure maintenance of a healthy country. In one aspect, this is exemplified by the spread of diseases that could easily be avoided by simple prophylactic measures. The recent measles epidemic in the US epitomizes what can happen when regularly preventable diseases are introduced and allowed to spread for lack of access to vaccines.

Among concerns are language differences and subtle variations in meaning, even among cultures who speak the same language, but with different idiomatic concepts. There may be a reliance on translators, who may or may not incorporate subtleties and nuances, which may lead to inaccuracies in communication and treatment.

Cultural distinctions may also impact interactions with healthcare professionals. One culture may bring an accompanying person to an appointment, others an entire family. Issues of privacy may prevail in one culture, be offensive in another. Expectations may vary greatly.

This presentation explores cultural differences, languages, immigration status and the impact on provision/receipt of healthcare within the United States.

P17.1.03

The Haitian Immigrant and Access to Health in the City of São Paulo: Impacts

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The immigration of Haitians to Brazil began late last decade and since then, the immigration flow has increased significantly. As a result, the Brazilian State and civil society, is facing many challenges in relation to the creation of effective migration policies with regard to housing, work, urban mobility, education, and health. Among the challenges listed, access to the brazilian Single Health System (SUS) has brought more relevance because of the need for immediate access and constant immigrants to the health care system. Such a situation is preceded by the collapse of the Public Health system in Brazil, increasing demand of access to health system because it is not supplying enough health in quantity and quality to the Brazilians citizens as well. Thus, our aim is to analyze Haitians immigrant access conditions to the Public Health in São Paulo - Brazil. Although, most of the immigrants said that access to public health in Brazil is better than Haiti because it is more effective, there is still a lack of social efficacy that could warrant the well being of Brazilian population.

P17.1.04

Legal Issues of Migration for Health Treatment in South America

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This study aims to approach aspects of patients' migratory process in South America who seek health treatment in Brazil. Brazil (the largest country in the continent) has an Unified Health System called SUS (Sistema Único de Saúde). The Brazilian Constitution honors important principles such as human dignity, isonomy, universal access to health. The Constitution provides equal treatment to Brazilian citizens and foreigners despite of the status of these people in its territory. This leads to the occurrence of a phenomenon of people migrating from other countries seeking for medical treatment at no cost (all held by the Brazilian government). In addition, it shall be mentioned that Brazilian citizens migrate to big urban metropolitan areas seeking for medical treatment, which makes these places reference centers. Public hospitals became crowded and its financial resources exhausted. Another problem to be discussed is the unequal distribution of financial resources and the lack of a plan for the patients´ co-participation in the cost of their treatment (as it happens in many countries in Europe). Another recurring problem is the public health judicialization. Since public health care is free of cost, patients with severe diseases who need expensive treatment file suits against SUS in order to get provision for medical services (even for experimental treatment abroad). The purpose of this study is to discuss possible solutions under the perspective of comparative law.

Key words: migration, health law, Sistema Único de Saúde SUS, medical treatment, co-participation, comparative law.

P17.2.01

Legal Aspects of the Services Provision for Residents of Nursing Homes in Poland

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Introduction. Applicable regulations determine that the provision of services for residents of Nursing Homes in Poland include living needs, taking into consideration the place of residence, food, infrastructure and provision of care and supporting services. Moreover, the regulations indicate the need to provide access to health care services in nursing homes, including the right to health care benefits within the public health insurance system. Ensuring access to health care services for residents of nursing homes is especially related to guaranteed benefits, such as primary health care in a form

of services of a general physician and nurse, as well as care benefits in the context of long-term care.

Aim: The aim of this study is to find an answer to the question: if applicable regulations guarantee access of nursing homes residents in Poland to living benefits, care services and health care services within the system of public health insurance.

Materials and methods: This study used an analysis of the literature, legal acts and judicial and administrative decisions.

Summary: Applicable provisions guarantee the provision of services for residents of nursing homes in Poland. However, it has to be mentioned that nursing homes are not obliged to report and pay for health insurance premiums of their residents.

Key words: social care, law, nursing homes

P17.2.02

“Granny Goes to Jail”: How to Avoid Medicaid Elder Care Liability in the United States

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America provides no guaranteed payment for skilled nursing services, Medicare paying only limited reimbursement, with Medicaid offering unlimited coverage, yet requiring means testing to qualify. Seniors can be decimated by the high cost of nursing care. Medicaid qualification requires income and asset inquiry, the prior tied to maximal qualifying income for Supplemental Security Income ("SSI"). Certain states qualify at higher incomes under Medically Needy Programs; others utilizing the "300 Percent Rule," yet 22 states apply a strict income cap.

Higher income individuals may qualify for Medicaid under the Medicare Catastrophic Coverage Act by placing excess income in a “Qualifying Income Trust,” the state having a reversionary interest therein. Marital income may be set aside for the “community spouse,” if that individual is living at home.

Medicaid qualification requires assets of less than $3,000.00 per couple, those states applying "50%" or "100%" rules allowing community spouses to keep those percentages of family assets up to specified ceilings. Numerous assets are waived for purposes of income eligibility calculation; however, liquidation solely to qualify for Medicaid is disallowed. Previously, assisting in such liquidation was punishable by imprisonment, the so-called "Granny Goes to Jail Law," now replaced by harsh civil monetary penalties.

Medicaid qualification now requires a 60-month "look back" period. Significant financial penalties attach if asset divestitures are discovered, with some exceptions applicable to personal residences.

This presentation will focus upon legal mechanisms utilized to secure assets while still qualifying for Medicaid to pay for skilled nursing care and avoiding penalties.

P17.2.03

Legal Aspects of the Elderly Brazilian Code and its Local Application

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This study aims to approach aspects related to the treatment offered to elderly people in the public and private health systems in Brazil. In the last decades, the elderly population has significantly increased. This fact implies in the need of implementation of a series of governing measures, which are not taken. The Elderly Code appeared to balance the situation creating priorities for the citizens aged 60 years and above. Legal obligations of all kinds were created. But non-compliance of laws has imposed difficulties to this segment of the Brazilian society. Inhuman situations are commonly found due to negligent conducts

taken by public and private entities, especially those who explore health businesses. The Judiciary has been an important instrument used by citizens to assure their access to health services. The lack of preparation of all social players is unacceptable, unlawful. The purpose of this study is to offer possible solutions based on the comparative law.

Key words: elderly, elderly code, public health, private health, health judicialization, public policies, injunction.

P17.4.01

Mental Health Law and Political Liberty - Time to Move from Rhetoric to Reality

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In England and Wales, people with mental disorders can be detained and treated under the Mental Health Act 1983, irrespective of their mental capacity. This is discriminatory and is the only sphere of health care and treatment in the UK where treatment can be given to a person in the face of their competent refusal. Usually, healthcare in the United Kingdom takes an individualistic stance, where capacity and consent are the watchwords of professionals- thus freedom is normatively basic. Yet mental health law adopts a collectivist position, not permitting a competent individual to refuse treatment, on the grounds that either the person themselves or others are put at risk by that refusal. Why do people with mental disorder occupy this category of ‘others'?

It is asserted that neither beneficence nor prevention of harm are sufficiently compelling reasons to maintain this legal position. Instead, a fusion law approach should be taken to all users of healthcare services, de-linked from the idea of risk, and regardless of whether the problems they have are physical or mental. Claims that public protection- even where it overrides the autonomy of the individual- is a necessary element of mental health law, are not accepted: instead a ‘bright line' approach is taken, where capacity is the absolute barometer. It will be argued that where a person possesses capacity, only those healthcare interventions they give consent for should be given; and where a person lacks capacity, interventions may be given only in their best interests.

P17.4.02

Patients' Rights in the Azerbaijani Legislation and International Experience

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The legal system of Azerbaijan Republic in the field of bioethics is focused on international experience, the maximum guarantee the protection of patients' rights according to national circumstances. The main constitutional law and constitutional provisions stands before the forefront of this system. Legal problems of bioethics are solved through the Law of Protection of Public Health, as well as a number of laws: "About Mandatory Medical insurance", "About Pharmaceutical products” and so on. In addition to laws, regulations in the field of health and other fields of human life, in which the predetermined conflict potential contradictions between the scientific and technological achievements, moral and ethical values, provided by a number of by-laws, administrative departmental policy documents, legal traditions, principles and rules of national ethics and morality.

Public opinion in Azerbaijan in relation to the new bioethical issues and challenges is that civil society is aware of the moral and ethical issues and aware of the threats and consequences that generates rapid technological development and scientific research in Medicine, Biology and other sciences of life. It understands that a significant impact on quality of life and health of people has growing, often not regulated by law, the commercialization of medical services and related industries, which makes it necessary and needed to ensure proper respect for human dignity, human rights and fundamental freedoms. However, a significant portion of the population, especially of the older age groups,

committed to national traditions and religious factors.

P17.4.03

The Role of Arbitration in Disputes Between Pharmaceutical Patents and Generics - The Portuguese Experience

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The bail-out of the Portuguese Republic demanded the reduction of costs of the national health system, notably by the use of generic medicaments (which had a very limited share when compared to other EU countries). In order to prevent delays in the introduction of generics Law No 62/2011 provided several measures, notably that parties have to resort to arbitration concerning conflicts between pharmaceutical companies holding patents and those seeking for authorization to market generics, which, per se, is not deemed infringement to industrial property rights. Applications have to published by the Portuguese Authority for Medicaments and patent holders have a term of 30 days to oppose their IP rights before arbitration courts. The conformity with the constitution of the mandatory arbitration method of dispute resolution and the effects of the expiration term have been question before the Portuguese Constitutional Court. This communication addresses the judgment of the Court, as well as other related questions, in particular whether arbitration courts have jurisdiction to decide on the validity of the patent when it is argued as a defence in an action for infringement.

P17.4.04

Mandatory Reporting - Unlikely to Work!

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Following the disastrous air crash involving Germanwings Airline and the depression of the co-pilot (Andreas Lubitz), there has been a call for mandatory reporting of patients with psychiatric disorders.

Mandatory reporting of 'disabled' doctors, to doctor licensing authorities, has been in force in countries like Australia and New Zealand.

In a recent review of this mandated notification, a number of serious concerns have been raised. Consequent to this publication there emerged heated debate concerning the benefits, or otherwise, of compulsory notification, which may prove to be counterproductive. Investigation of the Germanwings incident revealed that the airline's parent company was aware of the past psychiatric history of the co-pilot and yet it did not protect anyone.

If clinicians fear notification it follows that many will deny problems, fail to seek help and suffer as a consequence. Colleagues afraid of being forced to identify clinicians at risk will ignore those in need. Therapists who are not exempt from reporting those seeking help will be seen as 'the enemy' rather than allies.

It is questionable if mandatory notification achieves anything other than forcing the problem underground. A possible alternative would be indemnified voluntary reporting of those who pose serious and untreatable risk with a charitable approach to the care of those identified. Knee-jerk responses rarely achieve optimal outcomes but a considered and positive solution should be available and could be appropriately adapted to the needs of all concerned.

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3- Teaches many courses in both Arabic and English Languages for undergraduate students
4- Interested in coaching and supervising students activities such as; Oxford Price Media Moot Court, ABA Egypt Moot Court, Ain Shams University Legal Clinic Program and Job fair events."

Ajani, Rafiq

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"Dr. Mashhad Al-Allaf has taught at Washington University, St. Louis University, and Webster University and is the author of several works, including Operationalism between Einstein and Bridgman (2014), The philosophy of Islamic Civilization; al-Ghazali's Perspective (2013), Locke's Philosophy of Science and Metaphysics (2007 English), and The Essential Ideas of Islamic Philosophy (2006 English). In 2012, Dr. Al-Allaf contributed a chapter to Bloomsbury Companion to Islamic Studies, edited by Dr. Clinton Bennett. Some of his articles were translated into Italian, Spanish and Bosnian languages.
Mashhad taught different courses in the USA (for about 20 years) on Logic, Ethical Theories and Applied Ethics, Medical Ethics, Business Ethics and Engineering Ethics. He also taught courses on Islamic Sciences, and Philosophy of Science and Technology.
His current research focuses on integrative studies and multiculturalism, as well as Applied Ethics, Islamic Theory of Science, and Love and Romance in Islam."

Almirzanah, Syafaatun

A Professor of Islamic/Religious studies at The State Islamic University Sunan Kalijaga, Yogyakarta, Syafaatun Almirzanah was a visiting professor and a Malaysian Chair for Islam in SEA at Geoergetown University, Washington DC. She is a Founding Director of the La Convivencia Center for Human Rights and Religious Values. At the Universitas Gadjah Mada Yogyakarta, Indonesia, she is a professor of Religious Studies. A Board member of Interfidei Foundation, Board member Central Asia Production Research, Chicago, she was a director of Academic Affairs, a Chair of the Department of Comparative Religion, Research coordinator for the Institute for Inter-faith Dialogue in Indonesia, INTERFIDEI,a Visiting professor on Women and Islam at Catholic Theological Union, Chicago, and a Visiting professor of Islamic Studies at Sanata Dharma Catholic University in Yogyakarta, Indonesia. She has a professional affililiation with American Academy of Religion, Ibn 'Arabi Society, and Fellowship of Reconciliation, USA.

Andreu Martinez, Maria Belen

"Maria Belén Andreu Martínez. Profesora Titular de Derecho civil. Directora del Centro de Estudios en Bioderecho, ética y salud (CEBES, Universidad de Murcia). Coordinadora de la doble titulación de Máster en Derecho de las Nuevas Tecnologías entre la Universidad de Murcia (España) y la Universidad Lille 2 (Francia).

Verónica Alarcón Sevilla, miembro del CEBES (Universidad de Murcia) y directora jurídica de E-Privacidad."

Andreu Martinez, Belen

El avance de la ciencia médica, a propiciado el nacimiento mediante fecundación asistida de niños en el seno de parejas infértiles o del mismo sexo y el derecho se ha visto obligado a dar respuesta a los problemas que se han originado.

Arcos, María Luisa

Profesora de Derecho Civil. Miembro de la World Association for Medical Law (WAML) y de la European Association of Health Law (EAHL). Investigadora Principal del proyecto "El replanteamiento del principio de autonomía en el ámbito sanitario y sus límites: en particular,

libertad de decisión y objeción de conciencia", con investigadores de las Universidades de Cantabria, Valencia y Pública de Navarra. Entre las actividades recientes: codirectora de la obra Nuevas perspectivas jurídico-éticas en Derecho sanitario, Thomson Reuters Aranzadi, 2013; directora del Seminario sobre "Límites de la libertad de decisión en el ámbito sanitario", diciembre 2014; ponente en el XXI Congreso Nacional de Derecho sanitario, octubre 2014; directora de las Jornadas sobre "Protección de la salud y autonomía del paciente: dilemas actuales", diciembre 2013; coordinadora del Panel sobre "Autonomía y Discapacidad", marzo 2014. Autora de diversos trabajos sobre consentimiento informado, voluntades anticipadas, pacientes incapaces y responsabilidad civil sanitaria.

Arda, Berna

Dr. Berna Arda is Professor in the Department of Medical Ethics at the Ankara University Faculty of Medicine in Turkey. She is the President of the International Association for Education in Ethics, Vice-President of the World Association for Medical Law, and serves as a Visiting Professor in several universities (UCL, Boston Childrens Hospital and Harvard). She is on the editorial boards of various medical, legal and ethical journals, and has published more than 100 peer reviewed articles and book chapters. Vice President of WAML

Arslan, Miray

I am Ress. Assist. Miray Arslan from Turkey Ankara University Faculty of Pharmacy, Department of Pharmacy Management. I graduated from Anadolu University Faculty of Pharmacy and now I am Ph.D.student at Ankara University Faculty of Pharmacy, Department of Pharmacy Management. I am also a student at Industrial Engineering at Eskisehir Osmangazı Univesity-Turkey and graduated from Anadolu University Faculty of Business. My study areas are Pharmacy Ethics, History of Pharmacy, Pharmacy Management, Pharmacy Education, Bioethics, Pharmacoeconomics and etc.

Asman, Oren

"Lecturer at the Nursing Department, School of Health Professions, Medical Faculty in Tel Aviv University and director of the patient's rights legal clinics, Ziv medical center and Zefat College.
Executive Vice President of the World Associaiton for Medical Law.
Lectured in over 40 academic congresses worldwide. Invited speaker of the Israeli govermetal insurance company, The Court Administration, research institutes, various faculties and various professional associations worldwide. Expert consultant for international and local organizations on ethics, law and risk management.
Holding a leading position in various organizations promoting health, law and ethics. Published papers, articles, and proceedings in professional journals, gave media interviews and leads a Radio program on medical ethics and medical law"

Balthazar, Tom

Tom Balthazar is professor in health law in the University Gent (Belgium). He worked during 21 years as sollicitor and was president of the National Commission for the Implementation of the law concerning Patient Rights.

Barbosa, Carla

"Researcher at the Biomedical Law Center; Lawyer at LBR&M Lawyers; Member of ARSCentro Ethics Committee; Scientific Secretary of Lex Medicinae – Portuguese Journal of Health Law."

Barceló Doménech, Javier

"Dr. Javier Barceló Doménech. Licenciado y Doctor por la Universidad de Alicante (España), es actualmente Profesor Titular de Derecho Civil en esa misma Universidad. Ha desempeñado los cargos universitarios de Secretario de Departamento, Vicedecano de Ordenación Académica y Docente, y Decano en funciones de la Facultad de Derecho de la Universidad de Alicante; y también ha sido Vocal no Judicial de la Junta Electoral Provincial y Vicepresidente de la Escuela de Práctica Jurídica del Colegio de Abogados de Alicante. Desde 2008, es Vocal del Observatorio de Derecho Civil Valenciano, órgano asesor de la Comisión de Codificación, dependiente de la Consejería de Gobernación y Justicia de la Comunidad Valenciana. Ha realizado estancias de investigación en la Université René Descartes (Paris), Wilhems Universität (Münster) y Universidade de Coimbra (Portugal). Es autor de 6 monografías de Derecho Civil y más de 50 artículos y capítulos de libros."

Benedito, Alessandra

Master Law in Political and Economic, Specialist in Civil Litigation Mackenzie Prebyterian University and Teaching in Higher

Education from the Catholic University of São Paulo (PUC/ SP). Bachelor of Laws from the University Braz Cubas. Teacher Law School graduation and post - graduation and lawyer. Researcher.

Beran, Roy

Roy is trained as a consultant neurologist and accredited sleep physician, in addition to working within legal medicine and aviation medicine. His qualifications include: MBBS, MD, FRACP, FRACGP, Grad. Dip. Tertiary Ed., Grad. Dip. Further Ed., FAFPHM, FACLM, FRCP, FACBS, B Leg. S, MHL and FFFLM (Hon). He is a Professor in the School of Medicine at Griffith University, Queensland, and Conjoint Associate Professor of Medicine at the University of New South Wales. He is a founding Fellow of the Australasian College of Legal Medicine, a Past President of the College, having stepped down in 2011, and is the Australian Governor and Secretary General of the Board of Governors of the World Association for Medical Law and an Honorary Fellow of the Faculty of Forensic & Legal Medicine of the Royal College of Physicians (London).

Berger, Ken

"Vice President and Board of Governor World Association for Medical Law
Faculty of Medicine, University of Toronto
MD JD FCLM, Physician and Lawyer
Principal, medicallegaladvocacy.com, Barrister and Solictor
Of the Bar of Ontario and New York
Co-chair health law advocacy project Osgoode Hall and University of Toronto Faculty of Law
Editorial Board Medicine and Law"

Bojko, Thomas

"Thomas Bojko, MD, MS, JD, FCLM is President and Managing Partner of Aviva Healthcare Solutions (AHCS), and Partner in Thomas&Krail, LLC. Dr. Bojko has spent over two decades in healthcare and has held executive leadership positions in both hospital and medical administration. In addition to his Medical Degree, Dr. Bojko received a Master of Science Degree in Health Care Administration, Management and Policy from New York University, and a Juris Doctor degree from Rutgers University School of Law.
Dr. Bojko has made many contributions to the administrative, clinical and educational aspects of healthcare and has received numerous awards and recognition for his efforts.
He gained national prominence serving as a member of the American Academy of Pediatrics Section on Critical Care Executive Committee and as a member of the NACHRI (National Association of Children's Hospitals) Board of Trustees. He has authored numerous articles, policy statements and editorials in peer-reviewed journals."

Bouic, Louise

Louise is a doctoral candidate focusing on mental health and mental capacity law at the University of Manchester. The theme running through her work is social justice- she argues that to override the autonomous choices of some people but not others is discriminatory, and morally indefensible from a libertarian perspective: hence the development of a fusion law is the central argument of her thesis. Louise is a mental health nurse, and a senior lecturer at Staffordshire University, where she teaches medical ethics and law.

Bouyahya, Driss

The presenter is a P.h D holder in Political Islam. He is a Professor of interfaith dialogue and inter cultural communication at Moulay Ismail University. He is about to publish a book about Islam-oriented parties. He also works on a second book about worship spaces in the three Abrahamic religions

Cascao, Rui

"Rui Cascao, LL.B. (Coimbra), Ph.D. (Tilburg). Senior Legal Advisor, Law Reform and International Law Bureau of the Macau Special Administrative Region of Macau, People's Republic of China. WAML member. Founding member of ALDIS (Portuguese-Speaking Association for Healthcare Law. Contributor to ECTIL (European Centre of Tort and Insurance Law). Lecturer in Healthcare Law, Centre for Legal and Judiciary Training, Macau SAR, China (2009-2011); Post-Doc Researcher, Karl-Franzens University Graz, Austria (2006-2008); Research Assistant, Tilburg University, The Netherlands (2000-2005)."

Cavalcanti, Rita

Promoter of Justice of the State of Bahia, Brazil . Master's Degree in Health Law from the Faculty of Medicine of ABC , São Paulo, Brazil . Member of the Commission of Custody Hospital Disabling Studies and Psychiatric Treatment of Bahia.

Cerejeira, Joaquim

Professor of Psychiatry - Faculty Of Medicine - University of Coimbra; Director of Gerontopsychiatry - Coimbra Hospital

Chaves, Marianna

"PhD Candidate in Civil Law at Coimbra University; Master in Legal Sciences by Lisbon University; Legal Consultant"

Choong, Kartina

"Dr Kartina A. Choong is a Senior Lecturer in Medical Law & Ethics at the University of Central Lancashire (UCLan) where she is also the Course Leader for its LLM in Forensic and Legal Medicine. She has previously taught Law at the Universities of Durham, Reading and Leeds Metropolitan. Between 2002 and 2010, she served as a subject specialist for Medical Ethics and Religion for INTUTE: Arts and Humanities. Fellow of the UK Higher Education Academy."

Coetzee, Loutjie

Loutjie Coetzee is a senior lecturer in, and subject head of, Medical Law and Forensic Medicine at the University of South Africa. He is the recipient of numerous awards and scholarships for excellence in both research and teaching. He is an advocate of the High Court of South Africa, and a member of various medico-legal organisations.

Collins, Sandra

Dr Sandra Collins graduated from the University of Bristol in 2012 and has completed her Foundation Programme Training. She is currently spending a year as a Clinical Teaching Fellow for medical students from the University of Bristol.

Conomy, John

"John P. Conomy, MD JD is a native of Cleveland, Ohio. He is a graduate of JOhn Carroll University, a medical graduate of St. Louis University (1964) and recieved his legal education at Case Western Reserve University and Cambridge University, England. He is a board-certified Neurologist and trained in Neuropahtology. Founder of the Mellen Center for Multiple Sclerosis Treatment and Research and the International Consortium of Multiple Sclerosis Centers, he is currently Clinical Professor of Neurology at University Hospitals of Cleveland, Director of a Brain Injury Unit within the University System, and formerly Chairman of the Department of Neurology at Cleveland Clinic Foundation (1975-1992). He is widley published and consulted in matters of health, health policy, institutional organization and health law nationally and internationally.
Specialties: Neurological Medicine, Neurological Services, Brain Injury, Health Law"

Cornejo-Plaza, María Isabel

Abogada, Magíster en Derecho Privado, Investigadora-docente en Centro Interdisciplinario de Estudios en Bioética, Universidad de Chile y profesora de Bioética y Derecho en Facultad de Derecho, Universidad Diego Portales.

Correia de Albuquerque da Costa, Ana Paula

Teacher of law in the Federal University of Paraíba; master in legal sciences; PhD student in the postgraduate course in legal sciences, Federal University of Paraiba-Brazil

Corte-Real, Ana

Coimbra's International Relationship Coordinator for Dentistry; Coordinator of Forensic Dentistry Laboratory; Faculty of Medicine University of Coimbra"

Costa, Maria

Professor, Instituto de Ciências Biomédicas de Abel Salazar, Universidade do Porto; Universidade Portucalense Infante D. Henrique; Instituto Nacional de Medicina Legal e Ciências Forenses"

da Costa Andrade, Andreia

"PhD student in Public Law, Faculty of Law, University of Coimbra
Researcher at Crioestaminal, S.A. and The University of Coimbra Institute for Legal Research"

Daly, Brenda

BA(Hons), MA, PhD. Dr Brenda Daly is a Senior Lecturer in Law and BCL (Law & Society) Programme Chair in the School of Law and Government, Dublin City University, where she lectures on healthcare law, law and dispute resolution (arbitration and mediation), and employment law. She is the European Association of Health Law National Contact for Ireland and the Irish Chairperson of the National Mediation Chapter of the European Court of Arbitration.

Dantas, Eduardo

"Lawyer, specialist in Consummer Law by the University of Castilla-La Mancha, Spain. LL.M. in Medical Law by the University of Glasgow, Scotland. PhD student at the University of Coimbra, Portugal. President of the Brazilian Society of Health Law. Vice-President of the World Association for Medical Law . Vice-President of the Asociación Latinoamericana de Derecho Médico. Member of the Association Française de Droit de la Santé. Member of the Association de Recherche et de Formation en Droit Médical. Author of several articles published in Brazil, Portugal, and France. Author of the books Direito Médico (Editora GZ, 2009) and Comentários ao Código de Ética Médica (Editora GZ, 2010).
E-mail: eduardodantas@eduardodantas.adv.br"

Dekovic, Sanjin

Specialist in Gynecology and Obstetrics, teaches in Secondary Medical School and working on establishing Bosnia-Herzegovina's Association for Medical Law. Currently a Governor of WAML

Diesfeld, Kate

"Kate Diesfeld, JD, was a Court Investigator in Alaska, attorney at Protection and Advocacy in Los Angeles, and Legal Supervisor of the Kent Law Clinic (Mental Health and Learning Disability) in Canterbury, England. She represented patients before England's Mental Health Review Tribunal for 8 years. In New Zealand, she was a care assistant for residents of an aged care facility, an Age Concern Visitor and member of the Auckland Age Concern Board. She led a research team that established New Zealand's first free community law centre for people with disabilities. At the University of Waikato School of Law, she was the Associate Dean of Research. Currently she is Professor of Law at AUT University. She is the co-editor of Involuntary Detention and Therapeutic Jurisprudence: International Perspectives on Civil Commitment (Ashgate, 2003) and Elder Law in New Zealand (2014)."

Dinc, Gulten

Gulten Dinc, PhD, is an Professor at the Department of History of Medicine and Ethics, in Istanbul University, Cerrahpasa Medical School, Turkey. She obtained her PhD in 2003 from Istanbul University, Institute of Health Sciences. Her primary scientific interests are studying the Ottoman and early period of Republic of Turkey medical periodicals, publications and biographies in history of medicine field. She is an author or co-author of more than 50 peer-reviewed articles.

Duguet, Anne-Marie

Anne-Marie Duguet is MD Phd in law and senior lecturer to the Faculty of Medicine at Paul Sabatier University (UPS). She teaches medical law and bioethics and conducts her research in the UMR/INSERM unit of the UPS. Her research is focussed on French and European health law, ethics in research, ethics in new technologies and ethics in genetics. Since 1996 she is a member of the CPP (Ethics committee for research) and has been the chair person of the Committee for 12 years.She is the secretary of the European Association of Health Law and governor of the WAML. As president of the ARFDM (Association for research and training on medical law www.arfdm.asso.fr) she organised an international network of young researchers in medical law and bioethics and organises since 2006 a European Summer School on bioethics and medical law in Paul Sabatier University.

Ebrahim, Abul Fadl Mohsin

Abul Fadl Mohsin Ebrahim is Professor Emeritus in the School of Religion, Philosophy and Classics at the University of KwaZulu-Natal, Durban, South Africa. He has a passion for Islamic Law and Bioethics and has authored several publications in the field of Islamic Bioethics. He has also traveled extensively delivering papers at international conferences on various topics in the domain of Islamic Bioethics.

Elizari, Leyre

"Leyre Elizari graduated in Law in 2002 and obtained the title of "Expert in Health Law", from the Public University of Navarra in 2011. At present she is predoctoral student, granted by the same University. She has been closely related with Health Law and rights of people with disabilities, firstly in her professional activity, as a lawyer, and later, as associate professor and researcher at the Private Law Department of the Public University of Navarra. She has worked on several issues like informed consent, medical liability and treatment refusal. This paper is included in: Proyecto de Investigación DER 2012-32735, from the Spanish Ministry of Economy and Competitiveness"

Ernest, David

Dr David Ernest is a Critical Care physician with post-graduate qualifications in

Health and Medical Law, who combines these interests in an active medical and medico-legal practice. He is an Adjunct Clinical Associate Professor in the Department of Medicine at Monash University in Melbourne, Australia, and is presently a member of the Human Research Ethics Committee at Monash Health, the health service in which he practices intensive care medicine, and additionally serves as a Deputy Convenor and as a Presiding Member for Medical Panels Victoria, an independent medical dispute resolution tribunal.

Espinosa de los Monteros, Adolfo

"Dr. Adolfo Espinosa de los Monteros Rodríguez. Doctor en Derecho, Master en Derecho Público por la Universidad Carlos III de Madrid. Abogado por la Universidad de Guadalajara. Profesor de tiempo completo Universidad de Guadalajara, México. Secretario del Comité de Ética en Investigación del Centro Universitario de la Costa. Profesor Doctor de la Univesidad de Guadalajara (México): Secretario del Comité de Ética en la Investigación del CUCOSTA."

Fernandes, Isabel

Medical Oncologist in Sta Maria University Hospital, Lisbon; Master degree completed in the Medical Faculty of Lisbon; PhD student of management - Strategy and Entrepreneurship (ISCTE); Professor of the Master of Oncobiology (Medical Faculty of Lisbon); Medical specialist in the program Harvard Medical School – Portugal; Clinical researcher (Oncologic Unit- IMM) – preferential areas: prostate cancer; sarcomas and neuroendocrine tumors. Researcher in several clinical trials (formation in good clinical practices and ethical implications). Several presentations and publications in national and international journals; Good knowledge of spoken and written English and Spanish; Professional associations: ASCO (American Society of Clinical Oncology); ESMO (European Society of Medical Oncology); Member of the Portuguese neuroendocrine study group and of the Portuguese sarcoma group"

Ferreira, Ana Elisabete

PhD candidate in Law at the University of Coimbra, masters on Philosophy of Law and Lawyer. She teaches at the School of Health of Viseu (Portugal) and she is a researcher at the Centre for Biomedical Law at the University of Coimbra. She is a member of the Portuguese Academy on Theory of Law, Philosophy of Law and Social Philosophy, and founding partner of Lusophone Association on Health Law.

Feuillet, Brigitte

Professor, Faculty of Law, University of Rennes 1, Senior Member of the Institut Universitaire de FRANCE, Director of the Centre de Recherche Juridique de l'Ouest (IODE, UMR CNRS 6262), Chair of the International Academic Network for Bioethics? Doctor Honoris Causa University Louvain la Neuve (Belgium), Awards "Le Dissez de Penanrun" from the Academie des sciences morales et politiques (Institut de France), 1999, for the publication "Philosophie, éthique et droit de la médecine (Philosophy, ethics and laws of medecine)" under the supervision of D. Folscheid, JF Mattéi and B. Feuillet-Le Mintier, Awards "Emile Girardeau" from the Academie des sciences morales et politiques 2012.

Fonseca, Washington

"The presenter is a professor with large experience in teaching Health Law, Medical Law and Bioethics. Attorney. Has published articles and lectured in several countries. Member of the World Association for Medical Law and ALDIS - Associação Lusófona de Direito da Saúde. Professor at the Medical Faculty of ABC (Faculdade de Medicina do ABC) and Escola Paulista de Direito."

Francisco Matos, Mafalda

Assistant Professor of Criminal Law, Faculty of Law, Agostinho Neto University, Angola; Researcher at Centre for Biomedical Law, Faculty of Law, University of Coimbra, Portugal; Lawyer at LBR&M, Lawyers

Freitas, Mara de Sousa

Registered Nurse (RN); Nurse at the Portuguese Institute of Oncology, Lisbon; Graduated on Anthropology and Health; Master in Bioethics (MBE); PhD Students in Bioethics at the Institute for Bioethics, Catholic University of Portugal (IB-UCP); Junior Researcher at Bioethics Research Centre, Catholic University of Portugal (IB-UCP) and Researcher at The Foundation of Science and Technology (FCT) in the "Ethics, Science and Society" group; Invited Junior Researcher, at the Health Interdisciplinary Research Center, Institute of Health Sciences. Catholic University of Portugal, Lisbon (Project: Living Will: the actuality in Portugal).

Galandarli, Nigar

Mrs. Nigar Galandarli is teacher at the Baku State University. She has completed her PhD this year on specialty of Bioethics.

Ghannam, Obadah

After completing his medical degree and intercalated BSc in Management at Imperial College London, Obadah began his training at the University Hospitals Coventry and Warwickshire NHS Foundation Trust and now works in the emergency department of the Heart of England NHS Foundation Trust, Birmingham, UK. He also has a visiting post at the Division of Health Sciences at the University of Warwick and is currently reviewing ethico-legal arguments of Muslim jurists in Islamic bioethics and conducting research for a pair of Cochrane reviews in the area of Cardiovascular Disease Prevention. Obadah is currently studying for an LL.M in Medical Law and Ethics at De Montford University and undertaking a 5 year Islamic studies and advanced Arabic course to further his research interests in Islamic Medical ethics. He is also an Education Visitor with the General Medical Council (GMC) and a Clinical & Professional Advisor with the Care Quality Commission (CQC).

Glover-Thomas, Nicola

Nicola Glover-Thomas is a Professor of Medical Law, Director of Research and a member of Centre for Social Ethics and Policy at the University of Manchester. She is also a member of the AHRC peer review college and the AHRC Knowledge Exchange College. She is a member of the editorial board for the Medical Law Review. Nicola has particular research interests in mental health law, medical law and pharmaceuticals and the law.

Gonçalves, Cândida Carvalho

Investigadora no Observatório sobre Direitos Humanos: Bioética, Saúde e Meio Ambiente. Mestranda em Bioética na Universidad del Museo Social Argentino, Buenos Aires. Mestranda em Direito, com especialização em Ciências-Processuais, na Universidade Autónoma de Lisboa. Auditora no Centro de Direito Biomédico da Universidade de Coimbra. Empresária. Licenciada em Direito.

Hakeri, Hakan

Prof. Dr. Dr. h.c. Hakan Hakeri is a professor of criminal and medical law. He has studied law at the University of Istanbul, before receiving his PhD in criminal law at the University of Köln (Germany) in 1996. Throughout his study he has received multiple scholarships, including one for The Scientific and Technological Research Council of Turkey (TUBITAK) in the United States and Alexander von Humboldt Foundation in Germany. He currently works at the University of Istanbul Medeniyet and head of Medical Law Research Unit of Istanbul Medeniyet University.

Halliday, Samantha

"Samantha Halliday is an Associate Professor in Law at the University of Leeds, UK. Her primary research interests are in comparative medical ethics and the law, especially in relation to the beginning and end of life. She is particularly interested in European comparisons, considering the way in which our European neighbours have sought to resolve the same medico-legal issues and the context in which the varying regulatory models adopted operate.

Her monograph 'Autonomy and Pregnancy: A comparative analysis of compelled obstetric intervention' will be published by Routledge in 2015.

Sam has published widely in this field and has held grants from the both the Wellcome Trust and the Modern Law Review to fund symposia relating to mental capacity and end of life decision-making. She currently holds an ESRC Research Seminar Series grant for "Towards a European understanding of advance decision-making: a comparative, interdisciplinary approach1" (co-investigators: Gillian Hundt (Professor of Social Science in Health, University of Warwick) and Jörg Richter (Professor in Clinical Psychology, Universtität Rostock, University of Hull). The series aims to facilitate the founding of an interdisciplinary European research network investigating the legal, social and medical attitudes toward precedent autonomy within Europe and to developing a European strategy to enhance advance decision-making in all its forms. It encourages a more critical and constructive assessment of the law relating to advance decision-making within Europe, interlinking legal discourse with policy and practice discourses on aspects of mental health and mental incapacity law, promoting a multiperspective dialogue and analysis. It brings together leading researchers, practitioners, PhD students and third sector workers (hospices and health charities) from across Europe."

Harap, Sean

Dr. Sean Harap is an Internist in practice in Honolulu, Hawaii, USA and has just received his Law degree from the University of Hawaii William S. Richardson School of Law. He received his undergraduate degree from Cornell University in Ithaca, New York and his medical degree from the Albert Einstein College of Medicine in New York City. He also holds a Masters in Business Administration from the George Washington University School of Medicine in Washington, D.C.

Henriques, Pedro

Born in Viseu, in 1984. Grew up in a village, with both fathers and one brother. Studied in Viseu until the age of 18. Started Medicine course in the University of Coimbra in 2002. Began working as a physician in 2010, initiating in 2011 the Family Medicine Residency, in Sátão, near Viseu. In 2012 moved to Viseu, continuing his residency. Academics: Publication in portuguese national magazine "Résvista" a documentary about "Pregnancy in Adolescence" in 2014; two presentations in the "International Symposium of Sports Medicine", in Wels, Austria, 2014: "Exercise in Elderly, benefits vs risks: the GP advice", and "Pregnancy and physical exercises" , both published online on "Cinesiologie", the International Revue of Sport Physicians and Human Motion; organizer of the 1st Congress for Family Medicine residents held in Viseu, Portugal, in 2015. Nowadays, in the 4th and last year of Family Medicine residency in USF Alves Martins, located in Viseu.

Hinnant, C. William

"Bill Hinnant is the Principal in the firm Hinnant Medical & Law Offices, LLC and is Treasurer and Corporate Counsel for the American College of Legal Medicine.
His legal practice focuses on Health Litigation, White Collar Crime, Medical Malpractice, Personal Injury, Peer Review and Credentialing Issues, Workers Compensation and Insurance Law. He has authored Amicus Briefs for various health-related organizations as well as regulatory comments and is a member of the Bar of the United States Supreme Court. He has handled various appellate matters in both federal and state courts and continues to practice urology as well. Bill and his wife Virginia have four grown children and enjoy traveling, the arts, sports, cooking and their three dachshunds Elliot, Misty and June Bug."

Hoffman, Alan

Mr. Hoffman is an Attorney licensed in both Illinois and Florida who devotes his primary civil practice to representing patients and their families in claims against physicians, medical institutions and pharmaceutical companies. In addition, Mr. Hoffman is a former Associate Professor of Law at Northern Illinois University College of Law and has taught in the Health Law Institute of Loyola University College of Law in Chicago. Mr. Hoffman was on the Editorial Board of the American College of Legal Medicine Journal of Legal Medicine for 20 years.

Hrevtsova, Radmyla

"Dr. Radmyla Hrevtsova is the Director of the Center for Medical Law at the Law Faculty of the Taras Shevtchenko National University of Kyiv and the Associate Professor of the Administrative Law Department. She has been teaching Medical Law-related courses since 2004.
In addition to scientific and educational activities, Ms. Radmyla Hrevtsova is also an attorney having focused her legal practice on Medical and Health Law since 1999.
Dr. Hrevtsova is a founder and the first President of the Ukrainian Medical and Legal Association created in 2006 as the national association for Medical Law.
She is a Governor of the World Association for Medical Law, a member of the European Association of Health Law, and the Head of the Ukrainian Unit of the UNESCO Chair in Bioethics (Haifa)."

Hussain, Aamir

Aamir Hussain graduated from Georgetown University with a BA in Government and a Theology minor in December 2013. Aamir is interested in the intersections between public policy, religion, and healthcare. In November 2014, he won a $5000 Germanacos Fellowship through the Interfaith Youth Core to design a medical education discussion series on interfaith cooperation and healthcare. Aamir was also 2013-2014 Presidential Fellow with The Center for the Study of the Presidency and Congress in Washington, DC, and published an essay on the religious freedom implications of the contraceptive mandate of the Affordable Care Act. Aamir blogs regularly for the Huffington Post, and is currently pursuing his MD at the University of Chicago Pritzker School of Medicine.

Hussain, Zeenat
I am an undergraduate-freshman in the College of Liberal Arts at New York University in Manhattan, New York. I plan to major in Anthropology and complete my requirements for application to a medical school. I am interested in studying the interactions between Religion and Medicine.

Ioan, Beatrice
Beatrice-Gabriela Ioan is Associate Professor in Legal Medicine at the University of Medicine and Pharmacy "Grigore T. Popa" and senior forensic pathologist at the Institute of Legal Medicine of Iasi, Romania. She graduated from the faculties of Medicine (1993), Psychology (2002) and Law (2012) and from the Master of Art in Bioethics Program at Case Western Reserve University, USA (2004). She holds a PhD in Medical Sciences (2002). She is the Vice-Chair of the Committee on Bioethics (DH-BIO) of the Council of Europe, independent expert of the European Commission, member of the Bioethics Commission and of the Discipline Commission of the Romanian College of Physicians and also member of several research ethics committees in Romania. She participated in European and national research projects and authored many scientific papers and books in the fields of Legal Medicine and Bioethics.

Ito, Daniela Cristina
Presenter is a lawyer expert in Medical and Health Law with large experience in lecturing in Brazil and in several countries. Member of the World Association for Medical Law and partner of Dantas, Fonseca e Nigre Advogados.

Ivone, Vitulia
Prof. Vitulia Ivone is Associate Professor of Private law, Faculty of Law, University of Salerno; Lecturer of Civil law at the Specialization School for Legal Professions; Chairman of the Scientific Committee of the Fondazione Scuola Medica Salernitana; Member of the academic board and professor in the Ph.D. Programme on "Legal Sciences", University of Salerno; Member of the Patent Commission of the University of Salerno; Member of the Scientific Committee of the Observatory on Human Rights: Bioethics, Health, Environment; Member of the Scientific Board of the journals Biodiritto (Aracne Rome) and Cuadernos de Bioética (UMSA, Buenos Aires); Recipient of a scholarship for the international mobility of researchers granted by the Province and the University of Salerno; Co-director of the International Summer School on Law, Bioethics and Health 2015, School of Law, University of Salerno.

Jacek, Anna
"On 27 January 2009, under a resolution of the Council of the Department of Law, Canon Law and Administration at John Paul II Catholic University of Lublin, obtains a degree of Doctor of Laws, on the basis of a doctoral thesis: "Compensatory liability of health care centres". Since October 2007, conducting classes and lectures in "Law" and "Bases of Law" at the Institute of Nursing and Obstetrics in the Medical Department of the University of Rzeszow.
From 15 February 2010, employed on a position of a lecturer at the University of Rzeszow – the Medical Department of the Institute of Nursing and Health Sciences, and next at the Institute of Nursing and Health Sciences.
Main directions of academic research:
- liability for a damage, caused by actions of the public authority
- medical law"

Jahn Kassim, Puteri Nemie
Puteri Nemie Jahn Kassim is a Professor at the Civil Law Department, Ahmad Ibrahim Kulliyyah of Laws, International Islamic University Malaysia. She obtained her LLB(with Honours) degree from the University of Southampton, England and completed her postgraduate studies (Masters of Comparative Laws and Doctor of Philosophy in Law) at the International Islamic University Malaysia. She is currently teaching Law of Torts and Medical Law at undergraduate level and Medical Negligence Law at the postgraduate level. Her books entitled "Nursing Law and Ethics", "Medical Negligence Law in Malaysia" and "Law and Ethics relating to the Medical Profession are published by the International Law Book Services. She also edited a book entitled "Issues in Medical Law and Ethics". Other publications include articles in reputable local and international journals. She is also active in presenting papers at both the national and international arena.

Jeong, Changrok
Mrs. Chang-rok Jeong is Research Professor of Asian Insitute for Bioethics and Health (WHO Collaborating Centre for Health Law and Bioethics), and also research professor of Department of Ethics Education, Teacher's College, Kyoungpook National University, Daegu,

Republic of Korea.

Jiménez González, Joaquin

Es médico licenciado en la Universidad de Granada y trabaja como médico adjunto en el Servicio de Urgencias del Hospital Rafael Méndez de Lorca(Murcia).Es miembro del Consejo Regional de Ética Asistencial y Máster en Bioderecho por la Universidad de Murcia. Actualmente realiza su tesis en la Facultad de Derecho de la Universidad de Murcia, relativa a Diagnóstico Genético Preimplantacional, y es miembro del Centro de Estudios en Bioderecho (CEBES)."

Jiménez Victoria, Javier

"Javier Jiménez Victoria is graduated in Law by the University of Murcia; He has a master`s degree in BioLaw by the University of Murcia in 2014. At present, he is a PhD Student in the same University and he researches about the biotechnology legal issues and, in particular, about the Post-Mortem Fertilization in the spanish legal system, as well as how is regulated this technology in different countries in Europe and Latin America."

Jorqui, María

Postdoctoral Researcher at the Inter-University Chair Provincial Government of Biscay in Law and the Human Genome, University of Deusto and University of the Basque Country (2007-2014). Currently, she is Associate Professor of Philosophy of Law, Public University of Navarra. Her research has been aimed towards areas related with Philosophy of Law, Bioethics, Genetics and Biotechnology, etc. She has published several articles on these topics and she has participated in several national and European research projects. She is also member of the Hospital Ethics Committee in Navarra.

Kai, Katsunori

"(Academic career)
March 1977 Graduated from Faculty of Law, Kyushu University, Fukuoka, Japan
March 1982 Fulfilled requirements of doctoral course, Kyushu University Law School, Fukuoka, Japan
(Employment)
April 1982 Assistant, Faculty of Law, Kyushu University
April 1984 Full-time lecturer, Japan Coast Guard Academy
April 1987 Associated professor, Japan Coast Guard Academy
April 1991 Associated professor, Faculty of Law, Hiroshima University
April 1993 professor, Faculty of Law, Hiroshima University
October 2002 (Received doctoral degree) (Jurisprudence)(Hiroshima University)
April 2004 Professor, Waseda Law School, Waseda University (to present), Tokyo September 2014 Dean of Waseda Law School (to present)
(Official positions)
Director, Criminal Law Society of Japan
The Chairperson of the Board of Director, Japanese Association of Medical Law
The Chairperson of the Board of Director, Japan Association for Bioethics"

Kasolik, Anna

"Anna Kasolik has graduated from Jagellonian Univeristy, Faculty Law and Administration. She has completed lawyer apprenticeship and she has been entered into the list of lawyers in the District Council of Lawyers in Kraków. Currently she is a PhD student in the Department of Criminal Law at the Jagiellonian University. She is an expert in criminal law, medical law and sports law.

Kelly, Richard

Dr. Kelly is a member of the medical faculty at the University of California in Irvine, California. Dr. Kelly teaches medical students and writes about issues of public policy. He received his undergraduate training at Harvard University, holds a master's degree in Public Health from the University of California in Berkeley, California and has studied Law and Medicine at Stanford University in the United States. He completed his medical training at UCSF in San Francisco, California. His current research interests include trends in medical malpractice awards, ethical and legal implications of physician fatigue, and the societal consequences of the Patient Protection and Affordable Care Act.

Khairy, Nahed

The author is an advocate for the sanctity of the fiduciary contract above all when the time comes and one has to choose. She is currently fighting a battle where conflict between the fiduciary and institutional loyalty have conflicted to the detriment of the most vulnerable patients generally, and especially in a culture where stigma

is endemic.

Kim, So Yoon

So Yoon Kim is a Dean of Medical Law and Ethics, Yonsei University College of Medicine and Vice Director of Asian Institute for Bioethics and Health Law which is WHO Collaborating Center for Health Law and Bioethics. She is very active in various parts such as Health Information, bioethics and medical law sector in Korea. She was a former Legal Staff of Public Health Law in WHO Western Pacific Regional office from 2010 to 2014, and now she works as a Member of Review committee of Open Health Information and Safety in National Bioethics Council Bioethics and a Acadimic Director of Korean Association of Medical Law.

Kurosu, Mitsuyasu

"Department of Bioethics (Medical ethics); My speciality is bioethics. Head of Japan Unit of UNESCO Chair in Bioethics (Haifa)"

Leal de Meirelles, Jussara Maria

Jussara Maria Leal de Meirelles – Postdoctoral stage in Biomedical Law at Coimbra University. Civil Law Professor at Pontifícia Universidade Católica do Paraná. Professor in Bioethics Master and in Economic and Environmental Law Master both in Pontifícia Universidade Católica do Paraná. Brasilian Federal Prosecutor.

Lin, Yun-Hsien Diana

Yun-hsien Diana Lin is an Associate Professor at the Institute of Law for Science and Technology, National Tsing Hua University, Taiwan. She received her LL.B. from National Taiwan University; LL.M. and J.S.D. from the University of California, Berkeley, USA. Her research interests include bioethics and the law, family law, gender and the law. Professor Lin actively publishes in both Mandarin Chinese and English. Her recent articles appeared in University of Pennsylvania East Asia Law Review, Asian-Pacific Law and Policy Journal (published by the University of Hawaii), Asian Bioethics Review (published by National University of Singapore)...etc. Professor Lin serves in the Discrimination Review Board, National Immigration Agency, and is currently a legal counselor for Ministry of Justice, Ministry of Education and Ministry of Health, Taiwan ROC.

Lourenço, Isabel

Isabel Lourenço, Profª Adjunta, no IPCB, Escola Superior de Saúde Dr. Lopes Dias, Nurse, Specialization in Nursing Médico Cirúrgica, Master in Theology and Ethics of Health, Post Graduate in Medical Law and in Human Rights, Doctoral Student in Bioethics. She exercised functions in the Hospitais da Universidade de Coimbra and at the School of Nursing Dr. Ângelo da Fonseca. Published the book "A Espiritualidade no processo terapêutico".

Magdaleno, Antonio

Profesor Contratado Doctor de Derecho Constitucional de la Universidad de Cantabria y profesor-tutor de la UNED. Para su formación ha obtenido diversas becas pre y postdoctorales, entre las que destacará la concedida por el Congreso de los Diputados de España. Su línea principal de investigación es el estudio de los derechos fundamentales. Autor de varias monografías, entre la que destacará la denominada Los límites de las libertades de expresión e información en el Estado social y democrático de Derecho publicada por Congreso de los Diputados. Además, ha publicado varios artículos en diversas revistas jurídicas prestigiosas como, por ejemplo, en Teoría y Realidad Constitucional, Revista de Derecho Político, Revista de Estudios Políticos, etc.; así como varios capítulos en libros colectivos. Como investigador ha colaborado en distintos proyectos de investigación como, por ejemplo, en el denominado El replanteamiento del principio de autonomía en el ámbito sanitario y sus límites.

Mammadov, Vugar

Prof. Dr. Vugar Mammadov - Director of the Humanitarian and Social Projects Department at the Heydar Aliyev Center; Head of the Azerbaijan Unit of the International Network of UNESCO Chair in Bioethics, Professor of Law Faculty of Baku State University

Manso, Luís Duarte

Luís Duarte Manso studied Law at the University of Coimbra, where he obtained his graduation in 2003, a Master's degree in Civil Law, in 2011, and a Post-Graduation degree in Medical Law, in 2013. Currently, he is completing his PhD studies in Civil Law, at the University of Coimbra. He is also a researcher and associate member of the Centre for Biomedical Law.

Maruyama, Eiji

"Eiji Maruyama is a professor at Kobe University School of Law. He was born in 1951 and earned his LLB degree from the Faculty of Law of Kobe University in 1974. He became an associate professor of Kobe University in 1977 and a professor in 1987. Since 2000, he has been a professor of School of Law of Kobe University. He teaches introduction to the Anglo-American legal system and American contract law. His seminar addresses various topics of medico-legal interests including organ transplantation, assisted reproductive technologies, genetic counseling, and research involving human subjects.
He is on the boards of directors of Japanese Association of Medical Law, Japan Association for Bioethics, and Japan Society of Comparative Law."

Mattsson, Titti

Titti Mattsson is Professor in Public Law, working as a researcher and teacher in public law, social welfare law, and family law at the Faculty of Law at Lund University,Sweden

Miaskowska-Daszkiewicz, Katarzyna

Doctor of Laws, legal advisor, Assistant Professor in the Department of European Union Law at the Faculty of Law, Canon Law and Administration of the John Paul II Catholic University of Lublin, legislation expert in the Bureau of Research of the Chancellery of the Sejm, the author of several publications in the field of administrative law, European law, medical and pharmaceutical law

Milinkovic, Igor

Dr. Igor Milinkovic graduated from the Faculty of Law, University of Banjaluka in 1998. He obtained a Master degree in Law (MSc) in 2004 (Faculty of Law, University of Belgrade) and recieved his PhD in Legal Sciences in 2009 (Faculty of Law, University of Banjaluka). He is an assistant professor of Legal Ethics at the Faculty of Law, University of Banjaluka (Bosnia and Herzegovina). He is a member of the World Association of Medical Law, the International Forum of Teachers (ITF) of the UNESCO Chair in Bioethics, the European Association of Health Law and the International Association of Legal Ethics.

Miyazaki, Michiko

Professor; RN,CNM,LL.MSchool of Nursing,Graduate School of Nursing,Graduate Program in Midwifery.Sapporo City University"

Moazam, Farhat

"Dr. Moazam is Professor and Founding Chairperson of the Centre of Biomedical Ethics and Culture (CBEC) of the Sindh Institute of Urology and Transplantation in Karachi, Pakistan. She is also Fellow, Institute of Practical Ethics, and Visiting Professor, Centre for Humanism in Medicine, University of Virginia (UVA), USA. She was appointed International Fellow (2007) of The Hastings Center, Garrison, New York, and served on the Board of Directors (2009-2014) of the International Association of Bioethics. In the past, she was Professor and Founding Chairperson of the Department of Surgery, and Associate Dean of Postgraduate Medical Education, in the Aga Khan University (AKU), Karachi. She is currently a member of the WHO Ebola Ethics Working Group that is developing ethics guidance for handling epidemics.
Dr. Moazam has an MA in Bioethics (1999), and a doctorate from the Department of Religious Studies (2004) of UVA with a focus on medical ethics and education, and Islam and cross-cultural bioethics. Her doctoral dissertation was published by Indiana University Press, USA (2006) as Bioethics and Organ Transplantation in a Muslim Society: A Study in Culture, Ethnography, and Religion. She has authored articles related to pediatric surgery, medical education, and bioethics in journals including The Cambridge Quarterly of Healthcare Ethics, The Journal of Clinical Ethics, The Hastings Center Report, Journal of Middle Eastern and South Asian Studies, Bioethics, and The Journal of Medical Health and Philosophy.
Dr. Moazam has been an invited speaker in various national and international universities, and forums, including the International Association of Bioethics, Pakistan Medical Association, Asian Bioethics Association, Islamic Organization of Medical Sciences, the Welcome Trust School of Bioethics in Mumbai, and the European Society for Organ Transplantation. She received an Honorary Doctorate in recognition for her “fundamental contribution towards ethics and organ transplantation in Pakistan,” from the Department of Medicine, University of Zurich, Switzerland, in 2012. In 2014, she received a Lifetime Achievement Award for the “promotion of bioethics education and efforts to support ethical organ transplantation programs” at the 5th National Bioethics Conference, Bangalore, India."

Mohamed, Mohamed

Mohamed is an Assistant Professor of Sociology. He received his PhD in religious studies from Emory University, Master in anthropology and sociology from the American University in Cairo, and a Diploma in psychiatry and neurology from al-Azhar University.

Moreira, Sara

"Sara Moreira is a Phd candidate, researching within the criminal procedure area. She also has a masters in criminal law, and a post-graduate course in European and Economic Criminal Law. She is a Teaching assistant at the Higher Institute of Bissaya Barreto and also at the Coimbra Business School, having published several articles within the criminal law area. Besides her teaching activities, she is also a lawyer."

Moscoso Matus , Karla

Medico titulado en la Universidad de Chile, especialista en Medicina Fisica y rehabilitacion y Medicina Legal, ha ocupado los cargos mas altos en la dirigencia gremial de los medicos de su pais llegando a ser vicepresidente nacional, actualmente auditor tecnico nacional del servicio medico legal, autor de numerosas publicaciones y eximio tenista en silla de ruedas.

Musella, Domenico

Domenico Musella is an independent researcher. He obtained a MA in Islamic Studies and a BA in International Relations at “L’Orientale” University of Naples, Italy. His research interests focus on Muslim Minorities in the West and fiqh al-aqalliyyāt, Islamic Ecology and Environmental Ethics, Tariq Ramadan’s Thought, Anthropology and Sociology of Islam, the Kurdish question.

Mushkat Conomy, Jill

Jill Mushkat Conomy, PhD, is a psychologist with an extensive career specializing in chronic pain management, with expertise in evaluations for candidacy for implantation of indwelling devices including neuromodulation systems and intrathecal medication delivery systems. She has been affiliated with the Cleveland Clinic for more than 19 years. She speaks four languages and treats populations from diverse cultures. She has also served as President and Ethics Chair of the Cleveland Psychological Asssociation.

Nasser, Muh

"Indonesia Police Committee, Indonesia Health Law Society, Vice President in the World Association of Medical Law (WAML)"

Negri, Stefania

"Prof. Dr. Stefania Negri, Ph.D. in International Law, Associate professor of International Law and International Human Rights Law at the School of Law of the University of Salerno (Italy).
Director of the ""Observatory on Human Rights: Bioethics, Health, Environment""."

Nesipoglu, Gamze

Gamze Nesipoglu, Master Degree, is a Research Assistant at the Department of History of Medicine and Ethics, in Istanbul University, Cerrahpasa Medical School, Turkey. She obtained her Msc in 2015 from Istanbul University, Institute of Health Sciences. Her primary scientific interests are studying medical humanities; medical and clinical ethics, medical ethics education, philosophy of medicine.

Noguchi, Thomas

"President, World Association for Medical Law. Board Certified Pathologist in Anatomic, Clinical and Forensic Pathology. He began serving as Deputy Medical Examiner at Los Angeles County, Department of Chief Medical Examiner-Coroner in 1961, and was appointed as the Chief Medical Examiner-Coroner in 1967, and served as Chief until 1982.
He then became the Attending Physician at the Department of Pathology and Professor of Forensic Pathology and Deputy Medical Examiner in charge of the Los Angeles County and University of Southern California Medical Center, conducting the regional forensic autopsy and investigation at the Medical Center.
He is continuously involved in teaching and training in forensic pathology and death investigation.
He continues to work at the Medical Center in quality improvement of patient care and medical examiner’s coordination and has joint appointment with Department of Emergency Medicine and Surgery and serves as a member of Ethics Resources Committee for the Medical Center."

Oliveira, Guilherme

"Professor emeritus of the Faculty of Law/University of Coimbra; Founder of the

Biomedical Law Centre in 1988"

Omipidan, Bashiru Adeniyi

Omipidan Bashiru Adeniyi Ph.D. is a Senior Lecturer at the Faculty of Law University of Ilorin; his experience spanned over thirteen years. He specializes in Comparative Medical Law; he has authored and co-authored several articles and attended numerous conferences within and outside the shores of this country. He belongs to several professional bodies including the Nigerian Bar Association and the International Palliative care Association. Omipidan is the lead lecturer in Medical law at the Faculty of law university of Ilorin and initiator of the Euthanasia Prevention Initiative; he is currently the Faculty's postgraduate representative. Omipidan is the current Chairman of the Ansa-ud-Deen Youth Association of Nigeria (ADYAN) Northern States Council and happily married with children.

Osanyin, Olaolu

"He is Head of Medicolegal Department of Medical Tutors Ltd which is accredited by the Medical and Dental Council of Nigeria (MDCN) as a Continuous Medical Education (CME) Provider.
He consults for Private, Public and Teaching Hospitals in Nigeria on Medicolegal Training sessions for Medical Students and Doctors through his training Platform- The Medical Law Seminar Series.
He serves as a member of the Editorial Board of the Medical Malpractice Law Report of the Medical and Dental Council of Nigeria.
He was recently appointed to serve on the Global Panel of Health Law Experts by the American College of Legal Medicine (ACLM).
He is the Director of The Center for Medical Law Research and Development which is a Medical Law Research Institute in Nigeria.
He is the Principal Partner of 1ST Counsel Solicitors which is a Law Firm of Medical Malpractice Attorneys in Lagos Nigeria and a member of WAML."

Osuna, Eduardo

Full Professor of Forensic Medicine and of Ethics and Medical Law at the University of Murcia. Visiting professor in several European and south-American universities. Past-President of the Latin-American Association of Medical Law. Has participated as forensic consultant in Training Program of the UN for the development of justice in Nicaragua. Has published more than 125 papers and 44 book chapters. He has directed 35 doctoral theses. Member of the Editorial and Scientific boards of international scientific journals Elected Academician of the Academy of Medicine and Surgery of the Region of Murcia and the Royal Academy of Pharmacy St. Mary of Spain.

Padela, Munzareen

Munzareen Padela is a Pedatric/Public Policy resident at the University of Chicago. She completed her undergraduate and medical education at Stony Brook University in New York pursuing degrees in Political Science with a concentration in International Relations and Health Science with a focus on Public Health. She is pursuing a Masters in Public Policy at the Harris School of Public Policy with plans to work at a non-profit organization after completion of her residency.

Pereira, Alexandre

"Law professor at the University of Coimbra Law Faculty (FDUC) where he obtained his academic degrees (LL.B, LLM, LL.D), and researcher at the Institute for Legal Reseach. Born in July 1970, Prof. Pereira teaches Business Law, Copyright and Internet Law, and provides supervision and assessment of research papers and dissertations. A former lecturer at FDUC, he also served as full-time visiting professor at the University of Macau and as a part-time invited professor at the Portucalense University. Currently he has also an appointment as part-time professor at the Coimbra Business School (ISCAC). With more than one hundred participations as guest speaker at conferences or seminars and lecturer at postgraduate studies, he has given legal opinions and drafted national reports for several international projects, focusing on Tech Law, and published several books and almost one hundred book chapters and legal articles in national and international publications. Member of several editorial boards."

Pereira, Paula

Lawyer. Doctorate degree on course and mastership degree in Civil Law at Rio de Janeiro State University (UERJ), Post Graduation in Medical Law at Coimbra University, in Portugal, Post Graduation in Public Law at Rio de Janeiro State University (UERJ), Professor of Civil Law in the Graduate Lato Sensu Course of Pontifical Catholic University – PUC, at UERJ, as well as at Rio de Janeiro State Public Defens College Foundation (FESUDEPERJ); Assistence council member of publishing Committee of Brazilian Civil

Law Institute - IBDCivil, and CFO of IBDCivil.

Pereira, Carolina

"Carolina Pereira es doctora en Derecho por la Universidade da Coruña, España.
Es Profesora Ayudante Doctora de la Universidad de A Coruña e imparte clases en la Facultad de Derecho (Filosofía del Derecho) y en la Facultad de Ciencias de la Salud (Bioética)."

Rabin, Sander

Sander Rabin MD JD speaks, writes, and consults on the ethical, legal, and policy implications of human enhancement, artificial intelligence and transhumanism. He is the executive director of The Center for Transhuman Jurisprudence, Inc. a not-for-profit organization he founded, whose mission is education in human enhancement and the development of principles, policies and model rules of law for human enhancement that protect our rights to our minds, bodies and genomes, while minimizing human enhancement's potential for divisiveness and harm.

Raman, Rita

Dr Raman is Professor of Pediatrics at the University of Oklahoma Health Sciences Center, She is board certified in pediatrics and Neonatal-Perinatal Nedicine, has a Master's degree in Biochemisrty and Molecular Biology and is a licensed attorney. She has served in several administrative roles at the medical center and at the national and international levels.

Raman, Anita

Ms Raman is a licensed attorney, with a Juris doctorate (JD) and a Master's in Law (LLM) from New York University, New York. Ms Raman has experience in corporate transactions and in the issues relating to displaced and migratory populations.

Ribeiro, Geraldo

Civil Law and International Private Law Lecture at the Faculty of Law of the University of Coimbra

Richardson, Tracy

Graduated in the top 5% of his class and a member of multiple society's and organizations from Hollywood Film and Television to Homeland Security and Aviation . We proudly introduce Tracy Richardson.

Rieders, Michael F.

Dr. Rieders is a licensed Laboratory Director and a Forensic Toxicologist at NMS Labs in Willow Grove, Pennsylvania. Dr. Rieders is a Fellow of the American Academy of Forensic Sciences and an Affiliate member of the National Association of Medical Examiners where he is also a member of their Foundation Board of Directors. He is a full member of the Vidocq Society where he helps investigators develop new leads in old unsolved murder cases. Dr. Rieders is Chairman of a Foundation which operates professional Masters Programs in forensic sciences, training and educational programs for criminal justice practitioners and conducts cutting edge forensic research.

Rispler-Chaim, Vardit

Prof. Vardit Rispler-Chaim teaches Islamic studies at the Department of Arabic Language and Literature at the University of Haifa, Haifa, Israel. She is the author of the books: Islamic Medical Ethics in the Twentieth Century. Leiden: E.J. Brill, 1993, and Disability in Islamic Law. Dordrecht: Springer 2007, two edited volumes on medical ethics in Islam, as well as of more than 30 articles on Islam and bioethics, on the status of women in Islam, and on Islamic legal issues.

Rodrigues, Vanessa

"Vanessa Rodrigues is a resident physician of Legal Medicine in the Portuguese National Institute of Legal Medicine and Forensic Sciences, in Lisbon.
She has done a Post-Traumatic Corporal Damage Evaluation Post-Graduation at the University of Coimbra Medical School and a Legal Medicine Post-Graduation at the University of Lisbon Medical School.
Her interest in Law became with the legal medicine residency. For this reason, she is also pursuing a Law degree at the University of Lisbon Law School."

Rodrigues, Ricardo

"Maria L. P. Silva. Autonomia da pessoa e determinismo genético. In: Rui Nunes, Helena Melo, Cristina Nunes. Genoma e dignidade humana. Coimbra: Gráfica de Coimbra; 2002. Maria Helena Diniz. O Respeito À Dignidade Humana Como Paradigma da Bioética e do Biodireito. 967-971. In: Jorge Miranda, Marco António Marques da Silva. Tratado Luso-Brasileiro da Dignidade Humana. S. Paulo: Quartier Latin do Brasil; 2008.

Bjarne Melkevik. Les Concepts de Personne et de Dignité: La Question de Droit. In : La Personne Juridique dans la Philosophie du Droit Pénal. Paris: Editions Panthéon Assas ; 2001.
C. A. Gomes. Risque Sanitaire et Protection de l'Individu Contre Soi-Même. Quelques Topiques pour un Débat. Rev. do M. P. 2008; nº 116."

Rodriguez-Vazquez, Virgilio

"Lecturer of Criminal Law. University of Vigo (Spain)
I finished my Law degree at the University of Vigo (Spain) in 2001. I defended my thesis, entitled Criminal responsibility in the medical activities, in 2008. I currently lectures Criminal Law at both undergraduate and graduate level. Since 2002 I have participated in conferences devoted to medical law, and I have published a number of articles within this research area. In 2003-2004, I carried out a research stay at the Institute for Medicine and Law, Göttingen University (Germany). In 2008-2009, I attended a seminar series about Medical Law at the Biomedical Law Centre, University of Coimbra (Portugal). In 2012, I carried out a research stay at the Cardiff Center for Ethics, Law and Society (Wales, UK), and in 2013 at the University of Buenos Aires (Argentine). Since 2014 I am the Vice-Rector of Ourense Campus at the University of Vigo."

Roscam Abbing, Henriette

Professor Emerita of Health Law

Ruda, Albert

Dr. Ruda is a Senior lecturer in Private Law and Associate Dean at the Faculty of Law of the University of Girona (UdG). He is a Member of the Institute of European and Private Law (UdG) and a Fellow of the European Centre on Tort and Insurance Law (Vienna).

Rustamova, Fidan

Ms. Fidan Rustamova is MS, PhD candidate at the Institute of Human Rights of National Academy of Sciences of Republic of Azerbaijan

S. de Mello Bandeira, Gonçalo

"*Gonçalo S. de Melo Bandeira PhD-Habilitation in Legal and Criminal Sciences, Faculty of Law, University of Coimbra. Prof.-Adj. and Coord. Legal and Fundamental Sciences at IPCA, Management School (Portugal). Master teacher in the University of Minho. Research Associate of the Centre for Studies CEDU-law in the European Union. Chairman of the Supervisory Committee and the Discipline of the National Union of Higher Education. Professor at diverse universities in Brazil and Researcher at Max-Planck-Institut für ausländisches und internationales Strafrecht (2005, 2006 e 2011). gsopasdemelobandeira@hotmail.com"

Santa-Rosa, Bárbara

"Master in Science degree in Medicine - Faculty of Health Sciences, University of Beira Interior, Covilhã, Portugal; Post Graduate degree in Legal Medicine and Forensic Sciences - National Institute of Legal Medicine and Forensic Sciences, Coimbra, Portugal; Doctoral Student in Bioethics - Bioethics Institute - Catholic University of Portugal, Porto, Portugal"

Şa, Sevgi

I am Miray Arslan from Ankara University, I am a Ph.D. student at Faculty of Pharmacy, Pharmacy Management Department. And also, I am a student in industrial engineering at Eskisehir Osmangazi University in Turkey. Topics that I am keen on are pharmacy ethics, pharmacy legislation, history of pharmacy, pharmacy management and social pharmacy.

Sarrión Esteve, Joaquín

"Lecturer in Administrative Law at the University of Valencia. Member of the Experts Group of the EU Fundamental Rights Agency (FRA), and researcher in the Group in Innovation, Research and Fundamental Rights at the Distance Education National University-UNED.
His research is focused on fundamental rights protection in European Union with several awards as International Law Award ISDE&FIA 2012 or the International Award "Joaquín Ruiz Gimenez" for the best work about Human Rights (2nd edition, Gregorio Peces Barba Foundation, 2011).
Researcher Member of the Project I+D+i DER2013-47232-R, Minority, vulnerability and biomedical research (Minor-inBio), Ministry of Economy and Competitiveness-Spain (01/01/2014 - 31/12/2016), and of the Excellence Project SEJ2011-8163, The intervention of Public Administrations for the protection of minor's personal data and other rights in risk in the digital society, of the Andalucia Government, Spain."

Sato, Yoko

"Yoko SATO, RN, CNM, LL.M.; Professor, Division of Comprehensive Development Nursing,

Faculty of Health Sciences, Hokkaido University"

Seoane, José Antonio

"PhD and Expert in Clinical Bioethics; He is Associate Professor of Philosophy of Law at the University of A Coruña (Spain), and teaches Legal Philosophy, Health Law and Bioethics at the School of Law and the School of Health Sciences. He is a member of the Ethical Board of the Provincial College of Physicians and of the Advisory Council of Galician Regional Public Health System."

Shapovalova, Polina

"Работала юристом Коми республиканского перинатального центра (1999-2006 гг.), начальником юридического отдела Министерства здравоохранения Республики Коми (2006-2012 гг.). В настоящее время - заместителем директора по юридически вопросам частного предприятия (с 2012 г.).
Автор 52 научных (24,31) и 6 учебно-методических (5,78) публикаций (за последние 5 лет 2009-2013 гг. - 37) суммарным объемом 30,09 условных авторских печатных листа, том числе 2 монографий и 1 учебного пособия.
В сфере научных интересов – проблемы общественного здоровья и здравоохранения, организация юридической службы регионального департамента (министерства) здравоохранения, дистанционное и дополнительное о"

Shen, Xiuqin

A teacher from Shandong university, PH.D of jurisprudence, but work in medicine school. offering both foreigner and domestic students the curriculum of health law, medical ethics, bioethics and practical law, research field focus on the aged, biotech and health law, a visiting scholar of the coorperated law and medicine center of UB law school and JHU medicine school.

Silvestre, Margarida

"Full-Professor of Forensic Medicine and of Ethics and Medical Law in the University of Coimbra. Visiting professor in several universities. Chief forensic pathologist, President of the European Council of Legal Medicine, of the Thematic Federation in Legal and Forensic Medicine of UEMS, Vice-President of CEREDOC, President of the Iberoamerican Network of Forensic Sciences. Past-President of the Portuguese National Institute of Forensic Medicine and Forensic Sciences, IAFS, IALM, WPMO, MAFS and Latin-American Association of Medical Law. Past-member of the Portuguese National Council of Ethics for Life Sciences. Member of the Forensic Expert Group of the International Rehabilitation Council for Torture Victims and Forensic Adviser of the International Committee of Red Cross. Invited Speaker at more than 500 conferences. Author of several scientific published papers and editor or co-editor of 9 books. Member of the international board of editors of the main international scientific journals in the field of forensic sciences."

Snijder- van der Haagen, Anna

"Anna M.W. Snijder- van der Haagen, female. Secundary school – VWO; Nursing school of the Hospital of the Free University of Amsterdam. RN. (Registered until 2014-01-01)
Free University of Amsterdam - Law school: Propedeuse, Kandidaats, Doctoraal (bachelor, master) – LLM. (Practising as nurse, some years part time).
Since the last 30 years:
(Senior) lecturer medical and health law, economics of health, at the University of Applied Sciences of Leiden. Health/ Nursing department. The Netherlands.
Tutor problem based learning for bachelor and master students in Nursing.
Adviser and lecturer in medical and health law matters.
Participant WCML congress several times: in 2000, (2001 in Haifa: medical law in Islam) 2002, 2006 and in 2008. I gave a presentation in Beijing about disciplinary law for nurses.
In 2007 and 2008 we visited the ACLM (member) in Florida and Houston.
Member of the Dutch VGR (DAML)
WCML 2014 in Bali."

Sokalska, Maria

"Maria E. Sokalska, Independent Researcher (Ph.D.).
Lawyer, graduate of the University of Warsaw. Comprehensive post-graduate training in the Warsaw District Court, ending with an examination for judgeship. Specializing in bioethical questions, completed a three-year course in social medicine and organization of health protection. For many years lecturer in Medical Center of Postgraduate Training in Warsaw. Holder of Ph.D. a degree from Department of Journalism and Political Sciences of

the University of Warsaw. Author of numerous articles and papers on medical law and narcotic drugs control in Polish and other languages. Winner of prestigious Poland's NGO Award, "Heart for Heart" in recognition of prevention of drug abuse."

Soro, Blanca

Professor of Administrative Law at the University of Murcia. Doctor in Law from the University of Murcia. Research Aptitude "Current Issues in Administrative Law" Department of Administrative Law. Universidad Complutense (Madrid). Master in Environmental Management and Policy (University Carlos III of Madrid). Her work - essays, articles and books published - covers the general administrative law, environmental law, State Autonomy distribution Skills and Law of the European Union and the Law of Local Government. She teaches at the Universities of Lille 2 and Napoles University and maintains academic collaborations with several Universities in Argentina and with the University of Guadalajara (Mexico). She is Secretary of the Centre for Studies in Biolaw (CEBES). She has participated in numerous research projects and national and international conferences. She's evaluator of national and international journals. Directs Bioderecho.es Magazine. She has been director of more than twenty reports of research.

Sroka, Tomasz

Dr. Tomasz Sroka – lecturer in the Chair of Criminal Law and in the Department of Bioethics and Medical Law at the Jagiellonian University in Krakow. His specialization law is criminal and medical law. He finished judges' training in the district of the District Court in Krakow and works as the assistant of a judge in the Constitutional Tribunal of Poland in Warsaw.

Suleman, Mehrunisha

"Mehrunisha Suleman is a DPhil student at the University of Oxford studying the "The Ethics of Global Health Research in Developing Countries and Exploring the Importance of an Islamic Perspective". Her research is being supervised by Professor Mike Parker and Professor Ray Fitzpatrick.
She previously completed a BA in the Biomedical Sciences Tripos at the University of Cambridge, followed by clinical studies and an MSc in Global Health Sciences, at Oxford University."

Susila, Muh Endriyo

My name is Muh Endriyo Susila. I am a lecturer at the Faculty of Law, Universitas Muhammadiyah Yogyakarta Indonesia (UMY). I am interested in the area of Criminal Law, Islamic Criminal Law and Medical Law. I completed my first degree (LLB) at the Faculty of Law, Diponegoro University Semarang Indonesia (UNDIP), Master of Comparative Law (MCL) at Ahmad Ibrahim Kulliyyah of Laws, International Islamic University Malaysia (IIUM). Currently, I am doing PhD in Law at Ahmad Ibrahim Kulliyyah of Laws, IIUM.

Takahashi, Shigeki

1. Experience

Hamani-Takahashi Law Office, Attorney at Law, Partner since 1998
Adjunctive Lecturer of St. Marianna University School of Medicine (Forensic Medicine) since 1998
Adjunctive Executive Director of Tokyo Medical and Dental University since 2014

2. Education and Qualification

April 1997 Dai-Ichi Tokyo Bar Association (Attorney at Law)
March 1994 LL.B, Tokyo University-Private Law
March 1985 PhD, Tokyo Medical and Dental University-Public Health
March 1981 MD, Tokyo Medical and Dental University"

Tarhan, Nilay

I am Nilay Tarhan from Ankara University, I am a Ph.D. student at Faculty of Pharmacy, Pharmacy Management Department. And also, I am a student Ph.D. student at Faculty of Pharmacy, Department of Pharmacology. Topics that I am keen on are pharmacoeconomics, pharmacy ethics, pharmacy legislation, history of pharmacy, pharmacy management and social pharmacy.

Taştan, Osman

Osman Taştan received his Ph.D. from Exeter University in 1993. He is Professor of Islamic Law in the Faculty of Divinity at Ankara University. He wrote his Ph.D. thesis on the jurisprudence of al-Sarakhsī. He was 'visiting scholar' in the Department of Near Eastern Studies at Cornell University for six months from early 2004. He was Abdullah Gül-Chevening Visiting Fellow in Oxford Centre for Islamic Studies at Oxford University for three months from early 2014. He was Vertretung Professor of Islamic

Studies for two terms from May 2014 to March 2015 in the Department of Islamic Religious Studies at Friedrich-Alexander University. His publications include a chapter on "Religion and Religious Minorities" in Turkey and articles on Islamic legal theory and history. His research covers population policy and war and peace in Islamic law. His main research interests concern the intersection between religion, law and politics in Islam.

Trigo, Belén

Doctora en derecho; profesora de derecho civil en la Universidad de Santiago de Compostela y miembro del grupo de investigación Eco-Iuris de esta universidad

Umiastuti, Pirlina

I am attached to the Bioethics and Humanity Unit and the Department of Public Health and Preventive Medicine of the Airlangga University School of Medicine, Surabaya, Indonesia as well as a secretary of the Unit. I teach medical students about Bioethics especially on the topic of Hospital Ethics, Professional Ethics, and Informed Consent. I have written books, given talks in the international forums, and done some research.

Valente, Sílvio Eduardo

Medical doctor and lawyer. Graduated in Medicine and in Law in University of São Paulo, Brazil. Master in Law in University of São Paulo. President of the Commission of Medical Law of Counsil of Lawyers of Brazil, Section of São Paulo (OAB-SP).

Vansweevelt, Thierry

"Professor of Medical Law University of Antwerp, Belgium"

Vargas Delpupo, Michely

Ph.D candidate in Environmental Law in Presbiterian Mackenzie University, São Paulo - Brazil.

Vieira, Duarte Nuno

"Full-Professor of Forensic Medicine and of Ethics and Medical Law in the University of Coimbra. Visiting professor in several universities. Chief forensic pathologist, President of the European Council of Legal Medicine, of the Thematic Federation in Legal and Forensic Medicine of UEMS, Vice-President of CEREDOC, President of the Iberoamerican Network of Forensic Sciences. Past-President of the Portuguese National Institute of Forensic Medicine and Forensic Sciences, IAFS, IALM, WPMO, MAFS and Latin-American Association of Medical Law. Past-member of the Portuguese National Council of Ethics for Life Sciences. Member of the Forensic Expert Group of the International Rehabilitation Council for Torture Victims and Forensic Adviser of the International Committee of Red Cross. Invited Speaker at more than 500 conferences. Author of several scientific published papers and editor or co-editor of 9 books. Member of the international board of editors of the main international scientific journals in the field of forensic sciences."

Vieito Villar, Miguel

Miguel Vieito Villar is a young legal researcher specialised in Health Law, Genetic Law and legal framework of persons with disabilities. Nowadays he is working on his dissertation at the University of Santiago de Compostela, in the Civil Law Department. Besides, he is working with many research Groups, both in Spain and in Europe.

Wecht, Cyril

"Cyril H. Wecht received his M.D. degree from the University of Pittsburgh, and his J.D. Degree from the University of Maryland. He is certified by the American Board of Pathology, the American Board of Disaster Medicine and the American Board of Legal Medicine.
Dr. Wecht is actively involved as a medical-legal and forensic science consultant, author, and lecturer, and was the elected Coroner of Allegheny County for 20 years. He has performed approximately 17,000 autopsies, and reviewed or been consulted on approximately 36,000 additional post-mortem examinations, including cases in several foreign counties."

Weedn, Victor

Victor Weedn, MD, JD, is a forensic pathologist and attorney, currently Chair of the Department of Forensic Sciences at the George Washington University and President of the American Academy of Forensic Sciences (AAFS). He has worked as a medical examiner, crime laboratory director, research scientist and academic (including as law school, medical school, forensic science professor), as well as a flight surgeon with the Air National Guard. He founded the military's DNA identification program, where he pioneered mitochondrial sequencing and DNA

microchip technology, and oversaw the Armed Forces Identification Laboratory (AFDIL). He holds a patent on latent fingerprint technology, was Chair of Strategic Planning for NAME for over two decades, led the establishment of the current NAME accreditation program and participated in the establishment of clinical molecular pathology standards for the College of American Pathologists (CAP).

Wilbur, Richard

Hon. Richard S. Wilbur BA, MD, JD, FACP FCLM FRSM
Chm. American Medical Foundation for Peer Review and Education
Editor WAML Newsletter. Member Institute of Medicine National Academy of Science"

You, Hojong

Since 2014, Hojong You has been Research Professor in Yonsei University. He has studied on various topics of medical ethics and research ethics. He received his Doctor of Philosophy at Seoul National University.

Zabidi, Taqwa

The presenter is an MPhil student of University of Wales Trinity Saint David. She has a very good knowledge on the principle of Islamic jurisprudence. Whilst, her interest in medical issues brought her to chain the theological studies with modern scientific knowledge. Her experience as research officer on medical issues within Islamic perspective deepen her interest in this cross field.

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