Dear ACLM Members, Colleagues and Friends,

Sometimes we ACLM members become so engrossed in the many problems in Health Law in the United States that we overlook those of the rest of the world. We are, naturally enough, concerned with the multiple ways in which law and medicine are entwined in this country. This is a natural preoccupation, but it can shut us away from a great deal of what goes on elsewhere. While both our systems of law (English Common, as heavily modified by legislative and case law, specific to us) and of medicine (and many say we really have a number of systems of medicine) differ from those in other countries, the basic problems in Health Law that we seek to solve have many similarities with those of other countries.

Medical-Legal organizations in varying nations are also grappling with the issues of: medical error, physician organization, telemedicine across jurisdictional lines, informed consent in medical practice and research, ownership of fertilized ova and the complicated interpersonal relationships in medically managed conception, to mention only a few in a long list. These medico-legal entanglements seem to get more complicated and require more attention as medical science itself becomes more complex.

While many issues are the same or similar in other jurisdictions, different countries have approached them in different ways. Some of these may not be applicable to the United States, but they are still well worth studying. By seeing and hearing about the successes and failures of projects in other countries, we can save ourselves a lot of research time and money, as well as a lot of trial and error. Whether we believe in the tort system of medical malpractice as the solution to the problems of medical error or not, we can still learn a great deal from other nation's experiments. One example is New Zealand’s nonadversarial system, which consists of impartial panels that assign payment to persons injured by medical mishap according to formulae, not to debating skills of opposing attorneys before the naive jury panels mandated for tort trials. We can hear about their experiences, learn from them and use them to prevent our own need to experiment with various solutions.

One difficulty is the lack of communication. This may seem to be a peculiar statement at a time when communication through the internet, text messaging, cell phones, etc., is ubiquitous and almost instantaneous. However, the opportunity to meet and speak with persons from different systems who have differing experiences, provides for a direct-level interchange, which is far more satisfying and more credible than using electronic media.

One of the best ways to have such interchanges with fellow practitioners from other countries is at the international meetings of the World Association of Medical Law (WAML). One such meeting of the World Congress of Medical Law (WCML) is being held in Toulouse, France this August 7-10. While this has a limited attendance from the ACLM, those attending will bring back reports that will be sent to ACLM members.

Attending this meeting and then our own would be an excellent experience for all of us in Health Law, but ACLM members can gain that international experience next February when experts from other countries will join us in the International Congress of Medical Law (ICML), jointly sponsored by WAML and ACLM in Orlando. The ICML meeting will be held at the end of February, just prior to and in conjunction with, the ACLM 47th Annual Meeting. Although Florida’s balmy winter weather will be enticing enough, the real opportunity a chance to hear from our colleagues abroad and to share experiences with them. The benefit to this is in the exchange of ideas and the resulting cross-fertilization with colleagues, which will help all parties solve increasingly complex challenges of law and medicine.

The specific facts about these meetings – times, scientific and social programs, registration fees for the attendees and abstract submittal data for presenters – are all available at the ACLM website.

Meanwhile, save the dates.

Sincerely,

Richard S. Wilbur, MD, JD, FCLM

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**September 22, 2006**

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