EUROPEAN ASSOCIATION of HEALTH LAW

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EAHL Newsletter

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Message from the President

Dear Members, dear collueges,

Christmas is approaching and the year 2022 is coming to an end. For many members, Christmas is one of the highlights of the year, since there is time to be with family and friends. For others, Christmas is a quiet time. For some, Christmas is just a normal day without cultural or social significance. Whatever Christmas means to you, we hopefully can all take a break and reflect on the past and the upcoming new year.

One of my most valuable experiences during this year was the EAHL-conference in Ghent. It was indeed good to meet colleagues from across Europe – in person – after years of pandemic. Once again, I would like to thank all participants and organizers for making the conference a success. A sad backdrop of the conference however was the Russian invasion of Ukraine. It's still unbelievable that in the final round of selecting the host for the 8th conference in 2021, the decision was between Lviv and Ghent. Our deep thoughts go to all our Ukrainian members, to the brave Ukrainians and to all people suffering from these horrific developments.

The board is in the process of electing the host for the 9th EAHL conference in 2024. We received two applications within the deadline. The candidates are from Poznan University of Medical Sciences and University of Warsaw, Faculty of Law and Administration. We plan to announce the decision during January 2024.

Shortly afterwards my time as chair of our organization is coming to an end. I have been in the board for two terms, which is the maximum according to our Constitution. As much as I have enjoyed working in the board, the association's founding fathers and mothers were wise when inserting such a clause. The EAHL must continue to develop further and new minds will give new visions and energy to the board. We will have a General Assembly in April/May, where we will elect new board members. Verena Stühlinger, vice-chair of the association, will also leave the board, after six years. I would like to thank Verena for all her efforts – it has been a true pleasure working with her.

The work within the board is a joint effort and I would like to thank all board members that I have worked with. We have had frank and open discussions and together we developed the organisation for the best of our members. The bi-annual conferences are a vital part of our association's DNA and the conferences in Bergen, Toulouse and Ghent were inspiring events with numerous participants. At the same time, we have also managed to establish other platforms. We have held several PhD-seminars, either as a single event or as part of the EAHL-conferences and an upcoming seminar is due in May 2023 in Göttingen. I am especially pleased to see how many young scholars have joined our organisation as members. An off-spring of the PhD-seminars is the new Interest Group

(IG) - EAHL Young Scholars Interest Group. I think that the association has a bright future and I look forward to following this development as a member.

I would also use the opportunity to express my sincere gratitude to Lala, our EAHL assistant. She is always helpful, both to me and all EAHL members, and without her the administrative part of my time as a chair had been to burdenful

For now, I wish you all a quiet holiday season and a happy new year – may peace be restored in Europe!

Karl Harald Søvig
Chair EAHL

THE US SUPREME COURT OVERRULED ROE V. WADE, AND HELD THAT THERE IS NO CONSTITUTIONAL RIGHT TO ABORTION

Dean M. Harris, J.D., Associate Professor *(Retired),*
Department of Health Policy and Management, Gillings School of Global Public Health,
University of North Carolina at Chapel Hill, USA, Dean_Harris@unc.edu
Date: 02 November 2022

Former US President Donald Trump is out of the White House--at least for now. However, one of his legacies is an extremely right-wing Supreme Court. With its new right-wing majority, the Supreme Court overruled the longstanding abortion precedent of Roe v. Wade. On June 24, 2022, the Court held that the US Constitution does not include a right of access to abortion. Dobbs v. Jackson Women's Health Org., 142 S.Ct. 2228 (2022). Therefore, state governments may prohibit or severely restrict abortion, as many states have already done.

The implied constitutional right of privacy

The US Constitution has no explicit right of autonomy to make medical decisions. Moreover, the US is not a party to any enforceable international agreement about privacy (such as the right to respect for private and family life in Article 8 of the European Convention on Human Rights). Since 1891, however, the US Supreme Court had recognized an implied right or "zone" of privacy. This includes the implied right of people of different races to marry.

Eventually, the implied right of privacy included access to contraception and abortion. In 1965, the US Supreme Court held that a state government could not prevent married couples from receiving medical advice about contraceptives, and in 1972 that right was extended to unmarried people. In 1973, the Supreme Court held that a Texas state abortion law violated the right of privacy under the US Constitution, because that state law only allowed abortion to save the life of the mother. Roe v. Wade, 410 U.S. 113 (1973).

The Court's decision in Roe balanced individual rights and state authority. In effect, that decision was a compromise to protect both reproductive rights and state power. A compromise does not make everyone happy, but rather makes everyone partly unhappy.

The right-wing majority on the Supreme Court overruled Roe v. Wade

Five of the nine justices voted to overturn Roe. Of those five, three (Gorsuch, Kavanaugh, and Barrett) were nominated by Donald Trump (who lost the 2016 popular vote, but won the presidency in the Electoral College). In effect, Trump had made a deal with some conservative religious groups that he would nominate

anti-abortion justices, in exchange for political support from those groups in the 2016 presidential election. Those groups supported Trump mainly because of abortion, despite his personal behavior, abuse of women, and lies.

The legal issue in Dobbs involved the concept of liberty under the "due process clause" of the 14th Amendment to the Constitution. The new right-wing majority on the Supreme Court used a very restrictive concept of liberty. According to the majority, the only substantive rights that are protected by the "due process clause" are: (a) rights explicitly stated in the Constitution; or (b) rights that are part of US history and tradition. (142 S.Ct. at 2246-49).

Under that restrictive approach, the majority concluded that there is no right to abortion. First, "abortion" is not mentioned in the 14th Amendment, or anywhere else in the Constitution. Second, when the 14th Amendment was ratified in 1868, there was no country-wide right to abortion, and people did not think the 14th Amendment provided that right. (Id . at 2323)(dissent).

In contrast, the three dissenting justices used a more expansive concept of liberty. According to the dissent, "The majority's core legal postulate, then, is that we in the 21st century must read the Fourteenth Amendment just as its ratifiers did." (Id . at 2324) (dissent). Instead, the dissenters argued that the authors of the Constitution used general terms such as "liberty," and the authors knew that the meaning of those terms would evolve and adapt in a distant future they could not imagine. (Id . at 2325-26)(dissent). The dissenters' approach to rights is similar to the way in which the European Court of Human Rights interprets the general term "private life" in ECHR Art. 8 "in line with social and technological developments." (ECHR Guide, 25).

Many states have already taken action to restrict abortion

The Dobbs decision allows state governments to prohibit all – or almost all –abortions. Now, government may ban abortion from the time of conception, without balancing a pregnant woman's interests. (142 S.Ct. at 2317-18; 2323) (dissent). Also, courts must uphold abortion laws that are "rational," and the right-wing majority says that fetal protection is rational. (Id .)

For example, Tennessee's law has no exception to allow abortion in cases of rape or incest. (Tenn. Code. Ann.§39-15-213). Texas' law has vague exceptions for a pregnant woman's "risk of death or … serious risk of substantial impairment of a major bodily function." (Texas Health & Safety Code §170A.001-7). As a practical matter, doctors in Texas might not be willing to risk life in prison, on the basis of vague exceptions in a medically complex case.

The Dobbs decision leaves many complex legal issues for litigation in the future. For example, may states prohibit pregnant women in their states from traveling to a state that allows abortion, or punish the people who helped them to travel there?

After the decision in Dobbs, the Biden administration looked for ways that the federal government could promote access to abortion. However, the authority of the executive branch of federal government (the administration) is very limited on issues of abortion, and it is unlikely that the legislative branch (Congress) could pass new legislation to protect access to abortion.

Most Americans wanted the rights in Roe to remain in effect. More than 60% of Americans said abortion should be legal in all or most cases, and 70% were opposed to the Court completely overturning Roe. In theory, citizens in a democracy should be able to make their laws conform to opinions and values of the majority. However, this problem cannot be solved by the political process in the US, because the Constitution does not guarantee free and fair elections.

In fact, the US Constitution imposes significant barriers to majority rule. In the Electoral College system for presidential elections, the president is not necessarily the candidate who gets the most votes of all people in the US. In addition, the US Constitution generally allows each state government to control the system of elections for federal offices, including elections for the President. Finally, the US Senate (the upper house of Congress) can be controlled by states that have small populations, because all states have two senators regardless of their population.

Misrepresentations in the majority's opinion in Dobbs

On the surface, the Supreme Court's decision in Dobbs appears to be a doctrinal debate about how broadly or narrowly to interpret the concept of liberty in the due process clause, with a majority of justices supporting a very narrow interpretation. In reality, it is likely that the majority's discussion of the due process clause was mere "window-dressing," in an attempt to justify a decision that had already been made on the grounds of politics, culture, and religion. The majority's opinion contains at least three significant misrepresentations. That is the best evidence that the majority's discussion of legal doctrine was a mere pretext.

First, the right-wing majority claimed that it was allowing the American people to make their own decisions about abortion through the democratic process, rather than imposing a decision by unelected judges. The majority stated that "the authority to regulate abortion must be returned to the people and their elected representatives." (142 S.Ct. at 2279). That is a gross misrepresentation about the US political system, and the Supreme Court knows it. State legislatures do not necessarily represent the people in their states or the will of the majority.

The second misrepresentation in Dobbs is that the Court was allowing each state to make its own decision about abortion, as a matter of "states' rights." That was a misrepresentation, because many opponents of abortion really want a federal law to prohibit abortion in every state and to recognize fetuses as persons. In fact, after the decision in Dobbs , Republican members of Congress introduced proposed legislation to regulate abortion at the federal level.

The third misrepresentation by the Court in Dobbs is that its decision to overrule Roe will not lead to overruling other implied privacy rights. Four justices in the majority insisted that overruling Roe would not affect other cases, supposedly because abortion is different from other cases. (142 S.Ct. at 2277-78). In reality, other implied rights of privacy could not survive the majority's restrictive legal standard. As pointed out by the dissenters, the implied rights of privacy for access to contraceptives and equality for same-sex marriage would not be upheld in the face of legal challenges, because they were not recognized in 1868. (Id . at 2319-20) (dissent).

Practical consequences of the Dobbs decision

Laws that prohibit abortion (or make abortion a crime) do not prevent abortion. Those laws only prevent safe abortions. Many people will continue to seek abortion services, including both surgical procedures and abortion pills. Some people will die as a result of unsafe procedures or the fear of seeking follow-up care in the event of emergency. As usual, the burden of those consequences will fall most heavily on people who are poor or otherwise disadvantaged.

In the US, other severe consequences will arise because the US provides less protection for privacy of health information than the European Union and many other countries. In states that prohibit abortion, searching online for abortion drugs (or communicating about abortion on social media) could provide evidence for a criminal prosecution.

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Current issues in the field of health law in Finland

Anna-Kaisa Tuovinen (LLM, researcher)

1. Reform of healthcare, social welfare and rescue services

In Finland, the structures of public healthcare, social welfare and rescue services are currently under reform. The aim of the reform is to improve the availability, accessibility, safety and quality of public healthcare, social welfare and rescue services. Additionally, the reform aims to decrease inequalities in health and wellbeing. The organiser and main provider of these services is the public sector also in the future, whereas the private sector and the third sector will continue to supplement it.

The reform means the centralisation of public healthcare, social welfare and rescue services. From the beginning of 2023, the responsibility for organising these public services will be transferred from around 300 municipalities to 21 self-governing wellbeing services counties – with the exception of the capital, the City of Helsinki. However, the municipalities will continue being responsible for organising certain services, such as education, early childhood education and care, cultural services and sports, as well as for promoting the health and wellbeing of their residents.

2. Healthcare guarantee

The Government of Finland proposed that maximum waiting times for access to primary care be shortened from three months to seven days, and for access to oral healthcare from six months to three months. The Parliament passed the bill in November 2022. However, these changes will come into effect gradually. This means that during the transitional period (1 Sept 2023–31 Oct 2024), access to primary healthcare shall be organised within 14 days and access to oral healthcare within four months. The statutory seven-day maximum waiting time for access to primary healthcare and the three-month maximum waiting time for access to oral healthcare will be in effect from 1 November 2024.

3. Access to healthcare services for certain foreign persons

In December 2022, the Parliament of Finland passed the Government bill on the access to healthcare services for certain foreign persons. From the beginning of 2023 the public healthcare providers (i.e. wellbeing services counties, the City of Helsinki and the HUS Group) be obliged to organise, in addition to urgent treatment, healthcare services deemed necessary for certain foreign persons who do not have a domicile in Finland (i.e. the municipality of residence) or who do not have the right to public healthcare services, other than urgent treatment, under national law or international legislation or agreement binding on Finland.

This legislation be applied to 1) persons who do not have a residence permit entitling them to legal residence in Finland, 2) persons legally residing in Finland based on a temporary residence permit, who do not have a domicile in Finland or who are not equated with a resident of the wellbeing services county by law, and 3) the citizens of the European Union, the European Economic Area and Switzerland staying in Finland, who are not subject to the social security legislation of their state of residence. However, this legislation does not apply to persons who have come to Finland only to receive healthcare services here.

4. Cross-border healthcare

The Government of Finland proposed amendments to the Act on Cross-Border Health Care. Pursuant to the proposal, the costs of healthcare treatment received in another EU member state would be reimbursed up to the level of the cost for the same or equivalent care in the patient's wellbeing services county. Hence, patients seeking treatment abroad independently would receive higher compensation for the costs of the treatment received abroad compared with the current amounts. The Government proposal is currently being considered by the Parliament.

Date of submission: 5 December 2022

Malta: Amendments to the Embryo Protection Act and Pre-implantation genetic diagnosis

Dr Daniel Bianchi,

Lecturer in Health Care Law – University of Malta

The legislative authorities in Malta made changes in 2022 to the laws underpinning medically assisted procreation. The Embryo Protection Act and subsidiary legislation arising there from shape a significant part of the corpus of law that grounds the regulation of medically assisted procreation in Malta. The Embryo Protection Authority is established under the Embryo Protection Act and amendments made to the latter Act in 2022 now specify that the functions of the Authority include establishing and maintaining 'a Protocol in writing, which shall consist of the regulatory principles that shall be followed in carrying out its functions under this Act'.[1] The 2022 amendments to the Embryo Protection Act also entail that the Protocol is to be brought into force by regulations made by the Minister responsible for health under the Embryo Protection Act and published in the Government Gazette of Malta. The third edition of the Protocol is then, unlike its earlier editions, embedded in a Legal Notice and it is part of the subsidiary law arising from the Embryo Protection Act. S.L. 524.02 Embryo Protection Authority (Protocol) Regulations is however not yet in force as of mid-November 2022.

A tangible consequence of the 2022 changes to the corpus of law underpinning medically assisted procreation in Malta included the formal regulation of pre-implantation genetic testing directly on human embryos. A proviso was thus added in 2022 to the offence under the Embryo Protection Act to select or discard an embryo for eugenic purposes:

> Provided that the Protocol may specify that certain exceptional circumstances shall not constitute selection of embryos for eugenic purposes; provided, however, also that the medical experts as listed in the Protocol shall provide information and explanations relating to the testing of human egg cells (oocytes) and other testing which is available to the prospective parent or prospective parents and the said prospective parent or prospective parents shall decide which testing shall be carried out after consulting with the medical experts.[2]

Those medical experts listed in the Protocol are therefore bound to provide information and explanations to the prospective parents regarding other testing that need not be conducted on the embryo. This includes testing of the oocytes as well as medical practitioners selecting sperm cells for the sex chromosome contained in it so as 'to prevent the child from falling ill with a sex-linked genetic illness'.[3] The 2022 amendments to the Embryo

[1] Embryo Protection Act, Chapter 524 of the Laws of Malta, Art 4 (1)(i).
[2] *Ibid.*, Art 6 (e). Original parentheses.
[3] *Ibid.*, Art 10 (2).

Protection Act however specify that clinical interventions on the embryo will not be prohibited if deemed permissible in terms of the Protocol and the prospective parent/s can cryo-preserve those embryos that have been subject to clinical intervention. Furthermore, although the Embryo Protection Act provides that no more egg cells can be fertilized until all the cryo-preserved embryos have been implanted in the prospective parent from whom they originate from any prior medically assisted procreation treatments, the 2022 amendments provide an exception to that rule 'in those instances which may be specified in the Protocol and with the prior authorization of the [Embryo Protection] Authority, in which case, the fertilization of more egg cells shall be permissible'.[4]

In turn, the Protocol as amended in 2022 and embedded in the subsidiary law arising from the Embryo Protection Act specifies that pre-implantation genetic testing for monogenic diseases (PGTM) should only be used for the detection of serious conditions as approved by the Embryo Protection Authority, which now include: Finnish Nephrotic Syndrome, Gangliosidosis, Huntington Disease, Joubert Syndrome, Maple Syrup Urine Syndrome, Nemaline Myopathy, Spinal Muscular Atrophy, Tay-Sachs Disease and Walker-Warburg Syndrome.[5] In order for a new condition, which is not included in the existing list, to be considered for PGTM testing approval, 'a couple must have a licensed PGTM clinic apply to the'[6] Embryo Protection Authority on their behalf. Embryos 'that are not diagnosed with the diseases being tested for but might be carriers of that disease can be transferred into the prospective parents requiring treatment and are to be cryopreserved with the embryos not diagnosed with the disease'.[7] However, embryos that undergo a biopsy and result to have a gene that will develop a serious disease cannot be discarded but will instead be cryopreserved in a dedicated storage facility together with embryos that have an inconclusive diagnosis after undergoing PGTM biopsies. The use of cryopreserved embryos known to have a gene of a serious disease as described in the Protocol requires, in addition to the prospective parents' informed consent, 'consideration of the welfare of any resulting child and should have approval from the [Embryo Protection] Authority'.[8]

Moreover, embryos known to have a gene of a serious disease as described in the Protocol 'will only be placed for adoption once an effective treatment for same disease has been found'.[9] This adoption of embryos is also regulated under the Embryo Protection Act and regards a process 'whereby embryos that are not transferred are gratuitously donated to the prospective parent or prospective parents'.[10] That being said, the 2022 amendments ground the role of the Adoption Board under the Adoption Administration Act inasmuch as it now formally has the function to make 'recommendations to the Embryo Protection Authority regarding the eligibility and suitability of prospective parent or parents relative to adoption of an embryo'.[11] Thus,

[4] *Ibid.*, Art 6 (b).
[5] S.L. 524.02, Embryo Protection Authority (Protocol) Regulations, r 11.1.
[6] *Ibid.*, r. 11.3.
[7] *Ibid.*, r. 11.23.
[8] *Ibid.*, r. 11.24.
[9] *Ibid.*, r. 11.25.
[10] Embryo Protection Act, Chapter 524 of the Laws of Malta, Art 2.
[11] Adoption Administration Act, Chapter 495 of the Laws of Malta, Art 4 (1)(h).

although it is the latter Authority that eventually has the function of determining the eligibility and suitability or otherwise of a prospective adoptive parent in terms of the Protocol in those cases where it may give embryos for adoption,[12] the Embryo Protection Authority shall only issue its authorisation 'following a favourable recommendation issued by the Adoption Board in accordance with the Adoption Administration Act determining the eligibility and suitability or otherwise of the prospective parent or parents'.[13]

Date of submission: 22 Novermber 2022

[12] Embryo Protection Act, Chapter 524 of the Laws of Malta, Art 4 (1)(f).
[13] *Ibid.*, Art 4 (3).

Medical Law in Bosnia & Herzegovina: A New Beginning

Ervin Mujkic

NCP for Bosnia & Herzegovina

The Medical Chamber of the Federation of Bosnia and Herzegovina organized the Congress on Medical Law, which was held from November 11th to 13th in Tuzla, under the auspices of the Federal Ministry of Health and the University of Tuzla. About 200 participants from six countries took part in the Congress, and during three days discussed the theoretical, legislative and practical aspects of some of the most interesting themes of medical law, which, in addition to medical and legal, also have numerous ethical, social, philosophical and religious implications.

A total of 39 papers were presented at the Congress, and abstracts of the presented papers will be published in the Collection of Abstracts, which will be available online. Oral presentations were organized into the following sessions: Introductory lectures, Institutions and regulations, Medicine and human rights, Responsibility in medicine and Status issues. The Introductory Lectures discussed the role and importance of medical law in the healthcare system of Bosnia and Herzegovina, the current state and prospects for development, healthcare legislation in general and the application of legal regulations in the field of healthcare.

The Institutions and Regulations session offered several important lectures on the role and competences of the Institute for Public Health, the Ombudsman for Human Rights and the Agency for Quality and Accreditation in Healthcare, and on the necessity and justification of adopting the Psychology Practice Act. The issues of certification and accreditation of health institutions caused special interest of the participants and meaningful discussion. A notable lecture within this session was given by Dr. Sanjin Dekovic, member of the Board of Governors of the World Association for Medical Law, on the topic "Euthanasia – a topic that is not talked about in Bosnia and Herzegovina".

Prof. dr. Jozo Cizmic from the Faculty of Law of the University of Split, Republic of Croatia, which is the only law faculty in the region that offers postgraduate specialist studies in the field of medical law, opened the Medicine and Human Rights session with his lecture on "Medicina lex - omne initium difficile". Dr. Peter Golob from the Medical Chamber of Slovenia presented a paper on the topic "Right to Die as an Emerging Right in Slovenian Draft of a Law on Medical Assistance with Dying". Some of the other topics discussed in this session were medical and legal aspects of inclusive health care for transgender and intersex patients, mandatory immunization of children, termination of pregnancy on request, right to sexual and reproductive health, etc. This session was closed by the students of the Faculty of Medicine and Faculty of Law in Tuzla with their case report of judicial epilogue of a medical error.

The session Responsibility in Medicine was opened by respected Prof. dr. Hajrija Mujovic from the Institute of Social Sciences, Belgrade, Republic of Serbia, with a lecture on the topic "The role of medical law in overcoming the phenomenon of defensive medicine". Lecturers from the Faculty of Law in Sarajevo spoke about the development and perspective of medical criminal law in Bosnia and Herzegovina, and MSc Adnan Barucija, judge of the Cantonal Court in Zenica, presented several court cases for compensation for damages due to medical errors. This session also covered a number of other interesting topics such as telemedicine in Bosnia and Herzegovina, the patient's right to object, the importance of medical expertise in court proceedings, legal challenges of biomedically assisted fertilization, etc.

The session on status issues was focused on problems in the medical doctor's specialization system. In the opening presentation, the lecturers presented current situation in this area and gave recommendations for appropriate changes in the regulations governing this area, as well as for corrections in the specialization plans and programs themselves. The following presentation presented the case law of the courts in Bosnia and Herzegovina in cases on breach of obligations arising from the contract on the specialization of medical doctors.

At the end of the Congress, a central final discussion was held, during which the participants had the opportunity to talk additionally with the lecturers, but also to exchange experiences and examples of good practice. The objectives of the Congress have been met, and the conclusions and proposals will be sent to the relevant institutions. It is particularly significant that after more than ten years in which there were no scientific and professional gatherings of this kind, this Congress once again gathered experts in the field of medical law in one place, so in a way it can be said that this is actually a new beginning and potentially a turning point in the further development of medical and health law in Bosnia and Herzegovina.

Date of submission: 15 November 2022

The EAHL Young Scholars Interest Group

The EAHL Young Scholars Interest Group was established in 2022. This group aims to support the work of EAHL and highlight the value of young scholars in the fields of health law, medical law, pharmaceutical law, and biolaw.

Given the increasing number of young scholars dedicated to researching legal issues in health, biomedicine, technology, bioethics, and public policy, the need to contextualize and increase their involvement in the EAHL and its activities have arisen.

The EAHL Young Scholars Interest Group means to be a platform to connect young researchers in branches of law related to EAHL's interests and also to support and value young scholars' academic paths. Hence, we would like to invite all young researchers affiliated with any European university and research institute to join EAHL and become part of our vibrant network.

The vision of the interest group is to include junior researchers, from those who have just embarked on their doctoral studies to those who have recently obtained their Ph.D. and are early-career scholars (e.g., Post-doc level).

After an initial networking period to include new members and to refine shared goals, the EAHL Young Scholars Interest Group wishes to offer training and career support in collaboration with the EAHL, enhance scientific performances and provide networking opportunities in line with EAHL's interests.

The EAHL Young Scholar interest group is chaired by Mirko Đuković and co-chaired by Sofia Palmieri.

Communication manager: Sofia Palmieri
General manager: Andrea Martani

Should you need any more information on the group, please contact us at the email address: young.scholars@eahl.eu

And join our LinkedIn group: The EAHL Young Scholars Interest Group

The Founding members of the Interest Group:

Noemi Conditi (Bologna), PhD student
Mirko Đuković (Vienna/Budapest), PhD candidate
Andrea Martani (Basel), Post-doc
Sofia Palmieri (Ghent), PhD student
Denniz Sabo (Stockholm), PhD candidate

EUROPEAN ASSOCIATION of HEALTH LAW

GEORG-AUGUST-UNIVERSITÄT GÖTTINGEN IN PUBLICA COMMODA SEIT 1737

Seminar on Current Challenges in Medical Law

Medical Law Göttingen in cooperation with the European Association of Health Law is pleased to announce a seminar for young scholars and PhD students within the field of health law in Europe. The goal of this seminar is to foster cooperation between individual researchers, research groups, and research institutes. We hope that you will come to Göttingen, show us what are you working on, meet interesting colleagues and establish new contacts!

Topic: Current Challenges in Medical Law

Date: 3-4 May 2023

Venue: Göttingen, Germany

Language: English

Call for Papers

If you would like to participate, please send your application **not later than 31/1/2023**

to: **seminar2023medical-law@uni-goettingen.de**. Applicants accepted to the

seminar will be notified by early March, 2023.

All applications should include a **CV** and an **abstract** on your research topic. Kindly consider the following requirements for the abstract:

1. All abstracts should be submitted in MS Office Word file of max 2 pages.
2. The text format: Times New Roman, font – 14, line spacing – 1,5. **Unformatted text will not be considered and will be returned to the sender.**
1. The abstracts will be assessed based on the following criteria:
    - It must cover your PhD/research topic.
    - Topic must reflect European health-law related or bioethical issues.
    - The language spelling should be British English.

There is no participation fee. Costs for the seminar, including meals during the day, will be covered by the organizers.

We are also happy to announce that Medical Law Göttingen/EAHL are offering grants for travel and accommodation for up to 20 selected candidates whose costs are not covered by their home institutions. You may apply for such a grant in your application.

Please do not hesitate to contact us if you have any questions (**seminar2023medicallaw@uni-goettingen.de**).

More information will be coming soon.

EAHL

Membership of the EAHL is open to health lawyers in Europe and health lawyers from other countries can become associate members.

To become a member of the EAHL, please, send your electronic application to

eurohealthlaw@gmail.com

EAHL secretariat organizes decision on admission and informs applicants about further procedure.

EAHL membership prices:

- Regular one year membership – 76 EUR;
- Regular two-year membership – reduced fee of 130 EUR!
- Student/PhD student membership – 38 EUR;
- Associate (for non-Europe resident only) – 38 EUR.

For more information, please, visit:

http://www.eahl.eu/membership

Information about the date and venue of the next EAHL conference to follow soon...

The announcement is available here: https://eahl.eu/reports/second-call-host-9th-conference

We are on Twitter:

https://twitter.com/EAHLaw

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https://www.linkedin.com/in/european-association-of-health-law-aba0b0177/

EAHL members are eligible to subscribe (printed and electronic versions) to the European Journal of Health Law at a reduced annual fee of 88 euros!

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