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Editor
Justine Bashford
justine.bashford@sydney.edu.au

Alumni News and Enquiries
GREG Sherington
law.alumni@sydney.edu.au
sydney.edu.au/law/alumni

Design
Catherine Benton
10 group

Publishing and Production
Semi-annually by 10 group for University of Sydney, Faculty of Law, Level 1, 30 Wilson Street PO Box 767 Newtown NSW 2042 www.10group.com.au

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Juris-diction

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COVER STORY
16 HEALING THE SYSTEM: LARRY GOSTIN, HEALTH PIONEER
Chris Rodley

FEATURES
6 PROFILE: JUSTICE PETER GARLING
Chris Rodley

9 EVOLUTION OF HEALTH LAW: FROM ‘LAW AND MEDICINE’ TO ‘GLOBAL HEALTH GOVERNANCE’
Roger Magnusson

10 MENTAL HEALTH AND GUARDIANSHIP LAWS
Arlie Loughnan

12 FROM HIV TO GLOBECITY: ONE GRADUATE’S PATH IN GLOBAL HEALTH LAW
Alexandra Jones

14 CUTTING THE CORD: LEGAL REGULATION OF UCB IN AUSTRALIA
Cameron Stewart

20 THE GRADUATING CLASS OF 1962
Hon Michael Kirby AC CMG

24 SUING FOR CHANGE
Janine McIlwraith
A Message from the Dean
Professor Greg Tollefson

The University of Sydney is deeply committed to the improvement of public health and the health system, and this commitment is reflected in the decision to create the Charles Perkins Centre with its focus on obesity, diabetes and cardiovascular disease. This is a multidisciplinary centre, conducting world-class research into these leading causes of mortality. Its focus is not limited to clinical research but includes public health and social policy research. Resolving problems such as obesity requires researchers from many different fields; it is a problem that needs to be prevented through education and lifestyle changes, rather than ‘cured’. Given the flagship status of the Charles Perkins Centre and the world-class health law team we have here at the Sydney Law School, it is appropriate that we dedicate an edition of JuristDiction to Global Health Law.

We begin with a profile of The Hon Peter Garling, now a Justice of the Supreme Court of New South Wales, whose Special Commission of Inquiry into Acute Care Services in NSW Public Hospitals represents an important prescription for improving the quality and affordability of health care services in NSW and beyond. Professor Roger Magnussen looks at the history of teaching health law at university and the growth of specialisations in this area. He raises the issue of ethics and the problem of keeping up with the rapid growth of specialisations in this area.

Larry Gostin, a visiting Professor of Global Health Law, has planted the seeds of keeping responsibility and the extent of litigation can be used successfully to change clinical practices to solve systematic problems. His findings were largely accepted by the public and by many of the enquiries in which he has been involved, it was triggered by a human tragedy: a 16-year-old girl, who had been struck in the head by a golf ball, had died after serious lapses in her care at Royal North Shore Hospital. The coroner who investigated her death was disturbed by the case that he proposed an enquiry. Peter Garling, then a Senior Counsel, was tapped by the NSW Government to lead the investigation into acute care services and how to improve them.

Soon after beginning his year-long study, he recalls being struck by the ‘toxic relationship’ between hospital administrators and doctors. ‘They were not communicating and had completely different goals,’ he says. ‘I was quickly left with the impression that the patient was the forgotten person.’

As a result, one of the core recommendations of his 1300 page report was to put the patient back at the heart of the hospital system. He also proposed giving clinicians more responsibility for developing cost-effective models of care, and making information about the health system more transparent by publishing hospital performance data. ‘Once clinicians can see the results of their performance, and compare them with others, their professionalism will drive improvement,’ he explains.

His findings were largely accepted by the NSW government, and have had a lasting impact on health care in the state. Responsibility for driving improvement has been given back to clinicians (a doctor-led campaign has seen handwashing rates rise from less than 20 per cent to over 80 per cent). A new Bureau of Health Information, the first of its kind in the world, publishes hospital data in almost real time, while an Agency for Clinical Innovation now drives ongoing improvement in care.

Despite the warnings in his report about the failures in our hospitals, the author stresses he came away deeply impressed by the dedication of staff. ‘If anything, it reaffirmed my faith that NSW has a first class, though not perfect, health system,’ he says.

Choosing a career in life was not a difficult decision for the young Peter Garling, whose three older brothers all studied law, two of them completing law degrees at Sydney Law School. He also has a famous legal ancestor: Frederick Garling was one of the first two Crown Solicitors in NSW, having been lured out to the nascent colony in 1815 by Deputy Judge Advocate Ellis Bent (who refused to allow legally-trained convicts to appear in court as lawyers).

In 2010, Peter Garling’s career pivoted in a different direction altogether when he was appointed as a judge of the Supreme Court of NSW. The work of deciding disputes or ensuring defendants receive a fair trial is both satisfying and intellectually challenging, he says, though not as different from his previous career as one might think: ‘You’re in the same courtroom, everyone’s dressed the same, you’re just sitting in a different spot and doing a different task,’ he says. ‘It’s a role I’ve spent 30 years practising for.’

For much of his legal career, Justice Peter Garling (BA 1975, LLB 1977) has been the ‘counsel of choice when things go wrong’, in the words of former NSW Attorney General John Hatzistergos. He has been there in the aftermath of some of the state’s most high-profile disasters of the past three decades, playing an integral role in the hearings and lawsuits that have sought to find answers and make amends.

His name is perhaps best known as the author of the ‘Garling Report’ into the NSW Public Hospital system in 2008. As with many of the enquiries in which he has been involved, it was triggered by a human tragedy: a 16-year-old girl, who had been struck in the head by a golf ball, had died after serious lapses in her care at Royal North Shore Hospital. The coroner who investigated her death was disturbed by the case that he proposed an enquiry. Peter Garling, then a Senior Counsel, was tapped by the NSW Government to lead the investigation into acute care services and how to improve them.

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In applying the principles and traditions of the common law to the disputes and dilemmas arising from health care, personal autonomy has rapidly become the most powerful value in medical law.

While health care law remains the largest field of academic study and practice, within the broader category of health law, things are changing rapidly. Mental health law and public health law might be considered the neglected cousins of health care law, at least in Australian law schools. Both deserve to be studied in their own right. Mental health law is usually only approached in a piecemeal fashion, absorbed within medical law courses (through topics such as competence to consent), or indirectly through courses in succession, criminal law, and disability and anti-discrimination law. Public health law has tended to be ignored entirely, although health has emerged as a kind of secular virtue in some circles, and the subject is undergoing a well-deserved renaissance.

Public health law has tended to be ignored entirely, and the subject is undergoing a well-deserved renaissance.

Academic interest in public health has been partly re-energised by growing appreciation of the effects of globalisation on health. The growth of international health law is one manifestation of this. Perhaps the clearest example is the World Health Regulations (IHR), revised following the SARS epidemic, which provide an international regime for the control of transmissible diseases. The IHR set out a decisive and instrument for determining when national disease outbreaks are reportable to the World Health Organisation (WHO), on the basis that they are a ‘public health emergency of international concern’; they also require countries to establish a national focal point for communications with WHO. Another important example is the Framework Convention on Tobacco Control (FCTC). Tobacco kills 6 million people each year: it accounts for 12 per cent of all male deaths and 6 per cent of female deaths, mostly from lung cancer. Signatories to the FCTC, including the 51 states to the FCTC are required to implement evidence-based tobacco-control measures into their domestic laws. Despite this, due to the deep pockets and lobbying of multinational tobacco companies, the number of smokers will continue to increase this century, their deaths far exceeding the 100 million who died from tobacco-related diseases during the 20th century.

The concerns of global health law extend well beyond the development of normative standards by the WHO. The global trade rules embodied in the World Trade Organization (WTO) Agreements are the ground rules for an open, trading, global economy. Their impact on national prosperity is immense, yet the difficulty of accommodating national health concerns within the practical application of these rules has fuelled the rising speciality of trade law and public health. Australia’s experience with challenges to the Tobacco Plain Packaging Act 2011 (Cth) under WTO rules and under a Bilateral Investment Treaty with Hong Kong, is one example.

There has been growing recognition in recent decades that improving health, and managing the many determinants of health, is something that governments can often achieve alone. As Kaul has written, ‘Public today no longer refers only to the State’, but means bringing the public together to explore concerns, preferences, and ‘a fair bargain for all’ —
often with participation from civil society organisations. The rising field of ‘global health governance’ looks beyond the way that health is governed and managed at the international level. Seen from this broader perspective, law is an important strategy for health governance, but it is also an under-studied determinant of health in its own right. An important critique of the impact of law on health is the recently-published report of the Global Commission on HIV and the Law, which implicates punitive laws, punitive policies and neglect of human rights as major obstacles to reducing the global burden of HIV/AIDS.

Concern with global law has naturally brought the health challenges faced by low- and middle-income countries into greater focus, and law’s role in health development is an expanding area of scholarship. Increasingly, scholars are partnering with NGOs and international agencies. One example at Sydney Law School is the memorandum of understanding with the International Development Law Organisation (IDLO). IDLO is an inter-governmental organisation based in Rome, Italy, which exists to ‘strengthen the rule of law, human rights and good governance in developing countries.’ The MOU with IDLO will strengthen not only the research and teaching of health law at Sydney, but will contribute to our new Master’s program in Law and International Development.

Where is health law headed in the future? As far as health law is concerned, it is interesting to look back at predictions for the field made 20 years ago by Ian Kennedy (Box B). Daily newspaper reports, not to mention caselaw and legislation, illustrate the accuracy of the directions and developments Kennedy predicted, although the process is far from complete.

Box B: Predicting the future: some growth areas for health care law

- An aging population, expensive health care costs, giving rise to questions about self determination in end-of-life decision-making and questions about the care of the dying
- How to negatively regulate medical, and toxic, drug and alcohol use
- Maternal and child health
- Mental health: suicide, violence, and mental health care system issues
- Care of the vulnerable, mentally ill, mentally handicapped, elderly and poor, and of those with stigmatised diseases

Outside of health care law, there is growing interest in understanding law’s role in systems — a sustainable food system, for instance, and more generally, in the potential for law to improve not only average levels of health (the traditional focus of public health), but to address concerns about health equity — the disparities in health that arise if one’s circumstances differ about how best to respect the right to choose (individual autonomy) or what, if any, rights citizens have to leverage services (social rights).

When it comes to mental health care or decision-making for people with impaired capacity, countries respond in different ways. Even within federal systems of government, such as Australia, jurisdictions differ about how best to decide on the legal status of those with a profound intellectual disability. In Australia, the definition of irreversible coma adopted Convention on the Rights of Persons with Disabilities, set down principles and standards to guide government policy and inform lawmakers, but globally these differences are accentuated. Many developing countries severely lack trained health professionals or health infrastructure. The appropriateness or otherwise of any mental health law means little, if there are virtually no services for those in need. Capacity-building and development assistance are the most vital issues for such countries. If Australia is indeed reinventing itself as a contributor to development in the Asian and Pacific region, then surely foreign aid to assist our near neighbours to meet such needs should be a priority in the Asian Century?

Differences of approach are found on many other issues as well. The paternalism of intervening in the lives of vulnerable people, such as those with diminished capacity, in order to advance their ‘best interests’, is increasingly being called into question, though it has quite ancient roots in Roman law and 13th-century common law; likewise the Australian law habit of wrapping together involuntary detention with authority to treat without consent. Of course, it can be argued that it is unjust to detain people without treating the illness that supposedly warrants that detention, but North American models whereby detention and treatment are viewed as separate questions surely have merit (as Tasmania has recognised). The right to be treated (or not) is part and parcel of the civil rights of ordinary citizens. When capacity is lost or impaired, add animal or children’s rights to the list. When health laws seek to enrol the right of citizenship, it will, to date, few laws have been rather paternalistic, transferring the decision to a third party. The Convention on the Rights of Persons with Disabilities codifies many principles, such as ‘supported decision-making’, but even wealthy countries may struggle to find the resources to enable this to be properly achieved, especially for older or friendless individuals. For certain groups, such as people with profound intellectual disability, or in cases where public resourcing is slim, the on-the-ground effectiveness of decision-making may not be very different from old-style guardianship.

Moreover, guardianship laws also vary greatly across the world. Some jurisdictions, such as those in North America, place great reliance on advance private planning tools (enduring powers of attorney). Others prefer to give presumptive legal backing to informal family or civil society arrangements (such as guardianship). In short, the legal configuration of both guardianship and mental health laws is characterised by a multiplicity of approaches. While some socio-legal studies have been undertaken in various countries to assess the adequacy or otherwise of this cornucopia of different models — including studies led by the author into adult guardianship, mental health tribunals and legal responses to particularly vexing conditions such as severe anorexia nervosa — the real surprise is the paucity of such critical evaluations. Overdue, but radical, reforms to models of disability service delivery in Australia and the urgency of discovering what laws are best. Putting money currently devoted to direct funding of public or privately provided services into the hands and control of those needing support, by putting the equivalent dollar value into an individual ‘personal budget’ controlled by the person, is one such very welcome transformation. This empowering change is already more advanced in some overseas countries (and some Australian jurisdictions), and lies at the heart of the proposed National Disability Insurance Scheme and some national aged care reforms. As more such demands are placed on guardianship or supported decision-making schemes, the need for evidence based answers increases.

Along with longer-standing issues such as the (un)wisdom of dispensing with multi-member tribunal panels in favour of single member hearings, or whether courts and tribunals reach similar decisions when administering otherwise identical legislation (as they did not in studies on anorexia or disability sterilisation authorisations) — there is surely therefore a pressing case for funding more such evidence-based studies of ‘what works’ and ‘why’.
Madness’ and Crime

Arlie Loughman

Is an individual who commits a particularly serious, violent offence ‘mad’ or ‘bad’? If a mental illness or disorder interfered with their reasoning processes, or perhaps their ability to control their actions, is treatment more appropriate than punishment? On the other hand, if a kernel of individual responsibility remains, shouldn’t the criminal legal process result in conviction, and the individual concerned face his or her just deserts?

These are difficult questions and responses to them often attract controversy and consternation. It is such questions that mark out the interface between ‘madness’ and crime, the point where criminal law principles and processes about the norms and practices of psychiatry and psychology. This is fraught territory, and medical professionals and laypeople may have different views about where dividing lines should be drawn.

This territory is known to criminal lawyers by the label ‘mental incapacity’. In criminal law, mental incapacity refers to the cognitive, volitional and moral capacities that an individual accused is both assumed and required to possess. Legal principles and practices, like criminal trials and criminal punishment, depend on these capacities. The area of criminal law that concerns mental incapacity comprises a range of legal provisions, the best-known of which is the ‘insanity’ or the ‘mental illness’ defence.

Reflecting the common law as it developed in England and Wales, in NSW the mental illness defence requires the accused to prove that he or she was suffering from a ‘defect of reason’, caused by a ‘disease of the mind’ and meaning that he or she could not understand the ‘nature and quality’ of their act, or that it was wrong. A successful insanity defence results in a special verdict — ‘not guilty by reason of mental illness’.

An insanity or mental illness defence raises the issue of whether an individual can be held responsible, at law, for his or her actions. The question of criminal responsibility goes beyond the issue of liability for an offence: it addresses whether the accused is someone to whom the criminal law speaks. Criminal responsibility thus lies at the heart of the criminal justice system. It forms the foundation for core legal processes, such as the criminal trial. The trial of Anders Behring Breivik in Norway brought the complex issues surrounding criminal responsibility into sharp relief. As is well known, Breivik was convicted of multiple counts of murder, having shot and killed a total of 77 people in central Oslo and on the island of Utoya in July 2011. Breivik admitted planning and carrying out the killings, and is on record as saying he believed they were necessary to start a revolution aimed at preventing Norway from accepting further numbers of immigrants. Reports indicate that Breivik has been examined by a total of 18 medical experts. Some of these experts concluded he met the legal test of insanity, which, in Norway, requires that he acted under the influence of psychosis at the time of the crime. But Breivik himself has disputed this diagnosis, claiming it is part of an attempt to silence him and stymie his message about ‘saving’ Norway. Other medical assessments have concluded Breivik was sane at the time of the offences, his actions motivated by extremist ideology and not mental illness. The judges in Breivik’s case concluded that he was sane at the time of the killings, and he has been sentenced to 21 years’ imprisonment, the maximum sentence under Norwegian law. Breivik may be imprisoned beyond this period, under a regime of preventative detention that applies to dangerous offenders. Breivik’s case prompts us to think about the most appropriate response to offenders who are not criminally responsible. What would happen to someone like Breivik if he or she were found ‘insane’?

Unlike an ordinary acquittal, a ‘not guilty by reason of mental illness’ verdict opens the accused up to a range of court powers of disposal. In NSW, these include the power to detain the person and to release him or her subject to conditions. A person may only be held for an indefinite period, which, it seems reasonable to suggest, would be aimed at preventing further harm. Under Norwegian law, even if Breivik had not been convicted and punished in the normal way, he may have been made the subject of a court order, which, it seems reasonable to suggest, would be aimed at preventing further harm. This brief discussion hints at the core dilemma for courts and law reformers working in the area of ‘madness’ and crime: even when a significant harm, like multiple killings, has been committed an accused may not be responsible for his or her actions. Of course this doesn’t take away from the serious consequences of offending behaviour but it does leave us with the difficult question of who or what (health services?; society at large?) can be held accountable for it.

It is tempting to depict criminal responsibility as, in effect, a trade off between the severity of an individual’s mental incapacity and the magnitude of the harm that results from their offence. But it is important to recall that as a matter of law, in our system, responsibility and harm are separate matters. If an individual is not criminally responsible, the issue of the harm their actions have caused must be dealt with by means other than punishment.

The seriousness and enormous harm of criminal conduct cannot be denied. But it is important to recall that where an individual has not been convicted, punishment cannot follow. This is because the individual accused has not been treated like any other facing criminal charges.

The traditional justification for a different response is that the accused condition makes him or her a different kind of legal subject: one who cannot be called to account for himself or herself or to answer for his or her actions in the context of a criminal trial. Such a person may be subject to detention — perhaps even indefinite detention — but is not subject to punishment.

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One graduate’s path in Global Health Law

Alexandra Jones

From HIV to Globesity
One graduate’s path in Global Health Law

Alexandra Jones

Executing the side-saddle dismount with the ease of a local, I avoid the nasty bite of the hot exhaust pipe and a skulking local stray. In broken Khmer I agree on payment, thanking the driver for the kamikaze motorbike ride from my apartment to the dusty fringes of Phnom Penh.

Reflecting on my university education, a montage arises — snapshots of diverse mentors and experiences lining the path I walk today. Lively breakfast debate over newspaper opinion pieces with a social activist, academic parent. Seminars in teeming undergrad philosophy lecture halls, deconstructing the likes of Kant, Marx and Drozdowski, grasping a flexibility of perspective to complement the specialised demands of the study of law. The first sparks of internal outrage during law lectures from a South African advocate, speaking to the interrelationship of law and pharmaceutical politics on availability of treatment for the poor living with HIV/AIDS. Research and editorial assistance as a complement to the completion of my LLB, gaining practical experience at the cutting edge both public health and law. Perhaps most importantly, the invaluable relationships forged with senior lawyers and professors, who continue to foster my desire to contribute at the forefront of a field of law I can not only practise, but take pride in.

After sealing halcyon years on the lawns of Sydney University with the adventure of Swedish exchange, I returned to a graduate place at Henry Davis York in Martin Place’s legal heartland. Reveelling in the company of sharp minds, I enjoyed the thrill of overcoming nerves to conquer the amateur dramatics of rostrum stage appearances, while mastering the minutiae of client demands, complex case law, and domestic legislation. I gained a realistic picture of life as an Australian commercial solicitor, beyond crisp suits and polished foysers.

Ultimately, however, my most enjoyable experiences as a young practitioner came after hours under the fluorescent din of community legal centre lights. Raw expressions of gratitude from pro bono clients watered the seeds of motivation to trade secure Sydney for a life in Cambodia educating, and advocating for human rights.

A colleague’s throwaway introduction on arrival to ‘life as a lawyer in the land of the lawless’ hunted at the murky legal context I would face: advocacy in the absence of a functioning court system and ‘unofficial’ drafts of legislation for ‘off the record’ consultation. I witnessed the juxtaposition of de jure rule of law, while around me communities were routinely subjected to violations of rights and practical obstacles to real justice. Life in Cambodia provided a crash course in delivering outcomes in a cross-cultural and multilingual environment, where local, international, government and civil society actors possess competing objectives and overlapping ambitions. Hurdles to progress, such as poverty, political instability, ineffectual management, corruption or sheer absence of political will, became a personal practical reality.

After a year in Cambodia, I stood at the intersection of health, law and human rights with a new appreciation that the states bearing the disproportionate burden of disease are also those with the least capacity to do anything about it. Trading the hustle of Phnom Penh for the silent grandeur of American states bears the disproportionate burden of disease are also those with the least capacity to do anything about it. Trading the hustle of Phnom Penh for the silent grandeur of American

thoughts first provoked by funereal whispers continue to drive my desire to utilise law’s potential to create conditions that enable people to live healthier lives. As the global burden of infectious disease stabilises, the world looks with increased attention to the growing international burden of non-communicable diseases like cancer, cardiovascular disease and diabetes, which now cause 63 per cent of deaths annually. Eighty per cent of these occur in low and middle-income countries, bringing not only health, but also development concerns, as the catastrophic expenditure on treatment forces people into, or entrenches them, in poverty.

As lawyers, we must ask what the law can do to prevent and control these conditions. The relationship of law with behavioural risk factors such as tobacco use, harmful use of alcohol, poor diet and physical inactivity remains complex and contested. Despite a range of known effective interventions, tensions between personal responsibility, freedom, and the broader public interest in a healthy, productive population continue to invoke international debate. At a time when the World Health Organisation faces unprecedented financial strain, the quest to find innovative ways to build international coordination, and to assist states in implementing evidence-based policy in the face of powerful corporate interests, takes on increased urgency. Whether advocating for New York Mayor Bloomberg’s proposed soda restrictions, or defending the Australian government’s plain packaging of cigarettes against action under international trade and investment law, with 52 million largely preventable deaths estimated to be at stake by 2030, it is important to remember that regulators, not only curative medicines and doctors, may reduce risks and save lives.

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Cutting the Cord: Legal Regulation of Umbilical Cord Blood in Australia

Cameron Stewart

Umbilical cord blood (UCB) has traditionally been treated as a waste product, but with the growing scientific understanding of stem cells, it has become a vital source of stem cells for medical treatment. The stem cells derived from UCB can be used in haematopoietic stem cell transplantation (HSCT), which is a curative therapy for many disorders (leukaemia, lymphoma), bone marrow failure syndromes, haemoglobinopathies, immune deficiencies and inborn errors of metabolism. As the science for stem cell therapies improves, there is also real potential for UCB to be used as part of a regime for emerging regenerative therapies. As the success of these therapies has become known, the demand for cord blood has grown, and it has quickly become necessary to establish UCB banks.

Private and Public

UCB banks fall into two categories: government-funded public UCB banks, which store donated blood for public access; and private banks, which will, for a fee, bank an individual's blood for personal use. In Australia, there are currently two UCB banks that exist in Australia. When UCB is used to treat a condition in the child from whom the blood originated it is referred to as autologous treatment. When UCB is used to treat a condition in a person other than the donor child it is referred to as allogeneic banking. In the past, the public banks have had to carry out allogeneic banking, whereas there may be occasions where both types of use are carried out by both types of banks.

The problem of the origin of UCB really colours our understanding of who should control what happens to UCB. Nor is it clear legally whether UCB falls within existing legal regimes under the Human Tissue Acts, as it is neither regenerative nor non-regenerative tissue.

Consent from Whom?

Who should be the person responsible for giving consent, and under what conditions should it be obtained? If UCB is considered to originate from the mother, decisions regarding its collection must be made by the mother and must be based on informed consent. Alternatively, if UCB is considered to be coming from the child, there is the added difficulty that parents must exercise their parental power to consent to donation on the child’s behalf. In doing so, the law would arguably require them to act in the child’s best interests. If this model were correct, both the mother and the father would have equal rights to consent to the donation and storage.

A number of issues then become apparent, such as whether the consent of both parents is required and what should happen when the mother and father disagree about whether the UCB should be donated and stored? A further complication arises in private UCB banking where services are often pitched at third parties to the birth, namely the parents. If the grandparent is paying for the procedure, what say does that person have in the banking (if any)?

Property Rights

The use of UCB both therapeutically and in research has necessitated a re-evaluation of the ownership of this tissue in both ethical and legal terms. The discussion regarding whether cord blood is part of the mother’s body or the child’s is fundamentally a search for origins as means for establishing a kind of “ownership”. This is very similar to the logic of “first possessors” claims where a person argues that they own something because they possessed it first. In contrast, an early paper on UCB collection suggested that UCB should have the same status as any donated organ or tissue, by which it was meant that it should be treated as being owned by the child, and this concept has since become broadly accepted in many countries. Recent English and Australian cases have recognised property rights over human tissue and these cases raised issues over the nature of the UCB donation. Is it a gift? A conditional gift? A trust?

Public and Private

The public/private nature of the UCB industry also creates challenges. Over time, the focus of both private donation with autologous donation and public banks with allogeneic donation has begun to break down. The line between public and private banking is becoming increasingly blurred by pressure from both the private market and the public sector, forcing both private and public banks partially to adopt each other’s practices. These new hybrid models of banking challenge the very nature of the public/private dichotomy and require us to rethink oppositional positions, particularly those taken against private banking. To that extent, the regulation of public and private banks also needs to be re-examined in light of the fact that the dichotomy is not as clear-cut as it previously appeared.

Going Forward — Multi-Disciplinary Research Based on Public Consultation

UCB banking raises a number of fascinating and complex issues about the interaction of law and medicine. The Centre for Health Governance, Law and Ethics and the Centre for Values, Ethics and the Law in Medicine at Sydney Medical School have been working together to examine the problems of regulating these banks as part of a National Health and Medical Research Council funded study.

UCB also has implications for human interactions and identity, and the role of the law in regulating these interactions. One of the major issues concerns the question of who UCB originates from: is it the mother or the child? Who is the donor? Primarily this is because the law is unclear as to whether the UCB is part of the mother or the child. Generally speaking, the law treats the umbilical cord as being part of the mother during pregnancy. For example, when pregnant women have been attacked, abruptions of their placenta have been considered as assault occasioning grievous bodily harm. This indicates that the placenta and umbilicus come from the mother’s body and therefore ‘belong’ to her and should be regulated by her choices.

On the other hand, the law also states that damage to the placenta or umbilicus causing injury to the child in utero might be considered a cause of death if the child is born alive but then dies from the injury. This view supports the argument that UCB comes from the child. It also has the benefit of being backed by the fact that the umbilicus is genetically identical to the child and not the mother.

The Clinical Ethics Resource wins another round of funding

The Centre for Health Governance, Law and Ethics and the Centre for Values, Ethics and the Law in Medicine have recently received funding of $30,000 per year for three years to run two web services: the Clinical Ethics Resource (www.clinicalethics.info) and the Ethics and Health Law News (www.ehlrn.org). Both services are free to the public and attract about 200,000 page views a year.

Log on to subscribe to the services and you can receive weekly notifications of the top 20 stories from around the world on biomedical ethics and health law.

In 2013 Sydney Law School will host the Australasian Association of Health Law and Ethics Conference: 11-14 July 2013, Sydney Law School, University of Sydney. 2013 is an auspicious year. It’s been:

• 25 years since the Cartwright Inquiry into the New Zealand Cervical Cancer study;
• 21 years since the decision of Roger v Whitaker which enshrined the doctrine of informed consent in Australian law;
• 21 years since the High Court’s decision in Marlow’s Case which transformed the nature of parental consent to medical treatment in Australia; and
• 18 years since the creation of the New Zealand Code of Health and Disability Services Consumers Rights.

What have we learned from these famous encounters between health, ethics and the law? Can we say that these interventions (and the ones that followed them) have improved the provisions of healthcare in Australia and New Zealand?

This conference will provide a forum for discussion of several core concerns within bioethics and health care law. Presentations are welcome on a wide variety of topics relating to:

• rights in healthcare;
• informed consent;
• health and disability;
• children, parents and healthcare;
• end of life care;
• special treatments;
• biomedical research ethics; and
• death and dying.

For further information, see www.aabhl.org
At the age of 23, Larry Gostin was admitted to a hospital for the criminally insane in North Carolina. To its staff, he was an accused rapist there for an assessment of his competency to stand trial. In reality, he was a Duke Law School student posing as a patient to gather evidence about the facility as part of a US Department of Justice investigation.

Once inside the institution, he was shocked by what he observed: sweltering heat and flies, filthy conditions, spoilt food, and pervasive boredom from lack of stimulation. Perhaps surprisingly, it took just a few weeks for him to become acclimatised to all those indignities: ‘In the end I was just rocking in a chair looking out the window, completely defeated,’ he recalls.

Larry Gostin’s stay in the hospital was supposed to last less than a fortnight, but he was ultimately held for three months after the psychiatrists refused to verify him as sane, despite him telling the truth about why he was there. Eventually, he was released after falsely admitting to the crime to satisfy the demands of the doctors in charge.

But the young law student would be changed forever by his incarceration. ‘It was a scary, dehumanising experience that allowed me to see and understand total institutions,’ he says, referring to sociologist Ervin Goffman’s term for facilities cut off from society. ‘It made me understand vulnerability and disadvantage by experiencing it viscerally.’

Ever since, he has dedicated his career to using the law to improve conditions for society’s most vulnerable, particularly by strengthening health systems. Today, he is the Linda D and Timothy J O’Neill Professor of Global Health Law at the Georgetown University Law Center, as well as a Professor of Public Health at the Johns Hopkins University. In May, he joined the Sydney Law School community when he was awarded an honorary Doctor of Laws in recognition of his achievements at a ceremony in the Great Hall.

Professor Gostin’s time at the psychiatric hospital sparked a special passion for improving the status of mentally ill people. After graduating with his Juris Doctor from Duke, he moved to London where he served as legal director of the National Association for Mental Health and later became director of the British Civil Liberties Union, now known as ‘Liberty’. He argued a number of landmark cases in the European Court of Human Rights, including one aimed at recognising the right of mentally ill people to vote. Professor Gostin also helped to draft the UK’s Mental Health Act, which has since been emulated around the world.

On his return home to the United States, he played a prominent role in other important health initiatives. After the anthrax attacks that followed 11 September 2001, the White House commissioned Professor Gostin with leading the effort to draft a Model State Emergency Health Powers Act. The legal code gives authorities the power to prepare for major emergencies, from flu pandemics to bioterrorism attacks, and has been implemented at least in part by a majority of states across the US.
US Health Reform Lives On, but for How Long?

On the morning of 28 June 2012, Americans waving flags and banners gathered outside the US Supreme Court to await its ruling in *National Federation of Independent Business v Sebelius*. The landmark decision would decide on the constitutionality of the Affordable Care Act, widely known as ‘Obamacare’. The stakes had never been higher. Obamacare aims to expand health cover to millions of uninsured Americans by expanding the government-funded Medicaid program and by imposing an ‘individual mandate’ on young, high-income earners to purchase insurance or else pay a penalty. For progressives, it represents a once-in-a-generation chance for the US to take a major step towards universal health care. For its vociferous opponents in the Tea Party movement, Obamacare represents an attack by government on individual liberty and the right to choose one’s own health care.

In its decision, the court upheld the ACA: ‘It wasn’t a complete win, but nevertheless, historic health care reform lives on until the presidential election.’ That election may pose another major roadblock for the reform process, Professor Gostin explains. If Mitt Romney is elected in November, the law would not necessarily be repealed; that would require a two-thirds vote in the Senate. ‘But Romney would do everything he could to at least gut it,’ he says, such as by instructing the Internal Revenue Service to craft innovative welfare programs in the future. Twenty-eight candidates attended. Twenty who would have not have missed it but for compelling reasons and were unable to attend, sent apologies. There was excellent opportunity for graduates to renew acquaintances with alumni some of whom had not been encountered since graduation.

Sydney Law School made available the Faculty Common Room and adjacent facilities for the reunion. Alumni co-ordinator Greg Sherington gave a short tour of the faculty’s library, main lecture theatre and other facilities. Graduates marvelled at the difference half a century had made since they completed study at the old now demolished law school buildings in the Phillip Street precinct.

Among the alumni who attended were...
The Graduating Law Class of Sydney 1962
Privileged, Lucky, Unquestioning*

Hon Michael Kirby AC CMG†

On Tuesday 10 April 1962, nearly 100 young graduates were introduced to the ancient Chancellor, Sir Charles Bickerton-Blackburn, marking the conferment of their degrees of Bachelor of Laws. There was but one Law ceremony, held in the Great Hall. We were presented by the Acting Dean of the Faculty of Law, Professor David Benjafield: ever optimistic and joyful, on tuesday 10 April 1962, nearly 100 young graduates were hall. we were presented by the Acting dean of the faculty Privileged, Lucky, Unquestioning*

The election of the Askin Coalition Government did not come until 1965. The Whitlam Federal Labor Government was not elected until December 1972. These were years of political and social stability, little change and much conservatism in Australian society: even self-satisfaction.

Our lectures were taken in the old University Chambers in Phillip Street. This was a building (since demolished) of six storeys. It abutted a more modern building, built in the 1930s, which opened onto Elizabeth Street. Only some floors of the new building were dedicated to the Law School. It provided little relief to the chronic lack of space for staff, student facilities and even basic lecture rooms. We became a wandering tribe of suppliants, in constant search of different venues for the early and late lectures that we attended.

The main venues for our lectures were two large lecture halls on the top floors of University Chambers, from which we could look across the street at the newly-erected Wentworth Chambers and see the busy barristers at work. This was where some of us hoped one day to be. Our lives were already closely intertwined with legal practice. At least by our second year, virtually all of us were undertaking articles of clerkship. We had been taken up to the Supreme Court by our master solicitor and introduced to the Prothonotary, or his Deputy, as a symbol of a fledgling association with legal practice. That link was to be deepened and strengthened by our years at the Law School and thereafter.

On level 3 of University Chambers was a small but powerful series of offices facing Phillip Street where dwelt the most famous scholar of the Law School of that time, Professor Julius Stone. Stone was to have a great influence on many of his students. At the time, he was a kind of antidote to the orthodoxy of ‘complete and absolute legalism’ preached by the justly famous Chief Justice of the High Court, and long term Justice, Sir Owen Dixon.

Wandering Tribes, Foolscap and Lord Denning

Our Law School notes were justly famous. They were produced, in the technology of that time, by cyclotyoe roneoed process, some with blue and some with black ink. Normally, they were printed on both sides of cheap blotting-type paper, seemingly left over from wartime rations. The Law School notes were provided to us by Mrs Gaunson. She had an office on the higher level of the new chambers abutting Elizabeth Street. Hers was an office of constant activity, made slightly more homely by the presence of her small dog to whom she was devoted. Somewhere in the same building was the Law School Library. It was extremely crowded, dark, multi-stored with metal ladders and seriously overheated. So much...
so that I quickly abandoned it and extended my preoccupations to the South West corner of the great reading room of the State Library of New South Wales, which was amply supplied with air conditioning, light and the major legal series. There, at a special desk, Warren Houghton, (subsequently to become the Director-General of the National Library of Australia) would tend to softly mumbled student demands.

Soon after we began our lectures in the Law School in 1958, we scattered ourselves, around the classrooms, taking customary positions with regularity. In the front row, I can remember, some of our number took their seats, a few of whom were joining us in the first year of the five year part time course. These included Bronwyn Serright, later to be famous as the Hon Bronwyn Bishop, a Member of Parliament and Minister in the Howard Government. Like John Howard himself, she did not graduate in 1962 but in the following year. Other ‘front rowers’ in my recollection were, Cyril Feilich, Louise Ferrier and Lilian Bodoor, the latter two the most noticeable because they were women in a class which were still overwhelmingly male. Cyril Feilich was famous for introducing a huge tape recorder into the class so as not to lose a single word of the lectures.

In 1959, those of us who were later to graduate in 1962 entered upon our articles of clerkship. Our lives settled into a busy routine. We would arrive at the Law School for an hour long lecture at 8.30am. We would then hurry to our offices to undertake our duties in court or at registries or legal offices, only to return at 5pm and 6pm for evening lectures. It was a rigorous discipline of instruction. This was so because virtually all of the subjects were compulsory.

Electives were extremely rare and few in number. The teaching of law in our day was thought to depend upon substantially the learning of huge masses of information, designed to give the student a good grounding in virtually the total range of the law as it was practised in New South Wales at that time.

In our years, the common law predominated as the source of applicable rules. Our minds were substantially fixed on English judicial decisions. We had to learn these because, in all but a few cases governed by a 74 of the Australian Constitution, it was English judges in the Privy Council who constituted the final appellate court of Australia. This was why practising lawyers and legal offices displayed, in pride of place, the English Reports. And our courses of instruction were devoted to examining the reasons of the great judges of England of that era and before.

In 1958, Viscount Kilmuir of Creich was the Lord High Chancellor of Great Britain. He was still in office in 1962. The greatest Law Lords of that era were Viscount Simon, Lord Reid, the Scot, Lord Raddcliffe and most beloved by most of the law students, Lord Denning. Denning was particularly interesting because of his prose style; his willingness to dissent on issues of moment; and his visits to the outposts of the empire. His visits to the outposts of the empire were a measure of luck that came our way. We were a lucky lot. Denning is inscribed with a bold hand ‘Denning M.R.’. From a newspaper. I still have that portrait in my chambers. It is a photographic portrait of himself which my father had procured from Sydney University Union, where I was President, he signed a London. These were years of Empire Day on 24 May and British hegemony in the law, world-wide. Statute law had not yet assumed its primacy. The English law and the English judges still dominated our imaginations.

This is how it was since had been the beginning of the Australian colonies. When we were taught, it was how it was expected to be for the indefinite future. I cannot recall any serious discussion, in my law school years, about an end to Privy Council appeals in Australia. We had seen the wrongs that had occurred in South Africa when that happened. Least of all was there any discussion of the end of a constitutional monarchy in Australia. The Queen’s visits continued to draw rapturous crowds.

Before Kensal Green

Remembering these days of legal education is a pleasant experience, at least for me. But things are done differently now. Legal education has changed. Back in 1962, there was no discussion of feminist perspectives of law. Nor queer legal theory. We have been lucky. We missed war service. We lived through the Queen’s visits continued to draw rapturous crowds.

But also a measure of luck that came our way. We were a lucky lot. Denning is inscribed with a bold hand ‘Denning M.R.’. From a newspaper. I still have that portrait in my chambers. It is a photographic portrait of himself which my father had procured from Sydney University Union, where I was President, he signed a London. These were years of Empire Day on 24 May and British hegemony in the law, world-wide. Statute law had not yet assumed its primacy. The English law and the English judges still dominated our imaginations.

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It is common knowledge that by far the majority of claims for medical negligence are settled prior to hearing.

In NSW, the Civil Liability Act 2002 sets out the test for the standard of care for professionals. Under s 5O, a professional is not negligent if it is established that they acted in a manner that (at the time the service was provided) was widely accepted in Australia by peer professional opinion as competent professional practice. However, peer professional opinion cannot be relied upon if the court considers that opinion is ‘irrational’.

It is perhaps cases that are apt to argue current clinical practice as irrational that have the most scope to change clinical practice on a nationwide scale. As identified by the Review of the Law of Negligence, upon which the Civil Liability Act was based, it would be rare to identify that treatment that is in accordance with an opinion widely held by a significant number of respected practitioners and yet irrational. Thus, these cases are not very common, and I am unaware of any case since the introduction of the Civil Liability Act in which there has been a judgment finding that the peer professional opinion sought to be relied upon was irrational.

The Review of the Law of Negligence identified the case of Hucks v Cole as an example of such a rare situation, which might satisfy the ‘irrational’ test that was proposed. In that case, Sachs J stated:

‘... the onset was due to a lacuna between what could easily have been done and what was in fact done. According to the defence, that lacuna was consistent with and indeed accorded with the reasonable practice of other responsible doctors with obstetric experience. When evidence shows that lacuna in professional practice exists by which risks of grave danger are knowingly taken then, however small the risks, court must examine that lacuna particularly if risk can be easily and inexpensively avoided.

In my own practice, there is one category of claim that stands out as a potential platform for an argument of this nature: claims relating to the use of the antibiotic Gentamicin.

Gentamicin is an aminoglycoside antibiotic particularly effective in treating gram-negative organisms. It is relatively cheap and widely available, particularly in hospital settings. Unfortunately, it carries with it a well-known and documented risk of vestibular damage, which when realised is quite debilitating, severely damaging a person’s balance mechanisms. Unfortunately, it carries with it a well-known and documented risk of vestibular damage, which when realised is quite debilitating, severely damaging a person’s balance mechanisms.

When it was first introduced in Australia decades ago it was relatively unique in its efficacy, efficiency and affordability. Importantly however, today there are other comparable alternatives in most circumstances.

There has been quite a bit of media attention and professional discussion in recent months concerning the use of Gentamicin. This has perhaps been fuelled by the case of Freeman v Australian Capital Territory, commencing in April in the ACT Supreme Court, being the first case in Australia to be tried concerning its use. The case’s commencement coincided with the publication in the Medical Journal of Australia of an article by Professor Halmagyi, who just happened to be an expert witness in the case. Halmagyi is of the view that Gentamicin-induced vestibulotoxicity can occur at any dose and that that particular antibiotic should be given when there is no safer alternative. He also states that the patient should be warned of the risks before being treated with Gentamicin.¹

The expert evidence put forward by the defendant in many of these cases is that it is common practice to use Gentamicin in the way that it was used in the specific case. However, might this be invoking the ‘irrational’ exception to the widely-accepted defence? To paraphrase Sachs J, might it be said that where the evidence shows that the use of Gentamicin in professional practice exists by which risks of grave danger are knowingly taken then, however small the risks, the court must examine that lacuna particularly if risk can be easily and inexpensively avoided.

In some circumstances, the benefit of the use of Gentamicin might be found to outweigh the risk and thus the use might be warranted, for example, in the case of life-threatening infection. In other circumstances, such as where Gentamicin is used for prophylaxis prior to surgery, it may not be considered rational to expose a patient to the risk of vestibulotoxicity. Alternatively, it might be that a court would decide the patient has to be the ultimate decision-maker and informed consent needs to be obtained before the administration of Gentamicin. There are many lawyers, doctors and patients who would welcome the Court’s exploration of the ‘irrationality’ of the continued use of Gentamicin in the hope that such an inquiry would result in the alteration of current widespread clinical practice.

The effectiveness of litigation in initiating change is perhaps related more to the stresses it creates on the various players than on any judgment the client may hope will be delivered.

Ultimately however, returning to my initial musing, I generally advise my clients that, while theoretically litigation can be a tool for altering clinical practice, in most cases it is at best blunt. The effectiveness of litigation in initiating change is perhaps related more to the stresses it creates on the various players than on any judgment the client may hope will be delivered. Some cases do undoubtedly spark change. The common tendency, however, is for the stressors to be so large, as has been the case in such cases, and for that reason, plaintiffs and their lawyers must be encouraged to bring such claims before the courts so that the courts have the opportunity to appropriately influence the determination of the standard of health care consumers are entitled to receive.

Janine McIlraith (LJI2005) is a health Lawyer with the firm Henry Partners, newcastle. the views expressed in this article are her own, and do not necessarily reflect those of her firm or others.

¹ See http://www.newslongevity.caau.


Suing for Change

Janine McIlraith

As a plaintiff’s lawyer, I generally ask clients early in our first meeting what it is they hope to achieve by bringing a medical negligence compensation claim against the doctor or hospital: invariably responsible for their injury. Most people say words to the effect: ‘I don’t want this to happen to anyone else’.

A clinician involved in an adverse event is very often profoundly affected by the incident, especially where that incident may have resulted from a momentary lapse of concentration or uncharacteristic departure from a normally very high standard of care. Whether an adverse outcome is in fact the result from a normally very high standard of care.

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Since the announcement of my new appointment, I have been overwhelmed with kind letters and emails wishing me well in my new position. It is of course a wonderful chance for an international lawyer to put some legal principles into practice. These are certainly complex and demanding times and I very much look forward to the challenge.

I have been deeply honoured by the opportunity to work with you all as Dean and to be part of this great university and dynamic law school. I arrived in 2007 as a foreigner from these certainly complex and demanding times and I very much look forward to the challenge.

I am especially grateful for the rare opportunity as a Dean to be part of the move to this beautiful building. It is one of the tenets of legal practice in big law firms that you should not discuss client matters in the lift, as you never know who is listening. Shortly after moving into this building, with its lime green sofas and flowers at the information desk, I was in the lift and overheard one law student say to another, "this new Dean has really made a difference to the law school." The other responded, "Yes, it’s a woman’s touch!" I took this as a compliment.

The last five years have been ones of significant change for the university and the law school. We have responded to the globalisation of law and legal education; we have internationalised the curriculum, adopted the Juris Doctor degree, created new programs including those in social justice, clinical education, and law and development, with new units in global energy resources and law, and banking and finance.

This is a great faculty and I believe it will go from strength to strength as one of the leading global law schools in the world.

Farewell Gillian Triggs

Professor Gillian Triggs was farewelled at a cocktail reception at Sydney Law School on 27 July as she left her role of Dean to become the President of the Australian Human Rights Commission. This is an edited version of her speech.

South-East Asia Winter School

In July 2012, around 20 Sydney Law School students travelled to both Indonesia and Malaysia on our inaugural South-East Asia Winter School. The course was administered by the Sydney law school and our two in country partners: the Law Faculty, Gadjah Mada University in Yogyakarta, Indonesia; and the Ahmad Ibrahim Kulliyyah School of Laws at the International Islamic University in Kuala Lumpur, Malaysia. Lectures were held on the campuses of these law schools English and presented in English. Under the guidance of two Sydney academics, Dr Simon Butt (Indonesia) and Dr Salmi Farrar (Malaysia), sessions were led by academics from both institutions and supplemented by talks from senior legal practitioners and government officials (including a current Solicitor General and retired Chief Justice). The course aimed to provide students with an introduction to the legal systems of both countries, with emphasis on features of those systems which differ from the Australian and other common law legal systems.

The course was very well received by students, who enjoyed the challenge of learning about the complex legal systems of Indonesia and Malaysia, combined with interesting visits to various sites of legal and cultural significance. These included Indonesian and Malaysian general and Islamic courts, prisons, financial institutions, human rights commissions, active volcanoes and temples.

QUEEN’S BIRTHDAY HONOURS

Alumni and friends of Sydney Law School were recognised in the latest round of Queen’s Birthday Honours, announced on Monday 11 June 2012.

QUEEN’S BIRTHDAY HONOURS

Alumni and friends of Sydney Law School were recognised in the latest round of Queen’s Birthday Honours, announced on Monday 11 June 2012.

Dr Phillip Tihminidis AM (LLB 1975), for service to the international community, and to the law, as a contributor and advocate for the promotion and protection of human rights.

Colin Reid OAM (LLB 1971), for service to the Jewish community, particularly through contributions to the management of schools and through the United Israel Appeal of New South Wales.

Colonel Leslie Young OAM (DipCrim 1987), for service to veterans and their families.

Professor Peter Singer AC, for eminent service to philosophy and as a leader of public debate and communicator of ideas in the areas of global poverty, animal welfare and the human condition.

Mrs Alice Spigelman AM, for service to the community as an advocate for human rights and social justice, particularly for women and refugees, and through contributions to cultural organisations.

VALE THE HON DAVID HODGSON AO (1939–2012)

Sydney Law School mourns the Hon David Hodgson AO (BA 1959, LLB 1962), former judge of the Court of Appeal of the Supreme Court of New South Wales, who died on 5 June 2012. Dr Hodgson was appointed at Sydney Grammar School, and graduated with degrees in Arts and Law from the University of Sydney, the same year as judges Murray Glaisson and Michael Kirby. He was also a Rhodes Scholar, attaining a DPhil at the University of Oxford. In 1962 he served as associate to High Court Judge W Victor Wimberley. He was admitted to the Bar in 1968, and was appointed Queen’s Counsel in 1979.

He was appointed as a Judge of the Supreme Court in 1983, and was Chief Judge in Equity from 1997 to 2001, then being appointed to the Court of Appeal. David Hodgson also served as a Commissioner of the New South Wales Law Reform Commission part-time, and was assistant editor of the Australian Law Journal from 1969 to 1976.

RICHARD BUTTON (BA 1982, LLB 1984) APPOINTED TO SUPREME COURT OF NSW

Sydney Law School congratulates The Honourable Justice Richard Button on his recent appointment as a Judge of the Supreme Court of New South Wales.

After graduation from his LLB and LLM, Richard Button was admitted as a solicitor in 1984 and was called to the Bar in 1989. Following two years in private practice he was appointed a Public Defender where he remained until being sworn in as a Judge of the Supreme Court on 12 June 2012. From 1996 until 1998 he was seconded as Director of the Criminal Law Review of the Criminal Justice Research and Development Programme and later as the Director of the Commonwealth Department of Veterans’ Affairs. Richard Button was appointed Senior Counsel in 2005 and is currently a member of the Bench as a Deputy Senior Public Defender in 2010 after leading a defence team in the Supreme Court terrorism trial at Parramatta in 2008 and 2009.
The overrepresentation of discrimination against and vulnerability of people with cognitive disability in the criminal justice system continue to be significant issues across Australia; she said.

Linda said there is an absence of data on the broader social marginalisation of people with cognitive disability who have been subject to diversion. ‘The overrepresentation of, discrimination against and vulnerability of people with cognitive disability in the criminal justice system continue to be significant issues across Australia; she said.

The Alumni and Student News

Congratulations to Naomi Orebi (BA 2008, LLB 2010) on winning the Vinerian Scholarship for first place in the Bachelor of Civil Law (BCL) exams at Oxford University. Naomi undertook four subjects and gained first place in two — receiving two additional prizes: the Clifford Chance Civil Procedure Prize and the Law Faculty Prize for Criminal Justice and Human Rights.

While at Oxford, Naomi attended Magdalen College where she also rowed for Magdalen, winning ‘blades’ in the Tопsail bumps races. She previously worked as an associate at the High Court. Previous winners of the Vinerian Scholarship include the former Governor-General Sir Zelman Cowen, AC, GCMG, GCVO, QC, PC, The Hon Justice John Dyson Haydon, AC (BA 1944, LLB 2007) of the High Court of Australia and the Hon Justice Patrick Keane, Chief Justice of the Federal Court of Australia.

VALE FRANK WALKER QC (1942-2012)

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Mr Walker was farewelled with a state funeral at the Sydney Conservatorium of Music, followed by a private burial.

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PRESTIGIOUS OXFORD SCHOLARSHIP

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Getting Involved – SULS Leads the Way

SULS News by Claire Burke, President

An article published in a British newspaper recently emphasised the fact that you need more than just a law degree to be a good lawyer. The author lamented that too many law graduates have no experience outside the law, entering the profession with a purely academic understanding of principles, and not enough appreciation of the facts.

While every student has another degree to add to their education, SULS exists to give students opportunities which don’t fit within their formal studies. Some of these enrich university experience, and others help bridge the gap between university and the workforce. Both are vital in producing graduates who are interested, interesting and capable.

This year, SULS has implemented new structures to encourage students to take part in law reform committees, allowing those students with a passion for access to justice in law reform committees, allowing those students with a passion for access to justice and legal reform to pursue their interests as well as to make lasting connections with young and active members of the profession.

In a very different sphere, we’ve run a lot of sports this year, including entering a team in City2Surf to raise money for headspace, the National Youth Mental Health Foundation. The team caught up in the week before the race to pick up their t-shirts, meet each other and compare fundraising targets. Some of these runners were facing headspace, the National Youth Mental Health Foundation.

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Study in locations such as Cambridge, Berlin, Amsterdam and London. 2013 subjects include Tax Treaties Special Issues, Contract Negotiation, Advanced Obligations & Remedies, Philosophy of Law and New Technologies, Risk & Environmental Law. Available as units of study or LPD.

For more information head to sydney.edu.au/law