Roadmap to Strengthening and Activating the Medical and Health Responsibility Law No. 25 of 2018

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In collaboration with

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Introduction

In the 1999 groundbreaking report by the Institute of Medicine (IoM) United States, *To Err is Human*, experts broke the silence about medical errors and their consequence by setting a national agenda for improving patient safety through the design of a safer health system.[1]

While authors upheld the need for individuals to be responsible for their actions, they deemphasized individual blame and shifted the focus to the prevention of future errors, stating that "*Errors result from faulty systems, not from faulty people*."

The report also utilized an important conceptual distinction regarding errors. Building on the work of Brennan in the Harvard Medical Practice Study in 1992, they distinguished between "errors" and "preventable adverse events" stating:

Not all errors result in harm. Errors that do result in injury are some-times called preventable adverse events. An adverse event is an injury resulting from a medical intervention, or in other words, it is not due to the underlying condition of the patient. While all adverse events result from medical management, not all are preventable (i.e., not all are attributable to errors).[2]

The authors emphasized the need to learn from the analysis of errors; their evaluation being critical for systemic improvements. At the time, the authors of the report stated that US health care was a decade or more behind other high-risk industries in its attention to ensuring basic safety. To address this gap, the report provided wide-ranging recommendations for improving patient safety in areas such as leadership, data collection and analysis, and development of effective systems at the level of direct patient care.

While improved patient safety is the golden goal, it does not eliminate the occurrence of preventable adverse events or negligence.[3] When a patient has suffered harm, the medical liability system exists to redress the grievance of the patient. According to Bertoli and Grembi, (2017) "an efficient medical liability system aims to incentivize the adoption of an optimal level of precaution and compensates injured patients."[4]

From a contractual angle, the conclusion of a medical and health service provision contract between the service provider and the service recipient entails a responsibility to provide adequate medical and health care [5]. A system of responsibility for medical errors is should also address the negative effects of medical negligence on the economic health and social well-being of society, resulting in the decrease in society's trust in the medical sector, its institutions and policies in general [6].

Thus, the existence of a clear system of accountability for medical and health service providers within the health sector is of economic and cultural importance that ensures the protection and safety of patients on the one hand and works to enhance the quality of medical and health care services provided on the other hand; as Teitelbaum and Wilensky argue, medical liability is a legal tool to enhance quality in health care [7].

1 Linda Kohn, et al. (2000). To Err is Human: Building a Safer Health System. *Committee on Quality of Health Care in America- Institute of Medicine.* United State of America. Available at: https://www.ncbi.nlm.nih.gov/books/NBK225182/pdf/Bookshelf_NBK225182.pdf

2 Kohn, et al, 2000, p. 4

3 Negligence has been defined as 'care, that fell below the standard expected of physicians in their community' by Brennan 1992. In their study, Watson and Kottenhagen (2018) found that adverse events were reported in 3,7% of all hospitalizations, negligence was present in only 28% of those.

Watson, K., and Kottenhagen, R. (2018). Patients' Rights, Medical Error and Harmonisation of Compensation Mechanisms in Europe. *European Journal of Health Law*. 25(1). 1-23. Available at: https://brill.com/view/journals/ejhl/25/1/article-p1_1.xml?language=en#FN000040

4 Bertoli, P and Grembi, V. (2017). Medical Malpractice: How Legal Liability Affects Medical Decisions. *CERGE-EI Working Paper Series No. 600.* Available at: https://www.york.ac.uk/media/economics/documents/hedg/workingpapers/1714.pdf

5 Wilensky, S and Teitelbaum, J. (2020). Essentials of Health Policy and Law. Jones & Bartlett Learning.

6 Wilensky and Teitelbaum, 2020

7 Wilensky and Teitelbaum, 2020, p 272

Medical Liability Systems

Around the world, patients who have suffered an injury or experienced an adverse outcome during medical treatment have the right to sue the health service provider for malpractice and seek compensation. The country where the claim is made determines whether it is handled within a contractual or tort liability system or a no-fault system.[8]

In the first case, under a negligence rule, providers are liable if they cannot prove that they complied with the standards adopted in their specialty. Under a no-fault system or strict liability, providers are liable if they cannot prove that there is no causal link between their actions and an adverse event on the patient.[9]

It is well documented in the medicolegal literature that contractual and tort liability systems do not encourage physicians to improve healthcare. On the contrary, no-fault systems enhance their participation in institutional efforts to address system errors/failures and increase patient safety.[10]

Furthermore, as economic literature studies on medical liability show, these two different rules, tort liability and no-fault are critical as they are likely to affect the health provider's selection of medical treatments and sometimes the selection of patients on which treatments are performed.

As Bertoli and Grembli explain, under the negligence rule, "when physicians perceive a lower level of liability, they may be more prone to undertake riskier procedures favoring other types of incentives (e.g., private incentives such as monetary gain), [whereas] in the presence of high liability, non-optimal use of treatments leads to the so-called phenomenon of defensive medicine, which can be positive or negative." In positive defensive medicine the logic is to use treatment or diagnostic tools to decrease the probability of a legal claim, rather than improving the quality of care. In the case of negative defensive medicine, less risky patients are selected to avoid the use of risky treatment, and thus limit the possibilities of being sued.[11] On the other hand, no-fault systems can also generate forms of negative defensive medicine, as avoiding riskier patients, avoids the risk of litigation.

While both rules of liability have their pros and cons from a provision of care perspective, from a grievance redress angle, no-fault systems have been reported "to result in more quick, more fair and more reliable compensation of injured patients."[12] It must be noted that patient insurance by care providers are critical to the implementation of no-fault systems as they cover liability for injury compensation.

Sweden adopted a 'no-fault rule' in 1975. In this Scandinavian country, alleged medical negligence results in both the hospital and the patient jointly turning to the insurance company for monetary compensation. This system has the advantage that hospital and patient are not forced into litigation: patients have access to litigation, but most cases are resolved out of court, often with full support of their physicians, which admittedly is not a positive element in their relationship. The disadvantage is that it is expensive.[13]

8 Watson and Kottenhagen, 2018
9 Bertoli and Gamberi, 2017
10 Watson and Kottenhagen, 2018
11 "under a negligence rule, the perceived costs/benefits of taking precaution are influenced by (i) the certainty and strictness of the standard of care; (ii) the organization of the health-care system (e.g., physicians working in one or more hospitals); and (iii) the availability and type of malpractice insurance which limit a doctors' financial exposure. These three elements can come in many variations, leading to different degrees of liability for medical practitioners."
12 Watson and Kottenhagen, (2018)
13 Ewound Hondius. (2014). Comparative medical liability in Europe

About Medical and Health Liability Law No. 25 of 2018

The Medical and Health Liability Law No. 25 of 2018 (Liability law henceforth) was enacted as an attempt to establish a system to the existing legal rules that govern medical errors in Jordan, namely: civil law, criminal law, the Jordanian medical constitution, doctor's duties, and professional ethics of 1989, and medical and health unions' regulations.

As is the case in legislation worldwide, the Liability Law contains an ambiguous definition of medical errors (*sic*-- *khata' al tibi*). According to Article 2 of the law, a medical error is defined as "any act, omission or negligence committed by the service provider that does not comply with the prevailing professional rules within the available work environment and results in damage." The service provider here is understood as any natural or legal person who practices a medical or health profession and performs a service work or participates in it per the laws and regulations applied by the Ministry of Health and medical and health unions.

Article 4 also stipulates that the basis for determining medical liability is the extent to which the service provider and the place where it is provided adhere to the relevant professional rules; hence, to define these rules, two essential elements must be considered:

1. Service delivery location and standards

2. The factors and circumstances that precede, coincide, or follow the service provider's action and the medical or health procedures provided to the service recipient.

Furthermore, article 5 of the Medical Liability law clarifies issues regarding the practice of positive defensive medicine by stating that the responsibility of health and medical service providers is a responsibility **based on exerting care and not achieving an end,** by performing the work in accordance - as stipulated in Article 5 - as required by the ethics, accuracy, and honesty of the profession and following generally accepted scientific principles, and in a way that achieves the necessary care for the patient and not to exploit his need for achieving an illegal benefit for themselves or others and without discrimination between patients and adherence to the legislation in force.

In this context, the law provides two types of obligations:

1- A set of obligations that service providers must abide by and document in Article 7, including procedures for registering cases, usage of devices, informing service recipients of the measures taken, and others, under penalty of responsibility and punishment in the event of violating or breaching them[14].

2- A set of prohibitions by medical and health service providers (Article 8), the perpetrators of which will be held accountable[15].

Further to the definition of medical errors and duty of care, the Liability Law legislates for the provision of a vital group of issues that may be summarized as follows:

1. The establishment of the Medical and Health Standards Committee to approve the professional rules mentioned under Article 6. These standards are considered to be the basis to which the service provider must adhere and adopt them while providing medical and health services in their field of specialization.

2. The creation of a Higher Technical Committee, which specializes in preparing expert reports in cases of medical errors, alongside sub-committees operating under its banner under Article 9.

14 For the full list, please refer to Appendix 1

15 For the full list, please refer to Appendix 2

3. The creation of a medical and health malpractice insurance fund under the responsibility of the Higher Health Council under Article 17.
4. The creation of a professional administrative registry by the Ministry of Health, in coordination with the competent syndicates, includes the names of medical and health professions licensed per Article 18.
5. The formulation of a reporting system for medical errors, according to which a final decision was issued by the competent court by the Ministry of Health under Article 19.
6. Art 25 on resolving disputes out of court. The legislator also opened the door in Paragraph A and Paragraph B of Article 25 of the law to resolve cases and complaints related to medical errors by adopting alternative mechanisms to resolve disputes through conciliation over the complaint at any stage, even if it was before the Higher Technical Committee, which would result at the end of the complaint and stop the prosecution or stop the judgment of executing the case. However, the legislator has preserved the claimant's right to compensation even if the complaint has been reconciled, as Article 25/c stipulates that "In all cases, reconciliation does not affect the rights of the aggrieved party to resort to the courts to seek compensation.

Like other laws, the law provides for two types of penalties for violating its provisions in Articles 20 to 24, which include:

1 Financial penalties: including fines.

2 Freedom-depriving penalties: These include imprisonment and temporary hard labor.

Although the law laid the foundations for accountability of medical and health service providers, the law affirms in article 12 that it is not permissible to arrest the service provider during the investigation and trial stages in case of committing a medical error. However, this did not prevent the competent authorities from stopping the service providers from practicing the profession or taking any other disciplinary action against them in the event of a judicial decision not being responsible.

About this Policy Roadmap

This policy roadmap provides an in-depth analysis of the key and contextual challenges facing the enforcement of the Medical and Health Liability Law No. 25 of 2018 in Jordan. In addition, it will present a set of recommendations and proposed actions to enhance enforcement and increase the effectiveness of the law.

This roadmap has been conceptualized and developed by a group of experts in the field who, in the context of a Policy Lab initiative led by Professor Rana Jawad, University of Birmingham, and Professor Rachel Forrester-Jones, Western University Canada, and ARDD, have volunteered their knowledge and time. The initiative has been funded by the Ford Foundation.

The Policy Lab is a methodology that offers neutral spaces for dialogue and discussion by specialists, decision-makers and stakeholders on pressing political and social issues by harnessing previous evidence-based research on these issues.

The aim of the Jordanian policy lab was to provide a neutral space for dialogue to improve the current shortcomings of the Medical Liability Law.

The Policy Lab consisted of the following meetings:

1 The first preparatory policy laboratory in January 2022, in which an analytical study was conducted under the title "Quality of Health Services and Medical Responsibility: A Comparative Study between the Jordanian and Palestinian Legal System".

2 The first policy lab in December 2022, in which a reference document was presented under the title “An Analytical Study of Medical Liability Law No. 25 of 2018”.

3 The second policy lab, March 2023, in which a policy brief was presented under the title “Proposed interventions to enhance the efficiency of the Medical and Health Responsibility Law No. 25 of 2018”.

In addition, ARDD team provided a comprehensive desk review of literature, laws, bylaws, and regulations and held a series of interviews with - a group ranging from 10 to 20 people - experts and specialists in the medical, human rights, and legal fields, including service recipients affected by medical errors who brought their cases to court, in the period between 2022/8 to 5/2023[16]

Challenges Facing the Medical and Health Liability Law No. 25 of 2018

Based on literature review, interviews, and policy lab sessions, this section describes five key issues facing medical and health liability, namely: current status of submission of complaints, the composition and work of the Higher technical committee, the status of medical standards in Jordan, the insurance fund, and the question of knowledge information systems to collect data regarding medical errors. In the pages that follow, each section is divided into two parts: first a definition of each topic as it is in the liability law, followed by a description of gaps and challenges facing each point, as it has been described by participants in the policy lab.

First: Submitting a complaint

In the event of a preventable adverse event and the damage resulting from it, it is the responsibility of the affected service recipient or their representative (claimant) to present the complaint before the competent authorities. At this point, there are three main problems facing claimants: first, the multiplicity of official entities where the claimant can file his/her complaint; second, the lack of sufficient information concerning the approved legal mechanisms for filing complaints; third, the lack of awareness concerning the nature of the complaint submitted, in light of the blurry concept of medical error and its overlap with the concept of medical complication, primarily since the law did not provide a clear definition for the concept of medical complication.

Currently, the recipient of the service in Jordan can file a medical error complaint before three parties according to the law:

1- **Before the Ministry of Health:** The Ministry of Health is the body responsible for following up and regulating the performance of the health sector’s work, the body empowered to collect complaints related to the health sector’s work, including complaints related to any abuses or errors during the provision of health services. The complaint is submitted to the Complaints Section of the Directorate of Oversight and Internal Audit[17].

16 For the full list, please refer to Appendix 3

17 The complaint is submitted either directly in writing, by telephone, by using the Ministry’s e-mail, by fax, through the government complaints system, or through the suggestions and complaints box.https://www.moh.gov.jo/EBV4.0/Root_Storage/EN/EB_Info_Page/%D8%B3%D9%8A%D8%A7%D8%B3%D8%A9_%D9%88%D8%A7 %D8%AC%D8%B1%D8%A7%D8%A1%D8%A7%D8%AA.pdf

2- **In front of the competent professional association/board:** The medical and health professional boards/associations regulate the affairs of health service providers, including doctors, nurses, and others. They also regulate the relationship between providers and recipients of medical and health services. Many unions allow in their by-laws to receive complaints against their members due to a violation or an error. As Article 48 of the Jordanian Medical Association Law No. 13 of 1972 indicates the Council of the Association, through the Complaints Committee, considers cases of violations in the event of receiving a written complaint from a doctor or a citizen in return for a fee determined by the internal system of the Association.

3- **Before the Public Prosecution:** The Public Prosecution is considered to have the original jurisdiction to receive complaints from those affected following the Jordanian Criminal Procedure Law No. 9 of 1961. Therefore, the recipient of the medical service, their guardian, or heirs who are affected by the occurrence of a medical error can file a complaint regarding the occurrence of The damage caused by the medical error directly before the Public Prosecution, which takes legal measures before the competent courts in accordance with the Code of Criminal Procedure, the Jordanian Penal Code, and the Medical and Health Liability Law.

This multiplicity of complaints-receiving entities leads to a distraction and complication of procedures for the claimant, especially in light of generalized poor legal awareness of the service recipients about the law, its texts, the concept of medical error, and legal mechanisms attached to it.

In addition, this multiplicity entails creating several barriers that would push the claimant to refrain from submitting the complaint in the first place, primarily since this diversity may raise many questions about the differences between these institutions in terms of cost, integrity, independence, and speed in considering the complaint.

Furthermore, the multiplicity of authorities receiving complaints creates a state of duplication and conflict of powers. Given that the three authorities have the power to consider the same cases, although it may differ between administrative and technical perspectives from the Minster of Health and the Syndicate, and criminal perspective from the public prosecution, which may lead to placing more burdens on the shoulders of all parties. This is particularly the case when a complaint is submitted to the three authorities contemporarily, especially the Higher Technical Committee, as it is the body to which requests for technical expertise are directed from all the above-mentioned authorities, per the text of the law.

Second: The Higher Technical Committee

The Liability Law approved the formation of the Higher Technical Committee under Article 9/A, which stipulates that:

The Minister shall form a committee called (the Higher Technical Committee) as follows: 1- Five specialized physicians whose practice of the profession is not less than ten years. 2- Two dentists who have practiced the profession for at least ten years. 3- A pharmacist who has practiced the profession for at least ten years. 4- A nurse who has practiced the profession for at least ten years. 5- A representative of the health professions, to be named by the Minister, who has practiced the profession for at least ten years. 6- The legal advisor in the Ministry.

The membership term ranges from one to five years, renewable once, while the chairman and deputy of the committee are elected in the first meeting held after its formation.

Article 9/C also stipulates that the terms of reference of the Higher Technical Committee are:

- Examining the complaints submitted by the service recipient, his descendants/next of kin, guardian, or custodian to the minister or the union concerned with the service provider's right and submitting the decision thereon to the concerned minister or union.
- Provide technical expertise in the case or complaint at the request of the competent judicial authority.

The role of the Higher Technical Committee is vital and of great importance, as it is based on the technical expertise it performs in adjudicating complaints submitted by claimants with or without a medical error. Although the technical committee is one of the effective mechanisms within the Medical and Health Responsible Law, it still faces many challenges:

- The article stipulates the composition of the committee (number of appointees from different medical professions), and its terms of reference. However, two main issues are a matter of contention: on the one hand, the absence of some professional unions and councils from representation; on the other, concerning the sub-committees, mechanisms, and bodies responsible for the appointment and selection process.

  To this end, there is a need to enact a set of regulations and instructions by the competent authorities, such as the Ministry of Health and the House of Representatives to regulate and define the mechanisms of the committee's work; the mechanism of appointment and criteria for the selection of its members, and those of the sub-committees; the structure and composition of the committee; and the mechanisms for monitoring the work of the committee to enhance transparency and integrity.
- Although Article 9/d granted the committee a term of 3 months to provide technical expertise on the complaint received adherence to this period is challenging due to the high number of complaints received and the lack of cooperation from the authorities concerned with receiving complaints.
- In addition, the committee suffers from problems in its work concerning the submission and receipt of the expert report before the competent courts. On the one hand, the process of discussing the expert report before the competent court faces a major dilemma related to the mechanisms and nature of discussing the expert report. On the other hand, although the law grants the court the power to request an expert report to the Higher Technical Committee, this is not binding, as the court has the prerogative to request expertise from any other expert it deems appropriate.
- The committee's work depends mainly on technical analysis, which aims to determine whether or not there is a medical error, which is done through technical analysis based on the existence of approved medical and health standards. However, the technical committee's dilemma in this context is the lack of agreed-upon national medical and health standards united in Jordan.

Third: Medical and Health standards

According to the definition of medical error in the liability law, medical and health standards constitute the ground upon which the occurrence of a medical error is determined. In Jordan, health professionals follow different standards according to their educational background. Each school of medical standards offers some degree of variation (i.e., the use of forceps at birth). In addition, continuous development of medical treatments and technologies makes updating standards a must.

In an attempt to address this issue of multiple standards and the need to update them continuously, the Jordanian legislator has sought to establish minimum standards and medical and professional rules in

the Jordanian health sector. Article 6\a of the law stipulates that:

The Minister of Health forms the Health and Medical Standards Committee to approve professional rules every three years, Headed by the Secretary General of the Ministry and the membership of 1 - Secretary General of the Jordanian Medical Council. 2- A representative of the Royal Medical Services. 3- A representative of the Rotational Private Hospitals Association. 4- A representative of the official university hospitals on rotation. 5- The Jordanian Doctors Syndicate. 6- The Jordanian Dental Association. 7- The Jordanian Pharmacists Syndicate. 8- The Syndicate of Legal Nurses and Midwives.

Furthermore, Article 6/d states that:

1. Subcommittees are formed for all specializations by a decision from the Minister based on the recommendation of the Medical and Health Standards Committee. They undertake to set the minimum professional rules that the service provider must follow, the procedures for providing them, the job description, and the behavioral rules for workers in the places prepared to provide the service and submit them to the Medical and Health Standards Committee for approval.
2. The modus operandi of the sub-committees, conditions for membership in them, the quorum for their meetings, taking their recommendations, and everything related to them shall be determined according to instructions issued by the Minister for this purpose.

Among the challenges regarding Article 6, the following should be highlighted:

1- Although the law provided for establishing the Health and Medical Standards Committee in 2018, the committee started its work at the beginning of 2023. The lack of unified medical and health standards, at a minimum, that can be resorted to as the basic ground for the work of experts and specialists negatively affects the work of the Higher Technical Committee and the work of the judiciary and the law. The absence of unified standards pushes the tendency of the members of the Higher Technical Committee and the members of the sub-committees to rely on the expertise and technical opinion based on their years of experience and expertise and instruct them to prepare and write the report. This system leads to a multiplicity and divergence of opinions and can potentially lead to inconsistencies over time.

2- The formulation of a set of Jordanian standards has been called into question by experts as it is deemed to be an extremely time and resource-consuming task due to the availability of different medical and health standards currently followed by health professionals in Jordan, the diversity of medical specializations, and the rapid and frequent development of the medical sector with the introduction of advanced modern technologies, treatments, etc. used in the provision of medical services.

3- Extremely complex system and patient safety goals. Medical literature highlights that errors “typically occur from the convergence of multiple contributing factors.”[18] Medical standards are thus helpful in determining responsibility by doctors and other health professionals, either by actions not taken or wrong actions taken. However, they do not cover other vital aspects such as “latent errors”, that is, “errors in system or process design, faulty installation or maintenance of equipment, or ineffective organizational structure,” or “active errors,” those typically “made by people on the front line such as clinicians and nurses-- i.e., for example, operating on the wrong eye.” [19] Patient safety demands that the healthcare system and culture need to be revised, focusing on continuous quality improvement.

18 Rodziewicz. T, et al. (2023). Medical Error Reduction and Prevention. Last seen 17 June 2023. See: https://www.ncbi.nlm.nih.gov/books/NBK499956/

19 Rodziewiczو et al, 2023

Fourth: The Medical and Health Liability Insurance Fund "Financial Compensation"

The protection within the law includes two aspects, the first is the protection of the service recipient by providing appropriate compensation for the damage incurred by the claimant within a reasonable time, to help the claimant overcome the negative effects of this damage, and the second is the protection of the defendant/service provider by not assigning them to pay sums that he may not be able to bear.

Based on this, the Jordanian legislator stipulated in Article 17 that:

a. The Medical and Health Liability Malpractice Insurance Fund shall be established as part of the Higher Health Council.

b . The place where the service is provided is obligated to pay the insurance fees for the service providers who work for it to the fund.

c. The management of the fund and all its related affairs shall be determined by a regulation issued for this purpose.

The importance of the medical and health liability insurance fund is represented in providing a protection ground through which those affected by medical errors are compensated, and the harm incurred is minimized. The existence of this fund contributes to alleviating the material burdens and reducing the time imposed by the service provider resorting to the courts. To claim the amount of compensation, the fund determines the nature and value of compensation and the mechanisms for collecting it in a way that protects the service provider from bearing the financial burden alone, especially in light of the establishment of a specific system for managing and collecting fees by medical institutions.

Current challenges affecting the insurance fund can be summarized as follows:

1 Despite the provision for establishing the insurance fund in the Medical and Health Liability Law, and the issuance of regulations in 2019, the fund has not been activated until today. As the Higher Health Council is responsible for managing the fund, the problems facing the Higher Health Council itself may have prompted the suspension of the Fund's work.

2 In addition, although the fund's system clarified the value, nature, and entity responsible for paying fees on behalf of service providers, these fees have not been paid by medical institutions and independent professionals. According to estimates, there are one hundred and eighty thousand medical service providers in Jordan; according to the fees imposed on them, the total annual fees can reach between 7-8 million JD annually and given that the Fund's system was approved in 2019, the total amount of fees that were supposed to be in the Fund is estimated at a total of 35 million JD so far.

The non-activation of the fund places more burden on the shoulders of service providers and leaves patients and their families in an uncertain position. According to the literature, "compensation funds can be considered as the 'fourth pillar' of compensation law, alongside liability law, private insurance, and social security frameworks"[20]. Compensation funds are prevalent in continental European contexts and take different forms, the most common being: guarantee and damage funds. While guarantee funds cover when there is no tortfeasor to be found, or the tortfeasor is insolvent, damage funds act in a way that complements or suppresses liability law by providing a new mechanism for compensation, often on a solidarity basis.[21]

20 Knetsch and Watts. (2023). What is the potential of compensation funds for addressing COVID-19 related personal injury?. *The Geneva Papers on Risk Insurance- Issues and practice*. Available at https://link.springer.com/article/10.1057/s41288-023-00292-y

21 Ibid

Although the medical compensation fund in Jordan was not conceived as part of a ‘no-fault’ system, if well established and implemented, “compensation funds eliminate or minimize the traditional concept of fault and often replace it with a no-fault structure, ideally enabling swift payment of compensation to individual victims via an administrative scheme.”[22]

Fifth: The Absence of official statistics and figures on error issues

Article 19 of the liability law stipulates that the Ministry of Health is mandated to establish an official record that includes the final judicial decisions issued by the competent courts.

While there is a pressing need for a national registry, it should not only register final judicial decisions; but it needs to systematically collect errors and complaints received by the Ministry of Health, the Public Prosecution, the Medical Board/Association, in addition to the cases currently pending before the courts.

In the context of ensuring patient safety, learning systems, such as the registry of medical errors, provide a critical tool to achieve a more secure health service delivery. In the United States, the Quality Interagency Coordination Task Force (QuIC) was established in 1998 to enable the participating federal agencies to coordinate their activities to study, measure, and improve the quality of care delivered by federal health programs; provide people with information to help them in making more informed choices about their care; and develop the research base and infrastructure needed to improve the health care system, including knowledgeable and empowered workers, well-designed systems of care, and useful information systems.[23]

Environmental and Contextual Challenges Surrounding the Implementation of the Medical and Health Liability Law No. 25 of 2018

In addition to the basic challenges facing the law of medical and health responsibility, there are several environmental problems in the context of the medical sector that surround the enforcement of the law while they are not a barrier in for its implementation, they potentially can contribute to the failure of effective enforcement of the law for the benefit of both the service provider and the recipient of the service.

First: Fragmentation of Entities Responsible for the Health Sector

The health sector in Jordan consists of the following:

- The government health sector: Rather than a homogeneous system, the public sector is an umbrella that includes health services under the Ministry of Health, Royal Medical Services (a body of the Jordanian Armed Forces), and medical services in universities.
- The private health sector: includes private hospitals and private doctors’ clinics.
- The international and charitable health sector: it includes Health services provided by international and local organizations and institutions.

22 Watts, Kim. (2020) “Managing Mass Damages Liability via Tort Law and Tort Alternatives, with Ireland as a Case Study”. *Journal of European Tort Law*. Available at https://www.degruyter.com/document/doi/10.1515/jetl-2020-0134/html
23 Eisenberg, J. M., et al. (2001). Federal efforts to improve quality of care: the Quality Interagency Coordination Task Force (QuIC). *The Joint Commission journal on quality improvement*. 27(2). 93–100. https://doi.org/10.1016/s1070-3241(01)27009-6

From a governance perspective, the presence of a large number of reference institutions that manage the health sector in Jordan, may lead to an overlap in their powers on the one hand, and create a state of conflict that may negatively affect the performance of the health sector in general and the enforcement of its laws on the other hand.

For end-users of the system, these different parallel systems lead to problems in referrals and/or transfer between health systems and institutions; this complex and lengthy process depends mainly on the patient's insurance coverage.

Second: Universal Health Coverage

Jordan's total health expenditures amount to 8.9% of the GDP. Nevertheless, only 67% of Jordan's population is covered by health insurance (either public or private) according to the Household Income and Expenditure Survey 2017-2018[24].

Health is a fundamental human right and universal health coverage is regarded as the most equitable meet this right. Lack of proper insurance, or insurance at all is a significant factor contributing to medical errors. The lack of effective health insurance may contribute to delaying or complicating the procedures that patients face in hospitals and centers, which is one cause of the failure to receive appropriate treatment or delay in receiving appropriate treatment in a way that may contribute to the high incidence of medical errors.

Third: Lengthy Period of Litigation and Alternative Dispute Resolution Mechanisms

By enacting the Medical and Health Responsibility Law, the Jordanian legislator sought to facilitate the procedures for examining cases related to cases of errors before the judiciary. Despite good intentions, courts still face many problems when considering these cases.

Among the reasons why liability cases before Jordanian courts take a long time are the general backlog of cases affecting courts in the first place, and the technical complexities related to these cases. The legal medicine field is a discipline that needs further development in the Middle East[25]. While in Jordan, experts and interviewees indicated that legal awareness in the medical sector is still severely weak, and requires more support to raise the awareness of legal judges, lawyers, and prosecutors about multiple concepts such as medical error and medical complications.

Developing legal medicine as a field of inquiry will help future doctors comply with existing legal regulations, and, more importantly, help them realize that they are part of a larger social system, where they can be held accountable for their actions and the results they engender. While legal education is critical, other solutions can include dialogue between medical and legal professionals, along with training and education of legal students on the basics of medical practice.[26]

In any case, lengthy court times may potentially deter claimants from resorting to court, and, instead, attempting other means of dispute resolution. While some include valid alternative dispute mechanisms, such as complaints before the Ministry of Health or before the pertinent professional Board, a less optimum possibility is to resort to tribal dispute mechanisms. These can be perceived as a suitable, more acceptable, and less costly alternative compared to the regular judiciary, even if the result may sometimes be the loss of the patient's rights as a result of customs, traditions, and societal pressures imposed by this type of judiciary on the litigants.

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24 Jordan Economic and Social Council, Country Status Report 2020 Community Development Axis: Health, 2020, pg. 9

25 Al Azri, Nasser Hammad. (2020). Providing Legal Education for Medical Students in Arab Gulf Cooperation Council Countries. *J Med Educ Curriculum Development*. Available online at: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7780326/

26 Al Azri, 2020

Fourth: Patient Safety and Lack of Awareness and Participation

According to the Jeddah declaration of 2014, the MENA region is afflicted by “a high burden of unsafe care and poor compliance with even the minimal levels of safety in health care.”[27]

From a systems analysis, the report underlines that there is a lack of national policies, skilled human resources, and a poor culture of patient Safety at the institutional level impedes patient safety improvement in the Region, in addition to poor sustainability of patient safety initiatives.[28]

Against this record, the medical literature overwhelmingly highlights the positive relationship between patients’ awareness of their rights and the enhanced quality of healthcare services, along with other benefits, such as decreased costs, more prompt recovery, decreased length of stay in hospitals, and increased dignity of patients through informing them about their rights to participate in decision making.[29] Despite the existence of a National Charter for Patient Rights in Jordan, it is unknown the degree of awareness that patients have regarding their rights.[30]

Civil society organizations play an essential role in protecting the rights and freedoms of individuals and societies. However, when developing strategies or enacting laws within the health sector, patient rights organizations and other civil society organizations feel that they are systematically pushed out of decision-making processes in favor of more top-down decision-making approaches.

Recommendations to Develop and Strengthen the Implementation of the Medical and Health Liability Law No. 25 of 2018

Based on interviews with experts participating in the policy lab concerning the challenges facing the effective enforcement of the medical and health responsibility law, this section presents a set of recommendations aimed at strengthening the enforcement of the law.

Recommendations Related to the Main Challenges within the Medical and Health Liability Law

First: Recommendations related to the system for receiving complaints regarding error cases

1. The need to create a unified system for receiving complaints related to cases of medical errors.
2. The issue of imposing the 250 JD fees for filing complaints remains controversial. According to some experts, fees should be paid by the losing party, while others indicated that it should be paid at the time of claiming in order to enhance the seriousness of the complaints. A third opinion states that any fees to the complaint process are a violation of patients’ rights. Hence, there is a need to hold an in-depth dialogue about the nature of the 250 JD with the Ministry of Health.

27 The Jeddah declaration refers to the Regional Consultation on improving Quality of care and patent safety in the Eastern Mediterranean Region by WHO. Jeddah. 9-11 June of 2014. Available at https://applications.emro.who.int/docs/IC_Meet_Rep_2015_EN_16268.PDF?ua=1#page=1&zoom=auto,-13,842

28 The Jeddah Declaration 2014

29 Al Jeezan et al. (2022). “Patients’ Awareness of their Rights and Responsibilities: A cross-sectional study from Al Ahsa,”. *Cureus*. Available at https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9780781/#REF9

30 The Jordan Times. 11 Dec 2016. Charter for patients’ rights launched. Last seen 17 June 2023. Available at: https://jordantimes.com/news/local/charter-patients%E2%80%99-rights-launched

Suggested actions

1 About creating a unified system for receiving complaints:

- Holding discussion sessions to enhance dialogue between the authorities concerned with receiving complaints, including the Ministry of Health, the Medical Syndicate, and the Public Prosecution.
- Enhancing dialogue between the competent authorities to push for a common mechanism among them to receive complaints from service recipients.

2 Regarding complaints filing fees:

- Raising the case of the 250 JD fees for complaints submitted to the Ministry of Health against the competent authorities, including the "Ministry of Health, the Ministry of Finance, and the Higher Technical Committee" to promote dialogue about the nature of this decision and its expected effects on service recipients and the legal nature of the fees imposed through:
    - Send an official letter to the Ministry of Health to clarify the nature and purpose of these fees
    - Holding dialogue sessions between the competent authorities to discuss these fees from a legal, human rights, and medical perspective in a way that includes protecting the rights of patients, especially their right to resort to the judiciary.

Second: Recommendations related to the Higher Technical Committee

1- The first recommendation within this axis is the necessity of having accurate instructions and regulations that describe the work of the committee, the criteria for selecting and appointing its members, the Technical Committee and experts' Fees, and the criteria and mechanisms for selecting sub-committees, with a focus on the technical role of the committee to protect its integrity, impartiality, and independence. There is agreement that to ensure the legitimacy, transparency, and integrity of the committee, stakeholders representing different parties involved, including patient rights organizations, should be represented. All representatives, regardless of the party they are representing, must have demonstrated expertise in the medical and/or legal field to be part of the Committee.

2- The second recommendation is the need to work on finding a consensus formula for the issue of submitting expert reports before the judiciary by the Higher Technical Committee or by an external expert appointed by the court.

Suggested actions

1 Communicate with the competent authorities in each of the "Ministry of Health, Health, and Legislative Committees in the House of Representatives" in order to hold discussion and dialogue sessions, with the aim of:

- Enhancing dialogue and mobilizing support for putting the issue of enacting regulations and instructions governing the work of the technical committee and subcommittees on the table of Parliament and the competent authorities.
- Activating the dialogue on the issue of expert fees and enacting regulations for indicating the nature and percentage of fees, the party responsible for disbursing them, and the mechanisms for their disbursement.

2. Regarding the submission of the expert report, communicate with the competent authorities in the "Ministry of Health, the Supreme Technical Committee, the Supreme Judicial Council, and the Ministry of Justice" to hold discussion and dialogue sessions with the aim of:
   - Explaining the nature, purpose, and mechanisms for submitting an expert report before the judiciary
   - Reaching a consensus formula among all parties on the competent authority to provide expertise, to reach a unified mechanism that shows the entity responsible for providing expertise, the mechanisms for summoning judges to experts, and the competent authorities to identify experts.
   - Strengthening cooperation between all competent authorities with regard to enhancing legal awareness and providing legal training to members of the Supreme Technical Committee and members of subcommittees on the legal texts regulating expertise.

Third: Recommendations related to Medical and Health Standards

1. Discussion on whether to adopt and adapt existing international medical and health standards - such as WHO standards for the Middle East- instead of formulating Jordanian national standards, considering their suitability to the environment and the reality of the Jordanian environment, or to establish a set of Jordanian national standards. Among the merits of the option to adopt and adapt existing international standards according to specializations stands the fact that establishing health standards is a complex and resource-consuming process, as these standards need to be constantly reviewed by medical bodies. in light of a rapidly changing technological environment, adopting existing standards for each specialization potentially avoids the problems of reviews, as there are already specialized medical bodies doing this review exercise, and working to modify them in a way that is compatible with the reality and the health system in Jordan before their integration
2. Engage in developing communication standard operational procedures among different specializations as part of the organizational work within hospitals and clinics.

Suggested actions

1. Refer to recognized international medical and health standards and protocols existing in regional and international institutions and organizations, including but not limited to the World Health Organization, and integrate, adapt, and/or adopt them within the Jordanian framework in a manner commensurate with the specificity of the Jordanian health sector.
2. Work to activate the role and support the work of the Standards Committee in a more effective manner, with the aim of accelerating the approval of medical and health standards, which should be based on internationally recognized standards as per point number 1.

Fourth: Recommendations related to the Insurance Fund Against Medical and Health Liability Errors

Activation of the insurance fund against medical and health liability, as it is one of the main pillars for activating the law and achieving its goal, especially in light of the presence of several cases pending before the judiciary, which, if compensation is awarded, will face the risk of not having any party or money to implement these provisions.

The Fund must also have strong financial management, not amateurish management. There are over 180,000 service providers, who should pay their fees.

Suggested actions

1- Communicating with the competent authorities represented in the “Higher Health Council, the Private Hospitals Association, the Ministry of Health, and the Ministry of Finance” in order to enhance dialogue and discussion about mechanisms for activating the fund’s work and mechanisms for enhancing and activating the collection of due and future fees for medical institutions through:

- Activating the Fund’s financing mechanisms
- Clarification, clarification, and identification of the party responsible for managing it and activating its role, especially in light of the problems suffered by the Higher Medical Council
- Activating and enforcing mechanisms for collecting due and future fees on medical and health institutions by developing a clear and specific action plan in cooperation with the competent and relevant authorities, including the Higher Health Council, the Private Hospitals Association, the Ministry of Health, and the Ministry of Finance.

Recommendations regarding environmental and contextual issues surrounding medical and health liability law

First: Recommendations related to Raising the Efficiency and Capabilities of Medical Service Providers

1 Building an educational course for students of medical and health specialties in Jordanian universities on the law of medical and health responsibility and the complementary work of medical teams.

2 Building an educational course on the law of medical and health responsibility for law students in Jordanian universities.

3 Strengthening and raising the capabilities and knowledge of medical and health service providers on an ongoing and periodic basis regarding the medical and health responsibility law.

4 Enhancing and raising the capabilities of the members of the Higher Technical Committee and sub-committees on the medical and health liability law and the mechanisms for developing and discussing expert reports before the judiciary.

5 Continuous professional development of health professionals in order to keep them fully informed of the most important developments related to their work.

6 Developing and building the capacities of justice sector workers (judges, lawyers, public prosecutors) on medical liability law and the nature of medical errors.

Suggested actions

1 Regarding the training and educational course:

- Communicate with the Ministry of Higher Education to put forward a proposal for the educational course for the faculties of medicine and law.

- Communicating with the faculties of medicine, health, and law in universities to raise the subject of the educational course to enhance discussion with universities about the possibility of adopting it independently or integrating it into other courses they have.

2 With regard to enhancing the capabilities of medical service providers:

- Developing a training and educational package that includes the training material related to the Medical and Health Responsibility Law.
- Communicating with each of the Doctors Syndicate, the Medical and Higher Council, and the Nursing Council to propose integrating training material on the Medical and Health Responsibility Law within the continuing medical education and recertification programs, which is an essential part of the mandatory hours to renew the certifications of medical service providers.
- Communicating with the competent authorities such as the Higher Medical Council and the Jordanian Nursing Council to integrate the Medical and Health Responsibility Law into the final excellence exam.

3 With regard to enhancing the capabilities of the members of the Supreme Committee and its sub-committees:

- Communicating with the Ministry of Health and the Higher Technical Committee about proposing the idea of providing an online training course for their members on law, concepts of expertise, and the process of expertise, including preparing an expert report, discussing the report before the court “judges, lawyers, and the Public Prosecution”

4- With regard to enhancing the capabilities of workers in the justice sector:

- Communicating with the competent authorities, including (the Public Prosecution, the Supreme Judicial Council, the Bar Association) to enhance and raise awareness and building the capabilities of judges, lawyers, and members of the Public Prosecution on the nature of medical errors and the law of medical liability.
- Strengthening dialogue with the Supreme Judicial Council about the possibility of building a training program aimed at allocating a group of judges to work on medical error cases.

Second: Recommendations related to Raising Legal and Societal Awareness among Medical Services´ Recipients

Enacting effective communication with media and other relevant stakeholders, such as civil society institutions, institutions concerned with patients’ rights, official institutions such as the Ministry of Health, professional institutions such as medical syndicates .etc. All of these stakeholders have an effective role in raising awareness and educating service recipients about the Medical Liability law, the nature of the medical error, and mechanisms for filing complaints.

Suggested actions

1 Communicating with media and relevant stakeholders to develop an action plan and partnering with them in order to raise awareness about the law.

2 Create a special page, either on social media or through blogs, with the aim of highlighting the work, activities, and achievements that are being undertaken and related to the law.

3. Create a special website to publish all information related to the law of medical and health responsibility, medical error, and medical and health standards, in order to promote discussion and dialogue and spread awareness among the specialists themselves, and between specialists and the general public.
4. Enhancing the use of the websites of the actors in the health sector, such as the Ministry of Health and the Medical Syndicate, through publishing the law and its instructions and updating them continuously in order to enable the recipients of the service to see them and thus promote awareness-raising on the issue of medical and medical responsibility, medical error, legal procedures, and the role of the patient.

Third: Recommendations related to Data and Statistics on the Reality of Medical Errors

1. Enacting special systems with the aim of preserving, documenting, archiving, and analyzing all data, information, statistics, and studies related to the subject of medical errors within the Kingdom of Jordan.
2. Strengthening cooperation between the Ministry of Health, the Technical Committee, the Doctors Syndicate, the Public Prosecution, and the Supreme Judicial Council with the aim of collecting all information, data, and statistics about the numbers, nature, and type of complaints that were submitted by service recipients and the cases that were filed before the courts.

Suggested actions

1. Form a national task force of qualified technical persons representative of different relevant stakeholders, including but not limited to "The Ministry of Health, the Department of Statistics, the medical and health unions, the technical committee, the judiciary, and the courts." This is to enhance dialogue and discussion about mechanisms and the possibility of designing an official database that aims to collect information from all sides while establishing a clear mechanism for inventorying and updating information on an ongoing basis.

Fourth: Recommendations related to Networking among Civil Society Institutions

The creation of a unified body specialized in discussing and following up on the issue of law on an ongoing basis, with the aim of uniting efforts from civil society and the competent authorities, both official and unofficial.

Suggested actions

1. The possibility of the Policy Lab forming the first nucleus to form a future forum specialized in discussing all issues and developments related to the law of medical and health responsibility.
2. The possibility of holding a conference or dialogue meetings that include all official and unofficial bodies in order to present and discuss the law at the national level.

Fifth: Recommendations related to mechanisms for resolving cases and complaints of medical errors

Promoting the use of alternative means to consider medical malpractice complaints and cases such as mediation and arbitration.

Suggested actions

1. Communicate with the competent authorities, including the "Ministry of Health, the Public Prosecution Office, the Supreme Judicial Council, the Bar Association, and the Medical Association" with the aim of:
   - Promote dialogue around the idea of alternative dispute resolution mechanisms.
   - Raise awareness about alternative dispute resolution mechanisms such as mediation and arbitration as alternative mechanisms through which medical malpractice complaints can be resolved.
   - Promote discussion on mechanisms for integrating and using alternative dispute resolution mechanisms within medical malpractice cases.
2. Spreading awareness about alternative mechanisms for resolving disputes, such as mediation or arbitration in medical malpractice cases, between service recipients and tribal reformers, as they are actors outside the official judiciary.

References and Literature

The issue of medical and health liability is a sensitive and important topic at the Jordanian, Arab and international levels, which prompted a large part of the legal and medical literature to address this issue with research and analysis.

Based on the research's objective, this roadmap provides a comparative analysis of medical and health liability from legal and practical perspectives. Consequently, the research team resorted to reviewing a variety of literature that analyzes the subject of the study in order to link the Jordanian, Arab, and international legal and practical perspectives in order to enhance the implementation of the Jordanian medical liability law.

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Appendix

Appendix No. 1: The service provider's obligations

Article 7 stipulates a set of obligations that medical service providers must adhere to in accordance with the rules, standards, and procedures for practicing the profession in accordance with its specialization, including:

1- Recording the health status of the recipient of the service and the medical history of the doctor or their assistant before proceeding with the diagnosis and treatment to the degree required by the work interest and the available work possibilities.

1. Using the necessary and available means of diagnosis or treatment for the pathological condition.
2. Using the necessary and available medical tools and devices in diagnosing and treating the recipient of the service in accordance with recognized scientific principles.
3. Informing the recipient of the service of the available treatment options, except for emergency cases that cannot be delayed.
4. Describe the treatment and specify its quantities and method of use in writing and clearly, indicating their name and signature and the date of the prescription, and alerting the recipient of the service or their relatives, as the case may be, to the necessity of adhering to the method he specified for the treatment.
5. Inform the recipient of the service of the nature of their illness and the degree of its seriousness, unless their interest requires otherwise, and any of their relatives, relatives, or companions must be informed in the event that their psychological or health condition does not allow this, or if he is incapacitated or incapacitated.
6. Informing the service recipient or his family of complications that may result from the diagnosis, medical treatment, or surgical intervention before starting its application, monitoring them, and taking the initiative to treat them whenever possible.
7. Cooperate with other service providers who are related to the treatment of the service recipient and provide what he has of information about their health condition and the method they used in treating them whenever he is asked to do so, and consult a specialized colleague if the situation requires that.
8. Reporting a suspected infection of any person with a communicable disease in accordance with the procedures specified in the legislation regulating the control of communicable diseases.
9. Not exploiting the service recipient's need for treatment.

Appendix No. 2: The prohibited acts of service providers

These actions were mentioned in the law from Article 12 to Article 16 including:

1- Patient's consent: The provision of medical service is linked to the existence of a free and explicit will from the patient, as Article 1 of the Medical Constitution stipulates that "every medical action must target the absolute interest of the patient and have a necessity justified and be done with their consent or the satisfaction of his guardian if he is a minor or unconscious", and the Jordanian legislator has gone to include persons with disabilities within this rule, as Article 5 \ c of the Persons with Disabilities Law stipulates that "it is not permissible in other than Emergency and urgency to carry out any medical intervention, whether curative or preventive, without their

free and informed consent." Consequently, the law prohibits the treatment of a patient without their consent, except in cases where emergency medical intervention is required and approval cannot be obtained for any reason or in which the disease is contagious or threatens public health or safety, as stated in the governing legislation.

2- Use of unauthorized diagnostic or therapeutic methods or medications.

3- Privacy: Disclosing the secrets of the recipient of the service except for the reasons stipulated exclusively in the law.

4- Clinical examination of the patient is carried out by the service provider of the same sex (examination of a woman by a woman and examination of a man by a man); therefore the service provider is prohibit from examining a patient of the opposite sex without the presence of a third party except in emergency cases.

5- Accommodation of service recipients in places other than those designated for this purpose, except for what is required in emergency cases.

6- Gender reassignment: performing gender reassignment operations in the event of a clear sexual affiliation, while limiting gender correction operations in cases of ambiguity of a person's sexual affiliation based on medical examinations and reports.

7- Performing human cloning operations or carrying out research for this purpose.

8- Conducting research or medical experiments on a person without their written consent and obtaining a written permit in accordance with the governing legislation.

9- Assisted conception: performing any assisted conception techniques to help women conceive or implant the fetus from someone who is not her husband without their consent.

10- Abortion: carrying out any action or intervention with the aim of terminating the woman's birth without written consent and based on a medical opinion issued by a specialized committee.

11- Euthanasia: Ending the life of the recipient of the service, for whatever reason, even if it was at their request or their guardian or trustee.

12- Resuscitation: Lifting resuscitation devices for service recipients, unless the heart stops completely and permanently or all brain functions stop in accordance with medical standards and a decision of the attending physicians.

Appendix No. 3: The participants list:

Dr. Sawsan Majali

Dr. Sawsan Majali is the consultant of ARDD in health and social protection. Dr. Majali played a vital role during this project in providing advice and guidance on the subject of medical liability law, reviewing and editing research papers produced by ARDD, in addition to managing and facilitating discussion and dialogue during meetings and policy lab held by ARDD.

Experts & Specialists

1. Dr. Moamen Al-Hadidi: Expert in the health sector and medical responsibility
2. Dr. Fadia Samara: Health Coalition for Patient Protection
3. Dr. Hani Nawafleh: Secretary of the Jordanian Nursing Council
4. Counselor Pasha Daad Shawka: Jordanian Nursing Council
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6. Dr. Ziad Al-Zubi: Jordanian Medical Association.
7. Eng. Mustafa Manasrah: Jordanian Society for the Protection of Medical Errors
8. Dr. Ishaq Khairy: President of the Jordanian Society for the Protection of Medical Errors
9. Dr. Mahmoud Kayed: Middle East Community Health Network
10. Ms. Nahla Momani: Commissioner of Protection at the National Center for Human Rights
11. Dr. Tayseer Krishan: Health and Environment Committee in the Jordanian Parliament
12. Dr. Yassin Al-Husban: Former Jordanian Minister of Health and Chairman of the Health, Environment, and Population Committee in the Jordanian Senate.
13. Dr. Mohammed Al-Shayeb: Former Minister of Health.
14. Dr. Abdulhadi Braizat: Chairman of the Higher Technical Committee.
15. Dr. Laila Talafha: Dentist.
16. Ms. Mona Abu Sel: National Center for Human Rights.
17. Dr. Abdulhadi Braizat: Former Chairman of the Higher Technical Committee.

Experts by experience

1. Mrs. Wissam Al-Fasfos: Mother of the child Sadeel Al-Fasfos, who died as a result of a medical error in diagnosis and procedures.
2. Mrs. Kholoud Al-Saadi: wife of Mr. Al-Nasser who died as a result of a medical error in the analysis.
3. Mr. Ghazi Al-Nasser: Brother of Mr. Al-Nasser who died as a result of a medical error in the analysis.

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