World Medical Association Meets in Helsinki

STANLEY GILDER, M.B., B.S.

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What you feel about the World Medical Association probably depends on the standards you apply to it. If you judge it in terms of a successful national medical association, you are bound to be disappointed, because the world has scarcely got beyond thinking in terms of nations. If, however, you compare it with other non-governmental international bodies you may find that it has considerable merit. At least it has contrived to survive and not to split up into linguistic or political or confessional groups. Furthermore, at times when its disintegration has been prophesied by the pessimists it has managed to find new sources of energy and inspire its supporters with hope. In the words of its recent chairman of council, Dr. Felix Worré, its motto could well be that of tne City of Paris, "Fluctuat nec mergitur," which may be freely and inaccurately translated as "It has its ups and downs but it does not sink."

The XVIII World Medical Assembly, held in Helsinki in June, was by common consent one of the best for years; and once more the optimists found cause for satisfaction. The business sessions were conducted efficiently and expeditiously; there was less irrelevant debate than usual; and there was a general air of hope and good will among the delegates. For this happy state of affairs our Finnish hosts were largely responsible. They had contrived to organize the meeting with a minimum of fuss and a maximum of efficiency. They had even contrived to ensure perfect summer weather, and their unobtrusive hospitality and friendliness were a model for international gatherings.

The Assembly got under way at the rather odd hour of 1 p.m. on Sunday, 14 June, when the Opening Ceremony was graced by the President of the Republic of Finland, Urho Kekkonen, a tall and somewhat austere figure, and the Mayor of the City of Helsinki, Lauri Aho, a somewhat shorter and considerably less austere figure. There were the usual exchanges of greetings, and the Finns performed well, from the President of the Republic downwards, in giving short and sensible addresses of welcome. The new President, Professor Urpo Siirala, an otolaryngologist in Helsinki, took over the presidency of the World Medical Association from his predecessor, Dr. Edward Annis, who had another week to run of his other presidency, that of the American Medical Association.

New Members and Old

When the Assembly got down to business it gained two members and temporarily lost one. Newcomers were the Medical Associations of Lebanon and Nigeria. The former has 12,000 members, virtually all the doctors in the country, but the latter is young and in a state of organizing itself and has only about 110 members out of 1,000 doctors in the country. Eyebrows were raised at this rather poor representation by some delegates, particularly in view of the unhappy experience with another medical association which represented only a minority in its country, but the assurance of British delegates that this Association was simply the successor of a British Medical Association branch and that it was certainly a member worthy of inclusion, silenced any critics. To counter-

balance the accession of strength, there came the temporary withdrawal of the Mexican member association. In Mexico for years there has been rivalry and warfare between various medical groups, and at last it looks as if there is a prospect of unifying them. If this unification takes place, the new representative body will take its place in the World Medical Association.

One little problem left over from New York last year remained unsolved—namely, the status of the member association from Cuba. In New York representation had been made that this member association was no longer truly representative of the medical profession, and a small committee had been asked to inquire into its status; it will surprise no one to learn that conflicting accounts have made it impossible for the committee to present an informed opinion on this matter.

World Medical Journal

Some eighteen months ago the French member association, greatly troubled by what it considered to be a state of stagnation in the World Medical Association, produced a series of proposals for the reform of this body. At Helsinki these proposals were debated, as well as the results of a questionary about them, to which, as usual, only a minority of member associations had bothered to reply. Most of the proposals were rejected, but the Assembly at least agreed that their methods of working required some change, and for a start they adopted a resolution limiting the business of the Assembly to three consecutive working days, with a two-day scientific programme to follow, thus following to some extent B.M.A. practice. They also agreed that the World Medical Journal should, as its editors have urged repeatedly, be separated into three language editions, instead of wasting space on material that readers were unable to understand. Thanks to the enterprise and public spirit of the four Scandinavian members of the World Medical Association, the English edition will from next January be printed in Denmark, and copies additional to the former circulation will be distributed to all doctors throughout Scandinavia. This increase in circulation will probably make it easier to get advertising for the periodical and therefore aid its finance and its ultimate expansion. The French edition will pass into the capable hands of Dr. Gosset in Paris, and the Spanish edition has been entrusted to the Uruguay Medical Association, a progressive and sensible body. It was agreed that the English edition should be the master copy, and the others will be translations of this, with only minimal local modification. Attempts by the French group to change the site of the secretariat from New York to a European city were defeated, as were their suggestions for increased regionalization of Council structure and operation.

Finance

An important step was taken with regard to the secretariat's funds obtainable from America, which have hitherto had a somewhat uncertain status, in that the budget has depended so largely on the immense contribution of the American Supporting Committee, and the latter has varied with the sums this Committee has collected each year. From the end of 1964

the American Medical Association will guarantee an annual sum of 100,000 dollars to the World Medical Association for five years, this sum to include its subscription and money which it collects from the United States Supporting Committee, with the proviso that at the end of that time the World Medical Association should be able to support itself without calling on funds outside those paid by its member associations. The American Medical Association, in making this offer, asked that an effort be made to render the operation of the overworked secretariat in New York more fruitful, and an Assistant Secretary-General is being sought forthwith to take over some of the administrative load, while the Secretary-General, Dr. Gear, devotes his energies to an important event in 1966, the Third World Conference on Medical Education in New Delhi. The ill-informed may see in this a further attempt at American domination of the World Medical Association, but there is no evidence whatever that this generous offer represents other than a very sensible and timely step towards assisting the World Medical Association to manage its own affairs more efficiently.

Medical Ethics

After several years of patient and sometimes frustrating labour the Assembly finally passed a document which it is proposed to term "The Declaration of Helsinki." This document, which the British Medical Journal has published (18 July, p. 177), is an attempt to make some recommendations to research workers involved in clinical investigation. It started nearly five years ago, and its chief original architect was Dr. H. A. Clegg, Editor of the British Medical Fournal and former member of the World Medical Association Council. In its final form it will inevitably remain a controversial document, for the concepts of what is permissible and what is not permissible in human experimentation vary from country to country, and indeed sometimes from laboratory to laboratory. It is, however, an attempt to find a common denominator among diverse and sometimes conflicting views, and, if it demonstrates nothing else, it does at least demonstrate the concern of the world medical profession over the ethical issues involved.

Medical Politics

There is a very active committee of the World Medical Association, quaintly termed "The Committee of Medico-Social Affairs," which industriously delves into the field of medical economics and certain sociological aspects of medicine, and accomplishes an enormous amount of work in a quiet way. It usually finds its reports hotly debated, since so much of its work is concerned with two subjects of universal interest, money and politics. To general surprise, its reports in Helsinki were approved by the Assembly almost without a murmur. It had produced some general principles on the provision of medical care in rural areas and some commentaries on the revised principles of social security. The entire text of these will be published in the September issue of the World Medical Fournal. This Committee is now busily engaged in preparing documents on methods of payment of physicians, and on something else which it is almost impossible to translate into In French, the term is "acte médical," and it roughly means "item of medical service," but with more than physical connotation. The linguistic difficulty involved must have led to much head-scratching among English-speaking secretariats when they were dealing with a questionary about the definition of the term. The confusion was not helped by an inept translation of the French "colloque singulier" as a "single colloquy," which is far removed from the original author's concept of a unique dialogue between doctor and patient. Looming on the horizon among this Committee's activities is a discussion of the present state of general practice, on which international information is already being accumulated and which will form the theme of a couple of numbers

of the World Medical Journal next year. Another theme which, if it is properly handled, should excite great interest is "methods available to the medical profession faced with unacceptable proposals by government." This last idea stems, of course, from the recent Belgian dispute, about which an oral report was given to the Assembly by Dr. Poumailloux. Doctors everywhere are naturally unhappy about the use of the modern strike weapon, but are uncertain about the alternatives and about the limits to which resistance to measures they deem unacceptable should be pushed.

Population Control

It is impossible nowadays to escape the growing world interest in problems of population. It is also clear that there are some definite medical aspects of these problems, though a substantial minority of the world is in disagreement with the rest about the techniques to be used in dealing with the population explosion. A short report on the increasing world population was presented to the Assembly by Drs. Gosset, of France, and Tamesis, of the Philippines. It gave some facts and figures on demography, and it suggested that of all proposed medical methods to control population increase only two seem to be effective-namely, abortion and sterilization. These two methods are in opposition to the principles of medical ethics set forth by the World Medical Association. The report will be published in the September issue of the World Medical Journal, and deserves careful study by those interested in this matter. The two authors have made a series of proposals to the Assembly, and these are to be circulated to member associations for their comment. The results will then be further debated at the next Assembly in London in September 1965, and it is a fair prediction that nothing will come out of the debate, in view of the opposition to contraception by a number of member associations.

As usual, the Assembly adopted a few resolutions from member associations, including one urging the medical profession to play a bigger part in preventing road accidents, and one asking the World Medical Association to adopt a "universal emergency medical identification symbol." This formidable title refers to a symbol embodying the star of life and the aesculapian staff which has been adopted already by the American Medical Association, and is designed to be carried by anyone with some disability which ought to be known to doctors dealing with him in emergency. The diabetic traveller, the person on steroid therapy involved in a road accident, and the comatose patient with allergy can thus have their condition identified.

The American Medical Association has also brought to Council a most sensible resolution urging doctors everywhere to try to protect all their patients against tetanus by toxoid immunization. Unfortunately, this resolution had been misunderstood and watered down into a general encouragement of immunization and had thus lost its force.

Finally, to some notes about personalities. The late Secretary-General, Dr. Louis H. Bauer, that indomitable New Englander, received his final tribute from the Association he had served so well when a resolution from the American Medical Association was read to the Assembly. The Chairman of Council, Dr. Felix Worré, of Luxembourg, completed his term of office and was succeeded by Dr. Gerald Dorman, of New York. France is again represented on Council, after a temporary disappearance from that body, for Dr. Jonchères was elected, and Mr. J. R. Nicholson-Lailey, Chairman of Council of the British Medical Association, and Dr. Cardoso, of Brazil, were re-elected. The President-Elect of the XIX Assembly, which will take place in London at B.M.A. House on 19 to 25 September 1965, is Sir Clement Price Thomas, who was elected by acclamation on the proposal of the British delegation. The Secretary of the British Medical Association, Dr. D. P. Stevenson, gave the Assembly a brief account of the arrangements made for this meeting.