

## PERSONAL VIEW

One of the real international constants is that doctors are bored by organized medicine. Their general attitude towards their own medical association is usually critical—especially if it has not given the right support when they asked for it. Rather reluctantly, doctors will agree that a medical association is necessary, especially where negotiations on pay and fees are concerned. “But,” they rapidly go on, “the association is not strong enough. Things ought to be settled in the way the profession wants them to be. The association gives in too easily when there is any suggestion of a conflict with the State.” Of course, most of these grouses are due to ignorance, but they are also partly the result of poor public relations. Some members will probably mention their medical association’s journal, going on to complain that it is too specialized and contains too little to interest the ordinary members. (Even so, they usually find it worthwhile to open it when it comes—and at least it can be used for spanking naughty children, as a British doctor once told me about the *B.M.J.*)

These complaints are the sort of thing one usually hears from the elderly and the middle-aged members of any medical association. But today there is another type of grouse, at least in Norway. Our young members and medical students criticize us for being too much occupied with our own members and their problems. The association, they say, shows too little interest in medical policy as a whole—and community medicine in particular. In their view a medical association should be a policy-making body, taking an active part in solving all sorts of health problems. Fees, salaries, and this kind of thing should have secondary priority.

I feel strongly that this kind of criticism should be welcomed, for it shows that our young colleagues are interested in the organization. But I wonder whether they have thought out the consequences of their attitude, particularly on their pockets. If a medical association is to take an active part in solving society’s health problems it needs strong backing from its members, not least financially.

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Having said this, it is easy to understand that our international body, the World Medical Association (W.M.A.) means comparatively little to most doctors. It is often mixed up with the World Health Organization (W.H.O.), which is rather better known. But, of course, there is a big difference between the two bodies. W.H.O. is governmental, with a big budget, controlled by politicians—whereas W.M.A. is the doctors’ own organization, with a small budget, run by the profession itself.

Do we need an international medical organization? What do doctors get out of membership? What has it achieved so far? The second question I think can best be answered by asking some others. Do we always join an organization to get something out of it, rather than to put something back? Why do so many doctors give so much of their time to it without getting paid? It cannot be for mere vanity or prestige. Surely, even in our materialistic society, some people still want to do a job in a field where they feel that something should be done.

As to the first question, everybody agrees that it is vital to have a strong national medical association. You might ask whether it was not possible to solve our professional problems within one’s own country? I do not think it is. Take W.H.O., which deals with many important matters; decisions are reached and the results brought back to the governments of the member countries. In their turn, these governments have then to fulfil their international obligations, not infrequently over the heads of their own doctors. Through its liaison with W.H.O. the W.M.A. has sometimes been able to intervene and prevent such unhappy incidents. This is one substantial result of W.M.A.’s activity, but even more important, in my view, is that those national medical associations which are weak

should have the support of a strong international body. It is a fact that in many countries colleagues have to fight constantly for their rights. Like patriotism, sympathy is not enough; it is certainly of little help in political battles. What these doctors need is the support of a strong World Medical Association. Not only will this help them directly but it will be of great value to ourselves. If in many countries medical affairs take a turn for the worse this will undoubtedly recoil on us through W.H.O.

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Among other important work by the W.M.A., the declarations of Geneva, Helsinki, and Sydney must be mentioned here. No one would question that these have played—and are playing—an important part in the field of medical ethics. No less important have been the three international conferences on medical education (London 1953, Canada 1959, and New Delhi 1966) organized by the W.M.A., and a fourth will take place in Copenhagen in 1972. But, you may ask, is not this really a matter for the universities or the Governments? This question I would answer with an emphatic “No”; it is a matter for the medical profession as a whole. Medical faculties and Health or Education ministries have an inborn habit of looking at medical education only from their own points of view. The profession itself is the only body that can practise an overall educational policy, and it must therefore take the leadership.

Though the theme of the next conference—educating tomorrow’s doctors—may seem a little vague, it is designed as a workshop conference, and the subjects of the three sub-topics will certainly not allow any of the participants to get away with mere theories. The first sub-topic is on “Identifying Determinants of Medical Education. The Conflicts between Health Needs and Health Wants of Society. Who should determine Medical Needs?” Sub-topic two: “Instituting Change in Medical Education. Obstacles to Change in Medical Education. Implementation of Change in Medical Education.” Sub-topic three: “Evaluating Medical Education. Critical Assessment of Current Approach to Evaluation of Medical Education. A New Strategy for Evaluation of Medical Education.”

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But, as I said at the beginning, one of the reasons why many members of any organization (medical or lay) show little interest in it is lack of information or, to put it more bluntly, bad communication. To communicate efficiently with its members an organization needs a good journal. The World Medical Association has its own journal (the *World Medical Journal*), and during the past few years we have been working hard to make this a strong world-wide journal for the profession. Undoubtedly, the potential is there, for the *World Medical Journal* is the only international journal run by the profession itself from which doctors all over the world can be told about what is happening in their own professional sphere. Has the general practitioner a future? Do we need big, open polyclinics? Is our medical education adequate? Why do medical students revolt? What can we do about the population explosion? Medicine—money—manpower. There are many unsolved problems where we as professionals should be the policy-makers. To achieve this we need firstly a strong international body and secondly our own channel for relevant communications—an efficient journal.

I could go on and on about the W.M.A., but why not come yourself to a General Assembly as an observer, follow our debates, and discuss current problems with colleagues from other parts of the world? Why not take a look at the *World Medical Journal*? As a doctor you should feel a moral obligation to take an active part in what is going on—not only in your own local territory, but on an international level.

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