

Middle Articles

World Medical Association Nineteenth General Assembly

BY

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It may seem odd to the casual observer that a body which has been in existence almost twenty years should spend an hour or two of its precious annual assembly time in getting itself incorporated in the State of New York. This move, however, was like a number of others at the Nineteenth World Medical Assembly last week; it was a clearing of the decks for action, and, one hopes, a prelude to another period of constructive activity. The years that have gone by since B.M.A. leaders took the initiative in 1946 in getting people together in London with the object of forming a new and enlarged forum of the medical profession out of the ashes of a smaller international organization which had functioned in Paris before the war have been marked by periods of drive and production alternating with periods of dullness and domesticity.

Last year in Helsinki the W.M.A. had one of its productive Assemblies, when it put forth its views on such diverse matters as the ethics of human experimentation, the place of medicine in the framework of social security, and the adequate provision of medical care for rural areas. This year was bound to be something of an anticlimax. There are a number of topics which need the urgent consideration of a world medical body, yet only one of them found an echo in the London Assembly. Almost the only time in the week when the delegates came out of the W.M.A. kitchen was when, after a B.M.A. resolution and an admirable presentation by Dr. Derek Stevenson, they discussed for an hour or so the erosion of medical secrecy and of the doctor-patient relationship in some parts of the world. The fact that this was the only debate that could appeal to an outsider does not indicate, however, that the W.M.A. cannot raise its sights above the kitchen-sink of internal finance and house-keeping chores. There are other inquiries in progress and there are other areas in which material is being gathered for later presentation to an Assembly. Surely the watered-down resolution on the population explosion is not all that world medicine intends to contribute to the second largest problem facing the human race? There must be further cognizance of it and further indication of world attitudes of medicine to such matters as contraception, sterilization, and abortion.

Unacceptable Legislation

We need to know also what the profession can do when it is faced with legislation or Government regulations which it believes to be unacceptable because they will interfere with the quality of medical care. Almost every month now there is what is referred to as a doctors' "strike" in some part of the world. It has happened in the Commonwealth and in almost every continent, and delegates to the present Assembly brought news of further disturbance. Surely there must be another way of

dealing with these problems? A committee of the W.M.A. is at the moment gathering opinion and information on techniques of reaction to unacceptable legislation, but communications around the world take a long time and it is not possible to predict at what point an Assembly of W.M.A. will take up this very pertinent task.

Everyone in this country has been made aware of the problem of paying for medical care; the W.M.A. is at present examining the types of remuneration of the medical practitioner in various countries. Dr. F. Worré, of Luxembourg, gave the Assembly a preliminary sketch of the material his committee had collected and indicated the growing trend in many countries towards a salaried medical service with medical practitioners as civil servants. He indicated also that this type of practice seemed to be appealing to younger doctors. In passage towards this stage there are countries ranging from the United States where the classical pattern of private practice is still widespread, and others with insurance schemes in which doctors are paid by item of service, while in a third group they are paid by the patient, with some reimbursement of the fee, a technique which seems recently to have come back into favour with a section of the British medical profession. A salaried service is by no means a logical conclusion, and it was therefore not surprising to hear Dr. Worré say that in Eastern Europe, where the Civil Service pattern of medical care is dominant, there were signs of a permissive attitude in recent years towards a little private practice of the old capitalist style.

News from Around the World

One of the significant but incompletely exploited features of an Assembly is the great amount of news of medical activities around the world collected either in the form of documents presented to the Assembly or in the form of oral reports. It is doubtful whether more than a few people ever read through all this material, yet for those prepared to look beyond the boundaries of their own parish there is much of interest. For example, Professor A. Spinelli reported on serious conflicts in Italy. This country has been torn by strife in the field of medical insurance for a number of years, partly as a result of the Italian haphazard system of medical insurance. Recently the Ministry of Health decided to do something about the hospital system, and to take it over, lock, stock, and barrel as a preliminary to modernizing it. There is at present a draft reform Bill on hospitals, by virtue of which all the assets, including equipment and buildings, are to be taken over by a Government body. All moneys, including any fees obtained from hospital patients, are to be put into this fund and all doctors working in hospital will go on a monthly salary paid out of the fund. They will have full-time posts, but they will be able to see private patients in their spare time if they wish.

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They will be appointed by the local authority, but the appointment will be subject to central government veto. The minority of private hospitals, including those run by religious organizations, will be put under close scrutiny and control. Apparently the Italian Medical Association considers that this Bill is opposed to all their principles and it has decided to resist the measure.

On the other side of the Atlantic, the American Medical Association faces a *fait accompli* in "Medicare." A section of the population now has compulsory health insurance, and, as Dr. J. Z. Appel, President of the American Medical Association indicated, organized medicine has to consider its attitudes to the new legislation. Dr. Appel told the Assembly that a top-level committee of the American Medical Association had been set up to discuss the implementation of the Bill, and to offer to the Government its advisory services in this respect. It is clear, however, that there is much emotional disturbance in the profession; some are prepared to co-operate fully since Medicare is now a matter of law, while others wish to fight a rearguard action or to adopt an attitude of non-cooperation.

Medical Secrecy

The growing intervention of the community, through its executive arm, the Government, in the medical affairs of the individual has led to a subtle shift in emphasis in the traditional component of medical care known as medical secrecy. There are several aspects to this problem. Wherever a person is insured against illness and money is involved, the insuring body wants some guarantee that its money is being spent on genuine ailments or on genuine sick pay. Certification is therefore inevitable, and disclosure of the patient's illness, which may at times be embarrassing to him, has also become inevitable. There is manifest a growing concern for the health of the worker, and again the details of his health and sickness are being placed on written record. Recently the German Medical Association protested against the use of medical records by lay individuals in industry and advised its members in occupational medicine only to reveal their findings to their colleagues. The law intervenes between doctor and patient, and virtually everyone in the world is now agreed that an illness potentially dangerous to others must be notified to the appropriate authorities. But there are other aspects of law in which local legislation or medical ethical codes produce variations in different parts of the world. In France, for example, the doctor is forbidden by his written ethical code to report a gunshot wound or stab wound to a third person. In some areas of the United States he is obliged by law to do so.

The lack of uniformity in attitudes towards medical secrecy led the B.M.A. to send to the present Assembly a resolution running as follows: "It is desirable that all countries should recognize in law the obligation of a doctor strictly to observe the rule of professional secrecy."

On September 23 Dr. Derek Stevenson, Secretary of the British Medical Association, expanded on this resolution before the Assembly, and his words found a very sympathetic hearing from that body. He reminded his hearers of some of the statements made on the topic in ancient times and more recently. He noted that in the Hippocratic Oath the physician was forbidden to divulge things seen or heard "which ought not to be spoken abroad," and that the declaration at Geneva simply said, "I will respect the secrets confided in me." The International Code of Medical Ethics said that "a doctor shall preserve absolute secrecy on all he knows about his patient because of the confidence entrusted in him." Dr. Stevenson pointed out that the complications of modern life sometimes create difficulties in the application of this principle, but that the overriding consideration must be the adoption of a line of conduct that will benefit the patient or protect his interests. In the Hippocratic Oath the phrase "which ought not to be

spoken" implied that the medical man had a duty to decide what might not and what might be divulged, whereas the W.M.A. International Code of Medical Ethics imposed absolute secrecy on everything. The B.M.A. accepted the basic principle of secrecy, but admitted two exceptions (a) requirement to divulge contained in Statutes, and (b) an admission that occasions may arise when the benefit of the patient may require some modification of the absolute principle.

Dr. Stevenson dealt with the issues facing a doctor in a British court of law. A report soon to be published by the B.M.A. jointly with legal organizations makes clear the present position—namely, that the relationship between doctor and patient does not excuse the former from making full disclosure to the court. A doctor who refuses to do so acts at his peril unless the answer would incriminate him. On the other hand, communications made to a lawyer for the purpose of litigation are privileged. The B.M.A. was urging that the practice in the United Kingdom should come into line with that in other countries where doctors can claim greater degrees of privilege. The tendency in regard to secrecy as a whole seems to be toward requiring more and more exceptions "in the public interest." The B.M.A. therefore feels that the time has come for national legislatures to be asked to recognize in law the fundamental principle, the obligation of medical secrecy.

In debate on his presentation, the delegation from Germany strongly supported the B.M.A. proposal, feeling that there was no better theme for a world medical body to debate. Dr. E. Fromm said that there was a need to educate the public to understand that medical secrecy was not framed in the interests of the doctor but in their own interests, and that it was closely related to their civil freedom. Other delegations were quick to support the resolution, and the Assembly adopted it unanimously.

Constitutional Matters

It has been pointed out earlier in this account that the Nineteenth Assembly spent a lot of its time on housekeeping problems. These began with a long debate on the need for more finance. Although all sorts of economies have been effected, there is a minimum below which the W.M.A. cannot function effectively, and the Treasurer had calculated that the dues from member associations must be raised to 1.5 Swiss francs per member, a sum roughly equivalent to 2s. 6d. Now it is well known that some organizations cannot pay this. For example, the Indian Medical Association collects only about 7s. a member for its whole budget, and the Pakistan Medical Association about twice this sum. However, the Council of the W.M.A. has always been as generous as possible to associations who present reasons for inability to pay the full amount, and for years a number of the less privileged brethren have been excused a good portion of their subscription. The Assembly wasted precious time in debating the Treasurer's motion, although it was clear to everyone that the money must be found and nobody had any ideas for other sources of finance. There was a time in the years gone by when the W.M.A. leaned heavily on the United States Supporting Committee. Those days are gone for ever. The peculiar manoeuvres which the Assembly went through on Monday to incorporate itself in the State of New York were part of a scheme, now accomplished, for the separation of the W.M.A. from the Supporting Committee with whom it has had joint offices, joint staff, and joint equipment. From now on the W.M.A. must stand on its own feet, and few would wish to see it otherwise.

The composition of the W.M.A. changed a little at this Assembly. Mexico, undergoing a reorganization of its professional associations, has temporarily disappeared and Indonesia, in line with its general attitudes, has withdrawn. But two new members have replaced these; on Friday Liberia and Malta were accepted as members of the W.M.A. The Assembly was

also glad to welcome back an old friend, when it admitted the new Belgian Medical Association into the fold. Unhappily strife between factions of Belgian doctors in the days preceding their monumental struggle with their Government had led to a dissolution of older bodies. A new and strong association, fully accredited as a Government negotiator, and already having more than 60% of the profession in its membership, will now resume its interrupted work with W.M.A. One other member is creating problems for the Association. News from Cuba is hard to obtain and sometimes contradictory, as the present Assembly were told in a debate about the status of the Cuban Medical Association. It is generally believed that this association has now been merged in a large trade union containing all sorts of workers in the health field; in addition it has not paid its dues for 1965. A small committee of W.M.A. had been charged with investigating its status, and Council had recommended the Cuban Medical Association's expulsion. The Assembly heard an impassioned speech from an observer belonging to an association now resident in the U.S.A., the Association of Cuban Physicians in Exile, but it was in prudent mood and was so little impressed by this oratory that it agreed to defer further consideration until the next World Medical Assembly in Manila in November 1966.

Manila and New Delhi

Looking forward to this Assembly at which the Philippine Medical Association will play host, the Assembly elected Dr. Jesus Tamesis as President-Elect. It also took some measures for the extremely important Third World Conference on Medical Education in New Delhi in November 1966. This Conference will deal with medical education in relation to social and economic development. The retiring Secretary-General of the World Medical Assembly, Dr. Harry Gear, to

whom tribute was paid in the closing stages of the Assembly, will devote his whole time and energy in the ensuing year to the preparation of this Conference, after which he will act as consultant to W.M.A. The Assembly elected Dr. Alberto Romualdez as Acting Secretary-General.

It would be wrong to close this account of the Nineteenth Assembly without some reference to the host association, the British Medical Association. The B.M.A. had provided a crowded social programme in connexion with the Assembly, and many others had combined in offering hospitality either to the Assembly or to the ladies. The B.M.A. had also arranged a film show and an exhibition of historic letters as well as two annual components of the Assembly, the Meeting of Medical Secretaries, which was in the hands of Dr. Derek Stevenson, and the Meeting of Medical Editors, for which an outstanding programme had been prepared by the Editor of the *British Medical Journal*, Dr. Hugh Clegg. Both meetings attracted an exceptionally large attendance. At the end of the Assembly the scientists took over and Friday morning saw a debate on Communicable Diseases and Modern Travel led by British experts in this field.

One of the aspects of the Assembly which will long remain in our minds is the Presidency of Sir Clement Price Thomas. At the close he received a most warm ovation. There are two types of ovation on such occasions—the polite and the heartfelt. Sir Clement's was of the latter variety, for his four days of chairmanship had demonstrated to the delegates that it is possible to combine greatness with humanity and warmth.

Like all international bodies the W.M.A. appears at times to be apathetic, but at this Assembly many delegates stood up to exhort and criticize and above all to make suggestions for improving the conduct of its affairs and the scope of its activities. There were signs that some at least are taking their responsibilities seriously and that the criticisms may well be a prelude to fruitful action.

A number of distinguished speakers read papers on a subject of special interest to doctors from overseas. An account appears below. A report on the meeting of medical editors, to which Dr. Gilder also refers in his article, will be published in next week's B.M.J.

Communicable Diseases and World Travel

A symposium on communicable diseases and modern travel was held on Friday, 24 September, under the chairmanship of Professor A. W. WOODRUFF (London). Speakers were Colonel J. P. BAIRD (Royal Army Medical College), Dr. J. H. WALTERS (London School of Hygiene and Tropical Medicine), Dr. R. G. COCHRANE (Leprosy Study Centre, London), and Professor B. G. MAEGRAITH (School of Tropical Medicine, Liverpool).

Immunology and Tropical Medicine

Colonel J. P. BAIRD said that in modern times, when travel by high-speed aircraft had become commonplace, the world could be encircled several times within the shortest incubation period of the quarantinable diseases. It seemed prudent for those whose work might entail international travel at short notice to be immunized well in advance, so that the effects of such immunization would be well established and that any ill effects might have passed before the journey began. The most important diseases as far as international travel was concerned were the quarantinable diseases, since, if the requirements of the International Sanitary Regulations were not complied with, quarantine, isolation, or surveillance might be enforced by the health services of the country visited. The diseases in this group were plague, cholera, yellow fever, smallpox, typhus fever (louse borne), and relapsing fever (louse borne). It was important to remember that an individual travelling from

a non-infected country required protection against certain of these conditions before his visit. If he started from or passed through any of the countries regarded as areas of endemic infection certificates of protection would be required at his destination. Regulations tended to be most stringent in the "yellow fever receptive areas." These were areas in which the virus of yellow fever did not exist but where the presence of *Aedes aegypti* or other potential vectors of yellow fever would permit its development if introduced. The use of yellow fever vaccine in mass campaigns had produced such a protection rate that the human disease had practically disappeared from areas in which campaigns had been carried out thoroughly. It was regarded as so efficient that the traveller with valid certification was allowed to pass from infected to receptive areas without let or hindrance.

Immunoprophylaxis

Colonel Baird went on to describe in detail the requirements for immunoprophylaxis and the procedures which were now used. In regard to untoward effects he said that major complications were few. However, their effects could be disastrous and were usually exaggerated in the lay mind out of all proportion to numerical incidence. In this connexion he mentioned particularly post-vaccinal encephalopathy and generalized vaccinia occurring after primary smallpox vaccination. The