

and it, because the State owns all the hospitals and the difference in cost between nothing at all and the market price of medical care is so great, cannot compete. The service is doomed to stagnation.

But there are ways out. The incentive that general practice needs is there for the asking. The Review Body in their Seventh Report recommended additional payments for special experience and service to practice. The health departments thought them a necessary complement to payments for seniority. It only remains for the profession, whose representatives had no man-

date in the recent negotiations, to accept. The way out for the hospital service is more difficult. It needs money as well as local initiative, and the prospects of either are remote under the present system of Treasury control. Both would be injected inevitably into the service if local hospitals could be financed partly from local sources. There is no reason in principle why this should not be done—leagues of friends of hospitals do it already in a very small way. In practice it would depend on general acceptance of Mr. Powell's conclusions.

ANDREW SMITH.

CONFERENCES AND MEETINGS

The XX World Medical Assembly

[FROM A SPECIAL CORRESPONDENT]

The climate of Manila is not conducive to energetic behaviour in visitors, though the locals rush about quite happily, and perhaps this was one reason why the Twentieth World Medical Assembly seemed at times to be a less than dynamic gathering. Alternately baked in tropical heat and chilled in air-conditioned rooms, seduced by the warm hospitality of their amiable and cheerful hosts, titillated by the emotionally charged atmosphere of this violent and bursting city, the delegates had some difficulty in keeping their minds on their work, and it is to their credit that they stuck to their tasks as well as they did.

The Assembly was trying out for the first time an American system of reference committees, intended to save time by having subjects examined and debated in committee before their appearance in the plenary sessions. In theory, anyone among the delegates can come before one of the committees and testify, while the committee has experts, quaintly named "resource persons," to advise it on background material. When everyone has said his piece, the committee retires and makes up its mind—if it can—on the issues before it. If it cannot, then it may issue both a majority and a minority report, and presumably the Assembly has to take its pick. All this, to a global collection of doctors, was somewhat confusing, and, as someone said, the confusion was at times transferred from the Assembly to the Committees. However, the Assembly was contented enough with the system to give it a trial again next year, when no doubt the delegates will have got the idea and things will run much better.

There were seven reference committees in all, but some were concerned mostly with administrative detail. The committee on education showed just how difficult it is to please everybody, for it was obliged to take cognizance of a number of objections to the way the programme of the Third World Conference on Medical Education, then due to start in New Delhi in less than two weeks, had been arranged. The French thought they had been short-changed in the selection of speakers, the Scandinavians were also a little unhappy, and the Japanese resented the choice of a man they did not favour for one of the official posts.

When the dust of these conflicts had settled, the delegates were able to start thinking of

a fourth world conference, and were even presented with a theme by Mr. J. R. NICHOLSON-LAILEY, who suggested that they discuss the education of those ancillary to the medical profession, such as nurses, physiotherapists, radiographers, and laboratory technicians. This would be in line with moves in North America to group all these people together in universities within a department of health sciences.

Medical Secrecy

When Dr. DEREK STEVENSON, on behalf of the B.M.A., raised the question of medical secrecy at the Nineteenth World Medical Assembly in London in 1965, he could not have foreseen that once the Assembly had got its teeth into this vexatious subject it would be reluctant to let go. Since then

W.M.A. had gathered information on the present legal status of medical secrecy around the world, and a pretty confusing picture it presents—from the absolute secrecy of France to the greatly eroded doctor-patient relationship of the U.S.A. Now came the question what to do with this information. One bright idea was to get a collection of lawyers together to meet the W.M.A. Council and exchange opinions in a joint committee. This idea, emanating from France, caused the Commonwealth to rise as one man and protest on the grounds that the law was so different everywhere that no area of agreement could be reached. But having been presented with the B.M.A. resolution on the erosion of medical secrecy the Assembly felt bound to do its best. Finally it was agreed that national medical associations should be urged to get together with the lawyers and deliver their joint verdicts to the W.M.A.



Dr. Jesus V. Tamesis (third from left) being inducted as President of the World Medical Association by Dr. Leonard W. Larson, Chairman of the W.M.A. Council, during the opening ceremony of the Twentieth World Medical Assembly on 7 November in Manila. Flanking Dr. Tamesis are (on his right) Dr. Pacifco Marcos and Dr. Rodolfo T. Caños (on his left), respectively President-Elect and President of the Philippine Medical Association. After Dr. Tamesis's inaugural address, the President of the Philippine Republic, His Excellency Ferdinand E. Marcos, brother of Dr. Marcos, addressed the Assembly.

Secretariat, which would then collate the information.

All this to-do about secrecy took up so much time that the enterprising members of the committee, who were eager to start solving the ethical problems associated with such a diversity of modern medical activities as organ-grafting, artificial prolongation of life, and artificial insemination, had to hold their fire until next year.

Socio-medical Affairs

There was a time when the one committee of W.M.A. which could be guaranteed to use up all the time the Assembly had available was the socio-medical affairs committee. Times have changed, and there was surprisingly little debate on its reports, though these were most comprehensive and contained a lot of material well worth study. One report dealt with the methods used around the world to pay doctors, a sound analysis by the industrious secretary to the committee. Dr. ROLF SCHLÖGELL had this to say: "Wherever the social security system provides for a capitation fee to be paid for treatment, it is important for the doctors to know for what period of time that fee has been fixed. In general, this period is longest when the State or a State-appointed committee has fixed or modified the capitation fee. When the fee is fixed by negotiation the partners (doctors and social security bodies) themselves decide on the date when modification should be discussed. . . . There is a growing tendency to make discussions and negotiations on capitation fees easier by relating the latter to a factor that reflects general economic trends, changes in salary and price structure, modifications in purchasing power, etc." Does that ring a bell in Britain?

The reference committee dealing with socio-medical affairs went into a great deal of detail about causes and results of conflicts with Governments on undesirable legislation. It had before it an analysis of replies to a questionnaire from a number of national medical associations, which showed pretty clearly that doctors were not in favour of withdrawal of medical care, or strike action, though they might refuse to do their work under certain conditions imposed on them. The B.M.A. stated that the remedies open to them by means of their contacts in press and Parliament had been so successful that they had so far not been compelled to use the British Medical Guild machinery. This was not to say that the medical profession was satisfied with present conditions of practice in Great Britain. "Indeed, general practice is in seething discontent at the present time, but it is too early yet to say whether extreme steps may have to be taken."

Australia was proud of the fact that in the late 1940's the Association had successfully challenged in the Australian High Court the Government's right to introduce certain unacceptable legislation on the grounds that the measures proposed amounted to civil conscription and were therefore unconstitutional. The medical association in the Netherlands had threatened in 1955 not to complete forms and issue certificates, or to apply a fee schedule, and the Government had given in. Normally, however, this association tried to talk over difficulties before they arise and to study and make proposals

about legislation before it was introduced so as to get it modified. Boycotting posts carrying unacceptable conditions had been successfully used by a number of associations.

World Population

Another document which received little attention for lack of time was an analysis of replies to a questionnaire in which member associations were asked to give their views on a short document drawn up by Dr. J.-R. GOSSET and Dr. J. V. TAMESIS (now the new President of W.M.A.) containing seven suggestions, well watered down, about the medical profession's attitude to the increasing world population. Some of the replies were illuminating. The Canadian Medical Association had taken issue with the statement that the only methods of population control of "valid long- or short-term effectiveness" were abortion and sterilization. While agreeing that it wanted nothing to do with these two methods, the C.M.A. doubted whether the statement was true and thought that the conclusions of the document presented no clear issues and were pious and platitudinous expressions.

The Finnish Medical Association thought that W.M.A. should give some practical advice on ways of limiting the increasing world population which might be considered to conform with medical ethics, and the Netherlands noted that the seven conclusions "provide no solution of the problem faced by the individual doctor with respect to his stand on birth control for the individual who comes to him." The Norwegian Medical Association rather surprisingly felt that the medical profession had no qualifications to furnish guidance on the essential problem, and turned its thoughts to rationalizing agricultural methods, fish farming, and so on. The American Medical Association really got down to brass tacks and called the W.M.A. document "vague and unscientific." "Adoption of the document would block any possible acceptance of modern scientific birth control measures for all populations."

Scientific Sessions

The two topics chosen for symposia were schistosomiasis and population dynamics. Protected as we are in Britain, we are apt to forget that there are anything between 150 and 300 million people in the world suffering from schistosomiasis, and that this disease is a greater menace than malaria. The Philippines is afflicted with a particularly troublesome type of infestation with *Schistosoma japonicum*, which has the disadvantages that in later stages it responds to no known drug and inevitably kills the sufferer. There were probably half a million patients out of a population of 33 million, so that the disease represents a public health menace of no mean order. The Philippine Government and medical profession are tackling the problem with vigour, using the approaches of early case detection and treatment. Early detection is achieved by stool examination, skin testing, and use of a precipitin test, all of which can be done in the villages.

The second symposium on population dynamics brought home the problem of

population overgrowth everywhere. Data from the Philippines showed that the population had increased from 5.6 million in 1877 to 33 million at present, with a possibility of 50 million by 1980. There was no official policy about family planning as yet. Of the papers given by foreigners, the most interesting was the discussion by a Catholic historian, JOHN NOONAN (Notre Dame University, U.S.A.), of the historical background to the Catholic Church's attitude to contraception. He said that the Church's rigid rule dated back to the second century A.D. and was a reaction to the association in the Roman world of contraception and illicit love affairs, to the debased role of the woman in the Roman world, to the unrestrained practice of abortion and failure at that time to distinguish between abortifacients and contraceptives, and to the belief held by heretical sects that procreation was evil. Now the environment had completely changed, and the Church was examining the question whether changing the rule would serve the basic moral tenets that procreation was good, that innocent life must never be attacked, that partners in marriage must respect each others' persons, and that sexual love in marriage was holy.

Equally well presented was a report by Dr. G. VELAZQUEZ (Dean of the University del Valle, Cali, Colombia) on the integration of family planning into health activities in an area where the birth rate was 60 per 1,000 and death rate 12 per 1,000. Poverty and malnutrition were rife, and as usual in many parts of Latin America abortion was often a substitute for contraception. Nearly half the unions were not blessed by the Church, and almost half of the women over 15 years old had been in hospital for complications of abortion during 1963, thus blocking many precious beds. The University's committee for the investigation of population had now created an active programme of family planning with Government support and apparently the tacit consent of the Church.

Idealism and the Philippine Medical Profession

One could not help being struck with the idealism of the Philippine medical profession, as demonstrated in the presidential address of Dr. TAMESIS and the homage paid to Albert Schweitzer at a special session addressed by a local neurosurgeon who had worked with Schweitzer. It was also reflected in the visit to a special project, of which a number have been set up by the association, with the object of subsidizing doctors willing to go and work in rural areas (61% of all Filipinos still die without medical attention), and not only give medical care but also give a lead to the area in such matters as health and general education and crop improvement.

Consternation had arisen in the ranks of W.M.A. supporters at the announcement this autumn that the popular new Secretary-General, Dr. ALBERTO ROMUALDEZ, wished to resign for reasons quite unrelated to his post. However, at the final Council session he yielded to the many pressures put on him to stay. In his year of office he has made many friends and proved a thoroughly efficient administrator. His decision to remain is welcome news.