THE EIGHTEENTH WORLD MEDICAL ASSEMBLY, 13—19 JUNE 1964, AT HELSINKI

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This followed the British Commonwealth Medical Association Meeting. Dr. P. D. Combrink and I were the official delegates for the Medical Association of South Africa. Dr. Raymond Theron and Dr. A. H. Tonkin, our Secretary, were the deputy delegates. Dr. Tonkin also attended in his capacity as a member of Council of the WMA representing the African region.

The State President of Finland opened the World Medical Assembly at 1 p.m. on Sunday 14 June. Professor Urpo Siirala, of the Helsinki University, was then installed as the new President of the WMA for the period 1964—65. The Mayor of the City of Helsinki welcomed the company on behalf of the city. Dr. H. S. Gear, the Secretary General of WMA, conveyed to the Assembly greetings of organizations including the WHO, ILO, International Red Cross, as well as some individuals. Fifty-two delegates representing 32 member associations were present at this Assembly. The outgoing President, Dr. Annis, delivered his report and outlined certain professional challenges — 'to continue education, to pass on knowledge to the younger generation of doctors and to ensure that the tools of science were always made available to the latter'.

Awards of merit were then distributed from the Finnish Medical Association to Drs. Annis, Worré, Gear, and others. Professor Siirala in his address said that the WMA was 'an organization which we know to be essential and whose aims are clear'. It would be of interest to quote from the Articles of Association:

'The purpose of the Association shall be to serve humanity by endeavouring to achieve the highest international standards in medical education, medical science, medical art and medical ethics, and health and care for all people of the world.'

The Plenary Sessions dealt with a tremendous agenda. The agenda and annexures covered more than 300 typed foolscap sheets. The many working committees of WMA included the Planning and Finance Committee, the Socio-Medical Affairs Committee, the Medical Ethics Committee, and the International Liaison Committee. There were also a number of reports including that of the Secretary General, the Secretaries for Africa, Asia, Australia and Indonesia, Europe, Latin America, North America, the North Pacific; also from Dr. S. S. B. Gilder, Executive Editor of the *World Medical Journal;* the Business Manager (Dr. Gear) of the *World Medical Journal;* and the International Federation of Medical Students Associations.

The official languages were English, French, Spanish and German with simultaneous translations provided by earphones. Of the 129 nations of the world, over 60 national medical associations belong to WMA, and 32 nations were represented at this meeting.

Most of the business of the meeting was presented by the chairmen of committees presenting reports on their deliberations. It would be quite impossible for such a meeting to commence discussions on any new subject *de novo*. The meeting was therefore provided with the recommendations of committees which met at intervals between the annual Assembly meetings. In order to give some impression of the business of the meeting I shall present a summary of a few of the more important items discussed.

The General Practitioner

A report from the Socio-Medical Affairs Committee held at Luxembourg in March 1964, when the present status of the general practitioner was discussed. The report refers to the question which has been debated for a number of years in medical and non-medical circles, namely: 'whether the general practitioner still has a place in present-day medicine, and if so, what this place is.' The question is usually justified on

the grounds that it is quite impossible with the enormous scope covered by the field of medicine, especially as a result of the progress made in the last 30 years, to remain fully informed in all branches of medicine. After considering how more and more specialization tends to diminish the human contacts it is suggested that 'there should be greater advancement of the general practitioner who works less with the aid of complicated techniques and more with general medical measures and a special knowledge of his patient'.

After fuller consideration the report says that 'there must be both general practitioner and the specialist as equally important factors in providing medical science for the population. Each has his special place in the practice of medicine, and no-one should make the attempt to lay claim to the position occupied by the other.'

In view of the importance of this subject, the Committee regards it as essential for WMA as an organization representing some 60 countries of the globe to collect further information and submit a report to indicate the best basis of cooperation for the general practitioner and specialist in the interest of the patient.

The Declaration of Helsinki

The principles involved in this document are intended as a guide to doctors in clinical research. The recommendations include necessary safeguards for the patient and defines the humanitarian obligations placed on the doctor. The Declaration of Geneva of the World Medical Association binds the doctor with the words: 'The health of my patient will be my first consideration', and the International Code of Medical Ethics declares that 'Any act or advice which could weaken physical or mental resistance of a human being may be used only in his interest'. The basic principles include statements such as: 'Clinical research must conform to the moral and scientific principles that justify medical research and should be based on laboratory and animal experiments or other scientifically established facts . . . Every clinical research project should be preceded by careful assessment of inherent risks in comparison to foreseeable benefits to the subjects or others . . . The nature, the purpose and the risk of clinical research must be explained to the subject by the doctor.'

This document was unanimously accepted at the WMA meeting which is the only body that is able to adopt worldwide acceptable doctrines of medical practice. It will rank in importance with the Declaration of Geneva and the International Code of Medical Ethics. It was designated as the Declaration of Helsinki, which was a tribute to our Nordic colleagues.

The Twelve Principles of Social Security

This was again referred to in the minutes of this meeting. A few of these principles will be quoted as numbered:

'1. The conditions of medical practice in any social security scheme shall be determined in consultation with the representatives of the professional organizations.

It is the duty of medical associations to see to it that the working conditions tendered to the doctors are compatible with their honour, dignity and professional conscience.

'2. Free choice of doctor by the patient, and the right of the doctor to treat only patients of his choice.

'3. Any system should be open to all licensed doctors; neither the medical profession nor the individual doctor should be forced to take part if they do not wish.

'4. The doctor should be free to practise wherever he wishes. Equitable distribution of doctors between rural and urban areas is desirable. The distribution should be accomplished by self-motivated decision.

'8. When the remuneration of medical services is not fixed by direct agreement between doctor and patient, proper consideration should be taken of the great responsibility involved in the practice of medicine.

'9. The remuneration of medical services should take into consideration the services rendered, and should entirely be fixed according to the financial status of the paying authority, or as a result of unilateral government decisions.

The financial and professional responsibilities assumed, the length and difficulties of the required education and the risks incurred should all be considered in the question of remuneration . . . Certainly the remuneration should not be totally unrelated to the financial assets, but it is the duty, in that case, of those in charge of social services not to promise the insured more than they are able to provide, and not to expect more of the doctor than they can conveniently pay.

'11. In the higher interest of the patient there should be no restriction of the doctor's right to prescribe drugs or any other treatment deemed necessary.

In order to reconcile this essential requirement with the principles of economy . . . the doctor should prescribe all that is necessary, but only that which is necessary.'

Methods of Payment of Doctors' Fees for Medical Services

The WMA is collecting information from its 60 national member associations. Only 14 member nations were able to reply to the questions submitted by the special WMA committee dealing with this subject. Among the replies received up to the time of this WMA meeting, some members (e.g. Switzerland) consider that the private fee paid by the patient to the doctor is the only and the best system. A variety of other methods of remuneration exist; these include the salary basis, capitation fee, direct or indirect payment through a third party. The replies thus far submitted indicate that every system has some advantages and inconveniences. A degree of liability by the patient in each system is strongly favoured. They do not favour a system whereby the full responsibility for payment is undertaken by a third party — one report says: 'It is only natural that a doctor would be more enthusiastic in performing services that brought him additional remuneration than if he received the same income irrespective of his activities. The system of fee for service can bring about unnecessary activity, and the lump sum system can produce passivity.'

From the standpoint of preventing abuse it is important that the patient has the responsibility of paying at least a part of the costs of medical care.

The final report from this committee will probably be available at the next WMA meeting.

Other Topics Discussed

The Medical Education Committee is very active. They are at present busy organizing a World Congress on Medical Education to take place in New Delhi in November 1965. There is a working group busy with 'The protection, in time of war, of civilian health personnel', and the provision of medical services in areas where UN troops are stationed. Other matters of vital importance include subjects such as medical strikes, the education of the specialist, postgraduate education for general practitioners, the use and abuse of pharmaceuticals, the doctor's social and economic standard in different countries, relative and absolute cost of medical care to the population, and the problem of the unregistered practitioner.

Finally the value of the opportunities provided at these international meetings for personal contact between delegates is a very important factor. Delegates make a point of fostering good public relations. We made many friends among American, European, Asian and African delegates. To establish a bond of understanding through socio-medical channels opens the door to mutual appreciation of each other's problems.

The British Commonwealth Medical Association and the World Medical Assembly offer important forums for disseminating goodwill and international cooperation.