

Dear colleagues and honored guests,

It was an honor and a privilege to be chosen a year ago in Copenhagen as president-elect of the world's doctors and to represent the organization that unites us. My excitement is multiplied tenfold as I stand here before you on the cusp of my inauguration as WMA president for the upcoming year.

Advocating on behalf of patients around the world and on your behalf my friends and colleagues is a climax any physician committed to public service can aspire to and I fortunately was able to realize my aspiration in this area. I am extremely grateful to you for placing your trust in me and for allowing me the privilege of serving our very vibrant and important organization.

The WMA has come a long way since its founding in Paris in 1947. It has grown, flourished and evolved, yet it has remained true to its values and founding principles.

From the very beginning Israeli doctors took part in the WMA, as one of the original 27 founding organizations. Initially, in the period before the founding of the State of Israel, as the Palestine Jewish Physician Association and two years later as the Israeli Medical Association.

The need for an international organization that united physicians all around the world, existed already in 1926 and up to the Second World War, this need was amplified due to the horrendous experiences the world underwent during that war. In light of the inconceivable events of that time and the radical breach of any sort of humanitarian or ethical code, the horrifying revelations exposed during the Nuremberg trials, it is obvious that the WMA's first task was the formulation of an ethical code for the world's doctors. As the details of the horrors continued to unfold regarding the use of human beings in experiments with no regard to human life or basic human rights, it was up to us to see that doctors would never play any role other than that which benefits people. Out of that unthinkable past, the Declaration of Helsinki, was born and became one of the irrefutable cornerstones of physician conduct. To this day the Declaration proudly stands the test of time and evolving scientific leaps largely because our ability to modify it and adapt it to the developments in medicine and society.

Fundamental topics in medical ethics have been at the nucleolus of the WMA's work and a core component of its activities for a long time. Many declarations, such as the Declaration of Tokyo, the Declaration of Malta, the Declaration of Madrid and many others have become the inalienable property of the medical community around the globe.

Gradually, the physicians were faced with new challenges in the field of medicine and other areas in health new dilemmas surfaced. Subsequently new directions needed to be added to the discussions in our organization. These discussions, in addition to ethical topics, widened to include new ideas in conjunction with changes that have taken place in the field of medicine worldwide. The field of medicine has undergone vast changes in the last

century and this only accelerates as time passes. It is difficult today to conceive of a reality in which there were no antibiotics and it is difficult to believe that penicillin was discovered less than 100 years ago, a discovery that completely changed the face of medicine. The impact of the technological revolution is also hard to comprehend and what seemed to be science fiction only 50 years ago is today reality. Prominent examples can be found in the field of imaging, with the development of the ultrasound, MRI, CT and PET SCAN, or in the field of cardiology with catheters, stents and electrophysiology. Corresponding developments in the pharmaceutical industry led to dramatic changes in the treatment of diseases thought a short time ago to be incurable that today are treatable and even curable.

There have also been notable changes in the the quality of life. Most of the world has experienced a great improvement in the standard of living, in the quality of nutrition and in hygiene. Along side these changes we should recognize the social changes .One of the more significant one is the information revolution, electronic media and internet which have all brought an abundant amount of information into the public domain. All these contributed to an accelerated process of patient empowerment and an evolving doctor-patient relationship. The accessibility of information and the remarkable developments in medicine bring with them increased transparency and increased expectations on the part of patients.

Against this backdrop, economic factors increasingly intrude. Many countries around the globe can't afford to pay for modern medicine and their population doesn't benefit from some of the most basic advances in medicine and we witness the outcome in health indicators. Furthermore, it has become apparent that no country in the world is capable of funding the elaborate components of medical care from its public budget. As a result of this even in countries with public health insurance there is a new reality - Different levels of medical care is given depending on one's economic standing. More and more, the funding of medical services is being transferred from the public account to the private pocket. Whoever has the ability to privately purchase what the state does not provide will receive excellent, up to date care and the rest will receive a lower level of care in accordance with their ability to pay or more specifically, not to pay.

Here we find a conflict of the most basic ethical principles with economic factors.

The direct result of these trends and new reality is an increase and accentuation of disparities in the access, timeliness and level of medical care. Health disparity is a topic that has always existed but it is growing and the gaps are widening and the effects are so profound that it is worthy of being a central topic for us at the WMA. Health disparities are evident not only in a comparison among different countries or health systems but also within different regions of one country. It is sufficient to measure accepted parameters of health quality such as the infant mortality rate, life expectancy, number of hospital beds or number of modern, advanced technological devices in order to realize how this phenomenon will soon become intolerable.

The lower one's socio-economic position or educational level, the more extreme the phenomenon-and this is considering only some of the determinants.

I believe that the topic of health disparities, that includes within it a combination of basic ethical aspects, principles of doctor-patient relationships the physician's social roll and even a human right's issue, and therefore requires us to formulate an agenda for this very crucial topic.

WHO has recently declared that "Health disparities coasts lives!!!"  
As leaders in health our voice must be heard we must act now!!!

In the past weeks we have all witnessed the global economic tsunami which has flooded our safe havens. It seems that the worldwide view of a free economy totally subject to the vagaries of the market has not withstood the test of modern reality and has simply collapsed. It is still difficult to foresee how this crisis will develop on a global level. Clearly there is no national economy that has not been affected, some more and some less, but the effect is great. The effects can be felt from Northern Iceland through the countries of the European Union, Russia, China, Japan and many others and of course the US in which this tsunami began.

The question is of course how this economic crisis along with the anticipated global recession will affect the world's health systems. Based on prior experience along with the low level of priority usually given to health care it seems impossible to escape damage to health systems, and in those countries where health insurance is an integral part of employment conditions, it will be difficult to escape disastrous consequences, especially in light of the waves of layoffs.

It is our job in our national organizations and even more so as an international medical association to be aware and warn of these developments and to act to moderate the destructive impact and try to shield the health care system from the aftershock as much as possible. On the other hand, at last those nations without public health insurance will understand that one can not let bankrupting market forces and free economy control health services, and social-democratic countries will realize that we must halt the trend of privatization that threatens the equality and health of their residents.

We as social leaders have a responsibility to address a wider scope of issues affecting health. One of which is armed conflict. Many areas of the world are in military conflict. Some conflicts are longstanding and others are "fresh" disputes; sometimes the roots go so deep that all attempts to mediate between the extreme positions do not succeed. In the interim, this reality claims many victims and leaves others with physical or mental impairments. Many organizations around the world are involved in trying to make peace between the sides or at least tone down the level of violence. Among these organizations are the UN, EU Institutions and various nations that are trying to use their influence to broker between the two parties.

Similarly, there are humanitarian organizations manned by physicians such as the wonderful example of doctors without borders, the Tzu-chi organization \_\_\_\_\_ from Taiwan, the role of Physician for Human Rights in medical care and others that contribute greatly as pacifying forces by virtue of the medical care they provide.

The WMA has a unique opportunity, with both ability and positioning to try and bring conflicting parties to the discussion table by encouragement and dialogues within our organization. One of the regions with ongoing conflict is the one I am from. The Arab-Israeli conflict has been going on for many years. We should note the fact that we do have peace agreements with two countries with whom we were in a state of war for many years, Egypt and Jordan. Our borders with these two countries are open and we enjoy full diplomatic relations. There is yet much work to be done to achieve peace with countries such as Syria and Lebanon and especially with the Palestinian Authority. I plan to make every effort to turn health and medicine on an organizational level to a bridging force and maybe, as naïve as it sounds, to advance the peace process that our region so desperately needs.

I hope to be instrumental in bringing NMAs who are not yet members or active in the WMA to our meetings and begin a dialogue under the auspices of the WMA and interested NMAs so that we may begin a process of mediation based on our common profession which spans different nationalities, viewpoints and is common to all of us as doctors whose job it is to bring help and healing.

It is important to touch upon another concern that we as health leaders have. The threat, that with near certainty, will change the face of medicine, and that is the expected shortage of physicians. This threat is real and tangible and even today we lack 4.4 million health workers according to WHO data, including many doctors. In the interest of time I will not go into details of the problem and the basis of its development but the threat is here and now. The shortage is of course not homogeneous. There are areas such as Africa in which the shortage is overwhelming and other areas in which the shortage is not yet critical if it even exists. The solution is to increase the number of physicians, install solid long lasting retention plans for health care providers, and solve the problem of physician recruitment from poorer areas to ones in which the shortage is not yet acute. The proposed solution in the form of task shifting is the worst of all. On one hand, we fill the places of professionals with partially trained individuals and on the other hand such pseudo solutions are extremely dangerous as they may seem to solve the problem and therefore keeps us from finding a real solution. As long as it is a temporary solution meant to fill a gap that would otherwise remain unfilled and provide some sort of answer to the critical need for medical care the solution is justified. But at the same time we must work towards a lasting solution that deals with the root of the problem. We all share a responsibility to act and convince policy makers of the need for real solutions.

Some of these topics are already being dealt with by WMA, some topics are just emerging and some have been waiting for our attention.

Thus is the way of the WMA's presidents- picking up the torch and continuing some of the tasks of their predecessors, taking on new ones and some are left for their successors to complete. To the best of my abilities I intend to continue the work of my predecessor Dr Sandal mainly on task shifting as well as focusing on health disparities. Both on the policy making level –urging governments and NMA'S to develop national policy on this issue as well as the doctors practice level advocating that every individual physician has a roll in the battle against disparities in health .Additionally I will attempt to actively engage in medical diplomacy and hopefully will succeed in making a difference for the people living in areas of conflict .

These issues that we must address are huge and complex; it is not the task of any one individual or even group of people to undertake. For a lasting contribution that will bring true change we need each and every one of us- those here and those who were not able to come to tow the line. Only by working together we can gain enough strength to have an impact, make a difference and inspire others to work towards these goals. Perhaps it is not up us to conclude this immense task ahead, yet we are at no liberty to shy away from it.

The job falls to us to represent the communities of doctors around the world and be the best we can.

To end, let us remember that the patient must be at the forefront and as Maimonedes said in his famous Physician's Prayer "May I never forget that the patient is a fellow creature/May I never consider him merely a vessel of disease."

Thank you to my dear friend Dr moon and the Korean Medical Association for your warm and unforgettable hospitality during this Assembly. You have set a high standard for the Indian Medical Association to follow.

Thank you.