

UNESCO Chair in Bioethics 12th World Conference
St. Raphael Hotel Resort & Congress Center
Limassol, Cyprus
March 21-23, 2017

Ketan Desai*
President
World Medical Association

Address at the Conference Opening

* Prof. Dr. Ketan Desai
President
World Medical Association
e-mail: secretariat@wma.net

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Good morning,

Professor Carmi, President of the Conference;

Honorable Mr. Nikolaidis, Mayor of Limassol;

Dr. Lachapelle, representative of the International Federation of Medical Students Associations;

Dr. Demetriadou, representative of the Cyprus Tourism Organization

Dr. Economou, President of the Deontology Committee of Cyprus

Professor Halevy, Director General, Shaare Zedek Medical Center.

Ladies and Gentlemen,

Dear Colleagues,

My name is Ketan Desai, I am the President of the World Medical Association.

It is my pleasure and honour to welcome you here in Limassol on behalf of the World Medical Association. It is now for the fourth time that the WMA not only supports this conference, but also takes a very active role in it.

In the past three conferences, two of which have taken place in Naples Italy and Jerusalem, respectively, the World Medical Association joined with own presentations and topics. We have been participating at sessions on research ethics, the treatment of hunger strikers, databases and bio banks, and end-of-life prepositions.

Most of you probably are aware that the World Medical Association is the global umbrella organization for currently 111 medical associations from around the world. Since its inception in 1947 the World Medical Association comprises the global platform for the development of the medical deontology.

But living in a real world we are also dealing with questions of the social environment of medicine and healthcare. In the previous years, you have heard from my predecessor Sir Michael Marmot about our engagement for the Social Determinants of Health. For us this is of course more than a social question. This engagement is also an unending ethical quest for equity in our societies and healthcare.

Very early, one year after its inauguration, in 1948 the WMA published a new physician oath, the “Declaration of Geneva”. Again, one year later the oath was complimented by the first International Code of Medical Ethics. Both policies are still the core part of our deontological apparatus which currently consists of 154 declarations, statements and resolutions of consequence and relevance alike.

Some of those policies have become cornerstone documents for the regulation of the medical profession. Aside from the Declaration of Geneva, which is sometimes called the “Modern Hippocratic Oath”, and the “International Code of Medical Ethics”, the Declaration of Helsinki became the probably best known document of the World Medical Association.

But other papers like the “Declaration of Tokyo” on the non-involvement of physicians in torture or other inhumane or degrading treatment have become triggering stimulus for policy development on the national, regional and even on the United Nations level.

In our efforts to counter-act the growing violence against health care personnel and facilities we have joined the “Health Care in Danger Campaign” of the International Committee of the Red Cross in 2011. Two years ago, we have renewed the “Ethical principles of healthcare in times of armed conflict and other emergencies”. I say “renewed” because strictly speaking the policy is a remake of a paper we adopted in 1956 together with the International Committee of the Red Cross and the International Committee of Military Medicine. This time we were also joined by the International Council of Nurses and the International Pharmaceutical Federation. Taken forward by the International Committee of the Red Cross and with the help of some nations the United Nations Security Council last May finally adopted resolution 2286 “to promote and ensure respect for the principles and rules of international humanitarian law” which is a benchmark of its own type.

The Declaration of Helsinki, the “Ethical Principles for Medical Research Involving Human Subjects” and its revision have been discussed several times in this conference series. When we finally came up with a new version in 2013, we also understood that a number of questions posed by the increasing amount of research that is already been done using health database and biobank were still unanswered. How should we insure informed consent, when the same data or material is used for multiple studies over a long time? How to protect persons against stigma and undesired outcomes? How to ensure privacy and dignity in a more and more net-worked world, which is ever expanding in an open ended manner. Over the past years we have taken advantage of this forum the UNESCO Chair of Bioethics Conference to get input from ethicists, researchers, jurists and physicians to build a new policy. Today we are proud to discuss with you all the result of this work: the “Declaration of Taipei on Health Databases and Biobanks”.

The World Medical Association also invites you to participate in our discussion about the oldest of our core policies, the Declaration of Geneva, the Physician Oath. Seven decades after its creation, we discuss its revision in a structured two year process. And with that revision interesting, but also challenging questions are coming up: Do we still have the same value-set as we had 70 years ago? Are the values and principles still addressed properly in this Declaration? Do we still need such an oath and if yes, should it be the same, across the world in a universalistic sense?

A second far more contentious core policy of the World Medical Association is also under discussion: Up to now the majority of medical associations in the World Medical Association rejected the idea of physician participation in suicide and euthanasia. This position has been challenged by two of our members. The WMA decided to reopen the debate on end-of-life questions and with that, especially physician assisted suicide and euthanasia.

The discussion has been dominated on both sides of the arguments by mainly European and North American voices. To give it a more global perspective the WMA decided to initiate regional debates about those questions. A first regional conference took place last week in Rio de Janeiro organized by our Latin American colleagues on initiative of the Brazilian Medical Association. The second one will be held in August organized by the Indian Medical Association for the Asian Pacific region and a third conference is currently being organized under the leadership of the German and the Vatican Medical Association to be held at the Vatican this November. We are hopeful to get at least a fourth conference initiated on the African continent, as well.

For the World Medical Association, it is imperative to be truly global in the larger interest of men, mankind and the profession. And to that extent the UNESCO Chair of Bioethics Conference offers a great forum for a truly meaningful and purposive international debates.

I would like to express our appreciation for UNESCO to support this conference series. We thank the support of the local organizers being again wonderful hosts here in Cyprus.

Professor Carmi, we owe you our gratitude for your engagement and work to make this conference possible and to bring together this huge and important group of ethicists, researchers, jurists and physicians to debate, discuss, deliberate and to evolve consensus on vital issues that are bound to impact the human race and the ethical cause in more than one way.

I wish this conference excellent presentations, interesting debates, and meaningful outcomes.

Thank you for the patient listening, enjoy the conference to its hilt!