Respected Chairperson of the Council, Sir Michael Marmott, Learned Dignitaries, ladies and gentlemen.

It is a great honour and privilege for me to be here in Taipei to assume the prestigious Presidency of the World Medical Association.

For me it has been a humble journey, which began with WMA as a representative of Indian Medical Association, way back in the year 2000. Ultimately this journey has shaped itself one step at a time, bringing me to the ascendancy of assuming charge as President of this august body of great intellectuals / medical scientists - the World Medical Association.

I offer my humble salutations to our Past President, Sir Michael Marmott. His great and incessant work over the past years in the field of redefining social determinants of health, has enormously contributed towards brightening the image of the WMA across the Globe, in an enviable manner.

STARTING AN ONLINE COURSE ON SOCIAL DETERMINATION ON HEALTH

I sincerely appreciate the efforts of WMA for starting an online course on Social Determination on Health, prepared by the Institute of Health Equity at the University College of London - under the stewardship of Sir Michael Marmott. Coupled with the efforts of our beloved Vivien Nathaisan, this online course will go a long way to fulfill many objectives of WMA in the times to come. Yet more needs to be done in continuation with such deserving efforts.

INCREASING THE MEMBERSHIP OF WMA

It is an undenying fact that as of now out of 197 countries, WMA has only 111 countries as members in its fold. This reality brings to the fore that the representation of the Gulf countries needs to be increased. The ‘representative
character’ of the WMA must be such, that it should be recognized as representing the true and genuine voice of the entire Globe. This can be achieved only by our committed and collective efforts towards increasing WMAs membership strength.

**RAISING THE STATUS OF WMA**

Is it not a hard fact that when any Government talks about formulation of health policy in its wide and varied manifestations, they invariably ask for inputs from WHO or any other concerned UN organization. Efforts need to be made to take the credibility of WMA to that very level, whereby inputs from WMA are considered as inevitable imperatives by each and every Government when they seek to crystallize and formulate health policies.

**ABOUT MYSELF**

In the fitness of things, I deem it appropriate to apprise this distinguished gathering, in nutshell, about my passion and profession. I am a Urologist by profession but a committed educational reformist by passion.

When I took over, in my home country India, as the Head of the regulator Medical Council of India way back in 1996, I realized that my country had needed tough yet enforceable regulations in the context of evoking desired doctors-pharma relationships, introduction of soft skills in medical curriculum and transparency in ‘Undergraduate’ and ‘Post Graduate’ medical entrance examination and imparting of quality based medical education. It is a matter of record that my tenure was instrumental in placing various ‘regulations’ in place bringing pharma-doctors Code of Ethics, introduction of Common Medical Entrance Examination and introduction of Soft Skills and Mental Health in the medical education curriculum. These have resulted in inducing desired quality centricity towards fulfillment of the set out objectives, in a measurable manner.

**INTERNATIONALLY SIGNIFICANT ISSUES**

In this context I would like to flag some of the International issues of urgent importance and of significant consequence as well.
1. Global health, which is defined as "the area of study, research and practice that places a priority on improving health and achieving equity in health for all people worldwide" needs to be incorporated in the medical education curriculum across the world as an inclusion of unavoidable need.

2. The next pertinent issue is a material reality to the effect that Health Care is in danger: Physicians are under constant threat all over the world. Realistically speaking they risk their lives while treating their patients in a committed manner. They legitimately need protection from violence while at work, whether in war or civil conflict situations.

While on one hand in some parts of the world hospitals are bombarded, ambulances hijacked, nurses and doctors kidnapped or killed and physicians are pressured, threatened and tortured, on the other hand in other parts of the world especially Asian Countries, doctors are assaulted and medical establishments attacked and damaged. The Geneva Convention is practiced more in ‘breach’ than ‘observance’, invariably ending up in flagrant violation of the inviolate human rights. It is the core commitment of ‘Physicians’ as a part of their basic duty to help patients by their professional knowledge without any distinction or discrimination of any type and magnitude. To a physician a patient is neither a ‘friend’ nor an ‘enemy’ but an opportunity rendered to him by the Almighty God to cater to a humane cause in the most diligent and devoted professional manner. They legitimately need protection from violence while at work, whether in war or civil conflict situations.

3. Yet another arena of vital concern turns out to be ‘Professional Autonomy’. In many countries like Turkey, India, United Kingdom and others, there are continued political attempts to undo or marginalize autonomy and self-governance of the medical profession including mauling and trampling upon the trinity of ‘Professional autonomy, Clinical independence and Self-governance’. This is an imperative, sine-qua-non, for the pink health of the profession. Frankly speaking, professional autonomy is not limited to asking for the privilege to do what we want to do. It is less about physicians and more about patient’s rights. It is the assurance that individual physicians have the
freedom to exercise their professional judgment in the care and treatment of
their patients without undue influence of any type from any quarter how so
powerful and mighty they be.
Regulation of clinical practice, framing evidence based standard treatment
guidelines, defining and checking professional malpractice and medical
education all need vital professional independence and a democratic system
based on meaningful participative decision making. **WMA has been, is and
must continue to be against the Government attempts to usurp the
professional independence through bureaucrats and politicians and making the same ‘subservient’, as a part of their calculated nefarious design(s).**
In a democratic society, self-governance is an element of horizontal power-
sharing and an important pillar of civil society and democracy itself. Doing
away with the vital concept of self-governance will not only amount to
subverting a valuable element of democracy but end up in devouring the very
soul of it.

4. Borne out from the various **international charters** generally and vide the
constitutional mandate, **‘Right to Health’** should be a humane priority not
open to any **‘concession, compromise or condonation’** of any type.
This must be espoused by WMA and all NMAs should put in all their might at
their disposal to see that the same is wholesomely reflected in the laws
enacted by the respective Governments in their health policies.

5. We need to recognize the criticality of diligence in the present era of living in
a **‘digital world’**. The medical profession has to be concerned about the
protection of our patients' personal and health data with the introduction of
**‘e-health and m-health’**.

6. Good quality education is essential and vital for generating **‘Competent,
Confident, Concerned and Compassionate’** trained health manpower.
The same needs to be promoted.

7. It is imperative that the desired goals need to be achieved by ensuring that
timely efforts are made at the WMA level to shift the focus of health care from
**‘Disease’ to ‘Wellness’** and from **‘Human Health’ to ‘One Health’**
towards achieving the real essence of unitary unification.
8. The unchecked malady of the unqualified people indulging in professional medical practice has caused and continues to cause endless harm to society. Keeping in mind the cardinal scientific reality that modern scientific medicine is not without ill effects, it cannot be bestowed in the hands of unqualified and unregulated people. This is in the interest of men, mankind and for upholding the ‘ethos and morality’ of the profession.

9. It has to be our collective uppermost concern that ‘equality, justice and equity’ are fundamental bioethic principles that need to be upheld at all costs and consequences.

10. There is no denying the fact that sexual violence against children and women is a serious concern in most countries. Sexual violence against children, whether evident or suspect, is a common, preventable and punishable acute medico-legal emergency. Educators are duty bound to address sexual violence against children, which needs to be addressed with ‘timely, appropriate and effective’ intervention.

11. We need to take note of the stark reality that professional honesty and integrity is at stake in many countries. The profession should be practiced transparently. All referrals and prescriptions should be transparent. Referral by physicians to health care facilities, where they do not engage in professional activities but in which they have a pecuniary interest is called ‘self-referral’. This practice can influence clinical decision-making and is not in sync with the desired ethicality and morality. Kickbacks (or fee-splitting) occur when a physician receives financial consideration for referring a patient to a specific center or for a specific service for which a fee is charged. This obviously is inconsistent with a desired value system of the profession. As such, the physician should not receive any financial or other consideration for referring a patient to labs, pharmacies or opticians etc..

12. One needs to decipher clearly that the interests of the ‘clinician’ and the ‘researcher’ may not be the same. If the same individual is assuming both the roles, the potential conflict should be addressed by ensuring that appropriate steps are put in place to protect the patient, including disclosure of the potential ‘conflict of interest’ to the patient and all concerned.
13. Cross Boarder Terrorism anywhere and everywhere needs to be stopped at all costs. **Be it the 9/11 terrorist attack in the USA (twin tower), Mumbai terror attack, traumatized Brussels, victimized Paris, school children massacred in Pakistan, bruised Uri or any other attack Globally disrupts the tranquility and harmony of the society in an irreparable manner.** Terrorism by any name and for any reason is terrorism and terrorism alone. There is nothing like “good” or “bad” terrorism. **It is a slur on civilization of mankind and hence needs to be dealt with an iron hand and commensurate political will by all the countries in the world.**

14. Along with the problem of malnutrition, ‘**lack of safe drinking water and poor sanitation**’ are among the major causes of child illnesses and deaths. The incidence of diarrhea can be reduced by nearly a quarter and the number of deaths by close to two-thirds through improvements in safe water supply with sanitation and hygiene.

15. Non communicable diseases are on the rise globally. The focus must change from ‘**sickness**’ to ‘**wellness**’ and on common country specific life style protocols. The same needs to be advocated strongly.

16. As per WHO projections, there’s a Global shortage of 7.2 million doctors, nurses and midwives. As we begin the first full year of our new Sustainable Development Goals, more countries will be working towards ‘**Universal health coverage**’ and to meet their health-related targets through stronger, more equitably distributed health workforces that include ‘**community health workers, widespread access to technology and a health team**’ approach for bringing care to those in need.

17. The relevant statistics brings out that around 3 in 10 deaths Globally are caused by cardiovascular diseases. At least 80% of premature deaths from cardiovascular diseases could be prevented through a healthy diet, regular physical activity and avoiding the use of tobacco, but then why the same remains wanting?
18. In the backdrop of deafening slogans of gender equality, every day about 830 women die due to complications of pregnancy and childbirth. Maternal mortality is a health indicator that shows very wide gaps between rich and poor, both between countries and within them. Should the pregnant mothers be left to die or should it not be realistic human touch to reach them in a ‘handy, accessible, timely and affordable’ manner, which would be in the interest of mother, the child and resultantly all humanity.

19. Mental health disorders such as ‘Depression’ are among the 20 leading causes of disability worldwide. Depression affects around 300 million people worldwide and this number is projected to increase. This needs to be addressed on priority.

20. Almost 10% of the world’s adult population has Diabetes. People with Diabetes have increased risk of heart disease and stroke. It is imperative that timely action plans are evolved for dealing with the problem in the context of its magnitude, so that it does not gain proportions that would turn out to be difficult to tackle in times to come.

21. Around 70% of all HIV/AIDS deaths in 2012 occurred in sub-Saharan Africa. Globally, the number of people dying from AIDS-related causes is steadily decreasing from a peak of 2.3 million deaths in 2005 to an estimated 1.6 million in 2012. As such timely ‘policy interventions’ need to be evoked.

22. More extreme weather and rising sea levels, temperatures, and carbon dioxide levels are ushering a wide array of human health effects, from asthma to chikungunya to mental illness. Concern on these aspects should not remain a matter of ‘lip sympathy’, that is ‘cosmetic’ in nature.

**YOGA AND MEDITATION**

Today, more than ever, the need for preventive systems of medicine is being widely realized. Sophisticated diagnostic tools, prescriptive drugs that come in complicated combinations, and a high level of specialization are making medical care expensive. Illnesses are on the rise.
This is where Yoga comes in. Meditation is an integral part of Yoga. The mind is the root of most physical problems, is brought out and guidelines for healthy living are given. Shri Narendra Bhai Modi, the Hon’ble Prime Minister of India and a Global leader has also emphasized the need for connecting more and more people not only in India but all over the world – with Yoga and its adoption for the complete health of the mankind. **United Nations from 2015 has also adopted 21st June of every year as the International Yoga Day.**

As such, the core thought that WMA has to evolve so as to gain credibility, whereby its inputs are availed by all the Governments all over in formulation of their policies. Perhaps the time has come to seriously think about the need to create a “**World Health Keeping Force**” on the lines of “**World Peace Keeping Force**”. By virtue of the fact that National Medical Associations that have substantial membership of Health professionals with them together can jointly go in for creation of such an ‘**international health keeping force**’ under the aegis of the WMA. This requires diligent application of mind and evolving necessary ‘**blue print**’ and a resultant ‘**action plan**’. **This would be my endeavour of priority.**

With reverence, committing myself to the path led by my illustrious predecessors who have left their marks on the sands of time as ‘**milestones**’ to guide me, I sincerely commit myself to the ‘**Vedic**’ ethos to the effect –

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Om   Sarve   Bhavantu   Sukhinah
Sarve Sarve  Santu  Sarve  Bhadraanni  Maa Kashcid-Duhkha-Bhaag-Bhavet
   Nir-Aamayaah Pashyantu
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**The English version of the same means** -

“May all be prosperous, joyous and happy
May all be sickness free, all their way
May all gain spiritual ascendency
May no one suffer, in any way”

Thank you one and all

Jai Hind