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Members of the General Assembly, colleagues, guests and our hosts the Medical Association of Thailand.

I am honored to serve as President of the World Medical Association.

And as I think about working with the incredibly dedicated members of this profession, this noble profession of medicine, I am enthusiastic and optimistic about the future.

As I work with colleagues around the globe, I am reminded of the commitment we all have to the profession of medicine.

I am reminded of the similarity of the challenges we face regardless of our country of origin.

Reminded, that there are different ways to respond to those challenges – each of which has its own value.

Most of us went to medical school because of the desire to serve

The allure of science and, yes

The thrill of achievement –

Of doing the difficult –

The hard stuff.

Of running the fastest mile, sinking the hole in one, pole-vaulting higher than any other.

In my country its major league baseball's Josh Hamilton of the Texas Rangers hitting four home runs in one game earlier this summer.

For you fans of real football, it's Great Britain and Manchester city scoring twice in two minutes to win the English soccer championship – a first for Manchester City in 44 years.

For the future of the WMA and world health my three nominees for the most significant, the difficult, the hard stuff are:

1. The moral imperative of ethics in medicine
2. The challenge of noncommunicable diseases and

3. The threat of climate change

First ethics

As physicians we must have moral authority and speak and act with moral authority.

That means we must speak out on broad public health issues.

We are most credible when we speak from a platform based on principle and ethics.

Those physicians from around the world who came together to form the World Medical Association in 1947 recognized this.

They understood that an organization was needed to become the authoritative voice on global standards for medical ethics and professional conduct, rather than focusing solely on protecting the interests of the profession.

From the beginning this intent was codified in our International Code of Medical Ethics and the Declaration of Geneva – also known as the modern “Hippocratic oath”.

Other declarations have addressed issues such as patient safety, medical ethics and advanced technology, end of life care, access to care, protection of medical personnel in armed conflicts – and more recently the use of social media.

Today the WMA serves as a voice recognized the world over.

There is perhaps no clearer example of that recognition than the Declaration of Helsinki that advises physicians on doing medical research on human subjects.

The Declaration of Helsinki is the loadstone; the North Star if you will that guides physicians, governments and industry in this area.

Next month in Cape Town, South Africa the WMA is convening distinguished ethicists, educators and government officials from around the world to look at potential revisions of the Declaration

– Not to change core principles – but to determine whether more guidance is needed to deal with the complexities of today’s world.

But ethical guidance by itself is not enough – hence goals of moral support and practical advice.

To that end the WMA is active in making its voice heard.

Most recently speaking out urging the government of Bahrain to overturn the criminal court verdict of doctors sentenced to jail for providing care to the injured, and

Calling on the government of Syria and President Assad to protect health care facilities and their workers from interference, intimidation or attack.

And earlier this year, sending our president Dr. deAmaral and chair of council Dr. Haikerwal to Turkey where they marched in solidarity with fellow physicians in opposition to threats to professional autonomy and self-regulation.

The WMA is not involved in health care per se, but does have an important role in seeking to influence the environment, the milieu in which health care is delivered – the structure of health care systems.

Which leads to my second point – the challenge of noncommunicable diseases.

Non-communicable Diseases (or NCDS) are now the leading cause of death and disability worldwide.

And that is true in the developed and the developing world.

These diseases including cardiovascular and circulatory diseases, diabetes, cancer and chronic lung disease are expected to increase in frequency and are largely preventable

They are not replacing existing causes of illness such as infectious disease and trauma, but are adding to the disease burden.

So that developing countries face the triple burden of infectious disease, trauma and chronic disease.

The causes of noncommunicable diseases are smoking, obesity, physical inactivity and alcohol abuse – all lifestyle behaviors.

The primary solution is disease prevention.

In a statement adopted at this General Assembly in Uruguay last year the World Medical Association called for national policies that help people achieve healthy lifestyles and behaviors.

For programs to increase access to primary care

For strengthening the health care infrastructure to care for the increasing numbers of people with chronic disease.

This is a challenge that cannot be met solely by the individual physician seeing a patient in the office, important as that is.

It is a job for all of society - world governments, national medical associations, medical schools, patients and yes - individual physicians working in their communities seeking to affect health policy.

But, life style behaviors, smoking, obesity and alcohol abuse are only part of the story of NCDs.

To get there let me digress.

There is an old fable from this part of the world about three princes who lived long ago in the country of Serendippo - what we now know as Sri Lanka.

Their father, the king, wanted them to have the best possible education.

But even though he hired the very best teachers, he was not convinced that his sons were getting the training they needed to rule as king.

So he sent them abroad, away from the privileges of the palace, to sharpen their wits and broaden their horizons.

And in the course of their travels, by keeping their minds open, more by accident than design, they gained an education that afforded them the wisdom and knowledge to rule.

And years later, the English writer Harold Walpole coined the word “serendipity” based on these stories.

He noted that when the princes travelled, they were always making discoveries and developing the ability to link together seemingly unrelated facts to come to a valuable conclusion.

Louis Pasteur, the French chemist and microbiologist said it this way.

“Chance favors the prepared mind.”

Our consideration of the proximate causes of non-communicable diseases – tobacco, obesity, alcohol – has led to the in some ways serendipitous understanding that there are equally important causes of the causes.

These causes of the causes are social determinants of health- the conditions in which people are born, grow, live, work and age, and the societal influences on these conditions.

They are major influences on both quality of life, including good health, and length of disability-free life.

For example:

In many societies, unhealthy behaviors are higher in people on the lower end of the social gradient.

The lower they are in the socioeconomic hierarchy the more they smoke, the worse their diet and the less physical activity they engage in –

Putting them at increased risk of noncommunicable disease.

Lower levels of education have the same effect.

We are indebted to the work of Council member Sir Michael Marmot and his colleagues for giving understanding and international visibility to this important subject.

For governments, understanding this concept means that all policies need to be evaluated as to their effects on the health of its citizens.

Therefore, not just one designated minister of health.

All ministers are health ministers.

And the medical profession has a valuable role to play in seeking action on these social conditions, the causes of the causes that have such important effects on health.

My third point

Global warming with its accompanying climate change, and its accompanying extremes of weather is already having and will continue to have significant health effects.

Although governments and international organizations have the main responsibility for creating regulations and legislation to mitigate the effects of climate change the WMA feels an obligation to highlight the health consequences and suggest solutions.

Over the past two decades extreme heat events have killed tens of thousands around the globe.

Heat waves are becoming more frequent, of longer duration and more intense.

Heat waves can cause illness and death from heart disease, diabetes, stroke, respiratory disease and even accidents, homicide and suicide.

At the same time increased evaporation arising from warming seas is generating heavier downpours increasing flooding and water-borne disease outbreaks when flooding overwhelms sewer systems and contaminates drinking water.

Warmer winters favor insect migration.

Worldwide the effect may be mixed for Malaria.

In some regions the geographical range will contract and in others expand;

Worldwide disruption of the food supply is predicted to increase malnutrition and subsequent disorders.

Physicians have a role to play to:

Encourage advocacy for environmental protection, reduction of green house gas production and sustainable development of green adaptation practices.

Work with others to educate the general public about the important effects of climate change on health and the need to mitigate climate change and adapt to its effects.

Work with others, including governments, to address the gaps in research regarding climate change and health.

All of which brings to mind an ancient Chinese proverb:

“When is the best time to plant a tree,” asks a young student, sitting in the hot sun with his teacher.

“Twenty years ago,” replies the teacher.

The young boy, feeling a drop of sweat run down his cheek asks,

“Well, then when is the second best time?”

“Now!!” intoned the teacher.

Now

Now is the time.

Fifty years ago – doesn’t seem that long - US President John F. Kennedy gave a speech at Rice University in Houston.

Kennedy spoke of the conquest not only of physical and technological barriers, but psychological ones.

He said:

“We choose to go to the moon in this decade and do the other things, not because they are easy, but because they are hard.

Because that goal will serve to organize and measure the best of our energies and skills.

Because that challenge is one we are willing to accept,

A challenge we are unwilling to postpone.

And one we intend to win.”

Ethics,

Non-communicable disease,

Climate change.

So, is the job difficult?

Yes.

Is the path long and winding?

Absolutely

Is success assured?

Absolutely not.

All the more reason to embrace it.

And our success or lack of success depends in the end on our attitude.

The American industrialist Henry Ford said:

“If you think you can.

If you think you cannot.

You are right.”

From India, Mahatma Gandhi said it this way:

“Man often becomes what he believes himself to be.

If I keep on saying to myself that I cannot do a certain thing, it is possible that I may end by really becoming incapable of doing it.

On the contrary, if I have the belief that I can do it, I shall surely acquire the capacity to do it even if I may not have it at the beginning.”

As physicians, we are joined by our common contract with humanity.

We reach out to the sick, the disabled and the chronically ill.

Suffering knows no language, and easing pain, finding treatments, developing cures – know no borders.

Working together we can create the future of medicine.

Together, we can open new doors, share new insights, find new cures, prevent disease and help our patients the world over to live healthier, happier, longer, more productive lives.

I look forward to that.

Thank you.