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## POLITICAL PRESSURES GROW

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**P**olitical interference in medicine is a growing threat, says Dr Otmar Kloiber, Secretary General of the World Medical Association.

Eleven Turkish doctors were sentenced to prison for up to 36 months earlier this year for stating that war is a threat to public health.

"That brings them prison. This is outrageous. What they say is true. It's a fair statement. The accusation with the 11 was that they were supporting terrorism. This is so absurd," Dr Kloiber says.

It is not just authoritarian countries; the Australian government was criticised for trying to clamp down on the right of doctors to criticise conditions in offshore refugee camps.

And in the United States Dr Kloiber cites a Floridan law, struck down on appeal, that prohibited paediatricians from asking parents about the availability of firearms in homes where children had been accidentally shot. The law was introduced after lobbying from the NRA.

It's not just driven by ideology. With health the biggest single sector in many developed nations, it is tempting for politicians to interfere as there is much at stake economically.

### SUPPORTING GOOD DECISION-MAKING

Part of the WMA's agenda is to guide politicians towards good decision-making.

He's pleased the World Health Organisation and WMA last year signed

a Memorandum of Understanding advocating universal health coverage, rather than the traditional "siloes" approach targeting certain diseases.

"We think that health care has to be comprehensive. Not episodic, or pointed to a few diseases, but taking human beings as they are with all the problems they have."

In emerging economies like India and Brazil the WMA tries to steer governments towards putting doctors at the centre of primary health care. There is a tendency for philanthropic donors to fund nurses or community workers rather than fostering doctor-led services and medical training, he says.

The WMA advocates for universal health care but is agnostic about how this is achieved.

"Our quest is that the state organises health care in a way that everyone can get it without financial hardship. We have no preference for the actual system. That is not our quest."

A private insurance model per se is not a bad thing, he says; while it doesn't work in the United States, it does in Switzerland.

"The Swiss system has deficiencies but it covers everyone."

Sometimes the WMA has had to reassure doctors in countries moving to universal care that it will be good for their

profession, as for some doctors it entails a drop in salary.

Dr Kloiber, who grew up in Cologne, Germany, worked in the 1990s with East German authorities and other Eastern European jurisdictions to develop functioning health systems and democratic health organisations.

"This was a very exciting moment in history and I was very well aware it would not come again."

"The new democracies were under enormous stress pulling them to completely commercial or completely state-run systems and what we wanted to offer was a model of self-governance."

"The old structures of the communist health systems were still prevailing. Those structures were contradictory to introducing health care as something that has to be produced and has to be paid for by somebody, for instance through health insurance."

The notion that health care was free had to be challenged, he says, but the aim was building a socially just system. In some cases it meant replacing systems where doctors were paid under the table by patients.

Dr Kloiber, who has headed the WMA since 2005, says the idea of doctors taking industrial action was not accepted by a majority for decades and it took a long time to change.



WMA Secretary General Dr Otmar Kloiber

"Some of the members thought it unethical to strike. But it depends on how you perform a strike."

Despite living in France, he proudly retains membership of Marburger Bund, Germany's trade union for physicians, and is interested in trade union development.

Membership of the WMA is based on one organisation per country, thus in a few cases member bodies are trade unions.

Germany's member body is the German Medical Association, but Marburger Bund is closely linked to the organisation, and works like a political party trying to secure key positions.

### CONTENTIOUS ISSUES

More contentious than industrial policy has been the WMA's internal battle over euthanasia. It's shed two members over

the issue - the Canadian and Dutch medical associations - after they tried to shift the WMA's position.

The WMA and Dr Kloiber, who has worked in medical ethics, are opposed to euthanasia.

"I am convinced that this is not a role for doctors. Where doctors are involved in euthanasia you have severe loss of trust in doctors."

He does not want to "be a judge" and acknowledges there are some tough cases. The WMA does not demand treatments that unduly extend life when this is not desirable, he says. The will of the patient is important.

He says euthanasia is an issue in rich countries. The WMA's members from poorer states have no interest in it.

Asked about the trend towards liberalisation in many jurisdictions, he says "trends and zeitgeist are not what makes medical ethics".

To deal with the dissension in its ranks, the WMA organised regional conferences to air the matter. As expected there was almost no interest from Asia, Africa, or South America. Ironically, the European conference was hosted at the Vatican, and it of the four was the one where some delegates were in favour of the practice.

"This was kind of interesting," he says.

"It's not the world that's discussing it, it's the rich affluent countries."

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