

**Dr. Miguel R. Jorge, World Medical Association 70th
President**

Inaugural Speech, 25th of October 2019

Dear Colleagues and Friends,

Ladies and Gentlemen,

Thank you for your presence and enduring support to the World Medical Association. It means a lot to the physicians we represent and, at this particular ceremony, it also means a lot to me.

Those of you familiar with the World Medical Association know that our constituent members include one hundred and twelve national medical associations. I am here today being inaugurated as the World Medical Association's 70th President not by myself but representing not just my colleagues from the Brazilian Medical Association but millions of physicians who practice in every corner of the globe.

My home country, Brazil, is amongst the 10th biggest economies but is also amongst the 20th most unequal countries in the world. And we know that wealth inequalities within a country impact social determinants of health and consequently the health status of its population. It is not uncommon to see, in unequal countries, two realities for medical care: one with first world quality for those who have more and the other of little quality – if any – for the underprivileged.

The World Medical Association's Declaration of Geneva states in its opening remarks that physicians pledge to dedicate their lives to the service of humanity and have the health and well being of their patients as their first consideration. We, as physicians, practice our commitment to these principles not just when attending to our patients but also when we join our medical associations in their multiple activities, aiming, at the end, to raise the health status and quality of life of the population we serve.

There are many and different factors influencing the physicians' role to promote the health and quality of life of others, such as a good and continuous medical education, adequate resources and conditions for work - particularly enough time with each patient, a balanced professional and social life, and - equally important – to take care of their own physical and mental health.

As a psychiatrist, I was planning to emphasize during my Presidential term that there never will be health without mental health. But I was challenged by myself to broaden my concerns, and remind and highlight to my fellow physicians one essential component of the practice of Medicine: the great value of the physician-patient relationship.

It is usually recognized that most of those who are looking to enter medical school, do so saying they want to help people in their suffering related to illness. But studies from different countries show that medical students usually are

less sensitive to the patient's needs as a person when finishing than they are when entering medical school.

What happened in between? One possible reason is that students, during their medical education, are more and more exposed to the biological nature of illnesses than to the social environment surrounding their patients and the development of diseases. They also are not adequately taught to take into consideration the emotional aspects of those they are assisting.

To those who are being trained to be a medical doctor, biology is an arena where they feel more secure and comfortable to act than they do when feeling incapable of dealing with people's social and psychological issues. Besides that, the physicians-to-be were developing defences against their own suffering when facing different forms of pain in their patients. Physical pain, emotional pain, social pain. And these defences reduce their sensibility to others' needs.

A good physician needs to be able to put him/herself in the place of their patients, trying to feel as they feel, in order to better understand their needs and plan to provide what they need more. But it is not a simple task to put him/herself in the place of a patient and - at the same time - to avoid feeling as helpless as the patient would be. In medical care, it is as essential to have empathy as it is to be able to examine the patient from the outside.

A colleague from my Department in the Federal University of São Paulo, Dr. Julio Noto (*personal communication*), reported to me that once he heard from one of his Medical Psychology students: “How can I talk to the patient if there is nothing that I can do for him due to his condition?” Noto considers that teaching Medical Psychology to medical students sometimes is similar to teaching someone “to do nothing”. There, doing nothing can correspond to cathartic listening, emotional continence, expectant attitude, and even the use of countertransference in the physician-patient relationship. A brilliant Brazilian novelist from the later

19th and early 20th centuries, Machado de Assis, once wrote: "...there are things we say better being quiet..."

We all hear that Medicine is both science and art but, in the last decades, the practice of Medicine is more and more reflecting an emphasis just on its scientific nature. A competent physician is not a good mechanic of the human body but someone who equally combines technical excellency with being close to their patients, respecting their dignity, and showing them empathy and compassion.

Evidence-based guidelines containing standards of care are really of great importance. They allow the organization of a fragmented physician-patient care model, as different physicians assisting the same patient at different times can apply the same objective scientific knowledge. But an interesting study published in 2016 by Lauren Diamond-Brown suggested that goals of standardization cannot rationalize all aspects of medical practice, and policy makers must not forget the function of a positive physician-patient relationship. We have to recognize the importance

of evidence-based medical practice while not forgetting that the decision-making process of care also involves important subjective aspects.

Eric Cassel (2012), in his book *The Nature of Healing: The Modern Practice of Medicine*, states that “Respect for persons has helped move the idea of persons and knowledge about them to a more central position in medicine. From this it follows that healers and other clinicians should know as much about persons as they know about their pathophysiology.” According to him, almost nothing about people is unaffected by sickness.

Concepts like this one have led to a shift of models of care from a disease-specific model to patient-centered collaborative care. Results from reviews of the literature conducted in 2000 by Mead and Brown and repeated in 2019 by Langberg et al. described five dimensions of a patient-centered care: sharing power and responsibility, therapeutic alliance, patient-as-person, coordinated care, and a biopsychosocial perspective.

Emanuel and Emanuel (1992) considered – before the current digital era - that the role of physicians varies, in different models of physician-patient relationship, from a guardian to a counsellor or advisor, from a friend or a teacher to a technical expert. Nevertheless, ethical considerations about the rights of persons and the widespread access to information brought by the Internet to all, have a major impact on the physician-patient relationship. Medical expertise continues to rely on the physicians' knowledge, but the decision-making process and adoption of a treatment plan now need to include and respect the patients' preferred choices.

Taking just diagnostic imaging and individual genetic tailoring for the treatment of cancers as examples of the sophisticated progress experienced by Medicine in the last few decades, as well the development of telemedicine, the use of artificial intelligence and particularly of social media, we – physicians – have to learn how to use these tools for improving the physician-patient relationship and

not allow them to move us from a focus on the patients themselves or to create more difficulties in our communication with them.

Another interesting study, from Hitchcock et al. (2005), involving primary care patients with multimorbidity, showed that participants were willing to use technology for monitoring or educational purposes if it did not preclude human contact. When listening to patients' expectations, humaneness appears as equally or even more important than medical competence. So, a recommendation of major importance is that physicians must be focused on building trust and a strong therapeutic alliance early during the first visit of a patient.

Last November, the European Council of Medical Orders supported and adhered to an initiative by the Forum of the Medical Profession of Spain and the Portuguese Medical Association to defend and strengthen the physician-patient relationship by requesting its recognition by UNESCO as an Intangible Cultural Heritage of Humanity. That proposal

considers the physician-patient relationship a fundamental component of health care that can be threatened by political, social, or economic risks, and technological and communication changes, which makes it necessary to protect and enhance the fundamental elements of that relationship.

Physicians working under difficult circumstances such as those in Africa, Latin America and Asia, often cannot do what they consider to be the best plan of action due to the scarcity of different resources. But they can accomplish at least partially their mission if they give a little more time and show empathy and attention to their patients. I am sure that we can always do better for all if we keep in mind the reason why we chose to be physicians earlier in our lives: to help those who are suffering due to their compromised health.

Finally, I would like to say something about my background and this moment. My four grandparents arrived in Brazil in 1912, after fleeing a difficult situation they

were facing in their mountain villages of Lebanon. My parents were born in a small city in the interior of the country and my father became a merchant in his adult life. When I was studying Medicine, his wish was to see me as a general surgeon practicing and making my life even in a deeper part of Brazil, where everything was still waiting to be built.

But, according to some of my colleagues at the medical school, I – in a way - declined to be a “real” physician by choosing to become a psychiatrist. And, in the eyes of many, the worst part of all: rather than focusing on a money driven path, I chose to follow an academic career and, early in my professional life, I engaged in lifelong actions for enhancing the quality of medical care provided particularly to those that are more in need.

After so many years, being here today, becoming the 70th President of the World Medical Association was not something I ever dreamed of. It gives me great joy and happiness, even though has not been possible to have some

of my family members with me at this moment. But, I want to specially thank them for their continuous and enduring support.

I am sure that there are times when many of you – like me now – are participating in professional activities that divert you from the company of your family. This is a kind of side effect of being a physician but – remember – as I said before, a balanced professional and social life is essential for taking care of others.

So, once again, on behalf of millions of physicians worldwide and of those they serve, I want to recognize your efforts and dedication, ultimately aiming to provide better health to all.

Thank you!

Before I close this Ceremonial Session of the General Assembly of the World Medical Association, I give the microphone to the Secretary General for some announcements.

On behalf of the World Medical Association, I would like to thank you for honouring us with your presence here today.

I now declare this Ceremonial Session closed and invite you all for a short cocktail provided by the Brazilian Medical Association just outside this room. Thank you!