

Valedictory Speech by the WMA President, Dr. Miguel Jorge, to the GA

Dear Colleagues and Friends, Ladies and Gentlemen,

Our tradition requests that the World Medical Association (WMA) outgoing President, deliver a so-called Valedictory Speech at this Ceremonial Session of our General Assembly. Accordingly to different dictionaries, valedictory is related to “say goodbye” or “a statement of farewell”. As a psychiatrist, I am very much prone to always try to be in contact with feelings and emotions, mine and from those people to whom I am in relationship. Therefore, I hope to not just shortly report what I have done during my Presidential year but also how I felt others and myself during the period ending today. I can guarantee to you all, that it was quite different from any other Presidential term.

I started my Presidential term just after our General Assembly in Tbilisi, Georgia, going from there directly to Tokyo, Japan, for the Commemorative Ceremony of the 72nd Anniversary of the Japan Medical Association (JMA) on the 1st of November 2019. JMA has carried out during its existence not

just many important activities on behalf of the Japanese people but was and continue to be an outstanding member of the WMA.

In the beginning of December 2019, Taiwan Medical Association, one another important member of the WMA, has organized an International Symposium on Primary Health Care, in Taipei, where I had the opportunity to speak about the theme I choose to highlight during my Presidential term - the importance of the doctor-patient relationship – which is even more important in the context of primary health care.

From Taipei, I went directly to Muscat, in the Emirate of Oman, for the World Health Organization (WHO) Global Meeting on Non Communicable Diseases (NCDs) and Mental Health. I have spoken in two different panels, emphasizing the contributions WMA and some of its National Medical Associations (NMAs) have been developing, sometimes in collaboration with other health professional organizations, to better prepare those responsible for assisting patients with NCDs and their mental health.

Not exactly from my role as WMA President but as a member of the WMA Workgroup which is revising the International Code of Medical Ethics

(ICoME), I have organized in early March of the current year, in São Paulo, a regional conference to discuss different medical ethics issues of interest to Latin America countries and also to Portugal and Spain, our “country brothers” from Europe. There were 50 people from nine different countries discussing different themes of interest to the revision of the ICoME.

Well ... then ... the coronavirus pandemic impacted us. All meetings that WMA and its NMAs were planning and/or were invited to participate, were cancelled, postponed or changed to occur through Internet ways of communication. Many countries, all over the world, started to face lockdowns in different regions and cities, and a vast majority of international flights was cancelled. As we say ... the world was placed upside down! Moreover, we have to experience months of quarantine at home.

With such a change in the way we live and work, we were pushed to be more resilient and creative. I was confined in my apartment and did not see even my daughter and grandsons for weeks in a row. Initially, I was thinking that it would be a time to do all those things we never have time to do before but ... I have never worked so tireless. My duties as President of the World Medical Association, Chair of the Research Ethics Committee of my

University, and Director of the Brazilian Medical Association, left me not much time to relax.

You can have an idea of my doings just reading my Presidential report to the WMA Council, encompassing at least 24 activities during the pandemic: live, recorded or written interviews, and presentations. I spoke about many topics related to the pandemic such as the role of the WMA and other medical organizations, physicians and patients' safety, ethics, climate change, solidarity, and different issues on mental health - of common people and of physicians and other health personnel at the frontline care.

I am sure it was difficult times to all, much more to some than to others. At the beginning, we had very little knowledge about the virus characteristics and particularly about the COVID19 disease: no vaccine and no specific treatment available; high transmission and a considerable lethality; great concern of a collapse of health services. Therefore, most people were experiencing anxiety and fears, including physicians who – at many and different places – where also experiencing a work overload and a lack of enough and adequate personal protective equipment. And, in times of many

discrediting science and spreading fake news, with a major contribution even from people in position of command – like the President of my country and of the country of our next WMA President – I believe that much more people were inadequately exposed to the virus, were infected and many died. At the time when I am writing this speech – the middle of October – WHO is counting more than 38 million of cases and more than one million of deaths. Those numbers are considered very much under what happened in reality and the pandemic is still going on everywhere.

During the pandemic, I have listened that we all were at the same ship. It could be true but lets remember that many ships have passengers in the first, second and third classes. Our world is an unequal world and for many people the recommendation to stay at home and keep physical distance one from another sounds as a joke. I am not just referring to people who lives in slums or as homeless in my country, Brazil, but also to – accordingly to the World Bank data – almost half of the world's population who still struggles to meet basic needs or to almost 10% of the world's population who lives in extreme poverty.

COVID19 has directly affected physical and mental health of millions, and indirectly affected socially and economically billions of people. Poverty and inequality are growing and people will continue, for many years, to suffer from fears, grief, anxiety, depression, loneliness, uncertainties, economic loss, and social disruption. Now, more than ever, universal health coverage – including mental health care – would be the best way to provide health for all.

It is time to start thinking about the future, at short, medium and long-term. It was clear that the WHO and governments were not well prepared to deal with emergencies such as those related to pandemics caused by infectious diseases or natural disasters. Health does not have enough priority for many of those who lead our countries and usually is insufficiently funded. In many countries, corruption also contributes to divert part of the budget allocated to health. It was possible to see politicians trying to save their mandates and not human lives, and even the WHO was accused to not act as required in the beginning of the pandemic because of political influences. It was also possible to observe in some regions, a lack of health services, hospital infrastructure and health personnel. The supply chain of medical equipment relies very much in few or sometimes just one source. All these factors will

need to be realistic faced and fixed, and they will not be unless the health stakeholders take initiatives to raise awareness and mobilize our communities to push their governments in the desired and needed way.

The diagnosis exists. It needs to be completed and then to adopt a treatment plan to what were harmed and preventive measures to not have further damages.

I am deeply grateful for your continuous support and hope to see you all soon again. Thank you!