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Editorial

As our global community welcomed the start to 2022, and another year of the coronavirus disease 2019 (COVID-19) pandemic, the World Health Organization reported an estimated 289 million cases and 5.4 million deaths across the globe (as of January 2, 2022). Now, four months later, an estimated 518 million cases and 6 million deaths have been documented (as of May 15, 2022). As a result, COVID-19 is now recognized as the leading cause of mortality due to a single infectious agent, ahead of tuberculosis, HIV/AIDS, and malaria.

Over the past two years, as clinical and laboratory resources have been prioritized for global COVID-19 response efforts, health systems have experienced an increased surge of health care service utilization. Health professionals have faced physical and mental exhaustion, leading to increased risk of burnout and other mental health concerns, amidst the ongoing global health workforce shortage. Also, other global events have impacted community health and safety, including Myanmar health professionals who have been arrested or attacked, and three million Ukrainians who have left their country following the Russian invasion. As the direct and indirect effects of the COVID-19 pandemic continue to unfold before our eyes, it is clear that global solidarity remains essential to streamline health system preparedness and response efforts during the pandemic.

The United Nations has voiced the need to accelerate sustainable actions during the “decade of action”, in efforts to achieve the goals, targets, and indicators of the 17 Sustainable Development Goals by 2030. These global and local efforts are fundamental to address emerging health challenges of this decade, including air pollution, antimicrobial resistance, effects of climate change, mental health, prevention and control of communicable and non-communicable diseases, and zoonotic spillover.

Over the first quarter of 2022, the 220th WMA Council Session offered a hybrid format for WMA members to share policy updates, discuss comments and revisions to WMA resolutions, and directly connect with colleagues. This meeting raised awareness on an array of global issues that will be discussed at upcoming events, including the 221st WMA Council Session which will be held in Germany.

In this issue, Dr. Heidi Stensmyren has shared her perspectives on priorities and upcoming activities during her tenure as WMA president. Dr. Thomas Lindén has offered insight on the global burden of rare diseases and proposed actions that can strengthen global initiatives. Mr. Nigel Duncan has prepared a comprehensive summary of the WMA statements and resolutions that were presented at the 220th WMA Council Session. Finally, WMA members have contributed their articles that highlight national activities, perspectives on pressing health issues, and reflections about World Health Day.

It is with great honor that I have prepared this inaugural editorial for the World Medical Journal. Our editorial team hopes that the World Medical Journal, as a high-quality resource for the global medical community, can provide a platform for WMA members to disseminate ongoing activities with our colleagues. Together, as WMA members, we must leverage our expertise and build our professional networks that can facilitate prompt knowledge sharing across our countries.

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WMA 2022 Council Report *Paris, April 7-9, 2022*



Nigel Duncan

In the year of the 75th anniversary of the first General Assembly of the World Medical Association (WMA) in Paris, the WMA returned to the French capital for its 220th Council meeting. It was a hybrid meeting and the first time that members had met face-to-face since the General Assembly in Tbilisi in 2019. Around 150 participants attended in person, with a further 70 participants joining online. Some 40 National Medical Associations (NMA) and constituent members were represented.

Thursday, April 7

Council

The Chair of Council, Dr. Frank Ulrich Montgomery (Germany), opened the meeting and welcomed those Council members who were attending in person and those who were logging in online. New members were welcomed, and apologies were also received. All guests from affiliated organisations and observers were also welcomed.

The meeting then stood in memory of two leading members who had died – Dr. Jim Appleyard, President from 2003-04, and Dr. Joe Heyman, Chair

of the Associate Members – as well as all those physicians who had died in the conflict between Ukraine and Russia.

Interim Report of the President

Dr. Heidi Stensmyren (Sweden) spoke about the challenge of COVID-19 and the way in which the WMA had had to adapt. She said that they had seen multiple technical developments relating to vaccines and medical research, which had led to more students and young doctors going into the medical technology sector. By using new technology, regional meetings had been held, and she highlighted the Confederation of Medical Associations in Asia and Oceania weekly meetings with updates on COVID-19, where the NMAs shared their knowledge. She referred to the war in Ukraine and the violations of several international treaties. Health care had become more of a target, and she encouraged members to take action and prevent these occurrences. Finally, she spoke about the increased awareness of the importance of public health and the need to be more active in the public debate.

Report of the Secretary General

Dr. Otmar Kloiber tabled a 24-page report detailing the activity of the Secretariat during the past six months. He spoke about the need to revise the Declaration of Helsinki. There were new issues coming up on medical experimentation and clinical trials, on patient driven research and research protocols. Since the Declaration was last discussed a decade ago, he reminded members that the WMA formal revision process will need to be completed by 2023. The American Medical

Association volunteered to take a lead role in this revision process. He said they should repeat the process of being very inclusive, involving patient groups, other non-governmental organizations, and industry. He suggested that a workgroup be set up to start the revision process this year, which was supported by the Council and numerous NMAs.

Ukraine

Dr. Kloiber reported on the help which the WMA was giving to its colleagues in Ukraine. A group of organisations, including the CPME, EFMA and the past WMA President, Dr. Leonid Eidelman, had joined forces to work together and a task force had been formed. With the announcement from Japan of a considerable donation, the Ukraine Medical Help Fund was opened and very rapid help had come from many other NMAs, as well as a number of individual donations. Dr. Kloiber expressed his gratitude to all those who had donated to this fund.

Report of the Chair of Council

The Council received a written report from the Chair of Council looking back over the last five months. This referred to the situation in Ukraine which had shown the fragility of our geopolitical systems. This had led to a humanitarian crisis with millions of people on the move. It was the WMA's challenge to provide medical services and public health care to these people. In his oral report, Dr. Montgomery added they should not forget the COVID-19 pandemic, and that they had to work continuously in both affluent and less affluent countries. In some affluent countries, they had to fight fake news against vaccination, whereas in the largest

parts of the world they had to combat the inequity of vaccines. This was an oxymoron and had been the core of his work.

Matters of Urgency

Russian Invasion in Ukraine

An emergency Resolution in support of medical personnel and citizens of Ukraine in the face of the Russian invasion was submitted by the Norwegian Medical Authority, merged with two other Resolutions from the French and Spanish Medical Associations. Speakers supported the Resolution, which expressed shock at the Russian army's bombing of Ukrainian civilians and hospitals. It also expressed support for Ukrainian colleagues. Several friendly amendments were proposed and accepted. However, five amendments proposed by the Russian Medical Association failed after a seconder could not be found. Other amendments also failed when no seconds could be found.

The emergency Resolution, as amended, was unanimously accepted and approved by Council. (see. p. 14)

Socio-Medical Affairs Committee

Election

An election took place for the Chair of the Committee, following the election of the previous chair, Dr. Osahon Enabulele, as President-elect. Two candidates were nominated, Dr. Lujain Alqodmani (Kuwait Medical Association) and Dr. Jean-François Rault (Conseil National de l'Ordre des Médecins). In a vote, Dr. Rault was declared the winner by 15 votes to 10.

Health and Environment

The committee received an oral report from the Environment Caucus, chaired by the Kuwait Medical Association, which had met the previous day. Among the items discussed was the UN Climate Change Conference in Glasgow, the need to revise the WMA Statement on the Prevention of Air Pollution due to Vehicle Emissions, and a discussion on green initiatives from WMA members.

Medical Technology

The Chair of the workgroup on Medical Technology gave an oral report on the activity of the group. The group had met several times as a whole and in sub-groups. Members had worked to map the WMA policies related to medical technology. This included defining the term 'medical technology' as a point of reference for the revision of the WMA Declaration on Medical Ethics and Advanced Medical Technology. The workgroup was planning to submit a proposed first draft of the revision in advance of the next Council meeting in October 2022.

Prison Conditions and the Spread of Communicable Diseases

A proposed revision of the Declaration of Edinburgh on Prison Conditions and the Spread of Tuberculosis and Other Communicable Diseases was presented to the committee by the Uruguay Medical Association. The revised document said that prisoners should receive the same standard of healthcare as people outside prisons and that it was the responsibility of the state to guarantee the right to life and health of people deprived of liberty.

The committee agreed to recommend circulating the document among

NMAs for comment.

Use of Telehealth for the Provision of Health Care

The committee received an oral report from the Chinese Medical Association (CMA) on a revised Statement on Guiding Principles for the Use of Telehealth for the Provision of Health Care. This dealt with the ethical, legal, and professional issues relating to telehealth. During a debate, friendly amendments were discussed and accepted.

The committee agreed to recommend that the proposed revision, as amended, be approved by the Council and forwarded to the General Assembly for adoption.

Health Hazards of Tobacco Products and Tobacco-Derived Products

A proposed revision of the WMA Statement on Health Hazards of Tobacco Products and Tobacco-Derived Products was introduced by the American Medical Association. It had been decided that the Statement should undergo a major revision under the 10-year review rule and the revised document had updated the policy. It recommends that national governments increase taxation of tobacco and tobacco-derived products, stating that taxation is a highly cost-effective and inexpensive tool.

The committee recommended that the revised Statement should be sent to the Council for forwarding to the General Assembly for adoption.

Protection and Integrity of Health Personnel in Armed Conflicts and Other Situations of Violence

The committee considered a proposed revision of the WMA Statement on the Protection and Integrity of Medical

Personnel in Armed Conflicts and Other Situations of Violence. The revision had been undertaken by the Associate Members and it was explained that if the committee agreed to the revision, under the 10-year review rule, the Declaration on the Protection of Health Care Workers in Situation of Violence would be rescinded and archived. The revised Statement expresses great concern about the persistent attacks and misuse of hospitals and other medical facilities, as well as threats, killings, and other violence against patients and healthcare personnel in emergency contexts. And it condemns in the strongest terms this scourge of violence against healthcare personnel and facilities, which it says has disastrous humanitarian implications, with critical impact on the capacity of health systems to provide the care needed.

The committee recommended that the revised Statement should be sent to the Council for forwarding to the General Assembly for adoption.

Global Burden of Chronic Disease

The committee considered the proposed revision of the Statement on the Global Burden of Chronic Disease. The Council in 2021 had decided that the Statement should undergo a major revision and the Brazil Medical Association was appointed rapporteur. The committee was told that chronic non-communicable diseases were the leading cause of mortality and disability in both the developed and developing world, the four main NCDs (NCD4) being cancers, cardiovascular diseases, chronic respiratory diseases, and diabetes. Ongoing and anticipated global trends that would lead to more chronic disease problems in the future included an aging population, urbanization and inadequate commu-

nity planning, increasingly sedentary lifestyles, climate change, and the rapidly increasing cost of medical technology to treat NCDs. The NCD4 merited global attention. The primary solution for these diseases was prevention, tobacco use, poor diet, physical inactivity, and alcohol abuse being the four most common modifiable risk factors for NCDs. During the debate that followed, it was argued that the document failed to prioritise action points. There were more than 50 recommendations, and it was suggested that only the most important recommendations should be put forward. In the light of this, the committee recommended that the revised Statement be recirculated for further comments.

Occupational and Environmental Health and Safety

The Kuwait Medical Association presented a proposed revision of the WMA Resolution on Occupational and Environmental Health and Safety, which had undergone a major 10-year review. In proposing a number of recommendations for ensuring that all workers had access to risk based occupational and environmental health and safety services, the revised document refers to the COVID-19 pandemic. This had led to an increased number of employees working outside the employer's premises, using digital information and communication technologies either full-time or part-time. This had presented risks associated with isolating employees, particularly individuals living alone, and could result in increased levels of stress and anxiety. During a brief debate, the committee agreed to two amendments. The first added the words: 'Extended working hours and employee availability in addition to diminished boundaries between personal and professional life may impact work-life balance'. A

second amendment included a new sentence: 'Employers should consider promoting and offering essential vaccines to employees'. It was also decided to classify the document as a Statement rather than a Resolution.

The committee recommended that the revised Statement, as amended, be approved by the Council and forwarded to the General Assembly for adoption.

Patient Safety and Professional Regulation

A proposed WMA Statement was presented by the British Medical Association (BMA) on improving patient safety involving a whole system cultural change and by redefining the role of professional regulation. It was proposed that the Statement be merged with the WMA Declaration on Patient Safety, which was described as 'quite light'. It was argued that this whole issue was a vital and fundamental one for doctors, who were petrified about issues of safety. There was now an even more overwhelming understanding about why systemic change was the key to enable doctors to deliver patient safety. Previous WMA Declarations had put the onus on doctors. The committee was told that new recommendations in the proposed Statement referred to doctors having to work in a resource environment, introducing the idea of a culture of learning and support, and most importantly the call for a paradigm change in individual professional regulation, where effectively the system went into the dock not the individual. This amounted to a major revision.

During the debate, it was suggested that the document should be recirculated to include the issues of better technology and medical health records.

The committee recommended that the revised Statement be recirculated for further comments.

Racism in Medicine

The German Medical Association submitted a proposed Declaration on Racism in Medicine. This declares that physicians from marginalized communities faced racism from patients, other physicians, and health professionals, and that racism was structural and deeply engrained in health care. During the debate that followed, a large number of amendments were proposed. It was argued that the preamble should be adjusted to delete the text that race as a concept was not biologically, genetically or scientifically justified. It was also suggested that a number of empirical statements in the text should be limited to a minimum. The amendments, however, were opposed on the grounds that they would undermine the document, and the amendments were eventually withdrawn.

The committee agreed to recommend to Council that the proposed Declaration be approved for forwarding to the Assembly for adoption.

Discrimination against Elderly Individuals

The committee considered a proposed Declaration on Discrimination against Elderly Individuals within Healthcare Settings, submitted by the Spanish Medical Association. This calls on the medical profession to eliminate all forms of discrimination due to health and age. The committee was told that doctors should not allow age to interfere in their duties. The Declaration attempted to clarify this ethical obligation, where doctors must not discriminate on any basis. In the brief debate that followed, it was

proposed that the document should be recirculated for further comment because it needed more work. However, this was opposed, and on a vote the proposal to recirculate was defeated by 12 votes to nine.

The committee recommended that the proposed Declaration be approved by the Council and forwarded to the General Assembly for adoption.

COVID-19 Vaccines for All

The Committee considered the proposed Resolution for Providing COVID-19 Vaccines for All.

During the debate, it was emphasized that this was a time sensitive, crucial issue for their patients. The American Medical Association spoke about trying to recommend as much distribution of vaccines across the global population to under developed areas. This should take precedence over issues such as intellectual property. They had to see that these vaccines got into the hands and arms of those who needed them. Several friendly amendments tidying up the language of the document were proposed and accepted.

The committee recommended that the proposed Resolution, as amended, be sent to the Council for adoption by the General Assembly.

The Uyghurs and Other Minorities in China

The committee considered the proposed WMA Resolution on Acknowledgement and Condemnation of the Genocide against the Uyghurs and Other Minorities in China. The BMA opened the debate with a brief history of the issue. It pointed out that the Uighur Tribunal in 2021 had concluded that the People's Republic of China had committed genocide

and that medical professionals were actively involved. It argued that if the CMA failed to speak out about such conduct that it would be detrimental to the WMA and would bring the profession into disrepute. The CMA responded that the BMA proposal was not in line with the facts, and it firmly opposed the proposed Resolution. Instead, it suggested that a workgroup be set up to discuss rescinding the Resolution and that the WMA should visit the Xinjiang province in China to find out what was really happening. The BMA replied by saying that it was not convinced the WMA would be granted free and independent access that would be required if the team visited the area. Other speakers said that the WMA was not an investigative body and should await the forthcoming visit to Xinjiang by Dr. Michelle Bachelet, United Nations High Commissioner for Human Rights.

On a vote, it was decided by 13 votes to nine to postpone further discussion on this issue until Dr. Bachelet's visit to the area. The committee decided to recommend such a postponement to the Council.

Policy Review 2022: Classification of Policies

The committee considered the classification of 2012 policies on Socio-Medical Affairs and recommended that:

the Resolution on Economic Embargoes and Health be reaffirmed;

that the following policies undergo a minor revision:

- Statement on Self-Medication
- Statement on the Ethical Implications of Collective Action by Physicians

- Statement on Forced and Coerced Sterilisation
- Resolution on Medical Assistance in Air Travel
- Resolution on Tuberculosis

that there should be major revisions of:

- Resolution in Support of the Medical Associations in Latin America and the Caribbean
- Statement on Electronic Cigarettes and Other Electronic Nicotine Delivery Systems
- Statement on Violence in the Health Sector by Patients and Those Close to Them and that the following should be rescinded and archived:
- Resolution on Health and Human Rights Abuses in Zimbabwe be rescinded and archived
- Resolution on Poland be rescinded and archived.

The Socio-Medical Affairs Committee was adjourned.

Friday, April 8

Finance and Planning Committee

Dr. Jung Yul Park (Korea) took the chair.

Membership Dues Payments

The committee received the report on membership dues payments for 2022 and considered the report on membership dues arrears. The Treasurer, Dr. Ravi Wankhedkar, reported that 64 percent of dues payments had been received and, taking into account those members

that were scheduled to pay in instalments, the WMA expected to reach 99 percent of the baseline amount. Concerning dues arrears, it was reported that the Secretariat would continue to be in contact with those members in arrears with the aim of bringing them back into good standing in the near future.

The committee recommended that the Council approve the Report on Membership Dues Arrears.

Financial Statement

The committee considered the interim Financial Statement for 2021 which was due to be audited in June 2022. Dr. Wankhedkar provided an in-depth analysis of the contents of the document and an update on the current year's financial status. He said this represented a solid financial basis, with no financial losses to be reported and a more than satisfactory income.

The committee recommended that the Council approve the interim Financial Statement for 2021.

Strategic Plan

The Secretary General gave an oral report on the WMA Strategic Plan. He said that the original plan for 2020-2025 had deviated to some extent due to the COVID-19 pandemic and the war in Ukraine. In terms of advocacy work for Universal Health Coverage (UHC) and emergency preparedness, he said there was a need for UHC to be realised in order to improve the Association's capacity on emergency preparedness, which was more important now than ever before. During the pandemic, those health care systems that were stronger were better able to cope than those that were weaker. He also reported that a lot of time and manpower had been invested in the Ukraine Medical Help Fund project in coalition with EFMA

and the CPME. He said that the WMA needed a long-term plan for the Secretariat to be better equipped and staffed. As they slowly recovered from the pandemic, the WMA would have to adapt to the new normal.

Statutory Meetings

Planning and arrangements for future WMA meetings were considered by the committee.

Several dates were considered for meetings in 2026 and one invitation was received for hosting the Council Session in 2024. These were:

- the 229th Council Session to be held from 23-25 April 2026
- the 76th General Assembly to be held from 7-10 October 2026
- an invitation from the Korean Medical Association for Seoul to host the 226th Council Session in 2024

The committee recommended that these dates be approved by the Council.

Dr. Ramin Parsa-Parsi (Germany) extended an invitation to all members to participate in the General Assembly in Berlin on 5-8 October 2022, with the theme of the Scientific Session 'Medical Ethics in a Globalized World' and a celebration of the 75th anniversary of the German Medical Association on 6 October 2022.

Special Meetings

Dr. Kloiber highlighted several forthcoming meetings:

- Hearings and conferences on the International Code of Medical Ethics in the Pacific, Asian, African and North American regions were planned during the year so that the revised ICoME could ideally be

presented to the Council and the General Assembly for adoption in October 2022;

- They were planning to continue the One Health conference, which had been held twice, first in Spain and then in Japan;

- Following the International Roundtable on Vaccination co-organized by the WMA, German Medical Association, and the Pontifical Academy for Life, as well as Dr. David Barbe's participation at a Vatican conference on public health during his term as the WMA President, the WMA looked forward to working with the Vatican on seminars and conferences on various subjects.

Associate Membership

The committee received a report from the Associate Members presented by the Interim Chair, Dr. Anthea Mowat. She again remembered the work of two leading Associate members who had died, Dr. Jim Appleyard and Dr. Joe Heyman. She said they had been shining examples in their membership of the Associate Members. In its written report, the group reported on several webinars that were held, as well as its membership on numerous workgroups.

Junior Doctors Network

An oral report was given by the JDN Chair, Dr. Yassen Tcholakov. He said that the membership of the Network continued to grow, as did its workload. The JDN has six active working groups. The Network had held fully virtual bi-annual meetings since October 2020, which had allowed a greater number of JDN members to participate than usual. In its written report, the JDN said it continued to maintain strong links with other health professionals' associations, including the International Federation of

Medical Students' Associations, the Student Network of the International Physicians for the Prevention of Nuclear War, the European Junior Doctors Association, and the WHO Global Health Workforce Network Youth hub.

Past Presidents and Chairs of Council Network

The committee also received the report of the Past Presidents and Chairs of Council Network.

Legal Seat of the WMA

An oral report was given by the Secretary General on the dissolution of "The World Medical Association, Inc." in the United States and retaining association status only in France. Dr. Kloiber explained the complications of the process of deregistration of a US incorporation and informed the committee that he had commissioned a US law firm to work on this issue.

The committee recommended that the Council approve the Secretary General's progress report.

Rules Applicable to WMA Associate Membership

A progress report was given to the committee by the workgroup on Associate Membership Rules Changes. It was again made clear that the revisions were editorial in nature and clarified internal procedures and electoral processes. The changes did not alter the existing relationship between the Constituent Members and the Associate Members, nor to their relationship with the Council and the General Assembly.

The committee recommended that the Council approve the proposed revision of the rules and forward it to the General Assembly for adoption.

Procedures of Conducting Virtual Meetings

The committee heard an oral report on proposed amendments to the WMA Bylaws and Procedures of Operating Policies in relation to conducting virtual meetings. A number of recommendations were proposed, many of which had already been implemented in the virtual meetings that had been carried out during the pandemic.

The committee approved the amendments and recommended that they be sent to the Council for forwarding to the General Assembly for adoption.

LGBTQ Equity in Venues Hosting WMA Meetings and Functions

New internal guidelines relating to LGBTQ equity in venues hosting WMA meetings and functions were presented to the committee. The guidelines reaffirm the WMA's commitment to non-discrimination.

After a lengthy debate, the committee recommended that the Council approve the guidelines, as amended.

Green Guidelines for WMA Meetings

Proposed green guidelines for WMA meetings to create more sustainable events were considered by the committee. The document deals with the need for appropriate locations for WMA meetings, transport options and eco-friendly practices, in particular regarding food/beverage, waste management, and events materials. It also refers to the need to reduce significantly health and carbon emission damage as well as cost for participants, food waste, packaging recycling, and reusable and recycled materials. The CMA proposed monitoring and evaluating the implementation of the proposed

guidelines. The committee decided that this suggestion should be passed to the WMA Secretariat to determine where and how it could be integrated into the proposed guidelines, to address potential budget or staffing questions, as well as the proposal to delegate the responsibilities to the Environment Caucus. These proposals would be considered at the next meeting.

World Medical Journal

The committee received a written report from Dr. Pēteris Apinis, who was retiring after 14 years as editor in chief. During that time, he said, the World Medical Journal had preserved its traditions, while growing, changing its format, and switching to an electronic magazine format. They had changed the contents of the magazine, but it remained the World Medical Journal as it had come out since 1954. He said the WMJ was a valuable brand that they could not afford to lose or squander. It was a powerful weapon they could use to disseminate information to NMAs and doctors throughout the world. It was not only a journal, but also a vehicle for helping the WMA achieve its mission of improving medical education, science, ethics and health care for all the peoples of the world.

In her oral report, Ms. Maira Sudraba, Assistant to the Editor, said that Dr. Helena Chapman had taken over as the new editor and planned to attend the General Assembly in Berlin.

Public Relations

The committee received an oral and written report on public relations. Despite the slight decrease in the number of press releases over the past six months, the WMA had continued its high profile in the media. Committee members were reminded of the importance of sharing WMA

press releases with their local media. The number of twitter followers had increased to 14,700, while the WMA Facebook page had more than 13,600 followers. On YouTube, the WMA had increased its online presence during the COVID-19 pandemic with a series of interviews with health leaders from around the world

Medical Ethics Committee

The committee was called to order by the chair, Dr. Marit Hermansen (Norway).

International Code of Medical Ethics

The committee received an oral report on the process of revising the International Code of Medical Ethics (ICoME). It was reported that a number of conferences had been held, and several more were planned over the next few months. These will be a regional meeting in Asia organized by the Medical Association of Thailand in Bangkok on 7-8 June 2022, a conference on conscientious objection organized by the Indonesian Medical Association on 4-5 July 2022, a regional meeting in Abuja, Africa, organized by the Nigerian Medical Association in early August 2022, and a final expert meeting organized by the American Medical Association in Washington on 11-12 August 2022. The committee also received a proposed draft of the revised ICoME. Members were informed that the revisions were approaching the finishing line, although some important issues needed to be addressed before sending the draft to Council.

The committee recommended that the draft document be approved by the Council for ongoing work and for use during the forthcoming conferences.

Reproductive Technologies

An oral report was received from the South African Medical Association on the proposed revision of the WMA Statement on Assisted Reproductive Technologies. The committee was told that this was a major revision and was proving to be very complex and challenging in getting universal consensus. There were vast differences in national legislation. In view of this, the workgroup proposed that further discussion be postponed until the next meeting in Berlin.

The committee agreed to recommend to the Council that the issue be postponed to the next committee meeting at the General Assembly in October.

Physicians Treating Relatives

The South African Medical Association also presented a further revised draft of the proposed WMA Statement on Physicians Treating Relatives, which declared that physicians should avoid routinely acting as a relative's primary care physician. This was a proposal, which was first put forward in 2019, and had led to several debates. The committee was told that the document had been circulated several times and that many of the comments received had been incorporated into the Statement. During the debate that followed, several more amendments were agreed. One suggested amendment was to change the wording: 'Physicians should avoid routinely acting as a relative's primary care physician' to 'physicians are not encouraged to act as a relative's primary care physician'. However, this was not supported, and there was also a move to recirculate the document for further discussion. On a vote, it was decided by 17 votes to four not to recirculate. The committee eventually agreed to recommend that the proposed Statement, as amended,

should be sent to the Council for forwarding to the General Assembly for adoption.

Organ Procurement from Executed Prisoners

An oral report was received from the workgroup on organ procurement from executed prisoners. The workgroup, which was installed in 2021, had drafted a first version of a new policy, focusing on the commitment of the WMA and all constituent members to combat the practice of organ transplantation on executed prisoners. The committee was told that three aspects underpinned the workgroup's approach. Firstly, the full commitment on the part of the Chinese Medical Association (CMA) in fighting the transplantation of organs from executed prisoners. Secondly, given that strong commitment by the CMA to respect the universal principles the WMA wanted to uphold, and bearing in mind changes made to the organ procurement law in China applying these principles, the workgroup unanimously voted to propose the withdrawal of the WMA Resolution on organ procurement in China adopted in South Africa in 2006. Thirdly, there was the full unanimous commitment of all the members of the workgroup to propose a ongoing resolution that reflected the commitment of China and all NMAs to fight the organ procurement from prisoners and executed prisoners.

The committee received the report and the chair noted the workgroup's intention to propose rescinding the Council Resolution on Organ Donation in China at a later stage.

Declaration of Venice and End of Life Care

The committee considered the

proposed major revision of the WMA Declaration of Venice on terminal illness submitted by the American Medical Association. The Declaration was planned to undergo the 10-year revision process in 2016, but this was delayed until the related WMA Declaration on Euthanasia and Physician-Assisted Suicide was revised. In October 2019, the revised Declaration on Euthanasia was adopted with new wording, requiring a revision of the Declaration of Venice. In 2021, it was also decided that the Declaration on End-of-Life Medical Care should undergo a major revision and it was proposed to merge the Declaration of Venice and the Declaration on End of Life Medical Care. The AMA-led workgroup was now proposing to combine the Declaration of Venice with the Declaration on End of Life Medical Care, mentioning the Declaration on Euthanasia and Physician Assisted Suicide. It had tried to acknowledge that care at end of life did not always involve terminal illness. Palliative care should be routinely available to people suffering from chronic debilitating disease. The workgroup was now seeking recirculation of the Declaration of Venice, taking into account recent comments.

The committee agreed to recommend to the Council that the proposed revision of the Declaration of Venice be recirculated for comment.

Medical Ethics in the Event of Disasters

An oral report was received on a proposed policy on medical ethics in the event of disasters. The workgroup considering the policy had concluded that ethical aspects of different public health emergencies, such as pandemics, epidemics, climate change emergencies, and disasters, were similar and could be combined into a single policy. Technical and socio-medical aspects of emergencies

and disasters would be covered in a separate policy. The workgroup decided to form a smaller sub-group to draft a statement.

The committee received the report.

Professional and Ethical Use of Social Media

The Junior Doctors Network presented a proposed major revision of the WMA Statement on Professional and Ethical Use of Social Media, which calls for NMAs to establish social media guidelines for their members. The committee was told that the revision had three main objectives – to include reference to other WMA policies, to put greater emphasis on evidence-based information and to call attention to fake information. The workgroup proposed forwarding the document to the Council for adoption by the General Assembly. The committee agreed to amend the guidelines by deleting the sentence that physicians should 'request permission from the patient before publishing his/her data and images on social networks and explain the reason for this disclosure to them and how it will be used'. The committee was also told that doctors should be involved in social media and should be prepared to involve themselves in discussions on misinformation and disinformation.

The committee recommended that the proposed revision of the Statement, as amended, should be approved by the Council and forwarded to the General Assembly for adoption.

Classification of Policies

The committee recommended that two documents should undergo a major revision:

- Declaration of Washington on Biological Weapons

- Regulation in Times Armed Conflict and Other Situations of Violence

And that two documents should be reaffirmed with minor revisions:

- Statement on Safe Injections in Health Care

- Resolution on Prohibition of Forced Anal Examinations to Substantiate Same-Sex Sexual Activity

Saturday, April 9

Plenary Council

The Council resumed to consider reports from the three committees.

Medical Ethics Committee Report

The Council agreed to forward two documents to the General Assembly for adoption:

- proposed Statement on Physicians Treating Relatives

- proposed revision of the Statement on Professional and Ethical Use of Social Media

It approved the updated draft of the revised International Code of Medical Ethics for further discussion.

It approved postponing debate on the proposed Statement on Assisted Reproductive Technologies until the next meeting.

It approved the recirculation of the proposed Declaration of Venice and End of Life Care and the classification of documents as recommended by the committee.

Finance and Planning Committee

The Council approved the Report on Membership Dues Arrears, the interim Financial Statement for 2021, the proposed dates for future meetings, and plans to continue with the dissolution of "The World Medical Association, Inc." in the United States. It also agreed that the proposed revision of the Rules Applicable to WMA Associate Membership should be forwarded to the General Assembly for adoption, as well as the amendments to the WMA Procedures of Operating Policies relating to virtual or hybrid meetings.

The remainder of the Finance and Planning Committee report was accepted.

Socio-Medical Affairs Committee

COVID-19 Vaccines for All

In a further debate on the proposed Resolution for Providing COVID-19 Vaccines for All, the Council agreed a new paragraph stating that the WMA urged all parties to 'confront vaccine hesitancy by providing evidence-based guidance on the safety and necessity of vaccines'.

The Council agreed to forward the proposed Resolution, as amended, to the General Assembly for adoption.

Acknowledgement and Condemnation of the Genocide against the Uyghurs and Other Minorities in China

The Council considered the proposed Resolution on Acknowledgement and Condemnation of the Genocide against the Uyghurs and Other Minorities in China. The BMA repeated its strong belief that the WMA should ask the Chinese Medical Association to recognise and condemn the genocide. BMA

speakers clarified their reasons for this, including the extensive evidence of the independent tribunal's findings on the matter. And they asked what more could be expected by waiting for another report. The time for waiting was over. The BMA again proposed a motion that that the WMA should ask the CMA to recognise and condemn the genocide. But the motion fell after it failed to find a seconder.

A second recommendation from the Socio-Medical Affairs Committee was then put to the Council that the proposed Resolution, as amended, be postponed temporarily, pending further documentation from independent sources on the claims included in the proposed Resolution. On a vote, the motion was supported by 19 votes to six.

The remainder of the SMAC report was approved, including the following documents to be forwarded to the General Assembly for adoption:

- proposed revision of the Statement on Guiding Principles for the Use of Telehealth for the Provision of Health Care

- proposed revision of the Statement on Health Hazards of Tobacco Products and Tobacco-Derived Products

- proposed revision of the Resolution on Occupational and Environmental Health and Safety

- proposed Declaration on Racism in Medicine

- proposed Declaration on Discrimination against Elderly Individuals within Healthcare Settings

- proposed revision of the Statement on the Protection and Integrity of Medical Personnel in Armed

World Medical Journal



Conflicts and Other Situations of Violence

- proposed Resolution for Providing COVID-19 Vaccines for All

The Council approved the classification of documents as recommended by the committee.

Advocacy and Communication

The Council received an oral report about the Advocacy and Communications workgroup. Members were told that the workgroup had been restructured and had not met.

Disciplinary Matters

The Council received a complaint by the Supreme Medical Council of

Poland about the Belarusian Medical Association and the National Medical Chamber of Russia, and responses from the National Medical Chamber of Russia. The Chair of Council read out the articles and bylaws relating to the complaints, which required four months' notice. As a result, there would be no discussion at this meeting, but the matter would be discussed at the next meeting in Berlin in October 2022.

Similarly, there had been a complaint from the BMA about the CMA and this matter would also be discussed in Berlin.

75th World Health Assembly

The Council received an oral report on the agenda of the upcoming 75th World Health Assembly in

May 2022. It was not clear what format the meeting would take. But among the issues to be discussed were strengthening the response to health emergencies, universal health coverage, human resources for health and a treaty on pandemic preparedness.

After final thanks from the Secretary General to the meeting's organisers, the Council meeting was brought to a close.

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A Council Resolution in Support of Ukraine

COUNCIL RESOLUTION IN SUPPORT OF MEDICAL PERSONNEL AND CITIZENS OF UKRAINE IN THE FACE OF THE RUSSIAN INVASION

Preamble

Reminding that the World Medical Association was founded on the backdrop of the atrocities of war and how the medical profession was abused for violation of human rights and dignity;

Reaffirming the WMA Declaration of Geneva as a beacon of fundamental principles to which the world's physicians are committed;

Deeply shocked by the Russian army's bombing of Ukrainian civilians and hospitals, including maternity wards, thus infringing on medical neutrality in conflict zones. The WMA and its members express their solidarity with the Ukrainian people and provide their support for Ukrainian and international healthcare workers mobilized under extremely difficult conditions;

Recalling the WMA's Statements on the Cooperation of National Medical Associations during or in the Aftermath of Conflicts, on Armed Conflicts, the Regulations in Times of Armed Conflict and Other Situations of Violence, the Statement on the Protection and Integrity of Medical Personnel in Armed Conflicts and Other Situations of Violence, the Declaration on the protection of healthcare workers in emergency situations and the Statement on Medical Care for Migrants;

Emphasizing the need to respect the Geneva Conventions and their protocols as the core of international humanitarian law, as well as the United Nations Security Council Resolution 2286;

Considering the suffering and human tragedy caused by the Russian invasion of Ukraine, including a refugee crisis on a massive scale;

Recommendations

1. The Constituent Members of the WMA stand in solidarity with the Ukrainian Medical Association and all healthcare professionals;

2. The WMA condemns Russia's invasion of Ukraine and calls for an end to hostilities; The WMA considers that Russia's political leadership and armed forces bear responsibility for the human suffering caused by the conflict;

3. The WMA calls on Russian and Ukrainian doctors to hold high the principles in the WMA Declaration of Geneva and other documents that serve as guidance for medical personnel during times of conflict;

4. The WMA demands that the parties to the conflict respect relevant Humanitarian Law and do not use health facilities as military quarters, nor target health institutions, workers and vehicles, or restrict the access of wounded persons and patients to healthcare, as set out in the WMA Declaration on the Protection of Health Workers in Situations of Violence;

5. The WMA stresses that the parties to the conflict must strive to protect the most vulnerable populations;

6. The WMA underlines that it is essential that access to medical care be guaranteed to all victims, civil or military, of this conflict, without distinction.

7. Physicians and all other medical personnel, both Ukrainian and international, involved in NGOs, must not under any circumstances be hindered in the exercise of their unwavering duty, in accordance with the international recommendations provided in the WMA declaration on the protection of healthcare workers in emergency situations, the WMA's position on the protection and integrity of medical personnel in armed conflicts and other violent situations and in the declaration of the United Nations General Assembly on the rights and responsibility of individuals, groups and organs of society to promote and protect human rights and universally recognized fundamental freedoms.

8. The WMA calls on the parties to ensure that essential services are provided to those within areas damaged and disrupted by conflict;

9. The WMA calls on the international community and governments to come to the aid of all persons displaced by this conflict – more than 10 million to date – who may choose their country as a destination following their departure from Ukraine.

10. The WMA urges all nations receiving persons fleeing the conflict to ensure access to safe and adequate living conditions and essential services to all migrants, including appropriate medical care, as needed.

11. The WMA calls on the parties to the conflict as well as the international community to ensure that when the conflict ends, priority must be given to rebuilding the essential infrastructure necessary

for a healthy life, including shelter, sewerage, fresh water supplies, and food provision, followed by the restoration of educational and occupational opportunities.

Comments on Standing up for Doctors and Civilians in Ukraine



Marit Hermansen

In April 2020, part of the background of the WMA Council Meeting in Paris was the ongoing Russian invasion in Ukraine. Reports of civilian casualties, targeting of hospitals, housing, and other civilian infrastructure as well as a refugee crisis unprecedented in Europe since World War II brought the Council together in adopting an urgent resolution in support of

Medical Personnel and Citizens of Ukraine in the face of the Russian invasion. The resolution recalled the historical formation of the WMA, the declaration of Geneva, other WMA statements, and the Geneva conventions and protocols. The delegates expressed their solidarity with Ukrainian doctors and other health professionals.

Through the Resolution, the Council underlined the responsibility of Russian authorities and armed forces for the human suffering as a result of the conflict. Council members emphasized that access to medical aid may not be restricted, and health care institutions, health care professionals and patient transports may not be attacked.

The WMA Council appealed to the international community to come to the aid of the millions of people

displaced by the war. After the end of hostilities, priority must be given to the rebuilding of essential infrastructure, including shelter, sewerage, fresh water supplies, and food provisions, followed by the restoration of educational and occupational opportunities.

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Interview with the WMA President



Heidi Stensmyren

For this interview, Dr. Heidi Stensmyren, the WMA President, shares her perspectives on current and upcoming WMA activities with Dr. Helena Chapman, the WMJ Editor in Chief

As we enter the third year of the COVID-19 pandemic, physicians have experienced an array of physical, mental, and emotional exhaustion. What has motivated you in your daily activities throughout these hardships, and how can this motivate other physicians across the globe?

The physicians' work situation with high demands and comprehensive personal responsibility for patient safety, but limited resources and diminishing mandate, is not new. Long before this pandemic, it has been one of our biggest challenges. The pandemic has pushed the situation further than ever before, resulting in unacceptable and exhausting working conditions, visibly demonstrated in sick leave statistics, burnout, and physicians leaving or planning to leave clinical care. Also, there is a notable rise in the number of medical students worldwide who plan to work in other industries other than clinical care, including medical technology.

This observation may be a healthy sign, which shows students capable of making rational choices. Still, it is a clear sign that health care is not an attractive workplace and the proverbial "canary in the coal mine" reflects the population's future healthcare.

With this perspective, from the start, I was concerned about the effect of the pandemic on our health care. As we knew that the pandemic would continue for an extended period, it was clear that the biggest challenge would be to endure and maintain resiliency in our work situations. This has not been the case in a vast majority of the healthcare systems; industrialized and wealthier economies were not exempted.

Despite the daily exhausting and frustrating situation, I am motivated to find a way forward to improve and modernize health care systems. As a physician and manager, I diagnose the organization; I seek dysfunctions in the system, identify how we can better organize and utilize resources, and try to make changes by removing obstacles or implementing better solutions. One of the challenges of traditional health care providers is to phase out old systems that we often cling to. Too often, we provide advanced and high-tech medical care in an old-fashioned way with significant repetitive manual work. With increasing demands on care, this is not sustainable, and we must not only aim to refine medical therapy but rather be capable to provide care at a sufficient scale. We often state that we will not be able to provide care in 'this' way in the future. With the pandemic - the future is here, and the crisis is deep. Never waste a crisis! This is our opportunity to change. In a situation with an extreme workload,

the solution is not to run faster, but change the playing field and move to another position while there is time. I urge physicians around the globe not to abandon the field, but take on additional duties or new positions like managerial roles and change the way we provide health care services. Be the physicians of the health care system because it is ailing and needs treatment. Just as we promote care of the highest standard for our patients, we need to aim for the best and most efficient technical tools for providing care.

Another critical motivator for me is that health care is a fundamental pillar of society. Our legacy as physicians goes beyond the treatment of individual patients. My work is essential for my patient as well as the society. Good public health is essential for a developed and well-functioning society, and it is highly connected with the economy. There are no social services without a well-working economy, just as we need well-working supply-chains to provide high-quality and efficient health care. Our knowledge is of greater value if shared and utilized as a resource to make a better society. With this, we have the mandate and responsibility to engage in public discussions and manage our health care systems.

As WMA president, what do you consider to be your most important leadership achievements over the past months? Please share a few challenges that you have experienced and how have you addressed them.

My presidency is an example of adaptation to a changing world. The plan was originally to start the work to strengthen collaborations with other global institutions. They alone

have the mandate to form governing structures for a more equitable provision of health care, and the pandemic has demonstrated the need to collaborate. With the pandemic still holding a firm grip on the world, putting meetings and collaborations on hold, I have spent much time at the Karolinska University Hospital, participating in countless online conferences. My free time is spent promoting vaccinations and the need for the implementation of ethical, governing touchstones in research. Without trust in research, as well as health care, the mandate amongst people will be non-existent, thereby preventing important public health initiatives.

Another contribution is promoting women's initiatives around the globe. I am very proud of all the work of women, stepping up, taking on leading positions. Women are significant contributors to health care, but are underrepresented in leading roles. As the organization for physicians around the world, WMA representation needs to reflect the physicians of today in order to stay relevant. WMA needs leaders from all walks of life – we need early-career trainees as well as the mid-career physicians who have families to support and loans to pay off. It is challenging to take on top positions in addition to full-time clinical obligations. That said, one of my most fervent wishes and contributions is to be a role model and an example of what is possible. If I can do it – you can do it!

In addition to COVID-19 clinical care and response efforts, what are the three greatest challenges that physicians currently face, and how does the WMA plan to support their activities?

There is no lack of challenges, and physicians face different trials depending on where they live and

work. But, there are some common threads. The working conditions and the need to transform them is a real-time obstacle. Here, the WMA promotes physicians' autonomy as well as physician-led institutions and health care facilities. It is difficult to transform health care without taking on a leading role.

We need to see the physician's role as broader than the one-to-one care. In many ways, the world at large does not see physicians' roles as limited as much as we do ourselves. Our role must be more encompassing; we must embrace and promote health technologies, medical technology, and health care management. The WMA expresses this sentiment in its basic documents outlining the aim of the medical profession.

The last challenge is making space and opportunity for early-career physicians. Physicians tend to work hard and long, and the career pathway is often seen as a continuing and constant upward to stay in the lead position. It is an obligation both to prepare the next leader and to leave space, to hand over the baton

to the next. We encourage early-career physicians to become and be the leaders we need; it is our responsibility to see to that they can. The Swedish Society of Surgeons have a program called, "Pass the knife," ensuring early-career surgeons receive the needed experience to ensure the future and the best patient outcomes. Breakthrough changes can be made if we show confidence and share influence and power. We need to prevent "pulling up the ladder" and instead prepare our successors for managerial positions.

Which ongoing or new WMA initiatives are top priorities for this year?

The pandemic is not over and therefore important issues such as access to vaccines and the need for more sustainable work conditions for physicians are important topics for our medical community. Violence against health professionals is a growing concern and must be combated. We collaborate with other global healthcare organizations to shine a light on these critical issues. Much of this work needs to be done at national



levels urging governing bodies to protect their health professionals. Health care professionals used to be seen as neutral in conflicts, but are increasingly becoming targets and victims of war crimes. The war in Ukraine is, of course, on top of the WMA agenda. The WMA has set up a fund and collected contributions, and provided medical equipment to Ukraine. We will continue to point out the unacceptable situation of war crimes and attacks on health facilities.

The WMA agenda is “agile,” depending on the current world situation. The Earth has become more conflicted, and this reflects our agenda. In every conflict, when markets are dysfunctional and unemployment rises – the vulnerable suffer most. This is why there is a need for stronger collaboration across borders and between organizations, for building more robust global governing structures.

Which successful regional or national initiatives have provided clinical and public health support and offered lessons for other countries?

Since there are several initiatives in many fields, it would be impossible

to list them all – so I will mention a few. Countries with well-functioning infrastructure and clear mandates, such as the Netherlands and Denmark, have been highly efficient in their COVID-19 decision-making and establishing easy access to vaccines and mass vaccination efforts. Taiwan has been able to scale production lines and provide the country, as well as the market, with essential equipment. The United States, with its vast market, highly capable medical companies, and well-established research departments (in combination with massive financing), has pushed through regulations and critical components to bring vaccines to the market at speed never before seen in the history of the world. Although the list is long, but what is crucial to note is that none of us – country or person – could have achieved these successes alone! Isolation is not a solution; the value of sharing knowledge is the most important lesson the world should take away from this pandemic. The essence and spirit of the ‘knowledge sharing’ is stipulated in the WMA’s Declaration of Geneva of the physician pledge: “I will share my medical knowledge for the benefit of the patient and the advancement of healthcare.”

As WMA president, what do you hope to accomplish over the next few months, and how can WMA membership help support these efforts?

I hope to contribute to collaboration and dialogue. The world has, in many ways, connected more during the pandemic years. Although we have “fast-forwarded” the use of digital meeting tools, many countries have become even more isolated. In the last few years, we have lost the benefit of meeting in person and forging friendships, bonds, and collaborations that not only help solve the world’s problems but also the essence of what makes us human. These losses are impossible to measure, but I like to hope they would have prevented some of the conflicts the world now faces. I hope to help reignite this togetherness, and invite the physicians of the world to join us!

*Heidi Stensmyren, MD, MBA
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World Medical Association*

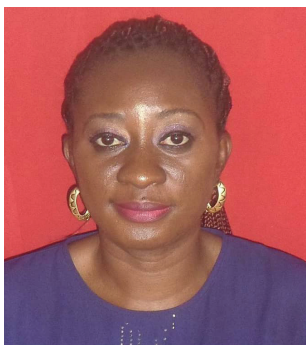
Report on a Symposium on Violence against Women and Girls in Port Harcourt, Nigeria



Dabota Yvonne Buowari



Obelebra Adebisi



Vetty Agala

Gender-based violence is a serious violation of human rights and is a life-threatening, health and protection issue [1], which is rooted in gender inequality, the abuse of power and harmful traditional practices [2]. The United Nations describes gender-based violence as a shadow pandemic, with underreported statistics,

acknowledging that physical or sexual violence is experienced by 1 in 3 women worldwide by an intimate partner [2, 3]. As perpetrators are usually individuals trusted by the victims or the parents or guardians of victims, it can complicate scenarios where the extended family system is practiced, such as in Nigeria. Women can serve as accomplices, as they may encourage their partners, brothers or male relatives to abuse females around them.

In Nigeria, the prevalence of gender-based violence is unknown, including the prevalence of gender-based violence perpetrated on primary school students [4]. The National Population Commission of Nigeria conducted the Demographic and Health Survey in 2018. In this survey, a total of 41,821 women between the ages of 15 to 49 years from 41.8 million households were interviewed. The survey results revealed that 31% of women after they turned 15 years of age had experienced physical violence [5]. Sexual violence had been experienced by 15% of women regardless of marital status. The findings showed that 58% of married women had been physically abused by their husbands, 59% of unmarried women by their mothers or stepmothers, or lone women where 28% of perpetrators were strangers and 27% were current or former boyfriends [5].

During the COVID-19 pandemic, the number of cases of gender-based violence increased worldwide due to the implementation of curfews, lockdowns and social distancing restrictions to control disease transmission [3,6]. As the victims of gender-based violence were locked in their homes with their abusers, public campaigns were launched

against this “shadow pandemic” to raise awareness of the rise in domestic violence worldwide during the pandemic [3]. Between the current scenarios in Nigeria with the rise of gender-based violence observed during the COVID-19 pandemic, a symposium on violence against women and girls was organized to bring advocates and human rights activists together to combat this challenge in Nigerian society.

Symposium on Gender-Based Violence

A symposium on gender-based violence was held in Port Harcourt, the capital of Rivers State, located in Southern Nigeria, on Friday, 22 October 2021. Under the theme “Prevention and Response to Gender-based Violence in Rivers State, Nigeria”, it was organized by the Rivers State branch of the Medical Women’s Association of Nigeria, an association of female dental and medical practitioners in Nigeria. The symposium included the keynote address “Gender-based Violence Response in Nigeria, Where We Are and Where We Need to Go”, by the Nigerian Resident representative of the United Nations Population Fund (UNFPA). The agenda also included a presentation by the Chair of the Medical Women’s International Association Special Interest Group in Violence against Women and Girls as well as two panel sessions.

The panelists were representatives of different professional associations (Rivers State branch of the Medical Women’s Association of Nigeria, MWAN; National Association of Nigerian Nurses and Midwives; International Federation of Women Lawyers, FIDA), non-governmental

organizations (Mother of Good Counsel; Rivers State Indigenous Non-governmental Organizations and Civil Societies), faith-based organizations (Catholic Women Organization; Catholic Police Chaplaincy, Rivers State), and other groups (Centre for Gender and Development Studies University of Port Harcourt, Nigeria; Medecins Sans Frontieres) involved in advocacy on violence against women and girls. The first panel, "Gender-based Violence – Problem Analysis and Perspective", and the second panel, "Gender-based Violence, Interventions, Innovations and Next Steps", raised important issues from panelists who work to identify challenges and possible solutions to reduce gender-based violence in local communities.

The panel moderators posed several discussion topics. First, with the increased prevalence of gender-based violence during the pandemic, panelists described risk factors attributed to gender-based violence against women and girls in Nigeria. In addition to gender inequality and abuse of power, they highlighted the preference for the boy child, social discrimination against women and girls including women's rights, harmful cultural practices and social norms, and acceptance of gender-based violence as a social norm. They said that often survivors did not receive encouragement to report domestic violence in efforts to maintain family honor and that women lack economic power and the right of inheritance. For example, they shared that in the typical Nigerian society, boys are trained to believe that they are stronger and preferred, which results in feelings of aggression and superiority over the female gender. They noted that women experience discrimination regardless of their marital or social status, and girls are made to believe

that they do not play an important role in society except for domestic chores.

Second, panelists highlighted the impacts of gender-based violence in the community and local efforts to prevent its occurrence. Since encounters can include early marriage and harmful widowhood practices, female genital mutilation, physical and intimate partner violence, and economic and psychological abuse, measures require the collaborative efforts of various stakeholders. They recommended the development of public education and awareness campaigns about gender-based violence and reproductive rights, especially targeting rural areas. Other described strategies included leadership and peace building efforts with civil rights and non-governmental organizations, collaboration with traditional and religious leaders, counselling sessions for couples and survivors including anger management, and enhanced surveillance reporting for legal documentation. Also, electronic empowerment and skills acquisition, education of the girl child, legal protection of survivors and persecution of perpetrators, and the establishment of gender-based violence clinics and shelters were discussed as complementary strategies. Finally, they encouraged the training of first responders and healthcare professionals, including the formation of gender-based violence response team of doctors, legal practitioners, social workers, psychologists, psychiatrists, and law enforcement.

Third, panelists commented on the role of the Nigerian law concerning gender-based violence and efforts to prevent it. They mentioned that the Nigerian constitution protects the rights of every human being living in Nigeria, including the right to dignity,

right as a person, right to life, right to the freedom of movement, and right to inheritance. In 2015, Violence against Persons (Prohibition) Act was passed in Nigeria, which aims to eliminate different types of violence in the country [3]. It encompasses compensation for gender-based violence survivors and opening the sex offender registry for public viewing as well as provides penalties for various offences related to violence against persons. Although this legislation exists, harmful traditional practices still occur in Rivers State, Nigeria.

Future Steps

Gender-based violence negatively affects women's physical, mental and emotional health, ranging from risk of contracting HIV/AIDS, feelings of self-blame and depression, and ultimately impairing dignity and self-esteem [2]. Therefore, future steps should include a four-pronged approach: developing organizational collaborations, enforcing appropriate legislation, strengthening clinical support, and supporting community participation. Collaborations among civil rights societies and community organizations are necessary to increase awareness and identify synergies toward the elimination of gender-based violence. Organizational members work directly with communities, where they can build rapport, conduct needs assessments, and collectively develop appropriate solutions.

Legislation related to gender-based violence should be enforced and offer protection for all citizens. Also, coordinated efforts of health professionals can bring heightened awareness of continuing education courses as well as support surveillance systems for reporting including toll-free hotlines for victims. Finally, community engagement activities

can increase awareness among citizens and reduce the stigma for survivors. Future research on gender-based violence in Nigeria should explore the actual statistics about it as well as examine achievable preventable measures and strategies against gender-based violence in the country.

Conclusion

Gender-based violence is a global problem, and it is predominant in Nigerian communities. Abusive and violent relationships can negatively affect physical, mental, and emotional health and well-being of affected individuals. Hence, the legal consequences and punishment of perpetrators should be enforced with all communities, protecting vulnerable individuals from this harmful behavior. Community participation and enlightenment on gender-based violence can accompany legal enforcement and highlight community intolerance. Above all, educating the girl child will empower her economically and serve as a preventive measure against gender-based violence in the future.

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The Effects of COVID-19 on Global Marketing Trends



Michael Mncedisi Willie



Sipho Kabane

COVID-19, Behavioral, and Social Norms

COVID-19 had a detrimental effect on the livelihoods of many beyond the clinical aspects, such as infection, mortality, and hospitalisation rates. The pandemic altered consumers' product needs, shopping and purchasing behaviours, and post-purchase satisfaction levels [1,2]. One of the primary outcomes of lockdown intervention due to COVID-19 was the panic buying phenomenon, which was evident across the globe [3,4]. Studies found that attitudes, subjective norms, scarcity, time pressure, and perceived competition positively influenced customers' panic buying intention [5]. Opinions and beliefs drove behaviour and attitude towards the pandemic; negative and positive

opinions influenced behavioural intention [6].

Consumer behaviour comes from intentions that are influenced by subjective attitudes and norms. According to Ajzen [7], the consumer's behaviour is a function of intention to perform the behaviour; the intention is based on attitude, subjective norm, and perceived behavioural control concerning the behaviour. Social norms and behavioural intentions are difficult to follow in a dynamic environment shaped by shocks such as the COVID-19 pandemic [6]. These modified social behaviours affected global economies, greatly benefiting some sectors while adversely impacting others (Table 1).

COVID-19 and Marketing Activities

The effect of marketing in the health sector is not a new

phenomenon; previous studies have illustrated healthcare marketing as a discipline used in public health, focusing mainly on educating and recommending effective products and interventions to customers using a scientific approach [15,16]. The Centre for Disease Control and Prevention (CDC) [17] defines healthcare marketing as a discipline in public healthcare that involves developing, educating, and conveying health news and practices using client-based and evidence-centered plans to protect and improve well-being of various societies. The pandemic has certainly affected budget trends in marketing activities, and the crisis showed changes in consumer behaviour and marketing spending by companies during economic downturns caused by lockdowns [18].

The CMO Spend Survey depicts a decrease in marketing budgets, nearly by half to 6.4% in 2021

Sectors with notable beneficial impacts	Sectors with adverse impacts
Telehealth and telemedicine	Tourism
Online entertainment and streaming (Netflix, HBO, Spotify)	Offline entertainment (cinemas, social activities)
Tech companies (video-conferencing, virtual project management)	Construction
Online delivery services	Hospitality and event coordination (conferences)
Education (video games for children)	Transportation logistics (roads, railway, air transportation)
Food retail (grocery stores)	Food services (pubs, cafes, restaurants)
Fitness (smartphone apps for fitness)	Media and recreation
	Industries (automobile)

Table 1. Industries that experienced notable beneficial or adverse impacts as a result of the pandemic. Source: [9-14]

compared to the 11% budgeted for marketing in 2020, thus indicating that companies have become even less aggressive in their marketing strategies [19]. Companies opted for new cost-effective marketing techniques amid pressures on marketing budgets [20]. Consumer brands, financial services companies, and healthcare seem to have been less impacted compared to sectors such as the media sector, travel, hospitality, and tech products.

However, the CMO Survey report indicates a positive posture on digital experience during the pandemic; more than 85% of companies surveyed said that they observed increased value placed on digital experiences by their customers [19].

COVID-19 and Digital Marketing

The COVID-19 pandemic further accelerated innovations in digital media, with exponential increases

in investments of digital platforms such as websites, Facebook, Twitter, Instagram, LinkedIn, and YouTube [21]. Enablers such as mobile phone access observed a massive rise in entities investing in mobile applications to offer services to clients and reach customers quicker [22]. Since the start of the pandemic, research has demonstrated the growing importance of social media marketing, such as one study conducted in North America that found that social media consumption (72%) and posting (43%) increased [2,23]. Global health systems adopted marketing to reach their constituents, as many governments employed digital channels to report, communicate, update, and educate citizens about misinformation and myths about the pandemic. Figure 2 depicts results from the Binary Fountain [24], which administered a survey with 304 healthcare marketers in April 2020, where crisis communication was the main category that changed significantly during the COVID-19 pandemic. It also showed a notable marginal increase in updating online directories and search engine optimisation as well as a decline in website optimisation from 21.6% to 15.8%, although this latter finding contrasts with global trends of increased website usage. Abbas, Wang, Su and Ziapour [25] found that social media had an indispensable role as a medium of providing the correct information during the COVID-19 pandemic.

Conclusion

During the COVID-19 pandemic, consumers modified their behaviours as a result of national interventions to reduce disease transmission, such as lockdown and social distancing measures. Business sectors expanded their operating model by opting for

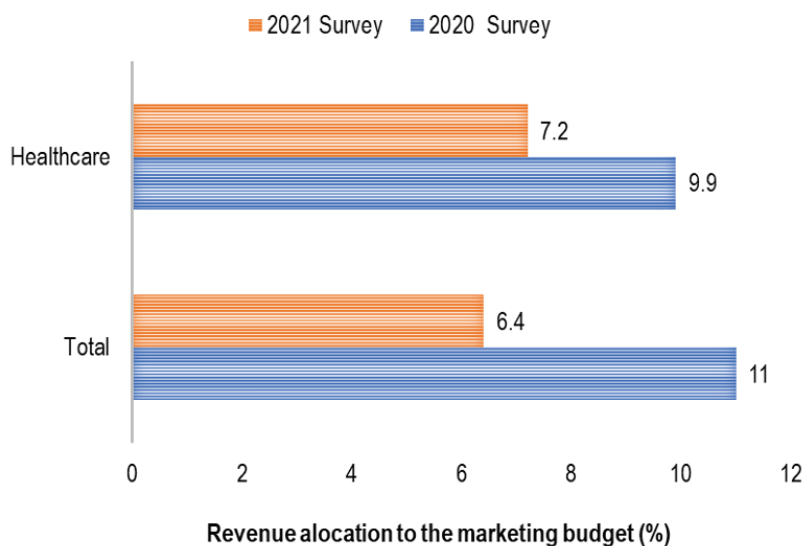


Figure 1. Marketing budget as a percentage of total revenue (Health), 2020 vs. 2021. Source: Adapted from Gartner (2021) [19]

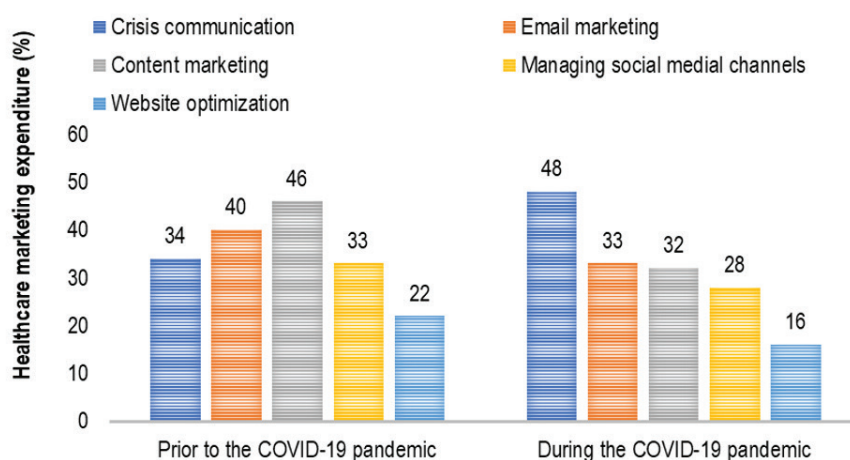


Figure 2. The impact of the COVID-19 pandemic on healthcare marketing initiatives. Source: Adapted from Binary Foundation [25]

innovative marketing platforms to quickly deliver services and products to consumers. Digital information portals such as Facebook, Twitter, LinkedIn, and YouTube experienced exponential growth. Healthcare and telemedicine sectors benefited from increased virtual communications, whereas recreation, travel, and hospitality sectors were adversely affected. Technology connected patients to medical service providers, ensuring access to telemedicine, video conferencing, and medication delivery. Although content marketing and branding were less prioritised, online product purchases, crisis management, communication, and information sharing were widely accessed on virtual portals.

Healthcare systems can further optimise the infrastructure established during the pandemic to educate, communicate, and inform the public about available medical advancements. Countries learned how collaboration, transparency, and information sharing increased health system preparedness. Key lessons from the pandemic should go beyond communicating reports and crisis management to foster collaboration and connect experts and medical service providers across the globe.

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Interview on the Burden of Rare Diseases with Swedish Neurologist and Psychiatrist



Thomas Lindén

For this interview, Dr. Thomas Lindén, the Government Chief Medical Officer of Sweden, shares his perspectives on the global burden of rare diseases with Dr. Helena Chapman, the WMJ Editor in Chief

Please describe your training, current position, and relationship to the WMA.

My name is Thomas Lindén, and I am the Government Chief Medical Officer of Sweden. I am a neurologist and psychiatrist and have worked for many years with the Swedish Medical Association and served as an official advisor to the World Medical Association in Medical Ethics and Socio-Economic Affairs. Now, I direct the department of Knowledge-based Policy of Health Care at our National Board of Health and Welfare that issues guidelines for medical practise, supports patient safety and improvement of health care, and regulates highly specialised services at the national level.

What happened at the Ministerial Conference on “Rare Diseases” in February 2022?

In February 2022, the Ministerial Conference: Care and Innovation

Pathways for an EU Policy on Rare Diseases was held in Paris, France. At this meeting, the Presidency Trio of the Council of European Union (France, Czech Republic and Sweden) presented a call for the commitment to an updated goals-based European Strategy for rare diseases within the Presidency Trio for 2023.

Diseases can be found on the French Presidency of the Council of the European Union webpage (<https://presidence-francaise.consilium.europa.eu/en/news/press-release-ministerial-conference-on-innovation-and-care-pathways-for-a-european-policy-on-rare-diseases/>).

What are “rare diseases”?

A disease is defined as “rare” if it affects less than 1 in 2,000 people, although many rare diseases affect only a handful of individuals. With over 6,000 rare diseases, these illnesses may be the result of genetic or nervous disorders, and may be chronic or even life-threatening. So even if every single disease is rare, together they affect a large population. In the European Union alone, rare diseases affect an estimated 30 million people.

What is the global burden of adults and children living with rare diseases, and why are rare diseases considered a global priority?

Individuals diagnosed with a rare disease can feel overwhelmed and experience changes in various aspects of their lives. This diagnosis can affect your health care and insurance coverage as well as your social behaviours related to social care, educational plans, and workplace issues. The only variation across countries may be variations in cultural perceptions and financial resources.

What are the current challenges that health systems face in medical management and financing for persons living with rare diseases? How has the COVID-19 pandemic impacted the health system management of rare diseases?

If we take a more strategic view on specific differences between countries and regions, we will see that there is a more “medical-oriented” approach in the Western world. This is due to the fact that historically the rare disease movement united and became empowered to push the adoption of the US Orphan Drug Act and the European Union’s regulation on orphan medicinal products.

Which successful national initiatives have provided clinical and public health support for persons living with rare diseases? What lessons can other countries learn from these initiatives?

Notably, Sweden supported the development of Agrenska, a national knowledge centre, led by chairman Anders Olauson. His team designed this centre to provide knowledge support for health care, social interactions for patients and families living with similar diseases and their families, and provisions for research. In the Scandinavian countries, leaders have pushed for a long-standing strategy that incorporates medical and social aspects as well as the workplace perspective of persons living with rare diseases. This trend has now expanded to other geographic regions, as demonstrated by the adoption of a UNGA Resolution for people living with a rare disease and their families.

[The resolution says, “Recognizing also that persons living with a rare disease and their families constitute a

psychologically, socially, culturally and economically vulnerable population throughout their life course, facing specific challenges in several areas, including but not limited to health, education, employment and leisure”.]

Where does the research and/or practice gap lie in streamlining medical care and financing for global populations living with rare diseases?

In December 2021, the African Summit on Rare Diseases 2021 was held in Accra, Ghana. At that event, all geographic regions of Africa were represented by patients’ organisations, governments, and scientific experts. Event highlights showed that medical diagnostics and care, health system preparedness and culture, and policies did not prioritize rare diseases. Many junior doctors, however, were enthusiastic to enter the field of rare diseases. On the other hand, Latin America depicted a great dynamic of patients’ organisations and a positively evolving landscape in terms of access to care. However, there was a trend towards health “judicialization” – and noting challenges with equity – where persons may have to go to trial to receive approval of reimbursed prescribed drugs by local insurance companies.

It is particularly difficult to analyze Asia as a continent, especially since it is extremely diverse in terms of size, ability to pay for health care services,

and general healthcare systems landscape. For example, Japan has a good health care system, with robust data and registries that represent a necessary starting point for addressing rare diseases.

Also, Scandinavia showed best practice in terms of holistic care, and Europe has a well-developed approach with national plans and a European Reference Network. In summary, there is no ideal situation in any country, and we must collectively contribute to this call to action to improve care for persons living with rare diseases.

How has the COVID-19 pandemic impacted health system management of rare diseases?

The Rare Disease International (RDI) has conducted studies that show that the rare diseases community has shared experiences across the world: Centres for rare diseases have been commissioned for the COVID-19 response. Appointments for rehabilitation therapies, such as speech and physical therapies, have been postponed or cancelled. Caregivers had to stop working or significantly reduce their working hours since the pandemic started.

Globally, the rare diseases community and patient organisations have responded in different ways. These efforts include developing surveys to identify the impacts of the

COVID-19 pandemic and releasing public statements to raise awareness on rarer diseases. Notably, they have assisted patients to continue to access treatment and care, such as the creation of Special Emergency Funds, and help local, national, and regional authorities develop a response to the crisis that considers the specific needs of persons and families living with rare diseases.

What are specific calls to action where WMA membership can raise awareness of rare diseases over the next five years?

Together, as physicians of the world, we have a strong voice. Patients with rare diseases represent a group that is easily forgotten and put aside by more vocal and acutely ill groups. The number of different diagnoses makes pharmaceutical development especially challenging, which should be tackled collectively by many nations. We also need to add social services and an inclusive society as we raise attention to the treatment of rare diseases. For WMA members, it is important to emphasize that regular communications to health professionals and decision-makers would offer additional support for these patients.

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Fifteen Months after the Military Coup: Myanmar Doctors are in the Secret Health Service



Wunna Tun

It has been fifteen months since Myanmar's military coup. On the eve of February 1, 2021, Myanmar military ousted the democratically elected Myanmar government, its ministers and member of the parliament after the National League for Democracy (NLD) gained reelection by a landslide. Before the coup, Myanmar had been in the early phase of democratic development, led by State Counsellor Aung San Suu Kyi, following decades of harsh military rule. Since then, tens of thousands of physicians and medical professionals have walked away from military-run hospitals and institutions to join countrywide Civil Disobedience Movement (CDM) against the military junta [1]. It is considered that 80-100% of healthcare professionals in each region in Myanmar have opted to engage with CDM, which led to the biggest doctors' protest in world history [2].

Prior to the initiation of CDM, doctors and healthcare professionals continued to serve hospitals and the general public, informing patients about their engagement with CDM. With the aid of local and international donors, CDM physicians established mobile clinics, free charitable clinics, and hospitals

to ensure patient care and give free treatment in private hospitals [3]. They continued to deliver patient care in compliance with the Geneva Declaration and the physician's pledge [4]. Some drugs, oxygen concentrators, and medical devices were transported to Myanmar ethnic areas by Myanmar diasporas to assist Myanmar doctors in providing patients with the highest possible medical standards [3].

However, the peaceful campaign did not last long since the army declared physicians to be enemies of the military and began assaulting, detaining, and murdering medical personnel. It is because doctors were the first to initiate CDM and if they arrested doctors, there would be no one to take care of protestors and they would control the country easily. Furthermore, Myanmar physicians had their passports confiscated, they were deprived of citizenship, and their doctor licenses were revoked [5]. Private clinics, medical personnel, and ambulances were targeted by the military for no apparent reason. The World Medical Association (WMA), in the statement issued in the third week of February 2022 [6], criticized the detention and harassment of physicians by the Myanmar army and security forces while treating patients in Myanmar.

Since doctors continue to practice in secret, providing lifelines to communities that are rejected by the military run healthcare facilities and have no access to medical treatment, their freedom and their lives are jeopardized [7]. Myanmar has been affected by the pandemic third wave, where even the severely ill COVID-19 patients were denied admission in army hospital. Even an ambulance transporting a

COVID-19 patient was shot at and barred from hospital [2]. Doctors and other health professionals were jailed and tortured, but they continued to care for COVID-19 patients in secret [1]. The military invaded oxygen cylinder management facilities, hospitals, demolished the COVID-19 treatment facility, and detained physicians and other health care professionals [8].

The WMA and its members are very disturbed by the terrorization, arrest, kidnapping, and murder of health care personnel for treating patients in Myanmar. During the WMA Council Meeting in April 2021, the WMA released a strong expression of solidarity for the people and health professionals in Myanmar [9]. Myanmar's military ignored these declarations, believing that they could not be interfered with taking action and shooting and murdering Myanmar citizens and medical personnel. Myanmar medics, however, continue to care for citizens, including those who have been hurt by the military. Although the injured need blood transfusion, junta troops arrest and imprison young people attempting to donate blood, resulting in fewer blood donations [10].

Since some international organizations, like the United Nations, do not have power to intervene, incidents of violence against physicians continue. If the Myanmar military cannot find the doctor, they abduct the doctor's family members and force them to surrender. Some physicians have given up the comfort of city life and the country's oppressive junta to arm themselves and care for patients in the country's dense jungle [11]. Representatives of National Medical

Associations (NMA) from across the world attended the WMA Virtual Annual Meeting in October 2021 and endorsed the WMA Policy Statement to support physicians in Myanmar [12].

More concerning issues include arrest warrants of medical professionals delivering medical care, ambulances being wrecked, and medical facilities seized [13]. The military is scrambling to apprehend COVID-19 patients as well as doctors and nurses caring for COVID-19 patients [14]. Myanmar citizens were slain and burnt, as was health personnel who assisted in safe transfer of children and women [15].

In October 2021, the Myanmar army conducted air attacks on Myanmar villages and towns, including hospitals and clinics, irrespective of the WMA statement. According to reports, the military regime increasingly utilized chemical weapons in airstrikes, targeting innocent civilians, using Myanmar military planes to drop bombs on hospitals and people on a consistent schedule [16,17]. The army has interrupted humanitarian and drug deliveries and it has detained people who are found to possess medical drugs [18]. Tens of thousands of Myanmar doctors and medical personnel have been injured, imprisoned, humiliated, and massacred during the 15-month military takeover, and their families have been kidnapped and slaughtered.

The world community is powerless to safeguard Myanmar and has taken no action to address these hallmarks of military war crimes against Myanmar's physicians and humanity. Armed troops and security forces responsible for the deaths and torture of Myanmar physicians have not been brought to justice. During Myanmar military air attacks, physicians secretly treat patients

evacuating them from hospitals.

To date, the WMA and international statements have not halted the military war crimes. I am writing to urge the WMA, NMAs, international organizations, and the United Nations agencies to directly support local doctors by providing medical equipment and drugs for Myanmar, imposing a flight ban in Myanmar, and bringing Myanmar's military and security forces to the International Criminal Court for their crime against humanity.

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Mental Health Issues within the Healthcare System during the COVID-19 Pandemic – Global and Malaysian Viewpoints



Philip Parikial George



Prem Kumar Chandrasekaran

The coronavirus disease 2019 (COVID-19) pandemic has brought about sudden and unexpected hardships with ensuing emotional difficulties for many individuals. Besides economic challenges, psychological sequelae are expected as a result of recovery from infection coupled with concomitants of enforced lockdowns and quarantine measures. Increasing reports of 'long COVID' have been emerging, wherein 'brain fog' affecting concentration and memory stands out as a predominant symptom. Studies have found that COVID-19 patients have suffered more mobility problems, pain, anxiety and depression, and one particular study from China showed that many patients will not fully recover within a year of COVID-19 infection in addition to mental health symptoms

being a significant burden. Another review found that despite the longterm effects from direct COVID-19 infection, associated with no or mild symptoms, increased the prevalence of anxiety, depression, post-traumatic stress disorder (PTSD), and sleep disturbances were evident when compared to levels within the general population [1]. This could well appear to be another 'pandemic' of mental health issues running parallel to COVID-19, poised to outlive COVID-19's physical medical issues, and will be felt for years to come.

The resilience of healthcare professionals in Malaysia had been tested to the limit during this pandemic. The world has been privy to observed photos, videos and audio recordings of doctors and other healthcare professionals on the frontlines feeling stressed, burnt-out, and anxious. Healthcare professionals and doctors in general are already at higher risk of mental health issues, which is often under-recognised. Personal mental health issues are not prioritised, especially in developing countries like Malaysia, where it is still wrought with taboo and stigma. Hence, the question is what degree of mental health support should be offered while we strive to continue practicing in one of the most stressful jobs in the world?

Doctors are often 'masters of disguise', and they may adopt a façade of happiness on the outside, but suffer silently on the inside. They can develop work-related trauma, especially in emergency medicine and surgical specialties. Even when there is no medical error, doctors may never forgive themselves for losing a patient. In fact, suicide can sometimes be the ultimate

self-punishment for the perfectionist medical practitioner. These personal hardships include long hours at work, immersion in patients' pains and issues, relationship setbacks including divorce and custody battles, and family challenges like disabled children and deaths. Patients expressing their frustrations as a way of ventilating can be mirrored in our own lives. Nonetheless, doctors still see a need to portray a strong front for our patients, a deception that we sometimes erroneously perceive as reality itself.

In a review of 21 studies, the rate of depression among doctors varied, with the prevalence ranging from 14% to 60%, which was comparable to rates of the general population [2]. Males, however, seem to be at higher risk, when compared to the general population, despite women outnumbering men in the profession. Anxiety among doctors appears to be higher than in the general population, with prevalence estimates of between 18% and 55% [3]. Self-medication and the rate of drug use were similar among doctors, and the general population. Prescription drugs such as benzodiazepines were used more frequently by doctors as compared to illicit street drugs. A review of 14 publications also showed that levels of alcohol consumption in doctors were similar to consumption levels in the general population [3].

Global healthcare providers working to fight the COVID-19 outbreak may be more susceptible to develop mental health symptoms. From our experience, contributing factors here include fear of contracting the disease, unavailability of personal protective equipment and medical supplies, long working hours, increased patient load, lack of

effective COVID-19 medication, death of their colleagues after exposure to COVID-19, enforced social distancing, and isolation from their family and friends. Furthermore, the hopeless situation of some patients may take a toll on their mental resilience. The working efficiency of healthcare professionals gradually decreased as the pandemic prevailed. One Chinese study found that among 1,257 healthcare professionals working with COVID-19 patients, 50.4% reported symptoms of depression, 44.6% had symptoms of anxiety, 34% suffered from insomnia, and 71.5% reported feeling generally distressed [4].

A survey using Zung's Self-rating Anxiety questionnaire, which was conducted among 983 Malaysian university students during the COVID-19 pandemic and lockdown, highlighted that 20.4%, 6.6%, and 2.8% of respondents experienced minimal to moderate, marked to severe, and most extreme levels of anxiety, respectively [5]. A recent unpublished survey conducted among healthcare students in a private Malaysian university during the pandemic revealed that 33.9% experienced moderate to extremely severe depression symptoms, 30.5% were with anxiety symptoms, and 19.5% with those of stress; a total of 31.3% of students reported poor satisfaction with life, and 29.7% expressed poor resilience [6]. Aside from the COVID-19 risk, students experienced other challenges from online learning, such as internet connectivity, network signal and internet speed, absence of real-time sharing of ideas and information, and limited in-person social interactions with peers.

Another survey employing the Psychological General Well-being Index (PGWBI) questionnaire with 217 healthcare professionals

during the pandemic in late 2020 found 54.8% reporting moderate to severe distress [7]. In our opinion, the most common mental disorder due to COVID-19 was likely an adjustment disorder, a self-limiting syndrome that typically occurs in response to a stressful event, but which may still cause distress and dysfunction in daily life. Generalised Anxiety Disorder predictably may be the next most common psychiatric disorder [8], followed by depression, insomnia and PTSD, as healthcare professionals recovered from serious COVID-19 infections. Common psychiatric disorders (mood and anxiety disorders) showed a weaker relationship with the markers of COVID-19 severity in terms of incidence as compared to neurological disorders, suggesting that they were more related to being diagnosed COVID-19 than the direct manifestations of the illness [9]. This should prompt us to look into stigma as another entity that needs to be addressed, as a result of long-term physical or mental health concerns from COVID-19 infection, vaccine hesitancy, and economic hardship.

There are many challenges when providing a much-needed mental healthcare service structured towards healthcare professionals, including doctors. The limited resources, both human- and service-related, and coupled with the stigma and discrimination towards mental health disorders, prohibit access to proper mental health care. It may be wise to begin educating, locally and internationally, on this topic with emphasis on early career training. Medical students' curriculum should contain a mandatory 'must-pass' module on maintaining good mental health and building resilience. Practicing doctors should be offered continuing medical education programmes that focus on

strengthening mental health skills and resilience. We could further consider convincing the relevant medical associations to provide free and confidential counselling, or enticing voluntary organisations to provide better accessibility to confidential medical assistance for doctors. This is available in Australia through the Doctors' Health Advisory Service that consists of a confidential phone help-line offering personal advice to medical practitioners and students facing difficulties. Finally, considering this pandemic has caused a change in travel behaviour, and with borders now re-opening to international travel, the adoption of risk assessment strategies should be undertaken to calculate the risk score for individual countries that rely on the medical tourism industry so as to minimise virus transmissibility [10].

In summary, healthcare providers are more susceptible to developing mental health issues and, in light of the move into our current endemic phase, we conclude by calling for a more structured approach towards detecting and addressing stress and other mental health-related problems across the globe, including low- and middle-income nations like Malaysia. These endeavours should target strategies in resilience-building early on in professional healthcare careers, whilst taking into cognisance stigma being a major deterrent towards help-seeking behaviour, given the cultural obstacles within our region. Prioritising these issues will equip healthcare professionals to be better protected to deal with challenges in the mental health landscape between the public and private medical sectors in Malaysia and globally. Lastly, ensuring safe global travel will instill confidence for those medical personnel involved in medical tourism to adapt to changes in the 'new norm'.

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Report of WMA JDN Thematic Session on Warfare Ethics



Lwando Maki



Wunna Tun



Shiv Joshi

The War in Ukraine, Syria, Afghanistan, the military coup in Myanmar, and other internal conflicts stressed the ethical dilemmas faced by physicians around the world [1-4]. These conflict environments require difficult decisions and pose severe work safety, mental health, and everyday practice challenges for

both junior and senior physicians. The World Medical Association (WMA) has helped and guided physicians to maintain the highest possible standards of ethical behavior and work towards the achievement of the highest international standards in medical ethics, and health care for all people in the world [5].

The Junior Doctors Network (JDN) actively works to amplify the work of the WMA, whilst continuing to be a WMA platform for junior doctors [6]. The JDN acknowledges that junior doctors are also affected by conflict environments and that there is a need to highlight medical ethics so that they are better equipped to face the complex scenarios requiring difficult decisions in such environments. In this light, the JDN Medical Ethics working group hosted a panel discussion on Medical Ethics in War at the JDN Spring Hybrid Meeting during the WMA Council Session in Paris on April 6, 2022. The panel discussion was chaired by Dr. Lwando Maki (JDN Deputy Chair and Medical Ethics Working Group Co-chair) and moderated by Dr. Wunna Tun (JDN Secretary) and Dr. Shiv Joshi (JDN Medical Ethics Officer and Medical Ethics Working Group Co-chair). The panel discussion was held at the offices of the French Medical Council. The session was well attended by junior doctors from all WMA regions and representative partner organizations of the JDN.

The first keynote presentation was delivered by Dr. Cecil Wilson, past president of the WMA and American Medical Association (AMA). On behalf of the WMA, Dr. Wilson has worked with the Defense Health Board on the subject of war, military, and medical ethics. Under

the leadership of Dr. Wilson, the US Department of Defense developed a range of options in their response efforts. In his address entitled, "Dual Loyalty. Military Medicine", he said that the core ethics of the medical profession were under threat in countries in situations of war, armed conflict, and civil unrest. There is a clinical role conflict between professional duties to patients and obligations, expressed or implied and real or perceived, to the interest of a third party such as an employer, an insurer or the military, which can violate patients' rights. He described various ethical guidelines set by the WMA such as the Declaration of Geneva or Physician's Pledge, International Code of Medical Ethics, Statement on the Protection and Integrity of Medical Personnel in Armed Conflicts and Other Situations of Violence, Regulations in Times of Armed Conflict and Other Situations of Violence and Declaration of Tokyo – Guidelines for Physicians Concerning Torture and other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment [7-11]. He spoke about how military professionals most appropriately balance their obligations to their patients with their military duties. Some recommendations during the time of war and conflict included promoting knowledge of medical ethics and an ethical culture among military health care professionals and ensuring that military health care professionals' first ethical obligation is to patients. He suggested providing military treatment facilities with access to high-quality ethical services and concluded that creating an environment that supports ethical conduct and minimizes conflicts of dual loyalty is important in military

medicine.

Next, Dr. Jacques de Haller, WMA Associate Member and Immediate Past President of Standing Committee of European Doctors, presented the WMA revised policy draft on the proposed revision of the WMA Statement on the Protection and Integrity of Medical Personnel in Armed Conflicts and Other Situations of Violence and comments (SMAC 220/Protection of Healthcare Personnel COM REV/Apr2022) [9]. Dr. de Haller highlighted that the policy replaced the two previous WMA policies – the one that deals with the protection of healthcare workers and that of the ethical principles of their protection that are the same in both conflict and non-conflict environments. He emphasized the significance of WMA policies such as the one that described the protection of physicians and other members of the physician-led multidisciplinary team. He proceeded with underlining the importance of the policy incorporation in the existing international agreements, as globally relevant to all healthcare personnel, and offered key recommendations for governments, non-state governments, non-state actors, and NMAs. He shared two policy recommendations: 1) governments, non-state governments, and non-state actors must support and strictly respect the ethical rules of the medical profession; and 2) physicians should educate governments about the consequences of war.

The third speaker was Dr. Jean-Francois Cerfon, President Conseil départemental du Haut-Rhin de l'Ordre des Médecins, who spoke on war and disaster medicine. Dr. Cerfon stated that war and disaster medicine is a speciality that is not practiced daily at the global level, although specialists use their expertise in difficult and unfortunate circumstances [12]. He

highlighted the unique challenges war and disaster medicine faced, including the unpredictability of war and conflict, patient numbers, broad pathology spectrum, difficult working environment, and insufficient resource for efficient clinical practice. He described the important principles of medical ethics when practicing war and disaster medicine, such as impartiality and medical neutrality. He emphasized that physicians' safety must always come first, as physicians must be safe before they can proceed with patient care.

The final speaker was Dr. Russell D'Souza, who is the International Chair of UNESCO Bioethics in the Asia Pacific Division. His topic was "Ethics of War - Can It be Morally Justified?". He pointed out that the waging of war is the last act in conflict and that war must adhere to formal codes of war, such as The Hague and Geneva Conventions. He introduced the "Just War Theory" and cautioned that the theory is not intended to justify wars, but rather to prevent them. He drew attention to the principles of Jus ad Bellum, which describes the reasons for going to war, and Jus in Bello, which refers to the conduct of war. He commented on the importance of this distinction, as at times a war might be ethical or unethical (e.g. use of torture, chemical warfare, drones for surveillance). Noting the interest of the audience, Dr. D'Souza mentioned that all wars are unethical and enumerated the six conditions for a just war: 1) just cause; 2) right intentions; 3) reasonable chances to succeed; 4) benefits proportional to losses; 5) war must be the last resort; and 6) war can only be declared by a legitimate authority.

In summary, all panel presentations were received well, and a robust discussion ensued among attendees. Key discussion points included the following: the role of medical

students in times of conflict; should they practice medicine because of the limited number of available physicians or enlist in the military; definitions of personal protective equipment in conflict settings; and protective measures for physicians. This event accentuated that physicians must always remember that their safety comes first, in order to provide appropriate care to patients. Moreover, all health professionals must adhere to the principles of medical ethics in both conflict and non-conflict environments, as they are a constant and guiding light in both times of peace and war.

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WMA Members Share Perspectives related to World Health Day 2022 (“Our Planet, Our Health”)

Each year, World Health Day is recognized on April 7, and nations promote activities that raise community awareness of the annual theme. The 2022 theme, “Our Planet, Our Health”, offers a timely look at our changing ecosystems and direct and indirect impacts on human and animal health. Since the World Health Organization reported that 12.6 million annual deaths are linked to living and working in unhealthy environments, the One Health concept offers a holistic view of the delicate balance of humans, animals, and the environment [1,2].

Understanding these risks will be key to achieving optimal health indicators by the Ministries of Health as well as the indicators and targets of the 2030 Agenda for Sustainable Development. As leaders openly discuss global health challenges – ranging from the effects of climate change, pandemic preparedness, economic and food security, air and water pollution, and health system preparedness – transdisciplinary collaborations can leverage expertise and expand networks for the development of innovative actions plans for the next decade. In this article, physicians from the Dominican Republic, Germany, Nigeria, Spain, Sweden, Switzerland, and the United States offered insight and shared their ongoing activities about the World Health Day 2022 celebrations.



Dominican Republic

As global citizens, we should actively support the “Our Planet, Our Health” theme for World Health Day 2022, recognizing that innovative strategies that incorporate the One Health concept (human-animal-environment nexus) are fundamental to achieve

the Sustainable Development Goals (SDG), including SDG 3 (Good Health and Well-being) and 13 (Climate Action). Over the past decades, scientists have reported significant ecosystem challenges – such as the degradation of natural resources, development of megacities, impact of air and water pollution, and expanded mosquito and tick habitats – which can impact human and animal health. Moving forward, health leaders should develop robust approaches to address this global burden and ultimately support the delicate balance within our ecosystem.

Over the past year, the Pan American Health Organization has supported two key initiatives of the Dominican Republic (DR) Ministry of Health. In September 2021, the National Action Plan for the Control of Antimicrobial Resistance was updated, based on shared dialogue among community stakeholders representing disciplines and sectors linked with human, animal, and environmental health. With antimicrobial resistance recognized as one of the leading public health challenges, resulting in an estimated 700,000 reported annual deaths, proactive steps to reduce antimicrobial resistance should incorporate the One Health concept. Notably, this plan will adhere to the International Health Regulations with five actions related to antimicrobial resistance: a) raise awareness and understanding; b) reinforce the scientific knowledge base; c) support infection control measures; d) promote optimal antimicrobial practices; and e) ensure financial sustainability [3].

In April 2022, the DR Ministry of Health organized a series of national activities, including a “Health Path” three-kilometer hike, children’s

activities focusing on healthy habits, educational seminars with different audiences, and workshops on healthy cooking. These efforts aimed to encourage DR citizens to make conscious efforts to care for the planet, including buying local agricultural products, reducing consumption of highly processed foods, and recycling products [4]. Also, within the National Health Plan, the DR Ministry of Health highlighted the importance of addressing the effects of climate change that can support a resilient environment and prevent premature illness and death due to natural disasters [4].



Germany

Since 2017, the German Alliance on Climate Change and Health (KLUG) brings together health professionals and organisations advocating for a transformative change towards a healthier tomorrow. The ongoing activities on green hospitals, planetary health education, and climate resilient (public) health systems led the German Medical Association to make climate change a top priority for its 2021 General Assembly.

World Health Day 2022 was used once again as an opportunity to communicate the consequences of the climate crisis and other global environmental changes to policy-makers and the public. Focusing on the increased heat stress experienced in Germany over the past decades, a new analysis showed a surge of heat-related morbidity and mortality in hospital statistics between 2000 and 2020. The German Medical Association and KLUG had long been calling for a national heat action plan as well as more ambitious climate goals. Inaction on climate mitigation

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and adaptation in the health sector and broader society will threaten our well-being and widen health inequalities. This World Health Day must therefore pave the way for a healthier tomorrow for people and the planet.

Nigeria

Over the past few years, Nigerian health leaders have noted several national priorities geared towards achieving a healthy nation: reversing climate change, achievement of universal health coverage, and the reduction of air and water pollution. Many local and national initiatives have been developed to combat these challenges and improve the physical and mental health well-being of the populace.

Various Nigerian medical associations and organizations supported the “Our Planet, Our Health” theme to recognize the importance of World Health Day 2022. First, the Enugu State branch of the Nigerian Medical Association shared a position statement that included a five-step action plan on the topics of transportation (e.g. walk or bike at least once per week), energy (e.g. turn off the light when not in use), nutrition (e.g. avoid highly processed foods and beverages), healthy lifestyles (e.g. quit smoking), and consumption and shopping (e.g. use recyclable grocery bags) (1). These action plans offer simple steps and tips that can be used to reduce morbidity and mortality and also improve the lifespan of the populace [5]. Second, the national executives of the Medical Women’s Association of Nigeria (MWAN) released a position statement about promoting health and well-being during the COVID-19 pandemic. For instance, the Lagos State branch (located in southwest Nigeria) of the MWAN and the Nigerian Medical Association collaborated on a webinar

to commemorate World Health Day 2022. These webinars offered valuable insight to audience members on the topics, “Health Promotion for Wellbeing in the Midst of a Changing Climate” and “Investing in our Planet - the Role of the Healthcare Sector”. Third, various medical organizations enlightened the populace of Nigeria on lifestyle modifications to promote healthy lifestyle behaviors through using audio (radio) and video media (television). Health promotion exercises were organized by the Edo State branch of the MWAN, where female doctors and spouses of male doctors were screened for cervical cancer, hypertension, hepatitis B and C, and anaemia.

Spain

World Health Day can offer an opportunity to mark a before and after in the care and maintenance of our health in an indivisible way. Today, our global population is aware that climate change represents one of the greatest threats to global health. Since Spanish physicians are aware of the role that climate change plays in society, the Spanish General Medical Council has supported two initiatives. First, in January 2022, they launched the Medical Alliance Against Climate Change, which will allow the 250,000 Spanish physicians to collaborate on national climate action policies, as part of their commitment to the 2030 Agenda and the Sustainable Development Goals. Over the next four years, they will support collaborations among federal, non-governmental organizations, and communities, initiate a series of regular health promotion activities including courses, and encourage citizens to reduce the carbon footprint. Second, they support the Gender and Profession Observatory, where they can work to contribute and achieve equality between women and men. Implementing a cross-cutting gender

perspective in the medical profession and in all areas of health will mean taking better care of the health of the planet and of all people.

Also, more than 130 foundations, including the Foundations of the Spanish General Medical Council for Social Protection and International Cooperation, have joined the Spanish Foundations Climate Pact, an initiative of the Spanish Association of Foundations (AEF) and the Daniel and Nina Carasso Foundation. The aim of this initiative is to encourage the philanthropic sector in Spain to take decisive steps towards collaborations in climate action. The pact, structured in seven pillars, offers a foundation to promote a movement of action and awareness for Spanish foundations to activate and promote an active fight to confront the climate crisis and resulting inequalities.

Sweden

For World Health Day 2022, Sweden’s governmental health agencies focussed on the importance of clean air and water and enough food for all as a means for better and more equal health. Notably, the Swedish Medical Association lifted the “Healthy Climate Prescription”, which was supported together with the WHO, WMA and other organizations. In a broader perspective, we recognize that the conditions of our housing and neighbourhoods greatly affect the development of healthy lives. To align with the international theme, we promoted green areas across our towns and cities, as they not only provide shelter and shadow, but also opportunities for relaxation, recovery, and physical exercise. Governmental agencies, non-governmental organizations, and organizations continue to work together to address mental health and well-being. We recognize the significant challenge to provide

equitable health for all, especially noting the aftermath of disrupted school attendances and delays with entering the labour market during the COVID-19 pandemic.

Switzerland

In October 2021, the Swiss Medical Association adopted a comprehensive strategy for the Swiss medical profession on climate change, entitled Planetary Health: Strategy of the Swiss Medical Profession on the Possibilities of Action Concerning Climate Change (<https://www.fmh.ch/files/pdf26/20210819-sante-planetaire-strategie-du-corps-medical-suisse-sur-les-possibilites-d-action-concernant-le-changement-climatique.pdf>). In order to prepare, adopt, and implement the measures adopted, it set up a working group that represents the various disciplines and functions within the medical profession in Switzerland. As an intergenerational and sustainable project, representatives of medical students (swimsa) and the member organization of Doctors for the Environment (AefU) will also be involved in these activities.

The vision of this stimulating work was formulated as follows: “The Swiss medical profession supports a strengthening of measures to promote Planetary Health. In doing so, it has the vision of a sustainable health-promoting and climate-resilient Swiss health system and helps to achieve this objective with proportionate, financially viable measures.” The working group, which was scientifically accompanied by the Institute of Public Health at the University of Basel, formulated the need for action in the following four areas: a) information of the medical profession and patients; b) reduction of greenhouse gas emissions (mitigation); c) adaptation to foreseeable climatic developments

(adaptation); and d) strengthening the role of physicians as role models.

The delegates of the Swiss Medical Association take this concern very seriously and approved an annual budget of around CHF 300,000 for the implementation of practice-relevant concepts. In a first step, the environmental footprint of the General Office/Administration of the Swiss Medical Association with its 120 employees will be precisely calculated, on the basis of which concrete goals will then be implemented. For the practicing medical doctors, the working group will develop initial projects during 2022.

United States

The American Medical Association (AMA) recognizes the serious threat the climate crisis poses to human health. We know that physicians across the country are already seeing the health impacts of the climate crisis in their patients, and we recognize that the harms will disproportionately fall on historically marginalized communities who are least able to prepare for, and recover from, heat waves, poor air quality, and other impacts. That’s why we are a member of The Medical Society Consortium on Climate and Health, a group of leading health care organizations that represent some 600,000 clinicians across the U.S. The AMA has signed on to the U.S. Call to Action on Climate, Health, and Equity: A Policy Action Agenda which recognizes climate change is the greatest public health challenge of the 21st century, action to reduce climate change can dramatically improve health, and equity must be central to climate action.

The AMA is also a member of the Steering Committee for the National Academy of Medicine Action Collaborative on Decarbonizing the

U.S. Health Sector, a public-private partnership of leaders from across the health system committed to addressing the sector’s environmental impact while strengthening its sustainability and resilience. The U.S. health sector is responsible for an estimated 8.5% of national carbon emissions. Dramatically reducing the carbon footprint of the health care ecosystem would have immense health, social justice, and economic benefits. The public health threat of climate change is real, it is here, and it requires us to work collaboratively – and with great purpose and urgency – to solve the short- and long-term challenges we face.

Conclusion

As we reflect on World Health Day 2022, taking into consideration the described initiatives and reflections from seven countries, we recognize that urgent action is crucial to develop sustainable solutions to achieve the Sustainable Development Goals by 2030. This “decade of action” prioritizes three types of action – global, local, and people – that empower all sectors to contribute to reducing the global burden of infectious and chronic diseases, advancing equity, and supporting sustainable health system budgets [6]. The “Our Planet, Our Health” theme is a timely reminder of the valuable role of multidisciplinary collaborations across sectors and disciplines to achieve the ambitious targets and indicators of the SDGs. Together, as National Medical Associations and individual World Medical Association (WMA) members, we must support the One Health concept and organize initiatives – like World Health Day – that leverage expertise and promote shared knowledge about emerging health risks across our global communities.

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Obituary



William James Appleyard

Dr. William James Appleyard (Jim Appleyard) died on 29 January 2022 at the age of 86 after a long battle with cancer.

Dr. Appleyard was rooted in the traditional English education system. Graduating from Exeter College, Oxford, which was founded in 1314, he conducted his medical education at Guy's Hospital in London. He specialized in paediatric medicine, which was not only his field of work throughout life, but also his passion, as evidenced by most of his other appointments.

Following completion of his training at Guy's Hospital, the Children's Hospital in Louisville, Kentucky and Great Ormond Street Hospital in London, Dr. Appleyard was appointed consultant paediatrician at Kent and Canterbury Hospital in 1971. He continued to work as a consultant for 27 years until 1998. He founded the Mary Sheridan Centre for children with disabilities in 1972, the first child development centre outside London. He was the initiator of the Special Care Baby Unit at the Centre, which opened in 1973 and was recognised as a multidistrict neonatal intensive care unit in 1983. He was professor in paediatric medicine at St. Georges University for ten years from 1986-1996, and became an Honorary Fellow of the Royal College of Paediatrics and Child Health in 2011.

Dr. Appleyard developed an interest in medical education and served on the Board of Medical Education of the British Medical Association (BMA). He was Dean of Clinical Sciences at Kigezi International School of Medicine based in Kabale, Uganda from 2000-2004. Later, he became active in the International Association of Medical Colleges and for six years served as its president.

In 1995, Dr. Appleyard became a representative of the British Medical Association (BMA) in the Council of the World Medical Association (WMA). For the next ten years, he participated in various activities on behalf of the BMA and WMA. He was Chair of the WMA Standing Committee on Medical Ethics from

1995-1999. During that time, he oversaw the amendment to the Declaration of Helsinki, which was accepted at the 48th WMA General Assembly in South Africa in 1996. He was the convener of the group that presented the WMA Declaration of Ottawa on Child Health, and later became chair of the workgroup that prepared the WMA Statement on the Ethical Considerations regarding Health Databases, which later developed into the WMA Declaration of Taipei. In 2002, he was elected President of the WMA and, following his year as President-Elect, he became its President from 2003-2004. His main focus during his presidency was the rights of children and he was unwavering in speaking on their behalf at every occasion.

After retirement, Dr. Appleyard became active in the International College of Person Centered Medicine, serving on its Board and becoming its president from 2013-2017. He continued to be active in the College, participating regularly in remote Board meetings until late 2021 and serving as an advisor to the Board until his death in January 2022. During this time, he published several articles on person centred medicine and chaired its educational program.

Dr. Appleyard had a very gentle presence, bringing the concept of a gentleman to mind. Even when he did not agree with his counterpart, he was always ready to hear out their argumentation and his critique was generally quite positive. He stressed the rights of children and the importance of listening to their views relative to their age. When he was diagnosed with incurable cancer, he informed his colleagues of his condition but continued to work with them on various tasks until the end.

He will be sorely missed by his wife Elizabeth, his son, Richard, his daughters Suzanne and Lisa, as well as his many friends and colleagues around the world.

Jón Snædal, MD
(Obituary written by WMA Past-President)

Obituary



Joseph M. Heyman, MD, FACOG

Dr. Joseph M. Heyman (1942-2022) died at home in West Newbury, Massachusetts on February 12, 2022, shortly after being diagnosed with pancreatic cancer. He was noted as someone with leadership, intellect, friendliness, warmth, and understanding.

Dr. Heyman graduated with a BS from The City College of New York, New York City and an MD from the State University of New York, Downstate Medical Center, Brooklyn, New York. He served for three years in the United States Public Health Service, Northern Navajo Indian Hospital, Shiprock, New Mexico, where he was General Medical Officer, Venereal Disease Control Officer and Chief of Ambulatory Services. He subsequently served as a resident in the Sinai Hospital of Baltimore, where he received Certification and Fellowship of the Board of Obstetrics and Gynecology.

In 1973 he began his 41 years of OB/GYN practice in Newburyport, MA. There he formed the Women's Health Care group, and later was in solo gynecology practice, and Chief Medical Information Officer of Whittier IPA, Inc. He served as President of the Medical Staff of Anna Jacques Hospital, a member of the Executive Committee of the hospital Board of Directors, and a board member of the Tufts Associated Health Maintenance Organization. He was also founder and president of the Whittier IPA, a non-profit organization of Physicians in Merrimack Valley.

Recognizing the importance of organized medicine in dealing with the structures of health care and how health is delivered, Dr. Heyman began a journey serving as president of the Essex North District Medical Society followed by speaker and president of the Massachusetts Medical Society.

Dr. Heyman was a member of the American Medical Association (AMA) House of Delegates, chair of the Council on Medical Service and for eight years a member of the AMA's Board of Trustees. As a member of the Board he served as secretary, chair

of the Finance Committee and Chair of the AMA Board.

Knowing the significance of the work of hospital staffs, Dr. Heyman served on the Board of Commissioners of the Joint Commission and internationally on the Joint Commission International. And he was a member of the Board of Directors of the Lower Merrimack Valley Physician Hospital Association.

Dr. Heyman served on three subcommittees for the United States Office of the national Coordinator for Health Information Technology, and from the US Department of Health and Human Services was a member of the Practice Physicians Advisory Council.

Joseph Heyman was a leader internationally where he participated in the World Medical Association. He was a member of the Council and Ethics Committee and beginning in 2014, the chair of the World Medical Association Associate Member. As Chair he brought an enthusiasm and energy from around the world as he guided the members in the development of principles in medical ethics that would be considered by the WMA Council. Dr. Heyman understood the importance of discussions on issues. The give and take of differences of opinion that he greeted with thoughtfulness and consideration, as well as a stalwart support for the importance of medical ethics.

Joe was still involved even in retirement, where he became active in the West Newbury Democratic Town committee where he served on the Town Financial Committee, even as he served with the local, national and international medical societies.

Survivors in his immediately family include his wife, Laurie Heyman of West Newbury, MA; his daughter, Eve Heyman Tuminaro with her husband, Dave, and their children, Sierra and MacKenzie, in Oak Bluffs, MA; his son, Todd Heyman with his wife, Sizuy, and their children Autumn and Meadow, in Hartland, VT; his two nieces, Zeka Glucs, and her husband, Dave, and Caroline Kuspa all in Santa Cruz, CA

The AMA Foundation is honored to administer the *Joe Heyman, MD Fund*. Dr. Heyman's desire is to support medical students of color with financial need through our *Underrepresented in Medicine Scholarship Program*. <https://amafoundation.org/heyman/>

As members of the family, friends and colleagues what we will all remember is the wonderful work Dr. Joseph Heyman has provided over his lifetime in health care.

And what we will all treasure is remembering that Joe was a thoughtful, kind, caring and a happy man.

Cecil B. Wilson, MD, MACP
(Obituary written by WMA Past-President)