

Valediction

My dear friends and colleagues, I would like to thank you for the great honour and privilege of representing the WMA to the world. It has been an interesting year since our last General Assembly in Helsinki, and the time has flown by. I have attended many meetings, both physical and virtual, with our members and with other organisations and partners. While we may have significant differences, my feeling that doctors are by and large deeply ethical and moral has been reinforced. I guess those entering the healing profession tend to be more caring and self-sacrificing than most people.

During the year, I have seen many challenges and trials that face our field. They are perhaps too numerous to mention individually, but perhaps I could focus on two issues, one external and the other internal.

As I mentioned earlier, I was able to attend meetings of some of our constituent members. In early June I was at the meeting in Chicago of the AMA, and there I was privileged to hear “angry Bruce”. Not Bruce Banner, so there was no smashing involved. It was Bruce Scott who was angry, and in his anger he was eloquent and passionate about interference in the work of doctors. It struck me that if we had taken him and put him in front of doctors anywhere to make the same speech, we would all have understood the issues involved. The fact that all of us, to a greater or lesser degree, face these interfering individuals and organisations should be treated as a plague or pandemic affecting the medical profession.

We do not work on some isolated Olympian plane. Healthcare needs teams. There is no arguing with that. However, teams need leaders, and those leaders must be doctors. No other health care professionals have the breadth and depth of training to fill this role better.

Unfortunately, it seems that everyone wants to be a doctor – without going through the studying and training needed. Maybe we make the practice of medicine look too easy. Whatever the reason, the attempted inroads are everywhere. The push to replace doctors with “physician assistants” or “physician associates” is widespread. These people are supposed to support doctors, but it seems that often they begin to believe and act as if they are the experts. They are not, and such behaviour is unacceptable. Unfortunately, administrators look only at the immediate cost savings of hiring less educated people, and do not consider the much higher long term cost of missed and delayed diagnoses, inappropriate or wrong treatments and procedures and long term complications. It is incumbent on us as doctors to push back against the dangerous aspects of these policies. This is not turf protection – it is patient care in the largest sense.

Similar impulses also seem to be at play when we seek approval for treatment from financing bodies – whether they are private insurance companies or state bodies which lay down guidelines for management. Of course, guidelines are needed, but we know that even the most detailed flow charts

will not be able to encompass all clinical situations. The first impulse of administrators, whether in government bodies or in private insurance companies, must not be to deny care if guidelines are not adhered to. They should seek clarification from the doctors involved. It should go without saying that the person seeking the clarification must also be a suitably qualified doctor. In many places we have to deal with medically illiterate people asking us the same irrelevant and often incoherent questions again and again, delaying care and promoting adverse outcomes. We need to stand up, unite and work together to bring flexibility and rationality to this mess.

As to the internal issue – it will not have escaped your notice that there are many conflicts raging around the world. Obviously this leads to attacks on healthcare workers and facilities. There will be shortages of medicines and medical supplies. Civilians will be injured or killed. Food and medicines will be in short supply. These are all matters that we as doctors and as an association of doctors must address – and we have. Generally, our statements are based on facts, our expertise, and our ethical principles. They are usually uncontroversial, though not necessarily popular. In one conflict, however, we can seem to do no right. When we make statements using our usual principles, we are assailed for not saying more or being too nuanced.

I can understand this. Individuals see what is reported and are distressed, upset and angry. However, the WMA does not make statements based on the feeling of individuals – certainly not my feelings. First, we have to be made aware of what is happening. Then, to the extent possible in war zones, we have to confirm the facts. For both of these, we rely on our members and partners for help. If we feel that the events occurred substantially as reported, we need to determine if they fall within our area of expertise – medicine and its ethical principles. If they do, then we can make a statement.

This rather careful process is necessary to maintain our credibility, but does mean that sometimes it may be quite some time before we respond. Again, this does to some extent depend on our partners and members. We have a small secretariat, and may not be able to keep current on everything going on.

When we make statements, some people are angered by them, or disagree vocally with what we say. This is fine – we do not expect everyone to agree with us, and we can understand emotional or angry responses. What I personally deplore, though, is what I refer to as the terrible moral certainty of some individuals. By this I do not mean the certainty that you are right – I believe most sane people act on what they believe to be true and right. Rather, I refer to the conviction of some that those who disagree with them are wrong. This is not a logical conclusion. In complex matters like these, it is quite possible for both sides to be right, because we consider different facts differently, and come to different conclusions. What is worse, though, is then deciding to stop talking to those you disagree with. I have little use for Oliver Cromwell, but I agree with his statement to the Church of Scotland – I beseech you, think it possible that you may be mistaken.

If you stop talking to those you disagree with, you will find yourself in an echo chamber, and never learn anything new or correct old errors. Please do not cut ties with other associations. The actions of the country are not the actions of the association. In many cases, the association speaks out against the actions of their government. We should support them, not cut off contact. We belong to a profession which prioritises lifelong learning. This should apply equally to ethical matters. My appeal to you, therefore, is to talk most with those you disagree with most . You may convert them to your point of view, or perhaps learn that you are wrong, or come to some more accurate synthesis of your viewpoints. We do not refuse to treat patients on ideological grounds. Why should we treat our colleagues worse?

Let me end my lecture here. What is left is the pleasant task of thanking the Exco and secretariat. We are truly fortunate at the WMA that we have a small but passionate, dedicated and extremely competent group working for us. It has been a great pleasure working with them – and with all of you. Of course, I cannot forget to thank the most important person here – my wife Premah. She has put up with my frequent late night meetings and trips to other countries. Her support has been invaluable. Thank you.