

Letters from Iceland

Text by Dr Anantham Devanand

The 2018 World Medical Association (WMA) General Assembly was launched on 2 October by the organisation's president, Dr Yoshitake Tokokura, in the futuristic Harpa Concert Hall and Convention Centre in Reykjavik, Iceland. The world's northernmost capital city lived up to expectations with its picture-perfect waterfront and wind-swept autumn weather. The cliché is that if you don't like Icelandic weather, just wait five minutes. This bears testament to the unpredictability and severity of the climate of both the country and the global medical issues. This general assembly marked seven eventful decades of work since the WMA's founding on 18 September 1947.

The WMA was created after its predecessor, the Association Professionnelle Internationale des Médecins (APIM), was suspended during World War II. From a 27-member assembly, WMA's membership has since grown to 113 national medical associations, and SMA has been a constituent member since

2005. Membership in the WMA is heterogeneous and includes national medical associations, medical regulators and trade unions, with the critical requirement of membership being independent of any national political control. Akin to SMA's core values, the mission of the WMA is to act on behalf of both physicians and patients.

In its years of service, the WMA successfully negotiated the politics of Nazism, apartheid and voting rights, to grow and become a platform for developing a global consensus on medical ethics. Some of the historic policies that are used as reference the world over are highlighted in Table 1.

This year, experts discussed the medical fraternity's response to the looming global challenges of physician-assisted suicide, artificial intelligence, genetic editing, non-invasive prenatal testing and data security. The need to separate the facts from the hype was obvious before any informed analysis could be done. The complexity of

information may make these issues largely misunderstood by the general public. Therefore, it is imperative for the medical profession to show leadership in providing a thoughtful and independent voice to advocate on behalf of patients before technology runs ahead of us. Otherwise, the threat of unwise misuse of what we can do threatens to trap us all in a quagmire of moral dilemmas. This assembly also marked the beginning of work on the latest revision of the International Code of Medical Ethics. Perhaps then it is fitting to reflect on a verse from W.H. Auden, a man who found deep inspiration in Nordic travel as reflected in his travelogue, *Letters from Iceland*.

*"This passion of our kind
For the process of finding out
Is a fact one can hardly doubt,
But I would rejoice in it more
If I knew more clearly what
We wanted the knowledge for,
Felt certain still that the mind
Is free to know or not."* ♦

YEAR	POLICY
1948/2017	Declaration of Geneva: Physician's Pledge
1949/2006	International Code of Medical Ethics
1964/2013	Declaration of Helsinki – Ethical Principles for Medical Research Involving Human Subjects
1975/2016	Declaration of Tokyo – Guidelines for Physicians Concerning Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in Relation to Detention and Imprisonment
1981/2005	Declaration of Lisbon on the Rights of the Patient
2002/2016	Declaration of Taipei on Ethical Considerations Regarding Health Databases and Biobanks

Table 1: Historic policies of the WMA

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