

Representing SMA on a Global Platform

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he 64th World Medical Association (WMA) General Assembly (GA) was held in Fortaleza, Brazil from 16 to 19 October 2013, and I was the SMA representative at the meeting. Fortaleza, the state capital of Ceara in northeastern Brazil, is famous for outstanding medical facilities, especially in the specialties of Orthopaedics and plastic surgery. (Fortaleza is also the hometown of Dr Florentino Cardoso, President of the Brazilian Medical Association.) Apart from being one of the first provinces in Brazil to abolish slavery, Ceara is also renowned for its extensive coastline, awesome beaches and super strong winds that attract locals and tourists alike to take part in kitesurfing, a very popular sport in these parts of Brazil. The orthopaedic surgeons in Ceara are outstanding as they have had copious experience at treating kitesurfing related fractures and injuries.

Delegates from more than 45 national medical associations as well as observers from other organisations, such as the International Committee of the Red Cross (ICRC), were in attendance. There were numerous delegates from Africa and South America at this GA, unlike previous years. As a result, we were able to network and build new ties over delicious Portuguese-Brazilian food. The fact that our meeting location was the isolated Hotel Vila Gale at Cumbuco Beach and one hour from the city by car probably helped as well.

Adopting the revised Declaration of Helsinki

The GA began with the usual formalities. The most significant event during the meeting was the adoption of the revised Declaration of Helsinki (DOH) that had been debated extensively, region by region, throughout the world for the last five years. We spent two entire days finalising the wording of various clauses because of linguistic and interpretative issues. It was truly very educational and eyeopening to witness and participate in the debates because the issues related to medical research ethics affect people from various regions differently. In addition, as the DOH is written in English, which is not the mother tongue of the majority of WMA's member nations, there were many disagreements over how the clauses were worded. The Spanish, French and Japanese interpreters worked very hard doing simultaneous interpreting at their booths, as delegates voiced their concerns over differing interpretations of the meanings behind various phrases and words.

I was proud to vote on behalf of SMA for each of the contentious clauses. The most significant changes effected were the clauses that increased protection for vulnerable groups, including a new provision for compensating those who are harmed in the course of participating in research, and expanded requirements for post-study arrangements to ensure that research participants are informed of the



results and have access to any beneficial treatments that emerge. Much to everyone's joy, the final DOH document was passed via a near-unanimous vote on 19 October, which was then immediately e-published via *JAMA*. The wonders of modern technology!

Other significant resolutions that were debated, voted on, and passed, were:

- 1. The emergency resolution to urge all parties in the Syrian conflict to ensure the safety of healthcare personnel and their patients, as well as medical facilities and medical transport.
- 2. The prohibition of chemical weapons.
- 3. The moratorium on physician participation in carrying out the death penalty.
- 4. The criminalisation of medical practice, ie, where criminal penalties are imposed on physicians for various aspects of medical practice and decision-making despite the availability of adequate non-criminal redress. (This particular resolution is especially pertinent in a recent case from a neighbouring Southeast Asian country, where an obstetrician was sentenced to jail when a patient, whom he performed a caesarean section on, passed away from amniotic fluid embolism.)
- 5. The support for the Brazilian Medical Association against disrupting the accepted standards of medical credentialing and medical care.

For more details on these resolutions and the new policy documents adopted during the 64th WMA GA, please refer to http://www.wma.net/en/40news/20archiv es/2013/2013_31/index.html.

Dr Bruce Eshaya-Chauvin of ICRC presented the Healthcare in Danger Project as its medical advisor. Dr Mukesh Haikerwal, Chair of the WMA Council and from Australia, delivered a special report on the state of independence of medical associations.

There was also a special sidebar for the members of the Confederation of Medical Associations in Asia and Oceania (which includes SMA), in which Dr Haikerwal and Dr Robert Wah, the first Chinese-American President-Elect of the American Medical Association, were invited to participate.

Closing thoughts

During our only free afternoon, we toured Ceara by coach. We watched a musical performance by musicians from northeastern Brazil, whose music was very different from the samba and saudade of Rio de Janeiro and Sao Paulo. Next, we visited the Dragao do Mar Centre of Art and Culture that houses art by indigenous artists. We also saw the effects of global warming on Ceara's environment, where 30 years of drought has led to diminution of their mangrove swamps and a drop in the river levels.

I was very inspired by the incoming WMA President, Dr Margaret Mungherera of Uganda. By sheer grit and







determination, she lived through the turmoil in her country during the time of Idi Amin, and had to endure the assassination of her medical school professors and decimation of fellow doctors and other healthcare professionals. Yet Dr Mungherera persevered to help rebuild the healthcare system in her country. Uganda's Health Minister Dr Ruhakana Rugunda was present at Dr Mungherera's inauguration. Meanwhile, the WMA President-Elect is Dr Xavier Deau from the French Medical Council.

The 64th WMA GA was a fruitful meeting, and I would like to thank Dr Cardoso and the Brazilian Medical Association for their warm hospitality during my stay.



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