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Death in Venice?

Whether the BMA should remain as a member of the World Medical Association has been debated for at least 10 years. At one time it had been hoped that the re-entry of the American Medical Association would encourage other national associations to rejoin: in fact, membership of the association has shown a progressive decline, from 60 in 1971 to 51 in 1977 and 40 in 1983, and large parts of the world are unrepresented—including Canada, the Nordic countries, the Netherlands, and the whole of black Africa apart from Lesotho and Transkei. Moreover, the renewed participation of the United States has raised other problems stemming from the proportional representation system of the new constitution which bases votes on "paid up" membership; as the recent meeting in Venice showed (p 1644), this means that a majority of countries may support a course of action and yet be consistently defeated by a weighted number of votes registered by a minority of the larger, richer countries.

The WMA has a long history of useful contributions to medicine, including conferences on medical education and declarations on ethics, death, abortion, and torture. Nevertheless, though the BMA (including the then editor of the *BMJ*, Dr Hugh Clegg) played a prominent part in establishing the organisation in 1947, both its council and its representative body have been unhappy with the set up 35 years later. "If the average doctor is to be convinced that the WMA is other than an ineffectual talking shop and a travel club for the privileged few its committees will have to answer some searching questions" the *BMJ* commented after the 1977 Dublin meeting, and these questions have not been answered. The BMA's discontent culminated last year in the council's setting 1985 as a deadline for satisfactory reforms, pending which it would recommend withdrawal, and this year in a resolution at the annual representative meeting that unless a fairer voting structure was introduced "the BMA should cease to be associated with the WMA."

The year 1985 was chosen to allow time for negotiation because at the time of the council discussion the WMA was meeting every other year. In future, however, it proposes to meet every year and in my view, given the decisions in Venice, the BMA's links with the WMA should die. There seems little point in not following the resolution of the representative body straight away: the time and the abilities of too many important people have been wasted for too long.

Even so, British withdrawal from the WMA should not mean that it should abandon its role in international medical discussions—rather the reverse. The topics are both numerous and urgent—among them medical manpower, new ethical dilemmas, alternative medicine, and how the developed world can help the underdeveloped parts, particularly in the development of effective drugs for tropical diseases. Several national medical associations outside the WMA, such as those of the Nordic countries, have efficient non-luxurious conference centres where real progress could be made in two or three days. Why not, then, propose that meetings on a single topic should be held—without the trappings of large scale meetings or the distractions of international medical politics? The subscription of £11 000 that the BMA currently pays the WMA would be well spent on such a new initiative.

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