Twenty-second World Medical Assembly

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It is a strange sensation to arrive in Sydney from the Northern Hemisphere early in August to find the first spring days there, the snowdrops out, and an Asian influenza epidemic building up. Perhaps the balmy weather, or the shock to the endocrine system due to travelling through so many time zones, was responsible for the atmosphere of peace and good will which characterized the 22nd World Medical Assembly in Sydney to such an extent that controversial subjects went through with a minimum of debate and certainly with no trace of rancour. For instance, proposals to abolish finally the one-member/one-vote system, which at one time appeared sacrosanct, in favour of a new system which creates three classes of member associations with two, three, or four votes according to membership numbers were adopted by the Assembly without a murmur. Even the proposal to suspend voting rights of delinquent members met with minimal opposition.

Perhaps all this was merely a reflection of the increased efficiency of the secretariat and council, for there is no mistaking the bloom of health upon these organisms which has succeeded an almost mortal illness and a stormy convalescence. Now even the treasurer, Dr. ERNST FROMM (Germany), has stopped predicting financial catastrophe, and projects are being confidently envisaged for at least a decade ahead. The president of the Malaysian Medical Association, in Sydney as an observer, announced his intention of returning home to tell his membership that W.M.A. was worth while. Observers from the newer African States asked for application forms, and one of the Assembly's first acts was to admit to membership the four medical associations of Ceylon, Jordan, Kuwait, and Rhodesia.

The distance and expense had kept the number of delegations to the Assembly down to 26 (out of a possible 64), but in contrast shoals of observers from all kinds of international bodies and from places as distant as the Caribbean, Africa, and the Soviet Union appeared at the opening ceremony. And what a pleasant ceremony that was. We said goodbye to Dr. DE LA FUENTE, of Madrid, and welcomed back in his place as president that popular Adelaide general practitioner, Sir LEONARD MALLEN, who presided with breezy and informal bonhomie over a crowded four days from 5 to 9 August. After his year of office he will be succeeded next June in Paris by Dr. J. JONCHÈRES, who has the good fortune to practise surgery in the cognac area of France.

Death and the W.M.A.

It is true to say that one of the few times during the week when the Assembly came to life was when it discussed death. A couple of years ago, long before the present heart transplant furore, the W.M.A. became concerned about the definition of death and the establishment of the point of death in this era of resuscitatory arrogance. Its committee of ethics and its council embarked on a study, which will surely last for many years, on the ethical implications of resuscitation and the use of cadaver organs for grafting, and these bodies have since combed the world literature for guidance on the subject. Spurred on by the public apprehension about having their vital organs removed while still living the W.M.A. has felt obliged to issue an interim statement about death, keeping the statement as simple as possible and not pre-

tending to wisdom where much is still obscure. This statement, which is likely to be called the Declaration of Sydney, is reproduced below:

The determination of the time of death is in most countries the legal responsibility of the physician and should remain so. Usually he will be able without special assistance to decide that a person is dead, employing the classical criteria known to all physicians.

Sir Leonard Mallen delivering presidential address.

Two modern practices in medicine, however, have made it necessary to study the question of the time of death further: (1) the ability to maintain by artificial means the circulation of oxygenated blood through tissues of the body which may have been irreversibly injured, and (2) the use of cadaver organs such as heart or kidneys for transplantation.

A complication is that death is a gradual process at the cellular level, with tissues varying in their ability to withstand deprivation of oxygen. But clinical interest lies not in the state of preservation of isolated cells but in the fate of a person. Here the point of death of the different cells and organs is not so important as the certainty that the process has become irreversible by whatever techniques of resuscitation that may be employed.

This determination will be based on clinical judgement supplemented if necessary by a number of diagnostic aids, of which the electroencephalograph is currently the most helpful. However, no single technological criterion is entirely satisfactory in the present state of medicine nor can any one technological procedure be substituted for the overall judgement of the physician. If transplantation of an organ is involved, the decision that death exists should be made by two or more physicians, and the physicians determining the moment of death should in no way be immediately concerned with the performance of the transplantation.

From left to right: Sir Leonard Mallen, president of the World Medical Association; Dr. A. J. Forbes, Minister for Health, Commonwealth of Australia; Dr. Gerald D. Dorman, chairman of the council of the World Medical Association.

Determination of the point of death of the person makes it ethically permissible to cease attempts at resuscitation and, in countries where the law permits, to remove organs from the cadaver, provided that prevailing legal requirements of consent have been fulfilled.

This statement does not pretend to be the "definition" the press seemed to expect, and it is backed by a battery of documents setting out the conclusions of a number of North American and European experts and enumerating clinical and instrumental criteria. But we no longer believe in the infallibility of tests or the existence of "magic bullets," and the vagueness of the criteria mentioned gives the statement an authentic ring to modern clinical ears.

Malpractice Liability

Perhaps the second most interesting event in the week was an international discussion

that some American doctors are finding difficulty in buying insurance against an event which affects one in five during his professional career.

It may be that all nations are passing through different phases of an evolution in which they will ultimately reach the state of the U.S.A. In that case, are those who find themselves in court getting the deserts their predecessors escaped, or are they really more negligent? Or, is it not rather the case, as Dr. A. WYNEN (Belgium) suggested, that the public has been promised the right to health (soon it will be a right to immortality) rather than the right to medical care, and feels cheated and deprived when a cure confidently awaited fails to arrive? And, said Dr. Wynen, does not a rash of litigation help to undermine that confidence in the physician which is an essential part of cure?

All the participants could do after their debate was to ask W.M.A. to study these

Members of the reference committee on medical education (left to right), Dr. N. Rosales Albano (Venezuela), Dr. A. Pedersen (Denmark), and Dr. Ronald Gibson (United Kingdom), with (standing) Dr. Alberto Z. Romualdez, secretary-general of the W.M.A.

on malpractice liability. This showed that countries vary as regards the incidence of actions against doctors for negligence, malpractice, or misconduct. In Pakistan and India, we were told, actions for malpractice are extremely rare and highly unlikely to succeed. Venezuelan and Dutch doctors also need have little fear of litigation, whereas across the border in Belgium an accusation of negligence ("coups et blessures") may drag the unfortunate doctor before a judge, a commission, and finally a criminal court, where he must wait his turn with thieves, swindlers, and other riff-raff. In Britain, as we know, the risk of an accusation of negligence has increased greatly in late years, Dr. DEREK STEVENSON pointed out, and people have blamed the N.H.S., the changed doctor-patient relationship, and legal aid schemes for this sad turn of affairs. Yet the American doctor, with no N.H.S. or legal aid scheme to plague him, has suffered even more from the rising tide of litigation, as Dr. F. J. L. BLASINGAME, executive vice-president of the American Medical Association, emphasized. So great is the risk and so liberal the compensation obtainable by an astute lawyer

disquieting developments and see what might be done at the international level to stave off the day when no doctor will want to take on a responsibility that may bring him into public disrepute.

Problems of Migration

The numerous medical secretaries and officials present also discussed problems of migration, but never really got to grips with the problem because some concerned themselves with the problems the migrant encounters (e.g., in Australia), others with the problems caused to the host country by migrants, and yet others with the problems of migrant doctors. It is a staggering thought that within the next few years 240,000 doctors in the European Common Market countries will become free to cross national frontiers and establish themselves in alien lands, as Dr. J. STOCKHAUSEN (Germany) pointed out. How many will take advantage of a freedom that once existed but has long since been denied them? Fewer than might be expected, perhaps.

Editors' Meeting

The editors, under the tutelage of that quiet Australian, Dr. RONALD WINTON, editor of the *Medical Journal of Australia*, tried to come to grips with an immense theme, "The unifying role of medical editors and their publications in an increasingly fragmented medical world." They thought that there were too many journals, but feared that their "publish or perish" authors would not be of the same opinion. They were unsure to what extent a general journal should accept specialist material or to what extent authors should be made to restrain their verbosity. They spent all too little time on a theme suggested by Dr. ALEXANDER FORBES, Australia's Minister of Health, who in opening the Assembly called for the development of a new branch of medicine, medical interpretation, whose disciples would spend their time interpreting one specialty to another and all the specialties to an increasingly confused and slightly suspicious public.

Marinda Project

We are constantly told about the human side of medicine, and on the last day of the Assembly we were given an opportunity to see that doctors *en masse* can be human too. With help from the Philippine and Australian Medical Associations, the Indonesian Medical Association had established a Marinda (Medical Aid to Rural Indonesia) project designed to bring medical care and to introduce hygiene and education into an outlying area. At the time of the Assembly the project was in danger of failing for lack of a paltry 70 dollars a month. When the facts were put to the Assembly, there was one of those sudden outbursts of generosity which makes the cynic doubt, as delegation after delegation (including the U.K. one) rose to pledge donations either personally or on behalf of a medical association until within a few minutes the success of the project for the next two years was assured. The interpreting team joined in with a cash donation, and Malaysia, which has been so plagued with "confrontation," also pledged support. Yes, the World Medical Association has its moments.

Lack of space forbids discussion of the many other issues raised. Readers may, however, wish to know that the Fourth World Conference on Medical Education, whose theme is "Educating Tomorrow's Doctors," is almost certain to be located in Copenhagen in September 1972, while the 1969 Paris Assembly includes a two-day conference on some problems of medical care, including manpower problems, problems of hospitals and other facilities, the form and financing of medical care, and an analysis of the cost of medical services. We can look forward to a stimulating couple of days, students permitting.

(Photos by Identity Studio, Sydney, N.S.W.)