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World Medical Journal

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World Medical Association International Code of Medical Ethics

Adopted by the 3rd General Assembly of the World Medical Association, London, England, October 1949 and amended by the 22nd World Medical Assembly Sydney, Australia, August 1968 and the 35th World Medical Assembly Venice, Italy, October 1983 and the WMA General Assembly, Pilanesberg, South Africa, October 2006.

Duties of Physician in General

A PHYSICIAN SHALL	always exercise his/her independent professional judgment and maintain the highest standards of professional conduct.
A PHYSICIAN SHALL	respect a competent patient's right to accept or refuse treatment.
A PHYSICIAN SHALL	not allow his/her judgment to be influenced by personal profit or unfair discrimination.
A PHYSICIAN SHALL	be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity.
A PHYSICIAN SHALL	deal honestly with patients and colleagues, and report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception.
A PHYSICIAN SHALL	not receive any financial benefits or other incentives solely for referring patients or prescribing specific products.
A PHYSICIAN SHALL	respect the rights and preferences of patients, colleagues, and other health professionals.
A PHYSICIAN SHALL	recognize his/her important role in educating the public but should use due caution in divulging discoveries or new techniques or treatment through non-professional channels.
A PHYSICIAN SHALL	certify only that which he/she has personally verified.
A PHYSICIAN SHALL	strive to use health care resources in the best way to benefit patients and their community.
A PHYSICIAN SHALL	seek appropriate care and attention if he/she suffers from mental or physical illness.
A PHYSICIAN SHALL	respect the local and national codes of ethics.

Duties of Physician to Patients

A PHYSICIAN SHALL	always bear in mind the obligation to respect human life.
A PHYSICIAN SHALL	act in the patient's best interest when providing medical care.
A PHYSICIAN SHALL	owe his/her patients complete loyalty and all the scientific resources available to him/her. Whenever an examination or treatment is beyond the physician's capacity, he/she should consult with or refer to another physician who has the necessary ability.
A PHYSICIAN SHALL	respect a patient's right to confidentiality. It is ethical to disclose confidential information when the patient consents to it or when there is a real and imminent threat of harm to the patient or to others and this threat can be only removed by a breach of confidentiality.
A PHYSICIAN SHALL	give emergency care as a humanitarian duty unless he/she is assured that others are willing and able to give such care.
A PHYSICIAN SHALL	in situations when he/she is acting for a third party, ensure that the patient has full knowledge of that situation.
A PHYSICIAN SHALL	not enter into a sexual relationship with his/her current patient or into any other abusive or exploitative relationship.

Duties of Physician to Colleagues

A PHYSICIAN SHALL	behave towards colleagues as he/she would have them behave towards him/her.
A PHYSICIAN SHALL	NOT undermine the patient-physician relationship of colleagues in order to attract patients.
A PHYSICIAN SHALL	when medically necessary, communicate with colleagues who are involved in the care of the same patient. This communication should respect patient confidentiality and be confined to necessary information

providing professional services to them through whatever healthcare system is provided. What is disturbing the profession is the potential risk that the non-medical members appointed by government to "represent the consumer interest" may be influenced by the views of the governments who appoint them or by their appointed advisers, thus diluting the professional voice of the main body of physicians, whose ***ethical and professional duty*** is to ensure that impartial informed clinical and not political considerations are the basis of advice and action by physicians in the best interests of their patients. This would be of particular concern if the balance between professional and lay members were at or near parity and a deciding vote rested with a President, whose independence might be compromised through his appointment by one of the parties or by government , rather than one appointed through the expressed wishes of the majority of both elements of the Regulating Body, professional and lay, e.g. a senior member of the judiciary..

Whilst these concerns may appear to be unwarranted, they are very real and are not reflections of opposition to any reform of long established traditions. Indeed, physicians are increasingly aware of the need to ensure that professional competence should ensure that the best possible quality of medical care provided by physicians is maintained throughout active professional life, reaffirmed from time to time by continuing professional development, re-accreditation and licensing, as appropriate .Such trends are actively being pursued in a number of countries. What is essential is that necessary appropriate change is achieved through open transparent productive dialogue between the medical profession and the other interested parties, be they consumers or healthcare providing agencies, both governmental or non-governmental. In this way the primary role of physicians, in preventive, diagnostic, therapeutic, advisory roles or as advocates of the healthcare interests of individual patients and communities, can be maintained by appropriate regulatory bodies established for this purpose.

As already indicated, it is just and proper for the views of the community (who use and finance health care services), dialoguewho us

Editorial

tarily by use of threats, peer pressure or
coercion. Hunger strikers should not b610J0 -1.1211 mW46 7fBT.7814003 Twfoercbilygtivn c4172 781t they refuse.Ferced and voluntary refusal is unjustifiable.Artificial

The planned Registry Platform will not be a register itself, but rather will provide a set

the final report of the outgoing Secretary General of the United Nations, Kofi Anan, in which he emphasized the need for global partnerships and improved coordination and cooperation between nations She said that the WMA was exactly the kind of organisation needed to achieve this goal. The world has an ambitious agenda in the Millenium Development Goals. The health profession must lead the way, helping governments to understand that investing in health is critical. NMAs must be partners with governments in this regard, so that budgets, policies and programmes adequately prioritise the health of citizens. Alongside this priority must be a concerted effort to address the complex and multidimensional problems of poverty. The relationship between poverty and disease means that meeting this challenge is a matter of life and death. The Premier encouraged the General Assembly to examine specifically the problems created by medical migration, noting that Africa was suffering the effects of aggressive recruitment of physicians from wealthy countries. She concluded by stating that there is no investment more important than the investment in health and that the world's physicians must work with decision makers to ensure its high placement in national agendas.

Presentation of Past-President's Medal

The Chair of Council,Dr. Blachar, paying tribute to the outgoing President of the WMA, Dr. Kgosi Letlape said:

"It is with great admiration that I look back upon Dr. Letlape's career and various achievements. Graduating MB., ChB at the University of Natal and then pursuing his specialist training in Ophthalmology in Edinburgh, Scotland, Dr. Letlape became the first black South African ophthalmologist in 1988, at a troubling time for the nation of South Africa which was at the height of its Apartheid era.

Since being elected chairperson of the South African Medical Association in 2001, a position he still holds today, he has diligently worked towards providing public healthcare for the 38 million South Africans who cannot afford private funding.

In his attempts to address the HIV/AIDS epidemic and erase the stigma attached to the disease, he spearheaded the establishment of the Tschepang Trust in 2002, together with the Nelson Mandela Foundation. The trust facilitates the treatment of HIV-positive patients at specific centres all over South Africa. Dr. Letlape has also been outspoken on the issue of the so-called "Brain Drain" phenomenon, advocating the improvement of working conditions in order to retain doctors, particularly those working in public health systems.

As part of the WMA, he served on the working group for one of the WMA's most renowned documents, the Declaration of Helsinki. Along with former WMA Secretary General Dr. Delon Human, he has made tremendous headway in the founding of the African Regional WMA offices, which will be holding their first annual meeting next January. Dr. Letlape has relentlessly worked to bring together the various African Medical Associations, for the purpose of getting Africa's endemic health problems placed on the international health agenda. The grave disparities in healthcare can now be addressed at international level. As President of the WMA he has been vocal in his support for including Taiwan in the WHO, in order to forge a global health system that can bypass politics and help countries around the world prepare for and cope with pandemics. He has been equally outspoken on the topic of medical professionalism whereby he maintains that physicians should always work in the best interests of their patients, as well as training doctors to be good leaders in their communities."

Dr. Blachar formally thanking Dr. Letlape on behalf of the World Medical Association, then presented Dr. Letlape with a Past President's Medal and invited him to deliver his Valedictory Address.

Valedictory Adress Of Dr. K. Letlape

In his Valedictory Address, Dr. Letlape first expressed his gratitude to the organisation and its members for the privilege of serving them. Continuing, he asserted that the WMA must be the global champion of basic health care for all, free at the point of delivery and called for an increased emphasis on pubic health globally. Physicians must engage in social and community affairs, directly influencing policy to the greatest extent possible. This includes involvement in areas such as working to prevent armed conflict, which is within the portfolio of the health profession because of the devastating effect of war on human health and on national health systems. The profession must not accept limited health care resources as an unfortunate fact of human life. Dr. Letlape stated that "We must bake a bigger cake and ensure that it is shared equitably". This will require resourcefulness and leadership across medical disciplines. There must be commitment by everyone to be part of the solution to the global medical human resources problem. Modern medicine must represent progress across all boundaries, engaging stakeholders at all levels, from national governments to patients.

Installation of President

Dr. N. Araguman of the Malaysian Medical Association, who had been elected by the 2005 General Assembly, then took the Presidential Oath and was installed as the 58th President of the World Medical association.

Presidential Address Of The New President, Dr. N. Arumugam

"It is a great honour and privilege to be elected as the President of the World Medical Association. I would like to thank you for electing me and giving me the opportunity to serve as the president of the association.

The WMA in its mission statement clearly states the objective to provide a forum for its member associations to communicate freely, to co-operate actively, to achieve consensus on high standards of medical ethics and professional competence, and to promote the professional freedom of physi-

WMA

ment was compromising patient care. It has resulted in massive unemployment of health professionals, causing some physicians to leave the country to work as nurses elsewhere.

The Canadian Medical Association expressed support for the establishment of

WMA

4. Even well-trained flight personnel are limited in their knowledge and experience and cannot offer the same assistance as a physician or other certified health professional. Currently, continuing medical education courses are available to physicians to train them specifically for in-flight emergencies.
5. Physicians are often concerned about providing assistance due to uncertainty regarding legal liability, especially on international flights or flights within the United States. While numerous airlines provide some kind of liability insurance for medical professionals and lay persons who will provide voluntary assistance during flight, this is not always the case and even where it does exist, the terms of the insurance cannot always be adequately explained and understood in a sudden medical crisis. The financial and professional consequences of litigation against physicians who offer assistance can be very costly.
6. Some important steps have been taken to protect the life and health of airline passengers, yet the situation is far from ideal and needs improvement. Many of the major problems could be mitigated by simple actions taken by both airlines and national legislatures, ideally in cooperation with one another and with the International Air Transport Association (IATA) to arrive at coordinated and consensus-based international policies and programs.
7. National Medical Associations have an important leadership role to play in pro-

We tend to take democracy and freedom for granted, but they are not! Actually, hard as they were to obtain, we have no right to give them up. Democracy and freedom are not ours: they belong first to the generations to come. If we give them up, their chances to get them back are extremely unlikely. Therefore it is our strict obligation and moral imperative to fight for our democratic rights and freedom.

Otmar Kloiber

Do others share my cynicism about the value of worthy statements emanating form gatherings of the "good and great" held in some salubrious resort?

Even the most hardened sceptic would con-

Medical Science and Professional Practice

WMA Statement on the Physician's role in Obesity

Adopted by the WMA General Assembly, Pilanesberg, South Africa, October 2006

Preamble

1. Obesity is one of the single most important health issues facing the world in the twenty-first century, affecting all countries and socio-economic groups and representing a serious drain on health care resources.
2. Obesity has complex origins linked to economic and social changes in society including the obesogenic environment within which much of the population lives.
3. Therefore the WMA urges physicians to use their roles as leaders to advocate for recognition by national health authorities that reduction in obesity should be a priority, with culturally appropriate policies involving physicians and other key stakeholders.

The WMA recommends that physicians:

4. Lead the development of societal changes that emphasize environments which support healthy food choices and regular exercise or physical activity for all people;
5. Individually and through medical associations, express concern that excessive television viewing and video game playing are impediments to physical activity among children and adolescents in many countries;
6. Encourage individuals to make healthy choices;
7. Recognise the role of personal decision making and the adverse influences exerted by current environments;
8. Recognise that collection and evaluation of data can contribute to evidence based management, and should be part of routine medical screening and evaluation throughout life;
9. Encourage the development of life skills that contribute to a healthy lifestyle in all persons and to better public knowledge of healthy diets, exercise and the dangers of smoking and excess alcohol consumption;
10. Contribute to the development of better assessment tools and databases to enable better targeted and evaluated interventions;
11. Ensure that obesity, its causes and management remain part of continuing professional development programmes for health care workers, including physicians;
12. Use pharmacotherapy and bariatric surgery consistent with evidence-based guidelines and an assessment of the risks and benefits associated with such therapies.

Global polio eradication now hinges on four countries

Polio-free countries seek to protect themselves

GENEVA, 12 OCTOBER 2006 — The world's success in eradicating polio now depends on four countries – Afghanistan, India, Nigeria, and Pakistan – according to the Advisory Committee on Polio Eradication (ACPE), the independent oversight body of the eradication effort.

With a targeted vaccine and faster ways of tracking the virus, most countries that recently suffered outbreaks are again polio-free. In parts of the four endemic countries, however, there is a persistent failure to vaccinate all children, and polio-free countries are considering new measures to help protect themselves from future outbreaks.

"With a more effective monovalent vaccine and accelerated lab processes for identifying poliovirus, these countries have the best tools we've ever had," noted Dr Stephen Cochi, Chair of the ACPE and Senior Adviser to the Director of the Global Immunization Division at the US Centers for Disease Control and Prevention.. "Eradicating polio is no longer a technical issue alone. Success is now more a question of the political will to ensure effective administration *at all levels* so that all children get vaccine." As an illustration, the office of Afghan President Hamid Karzai has already taken direct oversight of polio vaccinations, following the sharp increase in cases in the Southern Region of Afghanistan,.

Given that all children paralysed by polio in the world this year were infected by virus originating in one of the four endemic countries, polio-free countries are now taking new measures to protect themselves. The Ministry of Health of Saudi Arabia, for example, will be enforcing stringent polio immunization requirements for the upcoming pilgrimage to Mecca.

"Polio eradication hinges on vaccine supply, community acceptance, funding and political will. The first three are in place. The last will make the difference," said Dr Robert Scott, Chair of Rotary International's PolioPlus Committee, speaking on behalf of the spearheading partners of the Global Polio Eradication Initiative. Rotary is the top private-sector contributor and volunteer arm of the Initiative, having contributed US$600 million and countless volunteer hours in the field since 1985.

The ACPE advised the four polio-endemic countries to set realistic target dates for stopping transmission, noting that improvements in reaching all children in these areas have been only incremental, and that these countries will take more than 12 months to end polio.

Circulation of wild poliovirus: Since 1988, global polio eradication efforts reduced the number of polio cases from 350,000 annually to 1403 in 2006 (as at 10 October 2006), of which 1300 are in the four endemic countries (where poliovirus transmission has never been stopped): Nigeria, India, Afghanistan and Pakistan. This is the lowest number of endemic countries in history.

Funding: In addition to strengthened political ownership in the remaining endemic countries, key to success is the ongoing commitment of the international donor community. For 2006, a further US$50 million is urgently needed, to ensure planned immunization activities through to the rest of the year can proceed. Additional funding of US$390 million is needed for 2007-2008, of which US$100 million is needed for activities in the first half of 2007.

Stop TB

WHO Global Task Force outlines measures to combat XDR-TB worldwide

Countries, WHO and partners to mobilize response teams to confront extensively drug-resistant tuberculosis

GENEVA, 17 OCTOBER 2006 - Health experts have confirmed that the emergence of extensively drug-resistant tuberculosis (XDR-TB) poses a serious threat to public health, particularly when associated with HIV. At its first meeting, the World Health Organization (WHO) Global Task Force on XDR-TB also outlined a series of measures that countries must put in place to effectively combat XDR-TB. In addition, the Task Force will help mobilize teams that can respond to requests for technical assistance from countries, and be deployed at short notice to XDR-TB risk areas.

These were among a series of outcomes issued by the Global Task Force meeting held on 9 and 10 October in Geneva. The meeting was urgently convened to review the latest available evidence on the impact of highly resistant tuberculosis, including when associated with HIV.

Addressing the Task Force, Acting Director-General of WHO, Dr Anders Nordström, said the Organization was "absolutely committed" to supporting country efforts to fight TB in all forms.

WHO

Kawasaki, Minister of Health, Labour, and Welfare, as well as several parliament mem-

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