

Dr. Jon Snaedel  
WMA-President 2007-2008

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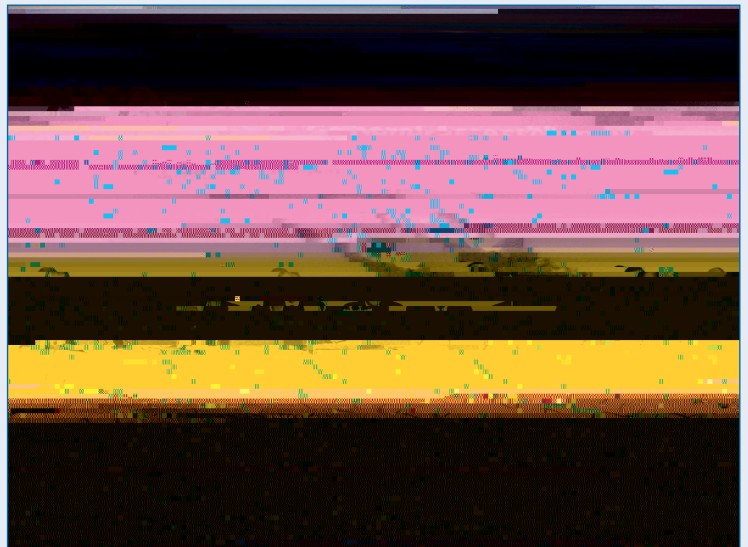
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2. To increase development of medicines which exist for adults but are either in unsuitable forms for children or have not been developed for children taken into account the different pharmacokinetics in children of various ages.
3. To facilitate research into areas where there are very few or even no medicines and where the efficacy of existing medicines is unknown. This applies specially to medicines for various infectious, tropical disease.

This project has received a wide acceptance and backup from many stakeholders such as UNICEF, the pharmaceutical industry, regulatory agencies and various NGO's such as Save the children. WMA most certainly will do its utmost to facilitate this project. The project starts at a time when WMA is addressing the special situation of children in two areas. One is the upcoming revision of the existing document on Health of Children since 1998, by many considered one of the best documents of the WMA.

This issue should also be kept in mind during the process of revision of the Declaration of Helsinki and in conjunction to that a new document on research of children which has been circulated to NMA's for comments. Lastly we should take this opportunity to work closely with the WHO as this is one of many topics where it is of obvious value that these International organisations join forces.

*Jon Snædal*

President of the WMA

***Editorial note:***

***The text of many of the statements etc. adopted by the WMA General Assembly, while referred to in the Report (see p. 103) have been printed in the appropriate sections e.g. Ethics. Due to constraints on available space, those on Noise and Family Planning will appear in the next issue. They can also be accessed at [www.wma.net](http://www.wma.net).***







5. Guidelines for the Ethical Conduct of Medical Research involving children. Royal College of Paediatrics and Child Health: Ethics Advisory Committee Arch. Dis. Child. 2000 82 177-182
6. Appleyard W.J The Challenge of building an International Framework for Research on Medicines for Children. The Joseph J Hoet Lecture 2005 The European Forum





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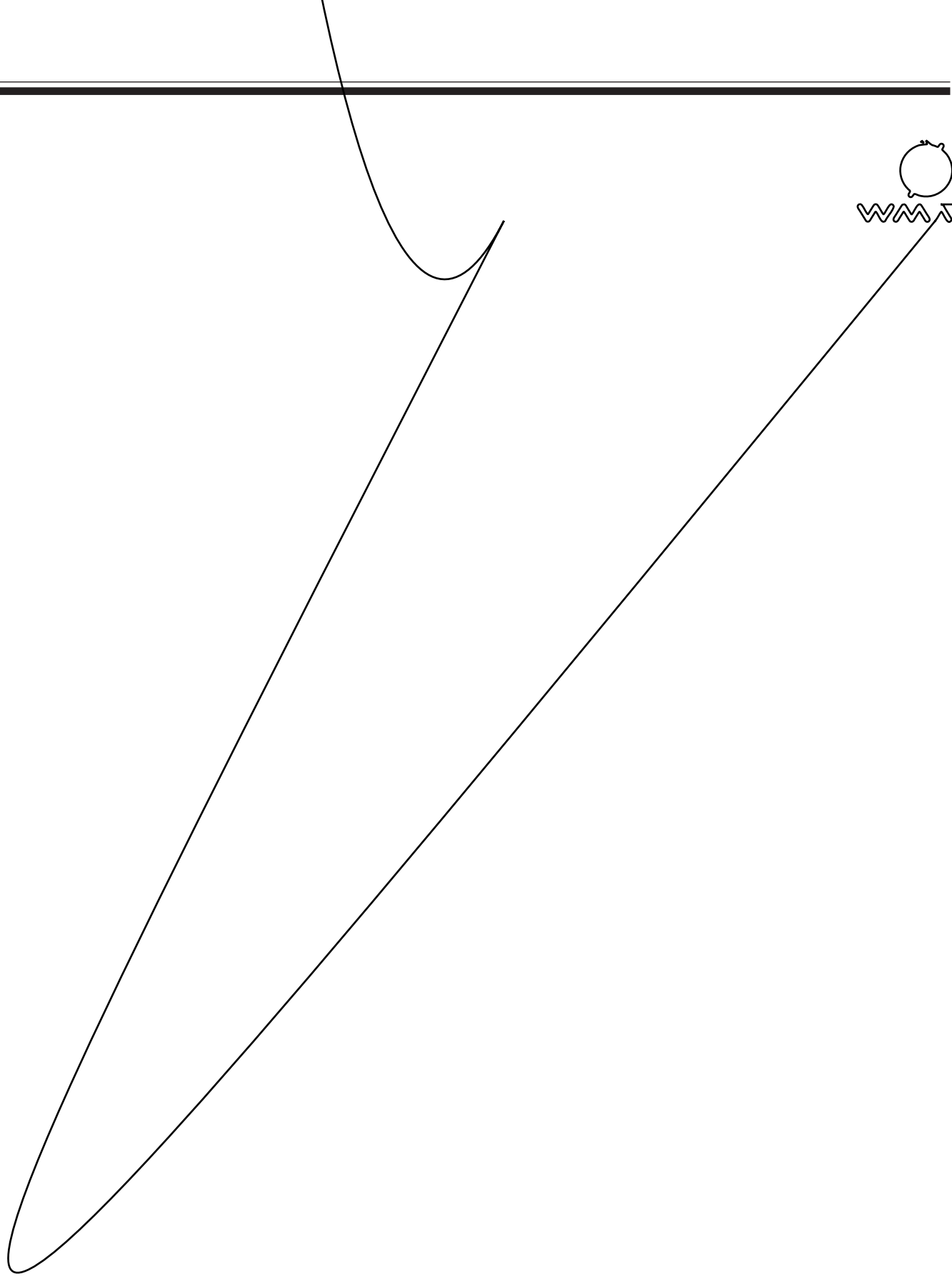
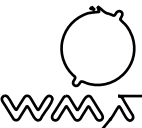
## **DEFINITION**

Telemedicine is the practice of medicine over a distance, in which interventions, diagnostic and treatment decisions and



The World Medical Association,

1. Considering the Preamble to the United Nations Charter of 26 June 1945 solemnly proclaiming the faith of the people of the United Nations in the fundamental human rights, the dignity and value of the human person,
2. Considering the Preamble to the Universal Declaration of Human Rights of 10 December 1948 which states that disregard and contempt for human rights have resulted in barbarous acts which have out-











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## Education

### **Avicenna Directories to replace World Directory of Medical Schools**

Discussions have been taking place between WHO and the University of Copenhagen with a view to replacing the World Directory of Medical Schools with the establishment of a Global database of health professions. It is planned to include other academic health institutions relating to the other health professions such as dentistry, midwifery, nursing, pharmacy, public health and will include information

on schools' accreditation, number of admissions, students, graduates, Faculty, educational resources, address, and national official recognition. The database will be run by the University of Copenhagen in collaboration with WHO, the World Federation for Medical Education (WFME), the Foundation for the Advancement of International Medical Education and Research (FAIMER), the International

Pharmaceutical Federation and other partners.

The database will be based in the Faculty of Health Sciences in the University of Copenhagen with the close collaboration of WFME. These electronic resources will be called the **Avicenna Directories**. It is understood that the work has already started.

### **Global Standards for Quality Improvement in Medical Education**

The World Federation of Medical Education has published European Specifications for Basic and Postgraduate Medical Education and Continuing Professional Development.

These have been developed by a WFMA/AMSE international task force set up by MEDINE, chaired by WFME and ASME, sponsored by the European Commission, and provides a valuable tool adapting the global standards in medical education to the

European Region of WHO. It is directed

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thesis. (Often Clinical Psychologists, who unlike Psychiatrists cannot prescribe medications have a PhD.).

## MEMBERSHIP/FELLOWSHIP OF COLLEGES AND OTHER SPECIALIST INSTITUTIONS

Medical Colleges and Academic Institutions, many of which have existed many or for hundreds of years, award fellowships. The Colleges are normally concerned with specialties, although, as, mentioned above, some conduct examinations related to their own specialty which are recognised for basic licensing purposes to practice medicine e.g. LRCPI, LRCPI. Fellowships, on the other hand normally require the passing of a higher examination or assessment and election by the College as Fellows. Honorary Fellowships are mostly awarded for exceptional and distinguished practice in medicine. Such Colleges have as their aim the development of the specialty and the maintenance of high standards and excellence, a condition which their members are bound to fulfil as a condition of Membership or Fellowship. The use of titles varies greatly between countries and institutions.

## MEMBERSHIP

e.g. MCFP Membership of Canadian College of Family Physicians;

MACP Membership of American College of Physicians;

MRCGP Membership of the Royal College of General Practitioners.

Membership of these bodies, while not obligatory in some countries, often marks the end point of specialist training and is awarded after an examination. This type of Membership is, in certain countries, recognised as achieving formal specialist qualification, notably in the UK where for example, the MRCP is the recognised basic specialist qualification in medicine, whereas the FRCS is the basic specialist qualification for surgery.

## FELLOWSHIP

e.g. FAAP Fellow of the American Academy of Paediatrics.

FRCP Fellow of the Royal College of Physicians.

Fellowships require a much higher distinction and status. They are usually awarded after passing a very difficult examination or are elected for distinction in the relevant branch of medicine.

In many countries of Europe and to a certain extent throughout the world, physicians appointed as Professors prefer to be called Professor rather than Doctor and in England, Fellows of the Royal College of Surgeons are referred to as Mister. In fact all surgeons are called Mister but "Obstetric and Gynaecologist" specialists if they hold an MD, may use the title Doctor.

## CONCLUSION

It is not the purpose of this article to discuss the details of qualifications associated with the great variety of medical degrees listed above.

Nevertheless, licensing bodies have the role of recognising (or not) these medical degrees and qualifications and to suggest, when necessary, updates to qualify for a licence to practice.

Accordingly, the public at large need to accept the fact that physicians qualified to practice in their region may not necessarily have the usual MD after their name.

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## From the WMA Secretary General

### Trust me, I'm a Doctor!

Although you never should say this to your patients – you often will enjoy exactly the desired high degree of confidence in what you do and what you are – a physician. However, we are about to lose this!

No, I am not referring to the sermon-like repeated "doctor bashing" of politicians and media, I am referring to what may be thought to be advertising, but may be largely a lack of precision and carelessness in communication, with which we are endangering our image.

More and more people are reaching out their hands to patients saying „Hallo! I am your doctor.“ But what kind of doctors are they? At best they may be scientifically

trained persons but they may well be doc-



## From the WMA Secretary General / WMA

does, we even top-up this non-communication with academic degrees, titles and abbreviations that are cryptic, confusing and worst of all – misleading.

Appendices of titles, consisting of dozens of apparently randomly combined letters make us look like amateurs rather than serious professionals. Yes, we may be proud to be a fellow of a college or society and why not talk about it. Yes, it is more than correct to display specialist qualifications. But titles that even our colleagues can only decipher when they hold exactly the same title could be considered vain advertising. Whom are medical titles good for? Should they not serve our patients to find the right physician, to find the right treatment from a qualified physician?

In this issue, Denis Doren, MD, from Ontario (Canada) has taken a look at the medical degrees, qualifications and titles that are being awarded and used around the world. One might attribute the wide variety

he found as a sign of pluralism, cultural diversity and tradition. But let's face it, for our patients it is simply a mess. To make this more transparent, at least to the consumer (the patient), is there not some justification for simplifying the whole thing to "Licensed Medical Practitioner", with the addition "and Licensed xxxxx Specialist", where appropriate. If then, the letters indicating qualifications degrees e.g. MD, and Fellowships of Colleges etc are added, they will be less confusing.

In this day and age, access to the computer surely permits patients to find the meaning and significance of the letters.

And of course there are others who welcome our own confusion. While we don't deliver clarity – they do it by simply classifying us as "service providers" or "health workers". Separating us from our patients is made easy by our use of terms and abbreviations and making physicians accede to the generic group of "service providers" in

health care, neglecting the additional qualities implicit in a practicing profession.

Do we want to maintain a special role in health care? Do we want to remain advocates for our patients? Do we want to keep our leadership role in healthcare teams? If the answer is "yes" we should avoid the ridiculous variety of titles and acronyms we are currently using and should make sure that patients can identify us as what we are: physicians. This still permits the nomination of a speciality, provided the qualification has been earned and awarded, but we should do it with the degree of transparency and clarity we owe our patients and the public.

Only then we will be able to protect our titles. This will not be enough as a sufficient strategy to protect our scope of practice, but we have to realize that it is a necessary requirement.

Trust me, I'm a doctor!

## WMA General Assembly

**The General Assembly of the World Medical Association was held in the Marriott Hotel, Copenhagen on 5<sup>th</sup> and 6<sup>th</sup> October 2007**

### **Ceremonial Session 5<sup>th</sup> October 2007**

The President, Dr. N. Arumugam formally opened the Session.

The Secretary General Dr. Otmar Kloiber reported the death on 10<sup>th</sup> of June of Dr. André Wynen, former Chair of Council and Secretary General. Paying a tribute, he said "André Wynen was our friend, teacher and leader, serving the World Medical Association and the whole medical profession with dedication and passion.

### **The meeting stood in silent tribute.**

The Secretary General, then took the Roll Call, introducing the Delegates and the Observers of other organisations present which included the International

Committee of the Red Cross, CIOMS, Confemel, the Danish Nursing Association, the Federal Council of Brazilian Doctors, the International Dental Federation, the International Federation of Medical Students, the International Federation of Pharmaceutical Manufacturers and Associations, the Medical Women's International Association, the Standing Committee of European Doctors, the World Federation of Medical Education, the World Psychiatric Association, the International Rehabilitation Council for Torture Victims and the World Self-Medication Industry.

Dr. Jensen, President of the Danish Medical Association welcomed World Medical Association and all the participants to

Copenhagen. He congratulated Dr. Snædel, the incoming President on his election and paid tribute to his work, notably for his contribution in the revision of the International Code of Ethics. He thanked the outgoing President Dr. Arumugam for all his work over the past year.

The Chair of Council Dr. Hill warmly thanked Dr. Jensen and the Danish Medical Association for the invitation to return to Copenhagen for this year's Assembly and for the hospitality, which was greatly appreciated. Proposing a vote of thanks to the President, he reminded the meeting that Dr. Arumugam, a cardiologist in Malaysia, was a champion of Public Health, had played a major role in the introduction of Tobacco Legislation in that country.



### **Retiring President's Address**

Dr. Arumugam said that it had been a terrific year in which it had been an honour and a privilege to represent the World

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WMA



## Plenary Session of the Assembly 6<sup>th</sup> October 2007

Dr. Hill, Chair of Council, opened the meeting and the Secretary General, Dr. Kloiber *referred to the sad death of Dr. André Wynen and informed the Assembly that a Memorial Book was open for signature.*

He also reminded the Assembly that the World Health Professions Association's Leadership would take place in November. There were 30 places on the course and 24 applications had so far been received and approved. There were still six vacancies and he invited applications for these places, preferably female candidates.

Dr. Hill, after listing the apologies for absence, stated that there were three nominations for the Presidency of the World Medical Association for 1908-9 and opened the floor for further nominations. In the absence of any other proposals he declared the three candidates to be Drs. Blachar (Israel), Desai (India) and Boswell (New Zealand).

Dr. Hill then referred to the presence as an observer of the President of the International Dental Federation (FDI), Dr. Michéle Aerden, and invited her to address the meeting.

Dr. Aerden referring to the FDI as one of the partners in the World Health Professions' Alliance (WHPA), said that it was the third oldest health professional organisation in the world. As a worldwide independent organisation representing 140 Dental Associations FDI it was the voice of dentistry and was represented at the UN, WHO and ISO. Recognising that Health was a fundamental human right she pointed out that this included the need for Oral Health. In 1981 WHO recognised the goal of global oral health. In 2007 Oral Health was on the Agenda of the World Health Assembly and the important role of prevention in Oral Health was recognised, including the role of Fluoride.

Dr. Aerden said that it was important to collect data on oral health because of its value, particularly in developing countries where projects had been set up.

Turning to the importance of ethics she stressed that this was also true of Dentistry. She spoke of the importance of defending the position of the profession in recognising the dignity of individual and the well-being of patients. Speaking of the effects of oral disease on morbidity and mortality, she referred the effects of pain on the quality of life and to the link between oral disease and the rest of the body

A proposal was being made in WHPA for action to make things HAPPEN. There was a "Health in Africa" Vision. In Africa, where there were major gaps in health care, conferences were planned in Africa in 2007 and in America in 2008, to address the problems of health access policy and also education in health promotion and disease prevention. Action by the WHPA would make a difference.

Dr. Hill thanked Dr. Aerden and reminded the meeting that Dr. Letlape had been sitting on the working group in WHPA for the past year.

Dr. Haikerwald presented the report of the Credentials Committee. 45 Delegations were present of which 43 had the right to vote.

The Standing Orders and the Minutes of the Pilanesberg meeting were both adopted, following which each of the three candidates in the presidential election addressed the meeting. At the conclusion of these presentations delegations proceeded to a formal ballot for the electing the President-elect 2008-2009.

### President-elect

The Secretary General declared the result of the ballot was that **Dr. Yoram Blachar** had

been elected to the office of President-elect for the year 2008-2009.

Dr. Blachar, responding to this said that he was deeply touched by the trust place in him and thanked those who had elected him, expressing in particular his thanks to his wife and to Ms. Leah Wapner for their great continuing support and help.

### Report of Council

*(Much of the written report of Council cir-*





## **Socio-Medical Affairs**

Dr. Hill put to the Assembly the following recommendations arising from the **Socio-Medical committee** business:

### **Noise Pollution**

The proposed revision of the WMA Statement on Noise Pollution was **adopted** unanimously.

### **Family Planning and Right to Contraception**

The WMA Statement on Family Planning and the Right of a woman to Contraception was **adopted**.

### **Health Hazards of Tobacco Products**

The proposed Statement on Health Hazards of Tobacco Products (*see page 95*) was **adopted** unanimously.

Dr. Hill announced that in the Spring, an exciting new project on Tobacco will be announced.

### **Health and Human Rights Abuses in Zimbabwe**



consider the lack of qualified physicians as the problem. but also look at curtailing the prerogatives of physicians. Dr. Figueredo (Uruguay) supported this. There was no lack of qualified physicians in South America but nevertheless the other health professionals were being used to treat some sections of the population even where patently there were enough physicians, and he proceeded to quote a case illustrating this situation.

Dr. Blachar (IMA and President-elect) felt the situation to be both fundamental and threatening. He strongly supported setting up a Working Group to produce a paper for the May meeting of Council.

Dr. Siguero (Spain) thanked contributors for their support and said that he supported Dr. Montgomery's proposal. He had a feeling that some physicians were helping the train to leave! There was no lack of qualified physicians in Spain, politics and some professionals were behind this move. WHO should not be promoting it.

Dr. Hill said this had been a good debate and the issue would be placed on the Council agenda.

Dr. Sabilli (Philippines) referred to a recent television broadcast in which comments were made about Philippine doctors in derogatory chauvinistic terms. He pointed out that his country was spending its own money training physicians who then went abroad to assist in providing healthcare. At the same time, he thanked those countries who had assisted his country with secondary care. However he appealed to other NMAs to assist in stopping the derogatory remarks being made suggesting that diplomas of Philippine physicians could not be checked etc. Such remarks were deplorable. Philippine physicians are asking for an apology from those who do this.

Dr. Hill assured the speaker that the AMA had found the TV statement distasteful. Yesterday the AMA had approached the TV programme supporting the Philippine Doctors in their desire for an apology.

Dr. Chan (Hong Kong) thanked Dr. Kloiber for supporting a small survey on the regulation of the Profession in South East Asia and welcomed the article on Medical Professional in the WMJ. He would like it to be translated into other languages, notably Chinese, and would also like it to be followed up by a survey, perhaps by other NMAs, concerning the right to prescribe. He also felt that it would be most helpful if we could see the results of follow-up of Resolutions and Statements issued by WMA. Finally he suggested that the effects of air pollution should be studied in the profession, both in developed and developing countries considering that this would also need both mid and long term surveys.

The Secretary General commented that there were strict limitations on what WMA, with a limited staff of seven could do. Speaking of Resolutions and Statements etc, he said that implementation was in the hands of NMAs. Developing this he said would like feedback, giving as examples:

- a) Work on Task-shifting. (He had been asked by WHPA to seek this.)
- b) Discussion of the White Paper on Regulation (*WMJ 53(3) p. 58*).

Dr. Kloiber then referred to the forthcoming WHPA conference next year on International Regulation of Health Professions. It was essential that we achieve a common understanding on Self Regulation. Some of the problems he had reported to the WHO. NMAs must also take up this issue. At the Chief Executive Officer's conference concerns over issues of regulation and licensing were expressed and he was looking to NMAs to act on this.

Dr. Hill, closing the session, thanked all those who had contributed to what had been a very valuable session.

#### **General Assembly – 2008**

Dr. Shin then presented a film on Korea and the forthcoming General Assembly, 15-18 October 2008, thanking WMA for agreeing





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**WMA / WHO**

## **Inter-professional training seminar on infection control in South Africa**

### **Health care workers safety in the context of drug resistant TB in low and middle-income countries**

The World Medical Association (WMA)  
initiated together with the International



The classification also covers developmental delay. Children who achieve certain milestones later than their peers may be at increased risk of disability. Using this classification, health practitioners, parents and

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## WHO

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## Review

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Review / Letter

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