Message from the President of the World Medical Association

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Dear colleagues, it is a great honor and indeed a great pleasure for me to have the opportunity to work with you for the better future of our medical profession and alliances. The world and its 6.5 billion people are depending on our success and abilities. Health is a forefront issue to be concerned. Unhealthy people will surely lead to a non fruitful product and result in a decline in economy. It is not just a deficit in their ability to work but the consumption of the budget on health care. The function of the medical professions does not mean only high technology of the curative medicine; the comparable importance goes to the health education, health promotion, disease prevention and rehabilitation as well as the sustainability of the actions.

To reach the ultimate goal of healthy world, medical professions needed to be involved in so many issues such as environment preservation, family life styles, pollution control and limitation of chemical usage, which are also the issues amongst the public and policy makers. Capable health work force and global health network collaboration are the necessities to be established in each country with a close connection amongst countries because the modern technologies of transportation and information are being progressively and widely developed, which are resulting in the narrowing of the world. Diseases can travel from one continent to the other within a few hours. If we are not alert and connected for the latest medical information, we would face the uncontrollable spreading of epidemics and this world will be hectic.

Therefore, it is our duty to be united and share our information, knowledge, and experience to prevent and find proper solutions to overcome or to suppress the risks of spreading diseases and illnesses. Our collaboration and cooperation will lead to the successful control of health hazards and make every corner of this world a safe and pleasant place to live for all people and our future generation. With our 9 million doctors working in alliances, we can make this world boundary-free for medicine.

In reality, there are some areas in this world which are still far behind in the proportion of health providers to the population and need the support from the developed world in management, technology, human resources and supplies. With our understanding, I would think that their needs are not beyond our collaboration and unity. We can learn from each other at conferences and form connections. Application must be a combination of lessons-learnt and adaptation. Capacity building is needed amongst health professionals, and team work needs to be promoted. Good health of people cannot be achieved only by doctors alone. All health professionals such as nurses, pharmacists, dentists, technicians, physical therapists, and many more including health volunteers in the communities must be consolidated and work together. Community outreach is becoming more and more successful practice in disease prevention.

In these difficult times of economic recession, health expenditure has also been affected to varying degrees. In some countries health reform is ongoing. Health provision and accessibility

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to health care, as the essentials, must be the last to be affected.

However, development of medical technologies is also significant for better outcomes, shorter hospital stays and fewer complications and sequels. In this regard, I would propose that sharing of the high cost medical instruments and equipment should reduce the cost of treatment and lowers the burden on the national health budget or budgets of the neighboring countries.

Last but not least, health professionals who have been devoting themselves to the wellbeing of the communities should be recognized. Their security must be a priority for their continued works and to serve everyone equally without discrimination.

Focusing on the Asia and Oceania region, for my friends and my colleagues, I am very proud of the unity and consolidation we showed at the WMA General Assembly 2010 in Vancouver. I have been working in the Confederation of Medical Associations in Asia and Oceania (CMAAO) for 14 years since 1997 starting as the Secretary General. At that time, Dr. Kachit Choopanya was the President of the Medical Association of Thailand as well as the President of Medical Association of Southeast Asian Nations (MASEAN) and CMAAO. The Medical Association of Thailand was, then, the office of CMAAO Secretary General from 1997 till 1999 when its responsibility was handed over to the Australian Medical Association at the CMAAO Congress held in Wellington, New Zealand. In 2005, I had an honor to be elected the Chair of CMAAO Council in Seoul, Korea. After that we had the CMAAO Council Meetings and General Assemblies in Pattaya, Manila, Bali and last time at Kuala Lumpur. Our relationship had been very well connected.

Although in this region the economic situation between our 19 member countries may not be comparatively the same, but our close ties have led us to constructive outcomes at the meetings and discussions. However, we must realize that our region is mostly agricultural and is one of the world’s biggest food suppliers. We have a long history of connections in both culture and trade.

It is true that in some recent decades, modern civilization has changed our Asian lifestyle to some extent, producing both positive and negative aspects. Primary health care is still a profound necessity, and accessibility to medical care of the people is still problematic. Overpopulation in major cities is a result of inadequate decentralization of socio-economic development. Congested areas and people living in slums with poor sanitation are still seen in major cities, causing outbreaks of epidemics from time to time. It is our responsibility as medical professionals together with our alliances to look into these problems and spend our full efforts to bring a better living to people. There are no fixed procedures that work the same way everywhere in every country, due to differences in environment and economic situations. But with our sharing of experience and discussion, model setting could be initiated and procedures could be modified to fit the circumstances and context of each country.

We are working towards the Millennium Development Goals. How can we manage the urbanized poor and inequities of health in major cities as well as upgrade the health status in rural areas? How these underprivileged people can access proper and standard supply of health care is in our hands. We, as professionals, can deal with governments to ensure enough budgets to health or at least not to cut health budgets during this economic recession. Most important of all is that health provision must be sustainable; it needs to be maintained at a stable scale in all aspects of health education, promotion, prevention, cure and rehabilitation.

Industrialization and a competitive economy had already changed the soft green agricultural lifestyle to a more harden and frustrated behavior in the general population of the CMAAO region. These and many other changes contribute to non communicable diseases such as tobacco smoking habit that kills millions of people each year. Cardiovascular disease, hypertension, unhealthy diet, inadequate exercise and alcohol consumption are other harmful factors to people’s health. These problems need advocacy to lead to a sustainable healthy community, and need our actions now!

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