

From a Far Eastern Study Room

JMAJ 59(4): 165-168, 2016

Tatsuo KUROYANAGI¹

At the 51st WMA General Assembly, held in Tel Aviv, Israel, in autumn 1999, the World Medical Association (WMA) decided to develop “basic medical ethics education materials” for the use of those involved in the healthcare field, such as physicians, nurses, and medical students.

With the WMA Secretariat’s Ethics Unit playing a central role and taking charge in this endeavor, Dr. John R. Williams in charge of ethics at the Canadian Medical Association’s was requested to take on the position of director of the WMA’s Ethics Unit. Dr. Williams comprehensively reviewed all of the WMA’s past policy documents to draft “basic ethics education materials” using this knowledge as background. In 2005, the fruits of these efforts were published by the WMA as the “WMA Medical Ethics Manual.” Although the original language is English, this manual has been translated into many other languages such as French, German, Spanish, Japanese, Chinese, various Eastern European languages, and Russian. The manual, including the 2010 and 2015 revised versions, is being used on a global scale.

However, the achievements of Dr. Williams (or “John-san,” as we call him) did not stop there. From around the time that Dr. Otmar Kloiber was appointed to the position of WMA Secretary General in 2004, as director of the WMA’s Ethics Unit and as an ethicist from Canada—a country that has two official languages, English and French—Dr. Williams fully demonstrated his exceptional writing abilities, making a tremendous contribution to the preparation and adoption of WMA declaration and resolution documents (in English) by committees, the councils, and the general assemblies. Incidentally, during committee discussions there were frequent conflicts between “Queen’s English” speaking

countries and “American English” speaking countries over expressions. In such situations, it was perhaps John-san who first showed that it was possible to create English-language documents that could harmonize the two. Dr. Williams was succeeded by Dr. Jeff Blackmer of the Canadian Medical Association, who served as director until the spring of 2016. They both played a very important role, and it is desirable that in future Canada continues with this tradition.

John-san was also appointed as facilitator for the working group to begin the work of the revision of the Edinburgh (2000) revision of the Declaration of Helsinki (DoH) that was decided at the WMA Council Session held in Berlin in April 2007, and he played a leading role in the revision process. As an advisor to the Medical Ethics and Socio-Medical Affairs Committees, the author attended the expert meetings held by the WMA working group in locations such as Sao Paulo, Divonne-les-Bains, and Helsinki. These expert meetings brought together world-famous controversialists, such as Dr. Robert Temple of the FDA, and as facilitator, John-san formed a tag-team with WMA Secretary General Dr. Otmar Kloiber with close cooperation of WMA Chair of Council Dr. John Edward Hill, formulating the draft for the DoH Seoul revision, including the declaration structure and text, and guiding it towards its adoption in October 2008.

Looking back again at the process that took place at that time, WMA Council Chair Dr. Hill can be regarded as having had an enormous presence. Dr. Hill introduced to the WMA a system for expediting proceedings and decision-making called the “Consent Calendar” method. This system enables important points to be dis-

¹ Lawyer and Legal Advisor, Japan Medical Association, Tokyo, Japan (jmaint@po.med.or.jp).

cussed intensively within a limited amount of time and decisions to be made based on these discussions, and Dr. Hill is truly worthy of the title “Famous Chair.” At the same time, as Council Chair, Dr. Hill took care to reflect the opinions of each national medical association in the resolution as far as possible. He also attended all DoH working group meetings and expert meetings, providing support for those formulating the revisions from behind.

During the process of drafting the DoH Seoul revision, I was able to have various unexpected experiences. The first one was at the time of the expert’s meeting held in Sao Paulo. Then-president of the Brazilian Medical Association, Dr. Jose Luis Amaral, kindly secured front-row seats for us at the opera theater, and we saw the opera *Ariadne auf Naxos*. Looking at the casting of this large-scale opera, I learned that Brazil and Europe are close regions on opposite sides of the Atlantic Ocean, unlike what I had imagined from the distant Far East. For the first time I was able to understand in a geographical sense the feeling of being trapped felt by Stefan Zweig, an author I hold in the highest regard, when he heard that Japan had entered the war soon after he had arrived in Brazil via the United States after escaping the madness of the Nazis.

My second unexpected experience occurred in March 2008, when the final experts meeting (which decided the working group draft to be submitted to the spring Council session) was held in Helsinki. In March, the sunlight in Tokyo is already springtime. While northerly and southerly winds play tug-of-war over the Japanese Archipelago, the season gradually moves into full springtime/cherry blossom season. Probably we flew via Germany, and when we landed at Helsinki Airport the clouds were low in the sky and snow was dancing around, so there was absolutely no sense of springtime. Just as we were leaving the airport in this cold air, we were reunited with Dr. Williams, or “John-san” as we call him. Since we had some time before hotel check-in, we visited the resting place of Finnish composer Jean Sibelius, and we invited John-san to come along. Located near a lake shore covered in snow, Ainola presented a beautiful snowscape, and we were instantly transported from spring back into winter. Alighting from the bus, we tramped through snow-covered fields and through the woods to the gate to Sibelius’s



Photo 1 At Ainola House

From left, the author, Dr. J. Williams and Mr. H. Tsuruoka

former home, then turned back, all the while trying to bear the cold (**Photo 1**). In February 2017, as I listened to a Sibelius violin concerto performed by the NHK Symphony Orchestra, Tokyo, conducted by Paavo Järvi, for some reason I found myself remembering the snowy scene at Ainola House.

On the afternoon of March 11, 2011, Japan experienced the catastrophic Great East Japan Earthquake and huge tsunami. The Sanriku coastal region which was hit by the tsunami comprises rugged mountains and a jagged ria coastline, and was previously known as the “Tibet of Japan.” My wife was born in Morioka, the prefectural capital of the region, but her legal domicile is in Kamaishi, in the central coastal region that suffered catastrophic damage in the earthquake and subsequent tsunami. However, despite the Sanriku region being a somewhat remote area, it has produced some of Japan’s representative international figures. One of these is Dr. Inazo Nitobe, who famously said, “We must become a bridge over the Pacific

Ocean.” In his later years, Dr. Nitobe frequently visited his hometown on the Sanriku coast, leaving the words, “Life is a journey through Shimohei County. On the land there are mountain peaks; on the ocean, there are rough waves.”

In October 2012, I attended the WMA General Assembly in Vancouver with my wife. Arriving at Vancouver Airport, I learned that Vancouver is the closest city to Japan on the American continent, and from previous investigations I know that Vancouver was also the place where Dr. Inazo Nitobe spent his last days.

At this WMA general assembly, we saw John-san and his wife again for the first time in a while. I learned that John-san is a “Vancouverite” as was raised in this wonderful city. However, he currently lives in Ottawa, where he is continuing to conduct research. From the perspective of Ottawa—located in the eastern side of the American continent, near the Pacific Ocean—Vancouver may seem to be a “remote” area of Canada, situated as it is on the western coast of the continent, over the Rocky Mountains. It occurred to me that John-san and Dr. Nitobe were raised in similar environments. With that in mind, I decided that I wanted to visit historical sites connected to Dr. Nitobe during our stay in Vancouver. I also heard that there is a Japanese garden commemorating Dr. Nitobe at the University of British Columbia, but although we managed to get to the university, we lost our way on the campus and regretfully were unable to visit the garden due to time restraints. Coincidentally, the following day—October 13—was our Golden Wedding Anniversary, and we had the unexpected good fortune to be able to celebrate with our companions at a restaurant near the hotel that evening.

In the summer of 2016, the “Professional Ethical Guidelines for Physicians”—newly revised by JMA President Yoshitake Yokokura—and the Japanese translation of the “WMA Medical Ethics Manual” (2015 revised version) were both published in booklet form and were to be distributed to all JMA members by the end of the year. Accordingly, the author reviewed the final versions of both booklets, and with regard to the latter (for which I had been representative of the group translating the 2007 version) in particular, read carefully through the entire translation together with the translation project’s supervisor, Professor Norio Higuchi of the Uni-

versity of Tokyo. Consequently, I was immensely impressed by the structure of the booklets, the richness of their content, and their easy readability, and I felt strongly that they were essential reading for not only the 170,000 members of the JMA but also medical students, nurses, and other medical professionals in Japan. These are educational materials that could only have been created by John-san, who as head of the WMA’s Ethics Unit, has a thorough knowledge of all WMA declarations and resolutions, and has been involved in the revision of various declarations including the Declaration of Geneva, the International Code of Medical Ethics, and the Declaration of Madrid. When I presented several volumes of the manual to a representative Japanese civil law scholar, after immediately accessing the original version, he praised the manual’s content and explanations, saying that the manual was excellent and easy for even beginning students to understand. I would especially like to note that he also praised the Japanese translation.

It is no exaggeration to say that John-san is truly an expert in the implementation of medical ethics who has become a bridge for medical ethics over not only the Pacific Ocean, but also the world’s five continents.

Following publication of the Japanese-language version of the “WMA Medical Ethics Manual” (2005 version) in 2007, the JMA newly published the Japanese-language version of the “WMA Medical Ethics Manual” (2015 version) in 2016, and as someone who was involved in the translation process both times, I was reminded of the existence of an extremely fundamental and important issue: to what extent can the WMA—an organization bringing together nations with a diversity of different cultures and languages—achieve unity of purpose through differing languages? The job of specialist litigation attorneys like us is to play the role of a bridge in the courtroom enabling the judge—who is a legal expert—to understand specialized technologies and specialized technological content that are the subject of the legal judgement. This job has aspects in common with translation. The WMA comprises people from various different cultural regions, and it can be said that having all these people discuss and reach complete agreement on an issue, and then formulate a declaration or resolution, is an extremely difficult challenge.

For example, even now there still remain doubts as to whether or not the Japanese translations of words such as “human,” “integrity,” “intervention,” “autonomy,” and “involve”—which are used in the Declaration of Helsinki—match the understanding of these terms of people in the UK, US, Canada, France, Spain, Germany, and other countries. However, it is necessary that people mutually recognize this wall impeding comprehension of words while continuously meeting face-to-face or communicating through telecommunications to discuss matters thoroughly, searching peacefully for

points of agreement, and this is the duty required of those involved in national medical associations, which are nongovernment organizations. I think that this is also a problem that exceeds simple issues of translation and interpretation. As one of its missions, the WMA—which is a nongovernmental organization comprising physicians who are private citizens and not an organization comprising countries—surely needs to continue in future to make efforts to minimize differences in awareness and misunderstandings between people participating in WMA discussions conducted in various languages.