Ethics at the World Medical Association: From policy to practice

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Introduction

In October 2004 the World Medical Association (WMA) held its General Assembly in Tokyo. The theme of the scientific session at the Assembly was "Advanced Medical Technology and Medical Ethics." The program featured presentations by prominent Japanese experts[1] as well as international guest speakers. The event reinforced the longstanding commitment to medical ethics of both the Japan and the World Medical Associations.

This article will describe the roles and activities of the WMA in medical ethics, from its beginning in 1947 to the present. Its main focus will be the relationship of ethics policies to medical practice.

History of WMA Ethics

The WMA was established shortly after the end of the Second World War. Physician leaders in many countries saw the need to re-establish the good reputation of the medical profession in reaction to the widely publicized breaches of medical ethics committed by physicians in Nazi Germany and elsewhere. The first task of the newly established Association was the reformulation, in modern language, of the Hippocratic Oath by which physicians would commit themselves to high ethical standards. The new oath was named the Declaration of Geneva after the city where it was adopted. The next task was the development of an International Code of Medical Ethics, which elaborated the principles of the Declaration of Geneva. Both these documents have been revised recently in keeping with developments in medicine and society.

The Declaration of Geneva and International Code were just the first, although arguably the most important, of a long list of WMA policy statements on a wide variety of medical and health topics. Despite a small staff and fluctuating membership, the Association proved capable of international leadership on difficult and controversial issues such as the ethics of research on humans (Declaration of Helsinki, 1964), medical participation in torture (Declaration of Tokyo, 1975), patients' rights (Declaration of Lisbon, 1981) and abortion (Declaration of Oslo, 1983).[2] That physicians from many different countries were able to reach agreement on these issues, which have proved so politically and socially divisive, can be explained by their shared commitment to the fundamental principles of medical ethics and their friendship and respect for one another as they work together at WMA meetings to search for the best solutions to the issues.

Beginning in the late 1960s in the USA and somewhat later in other countries the medical profession was joined by other health professions and academic disciplines in its concern for ethics. Medical ethics expanded into bioethics and rapidly became an 'industry', with full-time salaried practitioners, national and international associations, conferences, journals, legislation and regulations. The WMA was no longer the only international association dealing with medical ethics; other, much larger and better funded, bodies such as the Council for International Organizations of Medical Sciences (CIOMS), WHO and UNESCO began to issue statements on medical ethics issues that were generally, but not always, consistent with WMA policies. Moreover, the WMA lacked legal authority to enforce its policies, even among its member National

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Medical Associations. These factors have posed major challenges to the WMA as it strives to define its role among the many voices speaking on ethics.

The WMA has risen to this challenge in numerous ways. It has more than doubled its membership in the past decade, welcoming new National Medical Associations in Latin America, Africa and Eastern, Central and Southern Europe. These new members have enabled the Association to speak with greater authority on behalf of all the world's physicians, not just those from the highly industrialized countries. The WMA has also refined its policy development process to ensure that its policies are always up to date. Each policy is reviewed at least every ten years to determine whether it should be reaffirmed, revised or rescinded and archived. Finally, the WMA has developed educational and advocacy programs to promote the implementation of its policies.

The WMA Medical Ethics Manual

The WMA has for many years promoted ethics education in medical schools. One of the obstacles to such education, particularly in countries with limited resources, was the lack of a basic text for students. In 2003 the WMA decided to develop and distribute such a text. An international group of advisors was constituted whose first task was to comment on a proposed outline of the text. On the basis of their comments a first draft was written and circulated to them for review. A second draft followed and the advisors once more provided comments. One of them, a medical student in Egypt, asked ten fellow students to review the draft and mark words that they did not understand. The most frequently marked words were either changed to simpler ones or else were defined in the text or in a glossary. The final version was then sent to the publisher for design work and printing. The official launch of the English version of the WMA Medical Ethics Manual took place in January 2005.

In order to make the Manual widely and freely available, the WMA put the text on its website in its three official languages, English, French and Spanish. Two copies of the English print version were distributed to most of the world's medical schools, one for the library and the other for the faculty member responsible for medical ethics education. The WMA invited its member National Medical Associations to translate and distribute the Manual in their own languages, and many of them responded positively. The Japanese version was published by the Japan Medical Association in 2007. Twelve other translations, including Chinese, Korean, Indonesian, Arabic and Russian, are available either in print or online, and others are in progress.

The Manual is based to a large extent on WMA policies and is therefore one means, although an indirect one, of putting these policies into practice. It provides medical students and practising physicians with a basic knowledge of the principles of ethical decision making and behaviour. Of course, this knowledge needs to be supplemented by the development of ethical skills and attitudes, which is a task for others than the WMA.

The success of the Manual prompted the FDI World Dental Federation to ask the WMA for permission to adapt it for dentists. Permission was granted and the FDI World Dental Federation Dental Ethics Manual was published in 2007 and has already received widespread distribution and requests for translation.[3]

Online Ethics Course

In recent years the WMA has formed partnerships with other organizations to produce online continuing medical education/continuing professional development (CPD) courses. In 2006 a CPD course on medical ethics was launched.[4] Based on the Medical Ethics Manual, it is available free of charge and is accredited by the Norwegian Medical Association. Although its primary intended users are practising physicians, it is especially useful for medical school faculty who are involved in ethics education.

Declaration of Helsinki (DoH)

The DoH is perhaps the best known and most influential of all the WMA's policy statements. Adherence to its principles is a requirement for research on humans in many countries and it is widely used by research ethics committees to determine whether or not proposed research projects should be approved. However, it is no longer the only international ethics guidance for medical research as it was for some time after its

adoption in 1964. In order to maintain the DoH's pre-eminence among all the other documents on research ethics, the WMA has undertaken the following activities:

- The DoH has been revised periodically to take account of developments in medical research and social changes. In 1975 a requirement for ethics committee review of proposed research projects was added. In 1996 placebo-controlled trials were mentioned for the first time. Between 1997 and 2000 a major revision process took place that resulted in a significantly reorganized and expanded version. Notes of clarification to this version were added in 2002 and 2004. Currently (2008) another review is underway, which is expected to result in a new version to be recommended for adoption by the WMA General Assembly in Seoul in October 2008. An extensive consultation process has resulted in widespread awareness of and participation in this review.
- WMA representatives have spoken at numerous conferences and meetings on research ethics where they have promoted the DoH and invited other parties to adopt its principles.
- The WMA has played an active role in several programs designed to strengthen research ethics committees in developing countries, including NEBRA (Networking for Ethics on Biomedical Research in Africa)[5] and TRREE-for-Africa (Training and Resources in Research Ethics Evaluation for Africa).[6] These programs have proved very useful for promoting the DoH.

Torture

The WMA has been a strong advocate for the abolition of torture wherever it is practised and has worked closely with other organizations to implement the Declaration of Tokyo and related WMA policies on this topic. It maintains close links with the International Committee of the Red Cross, which has provided valuable input to WMA policies and which uses these policies in its fieldwork in prisons and disaster situations. The WMA joined with the International Rehabilitation Council for Torture Victims in the design and testing of a manual to assist physicians and lawyers to detect evidence of torture. WMA officials participated in five national training workshops in which the draft of the manual was field tested.[7]

Conclusion

Ethics is both a theoretical and a practical activity. The WMA documents are strong theoretical statements about how physicians should act and what public policies on ethical issues should be adopted. However, unless the documents are made known and implemented, they do not serve any useful purpose. Realising this, the WMA has increased its efforts to have its policies incorporated in practice.

As noted above, the WMA's implementation activities include education and advocacy. Since it is not an educational organization, it works indirectly by developing and distributing educational resources such as the Medical Ethics Manual and the online ethics CPD course. Its advocacy activities are more direct, for example, intervening with national governments on behalf of physicians whose human rights are threatened and supporting the efforts of the WHO to reduce tobacco use. In order to increase its effectiveness in both education and advocacy, the WMA joins with other organizations to develop programs and materials and strategies for intervention.

It is easier to evaluate policy development than practice. The former can be determined by the number of policies approved, the time it takes to complete them and the reception they are given by the intended users. Changes in practice are usually of longer duration and involve multiple variables. The WMA does not have the resources to measure the effectiveness of its educational and advocacy activities, even if this could be done. Nevertheless, it is committed to continuing and even expanding these activities, in the hope that they will contribute to the realization of the WMA's mission, namely, to achieve the highest possible standards of medical care, ethics, education and health-related human rights for all people.

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