

World Medical Association General Assembly, Vancouver 2010

The WMA General Assembly was held in Vancouver from 13–16 October, 2010. I had the opportunity to visit and see at first hand the Canadian Rocky Mountains, which were just marvelous and beautiful with glaciers appearing in various forms. The sight stirred the humanitarian in me and reminded me of the fact that our lives are built on Mother Nature.

The General Assembly addressed many important agenda items, one of which was that the WMA President for 2010–2011 needed to be elected immediately as Dr. Ketan Desai of India, who was elected President-Elect in 2009, was unable to carry out the duties of the President due to domestic issues. Dr. Wonchat Subhachaturas of Thailand was elected President for 2010–2011, and Dr. José Liuz Gomes do Amaral of Brazil was elected President-Elect, i.e. President for 2011–2012.

Another major agenda item was drug prescription rights. This issue sparked an active debate among national medical association representatives and finally, out of the various viewpoints the conclusion was successfully reached that the best solution lies in a basic statement. The newly adopted WMA Resolution on Drug Prescription states that in all cases, the responsibility for the patient's treatment must remain with the physician. It also declares that, although nurses and other healthcare workers cooperate in the overall treatment of patients, the physician is the best qualified individual to prescribe independently. I believe that the members of the Working Group on Drug Prescription, in which I took part as a representative of the JMA as well as the Vice Chair of the WMA Council, shared a feeling of accomplishment after the five years it had taken for the agreement to be reached. This issue leaves several aspects that need to be refined. The shortage of medical resources is still serious,

especially in the regions of Africa and Asia. Further discussions are also necessary regarding team building and networking and the management of medical teams in various types of disaster medicine under a broader concept of task shifting.

During my stay in Vancouver, I had the chance to listen to a concert of Mozart pieces. The Piano Concerto No. 24 played by Marc-Andre Hamelin and the Vancouver Symphony Orchestra conducted by Bramwell Tovey, was especially exciting. Mr. Hamelin played this famous piece under modern lightening, which highlighted its logical aspects colored with sophisticated harmony. His talent was extremely evident in the improvisatory, modern, and original cadenzas in the first movement. He extended the core musical components of melodic, rhythmic, and cord pattern motifs in various directions into the ultramodern regions, accordingly suggesting that all of these components and a methodology for paraphrasing the original composition were inherent in the music of Mozart. I was impressed that this pianist is a true successor of tradition and a prodigious improviser, and I appreciated the performance as a wonderful gift from Canadian nature.

Masami ISHII, Executive Board Member, Japan Medical Association (jmaintl@po.med.or.jp); Vice-Chair of Council, World Medical Association; Secretary General, Confederation of Medical Associations in Asia and Oceania (CMAAO).

