

Inaugural Address From 31st President, CMAAO

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Challenges are opportunities. The relevance and scope of CMAAO simultaneously present both. The super arching body for national medical associations of Asia—Oceania represents roughly one third of humankind. The responsibilities that we can shoulder borders on infinity. The question is whether we can take the huge strides worthy of the platform.

I am glad to take up the reins of CMAAO being only the second President from India. I bring in the rich experience of Indian Medical Association (IMA) in public health interventions (Tuberculosis), crusade for social causes (save the girl child), and rural healthcare initiatives (Aao Gaon Chalen/Let us go to the villages). IMA is also a strong defender of the dignity of medical profession and has been playing an active role in nation building. I should admit that it would be a different role that is my calling

now. Nevertheless like our eastern culture and values; we share common challenges and destiny. I would like to embark upon partnership with our national Governments in all areas of health. From South Asia to North East Asia and Oceania millions of doctors provide clinical care. Involving them in national programmes and channelizing their energy and capacity, for public health strategies will be the thrust of my tenure.

Great men live eternally through the institutions they create. Human civilization would have been impossible without institutions. Institutions are platforms for team work with common goals. In this way CMAAO is a unique institution. It unites us in the name of medical profession across national frontiers. We have to set an agenda that befits the platform. I dream of a vision where the profession is able to uplift the health of our peoples. Synchronizing the profession across the semi circle of Asia and the Oceania can bring in great dividends in health. The true potential of the independent profession has never been harvested for larger public health goals. Holding hands across the borders sharing best practices and protocols and strategizing together, diseases defying solutions over aegis can be tackled. Clinical medicine and public health are two faces of modern medicine. They are not exclusive of each other. Structural linkages between the two can redeem humankind from many a scourge. It is the wont of medical associations to manage the contradictions for a larger cause. Endless are the possibilities for our intervention in health issues. Our concern for the health of our peoples is legitimate and genuine borne out of deep appreciation of field realities. There is no relationship sacred than the doctor patient relationship.

We also represent countries in different planes of development. We have countries with organized and structured healthcare at one end and countries which face huge challenges in meeting the



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healthcare needs of their people. It is my desire that developed nations share their skills and expertise through exchange programmes. We should be able to facilitate such activities between the national medical associations. We should actively engage our national governments for enhanced budgetary allocations for health. Our expertise and co-operation would be available to them in evolving three tier structures of referral and providing universal health coverage. The disease profiles of our countries also vary from each other. While countries like India and Indonesia carry a huge burden of tuberculosis Australia and New Zealand are at the other end of the spectrum. I have to mention diabetes mellitus and coronary artery disease as emerging threats in all nations. While it is a matter of great satisfaction that poliomyelitis has been eradicated in our region, it requires continued vigilance at this front. Huge gaps do exist in maternal and child healthcare in some countries. Let us continuously strive to provide the best modern medicine could provide to our peoples.

Another area of challenge is decreasing levels of clinical skills in young medical graduates. This is an inevitable fall out of consumer culture in the society which has led onto high tech evidence based medicine as a response. I emphasize that clinical medicine is still very relevant in most of our societies and has the capacity to provide healthcare at affordable cost. Clinical skills and methodology are our common heritage and is patient friendly. Medical teachers have a special responsibility in imparting this live science to new generation doctors.

There has been increasing tendency on the part of national governments and international technical agencies to consider the independent practitioners of modern medicine as 'for profit' providers. This in turn has resulted in myopic policies and strategies. I have no hesitation to reiterate that doctors in any country are a national asset and not a national liability. Doctors in any sector respond to calls of professional duty than to any financial incentive. Peer pressure and peer opinions are better tools to reach out to doctors. I request the Governments and the agencies like WHO to factor in this reality. Nevertheless there are emerging trends to use Governmental regulations to contain medical science. Dissent and plurality of opinions are the strength of modern medicine. Regulations are often unrealistic in space and time and should be used with caution. Only self regulation through Medical Councils is acceptable to the medical profession.

Advances in medicine both in therapy and technology push the frontiers every day. Ways and means should be found that they are accessible and affordable to the poor sections of the society. States have a bounden duty to uphold the dignity of life. Right to healthcare is an essential component of right to life.

The central theme of this conference is child abuse. It is important to focus attention on this crime against humanity. We may still be touching only the tip of an ice berg. Nevertheless our efforts in this area should be relentless. I take this opportunity to thank my predecessor Dr. Ming-Been Lee a role model for others. His contributions in the area of public health specially suicide prevention are noteworthy. I also thank the Honorary Secretary General of CMAAO Dr. Masami Ishii for his pivotal role in holding together all the 18 national professional associations. My thanks are due to the Japan Medical Association, Korean Medical Association, Medical Association of Thailand and others for their stellar role in founding and maintaining the activities of this unique body.

I will be failing in my duty if I do not remind every doctor to adhere to the ethics and etiquette of medical profession. They should not be carried off their feet when hospitals have taken precedence in healthcare. Any industry which is centered on patient care should follow only medical ethics. There is no way to apply business or industrial ethics and practices.