David O. Barbe, MD, MD, MHA, was recently inaugurated as president of the World Medical Association (WMA). Dr. Barbe is a past president and a past board chair of the American Medical Association.

View his speech and learn more about the Office of International Relations.

Transcript

Thank you, Dr. Jorge for your excellent service as our president this past year. Thank you to this Assembly for the confidence you have placed in me. It is an honor and very humbling to serve as your president for the coming year. I look forward to leading the largest and most influential international physician organization on your behalf.

Before I begin my formal remarks, I must express my gratitude to the AMA Board of Trustees and the AMA delegation to the WMA for the confidence they showed by supporting my candidacy for WMA president. Thank you.

Also, a special thank you to Dr. Ardis D Hoven who was Chair of Council during my time as a delegate to the WMA and a wonderful mentor for me as I became familiar with the policies and processes at the WMA. Thank you, Ardis.

I would not be in this position today if it were not for my good friend, former AMA President and delegate to the WMA, Dr. Andrew Gurman. From the very beginning Andy encouraged, supported, and mentored me as a WMA delegate and then as a candidate for WMA president. Andy, I cannot thank you enough for your friendship and your encouragement.

And last, but certainly not least, my wife, Debbie. Without her love and support and the sacrifices she has made, I would not have been able to serve our profession at state, national and now international levels. I could not have asked for a better wife, partner, and friend. Thank you, Debbie!

Colleagues – friends - we find ourselves in an unusually complex and difficult health care environment. Just look at our agenda at this meeting. Ethical challenges, clinical challenges,
protecting our profession, and assuring quality care for patients. If this were not enough, it is even more difficult due to the coronavirus pandemic.

It is in times like these that our fellow physicians and our patients need our leadership more than ever. We need strong physician organizations at every level: the WMA, our NMAs and state and local medical societies. It takes collaboration and cooperation between our organizations and our encouragement of one another to address these challenges. We must function as a virtual team comprised of our professional organizations and our physician members.

In one of my speeches to the AMA House of Delegates, I emphasized the importance of “teamwork”. Let me quote from that speech:

“Winning teams recognize that the greatest success comes not from the effort of one or more individuals but from a team effort. One of the greatest individual talents in American baseball, “Babe” Ruth put it this way, “The way a team plays as a whole determines its success. You may have the greatest bunch of individual stars in the world, but if they don’t play together, the (team) won’t be worth a dime.”

Each of you in this virtual meeting today is a strong individual leader. And we need strong individual leaders. But more than that, we must each be committed to the team. Committed to the WMA’s mission “to serve humanity by endeavoring to achieve the highest international standards in Medical Education, Medical Science, Medical Art and Medical Ethics, and Health Care for all people in the world.” This is an ambitious goal, but we can make significant advances in these important areas if we work together as a WMA team.

Let me briefly touch on a few issues that I believe are most important for the WMA.

I will start with COVID-19. Who could have imagined a pandemic of this magnitude that would not only threaten the health of our patients but place our physicians and nurses in danger and cripple our economies? However, that is what we are facing, and that is what we must address. We must continue to advocate for adequate personal protective equipment, appropriate facilities and medical equipment, and adequate support staff. We must work with public health officials to pursue policies that reduce the frequency and severity of disease while at the same time allow for an orderly and safe conduct of business and education. We must continue to let the science lead us and be vocal advocates for evidence-based treatment and safe and effective vaccines.

A second area that is critically important is the WMA’s unwavering advocacy in medical ethics. It was a key reason for the founding of the WMA in 1947 and it remains as important and relevant now as it was then. The multiple WMA declarations and statements that address medical ethics must be living, evolving documents that meet the changing needs of patients, physicians and society while at the same time preserving the essence of who we are as physicians and affirming our responsibilities to
patients and society.

This may be one of our most difficult challenges because medical ethics rests squarely on our shoulders. We cannot delegate it or relegate it to others. Although we must facilitate discussions among a broad group of stakeholders, the ultimate decision on what our profession stands for is ours alone to make.

Closely related to our position on ethical issues is our dedication to professionalism. As physicians, we must hold ourselves to the highest standards. We must stay committed to the core principles of the patient-physician relationship. We must speak out and seek remedies to address violence against patients and physicians. We must point out the inhumanity of societal or governmental actions that target ethnic or religious groups or that use chemical, biological or nuclear weapons against others. I am proud of our WMA declarations and statements on these topics, and I am encouraged that we are refining these policies as we identify unethical and inhumane practices around the world.

One final area that needs our continued attention is our primary role as physicians in delivering high-quality, medical care for all. We must continue to address the inequities in health and healthcare in our populations. At the same time, we are still battling a rise in chronic disease worldwide.

In fact, the COVID-19 pandemic has made the intersection of health inequities and chronic disease even more apparent. Those already experiencing health inequity are often those with chronic diseases who are also at increased risk for COVID-19. Chronic diseases such as cardiovascular disease, diabetes, and hypertension occur with greater incidence in populations of color, Asians and those in lower socio-economic sectors.

We can address both health inequities and chronic disease at this meeting. We can improve our policies on health inequities by adopting the major revisions to the Declaration of Oslo, and we can expand our policies on chronic disease by adopting the WMA statement on hypertension and cardiovascular disease.

These are just a few examples of where the WMA and our NMAs must lead the national and international discussions on issues that will benefit our patients, our physicians and society. I look forward to working on your behalf during my term as president to promote the new policies from this meeting and our extensive existing policy.

I started with a quote by Babe Ruth on the importance of working together as a team. He made another observation that I think is equally important. He said, “It’s hard to beat a person who never gives up.” Your WMA leadership will never give up in our efforts to advance our policies and achieve our common goals.

However, we are depending on each of you as part of the WMA team to use what we do here at the
WMA to advocate on behalf of patients and physicians to “achieve the highest international standards” in medicine “and Health Care for all people in the world.”

Thank you.