Historical Transition in Medical Ethics—Challenges of the World Medical Association

JMAJ 56(4): 220–226, 2013

Tatsuo KUROYANAGI*1

Abstract

In 1947, the World Medical Association (WMA) was founded with the representatives of members which are national medical associations (NMAs) of only 27 countries. Today it is a global physicians' organization with 102 NMAs or members. Europe alone used to account for at least a third of all member medical associations, but in less than the last 20 years the WMA has welcomed numerous NMAs of the regions with cultures and ways of thinking that differ from advanced Western nations. For that reason, it has started to become considerably difficult to agree and reach a consensus of worldwide opinion on questions of ethics with many points of dispute in essentials.

Nevertheless, the WMA has thus far adopted as many as 180 declarations, statements, and resolutions, and has continued to revise them in tune with the progress of health care and medical science and with the transition in ways of thinking about medical ethics. About 10% of the documents adopted by the WMA have to do with medical ethics, the representative ones including the *Declaration of Geneva and the International Code of Medical Ethics*. This paper looks at the historical transition in medical ethics as seen in the initiatives of the WMA and member medical associations surrounding these representative policy documents.

Key words *Declaration of Geneva, International Code of Medical Ethics*,
Code of ethics of national medical associations,
Conflict between developed and developing countries

Nuremberg Doctors' Trial Verdict

On August 20, 1947, judges delivered their verdict in the Nuremberg Doctors' Trial, in which the United States prosecuted Nazi German high government officials and doctors, such as Karl Brandt, as war criminals who had performed mass murder of patients in asylums, prisoners in concentration camps, gypsies, Jews, Poles, Russians and others, and had played a leading role in inhumane human experimentation.

In a section entitled "Permissible Medical Experiments," the verdict set out 10 points, beginning with, "The voluntary consent of the human subject is absolutely essential. This means that the person involved should have legal capacity to give consent; should be so situated as to be able to exercise free power of choice, without the intervention of any element of force, fraud, deceit, duress, over-reaching, or other ulterior form of constraint or coercion; and should have sufficient knowledge and comprehension of the elements of the subject matter involved as to enable him to make an understanding and enlightened decision." Subsequently, the ten points became known as the *Nuremberg Code*.

The subject of the debate was just human experimentation. However, it is important that the code advocated that the voluntary consent of the human subject was an absolutely essential

*1 Attorney-at-Law; Legal Advisor, Japan Medical Association, Tokyo, Japan (jmaintl@po.med.or.jp).
This article is a revised English version of a paper originally published in the Journal of the Japan Medical Association (Vol.140, No.12, 2012, pages 2526–2530).

condition before the start of experimentation and, in relation to consent, that the subject's decision and consent must be based on sufficient understanding and enlightenment—in other words, the doctrine of informed consent. This concept was later incorporated into physicians' daily practice as the right to patient self-determination and informed consent and triggered reconsideration of the Hippocratic doctor-patient relationship.

Founding of the World Medical Association

On September 17, 1947, less than a month after the above verdict was given, the representatives of medical associations from 27 countries in democracies gathered in Paris and held the First General Assembly, at which they founded a global physicians' association, the World Medical Association (WMA). At that time they affirmed that the WMA would be an organization whose mission it is to serve the people of the world by endeavoring to achieve the highest level of medical care, ethics, science, and education, and the protection of human rights in medical-related fields (Article 2 of the Bylaws).

The WMA's highest organ is the General Assembly. The organization located on the outskirts of Geneva is actually run by persons such as a President, an Immediate Past President, a President Elect, the Council, and the Secretariat. At present, there are three standing committees under the Council: the Finance and Planning Committee, Medical Ethics Committee, and Socio-Medical Affairs Committee. These committees consider various problems in the world surrounding health care and release their results as declarations, statements, and resolutions of the WMA. Regarding problems concerning medical ethics, the WMA has made strict conditions for the adoption, amendment, or abolition of policy documents, requiring the consent of at least a three-fourths vote by General Assembly attendees with voting rights.

As the founding of the WMA and the handing down of the verdict in the Nuremberg Doctors' Trial occurred close together, the *Nuremberg Code* had a big impact on the subsequent formation of the WMA's vision of the physician and conception of the doctor-patient relationship.

WMA Declarations Related to Medical Ethics

During the 63 years from 1948 to 2011, the WMA General Assembly adopted as many as 180 declarations, statements, and resolutions. The overwhelming majority or more than 100 are "statements." In contrast, "declarations" related to medical ethics comprise about 10%. The representatives ones are: the *Declaration of Geneva* (adopted in 1948 and amended in 1968, 1983, 1994, 2005, and 2006), the *International Code of Medical Ethics* (adopted in 1949 and amended in 1968, 1983, and 2006), the *Declaration of Helsinki* (adopted in 1964 and amended in 1975, 1983, 1989, 1996, 2000, 2002, 2004, and 2008), the *Declaration of Sydney on the Determination of Death and the Recovery of Organs* (adopted in 1968 and amended in 1983 and 2006), the *Declaration of Lisbon on the Rights of the Patient* (adopted in 1981 and amended 1995 and 2005), the *Declaration of Venice on Terminal Illness* (adopted in 1983 and amended in 2006), the *Declaration on Euthanasia* (adopted in 1987 and reaffirmed in 2005), and the *Declaration on Human Organ Transplantation* (adopted in 1987 and replaced by the current Statement on Human Organ Donation and Transplantation adopted in 2000).

Looking back over the process in which the above declarations were made, a rough outline can be formed. In the first stage the WMA produced the *Declaration of Geneva*, which points out the stance of physicians themselves, and the *International Code of Medical Ethics*, which indicates the duties of physicians to society, patients, and colleagues. In the second stage, it considered and produced "guidelines for medical research involving human subjects," which are deeply related to the *Nuremberg Code*. When those were firmly established, in the third stage, it reconsidered the doctor-patient relationship, including affirming the "rights of the patient." Additionally, it has considered, as occasion arose, new ethical problems that have appeared in the context of modern medicine, such as the determination of death and organ transplantation, euthanasia, and end-of-life care.

Some of these declarations, such as the *International Code of Medical Ethics*, the *Declaration of Helsinki,* and the *Declaration of Lisbon*, were initially brief and abstract. Once they were

Table 1 WMA Declaration of Geneva[1]

Adopted by the 2nd General Assembly of the World Medical Association, Geneva, Switzerland, September 1948
and amended by the 22nd World Medical Assembly, Sydney, Australia, August 1968
and the 35th World Medical Assembly, Venice, Italy, October 1983
and the 46th WMA General Assembly, Stockholm, Sweden, September 1994
and editorially revised by the 170th WMA Council Session, Divonne-les-Bains, France, May 2005
and the 173rd WMA Council Session, Divonne-les-Bains, France, May 2006

AT THE TIME OF BEING ADMITTED AS A MEMBER OF THE MEDICAL PROFESSION:

I SOLEMNLY PLEDGE to consecrate my life to the service of humanity;

I WILL GIVE to my teachers the respect and gratitude that is their due;

I WILL PRACTISE my profession with conscience and dignity;

THE HEALTH OF MY PATIENT will be my first consideration;

I WILL RESPECT the secrets that are confided in me, even after the patient has died;

I WILL MAINTAIN by all the means in my power, the honour and the noble traditions of the medical profession;

MY COLLEAGUES will be my sisters and brothers;

I WILL NOT PERMIT considerations of age, disease or disability, creed, ethnic origin, gender, nationality, political affiliation, race, sexual orientation, social standing or any other factor to intervene between my duty and my patient;

I WILL MAINTAIN the utmost respect for human life;

I WILL NOT USE my medical knowledge to violate human rights and civil liberties, even under threat;

I MAKE THESE PROMISES solemnly, freely and upon my honour.

amended after ripening for a certain period, their contents became more specific and full, at which point they first came to have a powerful influence on the international community. And some, such as the *Declaration of Helsinki*, are continuously being amended to keep them in step with subsequent progress in medical science and the tide of the times. However, by being incorporated into the codes or policy documents of NMAs, the contents of declarations are often archived after finishing a certain function.

Declaration of Geneva and the *International Code of Medical Ethics*

This section takes up the WMA's first declarations—the *Declaration of Geneva* and the *International Code of Medical Ethics*—and looks at the transition in the way of thinking of physicians involved in WMA activities.

Declaration of Geneva

The WMA's first order of business was to modernize the Hippocratic oath, which was the model for medical care in European countries, including the UK, before the war. The result was the adoption of the *Declaration of Geneva* at the 2nd General Assembly in September 1948. The declaration was made in the form of an oath that physicians would pledge "at the time of being admitted as a member of the medical profession" (**Table 1**).[1]

Incidentally, the 2006 version as it stands now has gone through various amendments and revisions to the original declaration. "I will respect the secrets that are confined in me, even after the

Table 2 WMA International Code of Medical Ethics[2]

Adopted by the 3rd General Assembly of the World Medical Association, London, England, October 1949
and amended by the 22nd World Medical Assembly, Sydney, Australia, August 1968
and the 35th World Medical Assembly, Venice, Italy, October 1983
and the 57th WMA General Assembly, Pilanesberg, South Africa, October 2006

DUTIES OF PHYSICIANS IN GENERAL

A PHYSICIAN SHALL	always exercise his/her independent professional judgment and maintain the highest standards of professional conduct.
A PHYSICIAN SHALL	respect a competent patient's right to accept or refuse treatment.
A PHYSICIAN SHALL	not allow his/her judgment to be influenced by personal profit or unfair discrimination.
A PHYSICIAN SHALL	be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity.
A PHYSICIAN SHALL	deal honestly with patients and colleagues, and report to the appropriate authorities those physicians who practice unethically or incompetently or who engage in fraud or deception.
A PHYSICIAN SHALL	not receive any financial benefits or other incentives solely for referring patients or prescribing specific products.
A PHYSICIAN SHALL	respect the rights and preferences of patients, colleagues, and other health professionals.
A PHYSICIAN SHALL	recognize his/her important role in educating the public but should use due caution in divulging discoveries or new techniques or treatment through non-professional channels.
A PHYSICIAN SHALL	certify only that which he/she has personally verified.
A PHYSICIAN SHALL	strive to use health care resources in the best way to benefit patients and their community.
A PHYSICIAN SHALL	seek appropriate care and attention if he/she suffers from mental or physical illness.
A PHYSICIAN SHALL	respect the local and national codes of ethics.

DUTIES OF PHYSICIANS TO PATIENTS

A PHYSICIAN SHALL	always bear in mind the obligation to respect human life.
A PHYSICIAN SHALL	act in the patient's best interest when providing medical care.
A PHYSICIAN SHALL	owe his/her patients complete loyalty and all the scientific resources available to him/her. Whenever an examination or treatment is beyond the physician's capacity, he/she should consult with or refer to another physician who has the necessary ability.
A PHYSICIAN SHALL	respect a patient's right to confidentiality. It is ethical to disclose confidential information when the patient consents to it or when there is a real and imminent threat of harm to the patient or to others and this threat can be only removed by a breach of confidentiality.
A PHYSICIAN SHALL	give emergency care as a humanitarian duty unless he/she is assured that others are willing and able to give such care.
A PHYSICIAN SHALL	in situations when he/she is acting for a third party, ensure that the patient has full knowledge of that situation.
A PHYSICIAN SHALL	not enter into a sexual relationship with his/her current patient or into any other abusive or exploitative relationship.

DUTIES OF PHYSICIANS TO COLLEAGUES

A PHYSICIAN SHALL	behave towards colleagues as he/she would have them behave towards him/her.
A PHYSICIAN SHALL	NOT undermine the patient-physician relationship of colleagues in order to attract patients.
A PHYSICIAN SHALL	when medically necessary, communicate with colleagues who are involved in the care of the same patient. This communication should respect patient confidentiality and be confined to necessary information.

patient has died" was added to item 5 at the Sydney General Assembly in 1968. "From the time of its conception" in item 9 was changed to "from its beginning" at the Venice General Assembly in 1983. At the Stockholm General Assembly in 1994, "sisters" was added to item 7, and item 8 was revised to bring it in line with the UN's *Universal Declaration of Human Rights*. At the Council meeting in May 2005, "from its beginning" was deleted from the first part of item 9, the second part of the sentence was revised slightly and made into a new item 10, and an old item 10 was moved to a new item 11. Then, the new item 10 was given its current wording at the Council meeting in May 2006. At the time of the 1968 revision, there was a proposal to delete "from the time of its conception" in item 9, but the Irish Medical Organization, being from a Catholic country, made the objection of proposal because deleting the phrase would be tantamount to the WMA approving abortion. "From its beginning" is said to have been the compromise. This incident offers a glimpse into just how difficult it is to craft international documents.

International Code of Medical Ethics (**Table 2**)[2]

The WMA adopted the *International Code of Medical Ethics* at the London General Assembly in October 1949. This code specifies and amplifies the *Declaration of Geneva* for physicians in daily practice. It was updated at the General Assemblies in Sydney in 1968, Venice in 1983, and Pilanesberg in 2006.

The phrase "A physician shall be dedicated to providing competent medical service in full professional and moral independence, with compassion and respect for human dignity and rights" is similar to the first sentence in the American Medical Association's *Principles of Medical Ethics*.

At the General Assembly in 2006, respect for the patient's right to self-determination (item 2) was added for the first time to the duties of physicians in general. This was clearly influenced by the amended *Declaration of Lisbon*. The prohibition against patient discrimination (item 3), "strive to use health care resources in the best way to benefit patients and their community" (item 10), and "report to the appropriate authorities those physicians who practice unethically or incompetently" (item 5) were also added to the duties of physicians in general. Exceptions to the duty of confidentiality and the prohibition against entering into "a sexual relationship with his/her current patient or into any other abusive or exploitative relationship" were provided for in the duties of physicians to patients.

It is characteristic, however, that at the time the *Declaration of Lisbon* was amended in 1995, the rigid patient-centered attitude strongly asserted by some northern European advocates was revised upon reconsideration within the WMA, such as by providing exceptions to the duty of confidentiality. Current mainstream thinking on the doctor-patient relationship holds that the physician is an *advocator* for the patient in a relationship in which the physician and patient work together to overcome disease, and it reflects that view.

The *Declaration of Geneva* and the *International Code of Medical Ethics* have been incorporated into other important declarations and statements made by the WMA in ways such as the following:

"The *Declaration of Geneva* of the WMA binds the physician with the words, 'The health of my patient will be my first consideration,' and the *International Code of Medical Ethics* declares that, 'A physician shall act in the patient's best interest when providing medical care.'" (This is paragraph 4 of the 2008 version of the *Declaration of Helsinki*)

Incidentally, the later underlined portion is a simplification of the difficult language that began, "any act, or advice which could weaken physical or mental resistance of a human being may be used only in his interest," which was the wording of 1949 version used before the amendment of 2006.

Dissemination of the *Declaration of Geneva* and the *International Code of Medical Ethics*

In Europe, where it was the established practice to swear the Oath of Hippocrates when obtaining a medical license and when becoming a member of a physicians' organization, the *Declaration of Geneva* or its modified version are still used today.

State Chambers of Physicians which comprise the German Medical Association are physicians' organizations with compulsory membership es-

tablished by state laws governing the medical profession. They have broad autonomy and have each established their own Professional Code of Conduct for Physicians based on state law. At the beginning a seven-item oath is to be taken at the time of admittance as a member. The oath is modeled on the *Declaration of Geneva*. Moreover, the professional codes of conduct have incorporated, in various forms, the provisions of the *International Code of Medical Ethics* as well as other declarations adopted by the WMA. *Medical Ethics Today*, Second Edition (2004), published by the British Medical Association Medical Ethics Department, contains side-by-side the English version of the Hippocratic oath, which was previously used in the UK, and the 1994 version of the *Declaration of Geneva*.

In 1997, the German Medical Association prepared and published a *(Model) Professional Code for Physicians in Germany*, containing content substantially revised from an earlier version. State Chambers of Physicians have revised their professional codes of conduct for physicians accordingly. The 2004 version of the Model was composed of a seven-item vow at the beginning followed by: A. Preamble; B. Rules for Professional Practice, I. Principles, II. Duties Towards Patients, III. Special Medical Procedures and Research, IV. Professional Conduct; C. Rules of Conduct (Principles of Acceptable Medical Professional Practice); and D. Supplementary Provisions on Specific Medical Professional Duties. The above sections of the Professional Code mention the *International Code of Medical Ethics* as well as embryo transfer, preservation of unborn life, termination of pregnancy, and support for the dying. It also states that physicians should observe the *Declaration of Helsinki* in medical research involving human subjects.

In 1988, the Finnish Medical Association established a *Code of Medical Ethics*, keeping the *International Code of Medical Ethics* in mind. In 1996 it drew up an oath modeled on the *Declaration of Geneva*. The oath is taken voluntarily at the time of becoming a member.

Since the second half of the 1990s or thereabouts, many NMAs, including the Canadian, Australian, and Japan medical associations, have made new or revised codes of ethics and professional ethics guidelines for physicians. They have incorporated the WMA's *Declaration of Geneva, International Code of Medical Ethics, Declaration of Lisbon*, and the contents of many other declarations and statements.

The Australian Medical Association, for example, substantially amended the *Code of Ethics* in 2004 which established in 1996. Its composition is divided into the following sections, within which detailed provisions are given: Preamble; 1. The Doctor and the Patient, 1.1 Patient Care, 1.2 Clinical Research, 1.3 Clinical Teaching, 1.4 The Dying Patient, 1.5 Transplantation; 2. The Doctor and the Profession, 2.1 Professional Conduct, 2.2 Advertising, 2.3 Referral to Colleagues; 3. Professional Independence; and 4. The Doctor and Society. The following references are given at the end: *Code of Ethics of the Canadian Medical Association* (1996); *WMA International Code of Medical Ethics* (1983); *WMA Declaration of Lisbon* (1981); *WMA Declaration of Helsinki* (2000); *WMA Statement on Human Organ & Tissue Donation and Transplantation* (2000); and *Declaration with Guidelines for Continuous Quality Improvement in Health Care* (1997).

It is worthy of remark that the Preamble says, "The doctor-patient relationship is itself a partnership based on mutual respect and collaboration. Within the partnership, both the doctor and the patient have rights as well as responsibilities."

Conclusion

The medical associations of 27 countries launched the WMA in 1947. In 1975, member medical associations had grown to about 50, at the end of 1999 it was 71, and the end of 2009 it was 94, and the end of 2011 it has already reached the 100 mark. As of the end of 2009, NMAs by region were 41 in Europe, 7 in Asia, 13 in the Pacific, 15 in Latin America, 16 in Africa, and 2 in North America.

Historically, Europe alone accounted for at least a third with Asia having less than 10, including India, Bangladesh, and China. Japan, South Korea, and Taiwan belong to the Pacific region along with countries such as the Philippines and Australia. Membership is increasing gradually in Latin America and Africa while the medical associations of America and Canada are the two from North America.

In less than the past 20 years, the WMA has welcomed numerous medical associations from regions with cultures and ways of thinking that differ from advanced Western nations. Regions

that follow Islam, including in Africa, are a big blank. And there are more than a few regions where it is questionable whether countries, such as China and India, truly embrace Western-style medical ethics. Given this situation, it has started to become considerably difficult to agree and reach a consensus of worldwide opinion on questions of ethics with many points of dispute in essentials. What is more, new ethical issues are emerging one after the other in places beyond national and regional boundaries, since health care and medical technology have no borders.

The history of amendments to the *Declaration of Helsinki*, which was not taken up in this paper, shows that it is a grave struggle with such difficult problems. It is being debated regarding medical research whether advanced nations are conducting trials in developing countries and exploiting the results. It is questionable, however, whether ways of thinking that make the individual absolute, such as consent based on free will and the right to self-determination, have actually spread and become established in these developing countries. It shows that in order to protect these people, the discussion needs to be rebuilt around perspectives that are different from the Nuremberg Code.

Regarding organ transplantation, discussion of the wealthy buying organs from the poor or death penalty prisoners providing organs to the wealthy is brought into the WMA meetings year after year. These issues are not easy to solve.

However, I suggest that it be remembered that "the health of my patient will be my first consideration," as set forth in the Hippocratic oath and the *Declaration of Geneva*, is both the point of departure and the goal of the medical profession.

References

1. WMA. WMA Declaration of Geneva. http://www.wma.net/en/30publications/10policies/g1/index.html. Accessed May 2013.
2. WMA. WMA International Code of Medical Ethics. http://www.wma.net/en/30publications/10policies/c8/index.html. Accessed May 2013.