

EDITORIALS



Time for an overhaul at the World Medical Association

Serious questions must be asked about its standards of governance

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On 21 October 2016 Ketan Desai began his one year tenure as president of the World Medical Association. The WMA is formed and funded by 111 national medical associations and describes itself as “an organization promoting the highest possible standards of medical ethics.”¹ The incumbent president, however, is a controversial figure who has been charged with corruption in a Delhi court.²⁻⁴

Desai has not been convicted of corruption, denies all charges against him, and must be allowed the presumption of innocence. He has been exonerated in a number of previous corruption cases, and in one recent case in Lucknow the Uttar Pradesh government did not provide sanction to proceed (decision of Lucknow High Court in possession of author and *The BMJ*). The current case in Delhi dates back several years, and Desai spent some months in prison on remand for this case in 2010.⁵⁻¹⁰

At that time the ethics committee of the Board of Governors in Supersession of the Medical Council of India, the body that registers doctors to practise in India, debarred him “from practicing medicine and participating as a doctor in a medical conference anywhere, representing doctors in any medical council, conference and association” (document in possession of author and *The BMJ*). The council has subsequently refused to release information about his current registration status and has obtained a High Court stay against a January 2017 Central Information Commission order to release this information. One may ask why the Medical Council of India is so reluctant to release information relating to the registration status of one of India’s leading doctors and now president of the WMA.^{11 12}

Desai’s appointment has dismayed campaigners against healthcare corruption.¹³ The uncertainty created by the ongoing court case undermines his credibility as a global custodian of medical ethics. The WMA was warned repeatedly of the allegations against Desai and of the ongoing court action (Kunal Saha, personal communication in possession of author and *The BMJ*). But as recently as October 2016 the WMA was still insisting that there were no cases pending against Desai. “To our knowledge there are no charges against him—they have all been dropped,” Otmar Kloiber, WMA’s secretary general, was quoted as saying in an article on the News Minute website.¹⁴ The article continued: “Asked on what basis such an assessment was made he [Kloiber] said, ‘There is no proof. Send me

proof—and I don’t want to see newspaper clippings of which I already have many.’”¹⁴

Consulting an Indian lawyer or even a brief investigation of publicly available court documents would have revealed factual evidence to the contrary, but the WMA apparently decided against undertaking any independent investigation and chose instead to rely on the word of the Indian Medical Association, which was supportive of Desai. In 2014, however, an investigation by the Medical Council of India’s chief vigilance officer (who subsequently claimed he had been harassed by the council for his drive against corruption¹⁵) took the matter seriously enough to recommend that it be referred to the Ministry of Health (officer’s report in possession of the author and *The BMJ*).

We can infer that there was dissent with respect to Desai’s appointment from at least some of the national medical associations that make up the WMA, because Desai accused a “western lobby” among the associations of racism for opposing his appointment, a claim that was challenged three days later.^{16 17} However, we do not know exactly what representations these associations made, because the proceedings of the WMA are secret, and any dissent was evidently ineffective in preventing the appointment.

At the very least, his appointment shows poor judgment by the WMA. Desai’s presidency should be suspended while an independent and transparent investigation is conducted into the decision making process that led to his appointment. This matter should be top of the agenda at the WMA’s 206th council session in Zambia this week.

With evidence of such flawed decision making, serious questions must be asked about the governance of the WMA—particularly how effective the WMA council is at scrutinising the actions of the secretariat. The Desai case alone would be worrying enough, but these are not isolated concerns. Recent letters to *The BMJ* from Derek Summerfield allege that the WMA has failed to respond appropriately to concerns raised about the Israeli Medical Association allegedly shielding physicians said to be complicit in the torture of prisoners in Israel.^{18 19}

We might hope that a full and independent investigation would result in substantial organisational changes within the WMA

and a firm commitment to transparency. It is time for national medical associations to understand that the WMA does not exist in some remote ethereal realm, irrelevant to the pressing issues the associations each face in their home countries. Instead, the WMA seems to be making questionable, real world ethical decisions in their names as a result of apparently inadequate oversight and internal governance.

No useful purpose can be served by a secretive global medical association that appears to ignore the ethical standards it claims to set. The national associations, including the BMA, must take control and inject transparency and credibility into the WMA or else they should withdraw from the organisation. Their own credibility and the standing of global medical ethics depend on it.

Competing interests: I have read and understood BMJ's policy on declaration of interests and declare: I am a member of the BMJ group's management board.

Commissioning and peer review: Not commissioned, not peer reviewed.

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