

17 February 2020

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### **Feedback on WMA working documents**

Dear Otmar,

Thank you for inviting the New Zealand Medical Association (NZMA) to provide feedback on several working documents circulated following the General Assembly in Tbilisi in October 2019. The NZMA, a constituent member of the WMA, is New Zealand's largest medical organisation, with more than 5,000 members from all areas of medicine. The NZMA aims to provide leadership of the medical profession, and to promote professional unity and values, and the health of all New Zealanders. Our feedback has been informed by our Board and Advisory Councils.

### **Proposed WMA statement on physicians treating relatives**

1. We are in broad agreement with the points and recommendations in this statement. However, we believe it would be useful to add an acknowledgement that physicians are often asked for advice or an opinion by family members. If a physician feels adequately qualified to offer such advice, we believe they should not feel conflicted in giving it. Such advice is often valued and much appreciated. Advice is not the same as treatment. We suggest that this acknowledgement could be added to, or immediately after, point 4. If such advice is given in a generic form, then a doctor-patient relationship has not been created, and it is acceptable, indeed appropriate, that a physician with expertise and knowledge in a particular area might supply such information. Once the advice becomes specific to a patient, however, then a doctor-patient relationship has been established, and all the advice and the cautions in the document become appropriate.

2. We also suggest that it would be useful for this statement to recognise the right of physicians to advocate for their own family members.

### **Proposed revision of WMA declaration of Oslo on social determinants of health**

3. We are generally comfortable with this revised declaration but suggest the narrative needs to extend to the societal determinants of health (which include commercial, political, governance, economic, cultural, and even religious determinants). It would also be useful for the declaration to include reference to some of the more recent frameworks around determinants of health that have been described, such as those identified by the New Zealand College of Public Health Medicine.<sup>1</sup>

### **Proposed revision of WMA statement on guiding principles for the use of telehealth for the provision of health care**

4. We welcome the revision of this statement which we note combines the previous version of the WMA statement on telehealth with previous statements on the ethics of telemedicine and on mobile health. We particularly welcome the reference to ensuring equity of access to telehealth. In point 2 of the preamble, we suggest the addition of a comma after the word diagnostics and after self-care to improve clarity and reduce ambiguity around self-diagnosis.

5. In point 7 of the preamble, we suggest expanding on how mobile health (mHealth) technologies can be used by adding the following examples:

- electronic storage of user generated data (eg, calorie intake, exercise, alcohol intake)
- communication of user generated data (such as the above) to clinicians
- direct online messaging between clinicians and patients
- online video chats between clinicians and patients
- group chats between Multidisciplinary Care Teams and patients
- access to visual advice (in the form of text, pictures, videos, interactive pages, games)
- wearable technologies such as smart watches and fitness bands that automate data input
- applications that synthesise and present data in a manner easy to visualise and interpret
- technologies that are emerging such as Virtual Reality (VR) that may be used in the future as they become more affordable.

6. With respect to point 11 of the preamble, we contend that mHealth technologies involve much more than simply the measurement or manual input of data. The primary purpose is stated in point 2 of the statement and involves not only the collection of data, but the communication between patients and clinicians, patient education, patient reminders, clinician communication, remote consultations, patient self-care, health promotion, etc.

7. In addition to the challenges faced by the mHealth market that have been identified in paragraph 12 of the preamble, it may be useful to give further examples of challenges such as the following:

- requiring developers to create software rather than using ‘off-the-shelf’ solutions that do not meet local requirements
- having software that is difficult to maintain and update (due to poor communication with developers, lack of ongoing funding, lack of communication between end users and software developers)
- poor compatibility of software design (such that it doesn’t translate well between different operating systems)
- the requirement for users to have stable internet access in remote locations.

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<sup>1</sup> [https://www.nzcpmh.org.nz/media/132571/context\\_of\\_ph\\_for\\_webpage.pdf](https://www.nzcpmh.org.nz/media/132571/context_of_ph_for_webpage.pdf)

**Proposed revision of the WMA statement concerning the relationship between physicians and commercial enterprises**

8. We are comfortable with this revised statement. We believe it sets a reasonable baseline for ethical behaviour and allows for local ethical guidelines to raise the bar if felt appropriate.

**Proposed WMA statement on hypertension and cardiovascular disease**

9. While we are generally comfortable with this proposed statement, we have had some feedback questioning the value of having the WMA target this particular issue above others. We also suggest that this statement should refer to concepts of overall absolute cardiovascular risk.

**Proposed WMA resolution on protecting the future generation's right to live in a healthy environment**

10. We are broadly supportive of this proposed resolution although some of our members have expressed reservation at the proposed amendment to recognise ecocide at the International Criminal Court. We also contend that paragraph 2 regarding the fires and deforestation in the Amazon is too selective. While the fires across the Amazon are certainly a huge issue, so are a range of other issues contributing to climate change such as the burning of coal and fossil fuels for power and motor vehicles. It would be useful for the resolution to recognise these other contributors as well as take into account issues such as production versus carbon-based accounting and per capita historic Land Use, Land-Use Change and Forestry (LULUCF) emissions. Current deforestation in Brazil and South East Asia needs to be placed in context of the very large deforestation across North America and Australasia last century, for example.

**Proposed WMA declaration on pseudoscience and pseudotherapies in the field of health**

11. The use of credible evidence to inform and base decisions about healthcare is a core value of the NZMA. Nevertheless, while we are supportive of the principles in this proposed declaration, some of the definitions of pseudotherapies could be problematic. For example, point 3 suggests that pseudotherapies are practices without the support of available up-to-date scientific evidence. Yet a considerable amount of good medical practice may also lack available up-to-date scientific evidence of benefit. Accordingly, we suggest that the definitions of pseudotherapies, particularly in point 3, need to be carefully reworded. It may also be useful to clarify point 17 by stating that while a physician has a duty to check a patient's history regarding pseudotherapies, physicians should not be expected to know all about the various pseudotherapies that exist.

**Proposed revision of the WMA declaration of Ottawa on child health**

12. In the second bullet point under paragraph 27 under the section on vulnerable groups of children, there is reference to providing the homeless, orphaned, asylum seeker, refugees and children from conflict zones with medical care without undue discrimination. This implies that in some situations discrimination may be due which is clearly unacceptable. As such, we recommend deleting the word 'undue' from this point.

We hope that our feedback is helpful and look forward to seeing the finalised statements.

Yours sincerely



Dr Kate Baddock  
NZMA Chair