

Fifth Council meeting of the Commonwealth Medical Association

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THE SINGAPORE AND MALAYAN MEDICAL ASSOCIATIONS jointly hosted the delegates and observers to the fifth Council Meeting of the Commonwealth Medical Association held in August 1970. Those who attended the meetings, held both in Kuala Lumpur and in Singapore, were delegates from Australia, Britain, Canada, Ceylon, Ghana, India, Ireland, Jamaica, Malaysia, New Zealand, Pakistan, Sierra Leone and Tanzania, together with observers from the Australian Medical Association, the Medical and Dental Association of Botswana, the Barbados branch of the B.M.A., the Ceylon Medical Association, the Hongkong branch of the B.M.A., the Indian Medical Association, the Malayan Medical Association, the Mauritius branch of the B.M.A. and the Singapore Medical Association. Owing to difficulties in getting the necessary entry permit, the delegate from South

Africa could attend only the second part of the meeting held in Singapore.

Among the officials of the Commonwealth Medical Association who attended were Dr. Gavin Johnson, the outgoing President and Dr. Derek Stevenson, the Honorary Secretary/Treasurer. Also in attendance was Dr. Alan Gilmour, the Medical Director of the Commonwealth Medical Advisory Bureau. One whose attendance was eagerly looked forward to by his many students in Singapore and Malaysia but who could not make it for private reasons was Professor D.E.C. Mekie, the executive Vice-President.

The meeting in Kuala Lumpur was chaired by Joint-President Professor A.A. Sandosham and declared open, owing to the unavoidable absence of Tunku Abdul Rahman, the Prime Minister, by Tun

Abdul Razak, the then Deputy Prime Minister of Malaysia. The meeting in Singapore was chaired by Joint-President Dr. Gwee Ah Leng and began with the formal installation of the Joint-Presidents by the outgoing President at a dinner at which Dr. Yeoh Ghim Seng, the Speaker of the Singapore Parliament, was the guest of honour.

Immediately after the approval of the applications for membership of the Tanzanian, Fijian, Jamaican and Sierra Leone Medical Associations came the proposal from Dr. A.M. Mamujee (Tanzania) to expel the South African and Rhodesian Medical Associations from membership of C.M.A. as their governments' policies of apartheid and segregation were thoroughly inconsistent with its constitution. The aims and objectives of C.M.A. are:

- (1) To promote within the Commonwealth the interests of the medical and allied sciences, and to maintain the honour and traditions of the profession.
- (2) To effect the closest possible links between its members.
- (3) To disseminate news and information of interest.

It is well known that all is not well with the concept of the Commonwealth as an association of equal partners; there have been differences and divisions that have threatened seriously the continuance of this body on the political level. In fact, some countries like South Africa have severed connections with the Commonwealth in recent years. This council of nations understandably mirrors some of the problems faced by the C.M.A.

At the 18th Commonwealth conference held in Singapore in January this year, the racial issue came to the fore when the proposed sale of arms by Britain to South Africa was discussed. After many tedious hours of closed door meetings, the conference unanimously approved a modified version of the proposed Declaration of Commonwealth Principles enunciated by the Zambian President, Dr. Kenneth Kaunda, setting out guidelines for the future, and this saved itself and kept the Family of Nations together. It reads as follows:- "No country will afford to regimes which practise racial discrimination assistance which in its own judgment directly contributes to the pursuit or consolidation of this evil policy." It was evident that the 31 nations within the Commonwealth regarded what unites them as more important than what appears to divide them. The same idea should hold good for the C.M.A.

In spite of the differences in culture, race, religion

and political outlook, there is a strong bond of affinity among the medical fraternity for whom English has been the common medium of instruction and whose members are linked together by a bond of common tradition and the ideals of British medicine. The unifying effect has been such that the national medical associations, even of countries that have ceased to be members of the Commonwealth, seeing no sense in letting political differences break up the bond inherent in a common loyalty to medicine, have continued their membership of the C.M.A. However, with the presence at the fifth C.M.A. Council Meeting of more African and Caribbean members, who are in close touch with the evil effects of the apartheid and segregation policies on the medical profession, it was inevitable that the continued membership of the South African and Rhodesian Medical Associations should be questioned.

To give the delegate of the South African Medical Association (Dr. P.D. Combrink) the opportunity to justify its continued membership, further discussions were postponed to the meeting held in Singapore, ably chaired by Dr. Gwee. In spite of Dr. Combrink's ready answers to the questions put, the fifth Council of C.M.A. resolved, by 13 votes for, none against, and four abstentions, to take the necessary steps to amend Clause 2 of the constitution so as to omit South Africa and Rhodesia from membership of the C.M.A. It was evident that several delegates were unhappy that a decision should have been taken on such an important issue without prior notice and the opportunity to obtain the considered views of their respective medical associations. An attempt to postpone decision was lost. Many realised that if a favourable decision was not taken then, the C.M.A. would probably break up, whereas there was the possibility of increasing membership to embrace all national medical associations of the Commonwealth who were probably holding back because of the continued membership of South Africa and Rhodesia. Incidentally, it was subsequently revealed (to avoid it playing a role in the deliberations on the South African and Rhodesian membership issue) that the Trustees of the Commonwealth Foundation had offered a grant of £30,000 over three years if the C.M.A. could find it possible to broaden its membership and expand the association's work and strengthen its headquarters staff and activities. This grant would not be payable if South Africa and Rhodesia continued as members of the C.M.A.

Dato (Dr.) Keshmahinder Singh's proposal, made on behalf of the M.M.A. that Professor Sandosham be

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appointed C.M.A. Travelling Fellow for the coming session, was unanimously approved. This would provide him and the M.M.A. the opportunity to evaluate the health services in other countries and the ethical problems facing their medical profession. He could further the existing links among the medical profession in the Commonwealth countries he visited and encourage more national associations to join the C.M.A. Dr. Stevenson felt that the award of a fellowship for these purposes would be a development of significance to the C.M.A. in that it would mean bringing direct help to countries which obviously needed such assistance.

The meeting felt that the two-year interval between Council meetings of the C.M.A. was too long and in view of the cost of annual meetings, it was resolved that the executive officers of the association should meet at least once between full meetings of the Council. To deal with non-routine and non-urgent matters which could be circulated, it was felt desirable to set up regional secretariats with honorary secretaries to coordinate the activities of the national medical associations in their areas. It was tentatively agreed that the regions should be Southeast Asia, including Fiji, Australasia, the Carribean and Canada, East Africa and West Africa.

It was also agreed that there was need for screen-

ing of candidates for bursaries from the Commonwealth Foundation and that the honorary secretary would refer individual applications to the National Medical Associations.

Four sub-committees were set up to work on problems before the next Council meeting, namely Canada and the Carribean on the Constitution of the C.M.A., Malaya and Singapore on Ethics and Medical Ideology, B.M.A. on Finance, and East Africa on Medical Manpower.

Dr. A.G. Boohene of Ghana confirmed the offer of Accra as a site for the next meeting of the C.M.A. Council in 1972 and this was received with acclamation.

Several speakers eulogised the arrangements that had been made and the hospitality extended to the delegates, observers and their wives and the Council meeting terminated with a standing ovation accorded to the Joint-Presidents.

This is a brief account of the fifth Council meeting of the C.M.A. but naturally much else goes on at an international gathering than ever appears in its recorded proceedings. People meet their opposite numbers, delegates and observers exchange views privately and discuss their difficulties and everyone, including the ladies, have the opportunity of visiting new places and meeting socially the people of the host countries.