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***The Role of Traditional Academies of Medicine and
of the FEAM at the beginning of 21st Century****

Abstract

The scope of the activities of the academies should not be concerned only with scientific themes, where they must be the absolute national reference, but also with issues at the interface between science and societal structures. We must define the values of science, support the vocation of researchers and, at the same time, defend the dignity of the medical profession.

The reflection of the academies on the problems linked to the practice of the medical profession must be done upstream to that of the politicians, the economic decision-makers, the hospitals' boards and managers, the professional associations and the medical syndicates.

The title of this paper, "The role of traditional Academies of Medicine and of the FEAM at the beginning of 21st" is extremely general and can cover an almost unlimited number of themes in the European context of the integration of sciences and of scientists, being a subject in a state of evolution, like all the European structures and their socio-economic basis.

Before getting to the heart of the matter, let's try to define what is an Academy and an Academy of Medicine in particular.

* The paper is printed as submitted.

In principle, the denomination 'Academy' is not licensed. Historically, this name is reserved in the majority of countries to the national scientific institutions with a historical background, often secular, which mission is to serve as national reference in their disciplines, and which enjoy a specific status enabling them to function independently from vested interests – political, economic, professional and ideological. During 20th century, extension of the usage of this title was observed and provoked here and there some regrettable confusion. Moreover the denomination 'Academy' is rather widespread in the artistic world as well.

Regarding the Academies of Medicine, the ruling of 20 December 1820 of King Louis XVIII, creating the Academy of Medicine of France, defines the role of the new Academy as follows: 'Institution created to respond to the demands of the government on all that is concerned with public health, and mainly epidemics, etc, etc ...'

The Académie Royale de Médecine de Belgique (ARMB) was founded by royal decree on 11 September 1841. In accordance with the modifications to the Belgian constitution, it is presently subject to the jurisdiction of the French community.

The current tasks of our Academy, which can be extrapolated to the majority of the Academies of the Western Europe, can be summarised as follows: 'To advise the federal, communal and regional authorities, either on their demand or on their own initiative, on matters of public health and its organisation; practice of scientific research; teaching and professional training in the above-mentioned fields.' The Academy writes, among other things, reports; undertakes studies; and prepares expert advice which can be published. In addition, it offers a platform for conferences, debates and scientific discussions, contributing to the diffusion of the progress of science. This synthesis of tasks of the ARMB is valid *mutatis mutandis* for the majority of Academies which make up the Federation of the European Academies of Medicine (FEAM). These tasks are accomplished by the Academies, which are implanted in the post-modern Western society, which structures and modes of existence determine its functioning interactively.

An Academy of Medicine handles issues related to fundamental research, applied clinical research and public health, in a wide sense, and in fine the substance of its activity is the patient and the privileged relationship 'doctor-patient'. This implies that – from the application of the results of fundamental

research, via translational research, to the societal organisation of healthcare – the Academy should have its say at all stages of this process, in order to insure the physical, psychological, family and socio-economic well-being of men and women.

As stated earlier, we live in a society ongoing permanent changes and this evolution, which is virtually unpredictable for the next ten years, is accelerating. A primitive materialism and the absolute power of money have pulverised the structures of society, have brushed aside the notion of sacred, dismantled the traditional family structure and suppressed the values of traditional references, replacing these ones by the virtual reality of fake values, which are entirely made up and conveyed by the media and commercial advertising. Researchers, physicians and the Academies must, in order to survive, adapt to this post-modern society of mobility and of communication; it is in these structures that the Academies, including ours, must contribute to the constant evolution of the medical sciences. Together, we must be able to create a new culture of biomedical research, adapted to the evolution of the other sciences and to the transformations of the societal environment, which would be able to tackle and resolve problematic issues related to healthcare and ethical questions as well.

Let's note that in this respect, without being able to go into detail, that today's modern medicine, which is highly technical in developed countries, is widening incrementally the gap between the medical field and the patient. Some speak of an autistic medicine where there is a demand for expertise from patients (with often a connotation of excessive 'jurisdiction') and without the traditional ethical meeting between the patient and the physician, who with his medical diploma uses a high-tech equipment unthinkable in the past. Thus, in comparison to traditional human medicine, only biological and morphological testing matters. Many patients in this case look for another way and find a consolation in the different branches of parallel medicines which often bind a bewitching image and a dangerous inefficiency in case of serious diseases.

The Academies must be interested in the subliminal interaction between society and the individual, as the problems encountered in the economic, social and family context can, imperceptibly, in the form of chronic stress, disrupt numerous physiological functions and consequently bring, on a perhaps already receptive genetic ground, clinical manifestations which ultimately could prove fatal.

The scope of the activities of the Academies should not be concerned only with scientific themes, where they must be the absolute national reference, but also with issues, as already underlined, at the interface between science and societal structures. We must define the values of science, support the vocation of researchers and, at the same time, defend the dignity of the medical profession and of all researchers. The reflection of the Academies on the problems linked to the practice of the medical profession must be done upstream to that of the politicians, the economic decision-makers, the hospitals' boards and managers, the professional associations and the medical syndicates. Collaboration with the universities and the faculties of medicine is evidently indispensable in order to act hand in hand to preserve, as it is the case in Belgium, the quality of one of the best medical practices in the world.

What could we say about the future of the Academies and of their activities? It goes without saying that the situations are already diverse in the West European countries, including the founding members of the European Union, even Belgium with its complex communal and regional structure. Nonetheless, in comparison to this relatively homogeneous block, a number of Academies of Central Europe and especially of the East and South-East, sometimes already members of the European Union, have different structures, which result from their specific historical evolution, and often include their own research institute network. Today the politico-economic framework of the European Union suggests, for the middle term, the possibility of a certain homogenisation of the activity of the Academies, even if the European integration is still slow and relatively neglected in the field of science policy – especially in the public health field – in comparison with economic progresses.

Once, as we hope, the economic landscape calms down and when, after the crisis, the economic structures start to function again harmoniously but clearly with a modified set of rules, a harmonisation of the European Academies is thinkable as a possible route of positive development while maintaining the worthwhile traditions and the individual traits of each Academy. Regarding the Academies of Medicine or the medical classes of the Academies of Sciences, the FEAM could play a constructive role because it is an independent structure from all vested interests – political, nationalist, corporative and economic. Such an organisation can bring with its expertise, or rather the expertise of its members, a series of advice and guidelines to the European authorities responsible for science (DG Research), public health (DG Sanco) and perhaps even industry (DG Enterprise).

The organisations, which are concerned one way or another with issues of biomedical science and have included the word 'European' in their denomination, are innumerable. At least eight are in one way or another participating in this conference in Podgorica and in any case bringing their added-value to the event. If we divide these organisations in 6 categories – bioethics, fundamental research, clinical research, specialized professional associations, public health and the pharmaceutical industry -, the number of these entities exceeds without being exhaustive at least 100. One could reasonably ask whether all these organisations are indispensable, whether they bring a real added value to the European medico-scientific range and whether they are useful, in one way or another, in advancing the cause of biomedical science. It goes without saying that some of these European organisations are excellent and slowly becoming traditional, notably with regards to the oncological pathology (which is my specialty) such as the EORTC, the OEIC and the EACR. If these organisations could have influenced the initiative 'Europe against cancer' of 1988, this would have without a doubt been more than a regrettable partial flop.

Then there are those worldwide organisations of a similar nature, which also include in their activity the problems of Europe and often double up with their European counterparts. In this overcrowded and partially hypertrophied context of these organisations of a vertical type, the role of the Academies is crucial, as it was noted before, in the horizontal coverage of the different hyper-specialised components. The Academies of Sciences, representing the complete scientific spectrum, (i. e. Hungary and Germany) can integrate the contribution of the different scientific branches while the mono-specialised Academies (i. e. the United Kingdom, Belgium and France) can exercise the same integrative function in the different biomedical spheres.

The two types of Academies can in this way play an extremely useful role towards European decision-makers in protecting them from solicitations, often too selective, inevitably incomplete, and therefore susceptible to misguide. The unfortunate Physical Agents Directive is a good and recent example of such an approach: while its original aim was the protection of the workforce from electro-magnetic rays, it almost proclaimed the death sentence of the technique of Nuclear Magnetic Resonance as a medical diagnostic tool. The role of the Academies being consequently defined as a key element in gathering information, filtering it and delivering it to the appropriate European interlocutor, a federation of Academies is even still better positioned to apply the same principle at a higher level because it integrates the roles of the dif-

ferent Academies. On a consensual basis, this federation can perhaps forward an analysis and a proposition of action, which is decanted and takes into account a multi-factorial and pluri-layered view of the problems in question. So to conclude my talk, as we cannot evaluate the evolution of sciences for the middle and long-term but perhaps at least for the 15 to 20 years to come, the future and usefulness of the Academies in Europe depend, at the continental level, on endorsing actively the role of sectorial integrator and privileged adviser to economic and political decision-makers by maintaining the local role of guarantor of the high-level healthy scientific life of a nation.

The organisation of this regional conference, destined to bring together the representatives of Academies of Central and South-Eastern Europe is already a concrete step in this direction and I hope that some among you will be able to integrate in this way, for the years to come, the European family in its current form.

Academy and Excellency

