

# A conference postponed

On September the 11th, around 11 o'clock local time, a group of us – mainly overseas colleagues from Australia, Norway, Sweden, and Lebanon – together with one or two North American colleagues who'd come early (perhaps with their family or friends), met with the administrative staff of the American Academy of Cerebral Palsy and Developmental Medicine. They had arrived, like us, a day or two early in Long Beach to prepare for the Academy's meeting due to run from the 13th to the 15th. Not surprisingly, we learned at that moment the meeting had been cancelled. During the day we made calls to colleagues who were in New York, to find fortunately that all was well with them personally but they were not, of course, able to reach Long Beach.

The planned Academy meeting must have been one of the first meetings to be cancelled. The terrorist attacks led to further cancellations such as the UN General Assembly's planned meeting about children in New York on 19 to the 21st, where child health related issues were due to be discussed. More directly, the World Medical Association's (WMA) meeting which had been planned for Delhi on October 7th was postponed. Some members wanted that meeting to go ahead as a display of defiance against the terrorists. WMA Secretary-General Delon Human stated, 'Most people see terrorist acts in a political light. We see it almost exclusively in terms of the damage to health and human rights of individual patients.'<sup>1</sup>

To some extent we tried to follow Mayor Giuliani's advice that it should be business as usual, where possible, and we certainly took the opportunity to talk to those colleagues who were present. As Editor of this journal, I had been with UK representatives from the Editorial Board planning to meet with US associates on the 12th. Our energetic chairperson, Helen Horstmann, organized a teleconference on the 13th. On the 14th we ran a small meeting which ex-President of the Academy Bob Rosenthal chaired and I moderated for those people who were there. One of our Australian colleagues in particular was anxious to present a paper, because a requirement for her PhD was that the material had to be presented at an international conference. Several others presented material and we had a productive morning.

As ever, direct or indirect involvement in violence reminds us of the ethical issues facing health professionals and the problems that arise. We remember our modern versions of the Hippocratic oath stating that we treat people without regard to race, nationality, or religion: codes that were drawn up before modern terrorism had emerged. More recently, doctors involved in the internecine conflicts which we've become familiar with in places such as the Balkans and Northern Ireland, discuss the problems of meeting their duties when their clients are at least by some regarded as terrorists. These issues will be debated afresh following recent events.

More tragically to us involved with paediatrics will be our immediate knowledge that the health of children in conflict

situations, terrorist or otherwise, are practically always affected and that the children who are most affected are those with disabilities.<sup>2</sup> No longer are civilians excluded from conflict; rather the reverse. As the last century proceeded, the death toll in conflict progressively increased for civilians. And as Professor Tor Lindberg stated, 'The biggest obstacle to reaching better health for children is without any doubt the wars and civil wars going on in various places throughout the world. (p 338)<sup>3</sup>

Then back to work with the knowledge that our skills with disabled children, both those who are physically and psychologically traumatized, will have to be brought to bear on new generations of damaged children. It is the American Academy's awareness of the needs of children, not only in North America but throughout the world, that has developed over the last 10 to 15 years with the very active growth of its international affairs committee. The publication of the Academy's abstracts in the journal as a free supplement means that those health workers who are unlikely to be able to travel to meetings in North America at least have access to new material that is presented and awareness of people in the field whom they can contact and ask for help and advice.

The European Academy of Childhood Disability has similarly brought together health professionals within Europe also to exchange knowledge about care of children with disabilities across our region and beyond. Clearly, we need further groups and one imagines in time that we will be linked to academies in many parts of the world. It is encouraging to hear from Australian colleagues that such an academy is now planned for the Pacific. Meanwhile, the Presidents of the Academy, past and present, feel that the conference's preparation both on an organizational level and with selection from the many submitted papers and instructional courses to be given at the Long Beach meeting, will not be wasted. And while as I write, details are unclear, some of the material of the meeting will be reassembled for presentation in New Orleans next year. The meeting therefore was not cancelled but postponed. The purpose of an international meeting is not only to continue informing and educating health professionals, but is also an event which reminds the world, whatever others may do or think, that we health professionals believe it is our task to help to improve the care and fortunes of all children with disability.

*Martin Bax*

(text finalized September 30th)

## References

1. Kapp C. (2001) International gatherings of health leaders added to the casualties. *The Lancet* **358**: 944.
2. Richman N. (1995) Violence and disabled children. In: Zinkin P, McConachie H, editors. *Disabled Children and Developing Countries. Clinics in Developmental Medicine No. 136*. London: Mac Keith Press.
3. Lindberg T. (1999) The child's right to health and treatment. *Medicine, Conflict and Survival* **15**: 336–41.