



**Speech by
the President of Iceland
Ólafur Ragnar Grímsson
at
the 31st Scandinavian Congress of Rheumatology
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Distinguished doctors,
Scientists, health-care officials,
Ladies and gentlemen,

I should like, first, to welcome our guests to Iceland. I hope that the congress and your stay will be pleasant and your discussions will lead to new developments in medicine and promote the well-being of our citizens.

We Icelanders have long been known as a nation of story-tellers and historians. We kept alive the accounts of the first Viking settlers who came from Norway and we are also the people who discovered America more than a thousand years ago, but told no one about it; just wrote about it in books, and in a language that no one else could read.

We are also proud of having the first definite description of rheumatoid arthritis that can be found in world literature. This is in a work by an Icelandic country doctor who in the eighteenth century lived in the north of Iceland.

The author, Jón Pétursson, was also a farmer at Viðvík in Skagafjörður, and published this unique work in 1782. An observant physician, Jón Pétursson stated that while the general consensus was that rheumatoid arthritis was more common among men, his own experience was that women were more prone to the disease. Subsequent studies have proved this to be the case. His work is an excellent example of how an observant Icelandic countryman could influence medical science despite the poverty and isolation that characterised our country two hundred years ago.

It is, thus, not true, as is sometimes maintained, that the first published description of rheumatoid arthritis was in a work that appeared in Paris in 1800. And therefore as we are proud that the Icelandic Vikings reached America five hundred years before Columbus, so we find it gratifying to have beaten the French in this piece of medical research.

Since this Icelandic country doctor published his important book, medical science has of course made immense progress and achieved amazing results. It is a pleasure for us to note that Iceland has made contribution to these developments. Some have expressed amazement that such a small country has been able to contribute in this respect.

There are many lessons to be learned from the way Iceland grew throughout the twentieth century from having been for hundreds of years one of the poorest countries in Europe to becoming, as it now is, among the most affluent in the world; how a society of farmers and fishermen became so technologically and scientifically advanced.

A fundamental strand in this modernisation process has been the development of our health-care system, the broad network of medical services available to all and the operation of modern high-tech hospitals. The country has become the home of extensive scientific and medical research, dedicated to finding cures and treatment for many of the most difficult diseases of our times.

It is worth reflecting on how such a small nation has been able to become a significant partner in scientific progress within the highly advanced fields of medical and health research. Of course, there are many explanations, but I would like here today to focus on three in particular.

Firstly, the Icelandic public health-care system has been based on the principle of equal treatment for all and open access for everybody, wherever they live in the country and whatever their income. The medical records kept by local doctors and hospitals since early in the last century have listed every visit and every treatment administered in the country. This wealth of data has consequently remained within the public domain and can now serve as an important reservoir of knowledge for many different research projects. Being a doctor in Iceland has always been seen as a public service, and society as a whole felt that it was responsible for the care and treatment given to those in need.

Secondly, this characteristic of the Icelandic health service created a strong culture of trust between doctors and the public. The goodwill shown by the people towards the medical profession has been extraordinary, and consequently Icelanders have been very open and willing to participate in medical research projects of many different types,

providing personal information, blood and bio samples that in many other countries would have involved the enactment of complicated privacy laws or extensive formal contracts. This culture of trust has enabled Icelandic doctors and other scientists to engage freely in many different types of research and the nation has taken pride in their findings, almost as if they were national achievements.

Thirdly, we have been able to combine good medical training in our own country with access to universities, medical research institutes and hospitals abroad for further and more specialised studies. Thus, Icelandic doctors have studied and worked in the United States, in England, in the Nordic countries and elsewhere, and on returning home they have created a specialized community that is continuously nourished by inputs from many different institutions and countries, whereas in larger societies there is a tendency to train exclusively within one's own country. We have managed to be at one and the same time strongly Icelandic and truly international in our approach.

Finally, I should mention two other more general factors that have also been relevant. These are the absence of extensive bureaucracy in our country – mainly because we don't have enough people to fill all the posts in big bureaucratic corridors of power – and the personal nature of prevailing social contacts. Thus young scientists and new research companies have been able to establish extensive networks of cooperation with ministries and local authorities, hospital managements and other administrative agencies. As a consequence, the pace of scientific discovery has been quicker and dialogue with the participants more relaxed and constructive.

For all these reasons, Iceland is well suited to be a partner in scientific cooperation within many different medical disciplines and I sincerely hope that the spirit and the openness of our country will bring stimulation and freshness to your discussions and enable your congress to promote scientific knowledge and further health-care capabilities.

With these words I welcome you again to your country.