



**Address by  
the President of Iceland  
Ólafur Ragnar Grímsson  
at the Conference on Emergency Medicine  
Between Continents  
Reykjavík  
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Ladies and Gentlemen

May I begin by welcoming you all to Iceland and express the view that it is indeed appropriate to convene a conference on emergency medicine in our country, especially since this conference is defined as being between the continents. It is appropriate because the forces of nature are continuously bringing us one emergency spectacle after another and because nowhere are the American and the Eurasian continents more closely linked than in Iceland, and although they are moving apart by an inch every year one can here still walk from one to the other in less than an hour.

We all know the account given in the opening of the Bible where it is described how God created the Earth in six days and then decided to rest because the work was finished. There is, however, one problem with this description. It is not entirely accurate, because when it came to the creation of Iceland the Almighty became so fascinated with the possibilities that the creation has continued in our country until this very day: with new volcanoes, new lava fields, new islands, new geysers, earthquakes and other activity reminding us that we are not the masters of the universe, there are forces at work which are greater than the combined strength of our scientific and technical discoveries.

Indeed it teaches us humility and veneration to be brought up in such a country and throughout our history the forces of nature have brought us one emergency after another, both on land and at sea, in the valleys and between the mountains, on lakes and glaciers, and wherever people chose to journey or stay for a longer or shorter time.

It is perhaps this fate we all share with nature which has meant that emergency services in Iceland are based on direct participation by the

people, with volunteers from all walks of life serving in rescue teams and every town and village having well equipped rescue centres and highly trained voluntary participants.

Throughout the country these teams are linked to the hospitals and healthcare centres and many local doctors are an integral part of the rescue system. The culture of trust which has always characterised the relationship between the people and the medical profession in Iceland is especially dominant in the evolution of our emergency services. There we see clearly the strong linkage between the healthcare system and the fate of individual communities or even of society as a whole.

It is therefore with great pleasure and pride that we welcome your conference to Iceland and are deeply honoured by the participation of so many distinguished leaders, doctors and researchers in this important field of medicine. We are especially pleased to be in this way a bridge between the continents, being at the same time a European nation and an Atlantic country and having proudly preserved in the Icelandic sagas, written in the thirteenth century, the account of how Leifur Eiríksson discovered the American continent in the year 1000 or about 500 years before Christopher Columbus stumbled on some islands in the Caribbean. We have to admit, however, that Columbus had a better PR firm in the form of the Vatican than our ancestors could master, and therefore this remarkable Icelandic discovery was for centuries only known to those who could read the Icelandic sagas in the original.

Although our nation is small it can offer some important lessons for others to contemplate, lessons drawn from the journey we have made from being one of the poorest in Europe into being now among the most affluent countries in the world, lessons on how a society of farmers and fishermen became so technologically advanced that Iceland is now a prime example of a highly developed information society with top scores in mobile phone penetration, Internet usage and personal computer ownership.

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. There are of course many explanations but I want to emphasize 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. The medical records which have been kept by local doctors and hospitals throughout the twentieth century have listed every visit and every treatment made 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. To be 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 nature 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 many different medical research projects, provide private information, blood and bio samples that in many other countries would have led to 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 rejoiced in the results which have been achieved, almost as if they are 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 in other countries for further and more specialised education. Thus Icelandic doctors have studied and worked in the United States, in England, Sweden and elsewhere and on returning home they have created a specialized community which is continuously being 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.

In addition the lack 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 also the personal nature of prevailing social contacts, have enabled young scientists and new research companies to establish extensive networks of cooperation with ministries and local authorities, hospital management and other administrative agencies. The pace of scientific discovery has consequently become quicker and the dialogue with the participants more relaxed and constructive.

The Icelandic medical profession has always acquired active training in emergency treatment, both because of the obligatory period of service in the more remote communities and also due to the organisation of our hospital services.

For all these reasons, Iceland is perhaps especially suited to be a partner in international scientific efforts in emergency medicine.

I hope that the spirit and openness of Iceland, the sense of the everyday creation that our country provides, will bring stimulation and freshness to your discussions and your congress will consequently strengthen our knowledge and capabilities.

At the crossroads where the continents meet we are reminded that we all share in the fate that the creative forces of nature have in store for us, that it is in true service to one another that our humanity excels.

The field of emergency medicine embraces these notions and performs at the cutting edge when nature, man and fate meet.

Our small island is blessed with providing such insights and I hope it will also inspire your discussions and deliberations long after you have returned to your homes.