



**A Speech  
by  
the President of Iceland  
Ólafur Ragnar Grímsson  
at the  
27<sup>th</sup> Nordic Psychiatric Congress  
Reykjavík  
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Distinguished doctors,  
scientists, healthcare officials,  
ladies and gentlemen

Welcoming you here today provides me with an opportunity to praise the progress which has been made in recent years towards a broader and more solid public understanding of the nature of mental health; and also to provide a brief explanation of why Iceland could in the coming years become an even more fertile field for scientific progress in many areas of medical research.

We can draw on significant historical examples of how, through public debate and democratic dialogue, sustained information campaigns, active citizens' involvement and strong cooperation between specialists and well known public figures and community leaders, dramatic transformation was brought about in social policies and public attitudes, paving the way for concrete changes which in the long run tremendously improved the general health situation.

In our country we can in this respect cite lessons from the campaign against tuberculosis in the 1930s to the 1950s, the campaign against heart diseases in the 1960s to the 1970s and the campaign against alcoholism in the 1980s to the 1990s. In each and every case the linking of public involvement to the best available expert knowledge was the key to success.

In recent years we have seen a similar movement emerging in the field of mental health with a more open and honest debate, with special days dedicated to a better understanding of the nature of mental diseases

and through a new awareness in the media of how to further a productive dialogue between psychiatric experts and the general public.

These developments are indeed welcomed but much more needs to be done in order to bring down the barriers created by prejudice and ignorance, by the fear which for centuries has dominated the attitudes towards mental illness.

Sustained success can only be achieved through active involvement by all of you in the necessary democratic dialogue and by every doctor, scientist, expert and participant in the field seeing it as his or her duty to play an active part in the creation and maintenance of such a public movement.

I am aware that many scientists and doctors see their field as exclusively restricted to the territory within the walls of laboratories, hospitals or their respective health institutions, but I fundamentally believe that only by making our nations more informed, more enlightened and more understanding, and thus reducing fear and prejudice, can we contribute substantially to improved mental health and the general well-being of all.

In this respect the active involvement by doctors and experts in the campaigns against tuberculosis, heart diseases and alcoholism in the last century and the extraordinary success of those initiatives offers us both inspiration and guidelines, and the Icelandic experience in these historic campaigns brings us many lessons of relevance to the problems we face.

To be a doctor in Iceland has always been seen as a public service and society as a whole has felt that it was responsible for the care and treatment given to those in need. The nature of the Icelandic health service has 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 and provide private information, blood and bio samples, which 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 people at large have rejoiced in the results which have been achieved, almost as if they were national achievements.

We have also 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 Nordic countries,

in the United States, England 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 doctors, scientists and research companies to establish extensive networks of cooperation with hospital management, ministries and local authorities and thus the pace of scientific discovery has become quicker and the dialogue with the participants more relaxed and constructive.

The Icelandic healthcare 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 20<sup>th</sup> 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.

With these reflections I welcome you all to Iceland and wish you success in the noteworthy work of your congress. It is a great honour for us to host the Nordic Psychiatric Congress and I hope that the creative forces which are constantly at work in our country will also inspire your discussions and deliberations.

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 still able to bear witness to the creation.

I hope that the constantly changing theatre of light and colours which is on display in our country will provide you with inspiration and enjoyment and the spectacle which the Almighty has bestowed upon Iceland will encourage you all to seek new discoveries and achievements. With such a wish I hereby declare the 27<sup>th</sup> Nordic Psychiatric Congress open.