

JUNIOR DOCTORS NETWORK

THE WORLD MEDICAL ASSOCIATION, INC.

L'ASSOCIATION MEDICALE MONDIALE, INC
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Junior Doctors Network Meeting, WMA General Assembly, Fortaleza, Brazil 14-15th October 2013

Junior Doctors from different parts of the world attended the meeting of Junior Doctor Network which took place during WMA General Assembly in Fortaleza, Brazil. Participants from several countries including South Korea, Germany, Canada, Turkey, Brazil, Jamaica, USA, Spain, France, Uruguay and Japan discussed and exchanged experiences on the activities of junior doctors worldwide. The WMA Executive also contributed to the event, as well as President of IFMSA Josko Mise.

The scope of the meeting enlarged this year with two days of activities. The first day included presentation of young doctor activities and conferences in each country. Dr. Otmar Kloiber, WMA Secretary General, talked about the importance of JDN activities for WMA. Dr. Mukesh Haikerwal, Chairman of the Council, highlighted the need for training of new medical leaders in each country.

Josko Mise, IFMSA president, spoke about the integration of JDN with activities of IFMSA. Finally, the activities of JDN from different countries were compared to each other and a ground for common vision was discussed.

The second day started with the report of JDN activities in past year. JDN was presented in the following meetings: WMA Council Meeting, World Health Assembly, European Junior Doctors General Assembly, Junior Doctors Meeting in Eastern Mediterranean Region, American Medical Association Annual Meeting and CMAAO Congress. The election of new team of officers for 2013-2014 also took place in the second day. The annual plan for upcoming year was discussed as the first plenary chaired by the new team.

Thosten Hornung, immediate past-chair, presented Physician Wellbeing White Paper of JDN during WMA General Assembly. Developed by a working group composed of members from various countries, the paper has been approved to be shared with NMAs for further comments. This project is crucial for improving the quality of life of physicians during their residency.

Chair View: JDN 2014 - New board, new challenges, same motivation!

Written by Nivio Moreira

At the JDN meeting during WMA General Assembly in Fortaleza, Brazil the new executive board for the year 2013-2014 was elected. This new team of young medical leaders from different countries has extensive experience from their involvement in IFMSA or from their roles at National Junior Doctor Associations. I have the great privilege to be elected as the Chair of this fabulous group. It's an honor for me to participate in JDN since their first meeting in 2011 in Uruguay and see the growth and development of its activities around the world.

The foundation of JDN occurred with support from WMA with the aim of increasing the participation and integration of junior doctors around the globe in the WMA discussions about health and medicine. JDN enabled different young doctors to exchange experiences and to collaborate on international projects. With the participation of IFMSA former directors, members of National Junior Doctors Associations and individual Associate Members of the WMA, the Junior Doctor Network is growing every year.

The new executive team has an intention to increase the number of countries involved in JDN, seeking cooperation with the National Medical Associations, National Junior Doctors Associations and IFMSA. Another goal of the team is to develop projects in the field of training and well-being which will serve Junior Doctors all around the world. There is no doubt that JDN will contribute to Global Health with these projects. We will try to increase our communication with junior doctors through social media and newsletters. We will open the recent WMA topics (for example the Review of the Declaration of Helsinki) for discussion to implement Junior Doctor's views.



October 15, 2013 Fortaleza, Brazil

Great challenges, Great rewards

I want to express my gratitude to Dr. Otmar Kloiber and Dr. Mukesh Haikerwal as well the entire WMA executive for their support in the development of JDN. As the whole team we would like to congratulate Dr. Margharet Mungherera for being the next President and Dr. Xavier Deau as president-elect of WMA. Observing the great work by Dr. Cecil Wilson as the immediate past president was another privilege for us.

Finally, thanks to NMAs and Junior Doctor Organizations for their support, that enable our members to attend the meetings, and to all JDN members who devote their time for the development of better healthcare around the world.

Junior Doctors Meeting in Eastern Mediterranean Region

27-29th September 2013, Istanbul

Written by Ahmet Murt

Junior Doctors from different parts of the world including Germany, Bosnia&Hersegovina, Macedonia, Greece, Kosovo, Turkey and Jordan came together in Istanbul on 27-29th September 2013. Hosted by Turkish Young Doctors Platform and affiliated by World Medical Association Junior Doctors Network, the meeting brought together different organizations with extensive experience. These included Turkish Ministry of Health Turkish Medical Association, Doctors Worldwide and Medecins Sans Frontieres. This meeting was not only a gathering of junior doctors with similar visions to work for a healthier world but also witnessed interesting debates by opinions of participants from different backgrounds. Obstacles of cross-border healthcare in emergent situations such as armed conflicts were widely discussed with a reflection of Turkey's experience on Syrian refugees. Doctors Worldwide and Medecins Sans Frontieres enriched the discussions with examples from different regions in the world. The key areas in which junior doctors reached consensus will be shared as a resolution paper soon. Elective cross-border healthcare (i.e. Health Tourism) was also touched by mentioning its popularity as a financial tool for countries. However, junior doctors state that approachable healthcare with acceptable quality should always be the main concern.



September, 2013 Istanbul, Turkey

As a reality of today's globe, cross-border healthcare should find a place in medical education (both of undergraduate and postgraduate). This does not necessarily be through formal curriculums. The participants think that, informal curriculum or extracurricular activities should be used as opportunities to raise awareness among medical students and junior doctors. Possible leadership roles that can be taken by junior doctors in different levels of healthcare delivery were also discussed as a part of the meeting. Interactive discussions in this part exposed quite interesting outcomes.

The meeting in general made a big success and all the participants agreed on meeting next year in the region again. Regional meetings of this kind should be seen as effective ways to increase communication and collaboration between junior doctors who do not live that far from each other.

You can follow the outcomes of the meeting and resolution paper from the following link:

<http://www.genckemplatformu.org/en-us/?pg=EV&SID=5>

The Annual Meeting of American Medical Association, 2013

American Medical Association held its annual meeting in Chicago, Illinois in June 2013. The JDN of the World Medical Association was invited to speak about our recent happenings at the Resident & Fellow Section Meeting. Also, JDN WMA members continue to be involved in the AMA. Fatima Cody Stanford, MD, MPH, the current WMA JDN Socio-Medical Affairs Officer, served as a keynote speaker the AMA Inaugural Innovation in Medicine Talk.

Dr. Stanford related how the obesity-related deaths of her young cousin and an 11 year-old patient compelled her to tackle obesity medicine. She believes that this new specialty challenges the way physicians think about weight, weight loss, and the etiology of obesity. She spoke about how patients vary in their response to different forms of treatment including nutrition, exercise, medications and surgery. Also, WMA JDN member, Alex Ding, MD, MS, just completed his term on the AMA Board of Trustees. We applaud him for his tireless efforts.



Fatima Cody Stanford, MD, MPH,
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The CMAAO Congress 2013, New Delhi, India

Written by Hyun-Young Deborah Shin



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The CMAAO (Confederation of Medical Associations in Asia and Oceania) is an organization consisting of 18 National Medical Associations (NMAs) in the Asia and Oceania region. The 28th general assembly and the 49th council meeting were held in New Delhi from 12th to 14th September 2013. The theme of this meeting was 'child abuse'. All of the NMAs reported on the current state of child abuse in each country and the expert panels from India, Taiwan, and Thailand actively discussed what physicians, NMAs, and governments should do to support the prevention of child abuse and the management of child abuse cases. In India, child abuse is a very important and sensitive issue and the children who suffered from labor abuse, physical, mental, and sexual abuse should be protected by the social system.

An agreement on the Delhi CMAAO resolution on the prevention of child abuse was reached by the NMAs and it is expected to advocate and present the severities and impacts of child abuse problems to the world after the press conference, at the end of the meeting of India. On the first day of the conference a JDN in Asia-Pacific meeting was held with eight medical students and junior doctors from the Medical Student Association (MSA), representing India, Malaysia, Japan, and Korea. Dr. Mukesh Haikerwal, Dr. Masai Ishii, and Dr. Dongchun Shin were kindly invited to the meeting. There was an introduction of JDN, and a discussion about how to get Asian junior doctors to come to the next JDN meeting which will be held in



September 14, 2013, New Delhi, India

Tokyo, in April 2014. Additionally there was a chance to listen to junior doctors' issues in India such as brain drain to developed countries and the lack of physicians in rural areas in India. The members of MSA promised to be actively involved in JDN meetings. It was meaningful to have junior doctors from Asia and Oceania at the meeting for the first time.

WHO – Europe Regional Meeting 16-19 September 2013, Cesme (Izmir), Turkey

Written by Ahmet Murt

Turkish Ministry of Health hosted Sixty Third Committee of the WHO Regional Committee for Europe. Health Ministers and senior officials from 51 Member States in the WHO European Region met in Cesme (Izmir), Turkey on 16-19th September for this occasion. WMA with its junior doctor members attended the meeting in the seats reserved for NGOs.

'Health 2020' Strategic Goals was one of the main issues of the meeting. 'Health 2020' was adopted at last years Regional Committee as the European Policy Framework for health and well-being. Starting from this year WHO/Europe is trying to develop tools and services to support member countries in implementing the policy. In order to monitor the process there has been identified a series of indicators to measure overarching targets for Health 2020.

You can download Health 2020 document from the following link:

<http://www.euro.who.int/en/what-we-publish/abstracts/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century>

It is one of the most important opportunities that WMA brings to junior doctors: Attending such 'top level' meetings and having a chance to attract and influence policy makers both nationally and internationally. We should not forget to mention here that, Junior doctors had the opportunity to attend World Health Assembly in May 2013 in Geneva as delegates of WMA after which attending this meeting became more meaningful. Other topics to pay our attention from the meeting are:

- Measles and Rubella Elimination: Measles is not just a childhood disease in the region and cases are increasingly found in young adults. The importance of sustainable vaccine supplies was underlined.
- Polio 'endgame' strategy: European Region is said to be polio free for over a decade now. WHO has a strategy to move from using oral (live) vaccines to inactivated polio vaccines (IPVs) and it is expected to have at least one dose introduced in every country before 2015.
- Global Vaccine Action Plan: The region has presented a regional action plan which supports the global vaccine plan. This plan is expected to strengthen accountability and to improve coverage across the region.



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- Action Plan on Multidrug and Extensively Drug-resistant Tuberculosis: The availability of rapid testing, second-line drugs and psychosocial care for those on treatment are priorities in this topic.
- European Action Plan for HIV/AIDS: HIV infection rates in the regions is said to be increasing faster than treatment. This phenomenon is called as 'treatment gap'. In order to tackle the HIV epidemic, preventive measures should be given enough consideration.
- International Health Regulations: These ask every member state to strengthen their capacity for surveillance and response systems at points of entry (ports, airports and ground crossings)
- Antibiotic Resistance: There is a goal to advocate for decreasing misuse of antibiotics in order to cope with antibiotic resistance in the region.
- Non-communicable diseases: As mortality rates from cardiovascular diseases are decreasing across the region, the main focus turns out to be cancer screening and taking appropriate steps for early treatment.

The Declaration of Helsinki

by Xaviour Walker, Roopa Dhatt, Ian Pereira, Ya Luan Hsiao

This year, 2014 will mark the 50th anniversary of one of the cornerstone documents of the medical professional, the Declaration of Helsinki (DOH). The DOH is statement of ethical principles for medical research involving human subjects, including research on identifiable human material and data. First adopted by the 18th World Medical Association (WMA) General Assembly in Helsinki, Finland it has undergone 7 revisions, with the most recent being adopted at the 64th WMA General Assembly in Fortaleza, Brazil.



August 26, 2013, Washington, DC, U.S.A.

The 2012-2013 revision and consultation was an extensive process. There were presentations from expert scientists, representative stakeholder groups, requests comments from National Medical Association and public consultation. The Junior Doctor Network was one of these groups, which also commented on this important document.

A DOH expert workgroup was set up for the onerous task of the 2013 DOH revision with the goals of

- Better readability by reorganising and restructuring the document with sub headings
- More protection for vulnerable groups
- More protection for participants by including the issue of compensation for the first time
- More precise and specific requirements for post-study arrangements
- A more systematic approach to the use of placebos, but no weakening of the ethics of placebo use

With having the large amounts of submissions, the workgroup focused on keeping the DOH a certain size, to remain distinct from other guidelines and that the charter of the DOH should not be changed.

On 26th August 2013 in Washington, DC an expert stakeholder meeting was held which the JDN attended. The day meeting was hosted by the American Medical Association (AMA) and held at the historical Hay-Adams Hotel overlooking the Whitehouse, which provided a perfect picturesque background for the context of the DOH discussions. The day started with introductions from the WMA and AMA, then an introduction of the new draft revision by Dr. Jeff Blackmer and Professor Wiesing from the DOH workgroup. The day was divided into 5 sections that were moderated by a commentator. These included key areas of the DOH:

- Risks, Burdens and Benefits & Vulnerable Populations
- Scientific Requirements and Research Protocols & Research
- Ethics Committees
- Privacy and Confidentiality & Informed Consent
- Use of Placebo, Post-Trial Access, Trial Registration and Publication of Results & Unproven Interventions

The stakeholder meeting was extremely informative and allow for JDN members attending to learn and be involved in the revision process, as well as informing the wider Junior Doctor Network body.

Now released, the new revision of the DOH provides the again the medical community a statement for ethical principles guiding medical research with human participants. The new publication of the DOH has been published on JAMA along editorials discussing these changes. Links to JAMA along with other excellent resources on the DOH can be can be found on the WMA website. <http://www.wma.net/en/20activities/10ethics/10helsinki/index.html>

The JDN has extremely appreciative to be involved and to learn about the DOH revision process. We look forward to informing Junior Doctors worldwide about this important document and being future WMA policy work.

Conflicts between Allied Health workers and Doctors, The Nigerian Perspective; The Diary of young Doctor

Written by Ezie Patrick

The Allied health Workers in Nigeria which includes the Nurses, Medical Laboratory Scientists, pharmacists, etc under the aegis of JOHESU embarked on a one week strike to cripple the provision of health care services to Nigerians. JOHESU their umbrella body is intent on starting a revolution in the health sector as they believe that doctors are the perceived enemies of their progress and have had the following demand

- A) The Removal of the Minister of Health because he is a medical doctor and replacement with a member of the allied health group.
- B) That Doctors should not be the leaders of the Health team.
- C) That the position of Chief Medical Directors of Hospitals was unduly held by doctors.
- D) The provision for consultant status for their members.
- E) The skipping of some levels of civil service for their members.

Due to the above listed issues a strike action was embarked upon by the said group which began on the 21st of August 2013, the strike involved all the members of the union and the Nigerian Medical Association under the Leadership of our President Dr. Osaghon Enabulele urged all medical doctors to stay at their duty posts and ensure continued care for the Nigerian People. It was a arduous task for doctors as we had to take over the nurses stations, the medical laboratory, side labs, the pharmacy and engage patient relatives to assist in caring for our patients. Young Doctors mobilized in hospitals across the country to ensure that services were provided and that the burden of mortality and morbidity were reduced significantly. Teams of medical Students were also drafted to ensure continued services. A lot of efforts were made to frustrate doctors from working such as hiding of records, closure of the morgues etc. The strike lasted for a week and government intervened granting some of their requests which included the consultancy status, and an implementation committee was set up. However the issues are still unresolved as by the last National Executive Meeting of the Nigerian Medical Association, the issues of relativity in the Health sector was a major front burner and a 21 one day ultimatum was issued to the Federal Government to correct some of the issues regarding to Doctors welfare and job



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An attempt to establish a system of voting rationally: Nepal Medical Council Election 2013

Written by Bishny Rath Giri and Madhur Basnet

Background : Nepal Medical Council (NMC) is a regulatory body established by the government of Nepal under the Nepal Medical Council Act 1964. NMC is the licensing authority for doctors and is responsible for regulation and maintenance of quality in medical services and medical education in the country. It consists of 20-membered committee, of which eight members and the Vice-Chairman are elected for four years' term by the votes from doctors registered in the council. With increasing number of medical colleges and hospitals in both public and private sector, the importance of NMC functions is getting more vital. Policies and decisions of NMC have direct implications to the businesses of medical institutions. In recent past NMC has almost exclusively been focusing on medical colleges and nearly completely neglecting its role in regulating the standards of practice. There have been frequent allegations on the members of NMC of being driven by the interests of private medical institutions. Few of the NMC members have been pulled to investigations on corruption charges by the state authorities. Major determining



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factor in voting in election of NMC used to be the personal relations of candidates rather than their agendas. The trend of luring the voters by sponsoring lavish parties on the eves of election was very common.

The source of funding for such expenditure is never clear. People speculate that the sponsors of such events begin influencing the candidates right from their election campaign and later the candidates are lenient towards the sponsors, the private medical institutions. One of the major reasons for the manipulations of voters like this was the lack of factual information about the candidates and agendas being raised by them. Hence the need of a platform to bridge the information gap was realised. Such that the voters would know better about the contesting candidates and their election agendas and also make the NMC election process more transparent and accountable.

Formation of the committee: A gathering at Kanti Children's Hospital of motivated young doctors in Kathmandu decided to form a committee to work into that effect. The committee included young doctors not contesting in the election and who declared to have no conflict of interest in the election process. The committee was later expanded to include doctors from other parts of the country and had twelve members. In view of increasing number of young doctors with access to internet who could be determinant force in the election, the committee decided to create a website that would be used for the campaign. The principle of operation was: to collect as much relevant information as possible about the contesting candidates from various sources and put it up in website. As the first step, the committee invited candidates to submit their election manifesto along with their views on some specific cross cutting policy issues. The sources included publications and public speech of the candidates. Cross verified informations from other persons. Allegations (invited and/or anonymous) against the candidates along with the defense of the candidate if any. The committee also did evaluation of the candidate based on what s/he has accomplished in the past, what s/he promises to accomplish if elected and what are the practical possibilities of achieving the said goals. And recommended four candidates as best to vote for. The website was publicised and promoted in social media mainly facebook. The committee members also massively utilized the social media, mainly the facebook to raise awareness among the voters to vote based on agenda of the candidates, to boycott the sponsored parties and cocktails and to inform if such parties be organized anywhere.

Results: With increasing number of visits to the site, candidates themselves started publicising the links to their profile in the site. Till the day of election, the site had little more than 3600 unique visitors. Considering the total votes cast in the election, roughly six thousand, this was a significant number. Total of forty six candidates were in competition for various posts. Of the four candidates recommended by the committee, two candidates won the election. And the trends for organising cocktails and arranging vehicles for voters decreased very much significantly. In our observation, voting solely on personal connections also decreased a lot and the voters have started asking for the agendas with the contesting candidates. The activities of the committee now started a trend for contestants to come up with proven track record, with good vision for working, and with practical approach to things. There were many shortcomings in this endeavor. The committee was formed little late and started functioning late. Since this was the only work of its kind known to the committee members, there was difficulty in formulating detailed mechanism of operation. Because most of the members were residents, physical meeting was always difficult and could have been less than optimal in number. Hence from here, the need is to make these activities organized for it to sustain till many more elections and to make it more systematic.

Save the date! Upcoming meetings in 2014

- March 6th-9th 2014: IFMSA Alumni Meeting Hammamet, Tunisia
- April 27th , 2014 : WMA Junior Doctors Network Meeting Tokyo, Japan
- May 9th - 10th, 2014: EJD Spring Meeting 2014 in Hajdúszoboszló, Hungary
- May 17th – 18th, 2014 (tentative): JDN Working Meeting in WMA, France
- October 6th-7th , 2014 (tentative) :WMA Junior Doctors Network Meeting Durban, Africa

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Now Accepting Submissions for our next issue!

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