



Picture 1: Participants at the 2017 JDN meeting



Junior Doctors Network Newsletter

Junior Doctors tackled Antimicrobial Resistance (AMR) at their Annual Meeting in Chicago

Konstantinos Roditis*, MD, MSc

The 2017 Junior Doctors Network (JDN) meeting, which was hosted by the American Medical Association, was held in Chicago, Illinois, USA, between October 9-10, 2017. An estimated 30 junior doctors from all five continents participated in the meeting, which was greeted by the World Medical Association

(WMA) leadership, with Dr. Otmar Kloiber, WMA Secretary General, Dr. Ardis Hoven, WMA Council Chair, and Dr. Ketan Desai, WMA President.

Day 1

The meeting started with a greeting by Dr. Kloiber, who further delivered a thorough presentation on the WMA his-

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tory, structure, collaborations, and focus areas. He stressed the topic of reviewing the Declaration of Geneva at the 2017 WMA General Assembly, which took place in Chicago at the same time. He explained that the modern Hippocratic oath would most likely be renamed to the modern Physicians' Pledge. He also answered a few questions of participants, specifically on how WMA works on overseeing the implementation of its

(Dr. Ketan Desai).

As the antimicrobial resistance (AMR) problem was the main theme of the meeting, an introduction to AMR and what is at stake on a global scale was delivered by Dr. Caline Mattar, JDN Chair.

A presentation of the WHO Global Action Plan was given via teleconference by Dr. Elizabeth Tayler. In her

“Calling upon solidarity among nations worldwide to work on addressing AMR”

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policies in different countries and how interactions with other international organisations (e.g., International Physicians for the Prevention of Nuclear War, IPPNW; World Federation for Medical Education, WFME) are formed. The participants were then split into small working groups (SWGs) and rotated between all three groups, each lead by a WMA leadership officer. Discussion topics were: 1) Women in global health and organized medicine (Dr. Ardis Hoven); 2) Medical ethics and codes of ethics (Dr. Otmar Kloiber); and 3) Self-governance of physicians

presentation, she emphasized the need to focus on the use of antibiotics in patients and animals. She also called upon solidarity among nations worldwide to work on addressing AMR, noting that developing countries would be significantly impacted by AMR due to lack of resources and financial capacity to access new medicines and technologies developed to fight multi-resistant pathogens. In regards to the influence of the global sepsis burden on the need for early antibiotic use and AMR challenge, she explained that sepsis requires early administration of anti-



Picture 2: JDN participants at the WMA GA Gala Dinner at the Field Museum

biotics and the knowledge of when to stop their administration. She stated, “We must stop giving antibiotics “just in case”, adding that effective stewardship programmes are needed to better guide physicians when to use and when to appropriately prescribe antibiotics in clinical practice .

Dr. Anthony So (ReAct Group) presented on strategies to tackle AMR, referring to challenges in re-

search and development of new antibiotics by the Pharma industry, the redirection of financial resources to neglected research areas, intersectoral collaborations, and treatment alternatives for viral infections. He stressed that patients also need to understand why AMR is important for the community and their health.

Dr. Roach, Food Safety Program Director and Food Animal Concerns

Trust and Senior Analyst for Keep Antibiotics Working, addressed AMR focusing on the use of antibiotics in animal industry and best strategies to minimize AMR. He stressed that AMR is a cause that must engage all stakeholders, including the International Food Standards (e.g., Codex Alimentarius, WHO, Food and Agriculture Organisation of the U.S.), national governments (e.g., Food and Agriculture Ministries), and



practices. He added that they have also developed a pool of 40,000 physicians advocating for antibiotic stewardship, believing that healthcare professionals have a strong voice and impact towards changing public opinion. Finally, he suggested that participants learn more on the U.S. PIRG website (www.uspirg.org).

Dr. Ardis Hoven, Chair of Council of WMA, opened a

grammes vary. He mentioned that the U.S. guidelines from the Infectious Diseases Society of America refer mostly to in-patient scenarios. He suggested low-cost interventions, such as educational outreach visits and rapid diagnostic tests, are key for outpatient settings. Stressing the importance of national antimicrobial surveillance, he referenced the WHO guidelines on AMR management, focusing on

“Healthcare professionals have a strong voice and impact towards changing public opinion.”

food corporations (e.g., McDonalds).

Matthew Wellington, Antibiotics Program Director at U.S. Public Interest Research Group (PIRG) presented on how to pressure major meat consuming chain restaurants to move away from meat providers that use excessive antibiotics in their production. He referred to a tool his team created, called “Chain Reaction”, that rates chain restaurants according to their antibiotic policies and

panel discussion on “Stewardship for AMR”.

Dr. Sameer Patel presented on approaches to best convince our colleagues to change their practices towards a more AMR-aware attitude. She stated that changing practices is like “convincing children to eat their vegetables”, where all physicians understand that they should use antibiotics appropriately, but fail to consistently follow these practices. Notably, available stewardship pro-

population education, reduced use of antibiotics, and cost-effective, high-quality diagnostic tests.

Dr. Aparna Bole, Health Care Without Harm Board Member, Medical Director of Community Integration, and pediatrician at University Hospitals Rainbow Babies and Children’s Hospital in Ohio, spoke about her experiences in exploring ways to reduce the use of meat and increase the use of “secure” meat (e.g., meat with minimal use of

antibiotics) in hospital restaurants and cafeterias. She discussed the “Healthcare without Harm” initiative, where she serves as a board member.

Dr. David Wallinga, Senior Health Officer in the NRDC (Natural Resources Defense Council) Health Program, talked about “Why health professionals can, and must, help save antibiotics”.

An open discussion facilitated panelists and JDN participants to exchange perspectives on the AMR challenge. They described the credibility of physicians as advocates in the field of AMR and antibiotic use in livestock and food market as well as the need to convince legislators that the profit of the pharma industry is only one part of the economic equation.

Participants were then split again into five SWGs, brainstorming about “Planning the next steps” for JDN on AMR, namely:

- 1) Innovative Ideas for Research & Development to combat AMR (Dr. Paxton Bach)
- 2) Surveillance for AMR (Dr. Mariam Parwaiz)

- 3) Physicians’ Action on AMR Stewardship Programmes (Dr. Yassen Tcholakov)
- 4) Food Industry & AMR
- 5) One Health approach & AMR (Dr. Saahil Vij)

Day 2

The second day of the meeting started with JDN Elections for the management team of 2017-2018. The Elections Committee, consisting of Dr. Paxton Bach, Dr. Maki Okamoto, and Dr. Nauman Malik, explained the procedure to participants, which were to be performed under the official JDN Elections Terms of Reference, previously prepared in collaboration with the WMA Legal

Advisor and approved by the WMA Executive.

Candidates had three minutes to present their candidatures, either via conference presentation or teleconference, and received questions from the participants. JDN members voted for positions that received more than one candidature by ballot voting.

The results are in Box 1.

In the session, “Research in post graduate medical education”, Professor David Gordon, President of the WFME, presented on Research in Postgraduate Medical Education (PGME), under the facilitation of

Picture 3: Newly elected JDN management team, 2017-2018



Box 1

2017-2018

JDN Management Team:

- ♦ Chair: **Dr. Caline Mattar**
- ♦ Deputy Chair:
Dr. Chukwuma Oraegbunam
- ♦ Secretary: **Dr. Kostas Roditis**
- ♦ Socio-Medical Affairs Officer:
Dr. Yassen Tcholakov
- ♦ Education Director:
Dr. Audrey Fontaine
- ♦ Medical Ethics Officer:
Dr. Sydney Mukuka
- ♦ Membership Director:
Dr. Chiaki Mishima
- ♦ Communications Director:
Dr. Chibuzo Ndiokwelu
- ♦ Publications Director:
Dr. Kazuhiro Abe
- ♦ Immediate Past Chair:
Dr. Ahmet Murt
- ♦ Immediate Past Deputy Chair:
Dr. Paxton Bach

JDN's past Chair, Dr. Ahmet Murt. Dr. Joe Hayman briefly presented on WMA Associate Members and their plans for this WMA General Assembly. He also answered questions from the JDN participants on the WMA's Associate Membership.

An "Ideas Cafe" followed, and the group was split into four SWGs, where they rotated every ten minutes to each group: 1) JDN working groups terms of reference (Dr. Yassen Tcholakov); 2) Next steps

for the JDN and strategic planning (Dr. Paxton Bach); 3) How to increase the added value of JDN membership (Dr. Chiaki Mishima); 4) JDN working conditions (Dr. Mariam Parwaiz); and 5) International Hippocratic Oath new project proposal (Dr. Kostas Roditis). Next, a session on "New ideas" included two presentations: 1) Global Database on PGME (Dr. Jean-Marc Bourque); and 2) International medical graduates reciting the Hippocratic Oath in Kos, Greece (Dr. Kostas Roditis).

Moderated by two JDN founding members, Dr. Xaviour Walker, past JDN Chair, and Dr. Lawrence Loh, past JDN Deputy-Chair, a presentation was given on the seven-year JDN history. Since the initial discussion in Osaka, Japan, in March 2007, to its official establishment in Montevideo, Uruguay, in 2010, the JDN has strengthened communication and interactions with junior doctors from all over the globe, providing essential input on policy making to the WMA.

A panel discussion on "physicians' collective action, education, and well-being" followed, and panelists, Dr. David Gordon (WFME), Dr. Armin Ehl (Marburger Bund, German Association of salaried doctors), and Dr. Kimberly Williams (JDN member, past Chair of Resident Doctors of Canada, RDoC) talked about PGME and the Collective Action of Physicians and Physician wellbeing, respectively.

First, Dr. Gordon presented on PGME in several parts of the world, using Denmark, Finland, and the United Kingdom as examples, and mentioned the current WFME's work on streamlining PGME worldwide. He stressed the importance of accreditation of medical teaching centers as well as the board certification of specialists. Second, Dr. Ehl described the Marburger Bund's collective activities in Germany, including maximum weekly working time and physicians as employees. He focused on Union policy, legal and informal requirements for collective action by physicians and reflected on the outcomes of the past

Germany-wide doctor strikes. He also mentioned the recently organized International Conference of Doctors' Unions. Finally, Dr. Williams spoke about the importance of physician wellbeing. At RDoC, they have focused on wellbeing, including fatigue and burnout syndrome, throughout many of their activities. She further talked about a resiliency training program, designed especially for residents, and the Big Four+ concept for improving residents' wellbeing.

In an open discussion from

the audience, Dr. Gordon described "competency-based curricula", striving for competent physicians with the basic theoretical knowledge of medicine in an ever-changing world. Dr. Ehl stressed that as physician advocates, we must always educate society by "telling the story" about our challenges in the healthcare environment. He also mentioned that the MB's female membership has reached 55%, pushing policies including family time and part-time work in Germany. Dr. Williams mentioned sev-

eral examples where the JDN

could activate policy on physician wellbeing by turning policy into action on local, national and global level.

As a closing remark, Dr. Paxton Bach, JDN's outgoing Deputy Chair, reflected on the two days of the 2017 JDN meeting. He asked that everyone reflect on the presentations and open discussions and think about how to better use the knowledge and expertise gained at the meeting, upon returning home as well as for the future of JDN collaborations.

WMA JDN Working Condition Working Group

Wunna Tun*, MBBS, MD

The initial idea of forming a working group was conceived during the Asia-Pacific Regional Meeting in Taipei. The World Medical Association (WMA) Junior Doctors Network (JDN) had several working groups; however, there was no Working Group for Working Conditions of Junior Doctors.

Dr. Leo Heng-Hao Chang from Taiwan suggested the creation of a new working group, which led to the creation of a Google group and subsequent call for members to join the working group. Dr. Wunna Tun from Myanmar and Dr. Leo Heng-Hao Chang served as Co-Chairs of the Working Group and the first teleconference meeting of the Working Group held after the WMA Council meeting in Zambia.

The Working Group was designed to raise awareness, improve working conditions of junior doctors globally, and publish data in peer-reviewed academic journals and/or policy statements.

The focus areas are physician working hours, physician suicide, psychological wellbeing, prevention of burnout, safe working environments (free from harassment, bullying, and discrimination) and providing avenues for help. The areas of work and output are systematic literature reviews of working conditions in a variety of countries. Surveys on working conditions for junior doctors to national member associations (NMAs) and JDN will be distributed via email and social media.

To join the working group (jdn-working-condition@googlegroups.com), please contact the Working Group Co-Chairs Wunna or Leo.

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The Value of Leadership in Medicine: Caring Physicians of the World Leadership Course

Nauman Malik, MD^{*1}, Wunna Tun, MBBS, MD^{*2}, Chiaki Mishima, MD^{*3}

How valuable are leadership skills to doctors? No matter what part of the world we are from, the job of doctors everywhere is growing more complex. In a world where patients can look up their symptoms online, where doctors frequently come on TV and write books to educate the public, and in a world where hospitals and healthcare organizations are becoming ever more complex in their structures, it is becoming increasingly important for doctors to speak up and engage with the public. That is why every year, the World Medical Association (WMA) holds an annual Caring Physicians of the World Medical Leadership,

Communications, and Advocacy course. This year, several doctors both from the Junior Doctors Network (JDN) as well as from National Medical Associations participated.

Organized by Dr. Yank Coble, past president of WMA, and Dr. Otmar Kloiber, Secretary General of the WMA, this one-week intensive course focused heavily on leading change in organizations, strategic thinking, building collective intelligence, formal media training and using effective leadership styles to impact change in our home countries. The course was held at the Mayo Clinic, in Jacksonville, Florida, USA. Teaching

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consisted of several didactic and workshop components with simulated scenarios. The scenarios covered topics ranging



from patient-centered communication to testing strategic thinking through a subarctic survival scenario, to infiltrating an organization and leading change through a complex computer-based scenario.

Our fellow course participants

were highly regarded physicians from around the world, and it was truly a wonderful experience learning amongst them. We made many new friends and we, as JDN members, felt very engaged. We hope to use our new skills to further the work of the JDN in the future,

and look forward to continuing our leadership endeavors at home in our countries as well.

Report on the CMAAO General Assembly Tokyo and the JMA-JDN Forum

Chiaki Mishima, MD*

1. What is CMAAO?

The Confederation of Medical Associations in Asia and Oceania (CMAAO) was established in 1956. The 1st CMAAO Congress was held in Tokyo in 1957, attended by organizational founders from Japan, Australia, Burma (now Myanmar), Taiwan, Indonesia, and the Philippines. They aimed to improve the health levels of local residents through the promotion of medical exchanges in Asia and Oceania, establishment of relationships with international associations, and informational exchanges. At present, medical associations from 18 countries have joined this organization, in efforts to enhance the voice of Asia as a local medical association of the World Medical Association (WMA). General assemblies are held once a year, and local medical issues are reported by the medical association of each country through symposiums and

country reports. The Takemi Memorial Oration is also addressed. Results are documented and adopted as a resolution. The resolutions are shared by medical associations of all the participating countries, and they report back to the WMA.

2. CMAAO 2018 “End-of-Life Questions” in Tokyo

This general assembly was held in Tokyo from September 13th to 15th, 2017. A total of about 220 people attended, consisting of participants from medical associations of Japan and all participating countries. The current WMA President, Yoshitake Yokokura, was inaugurated as the 35th President of CMAAO.

Using the theme, “End-of-Life Questions,” medical associations of all participating countries were asked to complete a questionnaire with a variety of questions, such as “Is eu-

thanasia legalized in your country?” Medical associations of 19 countries completed the questionnaire, and the results from 17 countries were publicized at a symposium. Overall, Asian countries showed negative attitudes towards “active euthanasia,” which is a topic that attracts attention especially from European countries. We learned from country presentations and discussions that religions and family life vary significantly as well as how people connect with their communities. We also learned that it is important to understand these different perspectives. We understand that each country is making progress through the

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formation of laws and guidelines about end-of-life care. Country updates presented recent developments in Asia. For example, the “Patient Autonomy Law”, which allows terminal patients to choose treatments for themselves, will be implemented in the next year. In Korea, advance directives concerning life support treatment will be compiled in a national computer database. (The publicized content can be viewed at the official CMAAO website: http://cmaao.org/news/symposium2017_32nd.html)

The WMA is scheduled to summarize opinions from each region and facilitate discussions on the policy document. We should be aware about this further development. On the final day, the Japan Medical Association (JMA) organized a dinner party, and participants, including Junior Doctors Network (JDN) members and International Federation of Medical Students' Associations (IFMSA) medical students, enjoyed cruising on the Tokyo Bay. This allowed further exchanges and networking with members of the Asian region.

3. The holding of the JMA-JDN forum

Supported by the JMA and the Tokyo Medical Association

(TMA), the JMA-JDN Forum was held for physicians and medical students at the TMA hall after the CMAAO General Assembly ended. A total of about 70 people, including junior doctors and medical students, participated in this meeting. The forum was divided into two parts. In the first half, JDN members from Germany, South Korea, Myanmar, and Japan made speeches on the theme, “Global Career.” (Speakers: Dr. Thorsten Hornung from Germany, Dr. Yuji Jeong from South Korea, Dr. Wuuna Tun from Myanmar, Dr. Makiko Yamada and Dr. Haruka Sakamoto from Japan). In the second half, Dr. Osamu Kunii, the head of the Strategy, Investment and Impact Division of the Global Fund, presented a reflection about his career and described his experi-

ences that motivated him to work at an international organization during his training. He gave valuable advice to young physicians and medical students, which encouraged participants to consider a career in global health.

4. Future plan

Future general assemblies will be held in Malaysia in 2018 (Theme: Universal Health Coverage), India in 2019, and Taiwan in 2020. Discussions about topics relative to the Asia-Pacific area are very interesting and seem to provide many learning opportunities to young physicians. Under the cooperation of CMAAO and the national medical associations of all countries, more medical students and young physicians had opportunities to participate in this event than ev-

Picture 1: 32nd CMAAO General Assembly and 53rd Council Meeting (Tokyo, Japan)





Picture 2: JMA-JDN Forum (Tokyo, Japan)

er before, leading to an expanded JDN network. By making use of this network, we would like to encourage more junior doctors to participate in the next CMAAO general

assembly and continue to interact with WMA-JDN.

Social Determinants of Health: Beyond Borders

Jumpei Shibata, MD*

As dedicated medical professionals, you may encounter the same patients, hospitalized in your clinical ward once, twice, or even more. In spite of providing medical advice to maintain a healthy lifestyle and cease any toxic behaviors, such as tobacco use or binge drinking, some patients may not listen or follow your advice. Sometimes, they may argue with hospital staff and consequently be escorted from the hospital. However, because of their deteriorating symptoms, their hospitalization may repeat frequently. After reading this clinical scenario, do you think that our

health is our personal responsibility? What actions can we take to help patients with repeated hospital visits and deteriorating health?

According to the World Health Organization (WHO), social determinants of health (SDH) are defined as: *“The social determinants of health are the conditions in which people are born, grow, live, work and age. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels. The social determinants of health are mostly responsible for health inequities – the un-*

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fair and avoidable differences in health status seen within and between countries.”⁽¹⁾ According to the SDH context, our health is influenced by socio-economic status, employment, religion, race, childhood environment, policy, and public participation. However, what role does personal responsibility play?

Since effective change requires a system-wide, multi-

level approach, the SDH concept should be incorporated into our daily clinical practice and broader societal roles. However, future actions by stakeholders, such as health professionals and professional health associations, may be limited by health expenditure, leadership challenges, and weak political will⁽²⁾. On the other hand, since social movements have evolved from one initiator with a few followers, young physicians can be part of this national and global change. In efforts to increase awareness of SDH and health equities in medicine, Junior Doctors Network, of the Japan Medical Association (JMA-JDN), launched the SDH working group. Our JMA-JDN meetings can incorporate the findings of one scientific report, which described seven steps to facilitate sharing concepts, information, and tasks⁽³⁾.

In 2017, JMA-JDN members coordinated two events. On February 12, 2017, the first event was an introductory meeting. On November 25, 2017, the second event was a special invited lecture by Sir Michael Marmot, internationally recognized for his epidemiological research accomplishments and leadership position as Chair of the WHO Commission on Social Determinants of Health⁽⁴⁾. Audience

Table 1: schedule

10:00-10:05	Opening remarks from JMA-JDN Chair
10:05-10:15	Seminar overview: Brief introduction about SDH
10:15-10:25	Greeting from Sir Dr. Marmot
10:25-10:40	SDH case presentation
10:40-11:30	Small group discussion
11:30-11:50	Group presentation
11:50-11:55	Closing remarks from Sir Dr. Marmot
11:55-12:00	Wrap-up
12:00-12:10	Break
12:10-13:00	Luncheon discussion

participation was limited to 30 people, in efforts to promote a more focused, interactive discussion. Table 1 presents the event schedule. The sessions integrated case presentations to describe and discuss real-life clinical scenarios in medical practice. For example, one case scenario was a 25-year-old woman who complained about a persistent cough. In addition to her clinical symptoms, she has faced multiple challenges in her home and work environments that have affected her health status.

<Case>

A 25-year-old woman visits your clinic because of a prolonged cough. She is a single mother who has three daughters (ages 5, 8, and 10) and is a current smoker. She divorced her husband two years ago due to domestic violence. After graduating from high school, she started provid-

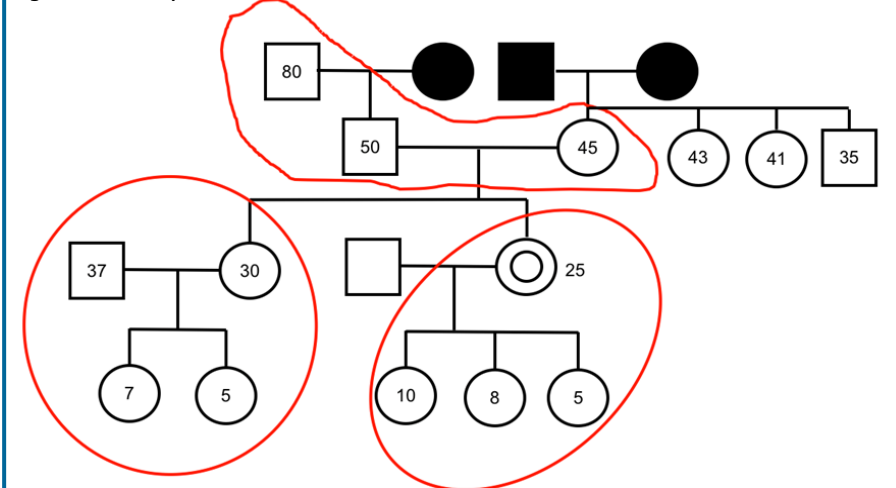
ed domestic cleaning services in several neighborhood houses. For the last five years, she and her sister (age 30) have worked as janitors in an office building. Her three children attend elementary school during the day and spend their leisure time playing video games. They are not up-to-date on their vaccination schedules. Living nearby, her father (age 50) is unemployed and a former smoker, currently on domiciliary oxygen therapy to manage his chronic obstructive pulmonary disease (COPD). Her mother (age 45) is a shelf stocker at a supermarket, suffering from chronic lower back pain. As a child, she witnessed domestic abuse, where her father physically abused her mother. Her parents serve as caregivers for her paternal grandfather (age 80), who is a current smoker and alcoholic and has been diagnosed with COPD and dementia.

She does not have a positive relationship with her parents or grandfather.

After the case presentation, Figure 1 was shared to display her family chart. Participants discussed the concept and role of SDH in health and well-being and facilitated an open dialogue on how we can produce change in clinical practice. Throughout the session, Sir Marmot empowered us by stating, “You are the educators of the future.” He continued to say, “As medical professionals in society, our role requires us to be a truth-teller. The truth is our currency.” Finally, he recommended that as health professionals, we should determine the diagnosis of the physical or psychosocial health risk, assess for any social or economic risks, and intervene as needed during ambulatory care or hospitalization.

Overwhelmed by the high patient flow to health facilities,

Figure 1: Family chart



we may overlook all possible disease causes⁽⁵⁾. As medical professionals, we must actively seek and identify health disparities and subsequently take action to improve health outcomes in all communities.

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Picture: SDH Seminar

A Mission to Help the Rohingya Refugees

Myelone Tharmaseelan*, MD

When the call came from MERCY Malaysia one fine day in October 2017, I was caught off-guard. They were seeking medical volunteers to Cox's Bazar, Bangladesh, in aid of the hundreds of thousands of Rohingya refugees who had fled Myanmar for safety after the military crackdown.

I had yet to submit my leave form, and even if I managed to, I still had to get it approved. Time was running out, and I had to provide a quick reply. Just as I was about to give up, the green light came and everything just fell into place. I was so excited to be one step closer to achieving my bucket list of serving on a humanitarian mission.

As a newbie, I was at a loss as to how to prepare for the trip. Fortunately, MERCY Malaysia, a humanitarian relief organization with 19 years of experience, had everything worked out. They provided me with a check-list of essentials to bring along, and arranged for a briefing at their headquarters, where I met my two other fellow comrades, a medical officer and an assistant medi-

cal officer. I was the youngest among the three.

The MERCY Malaysia staff repeatedly cautioned us to be mentally prepared, as there had been cases in the past where medical volunteers had to return home when they were found to be mentally unfit for their mission. Braving myself for the worst, we boarded the Malindo Air flight to Dhaka.

Upon arrival, a MERCY Malaysia staff who had arrived earlier received us at the airport. Dhaka was choked with heavy traffic - none of the drivers

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obeyed traffic rules, and everyone seemed to ignore the traffic lights. The loud horns and massive potholes kept awakening me rudely each time I dozed off due to jetlag.

We arrived at a guesthouse with closed shutters, which we found later was a common security measure to prevent trafficking or kidnapping. We woke up the next morning to catch the flight to Cox's Bazar after a good breakfast.



Picture 1: The MERCY Malaysia team

The airport was dilapidated and we had to carry our bags from the aircraft, as the baggage carousel service was non-functional. The distance from Dhaka to Cox's Bazar was 400 km, and would have taken us 10 hours by vehicle. The flight lasted only 50 minutes.

We were among the first foreign medical teams to arrive at the refugee camps. MERCY Malaysia's primary healthcare clinics were at the Balukali and Tenkali camps at that time, and medical services were provided daily from 9am to 5pm. Each volunteer worked on a two-week rotation to avoid burn-out.

The first day was a real eye opener for me. As I waited for the others beside the van that would ferry us to the refugee camps, I had been thinking that my shoes would get dirty from the muddy streets. At that moment, a beggar crawled towards me barely wearing any clothes, drenched in sweat and soaked in mud, extended his hands to ask for alms.

It was heart-breaking when I realized our 21st century problems barely scratched the surface. My problems



Picture 2: Dispensing medication at our clinic

were miniscule in comparison, and I realized we are so preoccupied with materialistic gains that we forget to appreciate the little things in life. This man was not even a Rohingya, as much of Bangladesh is also swaddled in poverty.

I was appalled by what I saw at the refugee camp. The densely populated area had hardly any amenity, and no words or pictures could describe the suffering I witnessed. The refugees were living in conditions below any internationally acceptable levels.

By the time we arrived at our clinic, over 50 patients were already waiting. We swung into action immedi-

ately with the help of translators provided by our local non-governmental organization, COAST Trust.

Due to the limited resources, initially we were only able to provide symptomatic treatment. The de-

Picture 3: Taking Shelter





Picture 4: Hardship made a 33-year-old look much older

to skip the queues for medical treatment. They were impatient and restless unsure of the fate that awaited them if they were forced to return to their homeland.

The most common conditions treated were gastroenteritis, upper respiratory tract infections, skin diseases and malnutrition. Healthcare for the Rohingyas seemed to be a privilege rather than a necessity,

the first time they ever saw a doctor.

The Rohingyas share a bleak future, unlike most of us who are empowered to control our lives with education, which allows us the luxury of vision and ambition. For them, just getting through another day is an issue, not to mention getting a job, food or shelter.

The condition at the camps

“Every small effort will make a difference in the lives of the Rohingyas ”

mand for medical care was overwhelming, that we ran out of drugs on the first day after just three hours of service. The daily influx of about 2000 refugees per day complicated the situation, adding to our frustration. The conditions eased later on, as the organization managed to secure additional funding and medicines.

The Balukali camp was busier than the Tenkali camp, where we examined an average of 400 patients a day. The situation at the camp was chaotic, where the refugees often fought

which again made me realize how lucky we are to have access to quality healthcare back home. For some Rohingyas, it was

in Cox’s Bazar continues to change from month to month, but seasoned humanitarian organizations such as MERCY Malaysia predicts that it would take



Picture 5: Densely populated refugee camps

years before any form of resolution could be reached. According to the United Nations High Commissioner for Refugees (UNHCR), it could take up to 17 years for any refugee crisis to settle.

For now, MERCY Malaysia will continue providing medical services for as long as possible, with the latest being the establishment of a Maternal and Child Healthcare Clinic to

many would simply stay away thinking that little help would appear like a drop in a vast ocean. However, every small effort will make a difference in the lives of the Rohingyans, who are described as the ‘most persecuted people in the world’.

Teachers, journalists, medical and non-medical personnel could all play a part in helping this marginalized community and

capacities.

The mission had been a life-changing experience for me, as it changed my perspective and views about life. Providing service to humanity is like providing service to God. The satisfaction from touching the lives of those vulnerable people reinforced my commitment to more humanitarian work in the near future. I re-

“The mission had been a life-changing experience for me, as it changed my perspective and views about life.”

serve the needs of the women and children.

With safety and security being a serious issue, the organization has also set in place plans to establish Child-Friendly Spaces (CFS) and Women and Girls Safe Spaces for women and children. These include places where they can seek refuge or assistance when they feel threatened, or simply need somewhere safe to learn and interact with others.

The refugee problem appears enormous, and

bring some dignity and hope to them, even for a moment, day, week or month. Everyone can be of help in their respective

turned home, not only a better doctor but also a better human being.



Picture 6: Examining a patient

A Word from the Chair

Caline S. Mattar, MD

Chair, Junior Doctors Network,
World Medical Association



Dear colleagues from around the world,

The Junior Doctors Network (JDN) this year celebrated its 7th anniversary. This adventure started in 2010 in Vancouver, and has continued to grow exponentially. Every day, more young doctors are joining the JDN to connect with colleagues and work towards matters of interest to them locally and nationally, but also current issues in the global health realm.

Internally, last year has seen tremendous progress towards an increase in standardization of processes in this rapidly growing organization, widened engagement within the World Medical Association (WMA), and successful partnerships to improve the quality and content of our meetings.

On the external front, the JDN is increasingly recognized as an important player on various advocacy matters relating to Physician Wellbeing, Medical Education, Anti-

microbial Resistance to name a few.

This year again, I would like us to remember the mission we set for our network to: “Empower young physicians to work together towards a healthier world through advocacy, education and international collaboration”.

I am looking forward to another great year for the JDN, with an increase in collaboration with existing regional platforms, new partnerships, but more importantly to bring your voice forward in matters of importance to you.

Please remember that the JDN team is always open to your suggestions and feedback.

Looking forward to meeting many of you in Riga.

Words from the Communications Desk

Chibuzo Ndiokwelu, MD

Communications Director, Junior Doctors Network,
World Medical Association



My fellow Hippocratic brethren,

I welcome you to the 13th issue of the Junior Doctors Network (JDN) newsletter, our trademark editorial and academic collaboration. I am very pleased to be part of the Publications Team, as we work hard to continue the legacy and raise awareness on important global issues for junior doctors and stakeholders across all sectors and disciplines.

The newsletter aims to enlighten, provide additional insight, and create a virtual link and identity among junior doctors worldwide. We are encouraged to facilitate the academic dialogue by preparing articles about emerging medical trends and challenges facing doctors across the world.

I would like to acknowledge the Publications Director (2017-2018), Dr. Kazuhiro

Abe, for his concerted efforts in driving the editorial process as well as my predecessor Dr. Mardelangel Zapata Ponze de León (2016-2017) for her guidance. We hope that you will enjoy reading this edition.

JDN Newsletter is a communication place to share our views

Kazuhiro Abe, MD
Publications Director, Junior Doctors Network,
World Medical Association



Dear JDN colleagues,

I am pleased to deliver the 13th issue of the Junior Doctors Network (JDN) Newsletter to junior doctors around the world.

As one of our essential communication tools, this newsletter provides an opportunity to learn about the scientific perspectives and related activities of junior doctors from other countries. The content tends to focus on topics that were not elaborated on during the proceedings of the JDN online monthly meetings or the World Medical Association (WMA) General Assembly and Council Meetings.

In addition to the reliable scientific journals and news media across the world, the JDN Newsletter provides an open forum

for junior doctors to share their individual perspectives and coordinated health initiatives. Since junior doctors are aware of the local environmental, health, political and social determinants that influence health, their contribution to the JDN Newsletter would add value and insight for all readers. Hence, I am passionate about creating a safe communication space, where junior doctors can express their views and share their experiences.

In publishing this issue, I sincerely express my appreciation for the efforts of all editors of the JDN publications team, officials of the JDN management team, and leaders of the WMA. Please enjoy the articles published in this 13th issue.

Editors in the Publications Team 2017-2018

Caline S. Mattar, MD

Mariam Parwaiz, MD

Chibuzo Ndiokwelu, MD

Mineyoshi Sato, MD

Helena Chapman, MD, PhD, MPH

Ricardo Correa, MD, EsD

Konstantinos Roditis, MD, MSc

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(alphabetical order)

Junior Doctors Leadership 2017-2018



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Caline S. Mattar
Chair



Nigeria

Chukwuma Oraegbunam
Deputy Chair



Greece

Konstantinos Roditis
Secretary



Canada

Yassen Tcholakov
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Publications Director



Nigeria

Chibuzo Obiora Ndiokwelu
Communications Director



Turkey

Ahmet Murt
Immediate Past Chair



Canada

Paxton Bach
Immediate Past Deputy Chair

The Junior Doctors Network (JDN) is made up of junior doctors who independently join the World Medical Association (WMA) as Associate Members, although many are also representatives of their respective National Medical Associations.

Its mission is:

“Empowering young physicians to work together towards a healthier world through advocacy, education and international collaboration”.

Junior Doctors Network Newsletter

13th issue

ISSN (print) 2415-1122

ISSN (online) 2312-220x

Published by the Junior Doctors Network, World Medical Association on April, 2018.

Opinions expressed in this newsletter do not necessarily reflect WMA and JDN policy or positions.

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