



EDITION
APRIL - MAY

JUNIOR DOCTORS NETWORK

Published by the Junior Doctors
Network of the World Medical Association

*Empowering young physicians to work together a
healthier world through advocacy, education,
and international collaboration*

The information, perspectives, and opinions expressed in this publication do not necessarily reflect those of the World Medical Association or the Junior Doctors Network. WMA and WMA-JDN do not assume any legal liability or responsibility for the accuracy, completeness or usefulness of any information presented.

TABLE OF CONTENTS

TEAM OF OFFICIALS' CONTRIBUTIONS AND STATEMENTS.

ABOUT US	1
JUNIOR DOCTORS LEADERSHIP 2023-2024	2
EDITORIAL TEAM 2023-2024	3
TEAM OF OFFICIALS' CONTRIBUTIONS, AND STATEMENTS.	4
UNIVERSAL HEALTH COVERAGE AND AMR INTERVIEWS	8
MISS GABRIELA CUEVAS BARRON	9
DR. LAWRENCE LOH	16
CONFERENCES AND MEETINGS	22
DR. MERLINDA SHAZELLENNE	23
DR. JEAZUL PONCE HERNANDEZ	27
ARTICLES BY JDN MEMBERS	33
DR. FATIMA KHURSHID	34
DR. KIRUBEL TESFAYE HAILU	42
DR. MAYMONA CHOUDRY	47
WHO CAN BECOME A JDN MEMBER?	52





About Us.



What is the JDN?

The Junior Doctors Network (JDN) serves as an international platform for junior doctors to facilitate an open dialogue of global events and activities that are relevant to their postgraduate training and the World Medical Association (WMA).

It was created at the 61st WMA General Assembly (October 2010) in Vancouver, Canada and the inaugural JDN meeting was held at the 62nd WMA General Assembly (October 2011) in Montevideo, Uruguay. The network, which started from a few motivated junior doctors, now has a total of over 500 members from more than 90 countries from all regions of the world. Junior doctors are defined as physicians, within 10 years after their medical graduation or who are still in an ongoing postgraduate medical education program.

What is the mission?

The purpose of the JDN is to empower young physicians to work together towards a healthier world through advocacy, education, and international collaboration.

What do we do?

Networking:

During the regular JDN meetings, members get to know each other, discuss global health issues, share challenges, and start collaborations on global health issues. The JDN meets on several occasions during the year, both in-person and via online teleconferences:

- Biannual meetings in conjunction with the Council Meeting and the General Assembly of the WMA (April & October).
- Monthly general membership and management team teleconferences
- Ad-hoc online and webinars organized by the JDN

JUNIOR DOCTORS LEADERSHIP 2023-2024



DR. MARIE-CLAIRE WANGARI

CHAIRPERSON



DR. BALKISS ABDELMOULA

DEPUTY CHAIRPERSON



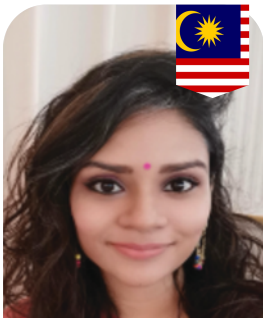
DR. DEENA MARIYAM

SECRETARY



DR. FRANCISCO FRANCO PÊGO

SOCIO-MEDICAL
AFFAIRS OFFICER



DR. MERLINDA SHAZELLENNE

MEDICAL EDUCATION
DIRECTOR



DR. SHIV JOSHI

MEDICAL ETHICS OFFICER



DR. PABLO ESTRELLA

MEMBERSHIP DIRECTOR



DR. JEAZUL PONCE H.

PUBLICATIONS
DIRECTOR



DR. SAZI NZAMA

COMMUNICATIONS
DIRECTOR



DR. UCHECHUKWU ARUM

IMMEDIATE PAST
CHAIRPERSON



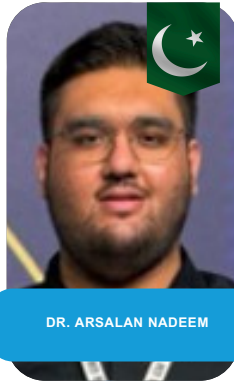
DR. LWANDO MAKI

IMMEDIATE PAST DEPUTY-
CHAIRPERSON

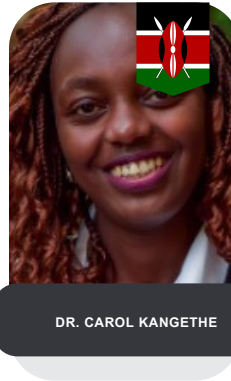
EDITORIAL TEAM 2023-2024



DR. DOUAA ROUFIA ATTAABI



DR. ARSALAN NADEEM



DR. CAROL KANGETHE



DR. SHRAVAN R. DAVE



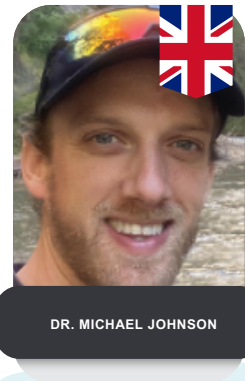
DR. AMANUEL Y. NEGASH



DR. JAMIE COLLOTY



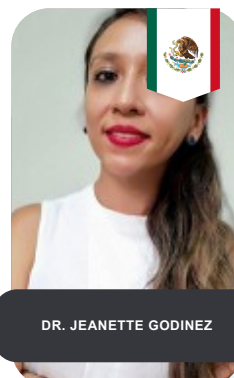
DR. MAYMONA CHOUDRY



DR. MICHAEL JOHNSON



DR. MAHA AWAN



DR. JEANETTE GODINEZ



DR. YAHAYA SIMBA



DR. AQSA SHAFIQUE



DR. LUIS MIGUEL ALFONSO FERNANDEZ GUTIERREZ



TEAM OF OFFICIALS' CONTRIBUTIONS, AND STATEMENTS.

**BY MARIE-CLAIRE WANGARI (MBChB),
JDN CHAIRPERSON
TERM 2023-2024
KENYA
JUNIOR DOCTORS NETWORK
WORLD MEDICAL ASSOCIATION**



WORDS FROM THE JDN CHAIRPERSON

Dear Reader, It is with immense pleasure and honor that I extend a warm welcome to you all to the 28th edition of the World Medical Association Junior Doctors Network Newsletter. As the Chair of the JDN, it brings me great joy to introduce you to this first newsletter for 2024.

The JDN newsletter is a platform that serves as a beacon of knowledge, collaboration, and inspiration for junior doctors across the globe. Junior doctors play a pivotal role in shaping the future of healthcare. Your dedication, passion, and commitment to the medical profession are the driving forces behind advancements in patient care, medical research, and healthcare policies. In this edition, we have curated a diverse range of articles, features, and insights that reflect the multifaceted nature of the medical profession. From member reflections, event recaps and leadership reports, each contribution is crafted with the intention of empowering and inspiring our readers.

In closing, I would like to express my deepest gratitude to the contributors and editorial team who have dedicated their time and expertise to making this newsletter possible. Your unwavering commitment to the advancement of medical knowledge and the welfare of junior doctors is truly commendable, especially the facilitation of multi-lingual articles in English and Spanish. I encourage you all to explore the rich content of this newsletter and to engage actively with our contributors. Together, we have the power to drive positive change, foster innovation, and build a brighter future for healthcare worldwide. Thank you for your continued support and participation. Yours Sincerely,

**Marie-Claire Wangari (MBChB)
Chairperson (2023/24)
World Medical Association Junior Doctors Network (WMA JDN)**

**BY DEENA MARIYAM (MD),
JDN SECRETARY
TERM 2023-2024
INDIA/UA
JUNIOR DOCTORS NETWORK
WORLD MEDICAL ASSOCIATION**



WORDS FROM THE JDN SECRETARY

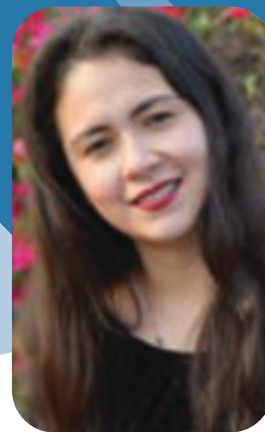
Dear JDN members,

It is with immense pleasure that we welcome readers to the 28th Edition of the the World Medical Association Junior Doctors Network Newsletter. Being the first published material of 2024, the WMA JDN management team and editorial team is elated and proud to represent you as the voice of junior doctors worldwide. The JDN newsletter is a reflection of the work we do at JDN. It ranges from a variety of pieces like articles, external representation reports, and opinion pieces on latest scientific advancements and discussions on changing global health policies. There is a portal for junior doctors to feel empowered and voice out regarding the health landscape throughout the world. To curate a splendid written work like this requires a great team. Firstly I would like to thank the JDN members who took out the time from their various professional and personal commitments and volunteered to submit their contributions, secondly no work can be published without refinement and editing, so I applaud the work of the editorial team in putting together the entire newsletter. Finally I congratulate our Publications Director Dr. Jeazul Ponce Hernandez who has shown her leadership in coordinating between contributors, editors and the management team. Without her constant efforts, this literature piece wouldn't have taken its final shape.

The newsletter has been designed in a way featuring easy readability, diverse topics and engaging discussion to attract a variety of readers. We hope it would be greatly publicized and gain the due attention it deserves. The voice of junior doctors is a force to reckon, and this is our small effort to amplify it. Lastly we hope you enjoy this newsletter and it motivates you to become better professionals in your advancing careers.

Dr. Deena Mariyam
Secretary (2023/2024)
World Medical Association Junior Doctors Network (WMA JDN)

**BY DR. JEAZUL PONCE HERNANDEZ, MD
MSC. MPH.
PUBLICATIONS DIRECTOR
TERM 2023–2024
JUNIOR DOCTORS NETWORK
WORLD MEDICAL ASSOCIATION**



**WORDS FROM THE JDN
PUBLICATIONS DIRECTOR**

Dear JDN Family,

Welcome to this exciting edition of our newsletter! It is a pleasure to present the result of our editorial team's hard work: a refreshed and vibrant image accompanied by enriching content. I am delighted to share with all members of the Junior Doctors Network a series of interviews with distinguished experts in the field of global health and public health. I sincerely hope that these special contributions will be to your liking and provide you with a new perspective on fundamental topics in the field of health.

I want to express my deep gratitude to the authors of the articles presented in this edition. Their commitment and dedication as junior doctors in disseminating their knowledge and work are exemplary and worthy of recognition. I also wish to thank the management team for their active participation in various conferences and international meetings, which have significantly contributed to the growth and reach of our network.

A special thanks to Lawrence Loh, and Gabriela Cuevas for their outstanding participation and for accepting our invitation to share their knowledge, opinions, and insights on two crucial topics in the field of health: universal health coverage and antimicrobial resistance. It has been a true pleasure for me to conduct these interviews, and I hope to continue doing so in future editions of our magazine.

Junior doctors play a fundamental role in the future of access to healthcare and for overcome the global health challenges. It is imperative that we continue to speak up, seek greater inclusion and political participation, and be a demanding generation in the pursuit of a better future. Our goal is a sustainable future where essential rights are guaranteed for all. I hope you enjoy this edition as much as we enjoyed preparing it. Go ahead, and may the reading be enriching and motivating for you!

**Dr Delta Jeazul Ponce Hernandez
Publications Director (2023-2024)
World Medical Association Junior Doctors Network (WMA JDN)**

**UNIVERSAL
HEALTH COVERAGE AND
ANTIMICROBIAL RESISTANCE
SPECIAL SECTION.
INTERVIEWS**

GABRIELA CUEVAS BARRON



PAST CO-CHAIR, UHC2030
STEERING COMMITTEE

CO-CHAIR, UHC2030
STEERING COMMITTEE

THE ROLE OF JUNIOR DOCTORS IN UNIVERSAL HEALTH COVERAGE

Gabriela Cuevas Barron has been Co-Chair of the UHC2030 Steering Committee since 2021 and was a member of the UHC Movement Political Advisory Panel in 2020. She is a Commissioner at the Chatham House Commission for Universal Health. She was also a member of The Lancet Covid-19 Commission where she served as Co-Chair of the Commission's Task Force on Humanitarian Relief, Social Protection, & Vulnerable Groups and was a member of the Task Force on Global Health Diplomacy and Cooperation and the Regional Task Force for Latin America.

Active in politics since she was 15 years old, Gabriela was elected Federal Member of Parliament for the first time at age 21. She has been Federal Member of Parliament three times, Local Member of Parliament and a Constituent Member of Parliament in the Constituent Assembly of Mexico City. Additionally, she was the first woman to be elected Mayor of the Miguel Hidalgo Delegation. She also chaired the Foreign Relations Commission when she served as Senator.

In 2017 Gabriela Cuevas Barron became the youngest President of the Inter-Parliamentary Union (IPU). In her term, Gabriela worked to increase the prominence and relevance of the IPU as the global institution for parliamentarians. She is currently the Honorary President of the IPU. She was decorated with the grade of Chevalier de la Légion d'Honneur by the Government of France, and the Cavaliere di Gran Croce, Ordine Equestre di Saint' Agata on behalf of the Government of the Republic of San Marino.

uhc2030



THE ROLE OF JUNIOR DOCTORS IN UNIVERSAL HEALTH COVERAGE

In a world marred by challenges and disparities in healthcare access, a pivotal inquiry surfaces: How can we fortify our healthcare systems to ensure equitable care for all, regardless of circumstance? From the pervasive lack of access to essential services to the looming specter of climate change, the magnitude of these hurdles demands a comprehensive approach.

Within this landscape, the pivotal role of healthcare personnel emerges as the linchpin of any viable solution. Recognizing that the essence of healthcare lies in its human element—encompassing both patients and healthcare workers—it becomes unmistakably clear that universal coverage hinges on the presence of these committed professionals. Thus, a crucial imperative arises: to redirect our focus towards enhancing their working conditions and financial well-being, while acknowledging the sacrifices and risks they bear, particularly amid crises such as the recent COVID-19 pandemic.

Moreover, a resounding call reverberates for heightened collaboration between the public and private sectors to ensure impartial and accessible care for all. The imperative of honoring and valuing the contributions of healthcare personnel, both personally and financially, stands out as an indispensable stride towards elevating the caliber of healthcare provision. In this context, young doctors emerge as catalysts for change and leaders in their own right. Their aptitude for embracing novel technologies and innovative medical practices holds the potential to revolutionize healthcare delivery and drive advancements in research.

As future stewards of the profession, they bear a weighty responsibility—to champion the recognition and equitable treatment of healthcare personnel, while advocating fervently for universal health coverage at both national and global levels. In essence, the voices of young doctors resonate as pivotal assets in the ongoing discourse between policymakers and healthcare practitioners. Their amalgamation of scientific acumen and contemporary perspectives positions them as indispensable pillars in the quest for viable solutions to enhance working conditions and elevate the standard of healthcare provision for all individuals.

**Prologue by Delta Jeazul Ponce Hernandez. Publications director,
Interviewer.**



THE ROLE OF JUNIOR DOCTORS IN UNIVERSAL HEALTH COVERAGE; BUILDING RESILIENT HEALTH SYSTEMS WORLDWIDE

What are the health challenges in the 21st century?

Let me single out three of the many health challenges we are facing today:

- First, climate change: Climate change is the biggest health threat of our century. It increases non-communicable diseases, facilitates the emergence of infectious diseases, causes extreme weather events and leads to health emergencies. While no one is safe from climate change, people in disadvantaged communities, including women and children, are being hit the hardest. They endure the most substantial health impacts of climate change and often lack access to the high-quality, affordable health services they need.
- Second, the threat of new pandemics. COVID-19 showed how quickly diseases can spread if health systems are not resilient against health threats. Another threat is the silent pandemic of antimicrobial resistance (AMR). If left unchecked, AMR will roll back a century of medical progress and threaten global health security.
- Third, major health inequities: Data shows that in 2021, 4.5 billion people – half of the world's population - were not covered by essential health services. And in 2019, about two billion people experienced financial hardship due to out-of-pocket spending on health. This includes 344 million people living in extreme poverty. As a result, billions of people, including women and children, as well as people living in vulnerable and marginalized communities, do not get the health care they need, and their right to health is being denied.

If of the world's population - were not covered by essential health services. And in 2019, about two billion people experienced financial hardship due to out-of-pocket spending on health. This includes 344 million people living in extreme poverty. As a result, billions of people, including women and children, as well as people living in vulnerable and marginalized communities, do not get the health care they need, and their right to health is being denied.

Universal health coverage (UHC) means that all people have access to the health services they need, when and where they need them, without financial hardship. Building equitable and resilient health systems based on a primary health care approach is the best and most cost-effective way countries can achieve UHC. UHC is an umbrella for all health challenges since it helps to address all of them by integrating. Let's look at the examples I just mentioned: A country with equitable and resilient health systems is better prepared for climate change and can address adverse health effects on everyone.



THE ROLE OF JUNIOR DOCTORS IN UNIVERSAL HEALTH COVERAGE

Could you share your thoughts on why Universal Health Coverage is important from a healthcare provider's (HCP) perspective?

- UHC with primary health care as a foundation is important for health care providers since it not only helps them to provide high-quality services but also improves their working environment through good facilities and job satisfaction with a people-centered approach.
- First; UHC means that patients have increased access to health services throughout their life course, including preventative care. 90% of essential health services can be delivered through primary health care. This means that health care providers can address health issues before they become more severe and difficult to treat. UHC reduces the demand for acute and emergency care services, and therefore decreases the burden on health care providers.
- Second, UHC increases financial stability for health care providers since UHC ensures that patients can afford health services through financial protection. Therefore, the burden of un- or underpaid services is decreased and people do not have to choose whether to forego health care due to financial constraints.
- Third, UHC leads to better working conditions for health care providers. UHC policies often include standards and regulations to improve the quality of health care services. Health care providers can also benefit from better training, improved infrastructure, and standardized easy-to-use protocols.
- Lastly, UHC can lead to overall professional satisfaction. Many young doctors choose their careers because they want to help others. With UHC they know that they can provide care for everyone, regardless of their financial status, which can increase satisfaction with their job.



THE ROLE OF JUNIOR DOCTORS IN UNIVERSAL HEALTH COVERAGE

How can junior doctors actively contribute to the advancement of Universal Health Coverage?

Health and care workers are the backbone of a well-functioning health system without which UHC cannot be achieved. As junior doctors, you can play a crucial role in supporting this process.

- You work on the frontline of health care every day and are important conveyors of the UHC message. As experts, you can advocate for quality health care for the people in your communities and for the working conditions you deserve.
- You are also uniquely positioned to convince your political leaders to invest in UHC.
- To ensure they translate political commitments into tangible action, you can ask them to adopt laws and regulations without which the commitment to UHC will remain an empty promise; and invest in UHC, by prioritizing primary health care.
- To have more impact, you can speak not just to your government and MPs who may already have set their priorities, but also politicians who often prioritize their promises made during elections. You may want to check UHC2030 election guide to learn how to embed UHC in election processes. This election guide can be found on UHC2030's website.
- You are the future of the health workforce, and I urge you to use this opportunity and make your voices heard



THE ROLE OF JUNIOR DOCTORS IN UNIVERSAL HEALTH COVERAGE

Could you share your perspectives on why Antimicrobial Resistance is a significant concern, especially in the context of the roles as junior doctors?

The silent pandemic of AMR is a significant health challenge. If antibiotics become ineffective, there is a higher risk of disease spread, severe illness and death. In 2019, AMR was responsible for almost 1.3 million deaths. Left unchecked, AMR will roll back a century of medical progress and threaten global health security.

Universal health coverage helps to address AMR since UHC is associated with better quality health care through a people centered primary health care approach, which promotes prevention, diagnosis and appropriate treatment of infections. If health care providers have the means to deliver quality health services, they can reduce the use of antimicrobials. This is important because antimicrobials are often used as a substitute for good quality health care: health facilities can provide sophisticated treatments, even without investing in hygiene measures. Therefore, patients are frequently exposed to antimicrobials, which contributes to the spread of AMR and makes antimicrobials less effective for everyone.

UHC with strong health systems is also key to ensuring that new antimicrobials stay effective. Discovering new antimicrobials is essential for addressing AMR. But they will not remain effective for long if used in contexts where infections are poorly managed. Therefore, health systems with 1) a reliable supply of high-quality and affordable antimicrobials, 2) preventive measures, proper diagnostics and appropriate treatment, and 3) a well-trained health workforce that works in clean and safe facilities are key to reducing the emergence and spread of AMR.





WORLD
MEDICAL
ASSOCIATION

LAWRENCE LOH

CHIEF EXECUTIVE OFFICER OF THE COLLEGE
OF FAMILY PHYSICIANS OF CANADA



ADJUNCT PROFESSOR AT THE DALLA LANA
SCHOOL OF PUBLIC HEALTH

**"THE CRUCIAL NEXUS: UNIVERSAL HEALTH
COVERAGE, ANTIMICROBIAL RESISTANCE, AND JUNIOR DOCTORS"**

Dr. Lawrence Loh, is co-founder of the World Medical Association Junior Doctors' Network, is a public health physician, speaker, writer, and medical leader. He is best known for his work during the COVID-19 pandemic, where he assumed the role of Medical Officer of Health for Peel Region—one of Canada's hardest hit communities—just three days prior to Ontario's first declaration of emergency in response to COVID-19.

Through the longest emergency response in Peel's history, Dr. Loh became a respected household name in Toronto and across Canada. His leadership and advocacy, collaborative approach, and empathic and clear communications style were broadly recognized through numerous academic and community awards, notably a Key to the City of Mississauga, a Queen Elizabeth II Diamond Jubilee Medal, and recognition in 2021 by Toronto Life as one of the Top 50 influential Torontonians. Loh received his MD at Western University and completed residency training in family medicine and public health and preventive medicine at the University of Toronto. He holds a Master of Public Health at Johns Hopkins University and specialist certifications in public health in both Canada and the United States. His career has spanned both the public and not-for-profit sectors, with leadership roles at all three levels of government in two different provinces and tenure as the sixth Chief Executive Officer of the College of Family Physicians of Canada. He is also an Adjunct Professor at the Dalla Lana School of Public Health. Living in Toronto with his wife and two daughters, Loh infuses his day-to-day life with a natural orientation towards optimism and connection, rooted in a belief in the innate goodness and resilience of people, and the transformative power of collective compassion. He is keen to bring his stories, expertise, and experience to bear in supporting others and making the world a better place—through written and spoken word, listening, and drawing together. Motivational message "Say yes and take every opportunity during your early career. You'll never have as much time and energy as you do now to make a difference, and to start the passion projects of a lifetime!"



**"THE CRUCIAL NEXUS: UNIVERSAL HEALTH COVERAGE,
ANTIMICROBIAL RESISTANCE, AND JUNIOR DOCTORS"**

In the realm of healthcare policy and programs, relying solely on data and evidence is insufficient to advocate for Universal Health Coverage (UHC). It is imperative to incorporate narratives that highlight the real-life impacts of healthcare disparities. Young doctors, particularly those on the front lines, bear witness to these disparities firsthand. By sharing these stories, with patients' consent, we can amplify the voices of the disadvantaged and those facing challenges in accessing care. These narratives serve as powerful illustrations of the urgent need for government action in implementing UHC. Moreover, junior doctors in family medicine often struggle with motivation due to the burden of educational debts. The need for higher salaries to address these debts can dissuade them from pursuing general specialties such as family medicine. This underscores the importance of addressing financial barriers to ensure a robust healthcare workforce, particularly in essential areas like family medicine. Implementing Universal Health Care goes beyond mere declaration or policy formulation; it requires the allocation of resources to the system. Ensuring adequate resources is vital to guaranteeing access to healthcare for all individuals. Furthermore, the connection between Antimicrobial Resistance (AMR) and UHC is frequently overlooked. Mere access to healthcare coverage is insufficient without effective antibiotic stewardship and therapies for infectious diseases. The availability of effective treatments is essential to combating the rising threat of AMR. Reflecting on the past, even in eras with excellent health insurance, the effectiveness of treatments is paramount. Without effective treatments, health insurance becomes meaningless. Therefore, safeguarding antimicrobial resources and ensuring the availability of effective drug categories for treatment are critical components of any comprehensive healthcare strategy. In conclusion, the intertwining of Universal Health Coverage, Antimicrobial Resistance, and the motivation of junior doctors underscores the complexity of healthcare systems. Addressing these interconnected issues requires a multifaceted approach, incorporating narratives, addressing financial barriers, allocating resources effectively, and safeguarding antimicrobial resources. Only through concerted efforts can we build resilient healthcare systems that prioritize equitable access to quality care while combating emerging health threats like AMR.

Prologue by Delta Jeazul Ponce Hernandez. Publications director, Interviewer



"THE CRUCIAL NEXUS: UNIVERSAL HEALTH COVERAGE, ANTIMICROBIAL RESISTANCE, AND JUNIOR DOCTORS"

Chronic and non-communicable disease represents the next frontier in protecting and promoting health. Diabetes, heart disease, and cancers are becoming more prominent as standards of hygiene improve, as well as mental health challenges driven by loneliness and a lack of social cohesion. Injuries also continue to be one of the dominant causes of premature years of life lost. At the same time, as the COVID-19 pandemic showed us, communicable diseases remain a threat even amid the growing burden of non-communicable diseases.

Could you share your thoughts on why Universal Health Coverage is important from a healthcare provider's perspective?

Access to preventive care can decrease the sequelae and impacts of chronic disease and ensure people get the help they need ahead of time so that they do not end up in crisis. Universal Health Coverage means that people are able to access care based on need rather than ability to pay. Extant inequities and disparities mean that many people are already at greater risk of developing noncommunicable disease, suffering injury, or poor mental health. A lack of health coverage further widens these inequities.

What is the importance that young healthcare workers or new generations can have in achieving universal health coverage?

Young healthcare workers should bring their voices and advocacy to highlight the impacts of disparities and inequities and drive change, while incorporating an understanding of the social determinants of health into their practice.

Are there specific challenges that junior doctors face in the context of Universal Health Coverage?

Long hours of work and low trainee wages limit opportunities for junior doctors to advocate for UHC. It's also important that UHC does not come at the expense of junior doctors' labour and wellbeing. Any move towards UHC must also provide safe and supportive working conditions for junior doctors.



**"THE CRUCIAL NEXUS: UNIVERSAL HEALTH COVERAGE,
ANTIMICROBIAL RESISTANCE, AND JUNIOR DOCTORS"**

What do governments or stakeholders have to do to overcome the challenges of universal health coverage?

A recognition that prevention is better than cure. Denying universal health coverage results in more costs in catastrophic health care when people have not been able to prevent disease and stay well. It's vital for governments to understand they are spending money on either end of the spectrum and that investments can benefit more people when done prior to the crisis.

How do you think Universal Health Coverage impacts the daily work and experiences of junior doctors?

There is moral injury when junior doctors are forced to deny care or offer substitutes due to a lack of health insurance or coverage. Universal health coverage allows junior doctors and physicians to focus on treating the patients to the best standards possible rather than what can be paid.

How can junior doctors actively contribute to the advancement of Universal Health Coverage?

Adding their stories and insights to bring life to the data. The numbers are only one part of the story; putting a human face on things is essential.



**"THE CRUCIAL NEXUS: UNIVERSAL HEALTH COVERAGE,
ANTIMICROBIAL RESISTANCE, AND JUNIOR DOCTORS"**

What challenges face stakeholders against Antimicrobial Resistance?

Societal expectations and poor scientific literacy often drive the use of antibiotics in instances where it is not indicated or effective (e.g. for a cold).

Could you share your perspectives on why Antimicrobial Resistance is a significant concern, especially in the context of the roles as junior doctors?

Losing effective antibiotics and antimicrobials will drastically shift practice options in the future, which can impact how junior doctors provide care in the future.

How do you think awareness and education can play a role in addressing Antimicrobial Resistance?

Education alone is not enough and needs to be supplemented by policies, enforcement, and empowerment to ensure that people are sticking to guidelines and using antimicrobials judiciously.

How can individuals contribute to the fight against Antimicrobial Resistance?

By staying up to date on best practices, adhering to policies, and contributing to research and understanding into how best to use our existing resources.



CONFERENCES AND MEETINGS

MERLINDA SHAZELLENNE

JUNIOR DOCTORS NETWORK
WORLD MEDICAL ASSOCIATION



JUNIOR DOCTORS NETWORK
WORLD MEDICAL ASSOCIATION

LANCET COUNTDOWN ON HEALTH AND CLIMATE CHANGE: BRIDGING THE GAP FOR A HEALTHIER FUTURE

On the 1st of December 2023, a pivotal event unfolded in the realm of global health in Malaysia: the 2023 Report of the Lancet Countdown on Health and Climate Change. As an official representative of the Junior Doctors Network-World Medical Association, I had the privilege of attending this landmark event. The insights gleaned from this report have not only been eye-opening but have also underscored the critical connections between health and climate change.

The Lancet Countdown report presented compelling data and insights that emphasized the urgent need to address climate-related health challenges. The report highlighted how climate change is exacerbating existing health issues, leading to an increase in the frequency and severity of extreme weather events, air pollution-related illnesses, vector-borne diseases, and food insecurity.

Furthermore, it shed light on the disproportionate impact of climate change on vulnerable populations, including children, the elderly and marginalized communities. One of the most alarming revelations of the report was the significant contribution of healthcare to greenhouse gas (GHG) emissions. Healthcare systems worldwide are also responsible for GHG emissions, which demands immediate attention. As stewards of public health, junior doctors have a vital role to play in addressing this issue and mitigating its impact on our planet and communities.

Here are some ways in which junior doctors can help drive positive change:

1. **Promoting Sustainable Healthcare Practices:** Junior doctors can advocate for the adoption of sustainable practices within healthcare facilities, such as reducing energy consumption, minimizing waste generation, and transitioning to renewable energy sources.
2. **Advocating for Policy Change:** Junior doctors can leverage their positions to advocate for policies that prioritize climate action and promote public health. This may include supporting initiatives to phase out fossil fuel subsidies, promote renewable energy investments and others.



**LANCET COUNTDOWN ON HEALTH AND CLIMATE
CHANGE: BRIDGING THE GAP FOR A HEALTHIER FUTURE**

3. Educating Patients and Colleagues: Junior doctors can raise awareness among patients and colleagues about the health impacts of climate change and the importance of adopting sustainable behaviors. This may involve providing information on the health benefits of active transportation, sustainable diets, and energy-efficient practices.

4. Engaging in Research: Junior doctors can contribute to research efforts aimed at understanding the health impacts of climate change and identifying effective interventions. This may involve conducting studies on climate-related health outcomes, evaluating the effectiveness of adaptation strategies, and exploring the health co-benefits of climate mitigation measures.

In conclusion, the Lancet Countdown on Health and Climate Change report serves as a stark reminder of the urgent need for action to address the intertwined challenges of health and climate change. As junior doctors, we have a responsibility to advocate for policies and practices that prioritize the health of both people and the planet. By working together and taking decisive action, we can create a healthier and more sustainable future for generations to come. As we reflect on the insights gleaned from the Lancet Countdown on Health and Climate Change, it is clear that the time for action is now. Let us seize this opportunity to drive positive change and ensure a brighter tomorrow for all.



**LANCET COUNTDOWN ON HEALTH AND CLIMATE
CHANGE: BRIDGING THE GAP FOR A HEALTHIER FUTURE**

References:

1. Watts, N., Amann, M., Arnell, N., Ayeb-Karlsson, S., Belesova, K., Boykoff, M., & Campbell-Lendrum, D. (2023). The 2023 report of the Lancet Countdown on health and climate change: shaping the health of nations for centuries to come. *The Lancet*, 402(10225), 1083-1126.
2. World Health Organization. Operational framework for building climate resilient health systems. World Health Organization; 2015.
3. Watts, N., Amann, M., Arnell, N., Ayeb-Karlsson, S., Belesova, K., Boykoff, M., & Campbell-Lendrum, D. (2018). The 2018 report of the Lancet Countdown on health and climate change: shaping the health of nations for centuries to come. *The Lancet*, 392(10163), 2479-2514.
4. Patz JA, Frumkin H, Holloway T, Vimont DJ, Haines A. Climate change: challenges and opportunities for global health. *JAMA*. 2014 Oct 15;312(15):1565-80. doi: 10.1001/jama.2014.13186. PMID: 25244362; PMCID: PMC6108836.
5. Smith, K.R., A.Woodward, D. Campbell-Lendrum, D.D. Chadee, Y. Honda, Q. Liu, J.M. Olwoch, B. Revich, and R. Sauerborn, 2014: Human health: impacts, adaptation, and co-benefits. In: *Climate Change 2014: Impacts, Adaptation, and Vulnerability. Part A: Global and Sectoral Aspects. Contribution of Working Group II to the Fifth Assessment Report of the Intergovernmental Panel on Climate Change* [Field, C.B., V.R. Barros, D.J. Dokken, K.J. Mach, M.D. Mastrandrea, T.E. Bilir, M. Chatterjee, K.L. Ebi, Y.O. Estrada, R.C. Genova, B. Girma, E.S. Kissel, A.N. Levy, S. MacCracken, P.R. Mastrandrea, and L.L.White (eds.)]. Cambridge University Press, Cambridge, United Kingdom and New York, NY, USA, pp. 709-754.



JEAZUL PONCE HERNANDEZ

JUNIOR DOCTORS NETWORK WORLD MEDICAL
ASSOCIATION



JUNIOR DOCTORS NETWORK WORLD MEDICAL
ASSOCIATION

**EUROPEAN HEALTH SUMMIT AND MURCIA'S
DECLARATION, SPAIN, OCTOBER 23RD-26TH, 2023**

The European Junior Doctors (EJD) is an organization representing doctors in training throughout Europe, with the primary mission of promoting excellence in medical education, as well as ensuring optimal working conditions and high standards of healthcare across the continent. The EJD addresses various relevant topics for doctors in training, such as continuous medical education, improving quality of work life, advocating for safe and equitable working conditions, and facilitating labor mobility within Europe. Additionally, it serves as a platform for the exchange of information and experiences among doctors in training, enabling them to collectively address the common challenges they face in their respective healthcare systems. (1)

The "European Union of General Practitioners/Family Physicians" is an organization that represents primary care and family medicine professionals in Europe. Its primary mission is to promote the provision of high-quality healthcare services throughout the region and advocate for the interests of physicians working in this field. The organization provides ongoing support to family physicians and primary care practitioners through various medical education programs, facilitating the exchange of knowledge and best practices among professionals in the field. Additionally, it actively advocates for the implementation of health policies that recognize and strengthen the crucial role of primary care in contemporary healthcare systems. (2)

The Murcia's Declaration

The "Murcia Declaration," was signed in this European Health Summit, even was the first time which there's a scientific congress and assemblies consecutively. This declaration jointly issued by the College of Physicians of Spain, the EJD (European Junior Doctors), and the European Association of Family Physicians, marks a significant milestone in the collaborative efforts among European medical organizations. (3)

Moreover, this declaration serves to facilitate the exchange of best practices and foster collaboration among physicians across various European countries, thereby enhancing knowledge-sharing and fortifying professional connections. (4)



**EUROPEAN HEALTH SUMMIT MURCIA, SPAIN,
OCTOBER 23RD-26TH, 2023**

The Murcia Declaration acknowledges the critical role of junior doctors within healthcare systems. These professionals frequently face significant challenges, such as being deployed to remote areas with inadequate coverage or lacking specialist supervision, as well as enduring excessive workloads and endless on-call shifts during their specialist training. Of particular concern is the widespread reliance on overtime work among junior doctors, which is both alarming and unsafe. This practice directly contradicts the standards set forth in the European Working Time Directive (EWTD). Such reliance not only puts the well-being of junior doctors at risk but also undermines the delivery of safe and effective patient care. (3-5)

To address this pressing issue, the full implementation of the EWTD in junior doctors' schedules must be promptly carried out. This entails ensuring adherence to reasonable working hours and the provision of adequate rest periods. Additionally, there is a critical need for the establishment of robust mandatory oversight mechanisms to monitor and enforce compliance with EWTD regulations. These mechanisms are essential for safeguarding the physical and mental health of junior doctors, while simultaneously upholding the highest standards of patient care (4)

Junior Doctors Networks by WMA participation's

Our involvement, akin to that of other medical organizations, primarily consisted of as observers. However, we seized the opportunity to make a presentation during the concluding session of the EJD Assembly. Our objective was to introduce the WMA and extend a warm invitation to the member countries of the EJD to join the JDN. It is noteworthy to emphasize that one aspect that garnered significant appreciation and recognition was our commitment to gender parity. The presence of a female president in the WMA, who also happens to be a former member of the JDN, along with a management team comprising an equal number of men and women, resonated positively with many members. This, coupled with the diverse range of activities and workshops offered, captured the attention of the attendees.



**EUROPEAN HEALTH SUMMIT MURCIA, SPAIN,
OCTOBER 23RD-26TH, 2023**

References:

1. European Junior Doctors [Internet]. Disponible en: <https://www.juniordoctors.eu/>
2. UEMO [Internet]. Available: <https://www.uemo.eu/>
3. Murcia's Declaration [Internet]. Available: https://www.uemo.eu/wpcontent/uploads/2023/10/ENG_FINAL_MURCIA_DEC.pdf
4. European Junior Doctors. European Health Summit. Available: <https://www.juniordoctors.eu/blog/european-health-summit-ejd-am-ga-2023-uemo-ga-26-28-october-2023-murcia-spain>
5. Viajes El Corte Inglés. European Health Summit Murcia, Spain 2023 [Internet]. Available: <https://viajeselcorteingles.symposium.com/94893/detail/europeanhealth-summit-murcia-spain-2023.html>





ARTICLES BY JDN MEMBERS

FATIMA KHURSHID



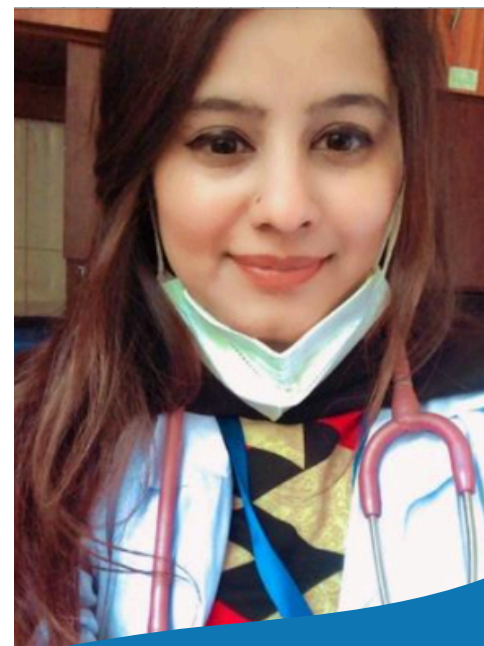
MENTAL HEALTH AND WELL-BEING OF JUNIOR DOCTORS: RECOGNIZING AND MANAGING BURNOUT

Introduction

Junior Doctors' mental health and well-being are crucial to their overall health and success in clinical or community practice. Addressing this issue is critical to their long-term viability and the provision of high-quality patient care. Burnout has become an increasingly common problem among junior doctors. They experience high rates of emotional weariness, depersonalization, and a diminished sense of personal success due to the demanding nature of their vocation and the lack of resources and support.

A cross-sectional survey done during the COVID-19 pandemic from March 2020 to January 2021 discovered that over 40% of junior doctors reported being extremely seriously depressed (45.2%), nervous (63.2%), and stressed (40.2%) [1]. A study conducted at Liaquat National Hospital and Medical College in Karachi, Pakistan from 2020 to June 2021, comprising 106 doctors in COVID-19 units, discovered that the majority were young and female. Approximately 55% of individuals had high emotional tiredness scores, while everyone had high depersonalization scores and low personal accomplishment scores. Doctors who worked fewer than eight hours per day reported lower levels of emotional weariness and depersonalization, as well as higher levels of personal success, than those who worked more hours [2]. During the COVID outbreak, frontline healthcare professionals experienced significantly higher burnout rates. A 2023 meta-analysis of 30 studies from January 2020 to September 2021 found that the rise in suicide rates can be attributed to feelings of powerlessness, fear of death, and incapacity to live a normal life compared to the general population [3].

A comprehensive study of medical literature and related sources from 2000 to 2016 finds that more than half of US medical students, trainees, and practicing physicians are at high risk of burnout. Changes in society, professional practice, and the healthcare system all have an impact on this issue. While attempts to address burnout and build resiliency have yielded some results, more research and techniques, such as aligning personal and organizational values and allocating 20% of work time to meaningful activities, are critical for improving physician well-being [4]. Fernando and Samaranayake 2019 survey of 245 postgraduate doctors in Colombo indicated a high frequency of burnout. Burnout was experienced by 42% of individuals, 32% in work, and 9% by clients [5].



MENTAL HEALTH AND WELL-BEING OF JUNIOR DOCTORS: RECOGNIZING AND MANAGING BURNOUT

Testimonials from Junior Doctors

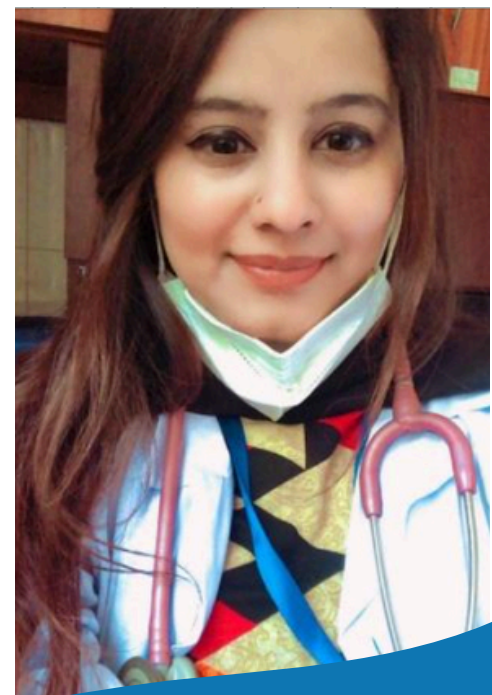
Sarah Hallett: In April 2022, 62% of junior doctors reported suffering from depression, anxiety, stress, burnout, emotional distress, or another mental health problem caused or exacerbated by their work or studies. Approximately half of these reported that it had gotten worse in the previous month [9].

Tim Tonkin: The GMC's 2022 National Training Survey found a significant increase in burnout among junior doctors, with 39% reporting high levels of burnout, up from the previous year. 51% of doctors reported emotional tiredness, with 66% feeling worn out at the end of the day. Senior doctors in training also noticed increasing burnout. More than half of trainers struggled to use allotted training time due to mounting constraints, underscoring the BMA's concerns about the impact of understaffing and excessive demand on physicians and patients [10].

Junior Doctors in Australia: As a top medical graduate, I discovered that my medical abilities and knowledge were not the primary challenges I faced as a junior doctor in 2011. Stress was prevalent among the interviewees, and the reasons of stress were numerous. Although junior doctors were aware of burnout prevention techniques, they did not always implement them effectively [11].

Unique Challenges for Junior Doctors

Junior doctors face specific challenges that can contribute to burnout. As they transition from medical school to clinical practice, they often experience a steep learning curve and the pressure to acquire and apply medical knowledge effectively. The constant need to adapt and learn in a fastpaced environment can be overwhelming and lead to feelings of inadequacy. Junior doctor's self-esteem and general well-being can also be impacted by the hierarchical nature of the healthcare system and peer pressure from more senior physicians. Maintaining a healthy work-life balance and reducing stress can result from juggling the demands of a demanding career with personal obligations, such as unpredictable scheduling and lengthy work hours. For effective mitigation, it is essential to comprehend the causes and symptoms of burnout among junior doctors [10, 13].

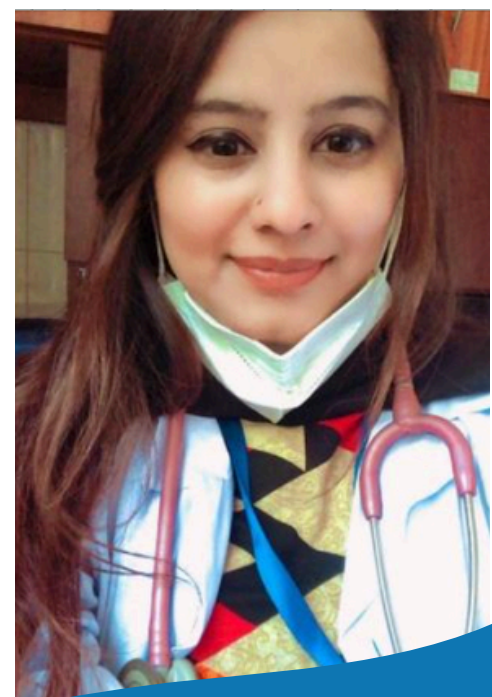


MENTAL HEALTH AND WELL-BEING OF JUNIOR DOCTORS: RECOGNIZING AND MANAGING BURNOUT

Recognizing Burnout in Junior Doctors

Recognizing the signs and indicators of burnout specific to junior doctors is essential in order to provide timely support and intervention [17]. Here are some common signs to look out for:

- **Emotional Exhaustion:** Junior doctors experiencing burnout may feel emotionally drained and overwhelmed. They may find it challenging to connect with patients on an emotional level or feel a sense of detachment from their work.
- **Reduced Personal Accomplishment:** Burnout can lead to a diminished sense of personal accomplishment, even when junior doctors have achieved significant milestones in their careers. They may doubt their abilities and feel like their efforts are not making a meaningful impact.
- **Depersonalization:** Junior doctors experiencing burnout may develop a sense of cynicism and detachment towards their work and patients. They may become emotionally distant and view patients as tasks to be completed rather than individuals in need of care.
- **Physical and Mental Exhaustion:** Burnout can manifest as persistent physical and mental fatigue. Junior doctors may experience chronic exhaustion, difficulty concentrating, and increased susceptibility to illness.

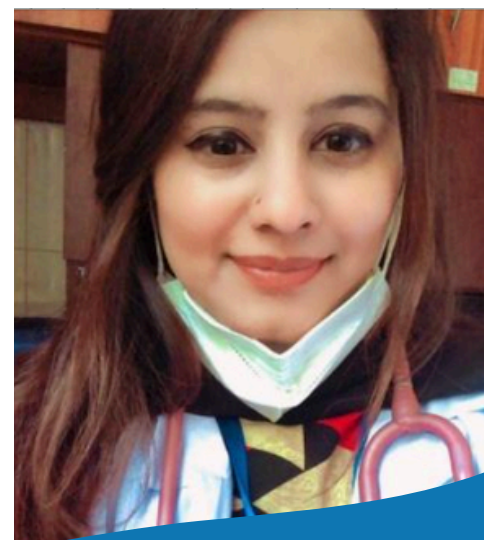


MENTAL HEALTH AND WELL-BEING OF JUNIOR DOCTORS: RECOGNIZING AND MANAGING BURNOUT

The Impact of Burnout on Junior Doctors

Burnout among junior doctors has far-reaching consequences that extend beyond their personal well-being. It significantly affects their mental, emotional, and physical health, as well as their ability to provide high-quality patient care and maintain optimal job performance [11, 12, 13].

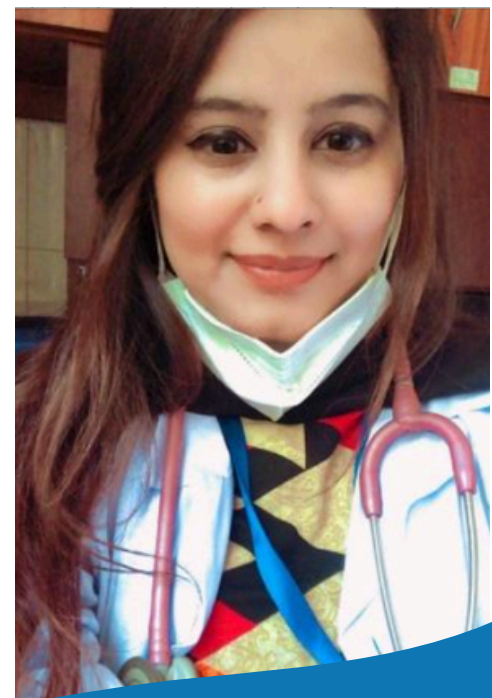
- **Mental and Emotional Health:** Junior physicians who experience burnout experience severe mental and emotional health problems, including anxiety, sadness, and emotional tiredness. This may lead to a decline in decision-making abilities, a drop in work satisfaction, and a decrease in empathy for patients. Furthermore, the emotional distance brought on by burnout can be detrimental to the doctor-patient bond, impairing clear communication and the standard of treatment.
- **Physical Health:** Junior doctors who experience burnout suffer physical health consequences. Prolonged stress and fatigue can cause immune system deterioration, sleep disorders, and heightened susceptibility to medical ailments. Burnout causes younger physicians to neglect their general well-being and self-care, which exacerbates physical health concerns and makes them more prone to chronic diseases.
- **Patient Care:** Burnout has a worrisome effect on patient care. Burnout can cause junior physicians to lose focus, pay less attention to details, and make poor clinical decisions, which can compromise patient safety and result in medical mistakes. Burnout-related emotional distance and cynicism can also detract from the quality of doctor-patient relationships by giving the impression that there is less empathy and personal connection, which undermines patient satisfaction and confidence.
- **Job Performance:** Junior doctors' job performance is significantly impacted by burnout. Fatigue and a diminished sense of personal achievement can lead to a decline in output, absenteeism, and a greater propensity to contemplate quitting the job. Moreover, burnout impairs productive cooperation and communication among coworkers, which has an influence on interprofessional relationships and teamwork.



MENTAL HEALTH AND WELL-BEING OF JUNIOR DOCTORS: RECOGNIZING AND MANAGING BURNOUT

Strategies for Managing Burnout

- **Prioritize Self-Care:** Prioritize activities that improve well-being, such as exercise, hobbies, and relaxation techniques. Get plenty of sleep and eat nutritiously. Establish limits, and schedule personal time to maintain a good work-life balance.
- **Practice Stress Reduction Techniques:** Mindfulness, meditation, or deep breathing techniques might help reduce stress. Take frequent stops to rejuvenate. Explore stress-reduction practices such as yoga, writing, or engaging in creative activities.
- **Seek Social Support:** To build support, connect with coworkers, and cultivate a workplace network. Seek advice and insight from reliable mentors and peers. Consider joining support groups or professional organizations to get networking and mentorship experience.
- **Develop Effective Coping Mechanisms:** Seek out constructive coping mechanisms such as creative outlets, hobbies, or mindfulness to manage burnout. Take time off, and take holidays to rejuvenate. Recognize the influence of perfectionism and set reasonable expectations and goals.
- **Advocate for Institutional Support:** Interact with administrators and supervisors to advocate for institutional policies and resources and to promote awareness in order to alleviate burnout. Make modifications to tasks, the work schedule, and the availability of support services. Promote the adoption of wellness policies and programs in medical facilities.
- **Foster Work-Life Balance:** Prioritize spending time with loved ones and engaging in enjoyable activities outside of work. Establish boundaries between business and home life, restricting after-hours work and scheduling time for rest and relaxation.



MENTAL HEALTH AND WELL-BEING OF JUNIOR DOCTORS: RECOGNIZING AND MANAGING BURNOUT

Institutional Support and Interventions

Institutional support plays a crucial role in addressing and mitigating burnout among junior doctors. Recognizing the importance of their well-being, healthcare institutions should implement programs, policies, and resources that provide comprehensive support [17, 18, 19, 20]. Here are some key aspects of institutional support:

- **Education and Awareness:** Conduct educational programs and seminars to promote awareness of burnout, its causes, and consequences among junior doctors and healthcare workers. Train junior physicians on stress management, resilience, and self-care practices to help them avoid and manage burnout.
- **Workload and Schedule Management:** Review and adjust work schedules to prioritise relaxation moments and reduce excessive activity. Implement regulations that encourage appropriate working hours, minimize overtime, and discourage excessive on-call duty. Offer flexible schedule options to promote work-life balance.
- **Mentorship and Support Programs:** Establish mentorship programs that match novice doctors with seasoned clinicians for assistance. Offer peer support services to let people connect and share their experiences. Offer counselling services and employee assistance programs for mental health support.
- **Wellness and Resilience Initiatives:** Develop comprehensive wellness programs that cover physical, mental, and emotional wellbeing. Provide tools such as stress-management courses, mindfulness training, and wellness challenges. Create specialized places or leisure zones in healthcare institutions for rejuvenation.
- **Feedback and Communication:** Maintain open lines of communication between younger physicians and supervisors to promote feedback, resolve workload problems, and offer assistance. Conduct frequent check-ins and performance reviews to identify burnout symptoms and give required remedies.
- **Advocacy and Policy Changes:** Advocate for policies that address structural causes of burnout, such as excessive administrative work and inadequate resources. Work with professional organizations and regulatory agencies to prioritize the well-being of junior doctors.



MENTAL HEALTH AND WELL-BEING OF JUNIOR DOCTORS: RECOGNIZING AND MANAGING BURNOUT

Conclusion

In conclusion, managing burnout among junior doctors is critical for healthcare professional's well-being and the delivery of high-quality patient care. The concerning figures, and the major impact of burnout on mental, emotional, and physical health, as well as job performance, must not be overlooked. We all share responsibility for advocating for structural reforms and supporting initiatives that promote the well-being of junior doctors. We can develop a healthcare system that values and cares for its workers by fostering a friendly work atmosphere, employing effective burnout management measures, and lobbying for institutional support. Let us work together to ensure that healthcare professional; mental health and well-being are emphasized and protected.

References:

1. Dunning A, Teoh K, Martin J, Spiers J, Buszewicz M, Chew-Graham C, et al. Relationship between working conditions and psychological distress experienced by junior doctors in the UK during the COVID-19 pandemic: a cross-sectional survey study. *BMJ open*. 2022 Aug;12(8):e061331.
2. Siddiqui MF, Abidi SS, Zainab S, Quershi K, Khoso A. Frequency of Burnout Syndrome in Doctors during COVID-19 Pandemic in a Tertiary Care Hospital. *Age*. 2023;20(25):40.
3. Alkhamees AA, Aljohani MS, Kalani S, Ali AM, Almatham F, Alwabli A, et al. Physician's burnout during the COVID-19 pandemic: A systematic review and meta-analysis. *International Journal of Environmental Research and Public Health*. 2023;20(5):4598.
4. Rothenberger DA. Physician burnout and well-being: a systematic review and framework for action. *Diseases of the Colon & Rectum*. 2017;60(6):567-576.
5. Fernando BMS, Samaranayake DL. Burnout among postgraduate doctors in Colombo: prevalence, associated factors and association with self-reported patient care. *BMC Medical Education*. 2019;19(1):1-9.
6. Hoffman R, Bonney A. Junior doctors, burnout and wellbeing: Understanding the experience of burnout in general practice registrars and hospital equivalents. *Australian Journal of General Practice*. 2018;47(8):571-575.
7. Kumar S. Burnout and doctors: prevalence, prevention and intervention. *Healthcare*. 2016 Jun;4(3):37.
8. Gunasingam N, Burns K, Edwards J, Dinh M, Walton M. Reducing stress and burnout in junior doctors: the impact of debriefing sessions. *Postgraduate medical journal*. 2015;91(1074):182-187.
9. Hallett S. Now is the time to act in tackling burnout in junior doctors. *The Doctor Magazine*. British Medical Association. July 2022. [Internet] Disponible en: <https://www.bma.org.uk/news-and-opinion/now-is-the-time-to-act-in-tackling-burnout-in-junior-doctors>.
10. Tonkin T. Burnout hits record high. *The Doctor Magazine*. British Medical Association. July 2022. [Internet] Disponible en: <https://www.bma.org.uk/news-and-opinion/burnout-hits-record-high>.
11. Shanafelt TD, Hasan O, Dyrbye LN, Sinsky C, Satele D, Sloan J, et al. Changes in burnout and satisfaction with work-life balance in physicians and the general US working population between 2011 and 2014. *Mayo clinic proceedings*. 2015 Dec;90(12):1600-1613.
12. Panagioti M, Geraghty K, Johnson J, Zhou A, Panagopoulou E, Chew-Graham C, et al. Association between physician burnout and patient safety, professionalism, and patient satisfaction: a systematic review and meta-analysis. *JAMA internal medicine*. 2018;178(10):1317-1331.
13. Menon NK, Shanafelt TD, Sinsky CA, Linzer M, Carlasare L, Brady KJ, et al. Association of physician burnout with suicidal ideation and medical errors. *JAMA network open*. 2020;3(12):e2028780-e2028780.
14. Marques-Pinto A, Moreira S, Costa-Lopes R, Zózimo N, Vala J. Predictors of burnout among physicians: Evidence from a national study in Portugal. *Frontiers in Psychology*. 2021;12:699974.
15. Rotenstein LS, Torre M, Ramos MA, Rosales RC, Guille C, Sen S, et al. Prevalence of burnout among physicians: a systematic review. *Jama*. 2018;320(11):1131-1150.
16. Romani M, Ashkar K. Burnout among physicians. *Libyan Journal of Medicine*. 2014;9(1).
17. Petrie K, Deady M, Lupton D, Crawford J, Boydell KM, Harvey SB. 'The hardest job I've ever done': a qualitative exploration of the factors affecting junior doctors' mental health and well-being during medical training in Australia. *BMC health services research*. 2021;21:1-12.
18. Bhugra D, Molodynski A, Ventriglio A. Well-being and burnout in medical students. *Industrial Psychiatry Journal*. 2021;30(2):193.
19. Roditis K. EJD Policy on burnout and psychosocial wellbeing. *European Junior Doctors Association*. June, 2023. [Internet] Available <https://www.juniordoctors.eu/blog/ejd-policy-burnout-and-psychosocial-wellbeing>.
20. De Silva SG, Hettiarachchi NM, Liyanage ADMD. Physician well being, burnout and compassion fatigue. *Asian J Intern Med*. 2024;3(1).

KIRUBEL TESFAYE HAILU



AFET SPECIALITY CLINIC
ADDIS ABABA

AFET SPECIALITY CLINIC
ADDIS ABABA

A SMALL REALIZATION, A BIG IMPACT: MY JOURNEY CREATING THE HAKIM PODCAST

During my master's project research internship, a small realization led to one of the most fulfilling projects I've ever undertaken. I discovered that many physicians, myself included, were unaware of the full spectrum of career options available to them. Witnessing firsthand the potential of physicians as translational researchers in Europe sparked my curiosity. Upon returning to Ethiopia, I found many colleagues fascinated by my career journey yet seemingly unaware of their possibilities.

Driven by the desire to share resources and empower others, I launched the "Hakim Podcast," a medical mentorship platform. Through interviews with physicians who have pursued diverse career paths, I hoped to illuminate the various opportunities available. The podcast's success exceeded all expectations. With over 55 episodes and 300,000 total views, the impact is undeniable. The heartfelt emails I receive continuously reinforce the importance of these conversations in guiding physicians toward informed career decisions.

Each episode, averaging an hour in length, delves deeply into the guest's career path, covering every aspect from A to Z. Our guests not only share their journeys but also provide concrete steps others can take to follow a similar path. This valuable information includes official links, details on credential verification, standard CV preparation tips, guidance on crafting personal statements and letters of motivation, securing letters of recommendation, and navigating English proficiency and standardized medical exams.

From the guests we have had in the past at "Hakim Podcast", below is a repository of academic pathways for physicians and additional licensing options to consider.

Guest	The scholarship
Dr. Abel Mekonnen ,M.D studying Msc in Integrated Immunology from FriedrichAlexander-Universität Erlangen-Nürnberg	DAAD Scholarship in Germany
Dr. Bereket Abebayehu Tegene, M.D, MSc in Tropical Medicine and International Health from London School of Hygiene and Tropical Medicine	Chevening scholarship in UK



**A SMALL REALIZATION, A BIG IMPACT: MY JOURNEY
CREATING THE HAKIM PODCAST**

Guest	The scholarship
Dr. Mikiyas Gosa MD, ECFMG certified IMG, MPH from free university of Brussels	Ares Scholarship in Belgium
Dr. Selam Temesgen MD, MSc in one health from Oniris Nantes	Man-Imal SCHOLARSHIP in France
Dr. Yidnekachew Girma Mogessie, MD, MPH MBA candidate, Johns Hopkins University	Sommer Scholarship in USA
Dr. Tilaye S. Mengistu DVM, MSTAH, Erasmus Mundus Joint Masters Degree in infectious disease and one health	Erasmus Mundus Scholarship in EU
Dr. Bezawit Endeshaw Zewde, Master's Student in Medical Biotechnology at the University of Eastern Piedmont(UPO)	Regional Scholarship in Italy
Dr. Surafel Alemayehu Tsegaye MD, MPH candidate at Harvard University	Institutional scholarship in USA
Dr. Senait Wolde MD, MPH, master's in Global Health at the University of Gothenburg at the University of Gothenburg	Axel Adler sustainability Scholarship in Sweden
Dr. Yohannes Mengistu Balcha, MD, Masters in health Economics candidate at Karolinska Institutet	SI Scholarship in Sweden
Dr. Tewodros Worku Liyew MD, MPH, PHD candidate in Public health sciences at Washington university in St Louis	McDonnell scholarship in USA



**A SMALL REALIZATION, A BIG IMPACT: MY JOURNEY
CREATING THE HAKIM PODCAST**

Guest	Additional Medical Licenses
Dr. Temesgen Merga Gobena DHA licensed, ECFMG certified IMG	DHA licence to practice in dubai
Dr. Hilina and Dr. Haile GMC registered physicians practicing in UK	PLAB exam and GMC registration to practice in UK
Dr. Hanisa Hussien, M.D QCHP licensed Gp(supervised) working in Queen Hospital Doha, Qatar	QCHP license to practice in Qatar
Dr. Bereket Zenebe MD, Resident medical officer in victoria state Australia	AMC exams and registration to practice in Australia.
Dr. Biniam Melese Bekele MD, MSc surgical resident in Germany	Registration process and practicing in Germany
Dr. Abdi Dandena, Head of Radiology at Saifee Hospital Tanzania	Registration and practicing medicine in Tanzania
Dr. Kalkidan Chala internist practicing at Blantyre Adventist Hospital.	Registration and practicing medicine in Malawi
Dr. Surafel Dubale, Orthopedic and Trauma Surgery Resident at AIC-CURE Kijabe Hospital	The application process to do a residency in Kenya
Dr. Biruk Abera Anesthesiologist at Kampala International University	Registration and practicing Medicine in Uganda

**24 EPISODES HOSTING MULTIPLE GUESTS TO COVER DIFFERENT
ASPECTS OF THE USMLE
EXAM, ECFMG REGISTRATION AND PRACTICING MEDICINE IN THE USA**



A SMALL REALIZATION, A BIG IMPACT: MY JOURNEY CREATING THE HAKIM PODCAST

Bridging the KnowledgeGap inEthiopian Medical Careers

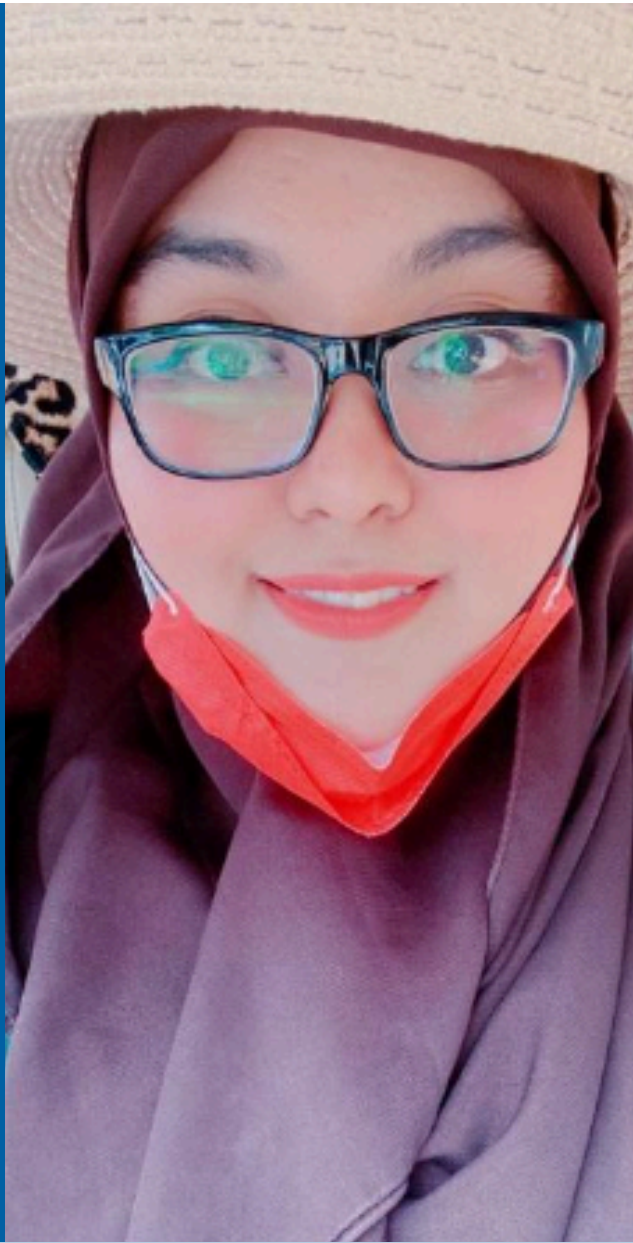
While many Ethiopian physicians excel in traditional medical roles, a significant knowledge gap exists regarding the full spectrum of career options available to them. This three-year project has begun to address this gap by compiling valuable information and fostering exploration. The recent rise in junior physician unemployment in Ethiopia has further emphasized the need for career diversification. Recording new episodes for the podcast evokes a mix of emotions: the satisfaction of empowering physicians and the concern of potentially contributing to a brain drain. I believe these complex issues warrant thoughtful consideration, and I leave the final judgment to the reader.

For more information, here is the link to Hakim Podcast:

<https://www.youtube.com/channel/UCitwck2fLBbH3yrjwb6KAXA>



MAYMONA CHOUDRY



CHALLENGES IN THE IMPLEMENTATION OF UNIVERSAL HEALTH COVERAGE: A JUNIOR DOCTOR'S PERSPECTIVE

Introduction:

“A system in which everyone in a society can get the health-care services they need without incurring financial hardship” – World Health Organization

Universal Health Coverage (UHC) is a global aspiration to ensure all individuals and communities receive access to healthcare services without enduring financial burdens. It was first conceptualized by the World Health Organization (WHO) during the fifty-eighth assembly (1). In 2019, the Philippine Universal Health Care Act (Republic Act 11223) was set for implementation in January 2020, however, disruptions were brought about by the pandemic (2). While the Philippines has made significant strides in recent years toward achieving UHC, numerous challenges persist, hindering the full realization of this ambitious goal.

Fragmented Healthcare System:

One of the foremost challenges in achieving UHC in the Philippines is the fragmented nature of its healthcare system. The health services within the country are delivered in a combination of public and private providers, which leads to a lack of integration and coordination. In addition, the division between the national and local government health programs further exacerbate this fragmentation. Addressing this challenge requires concerted efforts to streamline healthcare services, enhance collaboration between public and private sectors, and improve coordination across various levels of care. Hence, the formation of UHC Watch by a coalition of Citizen Watch Philippines; Philippine Alliance of Patient Organizations (PAPO), Health Justice Philippines (HJP), and Bantay Konsumer, Kalsada, Kuryente (BK3) to ensure the full implementation of the Universal Health Care Act and the mandated programs of other health-related laws (3).

Geographic Disparities:

Healthcare services are disproportionately concentrated in urban areas, leaving rural and remote communities underserved. Based on 2016 data, the Philippines has 1,224 hospitals, 2,587 city/rural health centers, and 20,216 village health stations. Analyzing the distribution of hospital beds, a majority (two-thirds) were situated in Luzon, encompassing the National Capital Region (NCR). Notably, the NCR had an allotment of 23.1 beds per 10,000 population, whereas the rest of Luzon, Visayas, and Mindanao had fewer than 10 beds each (4).



CHALLENGES IN THE IMPLEMENTATION OF UNIVERSAL HEALTH COVERAGE: A JUNIOR DOCTOR'S PERSPECTIVE

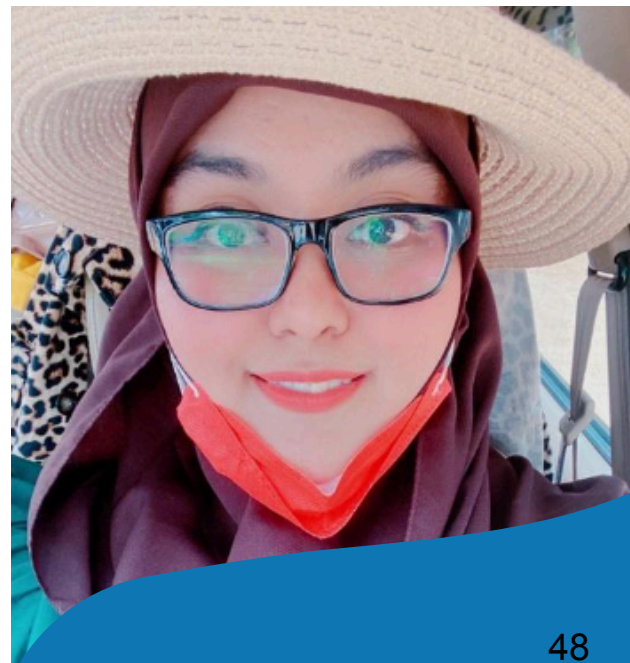
Health Financing Issues:

Sustainable funding mechanisms and efficient use of resources are crucial for the successful implementation of UHC. Achieving 80% effectiveness in Universal Health Coverage (UHC), which requires an annual per capita expenditure of approximately USD 1500 (adjusted for purchasing power parity). However, in the Philippines, the per capita health expenditure was only about USD 430 (adjusted for purchasing power parity) in 2020 (5). In addressing these health financing challenges, the Philippines implemented the enactment of the Universal Health Care Law in 2019 and the recent introduction of the "Konsultasyong Sulit at Tama" ("Konsulta") package in 2020. Due to these ongoing initiatives, the nation has achieved moderate progress in aligning with the global health targets outlined in the Sustainable Development Goals for 2030.

Public Awareness and Education:

The success of UHC relies on the active participation and understanding of the population. Public awareness campaigns, community engagement, and educational initiatives are essential to inform individuals about the benefits of UHC, how to access services, and the importance of preventive healthcare. In 2023 (7), the annual observance of Universal Health Coverage Day (UHC Day) took place on December 12th with the theme "Health for All: Time for Action" underscoring the urgency of taking concrete and prompt measures to shape the desired global health landscape. This occasion is dedicated to acknowledging advancements in achieving health for all and fostering awareness about the crucial role of robust and resilient health systems in attaining universal health coverage.

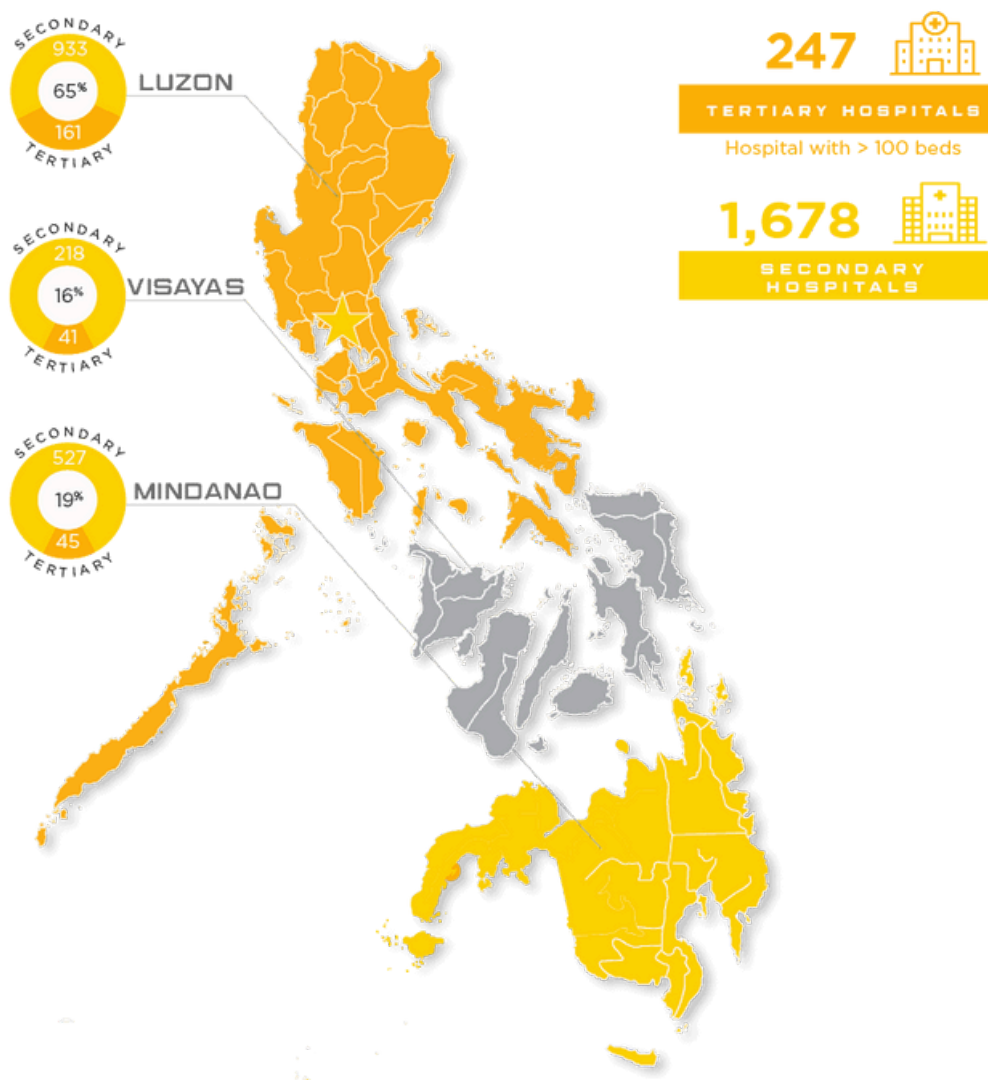
In conclusion, the challenges facing the Philippines in achieving universal health coverage are multifaceted, ranging from systemic issues such as a fragmented healthcare system to more specific challenges like geographic disparities and health financing issues. As the process of integrating Universal Health Coverage (UHC) advances, the establishment of the Universal Health Care Coordinating Council (8) represents a noteworthy achievement in the Philippines' quest to offer universal healthcare. This council, comprising diverse government entities and agencies, will facilitate the harmonization of healthcare policies, cost management, and the promotion of equitable access to healthcare.



CHALLENGES IN THE IMPLEMENTATION OF UNIVERSAL HEALTH COVERAGE: A JUNIOR DOCTOR'S PERSPECTIVE.

PHILIPPINES

TARGET HOSPITAL DISTRIBUTION



CHALLENGES IN THE IMPLEMENTATION OF UNIVERSAL HEALTH COVERAGE: A JUNIOR DOCTOR'S PERSPECTIVE

References:

1. Lim MY, Kamaruzaman HF, Wu O, Geue C. Health financing challenges in Southeast Asian countries for universal health coverage: a systematic review. *Archives of Public Health*. 2023 Aug 17;81(1):148.
2. Bautista MC, Acacio-Claro PJ, Mendoza NB, Pulmano C, Estuar MR, Dayrit MM, Festin VE, Valera M, Sugon Jr Q, Villamor DA. The 2019 Philippine UHC Act, Pandemic Management and Implementation Implications in a Post-COVID-19 World: A Content Analysis. *International Journal of Environmental Research and Public Health*. 2022 Aug 4;19(15):9567.
3. Alvin Manalansan. (2021, March 2). Urgency to transform Fragmented Health System. *Business World Online*. <https://www.bworldonline.com/editors-picks/2021/03/02/347810/urgency-to-transform-fragmented-health-system/>
4. Naria-Maritana MJ, Borlongan GR, Zarsuelo MA, Buan AK, Nuestro FK, Rosa JA, Silva ME, Mendoza MA, Estacio LR. Addressing primary care inequities in underserved areas of the Philippines: a review. *Acta Medica Philippina*. 2020 Dec 26;54(6).
5. Amit AM, Pepito VC, Dayrit MM. Advancing Universal Health Coverage in the Philippines through self-care interventions. *The Lancet Regional Health Western Pacific*. 2022 Sep 1;26.
6. Capeding TP, Zarsuelo MA, Mendoza MA, Silva ME, Estacio Jr LR. Identifying Possible Gaps and Gray Areas in the Draft Universal Health Care Act Implementing Rules and Regulations: a Thematic Analysis of a Roundtable Event on Local Health Systems. *Acta Medica Philippina*. 2020 Dec 26;54(6).
7. World Health Organization. (2023, December 12). Universal Health Coverage Day 2023. *World Health Organization*. <https://www.who.int/westernpacific/news-room/events/detail/2023/12/12/western-pacific-events/universal-health-coverage-day-2023>.
8. Philippine Information Agency. How will Filipinos benefit from the new UHC Coordinating Body [Internet]. 2023 Oct 25 [cited 2024 Feb 6]. Available from: <https://pia.gov.ph/features/2023/10/25/how-will-filipinos-benefit-from-the-new-uhc-coordinating-body>.



WORLD
MEDICAL
ASSOCIATION

Who can become a JDN member?

To join the JDN you:

Must be within 10 years of graduation from medical school or registered in an ongoing postgraduate medical education program, until it is completed.

Must be an associate member of the WMA*

Note: Associate membership of the WMA is free for all doctors for the first five years after graduation. To join the JDN, please follow the links and complete: How to become a JDN member?

1. Associate Membership Registration (and select the Junior Doctor form):

<https://www.wma.net/sign-up/>



2. JDN Registration:

<https://bit.ly/3S49PLu>



Registration requires validations of the associated documents, there may be a delay of a few weeks from the time of registration to the time you are added to the mailing lists. All registrants who have submitted a completed application will receive an email confirming that they have been added and an invitation to be added to the mailing list; others will be informed how to adequately complete their application.

For more information, please contact jdj@wma.net.

MEMBERSHIP

BECOME A JDN MEMBER

ISSN (PRINT) 2415-1522
ISSN (ONLINE) 2312-220X