

JUNIOR DOCTORS NETWORK

Newsletter

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Editorial



Dr. Wunna Tun
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The WMA JDN continues to grow and becomes the leading voice for young doctors globally. There is also emerging of local junior doctor organization in each continent.

This issue include -

-Ahmet Murt, MD makes chair address.

. - Leslie DeGroot and Ricardo Correa, discuss about Free educational resources in Endocrinology for physician-in-training

- Gbujie Daniel introduces national association of Resident Doctors



Dr. Ricardo Correa
Publication Director
JDN, WMA



Written by Dr.
Ahmet Murt
Chair, WMA
JDN

There have been many challenges that the junior doctors traditionally face. Many of them are inter-linked with the changes in today's healthcare service. Increasing number of patients seeking acute care as well as the mission of offering more intensified follow-up to the chronic conditions make the healthcare delivery more demanding today. This has direct negative consequences for the working conditions of junior doctors who in many countries of the world make up the major health work force. In addition to this workload, there is claimed to be a shortage of physicians and other healthcare staff. As a result; junior doctors are also assigned some other tasks

- Daisuke Kato reports on Efforts of junior doctors to refined the primary care in Japan.

- Konstantinos Louis share about the drama of refugees in Greece.

- Fiorella Inga Berrospi introduces YOUNG MEDICAL COMMITTEE OF PERUVIAN MEDICAL COLLEGE

I am sure you will enjoy the stories in this issue

which are not directly related to their job or education.

It shouldn't be surprising for you, if I claim that the work done by junior doctors are neither paid proportionally nor compensated relevantly. This is also the fact for almost all healthcare staff. Although the demand from the healthcare staff is increasing each day, the resources are still kept limited and those limited resources are being allocated for expenses other than healthcare staff salaries. Most interestingly, while the system demands for more medical graduates, employment of physicians are kept disproportionately low. These have brought big pressure on the shoulders of physicians as well as newly graduated young generation.

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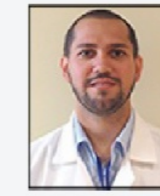
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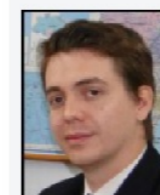
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While the medical profession is not given its natural right to self-govern or at least self-regulate, what physicians can do to save the healthcare is generally thought to be limited. When there is an unintended outcome, the politicians are unfairly targeting the physicians instead of confessing the pitfalls of the system they impose on medical profession.

National medical associations and other medical professional associations are trying to influence the law-makers and authorities for better planned healthcare service which is a pre-requisite for healthy future. Joint action of medical associations regionally and globally make our profession seem more powerful and we are very happy to see some small but quite important changes that are implemented both by global community and national governments upon the request of the World Medical Association.

Junior doctors, as a group of medical professionals trying to progress in their careers, are in need of coordinated education and training as well as an effective mentorship. Although they form the major health workforce in many countries, provision of healthcare by this group shouldn't be in expense of offering them quality education opportunities.

Junior Doctors Network has been in the service of junior doctors across the globe by providing nation-wide or regional collaborations. On behalf of my team I would like to once more emphasize the dedication of Junior Doctors Network to support all junior doctors wherever and in what need they are.

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White Paper

Social media and medical professionalism

Relevant Junior Doctor Policy

Ethical Implications of Collective Action by Physicians

Current projects

Doctors' health and wellbeing

Global health training and its ethical implications

Quality in postgraduate medical education and training

Diagramação

Logo - Suport

AMB - Associação Médica Brasileira

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Efforts of junior doctors to refined the primary care in Japan



Written by:

Daisuke Kato, MD, General Medicine

Senior Resident, Nagoya Japan

In the face of raising health care costs and rapid aging of population unprecedented in the world, many problems are coming out those can not be solved in previous medicine, which is subdivided and specialized highly and now can not correspond effectively to such increasing various patients as the elderly have multiple problems. Under such circumstances an interest in primary care is growing strongly and we are seeking what we can do to contribute to our country, by taking advantage of our expertise in primary care. Though there are no specialist physician of primary care in Japan, from fiscal 2017 the new system of the medical specialty board is introduced and specialties include general medicine. Until now high organ - specific expertise doctors (Kakaritukei: かかりつけ医) have responsible for the primary care in Japan and the global longevity has been achieved. However, now on it is crucially important we work harmoniously with them to make Japanese healthcare better; this will enables the migration from "cure" to "care".

Systematic education system of primary care is developing in Japan and we have less textbooks written in Japanese to learn theoretical aspect of primary care. Not only to practice but to relearn it theoretically is the royal way to refine the practice and create the tomorrow's medicine.

This is why we have a study session once a month, using an English textbook. It is a reading circle meeting format and a current member consists of 10 junior doctors of primary care and 1 advising doctor. As members are over Japan, the development of video-conferencing systems has enabled this effort.

By publishing a Japanese translation in the future, we want to share with people who want to learn the primary care in Japan and send to foreign countries our learning outcome; the primary care in the context of Japanese medical care. It is great pleasure to discuss and collaborate someday and somewhere about primary care with those who read this article.

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The National Association of Resident Doctors (NARD), the umbrella body for Junior Doctors in Nigeria, organized Lassa Fever awareness campaign in the south western part of the country, Oyo state Nigeria on January 27, 2016. The health enlightenment campaign, was a massive campaign to raise the awareness level of the citizens in the region.



National Association of Resident Doctors, Nigeria (NARD)

Written by
Dr. Gbujie Daniel
Sub-regional Executive Director/
Coordinator for West Africa, Junior
Doctors Network of Africa(JDA).



A Junior Doctors Network (JDN) member from Nigeria Dr. Gbujie Daniel was among the 35 outstanding African youths, who were nominated for 2016 Nelson Mandela/ Machel Grace World Youth Innovative Award in March 2016. This is in recognition of his outstanding performance mainly in the health and educational sector, with and excellent representation of his country and developmental contribution to his communities in 2015.

This young doctor was nominated with other exceptional youths from all over the world , but he was the first JDN member to be nominated for prestigious international award. He is the Sub-Regional Director/Coordinator of Junior Doctors of Africa (JDA) , a Staff of University of Port Harcourt Teaching Hospital Choba, Rivers State, Nigeria.

The organiser of the award CIVICUS International, informed the public that the nominees all have exhibited total commitment, dedication and leadership quality to their respective communities in 2015.

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Peruvian young medical committee

Written by
Fiorella Inga MD National President of Peruvian young medical committee CMJ CMP, Karen Matos MD, Janeth Llerena MD, Ronald Corilloclla MD, Julio Uturnco MD

Peru, a country in western South America, multilingual and multicultural, where the health of its population reflects a social reality, with improvements in recent years in some health indicators but still large inequities exist in this sector. In the current health system, young doctors account for almost a third of human resources in health, so the National Medical Association of Peru, an institution representing all physicians in the country, has led for 20 years a permanent space to promote the professional growth of young physicians, as well as monitor and ensure the defense of economic and academic rights in different areas where they exercise professional activity; all this through the establishment of the Permanent Advisory Committee of Young Doctor which represents Peruvian doctors with less than 10 years of association.

Over time, this Committee has played as the team that brings together physicians with different working conditions including those doing the Rural and Urban Marginal Service of Health (SERUMS), those who are in training for the second specialization (residents), those who work in the first level of care and those who work in private practice.

So to carry out a job with a national scope, committees have been formed in each region of the country, having now 22 regional councils organizing young doctors of a total of 27 councils, which has allowed decentralize actions of the National Committee.



Committee's work is oriented to permanently addressing, with critical attitude, issues related to the professional practice and academic development; as well as the creation of spaces for debate on topics of interest that generate alternative proposals of change to the reality of young doctors. That is why after 20 years of experience, we present a summary of the work done in Peru, with various countries such as Canada, Brazil, Japan, Argentina, Colombia, USA, Turkey, etc; during the International Meeting of Young Doctors of the Junior Doctors Network of the World Medical Association WMA conducted last April 27 in Buenos Aires, Argentina; being elected as the JDN Country Champion; because of the presentation of the best initiatives to solve national problems and best model to perform solutions and encourage the participation and leadership of young doctors.

The first days of spring: the drama of refugees in Greece

Written by: Konstantinos Louis, MD, PhD, resident in Obstetrics/Gynaecology
Treasurer, JDN-Hellas, Greece JDN-Hellas



It was the first days of spring, the rays of the frozen winter sun had started to change to the warmer, over the city of Athens, the first capital of Europe. In Piraeus, the city's port and one of the largest ports of the Mediterranean, however, the drama of people forced away from their homelands to other countries where fate had led them, was to be seen depicted in their eyes.

Thousands of refugees, mostly Syrians and Afghanis, victims of war and conflict, were disembarking ferries coming from the islands of the Northwestern Aegean, with eyes filled with despair. Eyes that had witnessed death, rape, humiliation of relatives and family members, friends and even themselves.

More than 2,000 people would arrive every day, all getting packed into passenger waiting terminals, some of them would set off on their way to the Greece's northern border towards Germany, Sweden or other central European countries, with their hearts full of hope. Many of them would stay at the overloaded port grounds, living under awful conditions and absence of an organized authority, afraid of finding closed borders in the north, closed borders imposed upon Greece by its neighboring countries during the negotiation "bras-de-fer" between affected states and aiming at winning more diplomatic and other benefits on a global scale.

Thus far, no organized effort had been made by the state to attend to those people's healthcare and wellbeing. And so, amidst that deer situation, encouraged by several friends and colleagues who had witnessed the facts themselves, JDN-Hellas decided to act by offering voluntary its help to the Hellenic Red Cross, the Greek chapter of Medecins du Monde and an independent group of physicians in solidarity, who were truly devoted to the cause, offering healthcare services 24/7 trying to attend to as many of those desperate people as possible.



Within this group of physicians, doctors of many specialties, nurses, midwives and pharmacists, who would put their daily personal and professional routine aside and would offer all their time to this noble cause, getting nothing in return but pure human contact and gratitude coming from those getting helped.

We in JDN-Hellas, were pleased to be there even for a little while, having offered just a bit to those volunteers' cause, showing that the biggest miracles can come true

"offer all their time to this noble cause, getting nothing in return but pure human contact and gratitude coming from those getting helped"

Save the date! Upcoming meetings in 2016

August 1st- 7th 2016: IFMSA Alumni Meeting, Puebla, Mexico

September 12th- 14th 2016: CMAAO Meeting, Thailand

October 7th- 8th 2016: EJD Autumn Meeting, Porto, Portugal

October 16th-18th 2016: WMA Junior Doctors Network Meeting Taipei, Taiwan



- WMA Council Resolution on Refugees and Migrants, 2016 - http://www.wma.net/en/30publications/10policies/30council/cr_32/
- WMA statement on item 14.7 "Promoting the health of migrants" of the 69th World Health Assembly, 2016 - http://www.wma.net/en/40news/60interventions/WHA69_Migrants-Item-14_7.pdf
- WHO Technical Guidelines – Migrant health - http://www.who.int/hac/techguidance/health_of_migrants/en/

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even in places where the state is absent, where no organized healthcare structure exists, but only cooperation, self-sacrifice and respect between ordinary people, people full of mental and spiritual strength. What was most astonishing, was the fact that apart from two NGOs present (Hellenic Red Cross, Medecins du Monde), the gathering of clothing, medicines and food for refugees was administered by a local civil association of citizens of Piraeus (Panpeiraiiki Protovoulia). Also to our surprise were the daily donations given by citizens, especially during the ongoing economic crisis, both in cash and in medicines and other goods. In parallel to that, restaurant owners of Piraeus were offering free meals to them, almost daily.

Authorities of organized state, such as the Greek CDC, Ministry of Health agencies etc. were absent for most of the time, only contacting by phone some of their staff in the area, with an only exception that of the Greek Port Police, that would oversee the situation. The absence of organized state became so obvious, when the first riot broke loose between Syrian and Afghani refugees, just because hot water distribution was lacking and drinking water was not at all in abundance. Also, the black market was growing, as the numbers of refugees were rising due to closed borders in the north of Greece, and many things such as a blanket, a tent, an umbrella were sold by illegal merchants at high prices. This had led to many people spending the night outside, under the starry Greek sky.

When the summer season finally arrived, the state decided that all refugees would have to evacuate the port facilities and be transferred to closed reception centers, the so called "soul prisons", so that the largest port of the Mediterranean would regain its "clean" image...

Because, alas, a problem is not a problem when nobody can actually see it...

Welcome to democratic Europe! The bones of ancient Greeks would tremble...

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THE YOUNG MEDICAL COMMITTEE OF PERUVIAN MEDICAL COLLEGE

"Junior Doctor Network Country Champion WMA, Buenos Aires 2016"

