

# World Medical Association Junior Doctor Network



## Newsletter Issue 9

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Chair  
**ADDRESS**

JDN has shown progress during the last year

CARRER IN  
**MEDICINE**

How do Greek junior doctors perceive their professional future?

YOUNG DOCTOR IOF  
**Macedonia**

MMA, has been admitted as a full member of our National Medical Society.

# KAMPO

Traditional and complementary  
medicine re-emerging in Japan



**Expediente**

NOW Accepting Submissions for our next Issue!

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**Acknowledgements**

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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

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# SUMMARY



**NEWS**

## JDN

A new idea of JDN is about to be changed to a global project by offering international electives rotations to junior doctors.



### Physician Wellbeing

Another year has passed since WMA-JDN started in 2010. It is now in its 6<sup>th</sup> year of foundation and there is an increasing numbers of members worldwide. The last election occurred in the WMA-JDN meeting in Moscow in October 2015. Dr Ahmet Murt from, Isatambul, Turkey has chaired the new team. This team comes from different regions: Africa, Asia-Pacific, Eastern Mediterrean, Europe, North America and Latin America and has balanced gender ratio.

This newsletter is the official publication of WMA-JDN. On it, you can find what WMA-JDN and regional/local JDN around doing. Also you can use this newsletter as a source of networking and start project with other junior doctors that have the same goal and objectives. We really want that you thank advantage of it and start contributing with articles so we can expand our organization and other physician in-training can learn what you are doing.

This issue includes:

- Ahmet Murt, MD make his chair address for the new term.
- Konstantinos Roditis, MD, MSc and Irene Kefalidi, MD recounts How do Greek junior doctors perceive their professional future.
- Tomomi Kishi. reports Kampo, herbal medicine: Traditional and complementary medicine re-emerging in Japan
- Agostinho Moreira de Sousa discuss about Conselho Nacional do Médico Interno (CNMI) - Resident Doctor's National Council.
- Sead, Zeynel MD highlights newly established Young Doctors of Macedonia.
- Ricardo Correa and Wunna Tun talk about physician wellbeing and mention a proposal

We are sure that you will enjoy the stories and articles published in this issue.

# EDITORIAL



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Editor in Chief, JDN Newsletter,

WMA

and



Dr. Ricardo Correa, MD, Es.D

Publication Director JDN, WMA

## 6<sup>th</sup> year of foundation



Chair

# ADDRESS

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Written by Dr.Ahmet Murt

JDN has shown progress during the last year with on-going projects and many new initiatives. This was possible by efforts of members/organizations and close-monitor from the JDN management team (governing council). We should never forget the WMA officials as our facilitators and WMA secretariat that has provided support to our work.

JDN is a developing and improving organization since its foundation. The potential has now reached a level that

should be further utilized for broader projects. JDN has the vision to be the main key body of young medical professionals worldwide. This has already been achieved in some parts of the world. This role should be intensified by close partnerships with other physician organizations locally and nationally.

Unconditional inclusion of junior doctors as a member of the decision-making mechanisms is quite important. This should also happen in all segments of the hierarchical management of healthcare institutions (i.e. Junior Doctors should have such opportunities in their departments,

We hope, all the members of our profession will keep themselves up-to-date with what the JDN is doing.

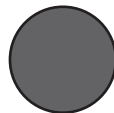
at their institutions, at a regional and national level). We should once more underline the fact that the junior doctors are forming the main medical workforce in many regions of the world and their expectations from the healthcare systems should be well understood. Experience sharing between different organizations and countries is quite important and JDN has the vision to offer such opportunities both to its members and to other organizations. While this can be about the regulation of medical profession by inclusion of junior doctors, it may also happen by providing educational opportunities to junior doctors across the globe.

A new idea of JDN is about to be changed to a global project by offering international electives rotations to junior doctors.

This will give our colleagues the chance to analyse a healthcare system of another country and to understand how similar the challenges are in different parts of the world.

Last month, we were happy to witness that the governments are well aware of the health related consequences of climate change. A new era in this aspect will be opened when the governments reconsider their obligations on the right to health of the humankind. Junior doctors were quite active during the negotiations and this was a clear message to our distinguished profession that the future will be in the saving hands of today's junior doctors.

We hope, all the members of our profession will keep themselves up-to-date with what the JDN is doing.



## **SAVE THE DATE! UPCOMING MEETINGS IN 2016**

March 1<sup>st</sup>- 8<sup>th</sup> 2016: IFMSA Alumni Meeting, Malta

April, 27<sup>th</sup>, 2016: WMA Junior Doctors Network Meeting Buenos Aires, Argentina

May 13<sup>th</sup> 2016 (tentative): JDN Regional Meeting for Middle East and North Africa, Kuwait

May 13<sup>th</sup> – 14<sup>th</sup>. May 2016: EJD Spring Meeting, Vilnius, Lithuania

May 21<sup>st</sup> – 22<sup>nd</sup>, 2016: JDN Working Meeting in WMA, France

October 17<sup>th</sup>-18<sup>th</sup> 2016 (tentative): WMA Junior Doctors Network Meeting Taipei, Taiwan

# Careers in Medicine:

## HOW DO GREEK JUNIOR DOCTORS PERCEIVE THEIR PROFESSIONAL FUTURE?

Written by: Dr. Konstantinos Roditis, MD, MSc, JDN-Hellas Chair  
and Dr. Irene Kefalidi, MD, JDN-Hellas Substitute Executive Board Member

Continuing last year's tradition, JDN-Hellas celebrated this year's June 24<sup>th</sup> - World Young Doctors' Day by designing and conducting an online survey targeting young physicians who live and work in Greek public Hospitals.

An online questionnaire was created, based on existing literature on the subject as well as current issues that affect career choices and decision-making of Greek junior doctors. The questionnaire which stayed available online for 30 days (22 May-21 June 2015) was disseminated through social media, mailing lists, oral announcements and word of mouth to various teaching hospitals in Greece.

The survey provided some very interesting results.

Answering to the question "How do you imagine your career in medicine after 15 years?", junior doctors who participated in the survey answer: as a specialized doctor in private practice (45%), as a consultant in a public hospital (21%), as a consultant in a private clinic (12%), as the head professor/chairman of a clinic (10%), as a research doctor in a research center (5%), as a

doctor of public health (2%) and as a trainee doctor (2%). A low percentage of interest was observed in the research field, as only 31% of the participants in the survey expressed that they very interested in research.

Another important finding of this survey is the geographical allocation of the answers to the question "As long as you decide to stay in Greece after the completion of your specialty training, in which district of the country you would work?" The vast majority of the participants (59) choose the district of Attika (Athens), 16% choose the district of Central Macedonia, 10% the South Aegean district, 9% the district of Western Greece, 5% the North Aegean district and 2% the district of East Macedonia and Thrace.

The factors that affect the selection of the workplace of the participants are many, such as: quality of the working environment (acceptable/good infrastructures, satisfying equipment), mentioned by 86% of the participants, wage/salary elevation, mentioned by 59%, cooperation opportunity with capable colleagues,

mentioned by 59%, working load, mentioned by 48%, magnitude/size of the town/city /village they work, mentioned by 47%, health personnel access to special equipment, mentioned by 47%, professional standards (ex. working environment with advanced medical services, such as telemedicine), mentioned by 44% and access to "harder" or demanding medical/patient cases, mentioned by 34%.

Two other parameters were examined in the survey, the perception/belief of Greek junior doctor about the workload and the work-life balance ratio for a specialized doctor. The attitudes seem to differ depending on the medical specialty. Workload of a trainee in General Medicine (33% unmanageable, 59% heavy /demanding , 9% as needed/mandatory, 0% manageable), working



“ The factors that affect the selection of the workplace of the participants are many, such as: quality of the working”

load of a trainee in General Surgery (29% unmanageable, 66% heavy/demanding, 2% as needed/mandatory, 3% manageable), working load of a trainee in Anesthesiology (12% unmanageable, 57% heavy/ demanding, 26% as needed/mandatory, 5% manageable), of a trainee in General Practice (6% unmanageable, 28% heavy/ demanding, 38% as needed/ mandatory, 28% manageable). Work-life balance ratio of a trainee in General Medicine (0% outstanding, 5% good, 21% satisfactory, 52% bad, 22% unacceptable), General Surgery trainee (2% outstanding, 3% good, 19% satisfactory, 50% bad, 26% unacceptable), Anesthesiology trainee ( 3% outstanding, 14% good, 41% satisfactory, 38% bad, 4% unacceptable), General Practitioner trainee

( 16% outstanding, 28% good, 29% satisfactory, 24% bad, 3% unacceptable).

In conclusion, following the general “flow” of the young Greek scientist abroad, the majority of Greek junior doctors (at least 59%) think to abandon the country after the completion of specialty training and work abroad, 38% of the participants would choose United Kingdom as a future working destination, 15% would choose Sweden, 12% Germany, 6% USA, while 29% of them would choose another country.

The survey is to be presented soon to medical students and junior doctors as a poster presentation at the 42<sup>nd</sup> Panhellenic Medical Conference in June 2016 in Athens.



## YOUNG DOCTORS OF MACEDONIA

Written by

Sead Zeynel, Young Doctors of Macedonia

Following the Young Doctors Leadership meeting held in Ohrid, Macedonia, 8<sup>th</sup> of August, the foundation of the Young Doctors Network in Macedonia has been initiated and upon the application submitted to the executive board of the Macedonian Medical Association (MMA), our association has been admitted as a full member of our National Medical Society.

The aim of the newly founded association named 'Young Doctors of Macedonia' is to establish a common ground for young doctors in Macedonia, which will represent a network that shall foster collaboration opportunities both nationally and internationally.

As the founders of the young doctors' association are already an active participants in WMA JDN activities, one of our objectives is the formation of stronger bonds between the regional Young Doctor's Networks, as well as promoting locally and nationally raised activities in an

international setting, and implementing international campaigns and projects in our community.

Last but not least, it must be emphasized that this initiative of the founding members is in step with the global trend of formation of youth networks within the existing National Medical Societies all over the world. Moreover, after 70 years of the existence of the Macedonian Medical Society, there is such a bold initiative raised out of a group of enthusiasts that have had envision it at the very beginning of their foundation with a strong conviction of its necessity and furthermore, the full energy to carry out the process up to reaching the ultimate goal.

For all the above-mentioned events that unfolded in the period behind us, on behalf of the Young Doctors of Macedonia, we extend out deep appreciation to the Chair of the WMA JDN, Dr. Ahmet Murt and the President of the MMA, Assoc. Prof. Dr. Goran Dmitrov, for the unreserved support they have provided.





**KAMPO: TRADITIONAL AND  
COMPLEMENTARY MEDICINE RE-  
EMERGING IN JAPAN**

Written by Tomomi Kishi  
Japan Medical Association,  
Junior Doctors Network  
(JMAJDN)

Think back to your childhood. When you caught a cold, what did your parents do for you? In my case, my mother gave me plenty of grated apples and a mysterious “nutritional drink” with a distinct whiff of garlic; she then tucked me into a warm bed. I am grown up now and work as a family physician. I have prescribed dozens of medicines whose benefits have been confirmed by research, but I have not found any evidence suggesting that garlic and apple can be used to treat a cold. Nevertheless, I believe that those nutritious foods relieved my symptoms in some way.

Modern medicine has advanced, but some symptoms are not yet fully understood. In other words, there are some illnesses for which the best cure is still unknown. Traditional and complementary medicine (hereinafter referred to as T&CM) can contribute in these areas.

In the last few decades, the use of T&CM to supplement modern medicine has become popular in Japan. There are three kinds of traditional medicine in Japan: Kampo, acupuncture, and acupressure. Kampo is an herbal medicine, which was originally introduced from China 1500 years ago. Each formula is a mixture of several plants and is used for several purposes. Due to the complexity of the formulas, Kampo has for a long time been prescribed by only a

limited number of health care professionals. Recently however, several pharmaceutical companies, such as Tsumura, have started to produce Kampo formulas in factories under standardized and regulated conditions, precisely following the descriptions in the classical literature of Chinese traditional medicine. In 2000, the Ministry of Health, Labor and Welfare of Japan decided to include Kampo under the national health insurance program, and now nearly 84% of doctors prescribe Kampo in daily practice.

One example of a commonly prescribed Kampo formula is Daikenchuto (DKT)—the best-selling Kampo medicine in Japan. It is a mixture of carrot, Japanese pepper, and ginger that is quite popular among surgeons as it reduces the risk of post-operative ileus. Furthermore, it has recently been shown that DKT prevents ileus by improving the vascular supply to the intestinal mucosa.<sup>1)</sup> Another example is Mao-to, which is made from ephedra, cinnamon, licorice, and apricot; it reduces the duration of fevers in children with influenza A. Specifically, in one controlled trial on children aged 5 months to 13 years who had fever and influenza-like symptoms, the time of defervescence was faster in the group taking Mao-to for more than 48 hours than in those taking Oseltamivir or both Oseltamivir and Mao-

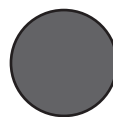
to for the same duration.<sup>2)</sup> Although it is generally hard to confirm the effectiveness of herbal medicine using the commonly accepted theories of modern medical science, evidence for the efficacy of Kampo is increasing, and it is now widely used by physicians to treat symptoms that modern medicine lacks an effective treatment for.

Similarly to Kampo in Japan, other types of T&CM are used all over the world; namely, Unani, Ayurveda and Chinese traditional medicine. In Cuba, T&CM was the savior of the healthcare service. Because of economic sanctions imposed by the USA, it became extremely expensive to import healthcare equipment and medicine, especially after the fall of the Soviet Union. Therefore, Cuba urgently needed to increase domestic production of medicine. In the 1990s, the Cuban government built a research center for T&CM; they also created nationwide policies that pressured the domestic healthcare institutions into using T&CM. In Cuba, students spend 200 hours on T&CM in medical school; the curriculum

includes herbal medicine, trigger-point injections, massage, heat therapy, magnetic therapy, moxibustion, yoga, and music and art therapy. Most Cuban physicians prescribe herbal medicine.<sup>3)</sup> Indeed, one topical herbal medicine is produced in Cuba that can reduce the pain of arthralgia.<sup>4)</sup> T&CM in Cuba helped to reduce healthcare expenditure with good health outcomes.<sup>5)</sup>

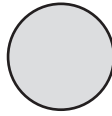
As described above, T&CM is widely used throughout the world. In fact, T&CM education was provided at medical schools in approximately 30% of countries worldwide in 2012, and an increasing number of universities teach T&CM in their official curriculum<sup>6)</sup>. To maximize the power of T&CM, it is essential to improve both safety and the qualifications of those who practice the method. I believe that integrating appropriate T&CM into the healthcare system would help people live healthier lives, as well as reduce medical bills.

Conflict of interest statement none declared



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# CONSELHO NACIONAL DO MÉDICO INTERNO (CNMI) Resident Doctor's National Council

Written by Agostinho Moreira de Sousa

It is our great pleasure to share with you the work of the Conselho Nacional do Médico Interno (CNMI) - Resident Doctor's National Council.



CNMI is a council within the Ordem dos Médicos (Portuguese Medical Association). It is composed by a team of 18 Junior Doctors, elected for a term of 3 years, who represent all the resident and junior doctors in Portugal

This body is responsible for following up the quality of graduated qualification of residents. It represents the Portuguese Medical Association in different commissions of the Ministry of Health on matters related with the residency and graduated medical education. CNMI also provides support for any issues that arouse for young physicians in Portugal.

Alongside those tasks, CNMI organize a

handful of activities for residents and junior doctors, regionally and nationally and work in specific advocacy actions, such as:

- mostrEM (Show your specialty)

Every year, about 1300 young doctors participate in three regional conferences, where around 40 senior residents and speakers present their specialty and training to those who are about to choose one. There are also additional workshops and lectures happening in the conferences, such as - this year - work in the ER and communication with patients. The conferences attract a significant amount of national media coverage and we seize the moment to use it for opening up about the existing problems in education of young professionals.



- Medicine National Congress/  
Residents National Congress



The annual National Medicine Congress is organized jointly by Portuguese Medical Association and CNMI, where CNMI has a special National Residents Congress. The Congress has a different theme every year. Among the speakers one can find representatives of civil society and renowned international figures. Questions of everyday Portuguese reality are usually addressed in the Congress.

#### Doctors' Demographics and Medical Workforce Changes

For the first time in decades, recent graduates didn't have a place in Residency programs in Portugal. We are following up the integration of doctors without a specialty, since this scenario isn't common in the Portuguese Health System.



This situation can lead to a decrease of working conditions and salaries of young doctors in the near future and difficulties in

establishing a long term career.

CNMI is closely following the process of specialty selection for recent graduates, which will happen in June of 2016. We have also organized a lecture to spread out more information and address all concerns.

#### Survey regarding burnout

In a scenario that is happening all over the world, more and more residents are complaining about burnout. To measure it in order to have a clear picture of the current situation, CNMI-OM is preparing a survey regarding the working and educational conditions to be distributed to all residents in Portugal.

#### Residents' Representation Teams

CNMI is investing on a closer collaboration with the residents at local level. We are providing them support and motivating residents that don't have a team that represents them at local level to create that team. All the resident doctors that are present in the location where they are getting their training elect the teams in an annual basis.



CNMI also worked in the creation of a manual to those teams, in order to support their work. We also transmit their concerns to the national bodies and they share the information that is happening at national level to the residents in that location.

For more information, please check our new website ( [www.cnmi.pt](http://www.cnmi.pt)) and our facebook page ([www.facebook.com/cnmi.om](https://www.facebook.com/cnmi.om))



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Physician

# WELLBEING

A WMA-JDN priority



By Dr. Ricardo Correa, MD, Es.D and  
Dr. Wunna Tun, MBBS, MD

Physicians especially  
residents and fellows  
experience high  
levels of work-related

burnout, and mental health disorders. During this stage, trainees are more susceptible to developing dehumanizing traits, and stigmatizing attitudes (1). This is very important because it translates to poor patient care and/or patient safety. Physician wellbeing is defined as the presence of positive emotions and moods, the absence of negative emotions, satisfaction with life, fulfillment and positive functioning” in the context of “physical wellness.” (2).

Physician wellbeing can be divided in two dimensions: 1. Stress, Burnout and Sleep Deprivation (SBSD); 2. Substance Abuse Disorder (SAD). SBSBD is not a new phenomenon but in the last years prevalence has been increasing (3). It is define as a syndrome of emotional exhaustion, depersonalization and reduced personal accomplishment that can affect quality of care and productivity with dire consequences for health systems (4). Besides this statement, sleep deprivation has been linked to a greater risk of surgical complications, medical errors, increased rate of needle-stick injuries and post-shift car accidents (5). SAD might be more common than one would imagine. The most commonly abused substance is alcohol but sedatives, stimulants or opiates and psychedelics are also used by physicians (6).

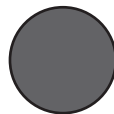
Over the past years, physician wellbeing has become a hot topic among patients, providers and national and international medical organization. Several systematic reviews and meta-analyses

have consistently found higher suicide rates among medical professionals (7). Some of them found that the suicide rate ratio for male physicians, compared to the general population, was 1.41; for female physicians, the ratio was 2.27 (8). This year wretched events happen in New York City where 2 residents committed suicide with few weeks different one from another. This are not isolated events but more the tip of the iceberg of a bigger problem that involve graduated medical education, humans and medicine as an organization.

The Junior Doctor Network (JDN), the voice of junior doctors worldwide, released in 2014 a white paper to the World Medical Association (WMA) that proposes an informed and universally applicable approach across specialties and career stages that will help shape future discussions on these important issues globally (9). This white paper after a lot of work became a resolution that was approve in the WMA 2015 General Assembly in Moscow.

As you can see, we can make the change at a local, regional and national level. We are the frontline of medicine and our voice need to be heard.

The authors of this article are proposing the “white campaign” to promote physician wellbeing at all level (i.e, medical student, resident and fellows, attending physician, etc). In our next newsletter issue we will explain more about this campaign.



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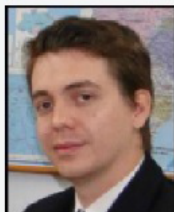
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# Junior Doctor Network Meeting Moscow 2015

