

Japan Medical Association Junior Doctors Network Report on the WMA Council Session, Tokyo 2014

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General Overview*¹

The World Medical Association (WMA) Council Session was held at the Hotel Nikko Tokyo, Tokyo, Japan from April 24 to 26 of 2014. In concert with this meeting, the WMA Junior Doctors Network (WMA-JDN) also met on April 27.

The principal objectives of this WMA-JDN meeting were to enhance the organization's power, as was discussed in the preceding WMA General Assembly (Fortaleza, Brazil, in October 2013), a meeting attended by Drs. Mishima and me, and to share information on the actual conditions of various member countries.

The purpose of the Japan Medical Association Junior Doctors Network (JMA-JDN) in the WMA-JDN meeting was to facilitate the attendance of JMA-JDN members who are usually busy working and find it difficult to take a leave of absence to attend meetings held overseas, encouraging exchanges with junior doctors from around the world. The ultimate goal is always to enhance the interactive experience. To this end, the date of the WMA-JDN meeting that had been scheduled for prior to the Council Session was changed to Sunday. As a result, despite being very busy, a total of 7 doctors from the JMA-JDN participated, and one additional doctor participated in the hospital inspection tour. The WMA-JDN meeting was considered to be successful, according to impressions expressed by the members. Thanks to the warm and sensitive support of JMA members and staff and the

admirable work of Dr. Mishima, Deputy Chair (External Affairs) of the JMA-JDN, we were successful in holding the WMA-JDN meeting, after adjustment of the date and venue of the meeting to allow reservation of the venue, facility, exchange events among junior doctors, and the Japanese hospital inspection tour. Participating junior doctors from other countries were delighted and profoundly grateful to have this opportunity.

It is particularly noteworthy that the content of the WMA-JDN meeting provided a valuable experience allowing junior doctors to directly receive messages sent from various viewpoints by WMA leaders. In addition, a lecture on disaster medicine in Japan was given by Dr. Masami Ishii from the JMA of the host country. Because the subject was timely, including earthquake, tsunami, and damage caused by radiation, junior doctors from various countries listened with interest, and asked many questions. In particular, the system of providing continuous care to disaster sites by interchanging Japan Medical Association Team (JMAT) crews in short intervals appeared to be a particularly worthwhile and exciting innovation for doctors from other parts of the world. Presentations, as a means of sharing information, focused on the actual status of junior doctors in various countries.

As a presentation from Japan, an overview was given of the organization of the JMA-JDN, and Dr. Shin-u Hayashi explained the results of reviewing reports on physician well-being in

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Japan. As expected, this elicited several questions, and we had the opportunity to share this information, which is not described in research articles or expressed in figures, on the actual work environment status of junior doctors in various countries. Discussions also extended to the topic of support systems for female doctors, in terms of pregnancy and delivery, which vary greatly among countries.

During this WMA Council Session, South Korea submitted a proposal to produce a short-term exchange (overseas study) program between South Korea and Japan, considering the promotion of the JDN in the Asia-Pacific region. A suggestion for an exchange program with Japan was also put forward by Brazil, and it was decided to pursue a course of discussing the details of this issue. These are good opportunities for exchange of junior doctors, although there are issues of doctors' qualifications, expenses, safety, and so on, to be considered. This program is the first attempt of its type for the JDN worldwide, and it would presumably be necessary for the exchange program to proceed with consideration of maintaining continuity while consulting with the JMA.

In my view, there was no progress in the actual status of the WMA-JDN as an organization from the previous WMA General Assembly held in Fortaleza, Brazil. Although there is a philosophy in place, the definitions of junior doctors and members, the organizational structure, and the method of officer election remain ambiguous. Although there is general consensus regarding the need for and the importance of addressing these issues, the lack of a working group start-up initiative, the absence of any one individual responsible for it, and as yet inadequate task management suggest that WMA-JDN officers are too busy with their day-to-day work to take on these responsibilities. It also seems that there is a problem with the structure of the organization because this has been an ongoing situation for more than 4 years. However, this time, the decision was made to set up a Working Group for Membership, and the JMA-JDN plans to send representative(s) to this working group. In the future, communication with WMA-JDN officers should be promoted, and Japanese junior doctors should become candidates for officer election.

Once this meeting has been fully concluded, the JMA-JDN intends to proceed with the following four activities in parallel. First, the realization of the exchange programs with South Korea and Brazil as a stepping stone will be implemented to establish and further strengthen good relationships within the WMA-JDN and Asia-Pacific region. It is preferable to send the same members to the meetings of the WMA-JDN, and to participate actively in working groups, thereby increasing the JMA-JDN's presence. Second, we must carry forward the Survey Project, which targets physician well-being, in small steps. In this meeting, a strong desire to promote physician well-being was heard from various countries. In cooperation with countries conducting the Survey, centering on Canada, preparation of an article as a product of the Survey is intended. Third, it is necessary to plan and implement events that provide seminars and workshops in which junior doctors have an interest, regardless of their specialties, in such a form as the general assembly of the JMA-JDN. Although it is common for existing organizations to participate in the WMA-JDN, Turkey and Nigeria are launching new organizations, like Japan. It is necessary to hold priming events to gain the recognition of the JMA-JDN in Japan and to provide opportunities to more junior doctors in this country. Fourth, for the JMA-JDN to establish itself with a solid footing, it is necessary to continue to address its organizational philosophy, structure, and articles of association.

In closing, an acknowledgement is made to Dr. Ishii, who has consistently provided us with valuable opportunities, staff in the International Affairs Division, and members of the Global Health Committee and Junior Doctor/Medical Student Subcommittees. Along with my JMA-JDN colleagues, my goal is to produce a platform for junior doctors across Japan to conduct activities involving public health and health policy.

Facility Tour to National Center for Global Health and Medicine and Launching of the International Exchange Program*²

As Deputy Chair, I had the opportunity to participate in the JDN meeting held in concert with

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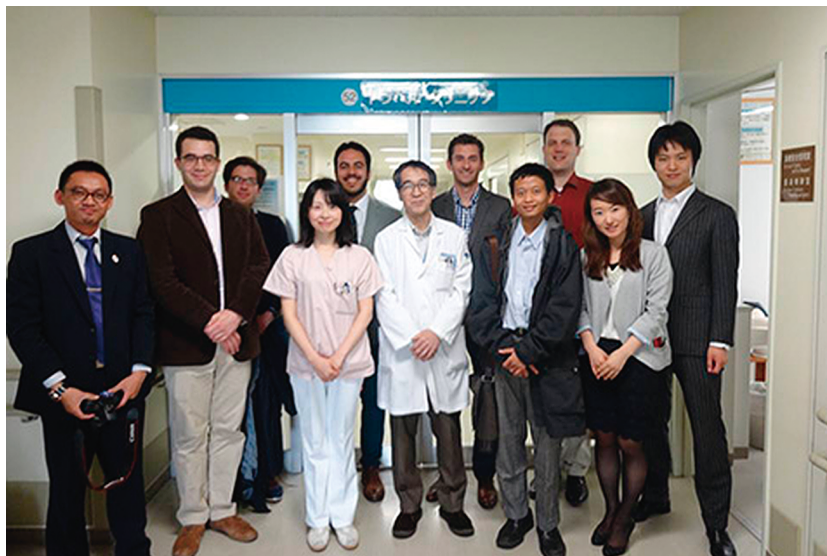


Fig. 1 Visit to the special infectious disease ward in the Disease Control and Prevention Center

the WMA Council Session in Tokyo. This report describes my experience as a member of the executive committee on the Japan side for the JDN meeting in holding a facility tour to a Japanese medical institution and social activities during the period of this meeting. The plan of the international exchange program, from future perspectives, will also be referred to in this report.

On April 25, a total of 9 JDN members from Japan and overseas visited the Disease Control and Prevention Center (DCC) of the National Center for Global Health and Medicine. The DCC, which was set up on October 1 of 2004 in response to the SARS outbreak, is composed of 3 divisions, i.e., the Global Infectious Disease Prevention Division, Travel Clinic, and Infectious Disease Division. Through lectures given by doctors from the DCC, it was explained that the DCC is now functioning as a clinical referral center for clinical infectious diseases in Japan as well as being engaged in training of healthcare professionals in the field of infectious diseases, the provision of information on infectious disease control, and research. We also visited the special infectious disease ward attached to the DCC (**Fig. 1**).

After the lectures, we had time to exchange opinions among the attending JDN members about infectious disease control, vaccination sys-

tems, and reporting systems for emerging and reemerging infectious diseases in each country. Sharing information and having discussions about systems and social backgrounds which vary among countries provided us with a special and very interesting experience. During the WMA meeting, some volunteers planned a social gathering at a Japanese style pub and karaoke bar. Although online meetings are usually the main form of exchange, junior doctors from various parts of the world met for the first time, and enjoyed the music of various countries and having a meal together, in a very relaxing atmosphere. We were thereby able to foster closer relationships. This was an attractive opportunity provided by the JDN to have the uniquely pleasurable experience of singing songs in various languages together, without actually needing to know these languages. Some senior members of the WMA Secretariat also participated, and dialogue beyond national borders and generations was thus promoted. The JMA also hosted a Japan tour to Tokyo Tower, Asakusa, and Zojoji Temple. We believe that participants enjoyed the comfortable public transportation system in Japan, Japanese food, and the hospitality of Japanese people. These events held prior to the JDN meeting provided an opportunity to hear the views and understand the backgrounds of

each of the participants, and presumably facilitated discussion in the JDN meeting and produced new ideas from these off-line conversations.

An outcome of this meeting is that the ideas of overseas study programs between Japan and Brazil and between Japan and South Korea arose from dialogues in the JDN meeting, and these ideas are now moving into the phase of taking action to achieve their realization as projects. Although details of the contents and dates are under consideration, we intend to provide an opportunity for junior doctors in Japan, Brazil, and South Korea to train and study together at sites of clinical practice, research, public administration, etc. We hope that junior doctors will interact beyond their specialties and backgrounds, and use the program as the venue of an

international network for junior doctors in Japan and the rest of the world. As a step toward achieving this goal, the organizational system of the JMA-JDN should first be prepared, and discussion further deepened. Participation of a wide spectrum of Japanese junior doctors is also necessary.

We anticipate that the friendship and bond strengthening that occurred at this meeting in Tokyo will contribute to further progression of our activities, and it is desirable that such social events be planned henceforth as part of all future JDN meetings. I am deeply grateful for the opportunity to participate in this event, and express my sincere gratitude to the WMA, JMA, and JDN members for their invaluable cooperation.