

Japan Medical Association Junior Doctors Network Report on the WMA General Assembly, Durban 2014*¹

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Report of the JDN Meeting (Table 1)

The role of junior doctors in the Ebola outbreak

An invited guest from the Centers for Disease Control and Prevention (CDC) gave a lecture and then opened a question-and-answer session on the Ebola Virus Disease (EVD) prevalent in West African areas. Basic medical issues regarding EVD were explained, and the opinion was expressed that the Junior Doctors Network (JDN) should also attempt to make these issues known widely in order to protect junior doctors in various countries. In particular, the fact that wearing a mask, goggles, and a visor is recommended should be known by general healthcare professionals as well.

Because the World Medical Association (WMA) General Assembly was held in South Africa, many African junior doctors were present, and junior doctors from West African countries were able to hear the lecture directly. EVD often occurs in country villages in West Africa, and measures against Ebola do not appear to be working well due to the lack of medical resources available in these villages and deficits in the healthcare system. On occasion, people in a village where Western medicine is rejected reportedly will battle Ebola employing traditional medicine and will not ask for help from international organizations until a substantial number of people have become infected.

In areas with actual Ebola outbreaks, major problems include the following: how to address feverish patients in the waiting room, how the emergency crew should respond in the vehicle serving as an ambulance, and how to deal with Ebola by differentiating this infection from Lassa fever or other diseases. Reportedly, although experience with HIV infection control is extrapolated to Ebola control, the response is delayed because Ebola is a hemorrhagic fever which is characterized by acute onset and high mortality, unlike HIV infection. A representative of the JDN in Nigeria explained that it is difficult to put domestic systems in place under circumstances in which an Ebola outbreak already exists, reporting confusion in the field. Although questions were raised concerning vaccination, new drugs, and treatment using sera obtained from those patients who were in remission from EVD, the CDC responded that safety had not yet been established for any of these measures. In addition, the audience was informed that the CDC was preparing simpler and more practical materials.

Discussion with WMA Secretary General

The WMA Secretary General, Dr. Otmar Kloiber (Germany), was invited to discuss the optimal way for the JDN to operate. Currently, the WMA has 111 member nations. The International Federation of Medical Students' Associations (IFMSA) is an organization representing medical students. An opinion was expressed that the

*1 WMA General Assembly was held in the Durban International Convention Center, Durban, South Africa, October 8-11, 2014.

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Table 1 JDN meeting agenda at the WMA General Assembly, Durban 2014

<p>Day 1 (Monday, Oct. 6)</p> <ol style="list-style-type: none"> 1. Welcome & Introduction 2. Conference 1: “WMA—How it works and the role of JDN in its structure” Dr. Otmar KLOIBER, WMA Secretary General (Germany) 3. Health Response to Women Reproductive Health and Rights Abuses Dr. Margaret MUNGHERERA, WMA President (Uganda) 4. The Role of Junior Doctors in Ebola Outbreak: Interaction with the CDCs of Nigeria, South Africa, US, or Sierra Leone 5. JDN Africa Project: The journey so far—The JDN Africa exchanges, research, meetings, JDN Africa networks in African countries 6. JDN Physician Well-being Mini-Conference <ol style="list-style-type: none"> a. Welcome & Introduction b. Overview: Physician well-being for junior doctors c. Physician Stress & Distress Panel d. Fatigue, Sleep Deprivation & Medical Error e. Plenary Discussion: Next steps f. Closing Remarks <p>Day 2 (Tuesday, Oct. 7)</p> <ol style="list-style-type: none"> 1. Welcome & Introductions 2. Confirmation of agenda, apologies, accept last minutes (Tokyo, April 2014) 3. JDN Update <ol style="list-style-type: none"> - Overview - WFME Global Standards for Quality Improvement of PGME - Review of WMA policies/submissions 4. Leadership Project 5. Introduction to represented junior doctor countries—including experience sharing 6. Elections 7. Introduction to represented junior doctor countries—continued 8. JDN Operations Discussion: Planning/goals, capacity building, funding/meeting planning, next meeting

JDN should endeavor to earn trust in small steps through participation in the general assembly, presentation of proposals, submission of articles, and so on, in order to establish its position as a representative of junior doctors. The WMA understands that its organization does not necessarily guarantee equality because the assigned number of votes is greater for more affluent countries, and it also seems that the WMA understands the presence of influences on healthcare from various factors outside the field of healthcare, such as the Trans-Pacific Partnership (TPP) and transportation systems. Dr. Kloiber noted that the WMA considers the opinions of junior doctors actually working in the healthcare setting to be very important, and suggested that the JDN send its opinions to the society, making good use of the WMA and other relevant organizations. He made three recommendations to the JDN regarding relevant activities: actually seeing

patients; practicing campaigns; and conducting political activities in cooperation with various national medical associations and the WMA.

Discussion with the WMA President

Dr. Margaret Mungherera (Uganda), the WMA President, was invited to speak to us. She was supposed to deliver a lecture on women’s reproductive health, but instead gave a short speech due to time constraints.

The launching of regional activities is expected from the JDN. The prolonged lack of leadership in African regions has brought about the deficiencies in current healthcare systems. Although it is often the case in many regions that junior doctors do not have good opportunities due to traditional paternalism, it is now considered to be necessary for the JDN to take a leadership role. Doctors in the 21st century have their own methods and practices of IT, communication, and



Mishima (front row, fourth from right) and Abe (back row, second from right) at the venue of the JDN meeting

handling information; these means should be used to achieve optimal outcomes. Dr. Mungherera gave an enthusiastic message: the JDN should be a communicator, politician, and engineer, and should be stronger; the leader needs to be a strong motivator.

JDN Africa Project

The JDN is conducting a project that has been dubbed the Africa Project, which was launched at the WMA Council Meeting held in Tokyo in April 2014, based upon the intention to form links among about 50 nations of the JDN on the African continent. However, the project is not currently proceeding with the desired progress because there are barriers involving language, race, people's fears regarding the new organization, etc. These challenges with the current status of the project were reported. The JDN still advocates promoting the project through mutual feedback not just among African nations but within the JDN overall.

Physician Well-being Mini-Conference

The background for the development of the Physician Well-being Policy Statement initially submitted by the JDN at the last WMA General Assembly in Fortaleza, Brazil was explained. At

that time, the information on the current situations of each country was shared. In South Korea, resident neurosurgeons may labor under extreme conditions such as continuously working for 100 h while not returning home for 100 days. A Japanese representative presented the report that had been given at the meeting in Tokyo in April.

JDN update

There were ongoing discussions about the building of the organization. However, advancements have not yet been fully achieved because of the relationships within the WMA. For relationship-building with other parties, the JDN participates in activities with the WMA, World Health Assembly (WHA), and World Federation for Medical Education (WFME). In the future, along with changes in the organizational structure of the WFME, the JDN may acquire the right to vote in the WFME. In this case, an Education Officer from the JDN will participate, but this raises the issue of how to catch up with discussions already underway within the WFME. In addition, because the WMA also has the right to vote, there is the problem of one organization having two votes; these potential inequities and conflicts require further consideration.

IFMSA updates

The IFMSA is scheduled to alter the organizational structure, to achieve greater efficiency, in March, 2015. In particular, because the Alumni Director was not functioning well, the planned alteration includes its improvement. The strategic plan has also apparently been updated.

How to work with IFMSA is a challenge faced by the JDN. WMA membership is different from that of IFMSA. Therefore, it is currently unclear to IFMSA how to deal with the JDN and the WMA.

The JDN prominently requested that IFMSA members think about the day they become doctors. It should be considered that IFMSA strengthens the JDN, and that the JDN strengthens the WMA. Specifically, it was proposed that cooperation with IFMSA, in the forms of a newsletter and Facebook activities, might be worth exploring as means of enhancing these connections among the organizations.

Introduction to represented junior doctor countries

Several representative countries gave presentations. For us, among the most memorable was the report from South Korea that Korean residents went on strike demanding improvement of their work environment. It seems that no discernable changes in these circumstances resulted, however, and strong dissatisfaction thus persists in South Korea. Since many representatives from African countries were present, numerous reports were presented describing the very poor work environments of residents and frequent strikes in African countries.

Climate changes reported by the WMA Environment Caucus Meeting

Health hazards due to climate changes are a current topic for discussion in the WMA, and Dr. Peter Orris, associate member of the WMA, from the American Medical Association (AMA), and Dr. Dong Chun Shin, Chair of the WMA Environment Caucus Meeting, from the Korean Medical Association, lectured on this topic.

The actual situation of changes in diseases in relation to global warming was also explained. The energy and transit industries have the greatest influences on global warming, and CO₂ emission



Scene from the JDN meeting

from China is attracting attention. Harm from PM_{2.5} is also serious. The USA is finally taking a positive attitude toward the issue of global warming. Therefore, there will probably be a major turning point in this issue in the future.

Comment—1*2

Looking back on the JDN meeting and the overall WMA General Assembly

The JDN meeting was held on the campus of a state university in Durban City for a period of 2 days prior to the WMA General Assembly. A total of 23 JDN members gathered for this meeting in South Africa. It was very impressive that there were many young doctors from various African countries including South Africa, Zambia, Mozambique, and Nigeria. On the occasion of presentations from the participating countries, a number of enthusiastic presenters delivered their lectures, almost exceeding the allotted time, concerning the work environments of junior doctors and differences in medical education among their countries. In this situation, networking provided a very valuable opportunity for the participants. As a whole, topics related to Ebola were at the center of these lively and fruitful discussions. A lecture on Ebola was also given at the JDN meeting. As the true problems of anti-Ebola measures, various issues such as differences among customs remaining in each region of Africa and Western culture,

*2 This section was written by Dr. Chiaki Mishima.



Dr. Kloiber (back row, second from left), Dr. Mungherera (back row, third from left), and the JDN

specific ways of handling the dead which might deviate greatly from standard practices in the industrialized world, and poor access to health-care services were highlighted in this lecture, and the information was shared by attendees through reports by junior doctors from various African countries.

Based on these circumstances, we consider the two major issues—how each national medical association should function as a member of the WMA, and the role that Japan should play—to be very important.

Increasing JDN presence in the WMA

Activities in which the JDN is involved have gradually been increasing since the previous General Assembly in Fortaleza, e.g., the JDN meeting in Tokyo, empowerment of African regions, and policy recommendations focused on well-being, nuclear weapons, and the smallpox virus. In my view, these activities greatly increase the presence of the JDN.

During the General Assembly, expectations of the JDN in various scenarios were heard, suggesting that the presence of the JDN itself is exerting influences on the WMA. As noted in previous reports, the structure of the JDN is non-specialized, and there are mounting problems to be overcome before the progression of its activities, but we had the impression that the JDN is taking each step needed to reach this

goal. Japan has very good communication with Dr. Ahmet Murt, the newly elected JDN chair (Turkey). We hope to continue close cooperation among core members of the JDN, Japan, and Asian regions.

Role of Japan and future perspectives

Four doctors from South Korea attended this event. They expressed deep concern about junior doctors' long working hours, violence, and other issues. We were able to share information on their activities with clearly defined objectives, including strikes, in South Korea.

On this occasion, we viewed interchanges and excitement among African countries, and based on this, we advocate that the Confederation of Medical Associations in Asia and Oceania (CMAAO) and the JDN function cooperatively. To look into what we should do as Asian junior doctors, the first step to be taken is to discuss what problems we have now. For this purpose, we should consider establishing a network that links junior doctors in Asian countries including Japan to the JDN and developing communication tools effective among JDN members. For Japan to contribute to the JDN while taking a leadership role, it is important to expand both domestic and overseas activities by engaging in steady and continuous efforts. Among the functions and duties of the Deputy Chair, dealing on a deeper level with outgoing JMA-JDN corre-



With a bronze statue of Nelson Mandela

spendence, such as JDN networking in South Korea and other parts of the world and planning of programs for studying abroad and seminars, would be highly worthwhile.

The JMA, doctors from the Global Health Committee, and other persons involved in providing this precious opportunity are gratefully acknowledged.

Comment—2^{*3}

This General Assembly was held in the Republic of South Africa in the middle of the raging epidemic of EVD across West Africa. In a single phrase, the General Assembly could be characterized as “an assembly on EVD.” In the Plenary Session of the Assembly, there was heated discussion about whether to quote Article 37 of the Declaration of Helsinki in the emergency resolution concerning EVD,^{*4} and keynote speeches were mostly related to the severe epidemic of this virulent infection. In the JDN meeting, a lecture on EVD was given by a representative from the CDC, and actual conditions in the field were reported by participants from various

African countries. Conversely, discussions about the operation of the JDN and Policy Statement were far less prominent.

EVD may be an issue lacking reality for junior doctors in Japan, unless they are working for medical institutions actually dealing with class 1 infectious diseases. In this JDN meeting, however, we seriously discussed what we junior doctors should and can do to achieve control of EVD. Not a few healthcare providers including doctors who see Ebola patients at the scene flee in fear. From a practical perspective, ideas and opinions were exchanged concerning various issues ranging from how to transfer feverish patients and keep them waiting in the hospital to how to differentiate them from patients with other diseases. Treatments were also among the major topics addressed. In my view, these discussions reflected the actual situation of junior doctors. Employing this approach, a meaningful proposal was made to an expert from the CDC that a practical and easily understandable pocket-sized manual be developed.

On the other hand, in the Plenary Session of the Assembly, discussions were held from a higher perspective, concerning requests for national governments or international organizations about EVD, ethical issues regarding the administration of new drugs, etc. Discussions at the JDN meeting and the Plenary Session of the Assembly were in stark contrast to each other, but both were interesting as well as important.

Dr. Otmar stated in the JDN meeting that junior doctors should implement “actually seeing patients,” “practicing campaigns,” and “conducting political activities through national medical associations.” In my view, discussions on what junior doctors should and can do for various issues occurring in the world and in Japan should also be held by the JMA-JDN. In October 2014, the JMA-JDN held a workshop for junior doctors to consider community healthcare in 2025. Provision of such a venue for discussion is an important role of the JMA-JDN. In the next stage, conducting campaign activities probably has to be brought into view in order to more widely disseminate the acquired knowledge. Junior doctors tend to be inundated with the work of seeing patients, but at the same time, it

^{*3} This section was written by Dr. Kazuhiro Abe.

^{*4} See page 290.

is necessary to directly face, learn, and discuss various issues surrounding patients. Through these activities, the JDN (junior doctors) becomes more vigorous, which in turn strengthens the WMA and the JMA as well as healthcare in general, worldwide, as Dr. Mungherera, President of the WMA, so impressively stated. Dr. Yokokura, President of the JMA, and I had the pleasure of talking to the current President of the AMA, and we were surprised and highly impressed to hear that the president-elect of the AMA is a new young leader only 42 years of age. In contrast, we wonder whether Japanese junior doctors may currently lack the backbone to be ready for such a responsibility, instead harboring vague feelings of resignation regarding this issue.

While accompanying Dr. Yokokura (President, JMA) throughout this General Assembly, and when listening to Dr. Yokokura, Dr. Matsubara

(Vice-President, JMA), Dr. Ishii (Executive Board Member, JMA), and Dr. Kawashima (President, Tokushima Medical Association), I realized that they have in common the characteristic feature that they always bear in mind how to deliver optimal healthcare to people, and act altruistically on their convictions. The opportunities the JDN offers to junior doctors to aspire to these convictions and the self-sacrificing activities of more experienced senior doctors serve as invaluable guidance for the future of junior doctors. As the Chair of the JMA-JDN, my sincere gratitude goes to the JMA and senior doctors for giving us these opportunities.

The JMA-JDN intends to further provide junior doctors in Japan with venues for discussion and learning and to conduct enlightenment activities, as well as to play a coordinating role in the global JDN, particularly for the Asian and Oceanian regions.