

# WONCA News

An International Forum for Family Doctors



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## From the President: Lessons from Latin America



*Photo: Panel of presidents of WONCA's Iberoamericana Region: (from left to right, Julio Ceitlin, Javier Dominguez del Olmo, Adolfo Rubinstein, Liliana Arias, Maria Inez Padula Anderson)*

The Waynakay Movement is the organization for young family doctors in WONCA's Iberoamericana region (covering the Spanish and Portuguese speaking nations of the Americas, as well as Spain and Portugal). "Waynakay" means "youth" in the Quechua language of the Andes in the western part of South America. WONCA's Waynakay Movement is led by enthusiastic young family doctors including Andrea de Angulo from Colombia, Rodolfo Deusdará from Brazil and Virginia Cardozo from Uruguay. In March I had the opportunity to meet with many members of the Waynakay Movement at an energy-charged meeting in Montevideo in Uruguay. I learned about some of the challenges facing those training to become family doctors in many countries of the region, and their aspirations for their future careers.

*Photo: WONCA president with members of the WONCA Waynakay Movement*



I was in Montevideo, with 1600 other family doctors from 26 nations, attending the 4th WONCA Iberoamericana Congress on Family and Community Medicine hosted by the Uruguayan Society of Family Medicine (Sociedad Uruguaya de Medicina Familiar y Comunitaria) and led by the wonderful Jacqueline Ponzo. The theme of the congress was "quality and equity in health care" which is very appropriate given the focus of WONCA's current global work on strengthening primary care to ensure universal health coverage.

WONCA's Iberoamericana regional organisation was founded in 1981 by Argentine family medicine pioneer, Julio Ceitlin. The organization brought together societies and colleges of family medicine in the countries of the region and in 1996 was named the Confederacion Iberoamericana de Medicina Familiar (CIMF). In 2004 CIMF joined WONCA and brought the countries of South America and Central America into the WONCA family and made WONCA the truly global organization that it is today.

WONCA's Iberoamericana Region now includes 20 countries, from Mexico, Cuba, Puerto Rico and Dominican Republic in the north, through Central America and South America, to Uruguay, Argentina and Chile in the south, plus Portugal and Spain, and includes over 600 million people.

One of the highlights of the Montevideo meeting was a panel with several CIMF presidents, including Julio Ceitlin (now 90 years old), Javier Dominguez del Olmo from Mexico (2000-2004), Adolfo Rubinstein from Argentina (2004-2010), Liliana Arias from Colombia (2010-2013) and Maria Inez Padula Anderson from Brazil (2013-2018). These family

medicine leaders, past and present, engaged with colleagues in discussing the challenges facing family medicine in many countries and the opportunities to strengthen primary care and ensure universal health coverage for all people of the region.

*Photo: Palacio Salvo in Plaza Independencia (Independence Square) located between Ciudad Vieja (Old City) and downtown Montevideo*



WONCA is playing our part in supporting quality and equity in global health, and we have set ourselves three main challenges.

First, we are committed to better understand the strength of each of our member organisations in each region, and to expand WONCA's influence by supporting the development of new member organisations in more low- and middle-income nations, including all nations of Central America and South America, to ensure that all people have access to high quality family medicine.

WONCA's second challenge, recognizing the importance of the next generation of family doctors, is actioned through our commitment to supporting the next generation of family doctors especially through the development of young family doctor movements in all seven regions of the world, and through the appointment of a young family doctor to represent the world's young family doctors on the WONCA executive.

WONCA's third challenge is our commitment to strengthen WONCA's work with the World Health Organization (WHO) at global and regional levels to expand the role of family medicine in strengthening primary health care in all countries and supporting universal health coverage, and to ensure that each country has a well-trained and supported family medicine workforce.

Our work with the World Health Organization becomes stronger and stronger thanks to the leadership of our WONCA liaison person with the WHO, Maria-Luisa Pettigrew. In March the WHO released two interim reports on its new Global Strategy on People-Centred and Integrated Health Services. WONCA is contributing to the

development of this strategy and has been leading a consultation process that has involved hundreds of family doctors from around the world.

This new global strategy from the WHO aims to provide a "compelling vision of a future in which all people have access to health services". The strategy calls for reorienting health care systems to prioritize primary and community care services and includes reference to the important role of family doctors in countries like Brazil. The interim WHO report contains 10 quotes; four from patients and carers, two from health care managers, and four from family doctors. This recognition of the importance of the contributions of family medicine to people-centred and integrated health services is very welcome. Here are some of the extracts:

"I really value the long term relationship I have with many patients. I also know their families and the community well." Female family doctor from the WHO Western Pacific Region.

"We need more support from the government to adopt more family medicine and to increase the budget for primary health care." Female family doctor from the WHO Eastern Mediterranean Region.

"What I value the most in my work is good relationships with the people the nurses and I care for. We have a post-conflict multi-ethnic population. Once as bad enemies they now sit in my waiting room together and talk and understand each other." Male family doctor from the WHO Europe Region.

"Politicians need to understand that primary care is the backbone of any health system and getting it right will lead to cost benefits, healthier populations and public faith in the system." Male family doctor from the WHO Region of the Americas.

There is hope for global health as the world wakes up to the importance of strengthening primary care and the important role we play as family doctors in ensuring universal health coverage and high quality care.

Family medicine has the power to play a transformative role in the shaping of all societies, as we are seeing in the countries of Central America and South America. I hope you all have the opportunity to see this for yourself as a participant in our 2016 WONCA World Conference in Brazil.



*Photo: WONCA president succumbs to peer pressure from a group of young doctors and has his first taste of mate, a traditional South American caffeine-rich infused hot herbal drink, served in a leather-clad gourd and sipped through a metal straw*

Michael Kidd  
President

World Organization of Family Doctors (WONCA)

Prof Kidd's keynote speech on Quality and Equity and Global Family Medicine: perspectives from Latin America, delivered at the 4th WONCA Iberoamericana Congress on Family and Community Medicine, can be found [here](#).

## Del Presidente: Lecciones desde América Latina



*Foto: Comité de presidentes de la Región Iberoamericana de WONCA: (de izquierda a derecha, Julio Ceitlin, Javier Domínguez del Olmo, Adolfo Rubinstein, Liliana Arias y Maria Inez Padula Anderson).*

El Movimiento Waynakay es la organización de jóvenes médicos de familia en la región de WONCA Iberoamericana, que cubre los países de habla hispana y portuguesa de América, así como España y Portugal. Waynakay significa "juventud" en el idioma quechua de los Andes, en la parte occidental de América del Sur. El Movimiento Waynakay de WONCA está dirigido por jóvenes médicos de familia entusiastas, entre ellos, Andrea de Angulo, de Colombia, Rodolfo Deusdará, de Brasil y Virginia Cardozo, de Uruguay. En marzo, tuve la oportunidad de reunirme con muchos miembros del Movimiento Waynakay en una reunión cargada de buena energía en Montevideo, Uruguay. Aprendí acerca de algunos de los desafíos que afrontan estos médicos en formación para convertirse en médicos de familia en muchos países de la región, y sus aspiraciones para sus futuras carreras.

Estuve en Montevideo con otros 1.600 médicos de familia de 26 países, para asistir al Cuarto Congreso WONCA Iberoamérica de Medicina Familiar y Comunitaria, organizado por la Sociedad Uruguaya de Medicina Familiar y Comunitaria, y liderado por la maravillosa Jacqueline Ponzó. El tema del congreso fue La calidad y la equidad en la atención de la salud, que es muy apropiado, dado el enfoque de la corriente de trabajo global de WONCA en el fortalecimiento de la atención primaria para garantizar la cobertura universal de salud.

La Organización regional Iberoamericana de WONCA fue fundada en 1981 por un pionero de la medicina de familia argentina, Julio Ceitlin. La organización reunió a las sociedades y colegios de medicina familiar en los países de la región y en 1996 fue nombrada como Confederación Iberoamericana de Medicina Familiar (CIMF). En 2004 se CIMF se unió a WONCA y trajo a los países de América del Sur y América Central a la familia WONCA, convirtiendo a WONCA en la organización verdaderamente global que es hoy.

La Región Iberoamericana de WONCA ahora incluye 20 países, desde México, Cuba, Puerto



*Foto: Presidente de WONCA con miembros del Movimiento Waynakay de WONCA.*

Rico y República Dominicana, en el norte, a través de América Central y América del Sur, a Uruguay, Argentina y Chile en el sur, además de Portugal y España, e incluye a más de 600 millones de personas.

Uno de los aspectos más destacados de la reunión de Montevideo fue un Comité con varios presidentes de CIMF, entre ellos Julio Ceitlin (que cuenta ahora con 90 años de edad), Javier Domínguez del Olmo, de México (2000-2004), Adolfo Rubinstein, de Argentina (2004-2010), Liliana Arias, de Colombia (2010-2013) y María Inez Padula Anderson, de Brasil (2013-2018). Estos líderes de la medicina de familia, pasados y presentes, están comprometidos con sus colegas en la discusión de los desafíos que enfrenta la medicina de familia en muchos países y las oportunidades para fortalecer la atención primaria y garantizar la cobertura universal de salud para todos los habitantes de la región.

*Foto: Palacio Salvo en la Plaza de la Independencia, ubicado entre Ciudad Vieja y el centro de Montevideo.*



WONCA está jugando un papel en el apoyo a la calidad y la equidad en la salud mundial, y nos hemos fijado tres retos principales. En primer lugar, estamos comprometidos a entender mejor la fuerza de cada una de nuestras organizaciones miembro en cada región, y en ampliar la influencia de WONCA, apoyando el desarrollo de nuevas organizaciones miembro en más países con ingresos bajos y medios, incluyendo todos los

países de América Central y América del Sur, para asegurar que todas las personas tengan acceso a la medicina familiar de alta calidad.

El segundo reto de WONCA, reconociendo la importancia de la próxima generación de médicos de familia, se acciona a través de nuestro compromiso de apoyar a esa nueva generación de médicos de la familia, especialmente a través del desarrollo de los jóvenes médicos de familia de los movimientos de las siete regiones del mundo, y por medio de la designación de un joven médico de familia que represente a los jóvenes médicos de familia del mundo en el ejecutivo de WONCA.

El tercer desafío de WONCA es nuestro compromiso de fortalecer la labor de la WONCA con la Organización Mundial de la Salud (OMS) en los ámbitos mundial y regional para ampliar el papel de la medicina familiar en el fortalecimiento de la atención primaria de salud en todos los países y el apoyo a la cobertura universal de salud, y para asegurar que cada país tiene profesionales en medicina de familia bien entrenados y respaldados.

Nuestro trabajo con la Organización Mundial de la Salud se vuelve más y más fuerte gracias al liderazgo de nuestra persona de enlace de WONCA con la OMS, María-Luisa Pettigrew. En marzo, la OMS publicó dos informes provisionales sobre su nueva Estrategia Global de Servicios Integrados de Salud Centrados en la Población. WONCA está contribuyendo al desarrollo de esta estrategia y ha liderado un proceso de consulta que ha involucrado a cientos de médicos de familia de todo el mundo.

Esta nueva estrategia mundial de la OMS tiene como objetivo proporcionar una "visión convincente de un futuro en el que todas las personas tengan acceso a los servicios de salud". La estrategia requiere la reorientación de los sistemas de salud para dar prioridad a los servicios de atención primaria y comunitaria y se incluye una referencia a la importancia del papel de los médicos de familia en países como Brasil. El informe provisional de la OMS contiene 10 citas, cuatro de pacientes y cuidadores, dos de gestores sanitarios y cuatro de médicos de familia. Este reconocimiento de la importancia de las aportaciones de la medicina de familia centrada en las personas y los servicios integrados de salud es muy bienvenido. Éstos son algunos de los extractos:

"Realmente valoro la relación a largo plazo que tengo con muchos pacientes. De este modo, también sé de sus familias y de la comunidad." Médica de familia de la Región del Pacífico Occidental de la OMS.

"Necesitamos más apoyo del gobierno para adoptar más la medicina familiar y aumentar el presupuesto para la atención primaria de salud." Médica de familia de la Región del Mediterráneo Oriental.

"Lo que más valoro en mi trabajo es la buena relación con la gente y las enfermeras y pongo cuidado en ello. Tenemos una población multiétnica de post-conflicto. En el pasado fueron enemigos acérrimos los mismos que se sientan en mi sala de espera juntos, ahora se hablan y se entienden." Médico de familia de la Región Europea de la OMS.

"Los políticos deben entender que la atención primaria es la columna vertebral de cualquier sistema de salud y hacer las cosas bien dará lugar a beneficios en los costes, poblaciones más saludables y confianza pública en el sistema." Médico de familia de la Región de América.

Hay esperanza para la salud mundial mientras el mundo abra los ojos a la importancia de fortalecer la atención primaria y el relevante papel que jugamos como médicos de familia, para garantizar la cobertura universal de salud y la atención de alta calidad.

La medicina de familia tiene el poder de jugar un papel transformador en la formación de todas las sociedades, como estamos viendo en los países de América Central y América del Sur. Espero que todos vosotros tengáis la oportunidad de ver esto por vosotros mismos como participantes en nuestro Congreso Mundial de WONCA 2016, en Brasil.

*Foto: El Presidente de WONCA sucumbe a la presión de un grupo de jóvenes médicos y prueba por primera vez la yerba mate, una bebida tradicional sudamericana rica en cafeína. Se trata de una infusión caliente a base de hierbas, servida en una calabaza vestida de cuero, de la que se bebe con una pajita de metal.*



Michael Kidd  
Presidente  
Organización Mundial de Médicos de Familia  
(WONCA)

El discurso magistral de Michael Kidd sobre Calidad, Equidad y Medicina Familiar Global: perspectivas de América Latina, realizado en el cuarto Congreso WONCA Ibero América de Medicina Familiar y Comunitaria, [se puede encontrar aquí](#)

*Traducción: Eva Tudela, Spanish Society of Family and Community Medicine (semFYC) Director*

## From the CEO's desk: Young Doctors and Family Doctor Day



*Photo: WONCA CEO, Garth Manning (circled), with a group of young doctors from the Rajakumar Movement, in Taiwan.*

### WONCA Young Doctors' Movements

We really are blessed in WONCA. In each of our seven regions we now have a Young Doctors' Movement (YDM), helping to support and encourage and develop the next generation of family doctors and WONCA leaders. At two recent conferences – WONCA South Asia in Dhaka and WONCA Asia Pacific in Taipei – I've been privileged to take part in sessions run by the regional YDMs – the Spice Route in South Asia and The Rajakumar Movement (TRM) in Asia Pacific. In both cases I was hugely impressed by the energy and motivation of our young colleagues, and there was lots of evidence that our specialty is safe in the hands of the next generation.

For the Spice Route, Bhavna Matta (India) has taken over from Raman Kumar and built on the strong foundations he developed. Similarly in Asia Pacific, Shin Yoshida (Japan) has built on Naomi Harris's hard work to take TRM to even higher heights.

In Iberoamericana-CIMF too the Waynakay Movement goes from strength to strength. I wasn't able to get to the Montevideo conference, but Michael Kidd tells me that Waynakay, now under the leadership of Andrea de Angulo (Colombia) showed the same great energy and enthusiasm of the other groups.

Of course our oldest YDM is the Vasco da Gama Movement (VdGM) in Europe, which celebrated its 10th anniversary last year in Lisbon. Now led by Peter Sloane (Ireland) VdGM has always been an immensely strong and active movement, amply demonstrated by its recent forum held over two days in Dublin. There are a couple of great clips on YouTube from the forum, one showing the messages of greeting sent to VdGM from other young doctors' movements (and from our President) which can be viewed [here](#). The second clip is a short (three minute) [summary of the Forum](#), made by Ulrik Kirk. Also in this month's news are several reports from the Forum.

Coming up we look forward to inputs from Al Razi Movement, led by Nagwa Hegazi of Egypt, at the WONCA Eastern Mediterranean conference in Dubai at the end of April, and from AfriWON, led by Kayode Alao of Nigeria, at the WONCA Africa conference in Accra starting on 6th May.

Vasco da Gama will again meet during the WONCA Europe meeting in Istanbul in October, and among the many highlights will be a pre-conference, which WONCA is pleased to support. This will also feature key leaders from all seven WONCA YDMs, as well as Dr Raman Kumar, the WONCA YDM representative on Executive, who does so much to facilitate discussion and communication between the groups and to act as a link to WONCA Executive.

I haven't yet mentioned North America, but here too the young doctors are thriving. Polaris, led by Kyle Hoedebecke (USA), really hit the ground running at its formation last year – on World Family Doctors Day on 19th May.

Much more information on all WONCA Young Doctors Movements, including the leaders and their contact details, can be found on the [WONCA website](#)

### World Family Doctor Day 2015

World Family Doctor Day – 19th May - was first declared by the World Organization of Family Doctors (WONCA) in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world.

Last year many of our colleagues across the globe celebrated the day by organising a variety of events and activities, and we received reports from many countries. This year we want to encourage even more organizations to celebrate in appropriate style on 19th May, and we look forward to receiving reports to show and tell.

WONCA News will publish as many reports as we can, to highlight the really wonderful work done by so many of our great Member Organisations. All news and reports from Member Organizations should be sent to [editor@wonca.net](mailto:editor@wonca.net)



This year we have a number of possible posters on the website for downloading. We have also developed a new Family Doctor Day logo (pictured), available via the website. Have a look at all of these [here](#).

Until next month.  
Dr Garth Manning  
CEO

## Policy Bite: The role of primary care in the ageing population



*Prof Amanda Howe, President-elect, writes:*

On 13 April 2015, I have the privilege of attending the World Health Summit in Kyoto, at the invitation of an officer of one of our member organizations (Dr

Tesshu Kusaba, Executive Vice President of Japan Primary Care Association, with Dr Ryuki Kassai's support). Among other commitments, I shall be part of a panel discussing 'Primary Care in the Super-Ageing Society'. My preparation for this has drawn me to the following conclusions:

Many higher and middle income countries are enjoying falling mortality, and more social and medical opportunities to prevent ill health. People are living longer, and there are more treatments for long – term conditions such as diabetes and cardiovascular disease that can maintain health and good quality of life in spite of NCDs. However, there are also more older people with overall higher medical and social care costs in later life; and, in countries with reduced birth rates, there are also fewer people available to look after them at home. So there is a greater need for society to find new ways to maintain quality of life and function in spite of ageing.

We shall argue that therefore health services need strengthening through primary care. As Barbara Starfield once wrote(1):-

*"The achievement of equity in health services and health is an imperative everywhere. Primary care is inherently a more equitable level of care than other levels of care. It is less costly (hence sparing resources that could be devoted to providing better services to more disadvantaged populations), and through its key features, narrows disparities in health between more and less socially deprived..."*

We also (still!) need to make an argument that family medicine is an essential component within primary care to achieve excellent outcomes for the 'super-ageing society': this is because family doctors can deal with assessment and management of multiple medical problems, which assists the cost-effectiveness of primary care. As Margaret Chan said (2):

*"...in the absence of a family physician in overall charge of care, treatment by several hospital specialists can lead to duplication of investigations and procedures, and risks of drug interactions to which the old are prone" ..and "The world needs more family physicians!"*

Family doctors are community based medical generalists who have been trained to deal with

people across all life stages: a generalist who can deal with all types of health problem at point of first contact. We offer a service that is *“comprehensive, accessible, focuses on a specific community, allows continuity over time, and is centred on the care of people not specific parts of their body or diseases”*.

The drivers to secure this service for older people can act at Individual patient, professional, team, community, societal and health system level. These include training doctors and nurses in community settings in regular contact with elders; this reduces stereotyping, and gives positive experiences of older people’s wisdom and resilience. It is also an ideal opportunity to learn to manage co-morbidities effectively in non-emergency settings, and to appreciate that some of the specific problems of ageing and frailty (e.g osteoporosis, cataracts, falls ) are not same as NCDs.

Our clinical service design needs to help older people, and to be integrated around the person not their diseases. Access, availability, affordability, acceptability all matter, as do the skill mix needed to meet the health and social needs of older people. There are of course roles for family doctors, nurses, and health care assistants; but also in this age group there is significant need for social and community care support, home assessment, and nursing care, as well as Interface with other services and specialities. Remote technologies, local community support, home based care, housing and good public transport can all revolutionise the older person’s life and lifestyle. Health systems need to incentivise and reward good care for older people, in both the primary care and hospital sector: this

may mean additional resource allocation, training, and financial drivers such as no cost for medications over 65, or annual care plans including vaccines and NCD reviews.

At the end of the day good primary health care for older people reflects the value we place on our elders; the ‘pay back’ we offer for their contribution, and the resources they still offer us. It is a test of civilised societies, a moral imperative, and what we hope for ourselves in our old age. Patients can help us by being well informed, self caring where possible, and by helping others in the community.

In conclusion, primary care for a SUPER aging society must:

- Have care of the elderly part of its core function
- Be resourced to give great health care in local community in a way that is cost effective and comprehensive
- Include nurses and other health workers
- Work alongside other community and hospital resources – but avoid hospital admission if possible
- Enable patients and their families to live well for as long as possible.

I shall report back after the meeting, with new ideas, new contacts, and look forward to seeing Japan in the spring. (and for those facing autumn and winter ....see you on the other side!)  
Prof Amanda Howe

#### References

1. Starfield, B., Shi, L. and Macinko, J. (2005), Contribution of Primary Care to Health Systems and Health. *Milbank Quarterly*, 83: 457–502.
2. Chan M. Pers.comm. - Speech to the Hong Kong Academy of Family Physicians 2013

## Fragmentos de política (marzo 15): Influencia exitosa para la medicina de familia

### Recuperar el impulso: un ejemplo de influencia exitosa para la medicina de familia en Reino Unido

Tendremos elecciones en mayo en el Reino Unido y el servicio de salud ha sido un tema candente para todos nuestros partidos políticos, mientras las campañas en busca de votos se extendían por todo el país. Hubo un debate parlamentario sobre los médicos de familia, los problemas de personal, y el gobierno ha publicado ahora un 'plan' de diez puntos "específico para que Inglaterra haga frente a este problema" ([puedes ver los detalles](#)), con la

promesa de dedicar a ello mil millones de libras de nuevos recursos en los próximos cuatro años.

Estoy escribiendo este fragmento de política sobre este tema por dos razones: una, compartir con vosotros lo que podría ser necesario incluir en términos de estrategia en una 'hoja de ruta' que fortaleciera la medicina de familia en vuestro propio país, y también para compartir con vosotros las cosas que mi propia organización

miembro de WONCA, el Royal College de Médicos de Familia (RCGP) hizo para tratar de asegurar este alto nivel de influencia.

En cuanto a los titulares estratégicos, el Plan se dirige tanto a la promoción de la práctica generalista como a la carrera: publicidad, incentivos, animar a todas las partes a ensalzar la medicina de familia (no con paternalismo), y las posibles oportunidades adicionales para los médicos jóvenes dispuestos a formarse en las áreas necesarias. También se ocupa de las maneras de retener a personas en el ejercicio de la medicina de familia a través de incentivos y apoyo, aumentando la capacidad de formación y reduciendo las barreras para volver a entrar en el mercado de trabajo después de una interrupción en la carrera profesional. Por último, existen iniciativas paralelas que buscan la manera de agilizar el traslado de médicos dispuestos a cambiar de carrera y pasar a medicina de familia, sujeto por supuesto, a la formación y cualificación adicional, ya que no queremos que los nuevos médicos tengan carencias. Esto no va a ser fácil de hacer y esperamos ver los recursos en la práctica, pero es una 'victoria' para el Royal College de Médicos de Familia (RCGP), que ha hecho una campaña dura durante un año para conseguir poner esto en la agenda política.

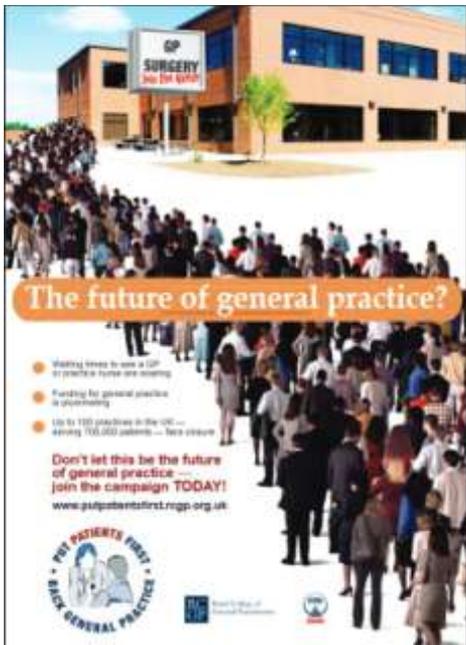


Foto: cartel de la campaña

Así pues, ¿cómo lo hacemos? Incluso para las grandes organizaciones de la medicina de familia es un verdadero reto: tenemos un equipo de prensa y un equipo de política que trabajan muy duro con el Presidente del Consejo y de la Mesa de cara a organizar una campaña nacional ([ver la](#)

[página de la campaña](#)). Se requiere una gran cantidad de personal y de tiempo del médico para cubrir todos los medios, llevar pósters y peticiones a las clínicas de los médicos de familia, recogerlas, obtener entrevistas de prensa seguras e impulsarlas a través de contactos locales y nacionales (incluidas las otras academias, colegios y organizaciones profesionales). Hemos tratado de utilizar todas las partes de nuestra propia organización (las oficinas regionales, los grupos de médicos jóvenes, los colegas en las escuelas de medicina y los pacientes), para obtener los mensajes y para mejorar el asesoramiento sobre las carreras y el apoyo en todos los niveles de formación.

En particular, muchos estudiantes de medicina no ven lo suficiente de medicina de familia en su formación, o la entienden como una disciplina de "bajo estatus", algo que estamos tratando de cambiar dando la bienvenida a los estudiantes de medicina como miembros asociados de nuestra propia universidad; y a través de vínculos directos con las escuelas de medicina para confrontar las actitudes negativas y conseguir más enseñanza y aprendizaje en medicina de familia. Y hemos tratado de hacer bien nuestro trabajo, porque la defensa del paciente por parte de sus doctores tiene un gran impacto político cuando llega a los oídos adecuados.

Por supuesto, el futuro no es seguro, y las consecuencias de las elecciones pueden conducir a resultados muy diferentes a los esperados. El RCGP tendrá que seguir luchando por su espacio y no hay varita mágica: la formación de nuevos médicos lleva mucho tiempo, así que tenemos que tener más personas en el mercado de trabajo y recuperar a los médicos que lo han dejado atrás, siempre que sea posible. Aún así, he aprendido mucho de observar lo que nos funcionó. Esperemos que otros que intentan influir en el aumento de médicos de familia en el mercado laboral y de recursos, puedan aprender de nuestra experiencia en el Reino Unido y de aquellos otros que hayan mejorado su situación.

Podemos compartir estas historias en los congresos y en la página web de WONCA. ¡Hagámoslo para animarnos unos a otros!

Prof Amanda Howe

*Traducción: Eva Tudela, Spanish Society of Family and Community Medicine (semFYC) Director*

## World Family Doctor Day - May 19 is our day to celebrate

Dear colleagues

World Family Doctor Day – 19th May - was first declared by the World Organization of Family Doctors (WONCA) in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event has gained momentum globally each year and it is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family medicine and the special contributions of family doctors all around the world.

Last year many of our colleagues across the globe celebrated the day by organising a variety of events and activities, and we received reports and photographs from many countries, which we were able to feature in WONCA News. This year Karen Flegg, the WONCA Editor, has even produced a template for countries and College and societies and associations, to aid reporting, [available here](#).

This year we want to encourage even more organizations to celebrate in appropriate style on 19th May. We would love Member Organisations to tell us in advance of their plans – so that we can

### One word for family medicine on Family Doctor Day

The **#1WordforFamilyMedicine** initiative is multinational and has reached six of seven (soon to be all seven) WONCA regions to include over 35 countries. We have asked FPs/GPs to tell us in one (1) word "What is your favourite part of Family Medicine/General Practice?" With these responses I have made images representing each country (with input and suggestions from local colleagues).

Basically what I am suggesting, is for our international colleagues to use their country's image on their social media sites (ie as their Facebook profile photo for the day). Not every country will have an image by FFD so a generic image will have to be selected (a map or the FDD flyer).

Above are some examples of various images that I have created already.

promote at least some in WONCA News – and then we look forward to receiving reports after the events to show and tell. WONCA News will publish as many reports as we can, to highlight the really wonderful work done by so many of our great Member Organisations.

Some posters - with our new World Family Doctor Day logo - are now [available on the WONCA website](#), and we hope that these will prove useful for everyone. There are two suggested themes - "A family doctor for every family" and "Universal Health Coverage", but we have also produced some blank posters in case organizations want to feature a local theme. Click on the logo above to download a larger version.

We look forward to hearing of your Organization's World Family Doctor Day celebrations.

Dr Garth Manning  
WONCA Chief Executive Officer

[See more on World Family Doctor Day](#) - posters, logo, previous activities  
[Send your 2015 activity proposals to the WONCA Editor](#)



All my best,  
Kyle Hoedebecke  
chair of Polaris (WONCA North American  
Movement for Young Doctors)

## Rural Round-up: networking with rural colleagues around the world

Jo Scott-Jones of New Zealand writes this month's rural round-up as rural family doctors from around the world prepare to meet up in Dubrovnik.

[Dr Jo Scott-Jones is the WONCA News' featured doctor for March 2015](#)



One value of an international body like the WONCA Working Party on Rural Practice (WWPRP) is the ability to tap into the "hive consciousness" of rural family medicine doctors around the world.

Understanding that the issues that we face in New Zealand have parallels with what happens in Brazil, Croatia and Africa is not only comforting, but it also increases our ability to deal with those issues through unified action.

The Working Party has a [facebook page](#), a twitter handle (@ruralwonca) and an email list server where rural doctors around the world post concerns, raise issues, make please for support and organise themselves.

The list server is hosted in a google group shared privately and administered by WWPRP chairperson John Wynn-Jones of Wales in the UK.

Recent issues include planning for the upcoming [conference in Dubrovnik](#) "Bringing People Together."

People running workshops at the conference, for example around the [rural heroes project](#) and providing palliative care services in rural communities use the list server to identify supporters and to share ideas about how to make the best out of the opportunities the conference offers.

The list server is a great vehicle to promote meetings and events amongst the 400 plus members around the world, the April [EQUIP meeting in Switzerland](#), a webinar about the use of social media and [WHO internships](#) have recently been promoted.

Members have asked for advice about how to get papers published, gathered information about management of type 2 diabetes around the world, promoted discussions about health and inequality, rural proofing and national systems for monitoring immunisation.

The common themes raised on these "social media" platforms are those we all know well in rural practice. People need high quality services provided close to home, but workforce shortages and geographical isolation, often combined with issues of poverty and the inequities faced by indigenous and disenfranchised people mean that doctors who care for rural communities face unique but shared problems around the world.

The WONCA Working Party on Rural Practice as part of the WONCA Family provides support and adds an influential voice at international policy tables to further the needs of our communities.

If the idea of being "linked in" to rural colleagues around the globe appeals – you can be invited to join the list server by sending an email to John Wynn-Jones ([john@johnwj.com](mailto:john@johnwj.com))

Jo Scott-Jones @opotikigp



Breaking down barriers:  
**Bringing People Together**  
 15<sup>th</sup> - 18<sup>th</sup> April 2015

## Occupational health feature: Depressive patients, work is relevant



*WONCA News has begun a regular feature on the subject of Occupational Health including useful resources for clinical practice. Peter Buijs (right) & Frank van Dijk (left) are the promoters*

*and main authors, they are Dutch occupational physicians and former family doctors, and for many years active in ICOH.*

*In this contribution, Frank and co-author Karen Nieuwenhuijsen present reflections for the GP when confronted with depression or depressive disorders related to work.*

### Depression is almost daily practice

Depressive disorders and depression are familiar mental health complaints and disorders in primary health care (PHC) practice. In the Netherlands the prevalence of depressive disorders in PHC was 15/1000 for men and 31/1000 for women per year in 2007. In the general Dutch population, 52% of the population with more severe common mental health disorders, received treatment in primary healthcare, while 39% received specialized mental healthcare treatment. In a population of US workers the 12 month prevalence of major depressive disorder was 6%. Anxiety and somatic complaints are often communicated.

### Attention to work

Asking patients about the impact of their complaints on work functionality, you may notice impaired communication, impeded decision making, low concentration, lack of interest in work, sometimes making mistakes. These impacts may persist over time, even after the depression is in remission. In addition, patients often consider work as one of the main causes of depression. Depression is associated with high rates of sickness absence, more permanent work disability and unemployment. A self-reinforcing process may start: being at home for sickness absence or having no job means a lower activity level, a lower or no income, less social contacts, and a low self-esteem contributing to depressive feelings.

Primary health care may contribute to the prevention of permanent work disability and job loss and can promote recovery from depression through participation at work.

### How to ask about work?

Some patients avoid talking about work, afraid of complications. Health care workers can miss hints about work, maybe feeling insecure. In this way opportunities to discuss a better future might be lost.

Every professional has her or his own style. Good timing and tact are important. You may ask if there is or are:

- a problem with functioning at work, if the patient is unable to perform work task as well as before
- a conflict, discrimination or bullying
- too much work or a lack of autonomy in the job
- a good balance between work and private life (workaholism?)
- good contact with the supervisor, colleagues, clients
- sick leave currently; more episodes of sickness absence last year; the expectation of a long duration before returning to work
- uncertainties about continuation of the job, fear for unemployment
- lack of orders, financial problems (self-employed and business owners)
- contact with an occupational or mental health service

Important goals for working with patients with a common mental disorder are sustainable work resumption or job continuation, job satisfaction, a good work-life balance and good mental functioning. In PHC various disciplines can be involved in supporting the patient: physicians, nurses, social workers, mental health professionals.

### What to do?

- depressive symptom reduction by psychotherapy, physical exercise and/or appropriate medication e.g. following PHC guidelines.
- if the patient is off work; advise on maintaining a regular day structure.
- if the patient is still at work, promote a better time management strategy, (temporary) modified work hours or tasks, better social contact with

supervisor and colleagues, if possible coaching on the job.

- put forward the option of online or telephone mental health programs that can be effective.
- referral to a mental health program which includes a work focus aiming at work resumption, such as work-focused cognitive behavioural therapy or adjuvant occupational therapy supporting workers in coping. An occupational psychiatry service might be a good new option for referral.
- when needed and available, contact the occupational health physician, nurse or company social worker. Informed consent is clearly needed.

- after resumption of work, monitoring can be effective to prevent a relapse. Propose a number of consultations for that purpose.

Frank van Dijk (Learning and Developing Occupational Health foundation, Netherlands), Karen Nieuwenhuijsen (Coronel Institute, AMC Netherlands)

**References** available online

## Meeting considers exposure to radiation through medical imaging

### Report from the Technical Meeting IAEA-WHO

*WONCA is concerned about the impact of exposure to radiation through medical imaging, and the risks of unnecessary exposure due to inappropriate or excessive investigations. WONCA has been working with the World Health Organization (WHO) and the International Atomic Energy Agency (IAEA) to look at ways to improve the appropriateness of imaging, and to measure each person's cumulative exposure to radiation from imaging.*

In recent years WHO and International Atomic Energy Agency (IAEA) have been making a significant effort to promote the correct use of radiological examinations. In particular, the principles of justification and optimisation have been stated, to increase the appropriateness of imaging and to reduce the level of delivered radiation dose.

A technical meeting on the justification of medical exposure and the use of appropriateness criteria was held at the IAEA's Headquarters in Vienna, Austria, from 9 to 11 March, 2015.

The organisers invited WONCA to take part in the meeting to put forward the point of view of family doctors (FDs), in order to seize the opportunity to examine the problem.

The process of justification uses an evidence-based approach to choose the best test for a given clinical scenario, taking into account the diagnostic efficacy of the radiological procedure, as well as alternative procedures that do not use ionizing

radiation. The meeting had as key point of the discussion the development and deployment of Clinical Imaging Guidelines and their implementation in Clinical Decision Support systems. Developing good guidelines is not enough; it is important to reach the users, by placing the guidelines at the ready disposal of the referrer with a simple click in the Clinical Decision Support system.

From 20 to 50% of imaging examinations are considered inappropriate. The justification principle is too often not fulfilled. Awareness of the referrers (family doctors among them) of radiation risks is very low worldwide.

The Clinical Imaging Guidelines are considered a key tool to overcome these problems and an important support to doctors in daily practice.

The Clinical Imaging Guidelines sit well with family doctors' work, because they are not "vertical" guidelines, which are based on a complete management of a disease, but "horizontal", and oriented to a diagnosis, based mainly on symptoms and syndromes.

Not every country is able to develop Clinical Imaging Guidelines, because developing guidelines is time and resource intensive. A possible approach for some countries is to adapt and adopt international Clinical Imaging Guidelines, or Clinical Imaging Guidelines tested in other countries. There was a large discussion concerning many issues, particularly:

- how develop and deploy Clinical Imaging Guidelines in the countries with lack of technologic infrastructure;

- the role of the IAEA and the WHO in supporting the process of developing Clinical Imaging Guidelines;
- how to enable countries with similar infrastructure and concerns to work collaboratively;
- the necessity of adapting Clinical Imaging Guidelines at a national level particularly in countries with lack of expertise and equipment.

There was also a discussion about the education of doctors and patients. Education on diagnostic radiation is considered crucial at every level of instruction of doctors : undergraduate, post-graduate, and in continuing medical education. It should be oriented to increase awareness of the biologic harm of ionizing radiation, delivered doses, use of the Clinical Imaging Guidelines, and skills in communication of benefits and risks of radiologic investigations to the patients.

Individual patient education is also very important. Education by the referrers is important, especially by family doctors, who maintain a continuous relationship with patients based on trust. Individual education is part of a unique process of: information, education, involvement in decision-making. The Clinical Imaging Guidelines could give significant support to doctors for patient

education. Also for this reason there was unanimous agreement about the need of involving family doctors in the core group of stakeholders to develop and deploy Clinical Imaging Guidelines, at international and national levels.

Experiences on the utilisation of Clinical Imaging Guidelines in Clinical Decision Support systems were illustrated by representatives of several countries during the meeting.

For the future programs of IAEA-WHO, involvement of regulatory stakeholders and national health authorities has been planned to promote a larger utilization of Clinical Imaging Guidelines.

WONCA intends to pursue the collaboration with WHO and IAEA to improve appropriateness of radiologic examinations and involve colleges and academies of general practice to cooperate at national level in developing and deploying Clinical Imaging Guidelines.

Ernesto Mola

## Regional news

### Speakers for WONCA Europe in Istanbul in October

*Why not join us?* [More information](#)

At our twentieth conference, WONCA Europe invites you to look into the future from the perspective of the past.

Come to Istanbul to share what you think about family physicians, patients, diseases, health systems and WONCA with your colleagues from the speaker's corner.

**BRITE: BR**ing your Thoughts and **E**xperience - for the first time gives a chance to all participants to be a speaker at the conference. If you have something to say, an experience to share, a question to ask, you can [submit your BRITE in the abstract system](#).

Do not forget the deadline to be a BRITE speaker is now extended until May 22, 2015.

*Who are the main speakers (apart from you)?*

#### Jan de Maeseneer

Jan is professor and head of the department of family medicine and primary health care at Ghent

University in Belgium. He is also chairman of the European Forum for Primary Care, and director of the International Center for Primary Health Care and Family Medicine, designated by WHO as a "WHO-Collaborating Center" on Primary Health Care.



#### Amanda Howe

Amanda is professor of primary care practising at the Bowthorpe Medical Centre in Norwich, England and president elect of World WONCA – she will become president in 2016.



#### Emin Kansu

Emin is a professor of haematology and chairman at the basic oncology department of Hacettepe University in Ankara, Turkey. He is also a former member of European Union and Europe Scientific

Committee Ethics Working Group, a member of Ethics Committee of Turkish Scientific and Technical Research Council (TUBITAK) and an executive board member of Turkish Academy of Sciences.

### *Many other speakers*

We will host many speakers from WONCA special interest groups, networks, working parties in a variety of courses, workshops and panels. These include:

Diederik Aarendonk  
Jose Lopez Abuin  
Justin Allen  
Elizabeth Ann Angier  
Jachym Bednar  
Annette Berendsen  
Trevor Brown  
Ruth Kalda  
Adam Windak  
Oleg V. Kravtchenko  
Manfred Maier  
Kristof Nekam  
Ferdinando Petrazzuoli

Waris Qidwai  
Jim Reid  
Miguel Román  
Rodríguez  
Dermot Ryan  
Bohumil Seifert  
Alice Shiner  
Aziz Sheikh  
Peter A. Sloane  
Jaime Correia De Sousa  
Allyn Walsh  
Niek De Wit  
William Wong

## Countdown to WONCA Africa conference



The countdown to the WONCA Africa region conference is on! In March, I led the team from Ghana who were at the 37th Annual Conference of the Association of General and Private Medical Practitioners of Nigeria (AGPMPN). They are the largest single registered association under WONCA, in Africa. The enthusiasm they exhibited towards the conference was palpable and many have registered to attend the conference.

Ethiopia, the latest country to establish Family Medicine in Africa, has agreed to come and share their story with us. The Scandinavian delegation of Family Physicians is also mobilising its members to attend the conference.

The WONCA World President, Prof Michael Kidd, has agreed to come to the conference and will be speaking at the opening ceremony on the theme 'Sustainable Development Goals for the Health of Africa'.

In addition both the WONCA World CEO, Dr Garth Manning, and the WONCA Africa Regional President, Dr Matie Obazee, will be speaking at the conference.



The draft programme will be advertised on the conference website soon after abstract submission closes at the end of March. It includes several research presentations, workshops to enhance skills of practitioners in their daily work, and several programmes by the Special Interest Groups and Working Parties of WONCA.

We have planned an exciting programme for accompanying persons, so come with your spouse. Besides, there are also elaborate tours designed to visit notable sites in Ghana.



We don't want to leave out your personal experience in practice. Visit our website today and complete your registration process (early bird registration closes March 31)

Looking forward to see you in Accra soon!  
Dr Henry Lawson

## WONCA History - WONCA Asia Pacific returns to Taipei

From March 4-8, 2015 WONCA Asia Pacific region held their conference in Taipei, Taiwan. This was preceded as usual by the WONCA Asia Pacific council meeting. WONCA Asia Pacific region has met before in Taipei -16 years ago from March 6-9,1999.

Compare the photographs below and note some representatives on the Asia Pacific council meeting remain after 16 years! Daniel Thuraiappah (Malaysia), Donald Li (Hong Kong), Tai-Yuan Chiu (Taiwan), Ching-Yu Chen (Taiwan), Zorayda "Dada" Leopando (Philippines),

Shih-Tzu "Steve" Tsai (Taiwan). Did we miss anyone? (mail [editor@wonca.net](mailto:editor@wonca.net))

Note also the 1999 picture features current members of WONCA World executive Karen Flegg and Donald Li (now WONCA Executive members-at large, then representing New Zealand and Hong Kong respectively) and Pratap Prasad (now WONCA South Asia region president - at the time South Asia region had not yet been formed and he was representing Nepal on the Asia Pacific council)



S Mahmood TP Lam K Flegg DM Thuraiappah L Tohmjono N Spike DKT Li B Booth J Summons K Nadan Y Gu BY Huh TY Chiu  
 C Hipol TLR Fernandez C Canhota PN Prasad A Loh M Kilmartin HS Harahap S Wonodirekso R Raju T Tsuda HW Liu  
 GL Gan CY Chen W Fabb N Islam RW Higgins ZE Leopando GD Martin MC Chou ST Tsai

1999 Taipei WONCA Asia Pacific Regional Conference March 6-10, 1999

## Young Doctors' News

### VdGM award to Per Kallestrup

VdGM is delighted to announce Per Kallestrup (pictured) as the inaugural recipient of the "Being Young Staying Young" award.



To mark the occasion of the second VdGM Forum and also acknowledge the landmark of being ten years old, in July 2014, the Vasco da Gama Movement decided to create the "Being Young Staying Young" award. The desire was to create a prestigious award that recognised an individual of significance and substance within the VdGM sphere; an individual who over a prolonged period of time had made a valuable and key contribution to VdGM. It was also of crucial importance that the inaugural recipient would be an individual who not only contributed to and influenced the development of VdGM, but also epitomizes, espouses and evokes in others the youthful mindset which characterizes and underpins the heart, soul and ethos of VdGM. For these reasons it was unanimously decided to award the first VdGM "Being Young Staying Young" award to Per Kallestrup.

Per Kallestrup has been an inspirational figure to many within VdGM. Being responsible for the establishment of the VdGM Hippocrates Exchange Programme he has remained in close contact with its development and continues to act in a senior supervisory capacity. He plays an active role within the VdGM community and frequently attends meetings at which he motivates, enthuses and galvanizes young GPs and Family Doctors - as he describes, the "Troubadours of general practice".

Per is not only a father figure but also lives through the values which are important to VdGM; collaboration, empowerment, valuing each individual, striving to be the best we can and as the award title expresses so simply yet powerfully, at all times having an attitude which is "Being Young" and "Staying Young". For the members of VdGM it was therefore a great honour that Per Kallestrup so graciously agreed to be the inaugural recipient of the VdGM "Being Young Staying Young" award.

[Per Kallestrup is WONCA News' featured doctor for April 2015 \(read more about him\)](#)

On behalf of everyone in VdGM, I offer Per our thanks and congratulations.

Peter A Sloane,  
President, VdGM

### Health Systems and Young Family Doctors - VdGM Forum 2015

*A report from the World Café workshop at the 2nd Vasco da Gama Forum in Dublin, 2015: The Best and Worst of Contemporary Health Systems in Europe.*

With young family doctor participants and music from across Europe and beyond, the 'world café' format workshop on Health Systems kicked into action at the 2nd Vasco da Gama Movement's Forum in Dublin earlier this year.

The World Health Organization's '[Health System Building Blocks](#)' provided a framework to three

discussion rounds at six tables, each covering a different health system building block and facilitated by a VdGM member. The WHO's framework offered a structure under which participants were able to exchange knowledge and experiences of their own health system. Discussions were lively and dancing between discussion rounds was of the finest quality!

### THE WHO HEALTH SYSTEM FRAMEWORK



This report which can be [found here](#) brings together the six facilitators' summary of discussions with the aim of sharing the experience and inspiring other young family doctors across



the WONCA network to think about their health system and about how to improve it through a 'building blocks' approach.

Facilitators reports included in the attached full report:  
 Service Delivery - Kalle Saikkonen (Finland)  
 Health Workforce - Eline Dekker (Netherlands)  
 Financing – Nina Monteiro (Portugal)  
 Information – Elena Klusova (Spain)  
 Medical Products, Vaccines and

Technologies - Amy Morgan (Ireland)  
 Leadership & Governance - Claire Thomas (United Kingdom)

With many thanks to all the participants from across Europe and beyond!

Coordinators: Luisa Pettigrew, Per Kallestrup  
 Facilitators: Kalle Saikkonen, Eline Dekker, Elena Klusova, Amy Morgan, Nina Monteiro, Claire Thomas.

[Download full report](#)

## Proud to call myself a Vasco da Gaman.

*Dr Deirdre Kelly a fourth year GP registrar on the Ballinasloe GP training scheme, in Ireland, writes on why she's proud to call herself a Vasco da Gaman after attending the recent Vasco da Gama forum in Dublin.*

I attended the second Vasco da Gama Movement forum on the weekend of Feb 20 and 21. My aim was to present my research project. Little did I realise that it was going to change my entire perception of my career in the future as well as enabling a rediscovery of passion for general practice. The Vasco da Gama Movement as you know is the WONCA Europe movement for newly qualified GPs and GP trainees.

The forum, entitled 'Family Medicine 2.0, Innovation and Awareness' took place in Dublin. I began my day by joining in the 'Mindfulness' session run by Drs Ming Rawat and Paula Martin. These wonderful ladies began the session by enquiring as to what nationalities were in the

room. I was startled to see that there was well over twenty nationalities. In the 45 minute session Ming and Paula presented an excellent picture of mindfulness including the history and beneficial uses both for us and our patients. Paula mentioned you can look at the chocolate cake, you can read about the chocolate cake, you can study the recipe in detail but you need to taste it to gain the real experience. And we did just that with mindfulness. A marvellous experience.

I brought my new found sense of calm with me to the first plenary session. This focused on the impact the economic crisis has had on Portugal, Italy, Ireland, Greece and Spain. A GP from each country spoke for five minutes on the impact. I realised that I've been so caught up in the Irish GP struggle that I hadn't considered that GPs across Europe might be struggling also – and in some cases worse off.

Next came participation in a workshop on domestic violence. My group included doctors from Turkey, Netherlands, France, Portugal and Denmark. Again I was witness that while laws may differ from country to country, we are all 'singing from the same hymn sheet' despite our differing nationalities.

The results of the 'Design Thinking' workshop were delivered to us in the form of role plays. There was clearly a lot of fun doing these role plays and at the same time dealing with genuine dilemmas in general practice - for example how to encourage GPs to set up a rural practice. I learnt from this that European GPs are incredibly creative when given the right platform.

*Summary video made by Ulrik Kirk (under 3 minutes)*

[https://www.youtube.com/watch?feature=player\\_embedded&v=jyLdeAk8hgY](https://www.youtube.com/watch?feature=player_embedded&v=jyLdeAk8hgY)

Following this the plenary session on 'Innovation and Awareness' began. Eight presenters with five minutes each were able to somehow inspire the entire audience. Topics varied from patient orientated medicine to using technology; to overcoming physical disability to e-learning, each pair of speakers offered inspiring ideas and experiences. The future of general practice is bright. One talk demonstrated the powerful combination of clinical practice with technology. This pairing has helped patients in India use online consultations between their local doctor and specialists situated hundreds of miles away to work together thereby avoiding the arduous trek to the tertiary centre. Dr Tom O' Callaghan has set up 'iheed' – teaching online tutorials to medical students in Africa. There are approximately 140,000 doctors for a European population of one billion. Africa has 10,000 doctors for a population of approx. the same population. As the saying goes 'Give a man a fish and you feed him for a day. Teach a man to fish and you feed him for a lifetime'. This is what Dr O'Callaghan has done in terms of improving the number of doctors in Africa. And he's looking for recruits!

Caroline Carswell is a deaf woman who described beautifully about hearing the birds for the first time following a cochlear implant. What an awakening.

The incredible 'Innovation and Awareness' session was followed by a further plenary on the future of general practice, the Vasco da Gama

Movement and WONCA. We could all sense that morale was low across Europe – especially after the plenary on the impact of the Economic Crisis. But, the future is bright – we just need to know how to make it bright. As Peter Sloane pointed out it involves a seismic shift in attitude – we need to first and foremost have a positive attitude.

There are approximately 80,000 GPs and family physicians across Europe. We have the potential to speak loudly on behalf of our patients. But we need to come together to succeed. As young GPs we need to join Vasco da Gama. We're **a family of family doctors** representing an entire continent. Whining and complaining to each other is futile. We need to get the attention of policy makers and governments. We need to emphasise global health. If we learn how systems work we can use them to our advantage and implement positive change. We are a large group and can have a powerfully loud voice if we know how to funnel it. There is strength in numbers. As Dr Anna Stavdal, Vice President of WONCA Europe pointed out on the plenary panel "patients don't change." We deal with their issues regardless of resources or pay/funding. At the end of the day the patient is still in front of you. We need to seek assistance from them to empower the system and fight the fight.

What can I say but I drove home from the conference on a high. I'm empowered. I'm proud to be a general practitioner in Ireland, and in Europe. I'm proud to be a Vasco da Gama. Get involved. Take on the challenge. Have confidence. We need to join together and grow Vasco da Gama so we can become stronger.



The question shouldn't be "are you going to the conference next year?" but "Why are you NOT going to Vasco da Gama conference next year." As Dr Tom O'Callaghan put it: "Only dead fish go with the flow."

Deirdre Kelly

### Rajakumar movement for young doctors- photos from Taiwan

The WONCA Asia Pacific movement for young doctors, The Rajakumar Movement, recently met at the WONCA Asia Pacific conference in Taipei, Taiwan.

Chair of the movement, Shin Yoshida (Japan), has collected photos, of which a few are visible below. The full collection is available [here](#).

To contact Dr Shin Yoshida email [rajakumar@wonca.net](mailto:rajakumar@wonca.net)



## Member Organizations

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### Caribbean College of Family Physicians conference report

Prepared by Pauline Williams-Green MD,  
Conference Chair

The Caribbean College of Family Physicians in collaboration with the Family Medicine Section of the University of the West Indies, Mona Campus hosted its 6th Triennial Pan-Caribbean Family Medicine Conference from February 6 – 8, 2015 in Kingston Jamaica, under the theme – “*Family Physicians: Integrating Mental Health Care in Family Practice*”

President Elect of WONCA, Professor Amanda Howe was present at the conference via a live teleconferencing link and also a pre-recorded video of her presentation; “*The role of the Family Physician in Mental Health Care.*” She illustrated how family physicians are called upon by families and members of the community to assist persons with mental disorders. Often family physicians are expected to coordinate the care of physical and mental illnesses. Routinely, family physicians must liaise with mental health officers and psychiatrists to achieve optimum care for their patients.

The Pan-American Health Organisation/ World Health Organisation was a major sponsor of the conference since training for family physicians is critical to the thrust by PAHO/WHO for the integration of mental health care into primary care services. Devora Kestel from PAHO and Maureen Irons-Morgan from the Jamaican Ministry of Health presented the case for the integration of mental health care into primary care services.

The three day conference focused on multiple aspects of the theme in order to highlight the critical role of family physicians in the community management of mental health conditions in the Caribbean. Family Physicians and psychiatrists conducted a panel discussion on drug abuse with the following topics:

1. Drug Abuse: The Jamaican Landscape;
2. The Management of Alcohol Abuse by the Family Physician;

3. Smoking Cessation - What can the Family Physician Do?
4. The biopsychosocial perspective of marijuana.

Another workshop looked at the ethical dilemmas encountered by the family physicians in caring for persons with mental illness.

The second day was devoted to research in family practice. A workshop on “Primary Care Research in Mental Health Conditions” was directed by Dr Rohan Maharaj, chair of the CCFP research sub-committee. This was followed by research presentations from across the Caribbean, Nigeria and Canada.

The launch of the CCFP young doctors’ movement (YDM) took place on the second day. The internet (Skype) was used to bring Dr Kyle Hoedebecke to the meeting and he introduced [Polaris](#) – the North American YDM to the audience.

Mental health problems of the elderly were presented by Professor of Public Health and Ageing, Denise Eldemire-Shearer. On the other end of the spectrum, Director of Child and Adolescent Health in the Ministry of Health, Dr Judith Leiba presented on Mental Health Issues in children.

The final day highlighted presentations on conducting a mental status examination; motivational interviewing and the clinical management of common mental health disorders such as depression and Schizophrenia.

Overall, the three days provided opportunities to reinforce current information on caring for persons with mental health conditions in the family practice setting. It also gave participants networking opportunities for the future. The conference organisers were pleased with use of the pre-recorded video for the keynote speaker, Professor Amanda Howe and the Skype conversation. In the future it is hoped that videoconferencing could be incorporated, to reduce the inconvenience of international travel.

## Spanish Society creates new social network profiles

The Spanish Society of Family and Community Medicine (semFYC) streamlines its digital channels and create new profiles on social networks

Now you can follow **semfyc\_int** on Twitter

semFYC launched a new digital strategy to redesign the form and substance of its digital channels. One of the first changes is now on Facebook, where patient information will be disseminated to be a source for questions of citizens and answers from experts and working groups of this scientific society.

semFYC is also making changes on its Twitter profiles. Now is available one international profile on Twitter and soon, one of member service. You can now follow **semfyc\_int**, a new channel aimed at the international community of specialists in Family and Community Medicine. The member service profile, "semFYC responds", is coming soon and will be dedicated to answer to the concerns of its nearly 20,000 members and partners.

In a third phase semFYC could enter into new social networks or digital channels. All this with the aim of adapting the organisation to changing times and reach specialists in Family and Community Medicine from all around the world, and so continue its task of information, support and defence of the professionals and the Family Medicine specialty.

## semFYC apuesta por una nueva estrategia digital

La Sociedad Española de Medicina de Familia y Comunitaria (semFYC) apuesta por una nueva estrategia digital

Ya puedes seguir en Twitter a **@semfyc\_int**

La semFYC ha iniciado una nueva estrategia digital en la que está rediseñando el fondo y forma de sus canales digitales. Uno de los primeros cambios se está produciendo en Facebook donde ahora se difundirá información para pacientes en lo que pretende ser una fuente para resolver dudas de la ciudadanía a través de los expertos y grupos de trabajo de esta sociedad científica.

Otra novedad son los nuevos perfiles de la semFYC en Twitter: uno internacional y otro de atención al socio. El primero de ellos ya se puede seguir, **@semfyc\_int**, es un nuevo canal dirigido a la comunidad internacional de especialistas en Medicina de Familia y Comunitaria. El de atención al socio, semFYC responde, llegará próximamente y estará dedicado en exclusiva a dar respuesta a las dudas de sus cerca de 20.000 socios y socias.

En una tercera fase, la semFYC podría entrar en nuevas redes sociales o canales digitales. Todo ello con el objetivo de adaptarse a los nuevos tiempos y llegar al máximo número de especialistas en Medicina de Familia y Comunitaria, y así seguir con su tarea de informar, apoyar y defender a los profesionales y a la especialidad.



## Featured Doctor

### A/Prof Per KALLESTRUP: Denmark - Hippokrates founder



*Per Kallestrup is a Medical Doctor, Specialist of Family Medicine and work part-time in an eight partner practice close to Aarhus, Denmark. He is also Co-Director of the Center for Global Health at*

*Aarhus University (GloHAU) focusing on the contribution of Primary Health Care to Global Health through research and education.*

*Furthermore, he is the Chairman of "Partners in Practice" an International Development Program of the Danish College of General Practitioners devoted to fostering development of Primary Health Care worldwide through established partnerships.*

*At the recent Vasco da Gama Movement Forum, in Dublin, he received the inaugural "Being Young Staying Young" award. [See news item on this.](#)*

#### **What work do you do currently?**

Dividing my working time between clinical work in my practice and academic developmental work at the Center for Global Health at Aarhus University, I consider myself extremely lucky to be able to "walk on two legs" – being able to combine the diverse real-life wonders of practice work and the challenges of development of Primary Care on a global scale. Although the contrasts between these work environments may seem unfathomable, they do actually complement each other well and contribute mutually as great sources of energy and admiration for the diverse realities within our profession. I find that the dynamics of this way of working 'keeps me on my toes' as well as provides me with 'street credibility'.

I can come home to Denmark, after having completed field work in Rwanda, and feel fully rejuvenated, ready to attend to my patients in the practice. Similarly I can take inspiration from our Danish Primary Care organisation to meetings with the Ministry of Health of Nepal. I find it even more satisfying, when I am able to bring foreign colleagues to our practice, to stimulate professional and personal exchange.

The constant attention to, and advocacy for, our patients and our communities at the frontier of our

health systems, is the universal tool through which we make a remarkable difference - building trust through continuous, comprehensive, community-oriented care delivered by family health teams.

A tall order, but all family physicians are extremely hard-working – and a Danish proverb says: "if you want to get something done, go to the one, who is busy".

#### **Could you say something about how the Hippokrates Exchange Program was created?**

Life is full of journeys. And our professional journey is one of these. Let me tell you a little bit about my own professional journey, as an example.

During my secondary schooling when I was 16-17 years old I was fortunate to do a year of studies at an American high school as part of an exchange programme. This was a world-opening and mind-opening experience for me. Later, during my pre-graduate medical studies, it inspired me to do a year of medical school at a University in Spain, as part of a European Exchange Programme for university students – the so-called ERASMUS programme.

Again, I found myself rewarded by much more than just scholastic knowledge - I brought home a new foreign language, an insight into another culture, lots of diverse exciting experiences and new friendships.

With this momentum I moved on to postgraduate studies and work placements – and the Vocational Training Scheme of a family physician trainee is a multifaceted journey of exposures. During this period, I wondered how I could add some of the same spice to my postgraduate medical studies: to once again be able to combine professional and cultural education. I was able to arrange a two week visit to the Cedar House Surgery, in St Neots, Cambridgeshire, UK.

I had by then become a member of the International Committee of the Danish College of General Practitioners, and I proposed to design and develop a European Exchange Programme for medical doctors specialising in GP/FM. That became "Hippokrates", which was launched at the WONCA Europe Conference, in Vienna, Austria, in 2000.

From a beginning of five participating countries and 25 host practices, and with only few exchanges taking place every year, this programme has grown tremendously. It now embraces 26 countries, and more than 100 host practices across Europe. In 2014, it resulted in 105 exchanges and a magnitude of experiences shared. Since 2008, the Hippokrates has been entrusted and re-invigorated by the Vasco da Gama Movement.

[Hippokrates](#) is very much alive and all European trainees/GPs/FDs are encouraged to participate.

### *What other interesting activities that you have been involved in?*

My PhD on “*Schistosomiasis and HIV in rural Zimbabwe*”, was completed during a family stint of five years in Zimbabwe (2000-2005), where my wife was heading the EU Health Assistance to Zimbabwe. After that, I got involved in the “Primafamed (Africa) Network” (Primary Care and Family Medicine Education Network). The network aims at developing and strengthening family medicine higher education and training through capacity building, curricula enhancement and academic research development.

It is in the process of building new institutions and in shaping new professionals, that enthusiasm and innovative awareness create a platform for renewal and consolidation of the core of our profession.

This work has also inspired me to create “[Partners in Practice](#)”, an International Development Program of the Danish College of General Practitioners, devoted to fostering development of Primary Health Care worldwide, through established partnerships. This is a fairly new organisation, which aims at recruiting Danish GPs to partake in projects to support and capacity-build emerging family medicine institutions in partner countries.

### *What are your interests as a family physician and how do you see the future of Family Medicine?*

I am a great fan of inter-collegial inspiration and ‘infectivity’ and I have always found this through WONCA. The WONCA family is a great nest of restless busy-bees always eager to explore and exchange views and ways.

Some of our South African colleagues have recently in an [editorial](#) expressed concerns on the state of family medicine in South Africa, which I

think are quite universal. They use the metaphor of ‘the dog chasing the bus’. And they argue, that now that they have finally caught up with it (the bus) they are not quite sure, what to do with it.

Some of the questions that they raise are:

- Why do we have a need to be equal to other specialties?
- Why do we want to be valued by specialist colleagues more than by patients or communities?
- Why is our training so focused on skills and procedures?
- What is our role in primary healthcare re-engineering?

And I feel these concerns translate well to the challenges family medicine are facing across the globe. Of course, these concerns are in various disguises depending on the state or - should I say - status of family medicine in the individual countries.

However, I think it is similar for all. The development of family medicine and the continued efforts to define ourselves as a specialty have taken place – or are taking place - as a reactive process forming ourselves in the image of the classical medical specialties and we have created or are creating our teaching and research institutions alike.

Paradoxically, when we shape ourselves like the other ‘specialists’: we risk getting away from who we are and from the reality of our patients and communities, by whom we define ourselves and by whom ‘specialists’ do not define themselves. We risk forgetting to be different, to be compassionate, embracing collaborators who serve and thrive best in teams (as opposed to those who work in silos of hierarchical institutions, nourished by prestige and authority).

We are getting involved in research, quality improvement activities, production of guidelines, endorsing recommendations and requirements etc – everything appropriate and necessary. At the same time, we must remember where we come from and not get caught up in a charade similar to the fairy tale of the “Emperor’s new clothes”.

My best ideas at how we may secure a new deal for family medicine in the future with regard to three levels of engagement are:

- **Individually.** Throw yourself into the mess, get entangled, ‘don’t be a whiner, be a diner’. Take to life with a grand appetite and share meals. Be sure to share your successes – use these as a lift for everybody around you, which creates synergy

and simultaneously makes you flourish. Be the heroes of everyday, in settings where life is lived.

- **Professionally.** Dare to be different: involve your patients, make them partners. Keep being the voice for continuous, comprehensive, community-oriented care delivered by a family health team. Also respect the need for balanced, mutually sustained integration with colleagues and collaborators in the wider health system.

## Prof Mehmet UNGAN: Turkey - WONCA Europe executive

*Prof Mehmet Ugan is a specialist in family medicine working both in his practice and also in a university department as an academic. He was one of the founders of the Turkish Association of Family Physicians (TAHUD) in 1990, and is also a past president of TAHUD. Now, he is Honorary Secretary of the Turkish Family Medicine Board, a member of the WONCA Europe Executive Board representing its Research Network (EGPRN) of which, he is the vice chair.*



*Prof Ugan is the chair of the Scientific Committee for the WONCA Europe conference being held in Istanbul, in October 2015.*

### *What work are you doing currently?*

Like many others in the family medicine world, I have a very busy schedule. The main part of my day is comprised of seeing patients, both in my practice and in the Medical School, and with lots of training activities. I'm a professor in the Department of Family Medicine, founded in 1993, one of the pioneers in my country. Our department belongs to Ankara University School of Medicine which was founded in 1945 - the first one for the young Turkey after the Ottoman Empire. We are almost 30 residents, two assistant professors and two family physician specialists involved in educational activities. We provide educational programs for first, fifth and sixth grade medical students, and run five family medicine outpatient clinics. Our department centre is located in Avicenna (Ibn-İ Sina) Hospital of Ankara University Medical School.

As well as my position in the university, I have a private family medicine clinic affiliated with a well-known laboratory chain, in Ankara. There, with other family physicians, we have been providing services mainly to embassies, foreigners, those preferring private services for periodic health screening, health screening of immigrants and

- **Globally.** Engage with your communities, share your experiences, keep promoting possibilities to form family health teams. Always think in broader terms of socio-economic and environmental determinants. Get out – go to meetings, do exchanges, participate in and contribute to development across professions and borders.

refugees, and school and occupational health activities.

### *What other interesting activities that you have been involved in?*

I do not know if it is interesting for all, but the rest of my work is all about research in primary care. Since 1998, I have been a member of the European General Practice Research Network (EGPRN), which is a network of the WONCA Europe. We have two meetings a year in different European countries. Creating the research agenda for European Primary Care was one of the collaborative works of EGPRN in which I have enjoyed a lot.

ESPCG (Special Interest Group on Primary Care Gastro) is another group in which I feel comfortable due to having a common research and clinical interest.

For the past four years, I have been attending some of the CDC (American) training, especially on tuberculosis and migrant health, and trying to undertake research on related subjects. For example, I was one of the partners of the European project on HIV/AIDS trainers training; the osteoporosis project of International Atomic Energy (for Turkish data), and the European FP/GP burnout study. Nowadays I am studying latent TB infection screening among different migrant populations.

### *What are your interests in work and outside work?*

I am afraid I don't have interesting things to tell you away from work :-).

My special interest areas at work are migrant health, tuberculosis, gastrointestinal diseases, primary health care research, FM education & training, information & communications technology, health promotion & disease prevention. I have been implementing IT tools with

other disciplines to make research on daily work possible through proper data management. In this way I really enjoy looking at retrospective data and improving the service we provide in primary health care, mainly on behalf of the patients but also for the physicians.

Outside of my professional work, I try to make sports as a lifestyle, to enjoy the good quality and taste of the Turkish kitchen, and travelling around Turkey which has endless attractions in each city.

Like many of my colleagues, I am also a dedicated father and husband. I'm lucky to have my wife, who is also a family physician and one of the founders of the TAHUD. She has supported me a lot not only as my wife, but also as a good family physician. We have a 13 year old son and a 21 year old daughter who is studying Law. Sometimes, I realise that I should find more time to spend with them.

***You are interested in the history of medicine and you love Istanbul – both seem relevant to the coming WONCA Europe conference?***

As a physician I am interested in history of medicine. In Turkey we live on a land which has hosted many civilizations. As written in many text books, one of the earliest known medical schools opened in Datca (Cnidus) in 700 BC and that had an 'organ' based approach. Just 30-40 minutes distance by boat in Kos, the 'generalist' approach of medicine began 300 years later, around 400 BC. The region is important for the history of holistic and comprehensive care.

You might remember the Trojan war in ancient history (1194–1184 BC) and also the very sad Dardanelles Campaign, the Battle of Gallipoli of World War I that took place in the Ottoman Empire

between 1915 - 1916. The mountain Ida (Kaz Dağı) is near the site of ancient Troy and the Dardanelles. From its highest peak, about 1,800m, the gods are said to have witnessed the Trojan War. Those living there "stay young" as it is known to have the highest oxygen concentration in the world after the Amazon. It is a paradise of olives and olive oil, which is the food of the gods. Balneology (Latin: *balneum* "bath"), the science of the therapeutic use of baths in ancient medicine, is still alive there, where also my family has a summer house. One month every year, we go there with our children, to refresh ourselves for the new work year. We are lucky to have sea, sun, fish, olive oil, good food, fun and history all in the same environment, near the edge sea.

My country has many attractive sights to see for those interested in the history of humans and science. As well there are places to be in nature, or enjoy the sea life (sailing and diving), mountain life, plants, caves etc. I have been all around the world, but nowhere is more attractive than Istanbul in my eyes. Walking around Istanbul streets and still discovering the city with endless secrets is unbelievable. Taking photos of the city while travelling in between the Asian and European sides by a regular boat has always been a real hobby for me. Also drinking Turkish tea and eating simit, while sharing some with the seagulls on the boat, is one of my favourite moments.

World family physicians are lucky to visit Istanbul during the next [WONCA Europe conference](#) and I hope they may see my Istanbul.

*ex oriente lux\**

\* out of the East, light

20<sup>th</sup>  
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*istanbul*

October 22-25, 2015

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## Chloé Perdrix writes: Vietnam and Laos

*My name is Chloé Perdrix, I'm a 27 year old French GP resident,. I am taking a sabbatical year travelling around Asia. In order to stay in touch with the medical network, I intend to meet general practitioners during this journey. I proposed to WONCA and the Vasco da Gama Movement (VdGM), to write an article each two months in order to share my discoveries, my questions and my reflections about this experience. This is my fourth story.. to see others [click here](#).*

### Agent Orange in Vietnam



After our bike trip detailed in my previous article, we arrived in Mekong Delta and moved toward the North Vietnam. During our Halong Bay visit (photo above), we hiked on an Island named Cat ba. There, we met a French nurse who explained her work experience in Ho Chi Minh. She told us how surprised she was to see how Vietnamese people took care of their relatives. All her patients were always accompanied by a family member.

Family in Asia is very important. Children and parents often live in the same house all their lives. Children taking care of their parents when they get older. No old people live alone.

She also told us about patients who were victims of Agent Orange.(1)(2)(3) To explain, Agent Orange was a powerful mixture of chemical defoliants (X 50 times standard levels) used by US military forces during the Vietnam War to eliminate forest cover for North Vietnamese and Viet Cong troops (in South Vietnam), as well as to eliminate the crops that might feed them. The data say the more than 20 million gallons of herbicides were sprayed over 5 million acres of land in Vietnam from 1961 to 1971.

Agent Orange contained the chemical dioxin. In addition to the massive environmental impact of

the defoliation, it was later revealed to cause serious health issues among the Vietnamese population and US veterans.

The US Institute of Medicine's July 2009 report cited sufficient evidence of association between exposure to Agent Orange/dioxin and five illnesses: soft-tissue sarcoma, non-Hodgkin's lymphoma, chronic lymphocytic leukaemia (including hairy-cell leukaemia), Hodgkin's disease, and chloracne. The report also found evidence suggesting an association with prostate cancer, multiple myeloma, amyloidosis, Parkinson's disease, porphyria cutanea tarda, ischemic heart disease, hypertension, Type 2 diabetes, peripheral neuropathy, cancers of the larynx/ lung/ bronchi/ trachea, and spina bifida in exposed people's offspring.

In Vietnam, the Vietnamese Red Cross also associates the following with exposure to dioxin: liver cancer; lipid metabolism disorder; reproductive abnormalities and congenital deformities such as cleft lip, cleft palate, club foot, hydrocephalus, neural tube defects, fused digits, muscle malformations and paralysis; and some developmental disabilities.

Vietnam has reported that some 400,000 people were killed or maimed as a result of exposure to herbicides like Agent Orange. In addition, Vietnam claims half a million children have been born with serious birth defects, while as many two million people are suffering from cancer or other illness allegedly caused by Agent Orange.

I was very surprised by this story and disappointed to realise that even when the war is long over, there are still consequences on the environment and for public health in Vietnam.

If you want to know more about it, here is a very [good video](#) to inform people about Agent Orange effects in Vietnam. (4)

### Tet in Laos

After Vietnam, we went back to Laos to visit the north of the country. After three wonderful days kayaking on the Nam Ou River, we arrived in Luang Prabang. There, it was very hard to find a room because it was the 21 February, two days after the "Tet celebration" (Chinese and Vietnamese New Year).

There were a lot of Chinese tourists on vacation in Luang Prabang. Consequently, all guesthouses in downtown were full. Fortunately, my brother, Romain and I found a room in the Luang Prabang suburbs, whereas some of our kayaking friends had to sleep in the entrance hall of the hostel, on a mattress the owner gave to them.

But some of you must wonder: What is Tet? Tet is the occasion to express respect and remembrance for ancestors as well as welcoming the New Year with beloved family members.

In the past, Tet was essential as it provided one of few long breaks during the agricultural year, between the harvesting of crops and the sowing of the next ones.

To make it easier, westerners can imagine Tet as a combination of Christmas and New Year: every family will get together to have big meals, decorate Tet trees and eat Tet food but to welcome the New Year instead of for a religious cause. These celebrations can last from a day up to the entire week.

During Tet, one takes extra care not to show anger and not to be rude to people. The Tet is an occasion for people to share a common ideal of peace, concord and mutual love.

***Bear bile traffic in Asia*** (5)(6)(7)



Once we found a room, we were advised to go to a beautiful waterfall where the water had a very special blue colour. (above photo) There, we discovered a bear refuge (photo above right) which protected bears from bear bile traffic.

I learned how traditional medicine could be sometime so inhuman. (Without forgetting that western medicine can also be inhuman sometimes.)



Bears in Asia are captured for their bile, which is extracted using cruel, painful procedures and sold as traditional medicine.

Bear bile contains high levels of ursodeoxycholic acid (UDCA)

known to be useful for treating liver and gall bladder conditions.

However, there are now many readily available herbal and synthetic alternatives with the same medicinal properties.



Despite the availability of inexpensive and effective herbal and synthetic alternatives – and the dangers of consuming bile from sick bears – bile farming continues.

Bear bile has been used in traditional Asian medicine for thousands of years. In the past bear bile would be obtained by hunting bears in the wild and killing them to remove their gall bladder. It would have been a particularly rare and prized ingredient at the time used sparingly for specific medical conditions.

These captive bears suffer in filthy and cramped conditions, often in cages no bigger than phone booths. In China, the cages are sometimes so small that the bears are unable to turn around or stand on all fours. Some bears are caged as cubs and never released. Bears may be kept caged for up to 30 years.

More than 10,000 bears – mainly moon bears but also others such as sun bears and brown bears – are kept on bile farms in China, and just under

2,000 suffer the same fate in Vietnam. The bears are "milked" regularly for their bile, which cause massive infections. Most farmed bears are starved, dehydrated and suffer from multiple diseases and malignant tumours that ultimately kill them.

Demand for bear bile products comes mainly from China, Japan, Korea, Vietnam, Malaysia and Taiwan. Bear bile products are also found in Australia, Indonesia, Laos, Myanmar, Singapore, the US and Canada.

Unfortunately, bear bile farming is still completely legal in China. In Vietnam, bear bile farming has been technically illegal since 1992, but it wasn't until 2005 that species-specific legislation was introduced banning the exploitation of these endangered animals. Sadly, bear bile farming persists in the country due to legal loopholes as well as the fact that demand still exists.

### *Moving on*

After visiting Luang Prabang, we flew to Mandalay, former capital of Myanmar. I met in Mandalay and Yangon wonderful family doctors

who taught me a lot about Myanmar primary care and Myanmar culture. But you must wait the next article because I need an entire article to tell you about Myanmar.

*Photo:  
cigarettes on sale  
in a  
Luang  
Prabang  
pharmacy*



I hope this one interested you.  
Chloé

### *Bibliography : available online*

*Note: The views expressed and research conducted is that of the author and not necessarily the views of WONCA.*

## Conferences

### Final call for the 47th EQuIP Meeting in Switzerland, 24-25 April

Open EQuIP Spring Meeting 2015: Knowledge Translation in Primary Health Care - Focus on Quality Circles

EQuIP is the European Society for Quality and Safety in Family Practice - a WONCA Europe Network

Ongoing quality improvement (QI) is fundamental to modern family medicine; it is about providing person-centred, safe and effective care, and efficient use of current resources in a fast-changing environment. Whereas QI affects local problems like perceived inefficient, harmful or badly timed health care, Knowledge Transfer (KT) deals with generalisable concepts to increase and disseminate knowledge.

In other words, KT is the synthesis, dissemination and exchange of knowledge for providing effective health care, and QI is the process at the local or organizational level where quality issues arise. Quality Circles/ Peer Review Groups / Practice Based Small Groups/ CME Groups seem to be an effective tool to do that!

The objective of the conference is to document the range of components that characterise QCs, their underlying mechanisms and the local context in which they are conducted. The patterns in which

components act within them have to be investigated and mapped in relation to variations in these underlying mechanisms and the local context.

The aim is to identify optimal conditions for success which may then inform participants as they manage and maintain current QCs and plan future ones to improve clinical practice. Basically, it is about unpacking the black box to see what variations of the programme work for whom and under what contextual features by looking at numerous projects that have been undertaken. Successful projects may show what works, whereas unsuccessful projects will show what does not work. Oral presentation of projects will be followed by discussions in small groups. Workshops on various aspects will give insight into the different issues QCs work with.

**Date: Friday 24 and Saturday 25 April 2015.**  
**Venue: Kloster Fischingen, Switzerland.**

With best wishes  
Dr Adrian Rohrbasser

## Asia Pacific research conference 2015

The 5th Asia Pacific Primary Care Research Conference 2015 come to Malaysia this year

**Date:** 4 -6 December 2015

**Venue:** Everly Hotel, Putrajaya, Malaysia

**Organisers:** Malaysian Primary Care Research Group (Academy of Family Physicians of Malaysia), Family Medicine Specialists Association of Malaysia

Collaborators: College of Family Physicians of Singapore, Ministry of Health Malaysia

**Submission of abstracts:** 15th August 2015

**Early bird registration:** 15th September 2015

**Registration Fees:**

Local Delegates RM 750

Foreign Delegates USD 350

Early Registration RM 650

Preconference: RM 150

Further details: <http://www.mpcrg.net>

Email: [appcrc2015@gmail.com](mailto:appcrc2015@gmail.com)

First announcement

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## WONCA CONFERENCES 2015

March 5-8, 2015	WONCA Asia Pacific Region Conference	Taipei, TAIWAN	For more information on these conferences as it comes to hand go to the <a href="#">WONCA website conference page</a> :
April 15-18, 2015	WONCA World Rural Health conference	Dubrovnik, CROATIA	
April 30 – May 2, 2015	WONCA East Mediterranean Region conference	Dubai, UAE	
May 6-9, 2015	WONCA Africa region conference	Accra, GHANA	
October 22-25, 2015	WONCA Europe Region conference	Istanbul, TURKEY	

## WONCA CONFERENCES 2016

February 13-14, 2016	WONCA South Asia region conference	Colombo, SRI LANKA	SAVE THE DATE
April 4-9, 2016	VI Cumbre Iberoamericana	San Jose, COSTA RICA	SAVE THE DATE
June 15-18, 2016	WONCA Europe Region conference	Copenhagen, DENMARK	<a href="http://www.woncaeurope2016.com">www.woncaeurope2016.com</a>
November 2-6, 2016	WONCA WORLD CONFERENCE	Rio de Janeiro, BRAZIL	<a href="http://www.wonca2016.com">www.wonca2016.com</a>

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## WONCA ENDORSED EVENTS

For more information on WONCA endorsed events go to  
<http://www.globalfamilydoctor.com/Conferences/WONCAEndorsedEvents.aspx>

April  
28-30  
2015

**Mental Health for All**

Lille, France

## MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to

<http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx>

23 Apr - 25 Apr 2015	<b>47th EQuiP Meeting</b>  Fischingen, Switzerland
25 Apr - 29 Apr 2015	<b>STFM Annual Spring Conference</b>  Orlando, Florida, USA
01 May - 02 May 2015	<b>City Health Safeguarding The Future</b>  RCGP, London, UK
07 May - 10 May 2015	<b>EGPRN Spring meeting</b>  Timisoara, Romania
29 May - 30 May 2015	<b>IPCRG scientific meeting</b>  Singapore
30 May - 31 May 2015	<b>5th Hong Kong Primary Care Conference (HKPCC)</b>  Hong Kong, SAR China
01 Jun - 12 Jun 2015	<b>Toronto International Program</b>  Toronto, Canada
11 Jun - 13 Jun 2015	<b>35º Congreso de la semFYC</b>  Gijon, Asturias, Spain
13 Jun - 14 Jun 2015	<b>6th conference of Japan Primary Care Association</b>  Tsukuba, Japan
16 Jun - 18 Jun 2015	<b>19th Nordic Congress of General Practice</b>  Gothenburg, Sweden
31 Jul - 02 Aug 2015	<b>RNZCGP conference for general practice</b>  Hamilton, New Zealand
21 Sep - 23 Sep 2015	<b>RACGP GP '15 conference</b>  Melbourne, Australia
29 Sep - 03 Oct 2015	<b>AAFP Family Medicine Experience</b>  Denver, Colorado, USA
01 Oct - 03 Oct 2015	<b>RCGP annual primary care conference</b>  Glasgow, United Kingdom
21 Nov - 22 Nov 2015	<b>Family Medicine &amp; Primary Care India 2015</b>  New Delhi, India
04 Dec - 06 Dec 2015	<b>5th Asia Pacific Research conference</b>  Putrajaya, Malaysia