

WONCA Montegut Global Scholars Program – Report on WONCA Europe Conference Istanbul October 2015

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I have recently returned from the WONCA Europe conference in Istanbul, Turkey. I would describe the five days that I spent at the conference as inspiring, invigorating and definitely hectic. I had set myself the goal of trying to attend as many sessions as possible that would help me with my teaching, research and clinical work in the future. In the weeks prior to the conference there was some uncertainty with the security situation in Turkey, but we received reassurance from the organisers that all efforts to make the event as safe as possible were being taken.

I began with the Vasco da Gama pre-conference. I had signed up to take part in the European General Practice Research Network Research Workshop for most of the day. This was a well organised 'taster' session on all things research; with everything from an introduction to qualitative methods to how to write a paper that impresses a journal editor. It was really great to have GPs there who are actually involved in peer reviewing, editing and publishing research from across Europe. They were approachable and happy to offer advice to anyone interested. Simple advice was dispensed like having a notebook or file where you can record the perfect research question whenever it strikes you. This session also served as a reminder as to why research and evidence based medicine is so important for GPs when caring for our patients and communities. I left with a feeling of optimism and agreeing that the steps involved in research and publication are not so daunting after all.

The next day I was allowed to observe the workings of the WONCA Europe Council Meeting. This provided me with a great opportunity to see how a diverse and energetic movement such as WONCA Europe allows member organisations to decide democratically on the plans and actions of the group. I had not realised before that WONCA Europe covers the vast WHO European area that includes very different countries and health systems. Having representatives of countries where primary care and general practice are in their infancy sitting down to discuss issues with representatives of countries where general practice forms the backbone of the health system creates an interesting dynamic. There is much to be learned by both parties in these discussions and it seems WONCA is a great space to do that and strive for the improvement of family medicine.

We cannot switch on the TV or search online at present without some reference to the immense difficulty being faced by millions of Syrian refugees fleeing their country for safety and stability in neighbouring countries and further afield in Europe. The very risky attempts by families to reach Europe by boat, train and heavy goods vehicles highlights the desperation and utter hopelessness they face if they do not leave their homes. Having this conference in Turkey, which is currently hosting many millions of these refugees, provided a great opportunity for highlighting the medical care that is needed for these groups. I was particularly struck by the account of a young Turkish medical student who spoke at one of the Migrant Health sessions. He described the work he and his colleagues had been doing in camps near the Syrian border trying to support those who are bring medical attention to very desperate and traumatised people. I was delighted with the publication of the consensus statement on refugee health released by TAHUD (Turkish Family Medicine Organisation) and WONCA Europe. This was signed on behalf of the 26 national family medicine organisations that make up WONCA Europe. The countries represented are diverse and have very different health systems, but all felt it was important to show solidarity and sign the declaration. It sets out a list of things that GPs, trainees and students should be doing to prepare themselves to care for the displaced people fleeing the war. Sometimes we forget the power and respect that family practitioners command, and what this statement does is it reminds us of that and encourages us to advocate and act for the benefit of these refugees in our home countries.

One of the other things I realised was that we often feel like we are working in isolated consulting rooms and struggling to do the best job we can as GPs in our home countries. Attending a meeting like this allows us to meet many doctors with similar issues from across Europe who face the same struggles we do. The benefit of a networking event like this is that there are often solutions and ideas that have been trialled and evaluated in other countries that we can bring home and adapt. I also liked the opportunity to meet face to face some of my collaborators in the Health Equity and Migrant Health Special Interest Groups. We had been developing ideas and planning workshops for many months by email, but it is only when you meet in person that the extent of the passion and depth of knowledge and experience on these topics is really obvious.

Action points:

I have already written a blog for the Canadian Medical Association Journal on the Istanbul refugee health statement and its relevance to family medicine in Europe and beyond. At present countries like Canada and Australia are seeing debates nationally as to whether their health systems would be able to support many refugees with health needs. Having a statement of intent like this one from WONCA Europe can lead the way and encourage other regions to make similar declarations.

I have disseminated the statement in my medical school and I have begun discussion on how we can train medical students and GPs better to care for these newly arriving refugees. Topics such as cultural competence, unfamiliar illnesses and working with interpreters would all be relevant in this regard. I hope to incorporate some of these in to my teaching sessions in the coming months.

I have decided I would like to become more involved in my own national GP organisation. I understand on a case by case basis we can make a difference for the patients we meet in clinic, but by looking at issues nationally and internationally we can make a difference for many patients. One powerful tool we have in GP is day to day contact with and detailed knowledge of the world our patients live in. We need to be able to identify the problems that our patients face and effectively research these to be able to better advocate on their behalf.

I have decided I will engage in research on migrant and refugee health in my own country, and potentially across Europe. With that I intend to apply for the Vasco da Gama Junior Researcher Award in 2016.

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