

WONCA News

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From the President: September 2017

Networks, opportunities and prioritisation – does enthusiasm need to be balanced with realism?



Photo: Medical students celebrating the opening ceremony of the 2017 IFMSA meeting in Arusha, Tanzania

I have had a busy month, and by the time you read this I will have done at least two, if not three, further overseas trips. The travel for the President in a two year term gets pressed into the year that falls between the two global conferences, so I have nine overseas trips between August and November 2017!

It is a pleasure and privilege to meet so many colleagues worldwide, but this is causing me to think about what the President adds when we visit. The example I will discuss here is my recent trip to Tanzania, where I was originally invited as a keynote speaker for the global conference of the International Federation of Medical Student Associations ([IFMSA](#)). Founded in 1951, it has a particularly admirable agenda about social accountability and the need to train doctors for the population's needs. The IFMSA and WONCA have a formal collaboration, with a newly updated Memorandum of Understanding, and I was honoured to be one of only four external speakers at their conference in Arusha, Tanzania. More than 900 enthusiastic students from over 100 countries – and you can imagine it was quite a party, and I was delighted by the number who took time to come and discuss family medicine with me.

I was last in Tanzania, in 1976, when I myself was a third year medical student, and I could fully appreciate their passion and interest in reaching out to others across regional and cultural divides. Congratulations to all who had

a part in this, including the local Tanzanian student hosts, and look forward to working together to impact on medical education at university level.



Photo: The President with residents, staff, AFRIWON leader Joy Mugambi (next to Amanda) and ministry representatives at the Aga Khan University in Dar es Salaam

Then to Dar es Salaam, following in the footsteps of our WONCA Africa region president, Dr Henry Lawson, who enabled me to find local links and meet with the pioneers of family medicine. Tanzania is a large country, with high levels of poverty, weak infrastructure, and a combination of challenges. The Tanzanian Association of Family Medicine has six founder members, of whom three are recent residents, and only one university (Aga Khan) running a residency scheme. I was honoured to be part of a daylong workshop attended by

representatives of the Ministry, the Associate Dean and CEO for Health Sciences at Aga Khan University, and other providers who play a large role in urban healthcare. I also visited three clinics and helped with their OSCE assessment for the year two residents.

The networking at both events was valuable, and since I returned I have read more, linked into the WHO Country office, and sent resources and ideas about curriculum, regional support, and further professional links within the country. The purpose of the title above is to think about what is involved in such a visit - and what happens afterwards. Each visit involves lengthy preparation – strategic decisions about which invites to accept; practical choices about travel and accommodation; sometimes the joys of visas and travel vaccines; background reading, including preparing keynotes; then being there, engaging, delivering; and afterwards trying to maximise the follow up by putting people in touch with each other - especially professional leaders and WHO / Ministry contacts.

How would you evaluate such a trip? How do we prioritise who goes where for WONCA? In the end I rely on regional colleagues to advise on where to go and who to meet.

At a national level I prioritise members early in their development, and am told that visits like these are immensely encouraging and thought provoking for those who are trying to carry a torch for family medicine. We had important learning conversations, both among the students and the Dar es Salaam Family

Medicine leaders – who are also supported by work with colleagues in Kenya, including Joy Mugambi from the WONCA Africa region executive.



Photo : The President presents a copy of the WONCA Guidebook to Dr Riaz Ratansi, Head of the Department of Family Medicine at the Aga Khan University, Tanzania

In the end, the same approach which is successful and much appreciated by patients - a focused conversation with an expert who is both analytic and empathic, and is interested in what will help you as a person – can motivate and encourage us all to keep on trying, against some odds, to deliver on a vision and work for good.

Kila la kheri (All the best), Tanzania! We can continue the regional conversation in Pretoria in late August. And I hope to see many medical students worldwide who now think about family medicine as their future.

Amanda Howe
WONCA President

De la Presidenta – Septiembre 2017

Redes de trabajo, oportunidades y priorización – ¿es necesario encontrar un punto de equilibrio entre entusiasmo y realismo?



foto: Estudiantes de Medicina celebrando la ceremonia de apertura del encuentro IFMSA en Arusha, Tanzania.

Este mes he estado muy ocupada, y en el momento en que leeréis este artículo ya habré hecho al menos un par de viajes más allá del océano. Los viajes que debe realizar la Presidenta de WONCA durante su mandato quedan siempre comprimidos entre los dos grandes congresos mundiales, ¡hasta el punto que tengo nada más y nada menos que nueve viajes entre Agosto y Noviembre de 2017!

Es sin duda un placer y un privilegio el poder conocer tantos colegas en todo el mundo, aunque esto me esté llevando a pensar acerca del valor añadido que aporta la visita del Presidente de WONCA a un sitio. El ejemplo que voy exponer aquí es el de mi reciente viaje a Tanzania, donde fui en un primer momento invitada como ponente en el Congreso Mundial de la Federación Internacional de Asociaciones de Estudiantes (International Federation of Medical Student Associations, IFMSA). Creada en el año 1951, su agenda es particularmente admirable, sobretodo en lo que respecta a la gestión social y la necesidad de formar a médicos que respondan a las necesidades de la población (<https://ifmsa.org/>). La IFMSA y la WONCA trabajan juntas habitualmente, con un nuevo Memorándum de Colaboración actualizado, y tuve el honor de ser una entre los únicos ponentes externos que participaron en el Congreso en Arusha (Tanzania). Asistieron más de 900 estudiantes entusiastas de más de 100 países – ya os podéis imaginar que se trató de una auténtica fiesta, y que fue un auténtico placer compartir, con aquellos que quisieron charlar conmigo, conversaciones y puntos de vista acerca de la Medicina de Familia.

La última vez que había estado en Tanzania había sido en 1976, cuando yo no era más que una estudiante de tercer año de Medicina y ya entonces me di cuenta de la pasión de sus ciudadanos y de su interés a la hora de buscar complicidades en todo el mundo a través de las singularidades culturales y regionales. Muchas felicidades a toda la gente que ha participado en la organización, también a los estudiantes anfitriones de Tanzania, espero que podamos trabajar juntos para tener un mayor impacto en la educación médica a un nivel universitario.

También agradezco a Dar es Salaam, que siguiendo los pasos de nuestro Presidente de la región de WONCA África, el Doctor Henry Lawson, quien me permitió encontrar enlaces locales y conocer a los pioneros de la Medicina de Familia del país. Tanzania es un país grande, con altos niveles de pobreza, infraestructuras todavía precarias y donde se juntan muchos retos de futuro. La Asociación de Tanzania de Medicina de Familia tiene seis miembros fundadores, tres de los cuales son residentes, y solamente una sola universidad (Aga Khan) en el país que funciona siguiendo el sistema de Residencia. Tuve el gran honor de formar parte de un taller que duró todo el

día en el que participaron los representantes del Ministerio, la Asociación Dean y el CEO de Ciencias de la Universidad Aga Khan, así como otros proveedores sanitarios que también tienen un papel muy importante en la asistencia sanitaria urbana. También visité tres clínicas y ayudé en el asesoramiento OSCE a residentes de segundo año.



Foto: La Presidenta con Residentes, personal, el Responsable de AFRIWON, Joy Mugambi (al lado de Amanda) los representantes ministeriales en la Universidad Aga Kyhan en Dar es Salaam.

El networking a todos los niveles fue muy destacable, y desde que he vuelto de Tanzania he estado leyendo mucho, colaborando con la oficina de la Organización Mundial de la Salud como enlace, y he enviado recursos e ideas sobre el currículum, como apoyar regionalmente, y más enlaces profesionales dentro del país. El propósito del título que he puesto al artículo es el de pensar en los elementos que forman parte de una visita como esta – y lo que sucede a continuación. Cada visita necesita de una gran preparación – decisiones estratégicas acerca de qué invitados conviene aceptar; elecciones prácticas sobre el viaje y la estancia; a veces la suerte en la obtención de visados y la necesidad de las vacunas; la comprensión de los temas de fondo, también la preparación de los puntos clave; después, por supuesto, el hecho de estar ahí, formando parte, ofreciendo; y finalmente intentando maximizar el después del congreso intentando poner a la gente en contacto – especialmente a los líderes profesionales e institucionales como los de la Organización Mundial de la Salud y los Ministerios.

¿Cómo valorarías tú un viaje como este?, ¿Cómo podemos priorizar quién asiste en un sitio o en otro en nombre de WONCA? Al final, confío en nuestros colegas regionales

para que nos aconsejen acerca de donde ir y a quién conocer.



Foto: La Presidenta presentando una copia de la Guía de WONCA al Doctor Riaz Ratansi, Jefe

del Departamento de Medicina de Familia a la Universidad de Aga Khan, Tanzania.

A un nivel nacional, acostumbro a priorizar antes aquellos miembros en sus primeros años de desarrollo, y se me indica que visitas como esta son enormemente alentadoras y que dan mucho que pensar a todos y todas aquellas personas que intentan llevar una antorcha para la Medicina de Familia. Tuvimos muchas conversaciones enriquecedoras, tanto entre los estudiantes como con los representantes de la Medicina de Familia de Dar es Salaam que también colaboran con otros colegas de Kenya,

incluyendo a Joy Mugambi del Ejecutivo de la región de WONCA África.

Al final, el mismo acercamiento que ha demostrado su éxito y es muy apreciado por parte de los pacientes – una conversación focalizada con un experto que es tanto analítica como empática y que muestra su interés en lo que más te ayudará como persona – puede motivarnos y alentarnos a todos para seguir intentando mejorar, en contra las dificultades, y ofrecer una clase de visión y de trabajo para ir a mejor.

Kila la kheri (all the best), Tanzania! Continuemos con el debate regional en Pretoria a finales de Agosto. Espero que podamos ver a muchos estudiantes de Medicina en todo el mundo que ahora ven a la Medicina de Familia como su futuro.

Professor Amanda Howe, President WONCA

Traducción: Pere Vilanova, Spanish Society of Family and Community Medicine (semFYC) - Periodismo y comunicación

De la Présidente -Septembre 2017

Réseaux, opportunités et priorisation -faut-il modérer l'enthousiasme d'un peu de réalisme?



Photo: Etudiants en médecine célébrant la cérémonie d'ouverture de la réunion d'IFMSA 2017 à Arusha, Tanzanie

J'ai eu un mois bien chargé et lorsque vous lirez ce bulletin j'aurai accompli au moins deux et peut-être même trois autres voyages à l'étranger. Au cours d'un mandat de deux ans, les voyages du président se concentrent sur l'année tombant entre les deux conférences mondiales, ce qui explique mes neuf voyages à l'étranger entre août et novembre 2017!

C'est pour moi un plaisir et un privilège de rencontrer tant de collègues autour du monde, mais ceci m'amène aussi à réfléchir sur ce qu'apporte un président en visite. L'exemple dont je vais parler ici concerne mon récent

voyage en Tanzanie où j'étais invitée en tant qu'un des orateurs principaux à la conférence mondiale de la Fédération internationale des associations des étudiants en médecine (IFMSA). Cette association, fondée en 1951, a un programme très admirable en ce qui concerne la responsabilité sociale et la nécessité de former des médecins afin de répondre aux besoins de la population (Voir <https://ifmsa.org/>). La IFMSA et WONCA sont en collaboration formelle, suivant un protocole d'accord récemment mis à jour, et j'ai eu l'honneur d'être l'un des quatre orateurs externes à la conférence d'Arusha, Tanzanie. Il y avait là plus de 900 étudiants enthousiastes de plus de 100 pays -vous pouvez imaginer la fête et comme j'étais ravie de voir le nombre d'étudiants qui voulaient parler médecine familiale avec moi.

La dernière fois que j'étais en Tanzanie remonte à 1976, alors que j'étais moi-même étudiante en troisième année. J'étais donc en mesure de comprendre leur passion et leur intérêt pour la communication au-delà des régions et des divisions culturelles. Félicitations à tous les participants, y compris les étudiants-hôtes tanzaniens. Je me réjouis

d'une collaboration dans le domaine de l'éducation médicale au niveau universitaire.

Puis, je suis allée à Dar es Salaam sur les pas de notre président de la région Afrique, le Dr Henry Lawson, qui m'a aidée à trouver des contacts locaux et à rencontrer des pionniers de la médecine familiale. La Tanzanie est un grand pays où la pauvreté est très élevée, les infrastructures faibles et les défis multiples. L'Association tanzanienne de médecine familiale a six membres fondateurs, dont trois sont de nouveaux résidents, mais il n'y a qu'une université (Aga Khan) qui propose la formation en résidence. J'ai été honorée de faire partie d'un atelier d'une journée auquel participaient des représentants ministériels, le vice-doyen et directeur général des sciences de la santé à l'université Aga Khan, et d'autres prestataires dont le rôle dans les soins de santé urbains est important. J'ai également visité trois cliniques et ai contribué à l'évaluation OSCE des résidents de deuxième année.



Photo: La présidente en compagnie de résidents, de personnel, de la présidente d'AFRIWON (à côté d'Amanda) et de représentants ministériels à l'université Aga Khan de Dar es Salaam

Le réseautage lors de ces deux occasions a été bénéfique et depuis mon retour, j'ai lu davantage, je me suis connectée avec le bureau régional de WHO, j'ai envoyé des ressources et des idées sur le programme, le soutien régional et les liens professionnels dans le pays même. L'objectif du titre de ce message est d'expliquer que chaque visite requiert une longue préparation -décisions stratégiques concernant les invitations à accepter, les choix pratiques de transport et d'hébergement, parfois la distraction des visas et des vaccinations requis, les lectures préliminaires y compris la préparation de notes thématiques, et finalement être présent, participer, discourir, puis ensuite essayer de maximiser le suivi en mettant des gens en

contact- particulièrement les leaders professionnels et les représentants de WHO et des ministères.

Comment évaluer un tel voyage? Comment établir des priorités en ce qui concerne les personnes à envoyer et où pour WONCA? En fin de compte, je m'appuie sur l'avis de nos collègues régionaux quant aux destinations et aux personnes à rencontrer.

Photo: La présidente présentant un exemplaire du guide WONCA au Dr Riaz Ratansi, chef du département de médecine familiale à l'université Aga Khan de Dar es Salaam, Tanzanie



Au niveau national, je donne la priorité aux membres en début de développement et il paraît que de telles visites sont très stimulantes et suscitent la réflexion pour ceux et celles qui tentent de porter le flambeau de la médecine familiale. Nous avons eu d'importantes conversations d'apprentissage, à la fois parmi les étudiants et parmi les chefs de file de la médecine familiale à Dar es Salaam- qui bénéficient aussi du soutien de collègues kenyans, y compris Joy Mugambi du comité directeur de WONCA Afrique.

Finalement, la même approche qui a du succès et est bien appréciée des patients -une conversation ciblée avec un expert à la fois analytique et empathique, cherchant à vous aider en tant que personne- peut tous nous motiver et nous encourager à persévérer malgré tout, à réaliser notre vision et notre travail pour le bien collectif.

Kila la kheri (Tous mes meilleurs souhaits), Tanzania! Nous continuerons la conversation régionale à Pretoria fin août. J'espère voir beaucoup d'étudiants en médecine du monde entier qui voient maintenant leur futur en médecine familiale.

Amanda Howe
Présidente de WONCA

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From the CEO's desk: Peru 2017, Dubai 2020 and more conferences



Photo: The WONCA CEO in Peru with colleagues from the WONCA Iberoamericana-CIMF council

It's been a busy month for travel, with trips to Dubai and Peru.

Abu Dhabi 2020

I was in Dubai for a meeting of the Conference Planning Committee for the 2020 conference. Dr Mohamed Farghaly represented the Emirates Society, whilst Medhat Nasser was from Meeting Minds, the Professional Conference Organizer (PCO). We had very useful discussions, and I was briefed on plans so far in terms of venues, timings and committees.

The HOC has established an impressive international academic advisory group, including several WONCA ex-Presidents, which will help to ensure an interesting and varied and robust conference programme. The conference will be held in the Abu Dhabi National Exhibition Centre (ADNEC) and we have agreed that the WONCA Executive meeting and World Council meeting will also be at the same venue. There are a number of hotels on site, in various price ranges, so everyone should easily find accommodation to suit their pocket.

The Executive meeting will be on 19 and 20 November 2020, with regional meetings on 21 November before leading into Council from 22 to 24 November. Working Party and Special

Interest Group meetings are scheduled for 25 November.

Finally, the 2020 world conference will be held from evening of 25 November through to 29 November.

WONCA Iberoamericana-CIMF conference

August saw regional conferences in both the Africa and Iberoamericana regions, unfortunately at exactly the same time. As a result, Amanda Howe went to Pretoria, in South Africa, whilst I flew to Lima, Peru, to join friends and colleague in the Iberoamericana Region.

I had an opportunity to attend a part of the Iberoamericana-CIMF Council meeting as well as to attend, and participate in, the conference itself. During the Council meeting, Jacqueline Ponzo of Uruguay was confirmed as the new regional President-Elect, taking over from Inez Padula at the October 2018 World Council, whilst Thomas Meoño Martín of Costa Rica was confirmed as CEO-elect of the region. Mexico was chosen to host the 2019 Iberoamericana conference.

The conference itself was the usual lively event, with over 1,400 delegates from 20 countries, and with up to 12 parallel sessions on each of the days and with some great plenaries. I met with many old friends and made a few new ones along the way, and it was also wonderful to welcome some medical student colleagues from IFMSA (International

Federation of Medical Students' Associations). It's really important to encourage the next generation of students and to get them involved in family medicine events, so that they can see that family medicine is a lively and interesting career option.



Photo; Garth Manning left with Jacqueline Ponzo and Thomas Meoño Martín

Many congratulations to Sofia Cuba, Chair of the HOC, Víctor Manchego, President of the Peruvian Society of Family and Community Medicine, Inez Padula, Regional President,

and to all their colleagues who worked so hard to make this a memorable event.

WONCA Asia Pacific and South Asia Region conferences

Even though we're now into September, there are still two key events in the WONCA conference calendar.

From 1 to 4 November, WONCA Asia Pacific Region will hold its conference in Pattaya, Thailand. Several of the WONCA Executive will attend and it promises to be a great event, in a great location.

Then later in November – from 25 to 26 – WONCA South Asia Region's conference will take place in Kathmandu, Nepal. Nepal hosted an impressive event in 2011, and this one promises to be even bigger and better.

Full details of these events, and all other WONCA conferences, can be found at the [WONCA website](#).

Until next month.
Dr Garth Manning, CEO

Policy Bite. PHC funding a percent of total health care spending

This month's guest policy bite comes from the American Board of Family Medicine and the Robert Graham Center, in the USA. The ABFM is the national certifying board for nearly 90,000 family physicians. The Graham Center is a research center which aims to improve individual and population healthcare delivery through the generation or synthesis of evidence that brings a family medicine and primary care perspective to health policy deliberations from the local to international levels. Both organizations frequently collaborate on research that informs primary health care, population health, and health policy.

The Paper

Primary Health Care as a Foundation for Strengthening Health Systems in Low- and Middle-Income Countries(1), specifically, Is primary health care adequately funded to ensure access, provide protection

against catastrophic expenditures, and ensure equitable use of resources?

[Link to the paper](#)

The message:

The World Bank, World Health Organization, and Gates Foundation led an effort called the Primary Health Care Performance Initiative (PHCPI) to catalyze improvements in PHC delivery. While targeted at low- middle-income countries, PHCPI is also looking to support the same in developed countries.

Of the initial 25 measures, or "Vital Signs", one of the developing foci is on primary health care funding. One measure that the developers are testing is primary care spend and efficiency. In cooperation with the Organization for Economic Cooperation and Development (OECD), researchers and economists are attempting to assess the share of health spending on the primary care

sector. Some have suggested that a good target for this is 10-12% of total health care spend.(2)

Not all OECD countries capture sufficient data for this effort, but a forthcoming report of a joint session of health accounts experts and health data national correspondents on primary health care spending and efficiency suggest that it ranges from 5% (Canada) to nearly 15% (Austria, Mexico). A related initiative in the US supported by the Milbank Memorial Fund and conducted by RAND found that private insurers, on average, spend 7.7% on primary care, but that this rate varies considerably.(3) Both efforts are still refining what to include in the calculations, but both are likely to reveal that the setting in which the majority of people receive health care—and the setting in which performance often dictates downstream costs—is woefully underfunded in most countries relative to other healthcare settings. This may be one of the more controversial and important measures to come out of the Vital Signs project.

- What was the context that made you write this paper?

Growing recognition that primary care is generally underfunded to achieve the outcomes that most health systems want for their population. These reports will offer a first opportunity to begin to relate health system investments to the variations in country outcomes.

- Why does it matter for patients?

High-functioning primary care generally improves patient health and cost outcomes. Overemphasis and investment in subspecialty health care services and technologies is the tendency in developed countries.

- What should GP / FM leaders do to implement it?

The PHCPI Vital Signs should have broad application in all countries and GP/FM leaders should pay close attention. The opportunity that the primary care spend figures offer is improved research on the relationship between spend and outcomes, particularly on what the investments support that might explain variations in outcomes. This will provide added evidence that could support increased investments in primary care, as well

as highly effective services on which to spend them.

The Authors

Robert Phillips MD MSPH and Andrew Bazemore MD MPH

Robert Phillips is the Vice President for Research & Policy for the American Board of Family Medicine. He graduated from the Missouri University of Science and Technology and the University of Florida College of Medicine. He completed family medicine training and a two-year health services research fellowship at the University of Missouri. Dr. Phillips directed the Robert Graham Center, 2004-2012. He served as vice chair of the US Council on Graduate Medical Education, and currently serves on the National Committee on Vital and Health Statistics. Dr. Phillips is Professor in the family medicine departments of Georgetown and Virginia Commonwealth Universities. He was a Fulbright Specialist to the Netherlands and New Zealand, and is a member of the National Academy of Medicine.



Andrew Bazemore is a practicing Family Physician and the Director of the Robert Graham Center for Policy Studies in Washington DC. Dr. Bazemore has authored over 150 peer-reviewed publications, a developer of novel geospatial tools that use data to inform planning and policy, and on faculty at Georgetown University, VCU, and the University of Cincinnati. Dr. Bazemore received his BA degree from Davidson College, his MD from the University of North Carolina, and his MPH from Harvard University. He is an elected member of the National Academy of Medicine (NAM), and appointed member of the federal Council on Graduate Medical Education (COGME)



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References online

Rural round up: Jesse Rockmore, medical student, writes

I am Jesse Rockmore, a 4th year osteopathic medical student in the United States. As a member of the National Rural Health Association Student



Constituency Board for three years and the current Chair of the group, I am excited to share my personal experiences in rural health and the goals of the NRHA Student SG group with rural physicians worldwide.

I am originally from a small town in the lower Appalachian Mountains in Georgia. Poor access to primary and surgical care in my small town compelled me to pursue a career in rural health care.

I chose osteopathic medicine because of the rich history of DOs (Doctors of Osteopathic Medicine) in rural America. Osteopathic medicine is a distinct form of medical practice originating in the United States. Osteopathic physicians, not to be confused with osteopaths, are fully licensed physicians in all 50 states of the United States. "Osteopath" is a term used internationally to denote practitioners that only practice musculoskeletal medicine like chiropractic care. While the terminology can be confusing, "osteopath" is a term used less in the United States and "osteopathic physician" is preferred. Osteopathic medical students complete an undergraduate degree and attend a college of osteopathic medicine four years and then complete residency training in their desired field.

DOs have practice rights in more than 50 countries worldwide. An osteopathic physician can be a family medicine doctor, a pediatrician, a surgeon, a urologist, a cardiologist, or any other medical specialty available to medical doctors. Osteopathic medicine was born in the 1800s when A.T. Still felt the contemporary treatment of diseases was causing more harm than healing. In the United States and in some

countries around the world, osteopathic physicians practice the full scope of medicine in the same capacity as a medical doctor. Osteopathic physicians are still trained in the musculoskeletal medicine that began in the 1800s, and they have incorporated all aspects of pharmacology and surgical training that medical doctors practice.

At the center of our training in medicine and surgery is the osteopathic philosophy. The term "holistic" is used to describe our philosophy of care. To an osteopathic physician, this word has a precise definition. Osteopathic physicians view their patients comprised of the mind, the body, and the spirit. Osteopathic physicians believe medical and surgical care is accomplished by creating a partnership with the patient. The partnership depends on viewing the patient as the totality of the mind, the body and the spirit.



Photo: Jesse (right) at the 2016 at the NRHA conference with two previous board members.

I attend Edward Via College of Osteopathic Medicine (VCOM) in Spartanburg, South Carolina. My college has a mission to train physicians for return to rural Appalachia. I chose VCOM because of their dedication to the Appalachian people. A portion of my medical education takes place in a rural area. Ideally, more of my clinical education would be in rural areas, however, the healthcare infrastructure to support rural education is not available everywhere in the United States. I hope to build that infrastructure so more students gain exposure and education in rural America.

In closing, I would like to share a quote from A.T. Still, the founder of osteopathic medicine, “*To find health should be the object of the doctor. Anyone can find disease.*”

I am encouraged that despite borders and differences in education systems, we all have

the common desire to provide care to those born to rural and to remote areas. I know our efforts will encourage others to join us in helping rural humankind find health rather than disease.

Region News

WONCA Iberoamericana region- CIMF - Manifesto against violence and intolerance

The board of WONCA Iberoamericana region-CIMF release their Manifesto against violence and intolerance developed during the recent regional conference in Lima, Peru. Available in [English](#) [Spanish](#) and [Portuguese](#).

In the framework of the 5th Ibero-American Congress of Family and Community Medicine, WONCA-Iberoamericana-CIMF writes this

Manifesto against violence and intolerance

Intolerance and the various forms of violence, which in today's world have almost become systemic, must be understood as symptoms of a sick society, where ethical values are seriously being undermined. The results of both affect all and everyone, especially the most fragile, compromising their fundamental rights as human beings.

The Ibero-American Confederation of Family and Community Medicine expresses its great indignation at the structural violence experienced by several countries of the Region. We are especially concerned about the situation being faced by colleagues and the population of Venezuela. Also in Brazil — for the threats and losses of social rights, which, after years of improvement, are now stepping backwards.

As family doctors, we know that violence and intolerance have a strong and negative impact on people's health and on the health systems. They affect especially the primary care where we carry out our activities and where most people are cared. The consequences of this process result in difficulties in accessibility, deterioration of the quality of care, inequality, and inadequate response to health needs in this level of care.

At this time and in this context, we condemn the recent attacks in Barcelona and Cambrils, Spain, and express our condolences and support to the families of the victims. We also condemn the economic and social policies that feed the industry of inequality, leading to death from starvation of some 40,000 people a day, deliberately ignored by the media.

The family doctors of Ibero-America are going to remain committed to the health needs of the population, and reaffirm that we shall stand steady in our advocating position for universal, dignified, equitable, ethical and comprehensive health care.

Board of WONCA Iberoamericana-CIMF

Lima, Peru, 19th August 2017

Manifiesto en contra de la violencia y la intolerancia

En el marco del 5º Congreso Iberoamericano de Medicina Familiar y Comunitaria, la WONCA-Iberoamericana-CIMF escribe este

MANIFIESTO EN CONTRA DE LA VIOLENCIA Y LA INTOLERANCIA

La intolerancia y las diferentes formas de violencia, que hoy vivimos en carácter casi sistémico en el mundo, deben ser entendidas como síntomas de una sociedad enferma, donde los valores éticos están seriamente comprometidos. Los resultados de ambas afectan a todo y a todos, especialmente a los más frágiles comprometiendo sus derechos fundamentales como seres humanos.

La Confederación Iberoamericana de Medicina Familiar y Comunitaria manifiesta su gran indignación por la violencia estructural que viven diferentes países de la Región. Nos preocupa especialmente la situación que están padeciendo los colegas y la población en Venezuela. También en Brasil por las amenazas y pérdidas de los derechos sociales, que después de años de una evolución positiva, están entrando en retroceso.

Como médicos y médicas de familia, sabemos que la violencia y la intolerancia repercuten fuerte y negativamente en la salud de las personas y en los sistemas sanitarios. Afectan muy especialmente la atención primaria donde desempeñamos nuestras actividades y donde la mayor parte de la gente es atendida. Las consecuencias de este proceso se traducen en dificultades en la accesibilidad, deterioro de la calidad asistencial, desigualdad y respuesta inadecuada a las necesidades de salud en este nivel de atención.

Asimismo, en este momento y en este contexto, condenamos los atentados ocurridos recientemente en Barcelona y Cambrils, España y manifestamos nuestras condolencias y apoyo a los familiares de las víctimas. Condenamos también las políticas económicas y sociales que alimentan la industria de la desigualdad, provocando la muerte por hambre de cerca de 40.000 personas cada día, silenciadas en los medios de comunicación.

Los médicos y médicas de familia de Iberoamérica, seguiremos comprometidos con las necesidades de salud de la población, y reafirmamos que nos vamos a mantener firmes en nuestra posición de abogacía por alcanzar una asistencia sanitaria universal, digna, equitativa, ética e integral.

Junta Directiva WONCA Iberoamericana-CIMF

Lima, Perú, 19 de Agosto de 2017



WONCA Special Interest Groups' news

SIG on Migrant Care, International Health and Travel Medicine Annual Report

Maria van den Muijsenbergh, convenor, WONCA Special Interest Group (SIG) on Migrant Care, International Health and Travel Medicine provides the group's Annual Report for 2016-17.



The [WONCA SIG on Migrant Care, International Health and Travel Medicine](#), founded in 2008 aims to improve the knowledge and skills of general practitioners as well as the organizational and financial conditions to deliver cultural competent, good quality of primary care to migrants of all kinds: travellers, economic migrants as well as refugees including the undocumented.

The SIG has grown to a group of 60 members by July 2017, from 18 different nations in Australia, South- Africa, USA, South-America, Middle-East and Europe. Members are involved in international research, medical (postgraduate) education and health care delivery related to refugees and other migrants and travellers.

Activities in 2016 - 2017

1. We started a collaboration with Euract and WONCA WP on Education to exchange and develop educational programs and materials for Irish GPs related to culturally sensitive migrant care. This will result in 2018 in on-line available training and educational materials for GP training as well as post-graduate education.

2. We contributed to the development of a European book on migrant care; several SIG members will be co-authoring this book.

3. We started also a collaboration with the WONCA WP on mental health and will develop together a guidance for mental health care and migrants. (See photo of Maria with Chris Dowrick, chair of the WP on Mental Health, running a workshop together in Rio)



4. In collaboration with EACH, the international organization on communication in healthcare we formulated a brief guidance on working with interpreters

5. Workshops and symposium on refugee care and on cultural competent healthcare at WONCA World 2016 in Rio do Janeiro attended by over 70 (workshops)-250 (symposium) participants. At WONCA Europe in Prague we organized together with the SIG on family violence a workshop on migration and violence (60 participants) ; with the WP for mental health a workshop on mental health and migration (40 participants) and we participated in the workshop on advocacy (40 participants); in addition there were several oral presentations by members of our SIG.

Dr Maria van den Muijsenbergh
Convenor
Maria.vandenmuisenbergh@radboudumc.nl

[Join our SIG](#)

SIG Conflict and Catastrophe Medicine Annual Report

Prof Rich Withnall (UK), Convener of the WONCA Special Interest Group on Conflict and Catastrophe Medicine provides the group's annual report from 2016-2017.



The Special Interest Group on Conflict and Catastrophe Medicine (SIG C&CM) provides a coordinated forum through which WONCA lends its support to improving the quality of care of peoples of the world when they face some of life's greatest challenges.

Following successful workshops at WONCA Europe (Istanbul 2015, Copenhagen 2016 and Prague 2017) and WONCA World (Rio 2016) conferences, the SIG C&CM membership has now grown to over 300. An Executive Committee is now established with representatives from all WONCA regions. Prof Ranit Mansori (Professor of Family Medicine, Georgetown University School of Medicine, USA) became Vice Convener in November 2016.

The SIG C&CM's activity plan for the 2016-2018 biennium was accepted by the WONCA Executive in January 2017. The SIG has:

1. Generated networks by exploring opportunities for further internal symbiosis with other WONCA working parties and special interest groups regarding 'golden threads' (eg. rural medicine; women's health; migrant care)

and established new external linkages (eg. Institute of Remote Healthcare).

2. Enhanced appreciation of Operational environments by authoring prolonged field care clinical guidelines, and providing subject matter expertise upon request by members organisations and individuals to support family doctors working in C&CM environments.

3. Improved knowledge and information exchange through the delivery of well-attended workshops at WONCA Conferences, on-line postings, exploitation of social media and the production of reports for the WONCA Executive.

4. Undertaken primary care research, with programmes including: clinical prolonged field care; heat illness triage tools; and physiological biosensors and health informatics innovation to support clinical reach forward, reach back and decision-making. Training materials are being developed to support and promulgate the lessons identified.

During the next year, the SIG C&CM will continue to generate networks that help to develop the specialist medical, public health, leadership and managerial competencies required at the scenes of major man-made and natural disasters. It will continue to provide a forum for an exchange of knowledge and information between member organisations' family doctors, and encourage international conflict and catastrophe primary care research, promote the role of the family doctor, facilitate education and help to develop effective international collaborative relationships at all levels.



SIG on Cancer and Palliative Care Annual Report

Annette Berendsen,
convenor of the WONCA
Special Interest Group
(SIG) on Cancer and
Palliative Care provides the
2016-17 annual report



The SIG is closely aligned with the Cancer and Primary Care Research International group (Ca-PRI) and the [International Primary Palliative Care Network](#).

The Rio pre-conference of the WONCA SIG on Cancer and Palliative care attracted a large group (pictured at bottom), including many Brazilians eager to hear about palliative care in the community internationally. It was organized by the International Primary Palliative Care Network which has members in every continent.

We ran a jointly-badged Ca-PRI - WONCA all-day workshop at the [European Cancer Congress](#) (ECCO) in Amsterdam January 28. This all-day workshop was very successful and well-attended.

The three day [Ca-PRI conference](#) in April 2017 in Scotland was very successful with over 160 attendees.

In May we were invited by the European Commission Initiative on Breast Cancer (ECIBC) for a meeting at the Joint Research Centre (JRC) in Ispra to explore possible collaboration.

We will run a workshop on cancer survivorship at WONCA Prague in June 2017. We expect this workshop to be a success as they usually are. However, we find it a bit harsh to invite speakers who have to pay the full congress fee.

Some members of the palliative group have produced a video that they are translating into different languages to explain a rationale for early palliative care. They decided it was a very useful educational tool for GPs, so it is now [published](#). Also available on [Facebook](#).

[Join our SIG](#)

SIG on Emergency Medicine Annual Report

Victor Ng, convenor of
the WONCA Special
Interest Group (SIG) on
Emergency Medicine
provides his annual
report for 2016-17



The [WONCA Special Interest Group \(SIG\) on Emergency Medicine](#) is one of the newest SIGs within the WONCA World family. It was launched in November 2016 in Rio de Janeiro, Brazil in conjunction with the WONCA world conference.

Emergency medicine and urgent care has been recognized as a key domain of care within family medicine. In many countries such as Nepal and Canada, family doctors participate strongly in delivering emergency care. Globally, this is particularly apparent in rural and remote health systems. The main objectives of the SIG includes the creation of workshops and continuing professional

development opportunities for family doctors who are practice in the domain of emergency medicine. In addition, we collaborate strongly with other WONCA working parties and special interest groups such as the SIG Disaster and Catastrophe Medicine to assist and advise the WONCA executive on matters relating to emergency medicine.

Despite being a young SIG, our group has engaged participants in all WONCA regions with involvement from several WONCA young doctor movements. Workshops have been planned for WONCA regional conferences including WONCA Europe in Prague and WONCA Asia Pacific in Pattaya City.

We continue to recruit and welcome new enthusiastic members from all WONCA regions and work together to strengthen the discipline of Family Medicine.

[Join our SIG](#)

Resources

Jan De Maeseneer publishes "Family Medicine and Primary Care at the Crossroads of Societal Change" on the occasion of his academic retirement.



On the 30 June 2017, well known colleague and Family Medicine leader, Prof Jan De Maeseneer reached the age of 65. He finished his work as a family doctor in the Community Health Centre Botermarkt in Ledeberg, and on the 30 September 2017, Ghent University will celebrate his academic retirement.

On this occasion, Jan has written a book, "Family Medicine and Primary Care at the Crossroads of Societal Change". The last four WONCA World presidents (Chris van Weel, Richard Roberts, Michael Kidd and Amanda Howe), have provided the foreword for this book. Jan answers some questions for the WONCA Editor.

Where did the idea to write a book on Family Medicine come from?

In the past decades, I have had the privilege to be involved in the development of family medicine and primary care at different levels: both locally and internationally; and at the practice, the academic and the policy levels. I felt the need to document what I have seen happen in primary care during the last four decades.

Writing a book, invited me to reflect on the reasons why things happened, or did not happen. Trying to understand the motivation of the choices I and others have made, looking back and in the meantime looking at the future. I hope this book contributes to the broader reflection of what family medicine can mean for society nowadays.

What is the concept of your book?

I used a "mixed" approach: personal stories are intertwined with policy activities and scientific analysis.

Each chapter starts with a "patient story", taken from the practice in the Community Health Centre. Then the different chapters explore the importance of social determinants of health; the need for a paradigm shift from problem-oriented to goal-oriented care; a reflection on why making a diagnosis in family medicine and primary care is such a complex task; a critical analysis of the social accountability of pharmaceutical industry; how to put the principals of quality care into practice; the training of (family) physicians; the organisation of primary health care, and its relationship with other levels of care; payment systems for primary care; and the global developments of family medicine worldwide.

Each of the chapters ends with a reflection by an "outsider" – people such as Iona Heath, Martin McKee, Akye Essuman, Michael Marmot.

What could be the relevance of this book for WONCA?

I hope that the book may inspire readers to reflect on strategies to engage in change processes for the improvement of primary care and the role that family medicine has to play. There is increasing evidence, that health should have strong primary care as the cornerstone, and that family medicine is the medical discipline of the primary care team.

The book will not be prescriptive, but invites to reflection and action within and outside WONCA.

What is your final message for family medicine and primary care nowadays?

Being a family physician is a wonderful job, but, the societal environment is changing rapidly. Nowadays we are confronted with the "Age of Anger" (Mishra), where violence and fear are dominating human interactions. In this environment, our role as family doctors shifts from responsibility for individuals and families, towards accountability for a defined population; from being reactive, to becoming pro-active, looking at lifestyle and living

conditions, social and environmental determinants.

I am convinced that family medicine in the framework of comprehensive primary care, nowadays has an important role to play in contributing to the social cohesion, that our society needs so much.

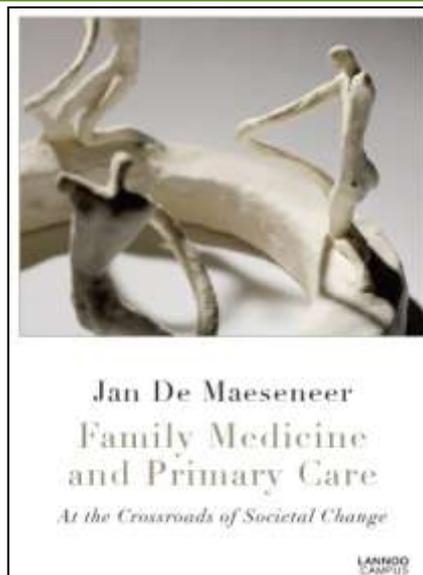
The Book

"Family Medicine and Primary Care at the Crossroads of Societal Changes"

Jan De Maeseneer
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LannooCampus Publishers,
Erasme Ruelensvest, 179 (box 101), B-3001 Leuven -
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Available from: www.lannoo-campus.com
(also from Amazon)



Goodfellow GEMS added this month



What is a GEM?

[Goodfellow GEMS website](#)

Gems are chosen by the director of the Goodfellow Unit, New Zealand, Dr Bruce Arroll, to be either practice changing or practice maintaining. The information is educational and not clinical advice. ©The Goodfellow Unit. Here is the latest example.

Most antidepressant benefit seen in primary care is due to placebo. Talk first prescribe later.

An update to a Cochrane review on antidepressants in primary care found that the most of the benefit was due to the placebo.

For tricyclics, 63% of patients improved on the active medication and 51% for the placebo. For SSRIs, it was 55% and 40%. For TCAs, the actual benefit is therefore 12% (i.e. 63%-51%) compared with the placebo 51%. Thus most improvements are likely to be a placebo rather than an actual drug response.

Another review found that the actual drug

benefit for mild-moderate (i.e. PHQ 9 score 10 to 15) depression was about 8% of patients and most patients in primary care are in the mild to moderate range.

The NICE guidelines suggest antidepressants should not be used in the first instance for most patients with newly diagnosed mild to moderate depression. They recommend non-drug therapies such as sleep hygiene, physical activity, problem solving and behavioural activation, CBT or computerised CB. [references online]

The Latest GEMS

[Most antidepressant benefit seen in primary care is due to placebo. Talk first prescribe later.](#)

[7 key H pylori points from the Maastricht V/Florence Consensus Report 2016](#)

[Clozapine. Malignant constipation can kill](#)

[High dose vitamin D supplementation does not prevent CVD](#)

Featured Doctor

Dr Artenca COLLAKU - Albania



What work do you do now?

I work as a family doctor in Health Centre number 4 in Tirana, the capital of Albania.

For four years I was director of this Health Centre (with around 80 employees, of

which 20 are family doctors, and that serves a local population of 60000). This was a very valuable experience for me and one of the main achievements, during my management, was the accreditation of Health Center number 4 - this centre was the first one accredited in Albania.

After successfully managing the Health Centre, I got together with some other family doctors and we decided to do something more for our professional community. We founded our own professional association - Albanian Academy of Family Doctors - three years ago. Our mission is to improve the service in Primary Care and to enhance the role and importance of family doctors, through education and scientific activities.

As president of this association, I know a lot of challenges are waiting for us, even though we already have lots of activities.

Other interesting things you have done?

I have been very active in representing family doctors in different projects, as an organiser or lecturer. I am co-author of the protocols "Si je" and "Clinical Practice Guide" that are being used in all Primary Care Facilities in Albania. "Si je" is a guideline for the check up program, an recent project of the Ministry of Health. In the protocol everything for screening and the interpretation of the check up is explained (cardiovascular disease, electrocardiograph interpretation, diabetes, depression, laboratory tests). The other one is a guideline for clinical practice for most primary care problems.

What is it like to be a family doctor in the Albania?

This job gives you opportunity to care for people and help them to live healthily and through close partnership with our nurses. This is the bright site. On the other hand our job is full of challenges. Family Medicine is a new specialty in Albania, that not everyone understands well and accepts. We do much paper work and we have many restrictions on our practice, needing to refer to our "specialist" colleagues for things that are beyond our scope of practice as family doctors in Albania.

What are your interests outside work?

Apart from being a woman family physician, a manager, an educator, a daughter, a wife and a mother, I like to read, cook and do different sports in my free time.

A/Prof Victoria TKACHENKO - Ukraine

What work do you do now?

I am an Associate Professor of Family Medicine Department at Shupyk National Medical Academy of Postgraduate Education. My duties include conducting educational, scientific and medical consulting work.

As a teacher I give lectures, hold seminars, and conduct training in skills for family medicine residents and for qualified general practitioners as part of their continuing

education. I am a mentor of clinical General Practice residents and those undertaking clinical masters.

Also, I am the main specialist in family medicine in of the Kiev regional department of



health care. I am in close contact with the general practitioners of the Kiev region, helping them with their organisational, educational and clinical problems; and organising monthly mini-conferences and workshops on different topics of family medicine; organised the celebration of World Day of Family Doctor since 2015 in our region (the first time in Ukraine).

My research interests are the quality of primary care, the development and implementation of national protocols, quality indicators, and diabetes care. I participate also as a co-researcher in several international studies EUROASPIRE IV and V, ATTENTETIVE, STANTETTIVE

My practical consultative work takes place on the basis of our Department of Family Medicine in the Kiev Regional Clinical Hospital. I consult patients with diagnostic difficulties as a specialist in general practice at the request of other doctors. Also, I'm partly employed in a private clinic.

Other interesting things you have done?

In Ukraine, I try to be active in the development of family medicine. Now there is another wave of active health system reformation in Ukraine and I am a co-author of one of the Ukrainian Laws about primary care based on family medicine. Also I am a Council member of the board of the Ukrainian Association of Family Medicine.

I actively participate in WONCA activities and conferences. I coordinate the Ukrainian movement of young general practitioners and we try to participate in Vasco da Gama movement (VdGM) exchange programs.

I am a member of EURACT and improve my educational skills by taking part in EURACT training and reading their materials, and through communication with European colleagues. I try to implement my acquired knowledge in my work, especially new teaching methods, for example problem-oriented, case-oriented education, and interactive workshops.

My list of published works consists of more than 300 publications, about 70 of which are in English. The great honour for me is to be one of the invited authors of the WONCA's World Book of Family Medicine, European edition.

As a researcher, I received my PhD degree in

2007, and in 2016 I became the first person in my country to receive a doctorate in Medical Science in General Practice - Family Medicine. This opportunity to be an official researcher in the field of family medicine was given to Ukrainian family doctors officially in 2010, thanks to the petition of my mentor and president of the Ukrainian Association of Family Medicine at that time - Prof G.I. Lysenko. I am pleased and honoured that despite the death of my mentor in 2013, I was able to finish the research. Every year I hold a regional conference in memory of my mentor and the founder of family medicine in Ukraine - Prof Lysenko.

I am involved in European medical organisations for example EURACT and I am also a member of EQuIP and EGPRN. I am also involved in collaboration with the local WHO Bureau.

What is it like to be a family doctor in your country?

Over the period 2011-2013, the Ukrainian health system reforms saw the formation of primary care centres. Unfortunately, since 2014, with the onset of the antiterrorist operations in the east of Ukraine, the reform has been suspended, and the centres have remained not fully equipped - general practitioners were not provided with computers, and our medical records are paper based, which makes our work difficult and takes a lot of time, especially when creating reports and monitoring quality indicators.

Since 2014, the standard of living in our country has decreased substantially, and all additional surcharges have been banned due to the economy of funds for antiterrorist operations, salaries as compared to inflation have decreased by 3-4 times, and the prices for food and communal expenses have increased. Right now the salary of young doctors is under 100 euros per month, and for doctors with experience it can reach 200 euros.

In addition to economic issues, we have also begun to face organizational and health problems with migrants from the east and the Crimea, the problems of post-traumatic stress syndrome, mental disorders, depression, and cardiovascular problems to a greater extent than before.

The next wave of reforms, which will begin in 2018, provides for the transition to a health

care system like in Great Britain. Computerization, implementation e-Health, ICPC, introduction of a capital rate for the patient and fund holding by the family doctor are forecast, which, as promised, will make it possible to improve the condition and quality of the family doctor's work and their socio-economic status.

What are your interests inside and outside work?

I study languages, to improve my level of English - watch English language movies and read books in English. I have started to learn French. I like to travel and discover new countries and cities and explore their culture. In addition, after graduating from music school as a child, I try to maintain my piano playing skills. I like to embroider, especially traditional Ukrainian ornaments, as my grandmother taught me. I enjoy going to the theatre, spending time in nature, with friends and family.

Dr Shigeaki HINOHARA : 1911-2017

Japan's most eminent physician

Dr Shigeaki HINOHARA who was the most eminent physician in Japan died on July 18, 2017 at the age of 105. He was emeritus Dean of St Luke's International University and honorary president of St Luke's International Hospital, both in Tokyo.

When the funeral ceremony was held on July 29, more than 4000 people and the Empress Michiko attended. Dedication flowers were from the emperor/ empress, the crown prince/ princess, Mikasa-, Akishino- and Takamado-Imperial branch. (Photo). He received the Order of Cultural Merit from Japan government in 2005.



Photo: Dr Shigeaki HINOHARA's Honorable Medal of the Order of Culture in 2005 and floral tribute as noted above.

Historically speaking, his contribution was enormous, from several points of view.

Firstly, he was the physician who introduced the concept of primary care medicine from United States. To honor his achievement,

Hinohara Award has been given to excellent doctor every year in the Congress of Japanese Primary Care Association (JPCA).

Secondly, he proposed the term of life style related disease in 1978, and the Ministry of Health and Welfare decided to use it in 1990's. He was a pioneer of a system of complete annual physical checks, (called human dry-dock), and also developed preventive medicine and the education system for doctors and other medical staff.

Lastly, he established New Elderly Association (NEA) on September 2000, and has developed the New Elderly movement. He started at the age of 100, and developed the Smart Senior Association (SSA) with frequent internet activity. The motto of NEA included three items, to love, to commence /initiate and to endure, and to do this through various activities leading holistic health physically and mentally, NEA members have always practiced every day for a happy life according to the concept of Hinohara-ism. Thus, broad and deep Hinohara-ism was further developed and accepted for lots of people, and would become one of the best philosophy and practices world-wide.

Submitted by Hiroshi BANDO, MD, PhD, FACP (Chairman of 8th Congress of Japanese Primary Care Association (JPCA) 2017 at which Dr Hinohara delivered what would become his final greeting at a medical assembly)

Editor's Note. The [New York Times](#) has said Dr Hinohara "taught Japan how to live long".

WONCA CONFERENCES 2017

November 1-4, 2017	WONCA Asia Pacific Region conference	Pattaya City, THAILAND	www.woncaaprc2017
November 25-26, 2017	WONCA South Asia region conference	Kathmandu, NEPAL	www.gpansarwoncaconference.org.np

WONCA Direct Members enjoy *lower* conference registration fees.
 To join WONCA go to:
<http://www.globalfamilydoctor.com/About/WONCA/Membership1.aspx>

WONCA CONFERENCES 2018



January 27-28, 2018	Vasco da Gama forum	Porto, PORTUGAL	vdgm.woncaeurope.org/5vdg mf
March 1-3, 2018	WONCA East Mediterranean region congress	Kuwait	woncaemr2018.com
March 13-14, 2018	VII Cumbre Iberoamericana de Medicina Familiar	Cali COLOMBIA	Save the dates.
April 27-29, 2018	WONCA World Rural health conference	New Delhi, INDIA	www.wrhc2018.com
May 24-27, 2018	WONCA Europe region conference	Krakow, POLAND	www.woncaeurope2018.com
October 17-21, 2018	WONCA World conference	Seoul, SOUTH KOREA	www.wonca2018.com/

WONCA ENDORSED EVENTS

02 Nov **World Federation for Mental Health**
 - 05 Nov **congress**
 2017 New Delhi, India

MEMBER ORGANIZATION EVENTS

For more information on Member Organization events go to
<http://www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx>

12 Sep **AAFP Family Medicine Experience**

- 16 Sep San Antonio, USA

2017

22 Sep **The 4th China National Congress on**

- 24 Sep **General Practice**

2017 Chengdu, China

12 Oct **RCGP annual primary care conference**

- 14 Oct Liverpool, United Kingdom

2017

19 Oct **XIX Chilean Family Medicine Annual**

- 21 Oct **Conference**

2017 Valdivia, Chile

26 Oct **RACGP GP17**

- 28 Oct Sydney, Australia

2017

02 Nov **EURIPA Rural Health Forum**

- 04 Nov Crete, Greece

2017

02 Nov **7th EURIPA Rural Health forum**

- 04 Nov 7th EURIPA Rural Health forum

2017

08 Nov **Family Medicine Forum / Forum en**

- 11 Nov **médecine familiale**

2017 Montreal, Canada

05 Apr **Congress of General Practice France**

- 07 Apr Paris, France

2018
