



WONCA News

An International Forum for Family Doctors



World family doctors. Caring for people.

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Don't forget to celebrate our day on May 19



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From the President: Family Medicine in the Asia Pacific & Sustainable Development Goals



Residents and staff of the Family Medicine Residency Training Program at the Ramathibodi Hospital of Mahidol University in Bangkok, Thailand, with WONCA president and WONCA president-elect

Dr Saipin Hathirat is program director of the Department of Family Medicine at the Ramathipodi Hospital of Mahidol University in

Bangkok in Thailand. Earlier this year I visited Saipin and the academic staff and residents of the Ramathipodi Family Medicine Residency Training Program.

It was a privilege to hear from these enthusiastic young doctors about the challenges they face

and the joys of their daily work. President-elect, Amanda Howe, and I also had the opportunity to visit the impressive training facilities within the clinical services of the Department of Family Medicine.

Although based within a hospital, the Department of Family Medicine clinic is on the ground floor, and all patients attending the hospital are seen in

the clinic and managed there and then, or referred to other specialist clinics upstairs



Photo: Typical family medicine consultation room in the Ramathipodi Hospital Department of Family Medicine in Bangkok

Exciting developments like this are taking place all across the Asia Pacific Region. In March the members of the Taiwan Association of Family Medicine hosted our 2015 WONCA Asia Pacific Regional Conference, bringing together family medicine colleagues from Taiwan, from across the Asia Pacific Region and from around the world.

One of the highlights of the conference was the vocal presence of the young family doctors of the Asia Pacific, members of WONCA's Rajakumar Movement, led by the irrepressible Dr Shin Yoshida from Japan. Our young doctors are supporting each other to prepare for meeting the future health care challenges facing our world.



Photo: Shin Yoshida and Rajakumar members from the Taipei conference

2015 is a landmark year in global health as the Millennium Development Goals come to an end. The United Nation has developed the Sustainable Development Goals and targets, or SDGs, which will guide the global development agenda post-2015. In his inspiring address to the United Nations General Assembly last December, Secretary-General Ban-Ki Moon, discussed "The road to dignity by 2030: ending poverty, transforming all lives, and protecting the planet."

The United Nations Secretary-General made a call to action to transform our world beyond 2015. In his words "we are at a historic crossroads... With

our globalized economy and sophisticated technology, we can decide to end the age-old ills of extreme poverty and hunger. Or we can continue to degrade our planet and allow intolerable inequalities to sow bitterness and despair. Our ambition is to achieve sustainable development for all."



Photo: Wat Arun temple on the west bank of Bangkok's Chao Phraya River

He goes on to state that the 1.8 billion young people on the planet "are the torchbearers for the next sustainable development agenda through 2030. We must ensure this transition, while protecting the planet, leaves no one behind."

The United Nations has adopted 17 Sustainable Development Goals. There is only one health specific goal, number 3: "Ensure healthy lives and promote well-being for all at all ages." But each of the 17 new goals has an impact on global health and the health of individuals.

The Secretary-General advised that, "Millions of people, especially women and children, have been left behind in the wake of unfinished

work of the Millennium Development Goals. We must ensure that women and also youth and children have access to the full range of health services. We must ensure zero tolerance of violence against or exploitation of women and girls ... The agenda must address universal health-care coverage, access and affordability; end preventable maternal and child deaths and malnutrition; ensure the availability of essential medicines; realize women's sexual and reproductive health and reproductive rights; ensure immunization coverage; eradicate malaria and realize the vision of a future free of AIDS and tuberculosis; reduce the burden of non-communicable diseases, including mental illness, and of nervous system injuries and road accidents; and promote healthy behaviours,

including those related to water, sanitation and hygiene.”

These are bold ambitions, and as global citizens, family doctors must play our part. People-centred care is a core component of universal health coverage, and there will be an increasing role for family medicine over the coming years in many countries to ensure this happens. We need to support the focus on the social determinants of health and work to ensure marginalized populations, those groups of people in our communities most at risk of poor health, are not excluded from health care.

Each nation needs a strong system of primary care, and strengthening primary care must continue to be addressed beyond 2015. WONCA needs to ensure the clear voice of family medicine is heard on behalf of our patients and communities.

We need to be clear about our role as family doctors in working with our patients and communities to increase life expectancy and achieve equitable health outcomes.

Earthquake in Nepal

The global community has been saddened by the tragic consequences of the earthquake, and the subsequent aftershocks and avalanches, in Nepal. Our thoughts are with all the people in Nepal and surrounding nations affected by this tragedy, including all our colleagues who are members of the General Practitioners' Association of Nepal, our WONCA member organisation. This tragedy will have touched the lives of everyone in Nepal and our thoughts are with all our colleagues at this sad time, including our WONCA Regional President for South Asia, Professor Pratej Prasad and his family in Kathmandu, and our many family medicine colleagues based in Kathmandu and in other affected urban, rural and remote locations across the country. Soon after the earthquake we started to receive reports of how our colleagues in Nepal are reaching out to assist and support all those who have been affected by this tragic event.

At times of terrible tragedy, those of us based in other parts of the world often wish we could make a difference and reach out and provide assistance. In the early stages following such an event, the best advice is to provide financial support to a trusted and experienced non-government organization (NGO) involved in the local relief efforts. This includes organisations such as Red Cross/Red Crescent, MSF (Doctors Without Borders), World Vision and Oxfam. Please make a donation today and also encourage your national

government to provide much needed financial support to Nepal.

Once the immediate needs of the people of Nepal have been met, our colleagues in Nepal will be able to advise us about practical ways we can provide direct support, as individuals and through our own member organisations, to assist our colleagues and their health services and communities to recover their capacity as they rebuild in the aftermath of this tragic event. Our colleagues in Nepal will need our support over the months and years ahead.

World Family Doctor Day 2015

As doctors we can be proud of our profession. Each of us has a set of values and principles that determine how we behave as ethical medical practitioners. Each of us has the potential to be a role model for future doctors, and to contribute our own lasting legacy through the examples that we set in the way that we live our lives and the way we practise medicine.

The challenges we face also test our own resilience. While we continue to innovate within our practices and within our communities to ensure that our patients receive the highest possible standards of care, it is critical that we also continue to innovate to find ways to support each other as well.

Many family doctors work under very difficult conditions, often without the resources needed to do our jobs. We work long hours with arduous demands on our time. Our resilience is tested regularly, and many of us feel unappreciated. And we don't often hear the words thank you.

This is why WONCA has established World Family Doctor Day, held on May 19 each year, to acknowledge the important work you do. World Family Doctor Day allows us to say thank you for your commitment every day to providing health care to the people of your communities.

On May 19, on behalf of the billions of people around the world who benefited during the past year from your care and support, and from the care and support of our family doctor colleagues, we say thank you. Thank you for your commitment to being a wonderful family doctor. Thank you for the great and important work you do. And thank you for the health care you provide each day to the people who trust you for their care and advice.

Michael Kidd
WONCA President

Del Presidente: La Medicina Familiar en la Región Asia-Pacífico y los Objetivos de Desarrollo Sostenible



Foto: Los residentes y el personal del Programa de Residencia de Formación de Medicina Familiar en el Hospital de la Universidad de Mahidol Ramathibodi en Bangkok, Tailandia, con el presidente de WONCA y la presidenta electa de WONCA.

La Dra. Saipin Hathirat es directora del programa del Departamento de Medicina de Familia en el Hospital de la Universidad de Mahidol Ramathipodi, en Bangkok (Tailandia). A principios de este año visité a Saipin y al personal acadé-

mico y los residentes del Programa de Capacitación en Medicina de Familia de Residentes de Ramathipodi. Fue un privilegio saber de estos jóvenes médicos entusiastas, de los desafíos que afrontan y de las alegrías de su trabajo diario. La presidenta electa, Amanda Howe y yo también tuvimos la oportunidad de visitar las impresionantes instalaciones de formación dentro de los servicios clínicos del Departamento de Medicina Familiar.

Foto :Típica sala de consulta de medicina familiar en el Departamento de Medicina Familiar del Hospital Ramathipodi, en Bangkok.



Aunque está situado en un hospital, la consulta del Departamento de Medicina de Familia está

en la planta baja y todos los pacientes que acuden al hospital se ven en la consulta y se gestionan allí, o bien son derivados a otras consultas especializadas arriba.

Desarrollos emocionantes como este están teniendo lugar en toda la región de Asia Pacífico. En marzo, los miembros de la Asociación de Taiwán de Medicina de Familia organizaron nuestro Congreso Regional

WONCA Asia-Pacífico 2015, que reunió a colegas médicos de familia de Taiwán de toda la región de Asia Pacífico y de todo el mundo.

Uno de los aspectos más destacados del Congreso fue la presencia de los jóvenes médicos de familia de la región de Asia Pacífico y de los miembros del Movimiento Rajakumar de WONCA, dirigidos por el incontestable Dr. Shin Yoshida, de Japón. Nuestros jóvenes médicos se están apoyando mutuamente en estar preparados para el cumplimiento de los retos futuros de asistencia sanitaria que afronta nuestro mundo.



Foto: Shin Yoshida y miembros Rajakumar en la Conferencia de Taipei.

2015 es un año clave en la salud mundial, pues los Objetivos de Desarrollo del Milenio llegan a su fin. La Naciones Unidas han desarrollado los Objetivos de Desarrollo Sostenible y las metas, u ODS, que guiarán la agenda mundial de desarrollo post-2015. En un discurso inspirador a la Asamblea General de las Naciones Unidas en diciembre pasado, el Secretario General, Ban Ki-moon, habló sobre "el camino a la dignidad en el

año 2030: acabar con la pobreza, transformar vidas y proteger el planeta."

El Secretario General de las Naciones Unidas hizo un llamamiento a la acción para transformar nuestro mundo más allá de 2015. En sus palabras "nos encontramos en una encrucijada histórica... Con nuestra economía globalizada y la tecnología sofisticada podemos decidir poner fin a los males seculares de la pobreza extrema y el hambre. O podemos seguir degradando nuestro planeta y permitir desigualdades intolerables sembrando la amargura y la desesperación. Nuestra ambición es lograr un desarrollo sostenible para todos".



Foto: Wat Arun, templo en la orilla oeste del río Chao Phraya, de Bangkok.

Continuó diciendo que los 1,8 millones de jóvenes en el planeta "son los portadores de la antorcha para el próximo programa de desarrollo sostenible más allá de 2030. Debemos asegurar esa transición, mientras protegemos el planeta, sin dejar a nadie atrás".

Las Naciones Unidas han aprobado 17 Objetivos de Desarrollo Sostenible. Solo hay un objetivo específico de salud, el número 3: "Asegurar una vida sana y promover el bienestar para todos en todas las edades." Pero cada uno de los 17 nuevos objetivos tiene un impacto en la salud mundial y en la salud de las personas.

El Secretario General informó que, "Millones de personas, especialmente mujeres y niños, se han quedado atrás en la estela de la obra inacabada de los Objetivos de Desarrollo del Milenio. Debemos asegurarnos de que las mujeres y también los jóvenes y los niños tengan acceso a la gama completa de servicios de salud. Debemos asegurarnos una tolerancia cero ante la violencia contra las mujeres y niñas o contra su explotación... El programa debe abordar la cobertura universal de salud, el acceso y la asequibilidad; poner fin a las muertes maternas e infantiles prevenibles y a la malnutrición; asegurar la disponibilidad de medicamentos esenciales; hacerse cargo de la salud sexual y reproductiva

de la mujer y de sus derechos reproductivos; garantizar la cobertura de la inmunización; erradicar la malaria y hacer realidad la visión de un futuro libre de sida y de tuberculosis; reducir la carga de las enfermedades no transmisibles, incluyendo la enfermedad mental, y aquellas producidas por lesiones del sistema nervioso y los accidentes de tráfico; así como promover comportamientos saludables, entre ellos los relacionados con el agua, el saneamiento y la higiene."

Estas son ambiciones audaces y como ciudadanos del mundo, los médicos de familia deben desempeñar su parte. La atención centrada en las personas, es un componente básico de la cobertura universal de salud y habrá un papel cada vez mayor para la medicina de familia en los próximos años en muchos países con el objetivo de asegurar que esto suceda. Tenemos que apoyar el enfoque sobre los determinantes sociales de salud y trabajar para asegurar que las poblaciones marginadas, esos grupos de personas en nuestras comunidades con mayor riesgo de mala salud, no estén excluidos de la atención sanitaria.

Cada país necesita un sistema fuerte de atención primaria y ese fortalecimiento de la atención primaria debe seguir tratándose más allá de 2015. WONCA debe garantizar que la voz de la medicina de familia se escucha claramente en nombre de nuestros pacientes y comunidades. Tenemos que tener claro nuestro papel de médicos de familia en el trabajo con nuestros pacientes y en las comunidades para aumentar la esperanza de vida y lograr resultados de salud equitativos.

Terremoto en Nepal

La comunidad mundial se ha entristecido por las trágicas consecuencias del terremoto y las réplicas y avalanchas posteriores en Nepal. Nuestros pensamientos están con todas las personas de Nepal y de los países circundantes afectados por esta tragedia, incluyendo todos nuestros colegas que son miembros de la Asociación de Médicos de Familia de Nepal, nuestra organización miembro de WONCA. Esta tragedia ha golpeado las vidas de todas las personas en Nepal y nuestros pensamientos están con todos nuestros colegas en este triste momento, incluyendo nuestro Presidente de WONCA de la Región del Sur de Asia, el profesor Pratp Prasad y su familia en Katmandú, y nuestros muchos colegas médicos/as de familia que viven en Katmandú y en otras zonas urbanas, rurales y remotas afectadas en todo el país. Poco después del terremoto, empezamos a recibir

informes de cómo nuestros colegas en Nepal están llegando para ayudar y apoyar a todos aquellos que han quedado afectados por este trágico suceso.

En momentos de terrible tragedia, aquellos de nosotros situados en otras partes del mundo, a menudo deseamos marcar la diferencia, llegar y prestar asistencia. En las primeras etapas siguientes a un evento así, el mejor consejo es proporcionar apoyo financiero a una organización no gubernamental de confianza y con experiencia (ONG) que participe en los esfuerzos de socorro locales. Esto incluye organizaciones como la Cruz Roja / Media Luna Roja, MSF (Médicos Sin Fronteras), World Vision y Oxfam. Por favor, haz una donación hoy y también anima a tu gobierno para proporcionar el apoyo financiero necesario a Nepal.

Una vez que se han satisfecho las necesidades inmediatas de la población de Nepal, nuestros colegas en Nepal podrán aconsejarnos acerca de las formas prácticas para proporcionar apoyo directo como individuos, ya sea a través de nuestras propias organizaciones miembro o ayudando a nuestros colegas y a sus servicios de salud y comunidades para recuperar su capacidad, mientras se rehacen de las consecuencias de este trágico suceso. Nuestros colegas en Nepal tendrán nuestro apoyo durante los meses y años venideros.

Día Mundial del Médico de Familia 2015

Como médicos podemos estar orgullosos de nuestra profesión. Cada uno de nosotros tiene un conjunto de valores y principios que determinan cómo nos comportamos éticamente como médicos de familia. Cada uno de nosotros tiene el potencial para ser un modelo a seguir por los futuros médicos y para aportar nuestro propio legado duradero a través de los ejemplos que ofrecemos en la forma en que vivimos nuestras vidas y en la forma en que practicamos la medicina.

Los desafíos que afrontamos también ponen a prueba nuestra propia capacidad de recuperación. Mientras seguimos innovando dentro de nuestra práctica médica y dentro de nuestras comunidades para asegurar que nuestros pacientes reciban los más altos estándares de cuidado, es muy importante que también sigamos innovando en encontrar formas de apoyarnos unos a otros.

Muchos médicos de familia trabajamos en condiciones muy difíciles, a menudo sin los recursos necesarios para hacer nuestro trabajo. Trabajamos muchas horas, y con altas exigencias sobre nuestro tiempo. Nuestra capacidad de resistencia se pone a prueba con regularidad y muchos de nosotros se sienten poco valorados. Tampoco solemos oír palabras de agradecimiento.

Esta es la razón por la que WONCA ha establecido el Día Mundial del Médico/a de Familia, que se celebra el 19 de mayo de cada año para reconocer la importante labor que haces. El Día Mundial del Médico/a de Familia nos permite decir gracias por tu compromiso todos los días al brindar atención médica a las personas de tu comunidad.

El 19 de mayo, en nombre de los miles de millones de personas de todo el mundo que se beneficiaron durante el último año de tu atención y apoyo, y de la atención y el apoyo de nuestros colegas médicos de la familia, decimos gracias. Gracias por tu compromiso al ser un médico/a de familia maravilloso/a. Gracias por el gran e importante trabajo que haces. Y gracias por la atención médica que proporcionas cada día a las personas que confían en ti para su cuidado y consejo.

Michael Kidd
Presidente WONCA

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

From the CEO's Desk: CEO travels, Family Doctor Day, Nepal

As I write this I'm sitting in Accra, Ghana, attending the 4th WONCA Africa conference, having flown here directly from Dubai, from the 2nd WONCA EMR conference. It's that time of year again – the time when so many conferences take place. The travel is tiring, but you become completely re-energized at the people and the activities and the presentations and the networking that takes place at all these events, and return to normal everyday work with so many memories and happy experiences.

Both Michael Kidd and I will report much more fully on WONCA Africa in next month's News, but for now I'll write briefly on both WONCA EMR and also the WONCA Rural Health conference which I was also privileged to attend earlier in April, in the beautiful Croatian city of Dubrovnik.

WONCA Working Party on Rural Practice



[WONCA's Working Party on Rural Practice](#)

(WWPRP), under the very active supervision of John Wynn-Jones (pictured speaking in Dubrovnik), is one of WONCA's most active Working Parties. They run a rural health conference in two years out of three (ie with no conference in the year of a world event) and last year's meeting in Gramado, Brazil was hailed as an enormous success, with several reports appearing in past editions of WONCA News. I wasn't fortunate enough to be in Gramado, but was delighted to be able to attend Dubrovnik, and I thank the organisers, and especially Tanja Pekez-Pavlisko, for their incredible hospitality and friendship.

The conference itself was fantastic, with excellent plenaries and parallel sessions and, as at all good conferences, there were just too many superb events all competing with each other. The venue was also stunning, overlooking the Adriatic, and

with the old city of Dubrovnik close at hand. I was also pleased to be able to attend one day of the WWPRP Executive meeting, which reinforced just how much fantastic work this working party achieves.



Photo: CEO, Garth Manning (right) with Anna Stavdal, WONCA Europe region Vice President (left)

WONCA East Mediterranean Region conference

It was also a delight to attend the 2nd WONCA East Mediterranean Region conference in Dubai, from 30th April to 2nd May. Again the friendship and hospitality were wonderful, and we (Michael Kidd, Amanda Howe and I) were looked after extraordinarily well, so our thanks to the organizers. The conference itself was also great, with really excellent sessions from doctors from all around the region and beyond.



Photo: WONCA secretariat attend Dubai, (l to r) manager, Nogluck Suwisith and admin officer, Arisa Puissarakij.

We were especially pleased to meet with colleagues from both Algeria and Morocco, to discuss their joining the WONCA family, and we hope very much that their applications can be processed and accepted in the near future.

World Health Assembly (WHA)

As well as the current WONCA Africa conference May also sees the annual World Health Assembly in Geneva, and WONCA will be represented by Michael Kidd, Professor Ruth Wilson (our North America Region President) and myself. There is a lot of discussion ongoing about the proposed Sustainable Development Goals (SDGs), which will replace the Millennium Development Goals (MDGs) from 2015 up to 2030.

In the SDGs health is only one of 19 goals (comprised of 169 targets) and WONCA has real concern that Universal Health Coverage is not being sufficiently emphasised, whilst primary care barely gets mentioned and family medicine is ignored completely. We have expressed our reservations to WHO, who share many of them, and it will be interesting to take part in a number of sessions, throughout WHA, when these issues will be further discussed and debated. We will, of course, report back in due course.

World Family Doctor Day 2015

A brief further reminder about World Family Doctor Day – 19th May. I know that Michael Kidd is also covering this in his column, but don't forget that we want to hear from you about your activities to celebrate this special day for family medicine.

Please send all news, reports and pictures to Karen Flegg, WONCA Editor by completing the template [here](#).

Nepal

And finally a brief word about Nepal, which I know that [Michael Kidd has also covered](#), as has our [Special Interest Group on Conflict and Catastrophe Medicine](#). I have been in contact with Professor Pratap Prasad, who as well as being our South Asia Region President is also President of the GP Association of Nepal (GPAN), WONCA's Member Organization in the country. I also managed to speak directly with him last week. Pratap has advised that the best way currently to help Nepal is to make any donations through reliable agencies. He himself has suggested one such agency, donation details of which are:

**Name of account : TUTH Disaster Relief fund.
Himalayan Bank Limited.
Account number: 00205631170014
Swift number: HIMANPKA**

Until next month.

Dr Garth Manning
CEO

Policy Bite: A brief note on election day...



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

Today my country goes to the polls. We have had a coalition government for five years, and may end up with another. During the last government, we had a major health service reform, with a new 'market' model where more

services could be contracted with private providers; family medicine doctors were tasked to manage the budget to buy services from the hospital and referral centres: and large scale reorganisation occurred, within the context of a taxation funded public health service. In the last five years, we have also seen a slide in budget in the family medicine sector from 11% to less than

8%; a recruitment crisis, with fewer young doctors choosing general practice as their preferred career: and many doctors choosing to retire early or move abroad.

Many people are surprised by this – they wonder why this is happening, when it looks like the UK family medicine sector is so strong, well respected and embedded in a health system that is deemed very effective. There seem to be three reasons – lack of resources following patients into the community where most of them receive most of their care; uncertainty about the career structures and reimbursement for family doctors in the current rapidly changing situation; and a very high workload with complex demand.

The challenges we need to meet as family doctors include the fact that :

- We are often a new speciality, trying to establish ourselves against tradition and expectation
- We are particularly close to our patients and communities, so the sense of emotional involvement and responsibility can be greater, and more demanding
- We have to gain and retain a very broad range of knowledge and skills because we are generalists
- We often work in relatively small teams, which mean we are very dependent on each other
- And we have the challenges of dispersed units – physical infrastructure, securing resources & staff, robust technology including internet access, & maintaining professional standards.

In order to reduce unnecessary workload and use our resources effectively, we need to:

- Minimise time spent on bureaucratic aspects of care (governance, payment claims, data recording and reporting). We must of course provide safe care and show proofs of our work. But I was horrified by an article from the USA listing the 15 major challenges for US physicians, all of which were about financing and recording issues!
- Build capacity and retain staff – we need enough staff of the right skills and competency to deliver a fully comprehensive primary care service for the patients in a community. This requires securing of health system commitment for the medium and long term to training of family doctors, community

nurses, and support staff for administrative and health care services. And that needs political commitment to financing of training both in university and healthcare settings. It also needs appropriate career development and payment / reimbursement structures that reward and retain staff in primary care, rather than encouraging drift back into urban centres or private practice.

- We also need to make really strong political alliances which promote the profile of family medicine.

- The final political challenges are having the evidence to support our work, and being seen to deliver on our promises. It is interesting how often even a strong political initiative can be weakened both by lack of evaluation and evidence on outcomes, and also by a negative example or low quality deliverable in a small part of the sector which becomes a media scandal or a means by which another powerful group can undermine the cause of family medicine. So we have to be effective at both doing our jobs well and collecting data to prove our effectiveness – or to identify areas where we could do better if further resourced.

In order to turn this around, we have been campaigning to secure more resources, and now anxiously await the outcome of the election to see if promised resources will follow. Let's see what happens next!

Amanda Howe
President-elect

Fragmentos de política: El papel de la atención primaria en el envejecimiento de la población

[English April 2015](#)

[El papel de la atención primaria en el envejecimiento de la población](#)

El 13 de abril de 2015, tengo el privilegio de asistir a la Cumbre Mundial de la Salud en Kyoto, por invitación de un funcionario de una de nuestras organizaciones miembro (el Dr. Teshu Kusaba, vicepresidente ejecutivo de la Asociación Japonesa de Atención Primaria, con el apoyo del Dr. Ryuki Kassai). Entre otros compromisos, voy a ser parte de un comité sobre "Atención Primaria en el Super-envejecimiento de la sociedad". Prepararme para ello me ha llevado a las siguientes conclusiones:

Muchos países de ingresos medios y altos están consiguiendo un descenso de la mortalidad y más oportunidades sociales y médicas para prevenir la mala salud. La gente está viviendo más tiempo, y hay más tratamientos para enfermedades de larga duración, tales como la diabetes y las enfermedades cardiovasculares, que permiten mantener la salud y una buena calidad de vida a pesar de las enfermedades crónicas. Sin embargo, también son más las personas mayores con mayores costes de atención médica y social en general en la vida adulta; y, en los países con las tasas de natalidad reducidas, también hay menos personas disponibles para cuidar de ellos en casa. Así que hay una mayor necesidad de que la sociedad encuentre nuevas formas de mantener

la calidad de vida y la actividad a pesar del envejecimiento.

Vamos a argumentar que, por tanto, los servicios de salud necesitan ser fortalecidos a través de la atención primaria. Como Barbara Starfield escribió una vez (1):

"El logro de la equidad en los servicios de salud y la salud es un imperativo en todas partes. La atención primaria es de por sí un nivel más equitativo de la atención que otros niveles de atención. Es menos costosa (por lo tanto, ahorra recursos que podrían destinarse a brindar mejores servicios a las poblaciones más desfavorecidas), y a través de sus principales características, se estrechan las disparidades en salud entre los más y los menos favorecidos...".

Nosotros también (¡aún!) tenemos que argumentar que la medicina de familia es un componente esencial en la atención primaria para lograr excelentes resultados para la "sociedad del súper-envejecimiento": esto se debe a que los médicos de familia pueden hacer frente a la evaluación y la gestión de múltiples problemas de salud, lo que ayuda a la relación coste-efectividad de la atención primaria. Como Margaret Chan, dijo (2):

"En ausencia de un médico de familia a cargo de la atención total, el tratamiento por parte de varios especialistas en los hospitales puede llevar a la duplicación de los estudios y los procedimientos, y los riesgos de interacción con otros medicamentos a los cuales los mayores son propensos"... y añadió: "el mundo necesita más médicos de familia!".

Los médicos de familia son médicos generalistas situados en la comunidad en la que han sido formados, para tratar con la gente durante todas las etapas de la vida: un generalista que puede hacer frente a todo tipo de problemas de salud en la primera toma de contacto. Ofrecemos un servicio que es "integral, accesible, se centra en una comunidad específica, permite la continuidad en el tiempo y se centra en el cuidado de las personas, no en determinadas partes de su cuerpo o enfermedades".

Los encargados de asegurar este servicio para las personas mayores pueden actuar en el paciente individual, en el profesional, en el equipo, en la comunidad, a nivel de la sociedad y del sistema de salud. Todo ello incluye la formación de médicos y enfermeras en las comunidades que están en contacto regular con los ancianos; esto reduce los estereotipos y da experiencias positivas de la sabiduría y la capacidad de recuperación de las personas mayores. También es una oportunidad

ideal para aprender a manejar las comorbilidades eficazmente en entornos que no son de emergencia, y para apreciar que algunos de los problemas específicos del envejecimiento y la fragilidad (por ejemplo, la osteoporosis, las cataratas, las caídas) no son los mismos que las enfermedades crónicas.

Nuestro diseño de servicio clínico necesita ayudar a las personas mayores y ser integrado en torno a la persona y no a sus enfermedades. El acceso, la disponibilidad, accesibilidad, aceptabilidad todo cuenta, al igual que la combinación de capacidades necesarias para satisfacer las necesidades sociales y de salud de las personas mayores. Hay, por supuesto, un papel para los médicos de familia, enfermeras y auxiliares de atención de salud; pero también en este grupo de edad es importante las necesidades de apoyo social y la atención comunitaria, la consulta en el domicilio y el cuidado de enfermería, así como la interlocución con otros servicios y especialidades. Las tecnologías remotas, el apoyo local de la comunidad, la atención domiciliaria, la vivienda y un buen transporte público, todos pueden revolucionar la vida y el estilo de vida de la persona mayor. Los sistemas de salud necesitan incentivar y premiar el buen cuidado de las personas mayores, tanto en el sector de la atención primaria como en el hospital: esto puede significar asignación adicional de recursos, capacitación e impulsores de control financiero, tales como medicamentos sin coste para mayores de 65, o planes de atención anuales incluyendo vacunas y revisiones de enfermedades no crónicas.

Al final, la buena atención primaria de salud que ofrecemos a las personas mayores refleja el valor que damos a nuestros mayores; el retorno que ofrecemos por su contribución y los recursos que todavía nos brindan. Es una prueba de las sociedades civilizadas, un imperativo moral y lo que esperamos para nosotros mismos en nuestra vejez. Los pacientes pueden ayudarnos estando bien informados, ejerciendo su auto cuidado cuando sea posible, y ayudando a los demás en la comunidad.

En conclusión, la atención primaria para una sociedad que súper-envejece debe:

- Mantener el cuidado de los ancianos como parte de su función básica.
- Contar con los recursos para dar una gran atención de salud a la comunidad local de una manera que sea rentable y completa.
- Incluir enfermeras y otros trabajadores de la salud.

- Trabajar conjuntamente con otros recursos de la comunidad y del hospital, pero evitando el ingreso hospitalario en lo posible.
- Habilitar a los pacientes y a sus familias para que vivan bien durante tanto tiempo como sea posible.

Volveré después de la reunión con nuevas ideas, nuevos contacto y a la espera de ver Japón en

primavera. (Y para los que afrontáis ahora el otoño e invierno... ¡Nos vemos en el otro lado!).

Amanda Howe.

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

Nepal Earthquake disaster

From the President -Message for Nepal and reply

Prof Michael Kidd sends a message to colleagues in Nepal and Prof Pratap Prasad from Nepal tells how you can help.

The global community is saddened by the tragic consequences of the earthquake, and the subsequent aftershocks and avalanches, in Nepal. Our thoughts are with all the people in Nepal and surrounding nations affected by this tragedy, including all our colleagues who are members of the General Practitioners' Association of Nepal, our WONCA member organisation.

This tragedy will have touched the lives of everyone in Nepal and are thoughts are with all our colleagues at this sad time, including our WONCA Regional President for South Asia, Professor Pratap Prasad and his family members in Kathmandu, and our many family medicine colleagues based in Kathmandu and in other affected urban, rural and remote locations across the country. Already we are receiving reports of how our colleagues in Nepal are reaching out to assist and support all those who have been affected by this tragic event.

At times of terrible tragedy, those of us based in other parts of the world often wish we could make a difference and reach out and provide assistance. In the early stages following such an event, the best advice is to provide financial support to a trusted and experienced non-government organisation (NGO) involved in the local relief efforts. This includes organisations such as Red Cross/Red Crescent, MSF (Doctors Without Borders), World Vision and Oxfam. Please make a donation today and also encourage your national government to provide much needed financial support to Nepal.

Later, our colleagues in Nepal will be able to advise us about practical ways we can provide direct support, as individuals and through our own member organisations, to assist our colleagues and their health services and communities to recover their capacity as they rebuild in the aftermath of this tragic event. Our colleagues in Nepal will need our support over the months and years ahead.

Prof Michael Kidd, WONCA President

Reply from Prof Pratap Prasad

Dear Prof Michael Kidd

We are thankful for your kind message and concern shown for me, my family and the Nepalese people.

Our MDs/GPs are providing best services to victims as where they are. We are in dire need of assistance. The physical and mental trauma are alike. People are living in fear and panic everyday due to the continued after shocks. The situation of the people is pathetic as they have taken refuge in open spaces under make shift tents which are not helpful during storm and rain. We have lost our heritage, our history. Even after that there is high chances of epidemics to start soon due to unmanaged waste and polluted water. Help is yet to reach remote places of the country. The death toll is likely to rise once rescue forces reach remote affected areas.

There are a lot of donation sites and campaigns going on but it is better to donate to reputable and reliable places. Here is the account number for donations.

*Name of account : TUTH Disaster Relief fund.
Himalayan Bank Limited.
Account number: 00205631170014
Swift number: HIMANPKA*

*Thank you for the concern and kind words. We hope to rise back soon.
Prof Pratap Prasad
WONCA South Asia region president.*

Special Interest Group on Conflict & Catastrophe comment on Nepal

As recently as January 2015, WONCA Executive approved the formation of a new WONCA Special Interest Group on Conflict & Catastrophe Medicine. Convenor, Rich Withnall, has shared this message about the Nepal disaster and invited interested family doctors to join the new group.

At 11.45am local time on 25 April, a major earthquake of 7.8 on the Richter scale hit Nepal. Its epicentre was 81km west of Kathmandu. A smaller earthquake occurred around 1pm local time on 26 April. Aftershocks are continuing. There have been significant avalanches in the Macchaputre and Everest regions. At least 7,040 people are known to have died. More than 14,021 have been injured. In the Sindhupalchok district north of Kathmandu, 95% of the houses were destroyed. Many are now living in open spaces under make shift tents. The fate of thousands more people in remote areas remains unknown as landslides and poor weather have hampered efforts to deliver aid to isolated districts. Sadly it is inevitable that the death toll will rise once rescue forces reach the remote affected areas.

The world has been saddened by this terrible tragedy. The international community is working together to provide what assistance it can. In response to requests by Nepalese colleagues, Governmental and non-governmental organisations (NGOs) are providing practical support. Official financial appeals have been launched across the world to raise money for the earthquake victims.

The Inverse Care Law highlights how those in the greatest need often receive the lowest, if any, standards of care. Natural disasters may exacerbate population deprivation and health inequality, making coordinated General Practitioner/ Family Medicine doctors' efforts in times of catastrophe even more important. GP/FMDs' scope of work in such environments is likely to be wide-ranging, and may include pre-hospital emergency care, occupational medicine, public health, environmental medicine and

community mental health. Prof Pratap Prasad, WONCA South Asia Regional President, has highlighted how Nepalese MDs/GPs are providing the best possible services to victims as and when they can, but they are in dire need of assistance.

WONCA's special interest groups comprise groups of individuals who share a common interest that is consistent with WONCA's Mission and Objectives. The WONCA Executive has endorsed the creation of a Special Interest Group on Conflict & Catastrophe Medicine (SIGC&C) to provide a forum through which WONCA can lend support to peoples of the world when they face some of life's greatest challenges. The SIGC&C will: provide useful in-country and regional contacts and networks of GPs/FMD; become a vehicle through which best practice and developments in conflict and catastrophe Family Medicine can be shared; influence the management of medical services during conflict or post-catastrophe in areas that have big needs but are resource poor; and encourage collegial discussions between countries.

At this sad time, the thoughts of all within the SIGC&C are with the Nepalese people and those in surrounding nations affected by this tragedy. Members of the WONCA SIGC&C are actively engaged within their own countries' responses to the Nepalese disaster. Please get in touch if you would also like to become involved.

[Find out more about the WONCA SIG on Conflict & Catastrophe Medicine](#)

[Join the WONCA SIG on Conflict & Catastrophe Medicine](#)

Prof Rich Withnall FRCGP
Convenor WONCA SIG on
Conflict & Catastrophe
Medicine
email convenor:
SIGC&CM@wonca.net



Working Party on Rural Practice feature



Welcome to Rural Health in Dubrovnik

The 13th WONCA World Rural Health conference was opened this Wednesday, in Dubrovnik, Croatia with over 1000 delegates from around the world. The opening followed a meeting of the [WONCA Working Party of Rural Practice](#) executive chaired by [Dr John Wynn-Jones](#) who also spoke at the opening ceremony. More on the outcomes of that enthusiastic meeting later this month.

At the conference opening ceremony, WONCA Europe Vice President, [Dr Anna Stavdal](#) of Norway, welcomed participants to the WONCA Europe region and spoke of the work and life of rural doctors: *"...to live and work amidst and alongside your patients – and for better or worse, always exposed, confronted with your victories as well as your losses and mistakes - on a daily basis, not able to enjoy the protection and anonymity of city life"*.

WONCA World Executive was represented by Prof Amanda Howe (President Elect), Dr Garth Manning (WONCA CEO) and Dr Karen Flegg (WONCA editor). WONCA President, Prof Michael Kidd, sent video greetings which of course can be viewed by clicking the link below.



https://www.youtube.com/watch?feature=player_embedded&v=NDZS7t-970I

WONCA Working Party on Rural Practice report on Dubrovnik



Photo: even those in the 'back stalls' got involved in the Working Party meeting.

The [WONCA Working Party on Rural Practice](#) met over two days before the beginning of the [WONCA World Rural Health Conference](#) in Dubrovnik in April 2015.

People from all over the world, movers and shakers in rural health education, research and in health service provision, many jobbing doctors, trainees and students took part in two meetings that reviewed the work undertaken thus far and planned for the future of the WONCA Working Party on Rural Practice.

Our chairperson John Wynn Jones (@JohnWynnJones) has had a clear focus on increasing diversity in the working party and the success of this strategy was clearly evident in the people there, however there is more work to do and the Working Party decided on a continued focus on encouraging more women, young people, and people from every WONCA region into the working party and its activities. (John pictured below speaking)

The purpose of the WWPRP is to provide an identity and connection between rural family doctors, to provide communication and collegiality, disseminate information and provide education and pastoral care to our colleagues. Members of the WWPRP act as a barometer of their



communities – the health providers, teachers, researchers, governments and patients in rural places around the world. In high income and low income countries. East, West, North and South. We want to see [Health for All Rural People](#), and we want to be an effective vehicle for improving the health of all rural communities.

If you are interested it would be ideal if you could come along to working party meetings which happen at each WONCA world and WONCA rural health conference – we will meet in Brazil in 2016, and Australia in 2017. In between meetings you can follow the conversations on twitter by following @ruralwonca, searching #woncarural on social media and on [Facebook](#).

The conference was an opportunity to announce a new social initiative – (www.woncarural.org) – a website which provides links to all the work of the working party and to WONCA world. This is an ideal way for us to share news, the work we do and to link with each other. The WWPRP thrives on the enthusiasm and involvement of its members and anyone who wants to get involved will be welcomed. We want your ideas and your voice. Please link with us.

Many members of the Working Party were involved in the second [Rural Generalism summit](#) which had happened in Montreal, Canada just before this meeting. Rural communities around the world need health providers that are able to meet their needs, it is clear that all over the world this means people who are able to undertake extended practice including practical, management and teaching skills.

The scope of practice required is different from community to community, but Rural Generalists are needed in Africa, Australia, Canada, the Pacific Islands, the Philippines and the Caribbean, indeed all over the world. Rural Generalism Movement is a way of promoting the need for special education, support and training for people working in rural health around the world.

Rural Proofing is another movement that can help us to make a difference in our communities. We heard how the application of [Rural Proofing tools in the UK](#) and USA has helped to make sure that the needs of rural communities are heard in the planning of services.

This is a movement that we would like to see grow.

The WWPRP runs on the smell of an oily rag and whilst we reviewed the financial situation of the group it is clear the value we bring as members is way beyond the income we generate which comes

mainly from conferences with a small stipend from WONCA world.

The success of the [Rural Medical Education Guidebook](#) has been phenomenal and we will continue to promote it as a great tool for educators at every level from individual teachers to deans of medical schools. The Guidebook is the third most popular “hit” on the WONCA website which is a clear indication of the interest that it generates.

We had brief updates from regions around the world, fantastic to hear about the development of CIMF – a [South American Regional Rural Group](#) which along with [EURIPA](#) is the only other regional rural grouping under the WONCA umbrella. We think this is a way forward.

Sarah Strasser told us about extending Family Medicine into the Caribbean country of Guyana and asked for help with educational resources. It was suggested that use of online communities and resources such as #FOAMED (Free Online Access to Medical Education) would be useful for communities like this.

Mental Health outcomes around the world are poor in rural communities and we will develop a strategy in the run up to the next [WONCA World conference](#) in Brazil (2016).

We heard the WHO has lost focus on human resources which is clearly a major issue for rural communities and we hope by continued involvement of members of the WWPRP at the highest levels with WHO we can see this back on the agenda.

There is a growing recognition of the need to develop an Agricultural Occupational Health Education Programme - the [“One Health” Movement](#) illustrates the links between animal and human health, as well as issues around [Climate Change](#) and how they will impact on rural communities.

These will be further discussed in the conference and hopefully added to the Rural Educational Guidebook as chapters.

During the meeting we looked again at the *Gramado conference statement* which has been published online with the other [policies and statements of the WWPRP](#).

We will work on a new version of the telehealth policy, and it was proposed that a change be made in the wording in the *Gramado statement* around the role simulation can play in medical education. Simulation is a useful tool, but needs to be tailored to the resources available and needs

within rural communities. This was agreed to be a pragmatic and reasonable alteration.

We heard presentations around [point of care testing](#) for rural communities and the need for leadership and [leadership training in rural people](#). Leadership is about empowering people to flourish in the face of uncertainty. We all do this day to day with our patients, staff, communities, colleges and for some of us countries. We heard there would be many opportunities for us to develop leadership skills during the Dubrovnik conference, which we also prepared for.

We heard about the continued importance of social responsible medical schools, patient safety

initiatives and the complex issue of needing to look at the issues around rural communities. Once again if this sort of conversation “floats your boat” – link in to the WONCA working party on rural practice on social media, join in the conversation, and help us to move together towards the goal of *Health for All Rural People*.



Jo Scott-Jones (pictured in a serious moment with Leonardo Vieira Targa)

Rural Heroes project launched in Dubrovnik

Dr Jo Scott-Jones writes about the launch of the Rural heroes project at the recent WONCA World Rural health conference in Dubrovnik.

My father inspired me to go into medicine. He was a male nurse who became a charge nurse on a urology ward, and stayed at that level despite offers into management roles because he believed nursing was about serving patients, not deciding what colour hat to wear on Thursdays.

The “Rural Heroes Project” arose out of a desire to celebrate the stories of people who have inspired us, whose work has had significant impact on our countries’ or even global health, and who have come from or worked in rural communities around the world.

At the WONCA World Rural Health Conference in Dubrovnik we made the first presentations of stories of some of your rural heroes. Two of those stories are shared in this month’s WONCA News.

The “heroes tale” in literature is one that includes a number of elements – usually the hero begins in humble circumstances, they have a call to adventure, receive help from others, suffer disaster and decent to an abyss, but recover and develop strength, then return home, changed in some way and with a gift or additional skills that can help.

The stories that have been shared all common have share common threads with the heroes tale.

Andrija Štampar was born in a small rural town in the Balkans, but was called to Vienna to study medicine. His abyss must have come during World War Two which he spent in an internment

camp in Austria. His passion and talents led to the development concepts of social medicine and eventually he was instrumental in the development of the World Health Organization.



[read more about Andrija Štampar](#)

Alex MacLeod went through service in Gallipoli in WWI, worked in an arduous environment with the support of few telephones, fewer cars, travel involved 16 sea crossings, and making his way on horseback and foot around the community. He never refused a visit to a patient even if it meant a journey by boat or even occasionally swimming.



Alex MacLeod worked innovatively to expand the role of the nurses who worked in his community, and made the first use of an air ambulance and apart from the service he gave to his community, he also gifted them his son John who carried on his work.

[read more about Alex MacLeod](#)

The rural heroes project will continue, although we are exploring ways to adapt it. You are welcome to share your hero stories using the template on the WONCA website. [More information available here.](#)

Are you a rural hero? - [take the light-hearted survey here.](#)

Jo Scott-Jones

Rural round-up: Are you a rural hero?

Are you a rural hero too?? ... take the Rural Health Hero test designed by Jo Scott-Jones of New Zealand.

Rural Health Hero Test (after ZeFrank)

It is safe here. Imagine .. we are surrounded by a soundproof glass bubble that protects us from all outside, only you and I are here and you and I can be honest with each other without fear. This test is designed to show if you are a rural health hero or not. Your only task is to answer honestly, by sitting down if the answer to the question is "yes".

Have you ever trodden in cow faeces on your way to a home visit?

It's OK. You are with friends.

Have you ever been chased up a gravel path by a goat, goose, dog, cow or chicken?

Have you ever fallen over a wire fence at the scene of an accident and heard police, ambulance and fireman laugh?

It is OK, you are with friends here, you are a rural health hero

Have you ever been on a home visit and had to have your car rescued by a tractor because it fell off the side of the road because the road was narrow and your reversing skills too poor?

Have you ever fought with a manager or government official over the future of a service to your community?

Yes. You are a rural health hero.

Have you ever tried to match up skin edges ragged by a chainsaw?

Have you ever fallen asleep in front of a patient on a warm afternoon after a busy weekend on call?

Have you ever spent an afternoon persuading a patient the trip to town to get healthcare is worth it?

Have you ever seen a man, a barn, a gun, his blood and brains?

Have you comforted a spouse in a kitchen left behind to deal with the debts?

Be calm, you are safe here, you are a rural health hero.

Has your spouse ever been asked by a stranger in the street if you have the results of their Chest X-ray?

Have you ever sat at a family dinner party with your friend and his wife who you have just treated for an STI that he caught from someone who is not at the party?

Have you seen someone's inner thigh in the cereal aisle of the local shop?

You are safe here. It is OK. You are with friends.

Do you live in a most beautiful house? Is the view from your window amazing? Do you breathe clean air and walk in forests, fields, beaches, or mountains after work?

Have you ever thought yours was the best job in the world?

Have you ever wondered what will happen next and smiled?

It's Ok, I see you have all passed the test, well done, you are all rural health heroes.

Working Parties and Special Interest Groups

WONCA Special Interest Group: Conflict & Catastrophe Medicine

A new WONCA Special Interest Group on Conflict & Catastrophe Medicine was approved by the WONCA Executive in January 2015.

General membership is open to interested family doctors. For more information [email convenor](#), Prof Rich Withnall



Aims of WONCA SIG on Conflict & Catastrophe Medicine

The aims of the SIG on Conflict and Catastrophe medicine are to:

- a. 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.
- b. Provide a wider appreciation of the opportunities and constraints associated with challenging operational environments, partnerships with international organisations, and varying degrees of host nation support.
- c. Provide an invaluable forum for an exchange of knowledge and information between member organisations' GPs/FDs.
- d. Enable the global educational, research and service provision activities of military GPs/FDs to be represented before other world organisations and forums concerned with health and medical care.
- e. Engender symbiotic support for the extant WONCA Working Party on Rural Practice, as both groups of colleagues sometimes face similar clinical challenges.
- f. Encourage international military, conflict and catastrophe primary care research, promote the role of the military GPs/FDs, facilitate education and help to develop effective international military working relationships at all levels.

Objectives of the WONCA SIG on Conflict & Catastrophe Medicine

It is hoped that the SIG C&CM will

1. Provide useful in-country and regional contacts and networks of GPs/FDs.

2. Become a vehicle through which best practice and developments in military, conflict and catastrophe Family Medicine could be shared.

3. Influence the management of medical services during conflict or post-catastrophe in areas that have big needs but are resource poor.

4. Encourage collegial discussions between countries.

The objective of the SIG C&CM would be to produce military and civilian GPs/FDs capable of independent and team practice in austere and potentially hostile physical and organisational environments.

Plans of SIG on Conflict & Catastrophe Medicine leading up to a launch in Rio in 2016

1. Endorsement of the appointment of a SIG C&CM Convenor (Prof Rich Withnall, UK) has been approved by the WONCA Executive in January 2015.
2. The Convenor would establish an Executive Committee to take forward the development work. The Executive Committee would comprise representatives from each WONCA region:
 - Volunteers from WONCA's Africa, North America, Asia Pacific, Europe and East Mediterranean Regions have already been identified. Their appointments would need to be confirmed through their member organisations.
 - Volunteers from WONCA's Iberoamericana-CIMF and South Asia Regions would be actively sought.
3. Space within the WONCA Rural Health Conference in Dubrovnik 15-18 Apr 14 was sought to deliver a workshop on 'The Impact of Conflict' as a 'pre-launch' event.
4. Space within the WONCA World conference in Rio 2016 programme would be sought to formally launch the SIG C&CM
5. The Convenor shall report the SIG C&CM's activities annually to Executive Committee

[Join our SIGC&CM](#)

Mental Health For All - Connecting People and Sharing Experience

An abridged letter from Prof Gabby Ivbijaro on the recent conference held in Lille France 28-30 April 2015

First of all I would like to say thank you to Job Metsemakers, President of WONCA Europe (pictured speaking at right); Igor Svab, Past President of WONCA Europe; Mike Pringle, President of RCGP; Luis Galvez, Chair of WONCA Working Party on Mental Health; as well as Abdullah Al-Khathami, Christopher Dowrick, Sandra Fortes, Lucja Kolkiewicz, Juan Mendive, Jill Benson, Nabil Kurashi, Christos Lionis and Henk Parmentier and each and every WONCA member who attended or provided encouragement and support for the Lille Conference, *Mental Health for All - Connecting People and Sharing Experience*. Special thanks to Professor Michael Kidd, Amanda Howe and Karen Flegg for their support for mental health and my new role as President Elect of WFMH.

I was particularly pleased that our global gift to the world, [The Lille Declaration - The World Dignity Project](#), has been well received and that Instagram and Twitter have been busy.

As you know, addressing mental health stigma and raising awareness is not just a one day annual event but an everyday activity that requires each and every one of us to play our part.

To make mental health an everyday consideration World Federation for Mental Health (WFMH) initiated 'The World Dignity Project' which was officially launched on 30 April 2015 at *Mental Health for All - Connecting People and Sharing Experience* in Lille, France.

We see this project as compatible with WONCA values and objectives and it also contributes to the objectives of the WHO's Comprehensive Mental Health Action Plan 2013-2020 and, more specifically, with the responsibilities of national and international partners in the Plan.



Our French Partners, WONCA, WFMH and other Colleges did us proud and each and every one of the French Partner Organisations were well represented. We received a personal letter

of support from François Hollande, President of France, and are very grateful for this invaluable support from the President. Many institutions (including WONCA) also provided their support by sending representatives. We also had a broad range of individual participants including professionals from a variety of backgrounds, service users, families, carers, peers and students and some photographs of participants can be seen [here](#).

Each and every participant was pleased with the science, the sharing of experience and opportunity to meet other people who brought their differing perspectives to enrich day to day practice and the crowning event of this successful meeting was the *Lille Declaration – The World Dignity Project*.

The Lille Declaration – The World Dignity Project, is a gift to the world. Mental health should be acknowledged as part of everyday life and this was the beginning of our journey to bring one million people together to become Foundation Members of the World Dignity Project.

Please go to the [website](#) watch the video, sign up and encourage others to sign up. Plan dignity events and showcase the symbol – use it.

Symptoms are not a barrier to recovery – but attitude is. Let's fight stigma.

Regards
Gabby

Professor Gabriel Ivbijaro
Immediate Past Chair,
WONCA Working Party on Mental Health



Waynakay Movement - April 15

With great enthusiasm, young Family Medicine doctors left their mark at the 4th Iberoamerican Conference of Family and Community Medicine. – Montevideo 2015. The theme was “Quality and Equity in Healthcare.” Hundreds of young doctors were able to improve their abilities with critical thinking, leadership, and patient care through exchanges, research, and sharing of best practices. With the participation of Polaris and Vasco da Gama movements, Waynakay successfully performed its first preconference where 276 young family doctors signed up to attend.

Attendees participated in dynamic groups and discussions allowing for reflection on the following areas:

- Health of the resident
- Health of the young family doctor
- Academic programs and international differences
- Challenges facing national health systems
- Profile of Family Physicians



The outcomes of this event were elaborated in the [Waynakay Declaration](#) presented at the closing ceremony of the conference. The document emphasizes the continued efforts of young family doctors in Iberoamerica and the collaboration with WONCA CIMF to strengthen Family Medicine together. Each participant returned to his or her country with a new-found enthusiasm and international support system. Specifically, Paraguay and Costa Rica actively formed their own national level young doctor movement and selected their representatives to Waynakay.

We look to continue supporting the current efforts and create new collaborations that will fortify Family Medicine at the national level, within WONCA CIMF, and across the globe!

Andrea De Angulo
Waynakay Movement chair

Movimiento Waynakay - Abril 15

Con gran entusiasmo y dinamismo se llevo a cabo la participación de los jóvenes médicos familiares en el marco del 4º Congreso Iberoamericano de Medicina Familiar y Comunitaria – Montevideo 2015 “Calidad y Equidad en el Cuidado de la Salud”.

La experiencia en Uruguay durante el mes de marzo indiscutiblemente generó compromisos e ideas, y ofreció nuevas fundamentos para reafirmar lo que somos y en lo que creemos como médicos familiares.

En las pasantías académicas previo al evento, 46 jóvenes médicos de distintos países tuvieron la posibilidad de interactuar con el sistema sanitario del país anfitrión mediante actividades formales y extracurriculares. La experiencia permitió el reconocimiento de un sistema de salud basado en atención primaria con gran alcance a la comunidad, fortaleciendo a su vez el entendimiento del rol del médico familiar dentro del mismo.

Con el apoyo de otros movimientos de jóvenes médicos; Polaris y Vasco da Gama, el 18 de Marzo se realizó el precongreso de Waynakay, el cuál tuvo más de 270 jóvenes médicos preinscritos. Mediante dinámicas de grupo, talleres y espacios de reflexión se profundizó en temas como:

- Salud del joven médico
- Programa académico en la formación como especialista
- Retos en nuestros Sistemas de Salud

- Perfil e identidad del médico familiar

También durante este espacio, se elaboró colectivamente [la Declaración de Waynakay](#); documento que pacta el compromiso de los jóvenes médicos familiares de Iberoamérica en el trabajo fraterno con WONCA- Iberoamericana - CIMF para el fortalecimiento de la Medicina Familiar a nivel regional y mundial. La repercusión no se hizo esperar y a pocos días de finalizado el evento se vincularon activamente nuevos jóvenes médicos de países como Paraguay y Costa Rica y se afianzaron ideales al interior de cada país perteneciente al Movimiento Waynakay.

Seguimos creciendo, “acercando el mundo, transformando con pasión”.

Andrea De Angulo
Movimiento Waynakay

WONCA Working Party on eHealth – new name, new plans

The WONCA Working Party on Informatics has changed its name to WONCA Working Party on eHealth (WWPeH). The new name reflects the wider scope of electronic tools, services and electronic health record functionalities that currently support the work of family physicians and patient-centered care across all care providers, and the rapidly growing field of digital services for patients and citizens.

The Working Party conducted a survey among its members and other WONCA groups on their expectations of what the Working Party should do and publish on its website. Read the results of the survey [here](#). The most important item was describing the key functionalities that eHealth should provide for family doctors (rated 4.6/5), and the next most important item was defining the main competencies that family doctors need to use them (rated 4.3/5). We will develop the website accordingly.

Developing a new policy statement on eHealth also scored highly in the survey. We have therefore started updating the policy statement on how IT should support the family physician and primary health care.

If you have not received an e-mail containing the draft and wish to have a look and comment on it, please e-mail ilkka.kunnamo@duodecim.fi. One topic that will be addressed in the policy statement will be data capture from practice software to central repositories for benchmarking and new knowledge generation. There has been intensive discussion within EQuIP on whether and how such data capture would be appropriate, acceptable,

and useful, and the EQuIP policy statement on quality measurement could be updated at the same time.

Michael Kidd, the President of WONCA, has asked about our interest to develop a publication, similar to that of the WONCA Working Party on the Environment (*Family Doctors in the Field*), with a series of short reports from family doctor members of the working party from around the world on ways digital technology is transforming family medicine, and improving the quality and safety of our work. Let me know if you could write your story.

Collaboration with the WONCA International Classification Committee (WICC) was suggested by several respondents in the survey. At the WONCA Europe conference in Istanbul we plan to arrange a workshop on the uses and benefits of coding in clinical care together with members of WICC.

On Twitter, use #WONCAeHealth to share your ideas.

The Working Party is happy to invite new members. If you are interested in changing ideas on eHealth, please fill in the [form](#) on WONCA website.

Ilkka Kunnamo,
Convenor of the Working Party,
(Finland)



WONCA Special Interest Group on Family Violence update



[WONCA Africa conference meeting invitation and background for 6 May](#)

The WONCA Special Interest Group on Family Violence launches an invitation to WONCA members, all colleges and academies to join its reflection on effective implementation on how to deal with family violence in primary health care.

WHO guidance indicates the priority for general practitioners, nurses and midwives to be involved more actively in health care for family violence. One in three adult women is confronted with physical or sexual abuse; a similarly high proportion of women suffer psychological violence. Similarly UNICEF indicates that one quarter of girls between 15 and 19 suffers physical abuse and one on ten experiences forced sexual intercourse. Intimate partner violence, child abuse and elderly abuse are recognised more and more as major causes of mental problems, apart from their contribution to homicide.

Detection and immediate support of victims in primary health care is however low but can be

increased by simple means at least four fold. Task definition according to available facilities, training and communication with other primary health care providers need special attention.

During its first year of action the WONCA Special Interest Group launched workshops in all continents to discuss possibilities, the needs of family physicians, and how to deal best with domestic violence. The last workshops in the series were held recently during the WONCA Rural and WONCA Africa meetings. These workshops studied the possibilities for primary health care workers in settings with lesser facilities and different cultural backgrounds.

A policy plan proposal for a primary care support strategy is now planned to be formally submitted at the upcoming WONCA meeting in Istanbul in October.

To see a list of 2015 workshops past and future [click here](#).

To join this discussion online as an individual member or as a delegate of your institution or project and share your view [join our SIG](#)

Our discussions and your input will serve to define:

1. What should be the roles of general practice in different cultural communities, urban as well as rural areas?
2. How should management be organised in individual practices and supported regionally?
3. How can training be effectively provided?
4. How to balance between safety and confidentiality in multidisciplinary collaboration?
5. What projects and facilities are already in place?

We will ask you to submit suggestions and comments on these discussion items. Contributors to this exchange will be updated on a bi-monthly basis. A google group will be set up for exchange on the various topics. An online update on country facilities, guidance, training and multidisciplinary collaboration for intimate partner violence is also linked to this collection of ideas.

If you simply want to share case stories this helps to get more insight into problems encountered we have a case submission template - email: SIGfamilyviolence@wonca.net or famviolence@gmail.com

[Find out more about our SIG on Family Violence](#)

Convenor- Leo Pas (Belgium)

Featured Doctors

Assoc Prof Barb Doty. MD - USA: family physician

What work are you doing now?



I practice what we call "Full Scope Family Medicine" in the U.S. - Adult, Pediatric, Obstetric, and Geriatric medicine including inpatient hospital and outpatient care for my community in Wasilla, Alaska, where I have had a continuous practice for 28 years. My

clinic, Solstice Family Care, was newly created in 2012 in partnership with our local hospital as a foundational outpatient clinic focused on high quality, comprehensive, affordable care for all regardless of ability to pay.

As a committed educator, I am an Associate Clinical Professor of Family Medicine at the University of Washington School of Medicine WWAMI Medical Education Program where I annually host a 3rd year Medical Student for a

longitudinal five month rotation covering family medicine, pediatrics, psychiatry, internal medicine, chronic care, and obstetrics.

I continue to be active with the American Academy of Family Medicine as a member of their [Foundation](#) where we do philanthropic work including providing student and resident scholarships, support research, and give grants to U.S. and international projects providing direct medical services to those in need. We are providing long term medical education and service support to Haiti as well as several "Free Clinics" in the U.S. In addition I am the convenor for the Center for the History of Family Medicine at the American Academy of Family Physicians headquarters in Kansas City, Missouri.

What are your other interests?

I recently have become involved in local politics. My community is the fastest growing community in Alaska, and needs leadership in infrastructure

development and health systems development. I serve on the Matanuska Susitna Borough Assembly, an elected position in our local government.

I enjoy the Alaskan outdoors, especially the Alaskan flying community; I live on and operate a private residential/commercial airpark where several of my neighbors use their small planes to fly to work or travel the state for pleasure.

In the last two years I have developed an interest in the impacts on Climate Change and Health, particularly the role of the generalist Rural Family Physician. I have had the opportunity to gain expertise in this area through an affiliation with the Center for Climate Change in Belize and with student educational exchange programs with Iceland.

What's it like to be a family physician in the U.S.?

I love being a Family Doctor in America. As Family Physicians we have struggled amongst our peers for recognition and credibility over the last 25

years. Looking forward, I believe that the struggles have been worth it .

My Family Physician colleagues chose their careers for all the right reasons, and those of us who have been in it for the long haul are now seeing the fruits of our labors as advocates for our patients. The U.S. system is clearly transforming, with more emphasis on health and health outcomes, and more accountability for costs. It is an uphill battle for recognition, but we have made significant progress in the last decade. The responsibility of taking care of my community for 30 years, delivering generations of babies and caring for their parents and grandparents has brought joy and purpose to my life. It is terrific to now have a voice to successfully advocate for primary care and to re-introduce to the U.S. health care system the incredible value of personal relationships in patient care.

Dr Andrija ŠTAMPAR - Croatia: Rural Hero (1888-1958)



Biography

Croatian doctor, Andrija Štampar was born on 1st September 1888 in Drenovac, a village not far from Slavonski Brod.

After his secondary schooling in Vinkovci he went to Vienna which at the time was the most important centre for medicine in the world.

In 1919, he joined the Ministry of Public Health in Belgrade, dedicating his time to theoretical and organizational work and to the systematic development of health institutions in the old Yugoslavia. During this period he In 1931 he was elected professor at the Zagreb University School of Medicine, Department of Hygiene and Social Medicine.

Štampar spent WW II in internment in Graz, Austria. After the war, he resumed his duties as a professor of hygiene and social medicine and assumed the position of the director of the School of Public Health in Zagreb. He fought to increase the proportion of practical classes for future physicians. Due to his endeavours, a College of Nursing was established under the auspices of the Zagreb University School of Medicine.

From 1952 to 1957, Andrija Štampar was the Dean of the Zagreb University School of Medicine.

Why a Rural Hero?

Andrija Štampar was one of the most charismatic figures of the 20th century public health. He was the founder of many health-related institutions in Croatia and world-wide. He devoted his life work to medical needs of ordinary, little people. Andrija Štampar promulgated his beliefs about social medicine and health enlightenment, which he continued to follow through-out his whole life.

Andria Štampar was one of the leading figures in the development of "Social medicine" – a new medical movement at the turn of the 20th century. The movement recognised the need to develop population based health responses, alongside the traditional personal medical care required of doctors.

To this day, "health" is defined in the words he wrote: "health is a state of full physical, mental and social wellbeing, and not absence of illness."

An "organistic approach" to society and social diseases at the turn of the 20th century shaped his unquestionable faith in the importance of disease prevention and his attitude to the traditional physicians' approach.

The metaphor "society as an organism" became a specific cultural ethos of the health protection movement, with Andrija Štampar as the leading representative at the national and international level.

He was a member and the president of the Yugoslavian Academy of Sciences and Arts and chaired the First World Health Assembly in Geneva in 1948. Štampar was elected as the first President of the Assembly unanimously.

At the 8th regular session of WHO in Mexico City, in 1955, Štampar was awarded the Leon Bernard Foundation Prize and Medal, the greatest international recognition of merit in the field of social medicine.

*Submitted by Tanja Pekez Pavliško
(tashamed@gmail.com) Croatian Coordination of
Family Physicians – KoHOM*

Dr Alex J MACLEOD - Scotland: Rural Hero (1894-1979)

Place of Work

Lochmaddy, Isle of North Uist, SCOTLAND, UK



Biography

Dr MacLeod was a Scottish Gaelic speaker and grew up in the Western Isles of Scotland. He fought in WW1, was wounded at Gallipoli and mentioned in dispatches. He graduated in medicine from Glasgow in 1924, losing an eye playing shinty during the course!

Alex MacLeod, also known as 'Zadok' and by his patients as 'an dotair mor' (the big doctor), served the people of North Uist and surrounding islands for 42 years, from 1932 to 1974 ably assisted by his wife, Dr Julia Macleod. He was a founder member of RCGP in 1952 and became a Fellow in 1969. Initially this was under the Highlands and Islands Medical Service, which became the National Health Service in 1948. He was very active politically within the British Medical Association and was a formidable advocate for rural patients in Scotland on BMA committees from 1947 to 1974.

His working life was very arduous. There were initially few telephones and fewer cars. At one time, there were 16 sea crossings in the practice

and many journeys had to be made on foot or on horseback. His wife Dr Julia was an integral part of the practice and he could not have achieved what he did without her. In the first part of his career, the work was mainly acute illnesses including measles, scarlet fever in children as well as TB and trauma, common in all farming and fishing communities. Obstetrics was a major part of his work and he had a reputation as a first class obstetrician. In early days, this meant operative deliveries in homes with no electricity, and occasionally, a Caesarian section. He never refused to visit a patient, even if it meant a journey by boat or even occasionally swimming.

Why a Rural Hero?

He was an innovator in several respects. He worked very closely with a skilled team of district nurses across the islands and, ahead of his time, used a system of triage, where some calls were initially routed to the nurse. He was the first doctor in the Western Isles to make use of an air ambulance in 1933 to take a patient from Glasgow to Uist for palliative care. This was in fact funded by a newspaper, the Daily Record, but the principle was established and an air ambulance service followed. He was also an early advocate for helicopters for evacuation, and was very pleased when these became part of emergency medical care.

When childhood immunisations became available under the NHS in 1948, he adopted them enthusiastically, trying them on his own five children first!

General practice in these years was very different to today and his style matched the need for acute, often emergency medical care. He was a big man in every sense of the word and like many rural GPs of his era, made his own path through the medical world. His retirement in 1974 was marked with a celebration that included hundreds of his

patients of all ages and all parts of the islands that he had served.

His son John succeeded him in the practice. The respect and affection in which Dr Alex, Dr Julia and Dr John were held was shown by the erection of a memorial in 2012. His life and achievements have been commemorated in a one hour documentary - An Dotair Mor - commissioned by BBC Alba, the Scottish Gaelic TV channel.

Publications:

Alex J. Macleod manual dilatation of the pelvis Br Med J 1943;2:484 (Published 16 Oct 1943)

A. J. Macleod an unusual presentation Br Med J 1951;1:93 (Published 13 Jan 1951)
 A. J MacLeod Addiction to alcohol BMJ 1960; (Published 25 June 1960)1 doi: <http://dx.doi.org/10.1136/bmj.1.5190.1953-a>
 A.J MacLeod Alternative to a salaried service BMJ 1965; (Published 27 March 1965) 1 doi: <http://dx.doi.org/10.1136/bmj.1.5438.863-c>
 Alex J. Macleod Pain in the neck and arm Br Med J 1968;1:767 (Published 23 Mar 1968)
 Alex J. Macleod Helicopters and medical emergencies Br Med J 1968;3:184 (Published 20 Jul 1968)

Submitted by John MC Gillies endorsed by The Royal College of GPs (Scotland)

Conferences coming

WONCA Europe's Istanbul conference deadlines close soon

*DEADLINES WONCA Europe conference 2015
 Late Abstract Submission Ends: May 22, 2015
 Early Registration Ends: June 22, 2015*



Prof Mehmet Ungan from Turkey was a WONCA Featured Doctor for April and chair of the scientific committee for the WONCA

Europe region conference coming to Istanbul in October. The WONCA editor asked him about his involvement in the Istanbul conference and his hopes for the scientific program?

We are sure that we will have an outstanding program. The city itself is a known attraction. But we want the participants to remember the WONCA Istanbul Conference well in the future for its good scientific content. You know that we have

a very experienced scientific committee based on international experts working on the content, next to the host organizing committee (HoC).

WONCA Europe gave TAHUD the opportunity to organise the 2015 WONCA Europe Conference which is in a really special year. WONCA Europe will celebrate its 20th birthday and TAHUD will celebrate its 25th birthday. The HoC is working on the whole event including the 20 year anniversary activities for WONCA Europe and 25th year anniversary activities for TAHUD.

I am chairing the scientific committee and at the same time I am one of the members of the HoC in which there are leaders of family medicine both from Turkey and Europe. We have many activities like a "grand session" for the presentation and general discussion of the results of the "WONCA Anniversary Project". There will be a mini slot for Introduction of "World Book of Family Medicine - European Edition". WONCA Europe Networks and

special interest groups will have a grand session to present their important activities for WONCA in the past 20 years. Valuable key note speakers will give an insight into the "new primary care perspective in Europe", new developments in family medicine and many other subjects.

For those who wish to bring a fresh idea or to share a constructive thought we have also invented BRITE sessions to enable practising FP/GPs to contribute to the future of the discipline. I expect to hear very inspiring ideas which would not be aired if we were not offering BRITE sessions. We hope the voice of practicing physicians may be heard by this way.

Already, we have registered colleagues from almost 75 countries representing all WONCA world regions. We have received more than 2700

abstracts, and expect many more as we are not at the deadline yet.

Since the beginning of civilization, Istanbul has always been shining and is still there with all its charm to host family physicians/general practitioners, primary care team members and those feeling themselves as belonging to our "family". There is a saying, "the light is coming from the east". We, together with all of your contributions, will try to make the light of the new primary care science shine here in the very eastern border of the European continent, where you can easily see Asia Minor across the Bosphorus sea. We want to celebrate the birthdays of WONCA Europe and TAHUD with all of you, so, hurry up and register.

[read more about Mehmet Ungan](#)

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WONCA CONFERENCES 2016

February 13-14, 2016	WONCA South Asia region conference	Colombo, SRI LANKA	SAVE THE DATE
June 15-18, 2016	WONCA Europe Region conference	Copenhagen, DENMARK	www.woncaeurope2016.com
November 2-6, 2016	WONCA WORLD CONFERENCE	Rio de Janeiro, BRAZIL	www.wonca2016.com

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24 Jun - 27 Jun 2015	World Psychiatric Association Conference 
	Bucharest, Romania
04 Apr - 09 Apr 2016	VI Cumbre Iberoamericana 
	San Jose, Costa Rica

MEMBER ORGANIZATION EVENTS

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29 May - 30 May 2015	IPCRG scientific meeting 
	Singapore
30 May - 31 May 2015	5th Hong Kong Primary Care Conference (HKPCC) 
	Hong Kong, SAR China
11 Jun - 13 Jun 2015	35º Congreso de la semFYC 
	Gijon, Asturias, Spain
13 Jun - 14 Jun 2015	6th conference of Japan Primary Care Association 
	Tsukuba, Japan
16 Jun - 18 Jun 2015	19th Nordic Congress of General Practice 
	Gothenburg, Sweden
31 Jul - 02 Aug 2015	RNZCGP conference for general practice 
	Hamilton, New Zealand
12 Sep - 16 Sep 2015	The Network: Towards Unity for Health conference 
	Johannesburg, South Africa
21 Sep - 23 Sep 2015	RACGP GP '15 conference 
	Melbourne, Australia
29 Sep - 03 Oct 2015	AAFP Family Medicine Experience 
	Denver, Colorado, USA
01 Oct - 03 Oct 2015	RCGP annual primary care conference 
	Glasgow, United Kingdom
02 Oct - 04 Oct 2015	AAFP Family Medicine Global Health Workshop 
	Denver, Colorado, USA
19 Nov - 22 Nov 2015	2nd National Conference FMPC 2015 
	IHC New Delhi, India
21 Nov - 22 Nov 2015	Family Medicine & Primary Care India 2015 
	New Delhi, India
04 Dec - 06 Dec 2015	5th Asia Pacific Research conference 
	Putrajaya, Malaysia