

Report on the World Medical Association General Assembly and the Junior Doctors Network Meetings, Taipei, 2016

JMAJ 59(4): 162-164, 2016

Chiaki MISHIMA,¹ Daisuke KATO,² Maki OKAMOTO,³ Kouta SUZUKI⁴

Introduction

As members of the Japan Medical Association Junior Doctors Network (JMA-JDN), we had the chance to participate in the General Assembly of the World Medical Association (WMA), the Junior Doctors Network (JDN) Meeting, and the Asia Pacific Regional Junior Doctors Network Meeting, which were held October 16-22, 2016. In this report, we would like to share our experiences.

About the Junior Doctors Network

The JDN was installed within the WMA in 2010

as a platform for junior doctors all over the world. It is a network for sharing experiences and exchanging opinions about challenges faced by junior doctors; additionally, JDN makes proposals on WMA policies.¹

In Japan, JMA-JDN was installed under the JMA's Global Health Committee in 2013, and junior doctors throughout Japan have joined. The JMA-JDN aims at developing international perspectives in young doctors, and it has been participating continuously in international conferences such as WMA and the Confederation of Medical Associations in Asia and Oceania (CMAAO). It has developed exchanges and mutual learning opportunities with junior doc-



Photo 1 WMA-JDN meeting

¹ Aoba Urban Clinic, Tokyo, Japan; Chair, Japan Medical Association Junior Doctors Network; Membership Director, World Medical Association Junior Doctors Network (chiakimishima@yoga-urban.ne.jp).

² Department of Family Medicine, Mie University Graduate School of Medicine, Mie, Japan; Research Officer, Japan Medical Association Junior Doctors Network.

³ Cardiology Department of Otowa Hospital, Kyoto, Japan; Deputy Chair, Japan Medical Association Junior Doctors Network.

⁴ Department of Neuropsychiatry, Keio University Graduate School of Medicine, M.D. Program, Tokyo, Japan; Deputy Chair, Japan Medical Association Junior Doctors Network.

tors abroad.²

In 2016, 4 junior doctors from Japan travelled to Taipei to participate in the WMA General Assembly and the JDN Meeting. We also attended the Asia Pacific Regional JDN Meeting, a venue for Asia-Pacific junior doctors to gather for the first time and learn more about each other.

Meeting Report

Asia Pacific Regional Junior Doctors Network Meeting

On October 16, we attended the Asia Pacific Regional JDN Meeting which took place before the WMA General Assembly. We had the opportunity to make a presentation about junior doctors' working conditions and well-being in Japan. This meeting was the first of its kind, enabling junior doctors working in the Asia-Pacific region to discuss medical issues impacting their home countries.

Today, the problem of overworked doctors is recognized globally. Data from many participating countries showed that doctors work on average 80 to 100 hours per week. To improve the situation, it is important that work hours are defined. Another important issue to solve is how to manage the burden on physicians working in rural areas, where fewer physicians are available and an increasing number of elderly people are in need of additional medical support.

Further, how to integrate a residency training program into the work of a physician is also important from the view of working conditions. In the US, the Accreditation Council for Graduate Medical Education (ACGME) has advocated that nurse practitioners (NPs) and physician assistants (PAs) should be able to assist young physicians without disrupting their educational opportunities. Indeed, 62% of hospitals in the US hire NPs and PAs.

By providing optimal working conditions, we can offer high-quality medical education, reduce physicians' stress, and achieve high satisfaction levels among the labor force. Securing optimal working conditions is a very important issue that everyone should face together; inevitably, it will involve junior doctors worldwide.

Those of us in JMA-JDN have organized a monthly meeting online to discuss our joint research projects, among other activities. This

forum provides a great opportunity to exchange ideas according to an international perspective and examine the possibilities of implementing collaborative research in the future.

Junior Doctors Network Meeting

Following the Asia Pacific Regional JDN Meeting, junior doctors attended the WMA-JDN Meeting, which was held on October 17-18. The sessions included a tour of the National Taiwan University Hospital, the election of JDN officers, presentations by country, discussions about end-of-life care, and a meeting with the WMA president, Sir Michael Marmot (**Photo 1**).

On the first day during the country presentations, each member JDN shared experiences and presented the situation of junior doctors in the respective home country. It was interesting to hear about the many different situations of JDNs. For example, most Asian countries tend to have in common the problem of long working hours. Young doctors in Korea have an obligation to serve in the military or as public health doctors. Young doctors in Greece are affected by their country's economy; their salaries have been cut as a result of the economic crisis, and many graduates are still looking for residency opportunities. African junior doctors' working situations are greatly influenced by national problems such as a harsh climate and poverty, making it difficult to dispense doctors to rural or unsafe areas. Finding out about these differences gave us some keys to discovering new tips for making medicine better; additionally, it provided an opportunity to reevaluate the educational system, labor situations, and healthcare system of Japan.

On the second day, there was a panel discussion about end-of-life care; Canada recently legalized euthanasia, and WMA emphasized the development of palliative care. "Just because we can doesn't mean we should" was the most impressive and thoughtful expression of the session. There are many issues to consider before thinking about euthanasia, including family issues, ethical issues, and religious issues; the same is also true for palliative care. We realize that every country has different laws and medical situations, but the most important consideration for palliative care is to establish concrete *patient-oriented* care.

In another session, the election of the JDN

international management team for the 2016–2017 term took place. Chiaki Mishima from Japan was re-elected as Membership Director.

Throughout these 2 days, sharing the same time and place with JDNs from all over the world gave us a great opportunity to reflect on ourselves and our home countries. It was wonderful to find out that there are so many JDNs with passion, strong wills, and warm hearts to make medicine better in the future.

WMA General Assembly

More than 300 doctors from 58 countries—including official members of WMA and JDN from all over the world—took part in this year's WMA General Assembly. Sessions included reports from the Finance and Planning Committee, Socio-Medical Affairs Committee, Medical Ethics Committee, Scientific Session under the theme of “Healthcare System Sustainability,” and the election of the president-elect.

The Scientific Session consisted of lectures by many experts, including researchers, clinicians, and the Secretary of the State for Health; in addition, a panel discussion took place. From Japan, Professor Dr. Kenji Shibuya, Department Chair of Global Health Policy, Graduate School of Medicine, University of Tokyo, made a presentation entitled “The Sustainability of Health Care in Aging Society: A Global View.”

During the assembly, Dr. Yoshitake Yokokura, the JMA president, was elected as the next WMA president. We are happy to say that taking part in this WMA General Assembly provided us with a great opportunity to learn the latest developments in international health and

observe the flow and operation of an international meeting. Moreover, we were able to communicate closely with members of other JDNs, and this opportunity will surely enrich our future activities.

Conclusion

The activities of junior doctors in the WMA have been developing step by step, and an increasing number of junior doctors are participating in them. Junior doctors from Japan are continuously participating in the international JDN meetings, and a Japanese member continues to be elected as an international board member, contributing to JDN operations. The meetings this year revealed that activities of JDN are actively taking place in each region of the world, as observed in the Asia Pacific Regional JDN Meeting. In addition to sharing experiences and knowledge gained through our domestic activities, we—the JMA-JDN—will support other colleagues and contribute toward building a better network of junior doctors in the Asia-Pacific region.

Finally, we would like to express our gratitude to the WMA and JMA for giving us this valuable opportunity.

References

1. Abe K. Innovation of Junior Doctors in Japan. *JMAJ*. 2013; 56 (6): 468-470.
2. Mishima C, Abe K. A Report on the Junior Doctors Network (JDN) Meeting: The JDN's Challenges and Future Prospects. *JMAJ*. 2014; 57 (2): 104-106