

Japan Medical Association-Junior Doctors Network and Global Health

JMAJ 56(4): 275–277, 2013

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Background

On behalf of the Japan Medical Association-Junior Doctors Network (JMA-JDN), it is a great pleasure and honor for me to write a few words for inclusion in the JMAJ. The JDN was officially acknowledged in 2010 as a body of young doctors worldwide at the World Medical Association (WMA) General Assembly in Vancouver. Since then, the network has expanded steadily and, in 2012, there were participants from eleven countries including Korea, Taiwan, Germany, Thailand, Singapore, Brazil, the United States of America, Canada, Spain, Israel and Sudan, at the JDN meeting, which was held along with the WMA General Assembly in Bangkok.¹ In 2013, JDN was founded in Japan and officially accepted by the JMA as its subsidiary organization for junior doctors in Japan.

Establishment of JMA-JDN

The establishment of JMA-JDN has long been awaited since the foundation of the JDN worldwide in 2010. Finally in late 2012, candidate members for the JDN were appointed by the JMA Executive Board and members of the JMA Global Health Committee. Since our network was expected to represent “junior” doctors, those from post-graduate years 1 to 5 were eligible for enrollment. As of May 2013, 21 young doctors, aged between 25 and 39, from various training fields throughout Japan, including family medicine, obstetrics and gynecology, pediatrics, infectious diseases, and public health, have accepted the invitation.

Our first meeting took place on May 23rd 2013 in Tokyo, in conjunction with the JMA 4th

Global Health Committee meeting. Although the meeting was held on a weekday, twelve JDN members made their way to the meeting from all over Japan, from Okinawa in the South to Hokkaido in the North, and celebrated the first day of the network establishment.

As a member of the newly organized JMA-JDN, I was privileged to accompany the President of JMA, Dr. Yoshitake YOKOKURA, and Executive Board Member, Dr. Masami ISHII, to attend the 194th WMA council session in Bali, Indonesia, in April 2013 (**Fig. 1**). The welcome speech was presented by the Indonesian Health Minister Dr. Nafsiah Mboi, who was an alumni of the Takemi Program in International Health at the Harvard School of Public Health, named after Dr. Taro TAKEMI, the former president of JMA.

One of the main topics of discussion was over the final draft of the revision of the Declaration of Helsinki. It was somehow surreal for me that I was sitting around the same table where physicians, lawyers, and other stakeholders were revising that declaration, to which I had paid the utmost respect and careful attention two years ago when I conducted health research on Chikungunya fever prophylaxes among plantation workers in Thailand. The discussion was well executed in a democratic and fair manner in that any delegate member was granted the opportunity to comment whenever necessary regardless of his or her affiliations.

Goals and Missions of JDN and JMA-JDN

JMA-JDN basically shares the goals and missions of the JDN world: “to provide a forum for

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Fig. 1 Japanese delegates to the 194th WMA council session in Bali, Indonesia, in April 2013

Left to right: Author, Dr. Yokokura, Prof. Kuroyanagi, Ms. Imamura, Mr. Noto and Dr. Ishii.



Fig. 2 A short drama “People in white coats” (1945) written by Dr. Wakatsuki

Villagers enjoyed watching doctors and nurses act after a mobile clinic session.

experience-sharing, policy discussion, project and resource development on issues of interest to junior doctors, including (but not limited to) global health, postgraduate training, safe working conditions, and physician migration.”^{2,3} Our members from various fields are enthusiastic to raise each specific objective, such as providing assistance for young foreign doctors willing to study in Japan, developing a training program on end-of-life care for medical students, and cultivating a better understanding among young doctors on JMA. Among those, I am committed to tackling global health issues through projects at my working place, Saku Central Hospital.

Saku Central Hospital Global Health Committee

I work for Saku Central Hospital in Nagano, a mountainous rural region in Japan. The former director of the hospital, Dr. Toshikazu WAKATSUKI, the 1976 Ramon Magsaysay Award winner for Community Leadership, is well known for his enthusiasm for primary health care.⁴ In the aftermath of the World War II, he started a mobile clinic along with health promoting activities through entertainment, that is, a short drama, focusing on health related issues such as the importance of water sanitation (Fig. 2). It should be noted that drama intervention in health promotion was put into practice in Saku region 30 years before the Declaration of Alma-Ata was adopted in 1978. He then started to provide

an all-village annual health check-up in Yachiho village in 1959, which became a model for the nationwide health check-up system.

We have provided training programs for 870 foreign medical professionals and governmental officials from 74 countries in the last decade (Fig. 3). In 2013, I was appointed chief of the newly organized Global Health Committee, which will provide young doctors, nurses, other staff, and people in the community, with the opportunity to contribute to the betterment of global health.⁵ With our inter-professional network in and out of the hospital, we are upgrading the quality of our training program for foreign visitors to meet their individual goals. We also provide comprehensive assistance for foreign patients in the Saku community, regardless of their solvency or legal permission to stay in Japan. We have assisted a few foreign AIDS patients, who were illegal over stayers without health insurance, to fly back to their home country and continue their treatment.

In order to expand and strengthen the global health network, we will host the Saku Global Health Seminar in August 2013, focusing on what should be introduced to the world from our experiences of primary health care in rural communities in Japan.

JMA-JDN: Where to from here

Members of JMA-JDN started to analyze our own network by the SWOT method, that is

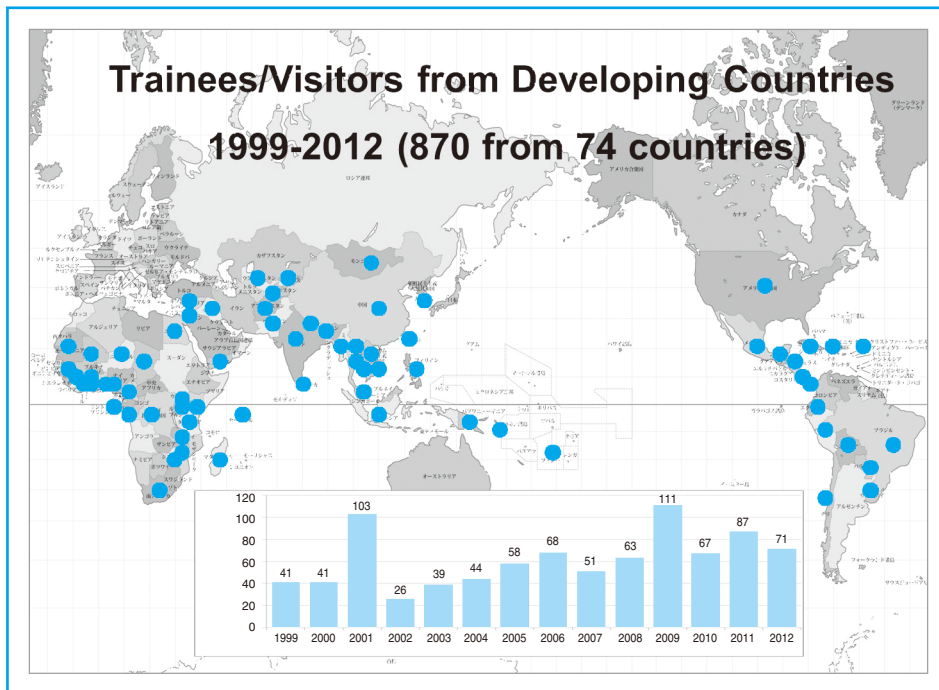


Fig. 3 Foreign trainees and visitors to Saku Central Hospital

strengths, weaknesses, opportunities, and threats, and will set our goals and missions soon by means of strategic planning. Since our members are scattered around Japan and engaged in full-time practices as young professionals, most of our interactions are inevitably online: drafted documents shared on a cloud server, daily communications through mailing lists, and monthly meetings over video conference services. The next JMA-JDN meeting in person will be held in November 2013 along with the 30th Anniver-

sary of the Takemi Program in Tokyo.

We are determined to delegate to the General Assembly of the Confederation of Medical Associations in Asia and Oceania (CMAAO) in New Delhi in September 2013, and the WMA General Assembly in Fortaleza in October 2013. We will also try to organize a JDN meeting in conjunction with the WMA council session in Tokyo in April 2014 to strengthen the JDN, especially in Asia.

References

1. JDN News 1. Issue 1-2013, 4 February 2013. http://www.wma.net/en/80junior_doctors/40news/JDN_News-letter_Issue-1-2013.pdf.
2. Walker X, Loh L, Hornung T. Junior doctors network. *World Medical Journal*. 2012;58(3):119–120.
3. World Medical Association, JDN, About us. http://www.wma.net/en/80junior_doctors/10about_us/.
4. Saku Central Hospital. <http://www.sakuhp.or.jp/ja/english/index.html>.
5. Saku Global Health Committee. <http://www.facebook.com/SakuGlobalHealth>.