

Report from the Junior Doctors Network on the WMA Council Session and JDN Meeting, Oslo 2015

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Background

As a member of the Japan Medical Association Junior Doctors Network (JMA-JDN), I had the honor of participating in the World Medical Association (WMA) Council Session and JDN meeting held in Oslo, Norway, from April 16 through 18, 2015. I am grateful for the opportunity to report on these meetings. The WMA is an organization of 111 national medical associations (NMAs) representing physicians throughout the world. The JDN, an organization for physicians who have fewer than 10 years of career experience since graduating from medical school, was established as a subsidiary organization within the WMA in 2010. The establishment of the JDN in Japan followed in 2012, and the JMA-JDN was officially acknowledged by the JMA in 2013.

The vision of the JMA-JDN is as follows:

Our volunteer-driven network provides an internationally focused platform for Japanese junior doctors to develop broad activities in public health and health policy, to improve the health of our communities, and to encourage our members to foster relationships with the worldwide physician community.

Based on the vision above, the members participate in international conferences, hold seminars, and carry out research projects and student exchange programs that transcend the barrier of professional areas of expertise.^{1,2,3}

Council Session

Representatives of the member NMAs gathered at the WMA Oslo Council and discussed various themes related to medical ethics and social medicine, including smallpox virus stockpiles, sexual minorities, trade agreements, aging society, mobile health, and the professional framework for associating with social media for physicians. They seriously debated the ideal way of the future world for which we should aim and what physicians should do for a better future. Physicians with different cultural backgrounds and various values face many difficulties in creating one vision, but I felt the significance of such an effort. In fact, the Declaration of Helsinki, adopted by the WMA in 1964, serves as the most important ethical code for medical researchers even now.

JDN Meeting

The JDN can bring up subjects to the WMA Council and speak during the session. The JDN is involved with various subjects, but major ones that have a large influence on junior doctors, such as physicians' well-being, are discussed enthusiastically in particular. The JDN members have fewer fetters, and that is our strength as well, so we freely exchange ideas from the viewpoint of "how physicians should ideally be" on subjects that involve political aspects, such as nuclear weapons and smallpox virus stockpiles.

There were 2 especially hot topics at the meeting. One was the development of a database of training programs across nations. This

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topic was brought up because an increasing number of medical school graduates cross borders for their post-graduate programs. In fact, an electronic certificate system to prove what kind of programs one has completed and where is already being developed. Such a system will not only increase training opportunities but will ensure the quality of training programs as well. This important initiative is in progress mainly in Europe.

The second was the limit on working hours for physicians. It is known that a physician working for long hours has an increased risk of medical malpractice,⁴ but junior doctors are prone to work overtime when proper regulation is not in place. Situations vary among nations, but working-hour limits are relatively strict in the EU nations, whereas physicians in Asian and African nations tend to work long hours. Medical safety is not the only issue. The number of female physicians or physicians raising children is increasing, and these physicians have difficulties in working long hours. Thus, instituting a working-hour limit is considered a necessity for physicians in general to continue their job. In Japan, many hospitals do not consider the standby hours for on-calls or night duties as working hours. In the EU nations, however, both of those categories of hours are considered to be working hours, and the total amount of time worked per week is supposed to be 48 hours or less including overtime, according to the law. The EU nations are successfully reducing physicians' working hours year after year and have managed to reach a limit of fewer than 50 hours per week on average now. Reportedly, the EU nations are making further efforts to improve physicians' work environment to achieve a limit of 40 hours per week. I felt a substantial difference, since the working hours for a physician in residency can sometimes exceed 100 hours per week in Japan.

There is also a movement in Japan to improve working hours for physicians. The JMA established a project committee on health support for hospital-employed physicians to realize reasonable working hours. Many study results have been published, and the situation is gradually improving. However, there are still many more challenges. Setting a working-hour limit is a difficult problem to address, since different nations have different systems and healthcare resources.



From left: Dr. Kloiber (WMA Secretary General), Dr. Matsubara (JMA Vice-President), Dr. Hoven (Chairperson of WMA Council), Dr. Yokokura (JMA President), and the author

Nevertheless, it is a fact that condoning overtime labor will do no good in protecting the safety of either patients or physicians. The important thing here is to explore better approaches and options while considering the situations of each nation.

For both topics—developing a training-program database and setting a working-hour limit—junior doctors are playing the main role in preparing the frameworks. We should not just wait for the public institutions to prepare frameworks; it is very important to actively voice our own opinions with a sense of ownership for matters that deeply involve our generation.

JDN meetings offer the opportunity to talk about agenda topics on the table as well as a place to share and exchange information and ideas for junior doctors from various nations. Each nation reported domestic healthcare situations and the efforts of its JDN member. Representing JMA-JDN, I reported about our seminar planning on community medicine, international health, and professional career development; a social gathering of junior doctors from Japan and Korea; and our participation in the JMA Hospital-Employed Physicians Committee's sectional meeting for physicians in clinical practice. I also received questions regarding clinical experience in everyday practice, so I introduced home care services available in Japan.

Conclusion

At this JDN meeting, where physicians of the

same generation gathered from around the globe, participants including me were able to learn about each other's thoughts and work styles. Despite different cultural backgrounds, various issues were positively discussed with a desire for better medical practice and to support people's health. The wisdom I acquired during my clinical practice helped me greatly when debating what a physician should do for a better future beyond the boundaries of nations. I will continue to work in community medicine while being connected to the world. From another perspective, I will contribute to the world while working close to patients' lives. I was filled with

a great sense of satisfaction for my profession as I left Oslo.

References

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