IFMSA

The International Federation of Medical Students’ Associations (IFMSA) is a non-profit, non-governmental and non-partisan organization representing associations of medical students internationally. IFMSA was founded in 1951 and currently maintains 108 National Member organizations from more than 100 countries across six continents with over 1,2 million students represented worldwide. IFMSA is recognized as a non-governmental organization within the United Nations’ system and the World Health Organization and as well, it is a student chapter of the World Medical Association. For more than 60 years, IFMSA has existed to bring together the global medical students community at the local, national and international level on social and health issues.

Disclaimer

This publication contains the collective views of different contributors, the opinions expressed in this publication are those of the authors and do not necessarily reflect the position of IFMSA.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the IFMSA in preference to others of a similar nature that are not mentioned.

Notice: All reasonable precautions have been taken by the IFMSA to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the IFMSA be liable for damages arising from its use.

Some of the photos and graphics used are property of their authors. We have taken every consideration not to violate their rights.

This is an IFMSA publication
© Portions of this publication may be reproduced for non political, and non profit purposes mentioning the source provided.
Contents

Editorial
Words from the Editor in Chief

Follow the Dream
Message from the MSI Layout Design Co-ordinator

President’s Message
Message from the IFMSA President

Advocacy and the Physician in Training
Articles on the theme of the March Meeting 2013

Projects Bulletin
Read about IFMSA’s local, national and transnational projects

SCORAlicious
Welcome to the world of the SCORAngels

The SCOPHian
Meet SCOPHeroe who save the day through their Orange Activities

The SCORPion
Learn about Human Rights and Peace efforts worldwide

SCOREview
Have you ever wondered what SCORE exchanges are all about?

periSCOPE
Go travelling with SCOPEans on their professional exchanges

SCOMEdy
The guardians of medical education share their stories
Dear IFMSA Family,

Nowadays it’s difficult to go through university, let alone life, without advocating for a cause. We are all advocates in one way or another.

As medical students we have a moral responsibility to keep ourselves abreast of healthcare issues affecting humanity today. It is through educating ourselves that we become passionate about causes, and in the process, learn how to champion for them.

I honestly believe that the IFMSA is a fantastic platform upon which we can learn to become healthcare advocates, in the truest sense of the word. Our General Assemblies, projects and trainings are just some of the many examples of advocacy work being organised and orchestrated by our medical student leaders today.

This edition of the Medical Student International is unique in that it is our first “integrated” publication, comprising articles not just on the theme of the March Meeting but also from the Projects Support Division and the 6 Standing Committees. I know that readers perusing the pages of this magazine will find plenty of inspiration for advocacy work, as I have personally read each article within its pages.

It is my sincere hope that you will refer to this magazine in the years to come, whether it be for a fresh dose of inspiration or a bit of light reading. This MSI is a tribute to all those who strive towards the ideal of Health for All.

I wanted to take the opportunity to thank everyone who has been involved in producing this Wonderful publication, from my own Incredible International Publications Team to all of the Awesome authors and Excellent editors of the individual publications contained within.

Again, special thanks go to my Wonderful team. In alphabetical order: Ahmad, Airin, Betty, Eman, Erick, Hassan, Helena, Hima, Ismail, Khalid, Kingsley, Mariam, Mohamed, Punyahari and Rami. I love you all!

With my love and best wishes always,
Bronwyn.

Bronwyn Jones,
Publications Support Division Director 2012-2013

Follow the Dream

Dear IFMSA fellows and MSI readers throughout the globe,

First allow me the honor of expressing my sincere gratitude to the great team working with me: Bronwyn, Airin, and Hima. I would also like to thank Mr. Omar Safa, our former Publications Support Division Director, who was responsible for overseeing the design of the template for this amazing piece of art.

The saying that MSI is, “the voice of medical students from the dunes of the Sahara to the icebergs of the Arctic”, is something I heard the day I joined IFMSA five years ago. Ever since then, it has been my dream to write an introduction for this publication. Now my dream has come true, so I have a simple request from each and every one of you dear fellows: do all you can to make your dreams come true.

May you enjoy the words of our fellow students contained throughout the pages of this great MSI!

Peace be upon you,
Hassan

Hassan Aboul-Nour
MSI Layout Designer
Dear IFMSA members and associates,

It is with great excitement that I write to you in this special edition of MSI, highlighting the work and issues most important to our members, across all our activities.

This special issue is also one that touches the very hearts and souls of many of our members because of its theme, “Advocacy and the Physician-in-Training”. Some of us realized that spark in us to become leaders of social change early on in our lives—sometimes through the volunteer work we have done in our communities, schools, churches and other civil organizations—and have always strived to be part of a group of like-minded people that share a vision of a better world—and IFMSA was destined to be a part of our pathway as future doctors. Others of us stumbled upon IFMSA by chance and curiosity for the unknown, either through an attractive invitation to an exotic destination or through participation in exchange. Some of us have very unique stories of how IFMSA discovered them. Whichever pathway it may be, IFMSA challenges us to take on a more active role—more often the role is being an advocate or an individual that works toward achieving something they believe in.

Now, IFMSA and AMSA have been afforded a unique opportunity to share their knowledge and experiences, in one setting—at this General Assembly—and focus on the theme of Advocacy and the Physician-in-Training.

IFMSA over the years has brought together medical students from around the world to exchange ideas, build capacity, create projects and campaigns, and most importantly capture the voice of medical students on health issues.

Recently, IFMSA has been increasingly connecting medical students and their actions with the global health governance arena. In this past year only, IFMSA has participated in key international health events—COP18, IAC, WHS, WHO Meetings and General Assemblies, and many more. We also are engaging in discussions on the Post-MDG 2015 Agenda, Climate Change, and Universal Health Coverage, Access to Research and Essential Medicines, Gender and Sexuality Issues, Women’s Health, Social Determinants of Health and Human Resources for Health. However, there are many other issues, such as Mental Health, Persons with Disabilities, Health Promotion, Conflict Situations, Road Safety, Violence Reduction, Substance Abuse and many more that IFMSA can do more on.

Despite these recent developments, IFMSA has stayed committed to its grassroots origins. IFMSA has promoted information exchange and cultural understanding through its more than 10,000 annual clinical and research exchanges. IFMSA is continuously building skills and knowledge through peer education, trainings and workshops. IFMSA takes an active role in reaching out to both non-represented and represented areas of the world through national member organization (NMO) outreach. IFMSA’s project culture is thriving—the division supports the work of NMOs, transnational projects, and initiatives. Our health promotion campaigns on issues such as International AIDS Day and World Diabetes Day continue to increase awareness at the local level.

**Advocacy and Physicians-in-Training**

Young people make up the majority of the world’s population and we will bear the greatest burdens of society, thus it is in our interest to be a part of the solutions proposed to address the greatest health issues, as future physicians.

As we focus on the theme of Advocacy and the Physician-in-Training, let’s take a moment to reflect upon our role in being an advocate of issues affecting the health and well being of people. It is your responsibility on how you take the knowledge and opportunities afforded to you to address those social issues affecting your communities around the world.

Acknowledgements

I would like to give a special thanks to all those that have taken the time to create and contribute to this very special edition of MSI—thank you for being part of the change!

I wish all of you a wonderful meeting and may we all continue to take on the health challenges of the 21st century, as leaders, together!

Sincerely,

Roopa Dhatt,
IFMSA President 2012-2013
Making a Change through Advocacy

Amy Huai-Shiuan Huang & Heng-Hao Chang

Efforts made to reduce resident work hours in Taiwan

A wave of shock swept over Taiwan one evening in 2011. “A medical intern, Yeng-Ting Lin, was discovered dead in a bathroom after 36 successive hours of work on April 27th. Investigations are being done to confirm whether his death was due to overwork.” The correspondent on television went on, “According to a study, overworked doctors are no more sober than a drunk person! If the situation does not improve, who is going to guarantee that you are not the next one to suffer from medical errors made by overworked doctors?”

During the previous three years in Taiwan, 9 cases of doctors dying from being overworked had already been reported. But it was only after the tragic event of the intern on April 27th that the general public became aware of doctors’ abysmal working conditions in the country. It had never been clearer that action needed to occur to improve the situation.

In Taiwan, medicine is considered to be a sacred profession; seemingly omnipotent doctors are imagined to have endless devotion, and seen to never get sick, let alone suffer from long work hours. Indeed these beliefs are even shared by many senior doctors - to them, medicine is a responsibility to which they dedicate their whole lives. They think they have the power to escape bodily weakness in spite of unbelievably long work hours. But the facts now come to light.

According to research, the average number of hours worked per week by residents in Taiwan is about 111.87[1], and the maximum shift length is an average of 33.5 consecutive hours. This is well beyond the regulations proposed by the Accreditation Council for Graduate Medical Education (ACGME) which recommends that US resident doctors not work over 80 hours a week, and that the maximum duration of work shifts is kept below 16 consecutive hours[2]. Furthermore, statistics show that, after 18 successive hours of work, ICU residents are five times more likely to commit serious medical errors[3]; and that the mental state of someone who has been awake for this long resembles that of a person with a blood alcohol concentration of 0.05%[4]. As we can see, the well-being of patients is under threat.

Recently, a resident doctor in Taiwan conducted a study focusing on how long work hours can affect residents both physiologically and mentally[5]. Despite the significance of the topic, the thesis was turned down by many well-known medical journals in Europe. The editorial boards wrote back, stating they simply could not understand how residents could cope with the work hours stated, thus questioning the reliability of the study.

On May 1st 2011, four days after the intern’s unfortunate death, came Labor Day, when workers of all professions marched to defend their rights and to raise awareness about unreasonable working conditions. A group of medical students, assembled via the Internet, joined the march to arouse the media and the public’s attention to the unforeseen consequences of overworked doctors on patient safety.

Following the demonstration the medical students came together again and held their first formal meeting on October 10th 2011. This was the birth of the Doctor Working Condition Reformation Group (referred to as the Reformation Group in the following passages).

The Reformation Group, now comprised of around 30 active medical student and resident doctor members, aims at improving the working conditions of doctors. In Taiwan, almost all professions are under the protection of the Labor Standards Act, which contains regulations on work hours and compensation of occupational accidents. Doctors are not included on the list, however - allegedly due to the “unpredictable” nature of medicine.

But doctors’ rights need to be acknowledged, and by no means sacrificed, as they are human beings after all. Through various endeavors, the Reformation Group has teamed up with FMS-TAIWAN and is trying to put an end to this abuse of human rights. The following approaches that have been taken are useful for us as medical students to think about when it comes to advocacy:

1. Lobby government officials and legislators

For the past two years, Reformation Group members have attended the public hearings held by Congress. FMS-TAIWAN spoke up there and also hosted several press conferences, stating the urgent need for residents to be included in the Labor Standards Act in order to ensure the implementation of work hour restrictions. We recommended that work hours be reduced to less than 80 hours a week; that the maximum shift duration not exceed 30 hours; and that the frequency of on-call nights not exceed one every three days.

Amy Huai-Shiuan Huang
Amy is a second-year medical student at the National Taiwan University, Taiwan. Amy may be contacted at: b00401091@ntu.edu.tw

Heng-Hao Chang
Heng-Hao is a final-year medical student at the National Taiwan University, Taiwan. He is a former Secretary General of IFMSA and NMO President of FMS-Taiwan. Heng-Hao may be contacted at: leo.chang.tw@gmail.com
The Reformation Group also met with several legislators and officials from the Department of Health to bear witness with regards to the severity of this issue. In spite of its long-standing reluctance and procrastination, the Department of Health finally admitted the necessity to regulate residents’ duty hours. Promises were made to establish duty hour regulations in teaching hospitals by employing a standard contract. The Reformation Group was invited to draft this contract pending further negotiation. Although the Department of Health has not yet taken explicit action, we believe this is an optimistic start and we will continue our efforts to ensure the implementation of these new regulations despite the likelihood of objection from hospital administration boards.

2. Raising awareness through campaigns, media and networks

We made ourselves seen and heard through the media. The Reformation Group took part in a number of marches - on Labor Day, and on Doctor’s Day - and participated in the demonstration launched by the National Labor Union. The publicity associated with this provided the opportunity for us to gain broader public support and to get the word out about the predicament residents are facing. Awareness about the possible threat to patient safety and healthcare quality began spreading through the media’s reports.

In addition, members of FMSTAIWAN and the Reformation Group submitted editorials to noted magazines and newspapers, responding to inaccurate doubts and criticisms. The Reformation Group also formed networks with organizations from different disciplines, such as an NGO for patients’ rights as well as the newly established Nurses’ Union. Furthermore, social networking sites such as Facebook were well utilized to promote a more sustainable strategy of health workforce management.

3. Influence Our Peers by Education

Most importantly, medical students themselves need to be aware of the problem. In order to educate them about the seriousness of excessive work hours, the Reformation Group held numerous lectures in medical schools around Taiwan, including during FMSTAIWAN events, where publications about the working conditions of doctors were issued. Furthermore, the Reformation Group members met regularly to evaluate their progress and to exchange ideas, keeping themselves abreast with regards to future plans.

There is a saying that when fire is set in a room full of sleeping people, the few that are sober should try to wake up as many of the slumbering as possible. If some are left to sleep on, this is the dead end; but if they are not, a way out may be found together. The moral of the story is that the power of unity can be enormous.

The challenges we face and what we can do in the future

In Taiwanese culture, advocacy has never been considered very important by young people. Medical students are more absorbed in achieving good grades than changing the face of the medical environment they will one day work in. FMSTAIWAN and the Doctor Working Condition Reformation Group went against the grain in trying to strike up a revolution. We believe there is no one who should be more concerned about the problems of the healthcare system than healthcare workers themselves.

One big challenge we face is the lack of participation by many residents. It is known that some of them believe the problem will resolve itself with time, however if we can get to know more of their thoughts about the current working conditions, we can better evaluate the situation and thus make improvements in the right direction.

Presently, medical associations are particularly concerned that the training of junior doctors may be impaired with the reduction of duty hours. However previous studies have shown that reducing working hours to less than 80 a week has not adversely affected training outcomes in the US[9]. We understand it is prudent to create supporting policies to ensure a better system in which training quality is not sacrificed, and believe this ideal can be achieved by assigning a rotating group of doctors for overnight shifts; introducing supplementary personnel; and focusing on efficient skill training.

Conclusion

We medical students should recognize advocacy as one of our responsibilities. Medicine is a profession that has the well-being of billions of people in its hands. After identifying the elements that need to be changed, we need to have the courage and passion to tackle the challenges. Take the example of work hour reduction, for instance. This is not just about interns and residents; it is about each and every one of the people living in Taiwan who seek medical assistance or who have loved ones under medical care. If the situation does not improve, many will suffer. Our ultimate goal is to create a better system overall to improve the quality of healthcare. With a heart, a will to contribute, a positive belief and continuous effort—let us bring positive change to our medical environment!

References

Transplant organs. Millions need them, but only a few lucky thousand get them. Ever since the first successful organ transplantation in 1905 (cornea), the number of transplantation operations has risen steadily. Demand is ever-present, supply is scarce, and thousands suffer annually as their conditions deteriorate while they wait for salvation in the form of a kidney, or a liver, or a heart.

While waiting lists grow, authorities such as the WHO try to promote transplantation through programs and slogans such as “If we are prepared to receive a transplant should we need one, then we should be ready to give”[1], while hospitals and transplantation centres flaunt success stories and try to appeal to the humanitarian aspect. Whether such efforts are successful or not depends on whom one asks.

One group may suggest that the rise in success rates is improvement on its own, since it means that more and more people are receiving donated organs and live out their lives healthy and happy. Others, on the other hand, may stick by the logical argument that, since potential donors (people with healthy organs) exceed needy recipients, then the limiting factor is the rate of actual donations. In other words, if every person who dies donates a healthy organ to a recipient, no one would need to wait for a transplant.

States and healthcare systems try to overcome gaps the best way they can without letting the situation turn into organised organ trade. From simple motivation to reimbursements, techniques vary between systems. Policy makers try to modify systems to push the number of donations higher, with varying success, but perhaps behavioural economics can help.

Behavioural economics is a relatively modern term, coined to describe the ideas of a historically unpopular pattern of thought in Economics, and made popular thanks to books by Richard Thaler, and Daniel Kahneman, amongst others. Economists tend to assume that humans are rational, consistent beings who tend to stick to rational systems and to reproduce the same results under the same conditions. Psychologists and statisticians often receive contradicting results, on the other hand.

The effective merge between economics and psychology has therefore produced the series of principles that are behavioural economics. Behavioural economics is said to enhance “the explanatory power of economics by providing it with more realistic psychological foundations” which will result in “making better predictions of field phenomena and suggesting better policy”[2]. This was realised when many incongruences in economics models, and their interpretations, were explained using psychology. An example is the Status Quo effect, which explains why most people tend to prefer the “default” option over the more rational ones, contrary to what economic models would have predicted.

With the rapid emergence of these principles, economists and officials started seeing patterns in certain behaviours that had been previously unexplained, such as why amateur stock brokers lose more than professional ones, and why this discrepancy is not a result of skill on part of the professionals. Many behavioural economics experts now see that applying these principles, adding a little psychological understanding into the decisions policy makers make, can go a long way in improving results and achieving targets in most fields. Organ transplantation and the healthcare field in general can benefit greatly, they argue, if policy makers pay a little more attention to how people normally think.

A common example is presented in Richard Thaler’s book, Nudge[3], which refers to an interesting piece of statistics: organ donations in Austria vastly exceed those in Germany, even though those two neighbouring countries often show similarities rather than shocking discrepancies.

Digging deep for the source of the discrepancy, experts have located it in registration papers. In Austria, drivers wishing to opt out of the option of donating their organs after a fatal accident had to check a box; otherwise they were automatically enrolled in the system. In Germany things operated in the opposite way, with people having to check a box to enrol in a similar program.

This is an application of the previously discussed Status Quo effect; where people are generally loathe to change the default options in life. An im-
important feature in behavioural economics is the effect norms, social and otherwise, can have on individuals during the process of decision making. Changing the norm requires active, effortful thinking, and, that being a tiresome and extensively exhausting process at times, leads the human brain to sometimes substitute questions.

Instead of asking oneself how many lives could be saved using one’s donated organs, one can sometimes end up thinking about the potential losses, and how the default option must be so-and-so for a reason. With that in mind, and with the list of needy recipients rising steadily, how can policies be designed to help shrink the margin between supply and demand?

Mandated choice and libertarian paternalism have been suggested as useful tools. Libertarian paternalism suggests that, for the state to do everything in its might to improve the quality of life for its citizens, it must seek to minimise the gap between organ supply and demand without forcing choices. Mandated choice, on the other hand, is based on presumed consent, and is basically the relatively simple task of readjusting policy wording and choices to help citizens make choices that are better for the state and other citizens, with the option to opt out available and easy.

While many states do not approve of libertarian paternalism as a concept to go by, many argue that mandated choice is simply a clever political gimmick governments can use to improve statistics and gain popularity through abuse of the human nature. It is not unusual for a medical representative, in the process of extracting an organ from a newly-deceased donor, to face resistance from family members who disapprove of the donation. If direct consent is available, it is easy to show family that the deceased has actively sought to have his organs donated post-mortem, whereas with presumed consent, family members may feel cheated out of their rights by the fine-print of documents. It is the role of medical policy makers to tend to the society as a whole, argues the opposing side, and not just to boost their numbers, and this includes the welfare of the deceased’s family members who do not need an extra burden to bear shortly after the loss of a loved one.

Judgement is difficult to pass. The use of behavioural economics in policy making is a relatively new practice and may be unheard of to some members of the public. That said, it probably has a long way to go in terms of development, integration into society and gaining public acceptance. The debate is likely to go on for a long while but it is undeniable that the use of behavioural sciences has the potential to revolutionize policy making, especially in developing countries, and may actually help save lives, through organ donation, or otherwise.

References


Conflicts of Interest in Healthcare

David Carroll

Recently an update of the Cochrane Methodology Review of Industry Sponsorship and Research Outcome[1] found that “Sponsorship of drug and device studies by the manufacturing company leads to more favorable results and conclusions than sponsorship by other sources”. I believe that this observed distortion of outcome by unwise sponsorship is not limited to the realm of clinical trials.

In September 2011, the United Nations declared that, for the first time in human history, chronic non-communicable diseases (NCDs) such as heart disease, cancer and diabetes pose a greater health burden worldwide than do infectious diseases, contributing to 35 million deaths annually. This burden is ever increasing and we need to urgently tackle the primary causes of NCDs. However, there appears to be a number of stumbling blocks on this path.

The entire WHO budget is only half the budget that the Coca-Cola Company spends on marketing, and, in addition to their marketing influence, industries are using their vast arsenal to get a place at the table of health policy.

Mexico has the second highest rate of obese individuals in the world (falling short to the United States of America) and is the country with the highest consumption of Coca-Cola in the world. The Pan American Health Organization, a regional office of the WHO - the very regional office that oversees Mexican public health - acknowledges the presence of Coca-Cola in the world. The Pan American Health Organization has noted this, stating “Drinks and food manufacturers can have significant conflicts of interest and the state should put the health of citizens before commercial freedom”. If we are truly concerned about public health, we need to limit the sponsorship and harmful influence of corporations on public health. The World Health Organization has noted this, stating “there are areas, such as public health policy-making and regulatory approval, where the concept of partnership with for-profit enterprise is not appropriate”[4].

The ultimate goal of industry is profit but also to influence government policy. We, as tomorrow’s doctors have to take the lead in a public health revolution. Is this sponsorship going to knock us off the path to health equity for all?

We need to rejuvenate public health; we need to shake things up and take a lead in addressing these issues, revitalize its political functions, and regain its role as a champion of those in need.

If we want to make gains and improvements in public health, we need to control and limit the commercialization of medicine. Evidence-based legislation is more effective than voluntary agreements. If industry wants to contribute to human wellbeing, as it has publicly stated, it should avoid blocking legislative actions intended to regulate the marketing, advertising and sale of its products.

We need to take our knowledge and turn it into action.

References

Health perspectives through the eyes of a physician-in-training

Franchesca Mirre González

I entered medical school for one reason: to become the best neurosurgeon and to provide my expertise to the field of neuroscience research. My world revolved around this goal. I thought that medicine was only about diagnosing and treating diseases. However, through my education, I realized that medicine is much more than diseases, innovative diagnostics and specialized treatments, but also a field to promote health and prevent disease. Through educational efforts and health collaborations with relevant organizations, health strategies can continue to protect the welfare of the population.

Medical education initiatives include regular training of medical staff and the population. As physicians-in-training, health promotion plays a vital role in the care of our patients. We must provide optimal health services within our medical institutions, educate our patients on important health information to motivate healthy lifestyle habits, and also be advocates for our patients’ health rights. Often, so busy in learning countless diseases and their clinical management, we forget the human side of medicine, seeing the patient as a “syndrome,” rather than as a human being.

Decades ago, physicians were only concerned about treatment of the symptom, not the etiology. This philosophy has modified over time, to highlight the primary mission as disease prevention. In order to continue to promote this mission, we must train and empower future physicians in every nation to be advocates and facilitators of health rights and patient safety.

The World Health Organization (WHO) has designed strategies to encourage community health promotion, which is described in the following statement: “Health promotion is the process of enabling people to increase control over the determinants of health and thereby improve their health. Health promotion represents a comprehensive social and political process; it not only embraces actions directed at strengthening the skills and capabilities of individuals, but also actions directed towards changing social, environmental and economic conditions so as to alleviate their impact on public and individual health” [1].

In order to design successful health promotion strategies, we must consider three priorities. We must: 1) serve as health advocates to promote health and disease prevention, 2) motivate our patients to adopt positive lifestyle habits to reach an optimal health status; and 3) promote health between society’s various interests [1].

There have been major changes toward improvement of health systems, although multiple challenges still remain in patient care and health services. Evidence-based strategies must be integrated into all hospitals and schools in order to train future physicians on how to improve health care services to patients and families.

Nowadays, the physician is no longer considered the sole protagonist. Patients must become aware and take responsibility for their health, understanding their health rights and information. To ensure patient education standards are met, it is necessary for the optimal training of medical students and residents as health care advocates to occur. This may be achieved through various methods, including, promoting networking between students and health care professionals, designing health programs in low resource areas with poor health care services, and facilitating case discussions on strategies to improve current global health issues.

The following story by an anonymous author serves as a reflection for us as physicians-in-training:

Long ago, I heard a little story. The youngest daughter of a peasant was brought to the emergency center with a high fever. She was diagnosed with dengue fever, quickly treated and discharged. Within a few months, she returned with similar symptoms, and was diagnosed as having a second infection of dengue. After reviewing her medical file, the physician in charge realized that this girl had been admitted twice within the year for the same diagnosis.

The physician asked the girl’s father, “What is the condition of your home?” to which the father replied, “My family lives in a house with a large yard.” “What do you have in your yard?” said the physician. The father replied that he had several water storage tanks, in addition to an old car tire.

This was a clue to the cause of the girl’s recurrent illness. After the relationship between stagnant water, mosquitoes and dengue was explained to him, the father realized that he should eliminate mosquito breeding sites in the yard, including covering water storage tanks and removing tires and other containers that may collect water. He was motivated from this to become a community leader, promoting the health campaign to prevent the transmission of dengue fever.

The act of being a good physician does not only consider the most accurate diagnoses and treatments, but rather identifies the disease etiology and prevents the transmission, progression or complications.

References

Praise your health: For life without tobacco smoke

Byurhan Rashid

On June 1st 2012 Bulgaria gave its children a present – a smoke-free environment. This was the day when the partial prohibition was replaced by an absolute prohibition of cigarette-smoking in all public areas including sport stadiums, bus stops, playgrounds and parks. A huge contribution towards this radical change came from the “For Life Without Cigarette-Smoke” Coalition of NGOs, of which the Association of Medical Students in Bulgaria (AMSB) was one. AMSB represented points of view from the Bulgarian youth as well as from the next generation of physicians.

The coalition was founded approximately two years ago after it was realized that the law of partial prohibition was not meeting the expectations of the people. This law allowed smoking in restaurants and cafes provided that areas were closed off into smoking and non-smoking sections. Bars and nightclubs on the other hand were not even required to divide their premises. This disregarded the rights of customers and staff to a healthy smoke-free leisure and working environment. A large part of the country’s population was being affected by cigarette smoke despite the decision by several municipalities and businesses to go smoke-free.

Initially, AMSB started with public discussions about what we could do to target these practices. We looked for possible partners, and when we found each other it was time to act! Our main activities comprised organizing campaigns, health walks, protests and petitions; carrying out surveys; and taking part in parliamentary debates. We attacked from every possible angle using mass media to inform the population of possible risks and consequences of smoking – both active and passive.

After enjoying huge public support we were able to influence the law, amendments of which were voted in favor at the National Assembly. The result is smoke-free public areas in Bulgaria today.

Much has been done but it is not enough. An acting law does not mean that it is working. In order to work it needs to be controlled and regulated. For this purpose, mobile public groups were founded. They work in collaboration with state representatives such as health inspectors and the police, to visit different properties (such as restaurants, cafes, nightclubs and schools) and determine whether the law is being adhered to or not. Violators are initially warned and then fined after a second violation. So far 6273 properties in total have been inspected and 148 fines have been imposed. A call centre and website have also been launched so that concerned citizens are able to report irregularities.

After enjoying a smoke-free summer and a life span of just 4 months the new law was targeted by a number of businesses. They came with statistical data showing financial losses during the active summer tourist season, which they stated was due to the newly enforced prohibition of public smoking. They reported small business bankruptcies, trying to put their own financial profits over the nation’s health. Those populist statements were supported by some MPs too. Through them the cigarette industry was able to propose the restoration of the old regulations.

At that moment everything we had done so far seemed endangered. All efforts we had made up to that moment seemed meaningless. The dilemma was how we were going to face the situation.

The new regulations enjoyed huge popularity amongst the people of Bulgaria but there were also many against them. This was the moment when we had to decide whether to step back or keep defending the law. After extensive talks and negotiations we decided to keep to our previous statement: that smoking should be banned in all public premises in order to ensure a healthy living environment to our nationals, foreign guests and most importantly – to the children of Bulgaria. We continued insisting on improving public health to be among the major state policies.

The debates over the new proposals made by businesses were aired on TV shows, radio programs and featured in newsletter articles. All possible kinds of mass media were used to allow citizens to take a position and express their opinion. We, as medical students, kept to the health-related aspects of the problem. We presented scientific evidence of links between smoking and lung and other types of cancer, talked about the effects of passive smoking, discussed the cost of treatment of smoking-related diseases, and revealed the successful examples of other smoke-free countries.

After a round of public debates (in which medical students from AMSB took part) came the moment of truth – discussions in the Parliamentary Commission of Health, following which was the voting procedure by MPs. Ultimately we succeeded in convincing MPs of the benefits of the acting law. And with 11 out of 11 votes in the commission the amendments to the law were not approved.

Our second victory was a fact: using the right advocacy techniques at the right time led us to success once again. And we, as medical students, have our own contributions to thank for this success. We have shown the public that the voice of the youth is a power no-one can defeat; that youths’ ideas are supported by facts; that our objectives and aims are achievable and sustainable; and that we will not stop doing our best to increase the health status of the people. As the next generation of physicians, we gave our share for a healthier future Bulgarian population. And we will do it again and again until we reach our ultimate goal – the highest possible level of health for all people.
Physician advocacy: obligations vs aspiration

Jihad Abdelgadir Imam

Most, if not all, physicians are well acquainted with their roles as advocates for the individual patient. Physicians consider advocacy for an individual an accepted component of ethical practice, yet this alone does not meet the requirement for “public advocacy on the part of each physician.” Advocacy, according to this broader perspective, requires more than helping individual patients get the services they need; it requires working to address the root causes of the problems they face. Nevertheless, all physicians’ obligations to advocacy are grounded in their professional experience and expertise and their duty to their patients. Each physician’s obligation to advocacy must take into consideration the limits of his or her expertise.

The American Medical Association’s definition of physician advocacy is “Action by a physician to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being that he or she identifies through his or her professional work and expertise” [1].

Increasingly, medical professionals are engaging in community and health policy arenas [2,3]. This involvement is a response to a heightened awareness that many health issues have their roots in the community. Aspects of modern culture that give rise to diseases, such as environmental contamination, represent the new vectors of disease [4]. To address them one must practice both inside and outside of the clinic walls, and physician advocacy is one approach. One definition from the Lancet states “Advocacy only means taking the problems that one faces day to day and pursuing their resolution outside their usual place of presentation” [5].

Physicians actually have a dual role, I believe, as patient caregivers and managers of healthcare resources. According to a report from the Council on Ethical and Judicial Affairs, a physician’s “primary ethical obligation is to promote the wellbeing of individual patients” [6]. However the report acknowledged that “physicians also have long-recognized responsibilities to patients in general, to promote public health and access to care for all patients” [7]. Physicians’ responsibilities to patients that ameliorate the suffering and threats to human health and well-being that he or she identifies through his or her professional work and expertise make the physician a citizen in the community.

Physicians have an obligation to work within their own practices and communities to ensure that patients have access to high-quality preventive, urgent, and specialty care that is geographically, linguistically, culturally, and financially accessible [8]. These noble ambitions frequently counteract with the financial realities of a growing uninsured and underinsured population [9]. Practicing physicians are caught in the debate between the utilitarian idea of distributive justice, which acknowledges finite resources, and the idea of justice as equity where all patients are guaranteed equitable access. This is a crucial debate, and one in which doctors must be heard.

The strength of the link between a policy and a health outcome can guide physicians in distinguishing their obligations from their aspirations when advocating for patients [10]. For instance, Gruen et al suggest that it is the physician’s obligation to work with individual patients and in the larger realm to reduce tobacco use because the health implications of tobacco use are well established. They also suggest that physicians may aspire to address factors such as poor educational opportunities and neighborhood safety, for which the impact on health outcomes is suggestive but not conclusive. Hence, determining the strength of the scientific evidence can help a physician prioritize his obligations over his aspirations [11].

We cannot expect, nor should we, that doctors of this world will become individual crusaders, spending 20 hours per week trying to help solve the health problems brought on by persistent poverty, substandard living- and nutritional-conditions, a lack of healthcare insurance coverage, and inadequate access to care. It is unrealistic, given how demanding and personally-testing the life of the average doctor is nowadays.

What we should expect, and what doctors are obligated to do, is to engage in professional organizations actively to serve as agents of change, working to correct the adverse conditions in which many people toil and which contribute to poor health [12].

No epidemic has ever been halted by focusing on the individual patient, and many of the health issues facing our nation and world today pose similar challenges. As physicians learn to advocate for both individuals as well as communities, they will improve the lives of many while they enhance the quality and enjoyment of their work. Successful advocacy is achievable with both a clearer understanding of its components and deliberate practice from committed physicians.

References:
The role I most identify with today is that of a student. A learner. I know that is mostly due to my role as a clinical clerk, or third year medical student, currently learning how to survive day to day in the hospital and on the ward. Thus, when I reflect about the term Advocacy, I believe that today I remain a student, learning what that word means to me as an individual and as a future medical practitioner. To me, Advocacy inspires me to get out there and learn, because if I don’t understand the cause of what I am advocating for, then what’s the point?

Since that fateful day when I read the words “Congratulations, you have been accepted…”, I have considered my medical education to be my ticket into the world of international development. With the tools I will obtain through my medical degree, I dream of setting up medical clinics in remote jungles and responding to need following natural disasters.

Prior to medical school, I volunteered at a rural Salvation Army medical clinic in Ghana, where I was the lone obruni, or white person, in a four-hour radius. During an outreach trip after my first year of medical school, I traveled to the Thailand-Cambodia border to assist a team setting up primary care clinics for displaced people. Although I thoroughly enjoyed traveling across the globe, as it was deeply satisfying and inspiring, a recent experience showed me the great need for health care development close to home, in my own province of British Columbia.

This summer, after finishing my pre-clerkship years in Vancouver at the southern end of the province, I traveled north to complete my rural rotation in northern British Columbia. Throughout my rotation, it became increasingly evident that the aboriginal First Nations communities in northern Canada face a unique set of struggles. As a member of the University of British Columbia’s Aboriginal Health Initiative group, I made it a personal priority to serve and learn about these populations during my time in the north. When an opportunity arose to travel to four of the First Nations communities over the course of a week, I was quick to volunteer.

Monday took us to a small First Nations reserve of 220 people which has been established for hundreds of years but still lacks basic access to medical care. After a six-hour drive through the mountains on a dusty logging road, we arrived at the edge of Takla Lake at a reserve of 250 residents, an astounding 320 kilometers from the closest medical center. Every day, my eyes were opened to the enormous challenges of the aboriginal residents of these reserves. The inability to overcome language, financial, and education barriers has resulted in a complete lack of medical care for these communities. Children presented for check-ups with lice crawling down from their hairlines. Bugs were fished from ear canals. Countless referrals were made to larger medical centers for incontinence, visual impairment, and dental maladies.

We concluded the week by helicoptering two hours westward to work for a day at two other small communities on Lake Babine. Our days were physically taxing yet emotionally satisfying. As we traveled through the lush green mountains of Northern BC, the poverty and remoteness of the communities was striking. I found it hard to believe that in my native BC, individuals live in such isolation and travel such long distances to obtain basic medical care.

In one community, we met a woman in her 30th week of pregnancy who had not yet received any prenatal care. As we attempted to connect her with the local nurse practitioner and provide her with the appropriate swabs, screens and exams, it was humbling to think about how her physical remoteness had translated into her hesitation to seek care. In another community, we met two elders who struggled with constant dyspnea due to long term COPD. Although they desperately needed at-home oxygen, they had no voice to advocate for them, and their breathlessness remained. The evidence of substance dependence and the wake of colonization touched nearly everyone we saw.

This week-long trip not only enriched my experience during my rural rotation, but it also has broadened my perspective and understanding of family medicine and rural medical practice. I am thankful for the Takla Lake, Tl’azt’en and Lake Babine Nations for welcoming us and teaching our team so much. I would strongly encourage any students or residents who express an interest in First Nations health or international development to seek an experience like this one.

It is now fully evident to me that my medical skills can, indeed, provide me with powerful tools to advocate for my patients within the realm of international development. However, I may not have to travel as far as I once believed.
In modern medicine, the Hippocratic Oath symbolizes the formal obligation of physicians to the care of their patients, professionalism and social and ethical responsibilities[1]. Physicians serve as health care advocates, or “navigators”, for their patients, guiding them through a variety of health services to promote health and prevent disease. However, within the past decade, the social and physical factors that describe how individuals age, live, work and spend leisure (called the social determinants of health) have been highlighted as a link to health inequalities [Figure 1][2-3].

As a result, physicians should not only acknowledge the pathophysiological mechanisms of disease, but also understand the current global health disease distributions, identify modifiable social risk factors and recognize the shift toward preventive medicine[2]. As such, and since physicians remain leaders and team members in the health care setting, their medical education and clinical training should highlight health promotion and disease prevention, team-based learning and other professional development skills[4].

Although the traditional medical model focuses on the diagnosis and treatment of pathological conditions, the new emphasis on incorporating principles of public and global health requires future physicians to reflect on the social determinants of health that impact the medical model when considering treatment options. Unequal availability of resources and inadequate access to health care services and technologies continue to complicate efforts for disease prevention and management[5-6].

For example, in some low-income communities, few grocery stores sell fresh fruit and vegetables, and transportation services are costly and limited. Thus, citizens in those communities must rely on fast foods with high-fat content for their meals. Physicians who do not understand the impact of social determinants of health would be ineffective when prescribing treatment plans that emphasize low-fat meals and weight reduction to patients with cardiovascular disease risk factors. These health care challenges reflect the need for more emphasis on patient health advocacy with an understanding of social determinants of health for optimal outcomes. These principles need to be applied in the development of health policies for the population[4].

The question remains: How can future physicians develop personal and professional skills in health advocacy for patients? Although the answer may appear simple, we should consider a three-step approach that offers insight on how the physician-in-training learns and acts to implement health care advocacy in his or her future career:

1. Vision: Leadership skills at work

Warren G. Bennis once said that “Leadership is the capacity to translate vision into reality.” The implementation of educational seminars into the current medical education system would promote, inside the traditional classroom setting, an open dialogue about health advocacy topics, such as, factors that may affect the availability of, and access to, health care services; and changes in health policy[3].

Since many factors can influence health status, a comprehensive discussion should consider the impact of social determinants of health on an individual, family or community; especially where or how people live, attitudes and perceptions on behaviors or health status, available choices, and policies that might be implemented to reduce health disparities [2, 4]. Using such an approach in the classroom, physicians-in-training would have exposure to health advocacy terminology and case studies on ethics and professionalism in the medical field[5].

2. Empathy: Value of leadership and learning

Former US President John F. Kennedy once said that “Leadership and learning are indispensable to each other.” The medical education program should contain a formal training period in clinical and fieldwork settings so that the physician-in-training understands the importance of health advocacy and identifies factors that may serve as barriers in patient care. To interact with patients in the clinical setting, and later compare these experiences with those in impoverished community settings, the physician-in-training can gain insight to the critical role of social determinants of health and available health technologies in practice [3].

References

For example, the home environment may have outdoor plumbing or an open woodstove for cooking. These conditions may result in health problems relating to the gastrointestinal and respiratory systems, respectively, for all inhabitants of the home\(^5\). Demonstrating knowledge of these environmental conditions during fieldwork experiences, the physician-in-training may gain insight on the complex scenario where social determinants of health may serve as barriers to maintaining optimal health status. Learning in the community setting is a critical tool to complement classroom knowledge on health advocacy toward better health care services for patients.

3. Action: Leadership as an empowerment tool

Former US President John Quincy Adams once said, “If your actions inspire others to dream more, learn more, do more and become more, you are a leader.” Future physicians are not only role models for their patients, but also serve as mentors for other physicians-in-training. Empowering future physicians to acquire knowledge and skills about health advocacy with an understanding of social determinants of health can motivate them to turn their leadership skills into professional and responsible actions for patient advocacy and care\(^6\). Even more immersed in health advocacy topics, physicians may participate actively in health policy decision-making within their hospital, clinical specialty and professional medical societies, which in turn can facilitate a dialogue between leaders to improve patient care and reduce health inequalities\(^4\).

In order to fully comprehend the roles and responsibilities of physicians as they “navigate” their patients through health care services, physicians-in-training should have early exposure to professional development coursework, including health advocacy, ethics, complex clinical scenarios and social determinants of health in clinical and community settings. Once this exposure has taken place, and, as physicians guiding their patients through preventive and curative health services, they will be more effective in not only mitigating the effects of disease, but also incorporating the preventive health principles in their practice\(^5\).

Since the literature has confirmed the association between poor health status in childhood and subsequent poor health status in adulthood, it is of even greater importance to identify any barriers to health care services in combating this global health issue\(^6\). Since physicians-in-training have a critical role in the management of patient health care services, any barriers to positive health outcomes should be identified and managed as needed\(^5\). After all, the Hippocratic Oath remains a symbol of both the vocation as well as the responsibilities of physicians that are visualized through moral and ethical actions, and social responsibilities\(^1\).

Let us be Bold

Githui Sheila Wanjiku & Ndemange Mutuku

I woke up one morning and, while doing my social media rounds, blue is suddenly everywhere - more blue is showing up on Facebook than just the usual logo and header. Curious, I decide to inquire more on the “Blue Revolution”, code-named Linda Afya (Protect Health). My interest goes little beyond this initial curiosity. All I learn from my inquiry is that a doctors’ strike is looming. I shelve the whole idea. I am, after all, a second-year medical student with a busy schedule and end-of-year exams coming up. I have barely seen the inside of a ward. So I go on with my busy-ness, liking the Facebook page as a sign of solidarity.

The strike begins on December 5th, 2010. We have already been on our holidays for a while. Even so, I am not bothered to participate in the planned street demonstrations - which have now become the only way to get a point across to the Kenyan government. I, however, follow the events closely on social media.

A day into the strike, medical services in all public health facilities are paralysed, and the common mwananchi - the citizenry - is squarely bearing the brunt of a war that should never have been. The strike is now all over the news. No broadcast is complete without its mention. A nation’s eyes, perhaps for the first time in decades, are turned to the plight of a health sector that has barely been keeping its people alive. Gruesome images paint the television screens. And then the inevitable happens.

For a moment, it appears that this drizzle is bound to become a driving rain. And then one Sunday afternoon, there are rumours of a hurriedly organised meeting. That evening, just in time for the prime-time news, the strike is called off at a press conference. A deal is reached. Timelines are given and promises made. And the nation’s doctors return to work.

As a human being, I was deeply saddened by the loss of lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued. I felt that people had died on our watch - lives simply because the government would not come to the table and listen to the doctors - even with a sufficient strike notice having been issued.

A little more salary is definitely nice. But surgical gloves are...
for better, as is better diagnostic equipment - but nothing too fancy. Even one more CT scan and MRI machine will go a long way. A second radiotherapy machine would also be nice for our population of 40 million, and more so because we are faced with a growing cancer epidemic. Essential medicines, more doctors, more health facilities, a bigger budgetary allocation to health (not a paltry 6%) - all these things are definitely nice. Linda Ayya was about more than the money.

In January 2012, a taskforce appointed to look into the issues raised by Linda Ayya presented its report, the Musyimi Taskforce Report. It was just what the doctor ordered.

It was barely four months into the year 2012 when Linda Ayya 2 came along. It was April, and the medical students who had graduated in 2011 were meant to have been posted as interns to various hospitals. For some reason, government was delaying their posting.

This time I was more aware of the issues at stake - how the delay would affect healthcare delivery, as well as my future. I would not be left behind or on the sidelines. And so we took to the streets to demand that trained doctors, which the country barely had enough of, be posted to their stations of duty. Linda Ayya 2 was a resounding success.

History, Karl Marx commented, repeats itself - first as tragedy, second as farce. In September 2012, doctors in Kenya downed their tools once more, this time to protest an issue whose solutions were clearly outlined in the January 2012 Musyimi Taskforce Report.

Registrars are the Kenyan equivalent of a resident, and except for a small fraction on government sponsorship, they receive no remuneration for any of the services they offer at the two national referral hospitals where they are trained. Brilliance and fortitude notwithstanding, none of these exceptional self-sponsored registrars is solarpowered. They need sustenance for themselves and their families, as well as money to pay their fees, and considering their schedules and the workload, no possible amount of moonlighting will suffice to cater for all these needs.

Still, government had refused to pay them. Once more, we took to the streets and to social media. This time though, we took to the streets to demand that trained doctors, which the country barely had enough of, be posted to their stations of duty. Linda Ayya 2 was a resounding success.

In the Kenyan experience, the message was borne into the issues raised by Linda Ayya presented its report, the Musyimi Taskforce Report. It was just what the doctor ordered.

This time I was more aware of the issues at stake - how the delay would affect healthcare delivery, as well as my future. I would not be left behind or on the sidelines. And so we took to the streets to demand that trained doctors, which the country barely had enough of, be posted to their stations of duty. Linda Ayya 2 was a resounding success.

In the Kenyan experience, the message was borne into the issues raised by Linda Ayya presented its report, the Musyimi Taskforce Report. It was just what the doctor ordered.

In the Kenyan experience, the message was borne into the issues raised by Linda Ayya presented its report, the Musyimi Taskforce Report. It was just what the doctor ordered.

In the Kenyan experience, the message was borne into the issues raised by Linda Ayya presented its report, the Musyimi Taskforce Report. It was just what the doctor ordered.

In the Kenyan experience, the message was borne into the issues raised by Linda Ayya presented its report, the Musyimi Taskforce Report. It was just what the doctor ordered.

In the Kenyan experience, the message was borne into the issues raised by Linda Ayya presented its report, the Musyimi Taskforce Report. It was just what the doctor ordered.
MDGs and HIV/AIDS Control

It has now been more than a decade since member states of the United Nations signed the Millennium Declaration, promising a bold vision to rid the world of extreme poverty, hunger, illiteracy, and gain control over infectious diseases by 2015. According to the 2011 Millennium Development Goals Report, HIV/AIDS incidence rates declined by 25 percent between 2001 to 2009 worldwide[1]. And by 2009, 5.25 million people were receiving treatment in low and middle-income countries—an increase of over 1.2 million people since 2008[1]. The Millennium Development Goals (MDGs) have shaped global and national priorities. Despite this progress, we are yet to conquer gross health disparities in HIV/AIDS care, part of the problem being inadequate action on the social determinants of HIV/AIDS.

What are the Social Determinants of Health?

The World Health Organization defines the social determinants of health as “conditions in which people are born, grow, live, work and age, including the health system. These circumstances are shaped by the distribution of money, power and resources at global, national and local levels, which are themselves influenced by policy choices. The social determinants of health are mostly responsible for health inequities - the unfair and avoidable differences in health status seen within and between countries.”[2].

Public and global health modalities demonstrate that conditions in which a person lives, grows, works, and ages greatly influence the way she is exposed to certain disease risk factors and shape behaviors and daily activities that can lead to lifestyle diseases. Therefore, the issue of social determinants is especially augmented in the case of marginalized groups (such as people living with HIV/AIDS [PLWHA]), wherein such groups are disproportionately affected as compared to the rest of the population. This calls for specialized policies to address determinants unique to PLWHA such as harm reduction practices, addressing cultural and societal stigma, ethnic and immigrant population disparities, women’s status, and homophobia, to name a few.

Human Rights, MDGs and HIV/AIDS: Where do we stand?

The MDGs outline a focused strategy on HIV/AIDS control in several realms. Target 6A: “Have halted by 2015 and begun to reverse the spread of HIV/AIDS”, acknowledges that HIV knowledge and prevention is proportional to wealth and urban population in sub-Saharan Africa, and calls for taking gender-specific concerns into account. Target 6B: “Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it”, highlights the need for affordable, accessible and universal access to HIV/AIDS treatment[3].

But the human rights issue of HIV/AIDS health disparities is still profound. HIV/AIDS care of ethnic and immigrant minorities, for instance, is a key human rights issue. By 2007, ethnic minorities in the U.S. comprised nearly 35 percent of the population[4]. Analysis of data from the HIV Cost and Services Utilization Study[5] revealed that, compared with non-minorities, women and African Americans with HIV who were receiving care were less likely to receive antiretroviral therapy. Overall, the public ranks HIV/AIDS second, behind cancer, as the most urgent health problem facing the U.S.; but amongst African Americans HIV/AIDS ranks first. After several years of decline in urgency, it has increased somewhat since 2002[6].

That said, simultaneous action on the social determinants of HIV/AIDS - which will inherently also address human rights issues - is critical to achieving MDG Goal #6. The MDGs pledge to ensure health access and affordable care for all, and also recognize that social determinants play a key role in our fight against HIV/AIDS. Despite this, a focused and active human rights approach is lacking. To turn the tide together on HIV/AIDS, it is imperative that we adopt synergism in our action on social determinants and human rights issues unique to HIV/AIDS to promote health equity.

Why the Social Determinants of HIV/AIDS are a Human Rights Issue

These social determinants of health bring about inequities in health, which are defined as “inequalities in health that are deemed to be unfair or stemming from some form of injustice”. In 1978, the Alma Ata Declaration reaffirmed the concept of health as a basic human right, recognizing gross inequalities in
health status between people as politically, socially and economically unacceptable. HIV/AIDS, therefore, has a direct relationship to these social determinants of health, and variables which dictate the human rights dynamics of this issue.

To explicitly highlight this relationship, it’s pivotal to mention the well-documented fact that prevalence of HIV/AIDS is rampant in lower socio-economic and culturally marginalized groups. Marginalized subgroups within the HIV/AIDS population, such as men who have sex with men (MSM), and sex workers etc., are less likely to have access to quality and affordable healthcare. These subgroups face ostracism from all levels, and, therefore, are often denied rights enshrined in the Universal Declaration of Human Rights. When human rights, which encompass civil, political, economic, social and cultural rights, are protected and preserved, we are able to proactively contribute to ameliorating HIV/AIDS, infection rates decline, and PLWHA and their communities can better cope with the disease.

In addition, several international instruments, such as the International Guidelines on HIV/AIDS and Human Rights, and the Declaration of Commitment on HIV/AIDS, adopted at the UN General Assembly Special Session on HIV/AIDS in 2001, mention that all people, rich and poor, without distinction of age, gender or race are affected by the HIV/AIDS epidemic, further noting that people in developing countries are the most affected and that women, young adults and children, in particular girls, are the most vulnerable. Furthermore, these international instruments recognize that the continuing spread of HIV/AIDS will constitute a serious obstacle to the realization of the global development goals adopted at the Millennium Summit. These instruments also understand that the full realization of human rights and fundamental freedoms for all is integral to carrying out an effective global response to the HIV/AIDS pandemic in the areas of prevention, care, support and treatment, and that ensuring them reiterates the need for human rights and fundamental freedoms for all people, rich and poor, without distinction of age, gender or race. To ensure adequate protection of human rights in HIV/AIDS care, it is critical to ensure synergism in the implementation of the World Trade Organisation’s TRIPS Agreement. Prior to the TRIPS Agreement, many developing countries refrained from provision of patent protection for pharmaceuticals, due to the fact that major antiretroviral medicines were not patented in those countries. However, factors such as the presence of manufacturing capacity, low production costs, and the absence of patents on pharmaceuticals have since supported the development of a strong generic drugs industry. The resulting stifling competition has greatly pushed down the cost of first-line treatments just in the past few years. The Medicines Patent Pool plays a key role in securing licenses to produce the low-cost treatments required in resource-poor settings, which can go a long way in ensuring affordable HIV/AIDS drugs—a human right for PLWHA.

B. Legislative Action:

The other critical step is legislative support and action. Appropriate legislation, regulations and other measures are necessary to: eliminate all forms of discrimination and to ensure the human rights and fundamental freedoms of people living with HIV/AIDS as well as members of vulnerable groups; and, in particular, turn the tide on social determinants through providing education, allocation of resources, employment, health care, social and health services, while developing strategies to combat stigma and social exclusion.

C. Gender-specific advocacy:

Gender-specific advocacy approaches should be taken into account in tandem with the MDGs. Women and girls are disproportionately affected by HIV/AIDS, which leads to gender social disparities. Advancing women’s rights by promoting the shared responsibility of men and women to have safe sex empowers women to make responsible decisions on matters related to their sexuality. Culturally competent sexual healthcare should be an interrelated goal here.

References


Human Rights, MDGs and HIV/AIDS: Advocacy Domains to Pursue

To ensure adequate protection of human rights in HIV/AIDS care, it is critical to ensure synergism in action in all spheres - legislative, administrative, social, and economic. Youth are an untapped resource in several settings, and may engage communities and government alike with advocacy efforts focused on the following:

A. Dispelling pharmaceutical monopoly:

One movement worthy of mention is the Medicines Patent Pool for HIV drugs. In recent years, the intellectual property rights landscape has undergone a change in developing countries, in particular, following the implementation of the World Trade Organisation’s TRIPS Agreement. Prior to the TRIPS Agreement, many developing countries refrained from provision of patent protection for pharmaceuticals, due to the fact that major antiretroviral medicines were not patented in those countries. However, factors such as the presence of manufacturing capacity, low production costs, and the absence of patents on pharmaceuticals have since supported the development of a strong generic drugs industry. The resulting stifling competition has greatly pushed down the cost of first-line treatments just in the past few years. The Medicines Patent Pool plays a key role in securing licenses to produce the low-cost treatments required in resource-poor settings, which can go a long way in ensuring affordable HIV/AIDS drugs—a human right for PLWHA.
Did you know that around 43% of the world’s population is under 25 years of age? Youths represent the majority of the economically active and productive portion of the world’s population, which means that their voice and participation in global issues are key for development.

Considering this fact, the International Conference on Population and Development (ICPD) Beyond 2014 organized the Global Youth Forum 2012, in Bali, Indonesia, to target discussions and develop recommendations among delegates[1]. From December 3rd to 6th 2012, approximately 3,000 young leaders from around the world were able to make their voice count. IFMSA-Dominican Republic (ODEM) supported the participation of two active members and recent medical school graduates from the Iberoamerican University (UNIBE), Dr. Andrea De Lemos Kelner and Dr. Keithel Jonathan Brea de la Cruz, as virtual delegates for the ICPD Global Youth Forum 2012.

During this forum, five critical worldwide issues were discussed at length among the international delegation: staying healthy, comprehensive education, youth employment, families and youth rights, and civic participation. As virtual delegates, we were able to contribute to these dialogues, and at the same time, acquire knowledge and insight about the actual global youth situation.

As a unique experience, we had the opportunity to make our voices count by making recommendations on the issues discussed. Since we were particularly interested in the “Staying healthy” topic, our recommendations focused on the health system and prevention.

The first health concern discussed included such questions as: How can we implement our scientific ideas into public health action? What changes are needed to confirm that our health goals will be reached? Our ODEM delegation recommended that a new surveillance method be developed to confirm the effectiveness of health programs, including established deadlines for reaching goals, statistics to monitor programs and feedback questionnaires[2].

The second health concern discussed posed the question: Why are “green areas” in cities important? Since physical activity is one of the most important aspects for a healthy lifestyle, it should be easy for everyone to exercise! Our ODEM delegation recommended that in some countries, including the Dominican Republic, it is not safe to run in the park or around the block. With limited financial resources, many citizens are unable to join a fitness center that offers a safe place to exercise. Thus, by staying home, they lose the opportunity to have an active lifestyle that would reduce the risk of developing chronic diseases, including obesity, hypertension, diabetes or metabolic syndrome2.

Although our ODEM delegation provided recommendations on the “Staying healthy” topic, we were able to vote on other offered recommendations. The recommendations that gained the most votes were officially presented as conclusions of the ICPD Global Youth Forum 2012. We were honored to see that our ODEM recommendations were reviewed and positively received among other international delegates. Final recommendations on the “Staying healthy” topic were included in the “ICPD Beyond 2014 Review” 2.

Our ODEM delegation participated with enthusiasm and dedication in the ICPD Global Youth Forum 2012, joining voices and collaborating with other young leaders from around the world to find solutions to complicated global health problems. We expect that we will see changes in 2014 because, after all, we are the voice of the 43%!

References
1. ICPD Global Youth Forum 2012. Available from: http://icpdbe-
yond2014.org/key-events/view/13-
icpd-global-youth-forum
com/watch?feature=player_ embedded&v=23Yq0U63qTo

Andrea was the ODEM Local Officer of Public Health in 2012 and is now the current ODEM National Officer of Public Health.

Keithel was the ODEM Local Officer of Reproductive Health in 2012.
The Projects “powerhouse” is responsible for overseeing the implementation of hundreds of projects every year. This section will take you through the various projects available for you to utilise and get involved in at the local, national and transnational levels. Read about the contenders for the Rex Crossley Awards, learn which photograph won the Best Projects Photo Contest, and what efforts are currently underway in our NMOs! Enjoy!
Message from the Projects Support Division Director

“Projects are the beating pulses of IFMSA”

As a federation extending from the Asia-Pacific Region to the Pan-American Region to the European, Eastern Mediterranean and African Regions, the IFMSA has one particularly important and vital role in the global community. This role is a unique one, expressed through the cooperation of medical students worldwide who share the same vision of changing the world for the better through planned activities in the form of projects.

It is my pleasure to present to you the 12th edition of the Projects Bulletin, providing you with an overview of the projects carried out under the patronage of IFMSA on the international level.

With my wishes that you enjoy reading this edition,

Karim M. Abu Zied
Projects Support Division Director 2012-2013
Transnational Project: Breaking the Silence

Manolis Alevrakis

“You’ll never need it” they said. I was shocked at their responses when I told them I had signed up for the BtS project. We are all medical students but the others showed little interest in bridging the communication gap with deaf patients.

I attended the classes and was amazed. I now know that being deaf does not make one an invalid. These people are alive - they are working, getting married, having children. But what if one of them fell sick? How would he tell a doctor what is wrong with him? Would I be able to live with my lack of knowledge causing harm to a human being?

The answer came quickly, when I met a woman with a hearing impairment at the hospital. While the attending was busy complaining about the hospital not providing a translator, I had already taken a basic medical history. I saw happiness in the woman’s eyes. She was pleasantly surprised. She told me it was the first time she ever felt handled well and safe. At that moment I was the proudest man in the world, and that is because of Breaking the Silence.

Transnational Project: For a homophobia free world

Joka Reichel

In an emergency unit in a big city hospital, well past midnight, a young man is lying on a stretcher, pale and breathing heavily. When you ask what happened, he answers that he is bleeding “down there”. You ask again. He just closes his eyes. You try again with a softer tone but he shakes his head. You just sigh and tell him that you will now remove his trousers.

Could you have done something better? Is it important to do better? Does he deserve better? As doctors, we often encounter situations where we do not know what to do or how to do it correctly. We want to do the right thing but we do not know how.

Regarding sexuality and gender-related issues we need more knowledge and a better educational experience for ourselves and our peers.

The purpose of “For a homophobia free world” is to further the knowledge of medical students and the general population about the LGBTQI community to eliminate discrimination and stigmatization. We organize various activities from lectures and poster campaigns to political work in order to raise awareness and understanding. We are an ever-growing transnational project and hope for your support and participation.
Transnational Project: WHO Simulations

Kenrry Chiu

The World Health Organization (WHO) Simulations Transnational Project is responsible for establishing simulations of WHO conferences. During these conferences, medical students as well as students of other schools act as delegates from designated UN Member States or NGOs to discuss different global health issues, such as access to essential medicines, pandemic preparedness and maternal health. Delegates debate and apply their diplomacy skills to write and eventually vote on resolutions proposing policy for a given global health issue, while defending the interests of their adopted countries or NGOs. Like in real life, delegates must reconcile their differences and competing interests to put forth a plausible proposal.

The project was established from the recognition that global health is often underrepresented in the health education curriculum. With simulations in Canada, Europe and North Africa, the project provides medical students an engaging and fun way to learn how politics, economics and other socio-political factors influence health policy, and ultimately the health of our patients. It is our hope that by appreciating how health outcomes extend beyond the relationship between a health worker and the patient and into the realm of health systems, states and the global community, our members can become better advocates for our patients.

The World Health Organization Simulation Project fosters interest in global health amongst students, particularly those in the health professions, as part of its goal to encourage leadership in health policy. Our goal is to help establish more chapters around the globe and expand the project to help engage students in global health. Our objectives are:

- To educate students about global health and the role of the WHO.
- To provide a forum for students to debate, develop and draft global health policy.
- To develop inter-professional relations between future health care professionals as well as amongst students whose fields of expertise play a role in health policy.
- To provide the IFMSA a means to promote interest in global health on an international level by targeting students with an interest in health policy and global health and encouraging interdisciplinary relations between medical students and students in other fields related to health policy.

To achieve these objectives, the IFMSA Committee of the WHO Simulation Project aims:

- To establish and maintain a global network of WHO simulations.
- To support the organization and establishment of local WHO simulations by providing resources and guidance.
- To establish and maintain standards for the WHO Simulations.

Kenrry Chiu,
IFMSA-Québec
Once upon a time (well not so long ago actually), in 1951, Rex Crossley became the first president of the IFMSA. In his honor and out of the need for recognition of the hard work of IFMSA members, the Rex Crossley Awards transnational project (RCA) was born.

This project has one of the most beautiful, but at the same time challenging, jobs in the Projects Division. Twice every year, during the March and August General Assemblies, the RCA must bring together, analyze, evaluate and reward the best ideas and projects in the IFMSA. It is a one of a kind activity because it represents the peak – the point everybody wants to reach: recognition.

There are three sections of the award: Best Project in IFMSA; Best Project in Project Presentations; and Best Project in Project Fair. Overall the RCA represents an opportunity for IFMSAians to compete, be motivated and break new frontiers!

The following articles describe just a few of the projects that are in contention for the Rex Crossley Awards. We hope you will enjoy reading them!
The Indonesian Medical Olympiad (IMO) is an annual medical education project. The aim of the Indonesian Medical Olympiad is to provide a chance for every medical student in Indonesia to showcase their knowledge and intelligence in a national medical competition, and to gain more extensive knowledge and skills from exchanges with other students in Indonesia.

2013 is the 4th year that this competition has been running. The first olympiad was held at Muhammadiyah University in Yogyakarta and the second one at Airlangga University. For these two olympiads we used the old National Medical Challenge (NMC) model. In 2012 the NMC model was changed to the current IMO model which employs a new concept and package. This change aims to make the Indonesian Medical Olympiad more interesting and attractive. The first IMO was successfully held at Brawijaya University in 2012 with 328 participants from 48 different medical institutions in Indonesia.

The IMO is divided into 5 categories based on the systems of the human body: cardiology-pneumology, gastro-entero-hepatology, neurology, urology-gynecology and musculoskeletal medicine. This year we will be adding one more category - tropical and infectious diseases.

There are two main stages in the IMO: the elimination stage and the final stage. In the elimination stage participants compete in both a multiple choice question round and a “practical” round. In the practical round, participants face challenges that involve answering questions based on the interpretation of histological slides, chest x-rays, and laboratory results, for example. In the final stage, there are three different competitions: OSCE (Objective Structured Clinical Examination), multiple choice questions (advanced), and SOCA-PH (Structured Objective Case Analysis- Public Health). All of these competitions are standardized and prepared by experts in the field.

Although the main focus of the IMO is the competition, participants are also provided with additional activities such as the Opening Ceremony, Gala Dinner, Campus Tour, City Tour, Traditional Food Bazaar, Workshops, Medical Expo and Closing Ceremony. This year the IMO will be hosted by Airlangga University in September. As part of Airlangga University’s 100-year anniversary celebrations, the “International Symposium on Medical Technology and New Devices in the 21st Century” will also take place during the IMO. All medical students worldwide are welcome to participate in the symposium.

The IMO event has a positive, lasting impact on its participants. They compete for 5 days and feel a stronger collegiality between them. They have a great time during the event, making new friends, and attaining knowledge and experience. In the future we wish to expand our initiative internationally so that more medical students can join the IMO and enjoy special moments and unique opportunities at the biggest medical olympiad in the world.

The aim of the Indonesian Medical Olympiad is to provide a chance for every medical student in Indonesia to showcase their knowledge and intelligence in a national medical competition.
From good manners to good practice: Education of healthcare providers

Diogo Correia Martins & Joanna Margarida Moreira

Our medical practice is improving every day. We can certainly say that the quality of healthcare in general has grown over the past two centuries. Moreover, healthcare has never been as developed as it is today!

Healthcare is no longer just a matter of curing a disease, rather, it’s more about taking care of a person, with all the conundrums and specificities that this kind of effort implies. Despite this, most of the complaints we receive, from doctors and patients alike, are regarding the way patients are treated.

By the end of our formal educations, we will have been trained to screen, diagnose and treat most of the diseases known to us. However, when it comes to situations such as giving bad news, facing an aggressive person in the ER or talking with a person with impaired hearing, every single one of us, newly-graduated medical students or not, face that embarrassing moment of self-questioning: “Now what?”

For this reason we created “+humans” - a national project developed by PorMSIC that unites all its eight local committees under the same goals:

• To promote and provide education for future health workers on the humanizing components inherent to good-quality, dignified and compassionate healthcare;
• To address the deficits and faults of a healthcare system where productivity and efficiency sometimes seem to trump the needs of the patients;
• To organize insightful activities that address specific topics;
• To collaborate with entities dedicated to the improvement of this aspect of healthcare;
• To acknowledge and praise the efforts made and the results achieved.

During 2012, we managed to present “+humans” to the National Board of Doctors, and to deans, students, teachers, patients’ associations, hospitals and doctors all over Portugal. From there our project developed further with lectures and discussions on subjects such as “Solidarity in times of crisis”, “Rare Diseases”, “Alzheimer’s Disease”, “Multiple Sclerosis”, “Healthcare and Torture in Prisons”; workshops on “How to find your inner clown?”; and courses on Portuguese Sign Language. Furthermore, “Teddy Bear Hospitals” were organized, World Child’s Day was celebrated, and partnerships with NGOs were established.

By the end of the year we were able to hold the “National Congress on Humanization of Healthcare”, where seventy students and thirty renowned speakers specialized in different areas of healthcare attended and discussed ways in which to improve healthcare delivery. It was a great event enjoyed by all.

We have found that the subject of “humanizing healthcare” has raised an astounding amount of interest amongst each group we have targeted, and that society in general is very appreciative of efforts towards this kind of improvement. At this stage we realize that there is still so much to be done! We will continue to grow and we would love it if you joined us in our efforts!

Every single one of us, newly-graduated medical students or not, face that embarrassing moment of self-questioning: “Now what?”

Diogo Correia Martins & Joanna Margarida Moreira,
PorMSIC-Portugal
ACTION SCORP

Mariko Kondo

ACTION (Asia Collaborative Training on Infectious Disease, Outbreak, Natural Disaster and Refugee Management) is a transnational project of SCORP that aims to develop future health professionals that are aware of the importance of disaster medicine, and are able to respond properly to emergency situations. The term “disaster medicine” is not widely known and medical schools rarely teach this field specifically. However, disasters may occur anywhere, and hence disaster medicine is not a field that only a few people should be knowledgeable of. ACTION believes that all health professionals should be trained to be ready to face future disasters and provide proper management in order to reduce the level of damage and prevent infectious outbreaks at disaster sites.

In order to achieve our vision, we organize an annual international summer camp, and local follow-up activities and training sessions at congresses. Every year, ACTION has a week-long summer camp hosted by one of our member NMOs. With approximately 100 participants (delegates and staff together) this is our main activity, and we put our greatest effort into our summer camp. The 2012 camp was hosted by IFMSA-Taiwan, and the theme was “Hydrological Disaster Control- International Relief against Natural Hazards.”

This year, the camp will be held in Bangkok, Thailand with the theme “Outbreak Investigation.” The summer camp includes various activities such as lectures from local professionals, problem-solving workshops and field activities. In ACTION 2012, the whole program was supported by Taiwan’s DMAT (Disaster Medicine Assistance Team) and participants were able to learn about disaster control in depth. For our field activity, we went to a camping site and were taught how to use equipment such as medical tents and the GPS device. With currently 9 NMOs represented, the camp is not only informative but serves as a valuable platform for students around the Asia-Pacific region to share information on their countries’ situations and exchange their own ideas in depth.

Our summer camp is popular amongst students all over the Asia-Pacific region. However, we do not want our project to end as just a week of new friendship and fun. One of the key aims of our project is to train future leaders of disaster medicine. To achieve this, every year we require our participants to organize follow-up activities back home. This may consist of presentations at their universities or workshops at their local IFMSA events. Some participants become staff to help organize the following year’s summer camp. Our latest follow-up activity was a training session at the EAMSC (East Asian Medical Students Conference) organized by AMSA (Asian Medical Students Association).

When one hears the words “Infectious disease, outbreak, natural disaster and refugee management,” they may feel that such themes are irrelevant to their daily lives and that they should be left to a number of specialists. However, disasters are capable of occurring anywhere and all health professionals should be able to respond properly to emergency situations in order to prevent unnecessary damage. ACTION will continue to promote the importance of disaster medicine and create future leaders.
Do you know what it’s like to be diagnosed with a disease like HIV, which, in many countries throughout the world, is associated with much stigma and shame? Furthermore, can you imagine what it must feel like to have to pay for a CD4 count test every 6 months and not have the test covered by an insurance company due to the fact that HIV is “your fault”? This is the reality of many people living with HIV/AIDS in Lebanon, and in many hospitals, the price of CD4 count investigations can be as much as $250 each. This is far too expensive for the majority of HIV-positive patients who cannot even afford to pay for medical consults.

At LeMSIC SCORA we see this injustice on a daily basis and felt that something must be done to ease some of the suffering and financial burden of those living with HIV. Consequently we started the “CD4 Count Initiative” which is aimed at raising money to pay for the CD4 count tests requested by individuals attending the outpatient departments of two major hospitals in Lebanon, as well as many individuals who are referred from outside clinics. In the past year alone, we have assisted in paying for over 60 CD4 count tests, and are hoping to help more.

Now you may be wondering how we fundraise our money. This is done through two main activities: our annual World AIDS Day Fundraising Concert, and the LeMSIC SCORA Hot Dog Sale, Bake Sale, and Pancake Sale.

Our annual World AIDS Day Concert has been going on for 10 years in LeMSIC SCORA and all the proceeds of this concert go towards our CD4 Count Fund. This year’s concert was a two-week long event, entitled “Be Positive about HIV” and featuring the lovely Lebanese artist, Tania Saleh. Stands were set up in a major restaurant chain across Beirut where we sold tickets, t-shirts and accepted donations while spreading awareness about HIV, giving out free hugs, holding photo shoots and having a great time in the process. This year we raised over $8000 for our fund by our concert alone!

We also have our annual Bake Sale, Hot Dog Sale, and Pancake Sale, which are all organized and implemented by a different Local Committee each year. Again, all of the funds raised go towards our CD4 Count Fund.

At the moment we are also actively working to try and decrease the costs of CD4 count tests in various hospitals throughout Lebanon so that prices may reflect our patients’ socioeconomic status.

As you can see, this is a cause that has grown dear to our hearts, for each CD4 count test really does count in our patients’ lives. With each test given for free, our drive to work for this cause grows even more.

Can you imagine what it must feel like to have to pay for a CD4 count test every 6 months and not have the test covered by an insurance company due to the fact that HIV is “your fault”?
Community Development: A Scientific Approach in Serving Society

Raden Handidwiono

Our Community Development Project takes place in dukuh Kemloko which is part of Srimartani Village in the Bantul Region of Yogyakarta, Indonesia. Dukuh Kemloko is currently home to approximately 300 individuals. The goal of our project is to improve maternal health, and reduce and prevent child mortality. It initially came about after surveys and focus-group discussions with the villagers.

Our project involves medical students from the Universitas Gadjah Mada (CIMSA-ISMKI), the villagers of dukuh Kemloko, Quit Tobacco Indonesia (NGO), the District Government, the District Primary Healthcare Group, and the District House of Representatives.

We see cigarette smoke as one of the major risk factors in developing certain diseases such as COPD and lung cancer. According to WHO reports there were 600 000 deaths related to tobacco in 2010; 28% of those who died were children. Our initiative consists of making an agreement with the villagers in dukuh Kemloko: they are not permitted to smoke inside their houses, at social events, and near children and pregnant women. The “Village Declaration” serves to remind them about our agreement as well as the aims of the project.

We actively promote our goals by organising focus group discussions with the villagers. Several events are also organized around the year, including local art shows, health clinics and a “smoke-free village competition” for children. We also encourage young people and prominent local figures to become ambassadors for this cause to ensure continued success.

We recently conducted another survey to evaluate the relevance of our intervention to the villagers. The survey showed a decline in the percentage of smokers (80% to 65.8%) in Kemloko village after the intervention was established. Out of those still smoking, the number of villagers smoking indoors was shown to be as much as 58.3%. This data shows that, although we have made progress, we still have a long way to go as we initially had a 20% target for the proportion of those smoking indoors. Further assessments are needed in dealing with this problem.

Nowadays many social services do not have any follow-up and evaluation procedures in place. By having a scientific approach on the delivery of social services, it is our opinion that projects will be more sustainable and beneficial for all.

Our project has recently been awarded a 2nd place in the “Smoke Free Village” contest by the District Government, as well as the “Best Project Presentation” at the Indonesia Medical Student Summit 2012.
Has it ever occurred to you that you can become a hero and save lives while still a student?

With this question we invite all students (medical and non-medical) to donate blood during our “Donate Blood! Be a Hero!” campaign. This campaign sees the involvement of over 1000 students every year and we need more to join our ranks!

The need for this project became apparent after studies conducted in Romania showed that only 2% of the population donates blood. This poses a problem given that, for example, a patient with severe traumatic bleeding generally needs a transfusion of over eight units of blood. Blood transfusions are used as a treatment for many serious health problems, for instance, leukaemia, and so it is important that we aim to improve blood supplies in hospitals throughout the country by organising an extensive collection of blood as well as a strong informative campaign.

In the attempt to achieve this goal, two teams from the Blood Transfusions Institute (BTI) and the Bucharest Medical Students’ Society have combined their knowledge, skills and energy: Doctors from the BTI are involved in training the volunteer students to assist the donors during and after the donation process.

Amongst their many roles, students help to educate donors about the benefits of giving blood, and to make them feel relaxed, comfortable and safe. Some of the medical students also pass on their knowledge to high school students, who need to be aware of the importance of giving blood. The most devoted medical student volunteers are given the chance to receive training at the Blood Transfusions Institute on venipunctures, and to gain more knowledge on blood physiology and the anatomy of the circulatory system.

Last year 1000 units of blood were collected, totalling 450 litres. Over 3000 high school students were informed on the importance of blood donation and around 30 volunteers attended the two-week venipuncture courses at the Blood Transfusions Institute.

The feedback received from both the donors and the high school students was flattering. Most donors were extremely grateful for the physical and psychological support they received and for the whole atmosphere during the donation process - as one donor put it: “I didn’t even feel how the time flew when I was with the needle in my vein”. Their attitudes were positive and their congratulations sincere as they came again to donate during our next campaigns. The teenagers from the high schools that we visited had a positive and receptive attitude towards the idea of donating blood, eagerly wanting to know as many details as possible.

This project has managed to create a common ground for all types of saviours: those who donate, those who help and inform, and those who organise. We call them heroes...
Palliative Care for Children Suffering from Oncological Diseases.
A Volunteer Initiative in the Republic of Tatarstan.
Ekaterina Ratnera

Every year approximately 20 to 30 children die from leukemia in the Republic of Tatarstan. On the 6th of February 2003 a charitable foundation was established by Valdimir Vavilov in memory of his daughter, Angela Vavilova, who had died of leukemia. This charitable foundation started out with the aim of raising the funds needed to build the first Pediatric Hospice in the Republic of Tatarstan. The students of Kazan State Medical University provided much support in bringing this dream to life by establishing a volunteer initiative in June 2011.

During the summer of 2011, our medical students conducted numerous fundraising activities (through the “From Heart to Heart” campaign) in various commercial and entertainment centers in Kazan. During the campaign volunteers were also involved in informing people about the problem of leukemia in children as well as about the charitable foundation established by Valdimir Vavilov. The students subsequently raised a significant amount of money that was donated to the foundation; most of the money was used to purchase nine hundred diapers for the children. On the 1st of July 2011 the official opening of the first Pediatric Hospice in the Republic of Tatarstan took place.

The Pediatric Hospice currently functions as an outpatient clinic but also runs a 24-hour home-visit care service. Volunteer medical students work for this care service, visiting sick children in order to provide them with necessary care, and helping parents with tasks such as cleaning endotracheal tubes, and offering psychological support.

On the 24th and 25th of December 2012 medical students conducted fundraising activities in several supermarkets through the “Become a Santa Claus for children with cancer” campaign. Using the donated money, more than a hundred toys were purchased for the children. Medical students then dressed up as Santa Claus and visited the sick children in their homes to congratulate them with the upcoming New Year and to present them with the new toys.

Everything that our medical students have achieved so far is just the beginning of a big project. On the 10th of February 2012 a new hospice for leukemia treatment and care was opened, allowing us to start working even more intensively. Our job currently involves searching for donors of blood components, organizing fundraising parties and motivating our colleagues to take part in this palliative care initiative. Today our project serves 51 children across Tatarstan and a total of 200 children in nearby regions of the Republic.
AIDS is a global issue but one which we have the tools to fix. Every year, we come together on World AIDS Day to try to solve this problem, to fight for the rights of our brothers and sisters across the world. We have the tools and knowledge to end the epidemic, but despite this there is much to be done. In Britain there are 100,000 people with HIV/AIDS and 25% of them are undiagnosed. Worldwide, 9 million people are in dire need of life-saving antiretrovirals, which we now know will also slow the spread of the disease.

This year Medsin-UK partnered with the Student Stop AIDS Campaign, Universities Allied for Essential Medicines UK, Sexpression UK and external partners to launch "Why Stop Now?", a challenge to the UK government to sustain the massive improvements we have seen in recent years. We demanded that the government create a strategy to fight HIV/AIDS at home and abroad!

To start, we made a digital toolkit which was distributed to the many local medical student groups in over 27 universities nationwide. The kits equipped the groups with the skills and resources to educate the public about HIV, teach in schools, and to take our campaign to the next level by building broad public support.

The campaign spread like wildfire through social media, and our groups took to the streets, educating, collecting signatures and raising money for AIDS charities. We aimed to unite national organisations, local groups and individuals under one aim so that we could have a larger impact.

There are too many stories to tell you about what happened in the UK, but here’s a taste! In London joint events were run across the city including discussions, flash mobs and the distribution of condoms and leaflets. An edgy video from Scotland spread rapidly on Facebook, showing off the campaign and prompting people to question their assumptions about HIV. Jazz and open mic nights displayed the nation’s talents and raised more money and awareness. Across the country petitions were signed in creative ways, ranging from action cards to blue hand prints on bed sheets. Bake sales, pub crawls and sales of the classic red ribbon all contributed funds to HIV charities in need.

In the end, our groups raised £1800, reached over 5000 people on social media, ran more than 60 events, collected more than 2000 physical signatures and educated in excess of 5000 members of the public about HIV. Together with our partners, we lobbied over 60 members of parliament, more than 10% of our legislative body. Nationally, we signed letters being sent to our Prime Minister. Now, the UK Department for International Development (DFID) is completing a review of their position on HIV, which we will be able to provide input towards.

Having laid strong foundations, the campaign will continue under the name “15 by 15” in the hope of a future when December 1st can be just another day of peace.

Why Stop Now? World AIDS Day in the UK!

Cam Stocks & Joe McArthur

AIDS is a global issue but one which we have the tools to fix. Every year, we come together on World AIDS Day to try to solve this problem, to fight for the rights of our brothers and sisters across the world. We have the tools and knowledge to end the epidemic, but despite this there is much to be done. In Britain there are 100,000 people with HIV/AIDS and 25% of them are undiagnosed. Worldwide, 9 million people are in dire need of life-saving antiretrovirals, which we now know will also slow the spread of the disease.

This year Medsin-UK partnered with the Student Stop AIDS Campaign, Universities Allied for Essential Medicines UK, Sexpression UK and external partners to launch “Why Stop Now?”, a challenge to the UK government to sustain the massive improvements we have seen in recent years. We demanded that the government create a strategy to fight HIV/AIDS at home and abroad!

To start, we made a digital toolkit which was distributed to the many local medical student groups in over 27 universities nationwide. The kits equipped the groups with the skills and resources to educate the public about HIV, teach in schools, and to take our campaign to the next level by building broad public support.

The campaign spread like wildfire through social media, and our groups took to the streets, educating, collecting signatures and raising money for AIDS charities. We aimed to unite national organisations, local groups and individuals under one aim so that we could have a larger impact.

There are too many stories to tell you about what happened in the UK, but here’s a taste! In London joint events were run across the city including discussions, flash mobs and the distribution of condoms and leaflets. An edgy video from Scotland spread rapidly on Facebook, showing off the campaign and prompting people to question their assumptions about HIV. Jazz and open mic nights displayed the nation’s talents and raised more money and awareness. Across the country petitions were signed in creative ways, ranging from action cards to blue hand prints on bed sheets. Bake sales, pub crawls and sales of the classic red ribbon all contributed funds to HIV charities in need.

In the end, our groups raised £1800, reached over 5000 people on social media, ran more than 60 events, collected more than 2000 physical signatures and educated in excess of 5000 members of the public about HIV. Together with our partners, we lobbied over 60 members of parliament, more than 10% of our legislative body. Nationally, we signed letters being sent to our Prime Minister. Now, the UK Department for International Development (DFID) is completing a review of their position on HIV, which we will be able to provide input towards.

Having laid strong foundations, the campaign will continue under the name “15 by 15” in the hope of a future when December 1st can be just another day of peace.

Why Stop Now? World AIDS Day in the UK!

Cam Stocks & Joe McArthur

AIDS is a global issue but one which we have the tools to fix. Every year, we come together on World AIDS Day to try to solve this problem, to fight for the rights of our brothers and sisters across the world. We have the tools and knowledge to end the epidemic, but despite this there is much to be done. In Britain there are 100,000 people with HIV/AIDS and 25% of them are undiagnosed. Worldwide, 9 million people are in dire need of life-saving antiretrovirals, which we now know will also slow the spread of the disease.

This year Medsin-UK partnered with the Student Stop AIDS Campaign, Universities Allied for Essential Medicines UK, Sexpression UK and external partners to launch “Why Stop Now?”, a challenge to the UK government to sustain the massive improvements we have seen in recent years. We demanded that the government create a strategy to fight HIV/AIDS at home and abroad!

To start, we made a digital toolkit which was distributed to the many local medical student groups in over 27 universities nationwide. The kits equipped the groups with the skills and resources to educate the public about HIV, teach in schools, and to take our campaign to the next level by building broad public support.

The campaign spread like wildfire through social media, and our groups took to the streets, educating, collecting signatures and raising money for AIDS charities. We aimed to unite national organisations, local groups and individuals under one aim so that we could have a larger impact.

There are too many stories to tell you about what happened in the UK, but here’s a taste! In London joint events were run across the city including discussions, flash mobs and the distribution of condoms and leaflets. An edgy video from Scotland spread rapidly on Facebook, showing off the campaign and prompting people to question their assumptions about HIV. Jazz and open mic nights displayed the nation’s talents and raised more money and awareness. Across the country petitions were signed in creative ways, ranging from action cards to blue hand prints on bed sheets. Bake sales, pub crawls and sales of the classic red ribbon all contributed funds to HIV charities in need.

In the end, our groups raised £1800, reached over 5000 people on social media, ran more than 60 events, collected more than 2000 physical signatures and educated in excess of 5000 members of the public about HIV. Together with our partners, we lobbied over 60 members of parliament, more than 10% of our legislative body. Nationally, we signed letters being sent to our Prime Minister. Now, the UK Department for International Development (DFID) is completing a review of their position on HIV, which we will be able to provide input towards.

Having laid strong foundations, the campaign will continue under the name “15 by 15” in the hope of a future when December 1st can be just another day of peace.
Have you ever wondered how you can combine your love for children with your yearning to do more for public health?

Well, we have found the solution! “Young Sanitarians” is a project whose goal is to spark the interest of primary school pupils in the topic of health.

Our project was initiated in 2004 by FASMR (Romania) and has proven to be a real success. Every year, for 8 weeks between March and May, medical students visit children in the 2nd, 3rd and 4th grades to deliver lessons concerning health. Some of the topics covered include: how to preserve health; health prevention; how to help others in need; hygiene; anatomy and physiology; road safety; first aid; abuse and violence; healthy nutrition; and exercise.

At the end of these weeks, the most interested children are selected to take part in a local contest which will evaluate the knowledge accumulated throughout the 8-week period. The 2 top-ranked 2nd graders and the 3 top-ranked 3rd and 4th graders then form a team and participate in the national contest. All FASMR local committees take part in preparing their own teams for the national contest, where the primary school students are tested through both individual and group tasks containing both theoretical and practical components.

It is of paramount importance that children learn how to look after their health at a young age so that, when they grow up, looking after their health becomes routine practice. A healthy lifestyle means a longer and better life, not only physically but also mentally.

By participating in this project, children acquire not only theoretical knowledge but they also develop themselves personally. Group activities cultivate their creativity, imagination, solidarity, and sense of leadership, while broadening their perspectives. Contests help children’s ambitions, competitiveness and perseverance flourish and this will come in handy later on in their lives.

“Young Sanitarians” is a well thought-out project that has a realistic purpose. It is better to prevent something than to fix it, and that is what we are trying to accomplish. Promoting this way of living on a larger scale would mean changing people’s perspectives and thus remodeling humanity for the better.
The Projects Support Division recently opened a call for the first photo contest ever in the Projects Bulletin. Many submissions were received, and after finalizing the selection process it is our pleasure to present to you the 1st place winner:

I like this photo because it shows how patients get involved; even little girls. This campaign is not just for adults, but for every queen and every princess; it aims to detect and prevent breast cancer.

Fabiola Nayeli Rivera Vigueras,
Challenges of the Projects Peer Reviewing Committee (PPRC) – Reviewing projects with a critical eye

Usama Bilal, IFMSA-Spain

The main drivers behind the will of the IFMSA General Assembly to approve a project should be the quality and relevance of such a project. IFMSA and its NMOs need quality projects that are useful for medical students and the general population. One of the main challenges I have encountered when reviewing projects (and when voting for them) is the impeding feeling that some projects, mostly due to their theme, are bound to be approved by the General Assembly.

Twice a year the large majority of NMOs meet for a week to discuss the future of IFMSA and medical students in general. The enormous amount of energy and motivation that drives everyone to work non-stop for a week may lead our own members to overvalue the amount of work behind a project, thus downplaying its quality and importance.

Therefore, we, as PPRC members must be the impartial and external peer-reviewers that value those two attributes over any other. My advice to project coordinators is to devote their best writing and presentation skills to two aspects of their proposal: how the medical student and general population benefit from this project, and whether there is any part of their project that may benefit from improved methodology.
Welcome to the world of the SCORAngels! "SCORAlicious" will provide you with much insight into the life of the delightful Standing Committee on Reproductive Health including HIV/AIDS. Open the following pages to find out about concerted efforts to stop violence against women, the Rwanda Village Concept Project, adolescent health, and much more!
Introduction from the SCORA Publications Assistant

What’s up world?

Anna Rebeka Szczegielniak

Dear Sexy SCORAngels and IFMSA friends from all over the world,

I’m extremely excited to present to you the brand new (it’s still hot!) March 2013 edition of our beloved SCORA magazine, better known under the informal, but adorable, name “SCORAlicious”!

This edition of SCORAlicious Magazine, our pride and “red-ribboned” voice, is different from any other. And that is for several reasons. As you have probably realized by now, all Standing Committee publications are in one booklet. This has been a great challenge and has required a lot of strength, dedication and belief. To Bronwyn Jones and her Wonderful Publications Team - chapeau bas! I would also like to take this opportunity to thank all the authors of SCORA articles (who almost clogged my mailbox with their e-mails offering to assist in the magazine’s creation!) and the fantastic SCORA International Team under the leadership of the unique Desi. I love all of you hug-freaks!

For this edition we have literally received articles from all over the globe. We present to you projects from Iran and Slovakia, SCORA activities from Japan, and news from International Women’s Day celebrations in the Dominican Republic, amongst many other wonderful things! Do you like to travel as much as we do?
Daphne

STOP violence against women

Anna Szczegielniak

DAPHNE was created by SCORA IFMSA-Poland in order to direct attention towards domestic violence against women. Up to one third of women experience physical or sexual violence from a partner in their lifetime, and doctors are often a first point of contact for women suffering from the effects of domestic violence. Through DAPHNE we teach women how to react to such situations, where to find help and how to protect themselves from violence. We want to make society aware of misconceptions, such as the belief that abuse is a rare occurrence which does not occur in “normal” families, and the belief that domestic violence is easily solved without outside help. One of the worst misconceptions is that victims are to blame for the abuse. At DAPHNE we speak loudly about the problem in order to break the silence of abused victims.

The project consists of 3 main steps:

1. Workshops for medical students with the goals of:
   - Helping medical students identify victims of violence and assist in administering medical care
   - Assisting medical students in providing advice for victims of violence

2. Peer education in high schools with the goal of:
   - Teaching high school students about self-confidence and assertive behavior

3. Social campaigns (such as “STOP violence” marches etc) with the goals of:
   - Raising awareness about violence prevention
   - Providing general information on domestic violence

On International Women’s Day in March 2012, all Local Committees in Poland were involved in DAPHNE-related events. In Białystok “STOP the violence” banners were digitally displayed on public transport vehicles. In the city center groups of medical students with fake bruises and scars carried huge banners with the statements “Only the weak hit!”, “Don’t tolerate it” and “Break the silence”. At the end of the day paper lanterns were released into the air as a message of hope to the victims.

Furthermore in Łódz, Olsztyn and Białystok self-defense courses were organized to teach women how to protect themselves. Over 150 women were trained in the art of self-defense.

The Poznań and Białystok Local Committees organized for the screening of movies which focused on sexual violence. The film “Born into Brothels” (directed by Zana Briski and Ross Kauffman) was one such example; it documented the lives of children of prostitutes living in the Red Lantern District in Calcutta.

What are you planning to do on the 8th of March 2013 to STOP the violence?
Medical students demonstrate their role as community health educators

Helena Chapman

International Women’s Day (IWD), celebrated on March 8, brings attention to health, socioeconomic and political achievements of women. In the Dominican Republic (DR), as part of IWD celebrations, four medical students at the Iberoamerican University (UNIBE) School of Medicine aimed to demystify myths, describe national and global health priorities, and highlight the role of medical students in community-based public health campaigns. Medical students demonstrated their role as community educators by developing an educational program with a focus on two major causes of mortality in women worldwide: breast and cervical cancer.

With faculty approval, four medical students organized presentations with a focus on women’s health issues for two first-year medical school courses. First, student facilitators presented the topics of breast and cervical cancer, focusing on prevention and early diagnostic measures. Second, they divided the student audience into small groups to utilize problem-based learning strategies in the review of scientific articles on these related conditions.

In the community, student educator facilitators accomplished the following health promotion objectives:

1. Myths: Breast self-exams as ineffective in detecting cancer and/or that breast cancer only affects Caucasian women.
   - Action: Student facilitators highlighted the impact of inaccurate beliefs on lack of adherence to recommended prevention guidelines.

2. National and Global Health Priorities: Identifying the social determinants of health with the community and designing primary, secondary and tertiary prevention programs for critical health concerns.
   - Action: Student facilitators discussed global health priorities (Millennium Development Goals) on reproductive health, as well as preventive health initiatives (Health People 2020) on cancer prevention and control. They emphasized the importance for compliance to recommended screening practices, including mammography and papanicolau smears.

3. Critical role of the medical student as community educator: Health professionals are trained to educate community citizens on optimal health promotion strategies to minimize risk of disease transmission, progression and associated morbidity and mortality.
   - Action: Student facilitators emphasized the essential role of the medical student as a community educator to raise health awareness in communities and to assist them in identifying high-risk health behaviors and poor lifestyle choices that may negatively impact their own health status.

Conclusion: Medical students in the DR have been introduced to their role as community-based educators through public health field experiences. It is hoped that they will incorporate this experience and knowledge into their medical practice. These International Women’s Day health activities successfully disseminated important community health information to two medical school classes. Student facilitators demonstrated key concepts in acquiring scientific knowledge and transmitting these health concepts through community health educational interventions. As community health educators, medical students can help in achieving the highlighted goals for reproductive health initiatives in Healthy People 2020 on cancer prevention and control as well as lead critical public health initiatives to improve community health outcomes.
What is the Rwanda Village Concept Project (RVCP)?

The Rwanda Village Concept Project (RVCP) is a non-governmental, non-political and voluntary organization. It is linked to other Village Concept Projects worldwide through the International Students Association of Village Concept Projects.

The overall goal of RVCP is to provide sustainable improvement in the health and living standards of underprivileged communities at the village level and to assist in the development of skills on health prevention.

At SCORA our main objective for the RVCP is to get involved in HIV prevention activities in Rwandan communities. Under the slogan “Prevent, fight and protect yourself from HIV” SCORA teams educate and teach, creating an atmosphere of awareness in the process.

SCORA is also involved in fundraising for RVCP and, for this reason, one of our Local Committees, AECS Barcelona, held the “I’m Positive!” concert in March 2012. 18 medical student volunteers helped with selling tickets, serving drinks in the bar, and supervising the activities which included performances by four different bands, informative speeches, and a play about HIV stigmatization and discrimination. The HIV information that was disseminated on the night was provided by the external organizations “SidaEstudi” and “SidaiSocietat”. The Catalan Government also helped us by providing booklets, red ribbons and condoms. Overall it was a really nice evening that resulted in a large amount of money being fundraised for the Rwanda Village Concept Project.
Ever seen an ostrich and a hippo hanging out? Well if Afri-PET 2012 was the animal kingdom, we had the entire jungle. Neither less impressive than the other but each one, unique and special. Afri-PET 2012 made friends and peer educators of mischievous monkeys and hilarious hyenas.

A group of 22 SCORAngels from all over Africa took part in an exciting 3 days of peer education training in beautiful Arusha, Tanzania, during the ARM 2012. The workshop took us through the basics of peer training, and developing presentation and public speaking skills geared at peer education capacity building all around Africa. Afri-PET 2012 was without a doubt the best workshop at the Pre-ARM packed with information and fun!

There were countless passionate discussions on gender equality, sexual violence, sexual health and other key topics relating to peer education for an evolving African society. During the Afri-PET we were empowered to provide education to youth through peer education projects in our own communities back home.

Peer education is especially pertinent in Africa where any topic of a sexual nature is rarely, if ever, talked about (especially to young people!). During Afri-PET we learned to use fact-based knowledge on safety in reproductive health to allow the African young adult to make wise choices. Through heated debates on several topics we practically learned to deliver truthful information without allowing our own opinions, cultures or religions to influence it.

Our awesome trainers - SCORA-D, Desi, and SCORA Policy and Advocacy Assistant, Hollie, out-did themselves to motivate us and made Afri-PET a truly life-changing experience. Afri-PET was special because of the electric atmosphere of open-minded and free debate, sharing of experiences, crazy people with similar interests and lots of hugs!

There were many reasons why the 22 participants chose Afri-PET as their Pre-ARM workshop, but for one, I am extremely glad with my choice. I am now part of the amaze-balls SCORAlicious family and I can’t wait to start working on a peer education project in my country!
“What’s positive about HIV?” one might ask. Well the lovely members of LeMSIC-SCORA and everyone who participated in its annual World AIDS Day Campaign of 2012 definitely personified the positivity that SCORA aims for. A positive attitude, positive support, positive smile, positive hope - this is the “Positive About HIV” aspect that was relentlessly asked about during the past month.

In Lebanon, World AIDS Day 2012 was definitely a huge step forward for a society which views people living with HIV/AIDS in a negative light.

In celebration of the event LeMSIC-SCORA organized a two-week fundraising campaign, gathering money through concert ticket and t-shirt sales to assist those living with HIV in paying for their CD4 count tests - a costly investigation that is not covered by either the Lebanese government or by insurance companies.

The campaign started on December 1st 2012 (World AIDS Day) with LeMSIC-SCORA setting up stands in various diners throughout Beirut. Medical students were involved in educating the public on topics such as: HIV in Lebanon; the importance of not discriminating against those living with the virus; and free and anonymous HIV testing in Beirut.

On that same weekend, pubs, clubs and much of Beirut’s nightlife was jamming with LeMSIC-SCORA’s enthusiasm for HIV awareness. Its members ran through the streets spreading awareness, giving mini-peer education sessions, distributing free hugs (as well as over 4000 condoms!), and spreading the word about the importance of condoms and other protection.

The two weeks following World AIDS Day were even crazier! LeMSIC-SCORA’s activities had a lot of media coverage, including interviews on various national TV and radio stations, magazine articles, blogs, Facebook events, and stands in most medical campuses in Lebanon. All of the SCORAngels involved pushed really hard to make this campaign successful. Furthermore bake sales, photo-shoots, and musical events were organized, and free hugs given out, all in order to get people to think more positively about HIV.

Finally, the big day that everyone had been impatiently waiting for arrived - the annual World AIDS Day Concert featuring Lebanese superstar, Tania Saleh! And, as everyone expected, Tania rocked the house! She sang her heart out for our cause and made sure everyone was on their feet dancing and having a great time. It was simply unforgettable and a perfect ending to all the hard work and dedication invested in the weeks before.

Simply said, the campaign was a success which left people thinking more positively about HIV. To this date, people are still talking about the concert and the campaign with big smiles on their faces. It is the hope of LeMSIC-SCORA that this positivity spreads to those affected by HIV/AIDS, for they, more than anyone else, can use a little more positivity in their lives! So be Positive about HIV, and let’s fight to make a difference!
For the Health of Women

Michaela Barteková & Petra Pruzinská

First gynaecological consultation (FGC) is a transnational project that addresses issues faced by young women. The aim of the project is to share knowledge about: the first gynaecological visit itself; prevention of breast and cervical cancer; and reproductive health problems. We also try to reduce the fear associated with gynaecological examinations; talk about the prevention of sexually transmitted diseases and contraception; and teach young women how to perform breast self-examinations. FGC currently operates in Poland, Slovakia, Peru, Mexico, Brazil and El Salvador.

Every year we try to improve the FGC project in Slovakia. Presently we are trying to expand the project to other cities around the country.

In September 2012 SCORA members decided to organize a nationwide subproject called “For the Health of Women” with the aim of acquainting girls and young women with the concept of the gynaecological visit. A three-day program was subsequently carried out with the help of medical students from various local committees (LCs) around Slovakia. Each LC formed several teams, each of which comprised at least 3 members. Altogether 14 groups were created, which were disseminated to various areas of Slovakia.

Since this was our first time running a program like this, we didn’t know what to expect. We encountered good responses from directors, educational advisors and the girls themselves, and were happy with how well the program went. This topic undoubtedly kept the girls interested, judging by the attendance levels and the questions they asked. All in all, 42 cities were visited and 3215 girls were peer-educated!

Apart from being a great experience in a professional context, the program was also beneficial in terms of improving friendships, providing new experiences and discovering new cities. This tour would not have happened without the support of our sponsor - the League Against Cancer. They provided us with money for travelling, food and accommodation, which we are extremely grateful for.
Study on the correlation between coping strategies by HIV positive people and quality of life, depression, anxiety and stress

Mehrnoosh Samaei & Sahar Eftekharzadeh

Certain coping strategies may be associated with increased distress and dysfunction, whereas other coping strategies may be associated with greater social and psychosomatic well-being. The main objective of our study is to determine the relationship between different coping strategies applied by HIV positive people with quality of life as well as the rate and severity of depression, anxiety and stress.

Through this study we hope to gain awareness of different coping strategies applied by the patients in different stages of their disease in order to supply them with efficient psychological and social supports at the appropriate time. This information would also help us design future interventions with the aim of improving the quality of life of PLWHIV.

In order to obtain our goals we designed a cross-sectional study in which all participants are handed 3 questionnaires: Ways of Coping Revised; Depression, Anxiety and Stress Scale (DASS); and WHOQOL-BREF. The data gathered from these questionnaires will give us an outlook on different psychological issues and their severity and frequency among PLWHIV as well as the coping strategies they have applied.

Since other countries in the Middle East experience some of the same issues that we face in Iran, this study could generate ideas for similar studies, or it could be the basis of a transnational project (with the involvement of other countries).
In Iran there is generally not enough information regarding menstruation provided for adolescent girls. Hence, many remain unaware of the scientific facts about puberty and menstrual hygiene and this may result in adverse health outcomes.

Through the “Puberty” project we are interested in gauging the level of awareness of teenage girls in their first year of high school (around the age of 14) about menstruation. We also want to find out how girls learn about menstruation through the use of a questionnaire. We aim to provide the girls with information about puberty, the purpose of menstruation, and menstrual hygiene by using brochures, lectures and interactive activities.

Girls’ Puberty

The onset of puberty for females is marked by menarche, the onset of menstruation, which occurs, on average, between the ages of 12 to 13. For most girls this change represents a time of great uncertainty. Providing information about the physiology of menstruation to schoolgirls helps allay some of the fears and misconceptions that they may have, hence the improvement of schoolgirls’ knowledge about menstrual health is something that schools and medical staff must achieve. Through the “Puberty” project we hope to have a positive impact on girls’ social well-being and health.

Boys’ Puberty

An important aspect of puberty for boys is the psychological and behavioral change that invariably occurs sooner or later. This is a normal occurrence amongst male teenagers, but if not controlled, may cause problems with respect to development and maturation. We thought about this issue and decided to focus some of our efforts towards it.

Through the “Puberty” project it is our goal to visit schools and examine the attitudes of schoolboys towards puberty while concurrently improving their knowledge on the topic, particularly the psychological aspect of it. It is hoped that this information will decrease the amount of stress experienced and aid in stabilizing mood.
The Current Situation in Japan
When you were younger, did you ever ask your parents where a baby comes from? The common answer in Japan is “From mommy’s tummy”. This example shows that talking about sex is a taboo in Japanese culture.

The situation is changing a little nowadays because of the introduction of foreign cultures and ideas to Japan, and because information about sex is freely available on the internet. However, many parents and teachers still have the old way of thinking, and some schools do not provide enough sex education. So, for children growing up in Japan, it is very difficult to obtain correct information related to topics such as pregnancy, STIs and sexuality.

In Japan, sex education in schools is mandatory from the ages of 10 or 11, however mainly biological topics such as menstruation, ejaculation and the fertilization process are covered. There is little education about sex itself or contraception. As a result, many young women do not know how to protect themselves from STIs and unwanted pregnancies.

At the moment there is also a big problem regarding ignorance of sexual minorities. In Japan, most of the LGBTIQ population stays “in the closet” and are scared to come out. Why? Because there is a lot of discrimination and misunderstanding about the LGBTIQ community which is related to ignorance. For example, some people think that homosexuality is a disease which is curable, and others think that each and every LGBTIQ person likes to put on clothes of the opposite sex.

Considering the current situation in Japan, we at SCORA-Japan have come up with two projects: the Peer Education Project and the Rainbow Flag Project, to make people aware and correct misconceptions. The key idea is to “stay neutral”.

Peer Education Project
We deliver peer education at junior and senior schools, and even at universities. The topics we teach are: safe sex; the correct use of condoms; STIs including HIV/AIDS; relationships with a partner; dating violence; and LGBTIQs. Our sessions comprise a lecture followed by activities with the students. For example, after we talk about HIV/AIDS, we involve the kids in a game – the so-called “infection game” which helps consolidate information learnt. Students have given us positive feedback and have told us that they have learned a lot of things that they would not otherwise be taught at school. As a result we strongly believe that peer education leads to a brighter future for many students around us.

Rainbow Flag Project
Since 2010 this project has provided opportunities for both students and the public to learn about sexual diversity. A lot of people in Japan know very little about the LGBTIQ community, and it is thought that this is because they do not have the chance to develop a close connection with them. So, by providing opportunities to meet and talk with members of the LGBTIQ community, we encourage people to learn about sexual diversity so that they can develop a more positive attitude.

We hold workshops with LGBTIQ guest speakers who talk about their problems and feelings, and share their coming-out stories. We also join the Pride Parades held in Tokyo, Osaka, Nagoya, and Sapporo. At the IFMSA-Japan National General Assembly in 2012, we held a Rainbow Flag Project workshop with a lesbian guest speaker who will soon be having an unofficial wedding ceremony in the spring of 2013 (there is currently no legal recognition of same-sex relationships in Japan). The guest speaker shared her life history and talked about common problems which LGBTIQs face in the hospital and clinic environment. When it came time for evaluation, almost all participants answered they were very satisfied with the session; and some of them said that they would like to take action for LGBTIQ rights. We believe our session contributed to helping medical students be LGBTIQ-friendly doctors.

We are really happy to share some of our wonderful ideas with SCORAngels from around the world!
October 2012 was Breast Cancer Awareness Month - Think Pink Month - and all around the globe it was celebrated by wonderful and amazing SCORAngels fighting breast cancer under the initiative of the “Mr and Ms Breastestis” Transnational Project.

The goals of “Mr and Ms Breastestis” are to assess the knowledge of medical students on reproductive neoplasms and to educate and encourage them to actively promote primary prevention and early detection of neoplasms of the reproductive system. These goals are achieved through workshops, and local and national public campaigns and activities. Medical students are the first step in our interdisciplinary, multi-sector approach to prevention and promotion of this big public health problem. The final target is the general public, including high school students and the elderly, who receive information on breast, cervical, testicular and prostate cancer through interactive workshops, demonstrations, breast cancer marathons and concerts.

The “Think Pink Month” initiative was started with the goal of encouraging more NMOs to get involved with “Mr and Ms Breastestis”. It was hoped that this initiative would encourage SCORAngels to work together with SCOPHians to create new innovative activities that would empower medical students to start or improve this project in their NMOs; as well as become familiar with the topics of reproductive health and reproductive neoplasms. So far the initiative has worked well in achieving its aims.

For “Think Pink Month” numerous NMOs took part in different activities:
• In Romania activities in student dorms focused on informing young women about breast self-examination. Furthermore, presentations were shown on breast, cervical, and testicular cancer, as well as HPV infection. Overall 500 medical students were involved in raising awareness on breast cancer.
  • In Slovakia male medical students wearing plastic breasts took to shopping centers to show women how to self-examine their breasts.
  • In Montenegro the “Think Pink Walk” was organized in the capital city, and in Lithuania women were shown where to go for breast check-ups.
  • In Kurdistan, IFMSAians carried out a wonderful activity on breast cancer awareness with self-examination workshops in primary health centers.
  • In Mexico numerous flash-mobs were organised in 26 different LCs! In addition, self-examination workshops, movie screenings and breast cancer conferences took place; and informative pamphlets were handed out. A “Clinical café” was also arranged in conjunction with SCOME.
  • In Libya 85 medical students and doctors helped to organize workshops educating women in secondary schools, mosques, waiting rooms and hospital departments about mammography. Additionally, the “Think Pink Marathon”, organized by SCOPH and SCORA, took place to get more women thinking about being tested for breast cancer.
  • In Tunisia an initiative was created where people were able to leave words of encouragement for women with breast cancer.
  • And in Croatia students organized workshops and clinical activities for medical students; interactive workshops in secondary schools; and made fun, educational murals with children.

From the activities of “Think Pink Month”, SCORAngels, working together with SCOPHians, have shown us that making little steps and organizing small activities make a big difference in changing people’s lives for the better!
In this section you are going to meet SCOPHeroes who save the day through their Orange Activities. Enjoy learning about various public health initiatives such as the implementation of clean drinking water systems and health screening programs in Fiji to free healthcare clinics for the homeless in Berlin. Whatever your interests, you are sure to find something that captivates you in “The SCOPHian”.

“Standing Committee on Public Health”
Welcome letter from the SCOPH Director

Kitti Horváth

Dear SCOPHians,

Firstly let me welcome all of You to the orange board of the Standing Committee on Public Health. Many of You have already been working in this field with IFMSA and many of You are newcomers. Both sides have a lot to learn from the other, because on one side there is so much valuable knowledge and experience while on the other fresh motivation and new ideas arise.

Such an event as a General Assembly, when people with very similar interests meet from all over the world, is a huge gift and opportunity to improve ourselves and enjoy one of the best times in our lives. This would be my message to you: Enjoy and Improve! The GA schedule is always very tight and we feel that completing everything is only achievable if we neglect much of our sleep requirements during the week. Luckily we are young and have a huge reserve capacity. What I would suggest to You is to try and participate as effectively as possible and take home all the material presented, as well as the lovely feeling of spending time with Your IFMSA Family.

You are holding in your hands the Medical Student International publication. This issue has a huge advantage, because it combines all the special news from the 6 different Standing Committees. This way we can have an overview of many of IFMSA’s activities in order to reach a better understanding. In the SCOPH section I tried to select reports, experiences, good-to-know articles and also projects carried out by you, which are exciting to read and beneficial to have in your hand when needed in the future. Of course we are not done for the year - there are many new publications plans in progress, such as a new SCOPH Manual, a separate Project Booklet and a World Day Guidebook. So stay tuned and prepare your input ;)

Since I became the SCOPH-D, I realized that to have an overview of all the SCOPH activities in the world is practically impossible. But, each day of my term, I receive a slice of the “delicious cake” - I get an e-mail, a phone call, see some pictures or hear some news, that all tell me how SCOPH life is going in different areas of the planet. Every single time there is something that amazes me deeply about SCOPH and brings a smile to my face.

You, your stories and your inspiring activities make me sooooo proud to be a SCOPHian. We work for a very noble goal and do not spare any energy. Public health is such an important aspect of life as it affects the entire population - people who need us and our support. Our job is, of course, not always ideal; there are several obstacles to face, but afterwards even one small success can change everything. We have been given the role of being guardians of health - which is the biggest treasure of mankind. It is a quest and You, dear SCOPHians, are accomplishing it. Please never stop believing in public health and keep rocking SCOPH just as You have been doing all along!

If you need any kind of information, material, help or advice, do not hesitate to contact any members of the SCOPH Dream Team, because we are here for You and always willing to support You and your NMOs.

With my very best orange wishes,

Kitti Horváth, Director of the Standing Committee on Public Health
Tel: (+36)20 405 4005 | scoph@ifmsa.org
International Federation of Medical Students’ Associations

www.ifmsa.org
The 8th annual African Regional Meeting took place in Arusha, Tanzania from the 17th to the 23rd of December 2012. After weeks of busy preparation the SCOPH sessions were facilitated by Peter Asilia (former Regional Assistant), Waleed Bakheet, Omoro Otadoh, Ryan Nyotu, Cynthia Tawiah and Mike Kalmus Eliasz. There were ten participating NMOs: TAMSA Tanzania, NiMSA Nigeria, MedSIN Sudan, MSAKE Kenya, BVMD Germany, FGMSA Ghana, Uganda, AEM-Burkina, ZAMSA Zambia and Somalia.

On the first day, the curtains opened to an eager and enthusiastic multi-cultural group of delegates patiently waiting in Ngurdoto’s Mahale Hall. After the delegates got to know each other a little better, the SCOPH session kicked off with an introduction to SCOPH’s history, structure, activities and projects. Representatives from each NMO then volunteered to introduce SCOPH activities from their respective countries as well. An open discussion was held to go through some of the ideas brought up.

During the second part of the day, Mike, the Think Global Initiative Coordinator, led the SCOPHians into an active discussion on the Millennium Development Goals. Interest was sparked when the delegates were divided into two groups and asked to rearrange MDGs in order of importance.

The second day started with some active energizers, then SCORPions joined the fun as well, making it merrier. Mike began with a session on advocacy where delegates were trained on the campaign process, and the skills needed to adjust advocacy efforts depending on the target group. During the session we had an interesting surprise in the form of a spontaneous 30- second meeting with the health minister!

As an evaluation exercise delegates spoke about their ARM SCOPH experiences and feelings. Hugs were shared, contacts exchanged and then a final SCOPHians’ chant was done in the dining hall. This ARM has certainly been one to remember; a great time was had by all!
Report of the PAMSA Regional Meeting

Altagracia Mares

Ready-set-GO SCOPH! There was definitely no better way to start 2013 than with awesome SCOPHians from PAMSA. On January 7th SCOPHians from all over the region came together for our annual regional meeting in El Salvador. This year we were witnesses of the passion, effort and love that the fantastic Organizing Committee invested to make this meeting the best ever.

With an empowering “newcomers” session we began the week: SCOPHians from Brazil, Costa Rica, Mexico, Haiti, the United States, El Salvador, Quebec, Chile, Argentina, Colombia and Peru shared their projects, activities, skills, ideas and motivations. Our second session “Health in the Americas” was about embracing action beyond national borders, focusing on solutions and indicating opportunities for the prevention of the main causes of morbidity and mortality in the region. Together, we identified projects currently carried out by various local and national committees targeting these causes. We shared hope which was supported by actions to limit the growing burden of diseases in America.

Each day we woke up with great orange energy, fueled with the SCOPH spirit. We started the second day with trainings, the “backbone” of IFMSA. We had projects management, fundraising and team-building trainings by our amazing projects RA, Claudel P-Desrosiers, from Quebec, and VPE RAs, Antonio Chavez and Kevin Acosta, from Mexico and Colombia respectively. Following the trainings we had an interesting joint session with SCORE and SCOPE entitled “Health workforce migration, why should medical students matter?”. The fourth day’s session was highlighted by the presence of honorary guests: Reshma Ramachandran (AMSA Pharmfree fellow), Dr. Eduardo Lovo (Oncologist Neurosurgeon and Director of the Centro Internacional de Cáncer del Hospital de Diagnóstico), and our beloved SCOPH-D, Kitti Horvath, through a Skype visit.

We had a busy last day with engaging presentations by Valter Sartorato (NEO from DENEM Brazil) and Susy Román (NPO from IFMSA-México) about successful national campaigns and projects carried out in their countries. Furthermore we studied the topic “Mental Health in the SCOPE of Public Health”, and in Small Working Groups planned a year-long Mental Health Campaign for the next Mental Health Day on October 10th 2013.

This IFMSA meeting once again demonstrated that together we achieve more. We learned that our idealistic goals can be achieved with readily attainable knowledge and commitment. Between funny energizers, salsa moves, karaoke and artistic presentations we ended up as a sharing, caring and most importantly, loving, FAMILY!
The idea of the SCOPH Exchange Initiative was born halfway through the 2000s. At the MM09 a small working group (SWG) comprising people from Norway, Austria, Sudan and Brazil, amongst others, was set up to define the goals and the outline of the initiative.

The purpose of the SCOPH Exchange is to provide medical students from all over the world with the opportunity of gaining experience in the different fields of public health through exchanges in other countries. The idea behind the SCOPH Exchange is very noble and the concept offers a lot of opportunities and possibilities. However, many SCOPHians are still not aware of its existence. Because of this a new SCOPH Exchange SWG will re-commence work, starting at the MM13.

Since 2011 the number of SCOPH Exchange projects has sat at 10. The countries where the projects take place are colored in green on the map shown, and the countries that organize the projects are colored in blue. Romania and Rwanda are exceptions because they have organized projects to take place in their own countries.

The biggest challenge we are facing at the moment is how to make the SCOPH Exchange Program sustainable, both for the host community and for medical students. We also need to figure out how we can convince more NMO’s to take part in SCOPH Exchanges and take the initiative to start their own. Lastly we want to know how the organizing NMO can be further supported during the program. We hope that the new SWG will help us in answering these questions!

Are you excited to share your thoughts, ideas, concerns and experiences with our SCOPH Exchange SWG? Are you, or someone you know of, interested in joining our SWG? If so don’t hesitate to contact me!
Project 4 Life was founded in 2007 by the Maribor Medical Students’ Association in Slovenia. It offers goal-oriented education for the public in the field of first aid and promotes first aid as an ethical, moral and legal responsibility for every individual.

The project provides interested participants with the opportunity to gain or renew practical and theoretical knowledge of the basic procedures involved in handling urgent medical situations. It emphasizes that skills and knowledge of first aid must be firmly established and regularly reviewed and renewed.

A large proportion of those requiring first aid do not receive it. The core of the problem is in the mentality of the average person, who often becomes a passive spectator in the hope of someone else taking responsibility - “the bystander effect”. The reason for this is thought to mainly be a lack of knowledge and a fear of mistakes.

Our project involves three major components: promotion, lectures and internal courses. Through promotion the members of the public are taken through demonstrations and given information on the first aid training courses available. The lectures are given to small groups and contain both a theoretical and practical part where the different techniques of basic life support and injury management are explained and everyone can try them out as much as needed. Internal courses are held once per year in the form of a seminar, where new discoveries in first aid medicine are presented.

The ultimate aim of the 4 Life project is to improve the skillset of the average person with respect to urgent first aid, and thus to increase the chances of survival of the injured. Our target population is aged between 15 and 80 although we believe the earlier someone gains these skills, the better.

The 4 Life project has received several notable awards, including, a Slovenian national award, the best IFMSA project presentation award, and the Rex Crossley award.

Want to start the 4 life project in your country? Visit http://project4life.com or email us at info@project4life.com
Dear all, greetings from the sunny Maltese Islands (otherwise known as “those little hunks of rock in the middle-of-the-Mediterranean that never quite show up on a map”). I am very proud to present the hard work that our strong SCOPH team has done since last July and that we will continue to execute in the upcoming months.

The year 2012 was a year of great change with regards to SCOPH’s structure here in Malta. This year, we are happy to announce brand new campaigns, as well as the reintroduction of older campaigns.

One of the new campaigns is the so called “Beat the Burn” campaign. This is aimed mainly at highlighting the risks of sun burn, melanoma and tobacco use. So far we have carried out three outreach activities (including peer education sessions at primary schools) to great success with the help of our sponsors, namely ExSmokers Are Unstoppable and La Roche-Posay. Our campaign also spawned an awareness video about melanoma entitled “Emma’s Story” which was launched on YouTube on August 3rd and has garnered over 1,700 views as of January 17th 2013. “Beat the Burn” was recently the joint recipient of the IFMSA Dr. Melhim Bau Alwan grant, winning $800. It has been submitted for consideration as a transnational project and is awaiting approval at the MM2013. Any countries interested in joining up should contact us at beattheburn@mmsa.org.mt

Beyond this campaign we have also been involved in organizing events for World Heart Day, Global Hand Washing Day, World Diabetes Week, and Universal Children’s Day. Sessions on stroke awareness, first aid, and obesity and diabetes; and campaigns such as the “Blood and Organ Donation” campaign and Christmas campaign have also taken place.

We have many new ideas brimming and we would love to share all the experiences we have with you. My team and I would be extremely happy to answer any questions you have for us and I look forward to working with members of the SCOPH team worldwide. Orange hugs from Malta!

---

**SCOPH Projects**

**Beat the Burn**

Matthew Baldacchino

---

The project “Challenges of Cardiovascular Diseases in a Developing World” (directed by Olukoya Ayotunde) was held between the 23rd to 26th September 2012 at MRC Auditorium, Lagos State University Teaching Hospital, Ikeja, Lagos, Nigeria.

The main events began with a Cardiovascular Symposium on the 2nd day. The program for the symposium entailed: an introduction of NiMSA, SCOPH and the heart project; lectures delivered by the Nigerian Heart Foundation (NHF) and notable cardiologists including Dr (Mrs) Wright and Dr (Mrs) Daniel; and a research presentation by the SCOPH team. Sport activities and dinner ended the day’s events.

After breakfast, on the 3rd day of the project, there was a mini campaign/free health check in front of the Ikeja Local Government Office Building. Weight and height (with BMI estimations); blood pressure; and random blood sugar were the basic screening parameters carried out. Medical education through health talks was given, and patients were given individual advice based on the results of the parameters measured, with emphasis on the risk factors, prevention and complications of cardiovascular diseases.

The main campaign/road walk was conducted on the 4th day. It involved a joint community health discussion followed by one-on-one chats between the medical students and the community people. There were longer stops at the more populous areas where waist circumference measurement tools were handed out, especially to those who were overweight. The day ended with the film “Mr and Mrs”, where the interplay of family and career was depicted as regards the 21st century woman in an African cultural setting.
SCOPH Projects

Organ Donation Awareness Project

Arthur Mello and Iara Andrade

Background

Transplantation is a surgical procedure used, amongst other things, in the treatment of otherwise terminal illnesses for which medical treatment is not possible. In recent years, there has been a significant increase in the number of people requiring organ transplants in most states of Brazil; however information about this life-saving treatment is still very poor amongst the average person. Limited knowledge about the concept of brain death is one of the key obstacles to organ donation. Making the decision to donate a loved one’s body or organs is extremely difficult, which is why it is essential to provide family members a better understanding of brain death and the transplant procedure in order to enable them to make an informed choice.

Objectives

We aim to educate and raise awareness about the importance of organ donation and its life-saving role and also encourage medical students to fight to improve rates of transplants in our country.

Methodology

In order to achieve our goals for this campaign, we tried to employ some creative ideas. First of all, we formed four groups (each of which was given a big green ribbon made of cardboard) which were each sent to one of four crowded city areas. The groups approached people to talk about organ donation, and handed out little green ribbons, and informative pamphlets. At the end of the day most members of the public said they would like to talk about and discuss this matter at home with their families.

The campaign was linked to an academic event which had organ donation and transplantation as its theme. Combined, they achieved huge success and great visibility through various forms of media such as, TV, radio, newspapers and the university website. A study survey was also applied to about 250 people. It is estimated that many of the 100000 people living in the state where the project was applied were reached through this initiative.

Conclusion

At all levels of society there is a lack of information with regards to organ donation which leads to a reluctance for people to donate either their organs, or those of their relatives. So many people miss the chance to give life to others. By changing this reality, we may give back hope to thousands of people waiting for organ transplants and give their lives a brand new beginning.

Arthur Mello & Iara Andrade, IFMSA-Brazil. Arthur and Iara may respectively be contacted at: npo@ifmsabrazil.org and secretary@ifmsabrazil.org
“No human fits into a stencil”, said one of the volunteers to me while preparing the sandwiches which are distributed to homeless people every evening. During my winter holidays I worked in a few institutions in Berlin which care for homeless and socially deprived people. Many of those that came in for help are addicted to alcohol and drugs, and have been living on the street for many years; to them the way out seems just too hard.

My work included offering them free food, clothes and a place to sleep, and helping them to change their situation. I also volunteered in a clinic where homeless people were given free treatment and medicines, in addition to having their wounds dressed. Overall I was really impressed by the diversity of the problems and illnesses the doctors were confronted with.

Some of the cases included: a man of about thirty years with lice; another with multiple small soft tissue wounds; and men with liver cirrhosis due to alcohol addiction. There was also a young Eastern-European girl with a heroin addiction; and a man with frostbite in his toes. For many of these patients there are compliance issues, and so, even symptomatic treatment is hard. But on the other hand some take the initiative to ask for help and are willing to change.

These are only some impressions of my time in Berlin. I tried to get an inside-view on the situation, talking to people with different backgrounds. Everyone told their own story and I tried to understand why people fall through the net. It can happen more easily than you think - if you don't have a good social network, if you have never learned how to “stand up”, if no one has ever shown you how to manage your life, if there is nobody who holds you when you fall deeper and deeper...

Public Health is on everyone’s lips in recent days; we want to achieve “health for all”. For me, this includes medical care for everyone, including those who have more or less chosen to live on the street.
It all started with a simple idea to introduce politics, human rights and health care to medical students. So, we established an ambitious Global Health Program and here are our plans for the near future:

“Public Health Symposium” 22nd to 24th February 2013:
Empowering medical student capacities in health will be the main purpose of this national meeting. One hundred SCOPHians will be gathered during the three days to learn about various aspects of the job they will have in the future, and to discuss the issue of human rights and health while our country is writing its new constitution. An important fact to mention is that we will have personal development coaches and trainers from the prestigious association YEDA (Young Empowerment and Development Association) to lead three main sessions about advocacy, communication skills and leadership.

“North African Public Health University” 24th to 29th March 2013:
UNFPA will revive the successful North African Public Health University for the second time in collaboration with many NGOs and other institutions. SCOPH will have a strong presence as the main representative of the future public health leaders of the country. Medical students will be able to talk, for the first time, about five interesting topics: health and development; universal health care; health organization and regionalization; women and health; and quality management of health services.

“Let’s talk health” World Health Day, 8th April 2013 “Let’s talk health”:
is a conference involving all medical universities in the country. Medical students will meet prestigious speakers working in the field of public health from both Tunisia and abroad. The participants will then have the chance to discuss different topics such as social determinants of health, and human rights and health.

“1st African public health university for young” October 2013:
The idea of this event is to give African youth the opportunity to exchange their knowledge and to learn from each other’s experiences in the field of public health. The main objective is to enhance the South/South cooperation as a main tool for underdeveloped countries to find practical and sustainable solutions for their common health issues.

The university will have its own pedagogic committee which will gather representatives from: IFMSA Tunisia, United Nations agencies (UNFPA, WHO and UNDP), and the Faculty of Medicine of Tunis. The final program will be ready by the end of April but a preliminary program suggests that "Social behavior and health" will be the main topic. As a further step, the IFMSA Think Global Team will be contacted to provide the university with experienced trainers.

Medical students will be able to talk, for the first time, about five interesting topics: health and development; universal health care; health organization and regionalization; women and health; and quality management of health services.
The Fiji Village Project (FVP) is EnSIGN’s feature international health project, now in its sixth successful year. The project attracts participants who are medical students from Australia, New Zealand and the Fiji islands. Numerous physicians, nurses, local health-workers, and engineers from Fiji are essential for the project.

The FVP aims to work with communities in Fiji to improve health through community education, training and necessary resource provisions. The project was adapted from the World Health Organisation (WHO) Healthy Islands model and the International Federation of Medical Students Associations’ (IFMSA) Village Concept Projects. FVP activities are determined on a needs-based feasibility study for each individual village. In the past, these activities have focused on the implementation of clean drinking water systems, health screening and education about both communicable and non-communicable disease relevant to the communities. School programs are also conducted through FVP to promote a healthy lifestyle and provide education on sanitation and hygienic practices for the kids.

Each year, the FVP has grown and endeavored to take on a more ambitious project. The project now includes specific screening programs such as dental hygiene, visual acuity and field testing, as well as women’s health screening. FVP would not be possible without the support from its sponsors, including: Rotary Pacific Water for Life Foundation; the Fijian engineering firm, Irwin Alsop Pacific; ANU MEDSOC; the Medical Women’s Association; the Canberra Inner Wheels Club; Belconnen Rotary Club; and various private sponsors. The FVP committee is determined to make each project a reality for the Fijian villages and this would not be possible without the sponsors of FVP.

The 2013 FVP project promises to be an even more exciting year than the last and all sponsorship is greatly appreciated!

The project’s international reports can be found at: http://www.ensign.org.au/fijivillageproject.htm

Andrew Nguyen, SCOPH Regional Assistant for Asia-Pacific, AMSA-Australia. Andrew may be contacted at: ra.scoph.asia-pacific@gmail.com

The project now includes specific screening programs such as dental hygiene, visual acuity and field testing, as well as women's health screening.
Experiences at the World Health Organization

Andrew Nguyen

It was the first day, and it was freezing. As I was waiting in line at the security office to receive my identity card and security clearance to begin work, I was greeted by some of the largest snowfalls in a generation. I had received the opportunity to take up an internship at the World Health Organization (WHO) Headquarters in Geneva, Switzerland.

What followed was a prompt welcome by my supervisor in the Health Actions in Crises (HAC) Unit and my first meeting in that department. Much like the United Nations (UN) Security Council layout, the meeting room was shaped in a ‘U’ pattern with seats allocated with microphones and the names of individuals. I was briefly introduced as the new intern at an institution which employs approximately 3000 employees from across the world. Being in the HAC Unit, it was appropriate that global crises dominated the session. In short, we were briefed in detail on the Haiti cholera epidemic sweeping from the north to the south of the country, and the unfolding tense political situation in Cote D’Ivoire that was beginning to trigger WHO intervention. It was a startling first day of work.

During my internship, my typical day started at 9am on a Monday, finishing around 7pm. We had a weekly briefing at 10am by the Cluster Head (the Assistant Director-General, or his substitute). The briefings involved training disaster coordinators around the world, policy guidance and coordination with partners in emergency preparedness (my area). The topic of conversation often changed every week.

In the meantime, the WHO’s employees all over the world were working hard on a wide range of pertinent issues. Videoconferencing, teleconferencing, blackberries and regular deployments make up the mainstay of translating talk to action between colleagues in the world of international health. My role was to aid in work on disaster preparedness – drafting policy documents and researching resources for use by hospitals and government agencies globally.

Working in the unit was very much like working in an organ of a much larger body. As such, there were positives to offset the hard work. These included attendance at the Executive Board Meeting in January and the World Health Assembly in May, where country delegations came to meet, debate and pass resolutions. And there is an active Intern Society across all the UN organizations which regularly organize weekly sporting and social events. During my time I was also personally invited to the Christmas reception at the Australian Mission in Geneva and met with the former surgical coordinator of the International Committee of the Red Cross. Such opportunities occur whilst working in an international organization like the WHO – and are also naturally great networking opportunities.

By the end of my stay I was thoroughly integrated into WHO life. It was a privilege and an opportunity. Taking the initiative and making the most of your time is what is most important. That goes in applying as well; no matter the applicant pool, if you are passionate and driven enough for a global health position, you will succeed.
“The SCORPion” will take you into the world of Human Rights and Peace where you will find out about the numerous activities that everyday SCORPions conduct on a daily basis. Read about World Human Rights Day efforts, the SCORP database, human rights abuses in Syria, and more; it’s all here in this green edition from SCORP!
Introduction from the SCORP Director

Fares K. Al-Fares

Dearest SCORPions and friends,

It is with great pleasure that I present to you the 6th edition of the SCORPion. This year it’s presented to you a bit differently, but it still has the same great stories brought to you by our members. The SCORPion is always interesting as it contains a mixture of various issues that are tackled on a daily basis in different countries all over the world. It is always amazing to see, year after year, the many stories and the lessons that can be learned from such amazing people. This wouldn’t have been possible had it not been for the help of the amazing SCORP Editing Team, with Editor-in-Chief, Mohammed Hussein Awad (RA SCORP to Africa), and Melika Hanifitha (RA SCORP to EMR). Also, a heartfelt thank you from the SCORP team to the Publications Support Division Team for making this publication a reality year after year!

Best Wishes,
Fares K. Al-Fares
The SCORP database & camp

Monika Szamosová

Database:
Beloved SCORPions, just type in the link below and welcome to the new interactive SCORP database! This is a project database with much to offer our SCORPions. The website is a collection of everything relevant to SCORP, from project descriptions to contact lists, publications and policy statements etc. It is up to you to collaborate with your SCORP Regional Assistant and send him or her all the required information on your projects. Interesting publications and links may also be submitted for inclusion in the database, which is divided according to NMOs. Visitors can very easily navigate through the site and find the information they are looking for. When looking for inspiration and new ideas, feel free to use it in order to assist you.

There is a menu on the website that allows you to:

• Search for a specific project
• Look for the most popular projects and vote on them
• See the projects of a specific NMO
• Download training materials
• Browse through publications such as the SCORPion as well as those issued by WHO, UNESCO and non-governmental organisations for instance
• Download promotional materials and manuals to help you celebrate specific events in the human rights and peace calendar

It is our hope to continuously add new information about our projects; for this we need your help too! Please do not hesitate to contact your Regional Assistant for more information on how to submit content for our database. Keep up the SCORP spirit and share it with the world today!

www.scorpdatabase.wordpress.com

Camp:
The SCORP camp is a four-day international training event organised by SloMSA-Slovakia for IFMSA students who are interested in human rights issues. This year’s SCORP camp will take place in Bratislava, the capital city of the Slovak Republic (also known as “the pulsating heart of Europe”). The Organizing Committee has also planned a post-SCORP camp tour which will take delegates to many beautiful places in Slovakia.

Through the SCORP camp initiative we hope to help young medical professionals discover their capabilities as well as limits, thus creating a network of people who will be able to handle changes that are needed for future healthcare systems. Students will also become well informed and educated on the rights of their future patients, and develop the skills to advocate for human rights.

The SCORP camp is open for application to all SCORPions and medical students who wish to learn more about human rights and global health issues. Apart from the camp itself, registration for International Peer Education Training (IPET) will be open at the end of the 2013 March Meeting in Baltimore. The SloMSA OC is looking forward to hosting you in Bratislava from the 25th to the 30th of August!

www.slomsascorpcamp.wordpress.com

Monika Szamosová, SCORP Regional Co-Assistant for Europe, SloMSA-Slovakia

infobox

The SloMSA OC is looking forward to hosting you in Bratislava from the 25th to the 30th of August!
In December 2012, on the occasion of Human Rights Day, the SCORP group of Iran’s Isfahan Local Committee held a workshop titled “Doctors and patients’ rights”.

Our workshop contained different sections such as:
1. The Hippocratic Oath
2. Basic relationships between doctors and their patients
3. Patients’ rights
4. Doctors’ rights and the organizations that support them
5. Patients’ rights with regards to pharmaceutics
6. Ethics in medicine

The participants were split into different groups and were presented with simulated situations that were challenging from an ethical perspective. The groups then discussed the ways in which they should react in such cases.

The attendance at our workshop was unbelievable! In addition to 70 medical students there were also staff from the university and hospital. We found this to be very impressive!

Pre- and post-tests were held in order to analyze the students’ points of view, both before and after the workshop. Evaluations were held at the same time.

Overall, the workshop allowed students to think more about the right approach to take when meeting and treating patients, that is, to be a human before being a doctor!
“Our rights” - over the ages these two words have been spoken countless times. They have been seen as the reason behind many problems, and they have started squabbles, fights and even full-scale revolutions. Many people have become human rights activists while others have lost every shred of respect for the rights of living beings.

A sad example of this latter case was a man who worked as a driver at the “Rajaa Center”, which is a place where homeless children are sheltered, educated and generally cared for. This man was trusted with the lives of these innocent young ones but betrayed the trust bestowed upon him by committing the most monstrous and shameless acts. He raped 15 of the children and ordered them to keep it between themselves. The children, not knowing what else to do, kept quiet until the psychiatrist at the center noticed changes in their behavior and managed to extract the story from the children. At the moment, the man who committed these shameless acts is on trial.

This story is one in a million - things like this happen all the time, but victimized children might not have the courage to talk about them. Sometimes even parents are too busy to notice any changes in their children’s behavior.

Child abuse and violence affect millions of children each year. After abuse or violence many children develop mental health morbidities including depression and posttraumatic stress disorder. These children may also have serious physical and/or learning problems, and may face difficulty getting along with friends and family members.

After abuse or violence children need support from their parents and other family members. Sometimes parents are not able to be supportive because they have their own mental health problems; or they may also have been the victims of abuse or violence. Other parents may be the perpetrators of the abuse or violence. Children who do not have supportive families or who blame themselves for the crimes committed against them are more likely to have serious mental health problems. Many children, however, have the inner strength as well as the strong social supports necessary to cope well even after they have been harmed.

As members of the IFMSA, whichever Standing Committee we belong to - whether we are SCORPions or SCORAngels - we should all acknowledge the same issues, and approach them in the best possible way.

It is critical that we spread awareness of this subject, and discourage everyone from shying away at the very mention of it.

We should tell our children not to fall for the tricks of the likes of the man mentioned in this article; and should protect the most innocent people on this planet, our children, from such crimes. As human beings we should all try our best to stop any kind of abuse. In the end, a life without any form of abuse is a life truly worth living, and is the life we are striving to achieve for every child, man and woman.

It is the life that we deserve as human beings.

Missed Rights of Our Children

Mohammed Khozyma

Mohammed Khozyma, LORA assistant, Medsin-Sudan

Infobox

Child abuse and violence affect millions of children each year. After abuse or violence many children develop mental health morbidities including depression and posttraumatic stress disorder.
2012 was a year like no other for human rights. Human rights was the center of many global discussions, and remains a vital aspect of our global community. December 10th 2012 marked World Human Rights Day, the 64th anniversary of the signing of the United Nations Declaration of Human Rights. On December 10th, members of the International Federation of Medical Students’ Associations (IFMSA) lent their voices with the goal of promoting awareness about fundamental human rights and violations of these.

Every year World Human Rights Day presents an opportunity for medical students of IFMSA to celebrate human rights, highlight specific issues, and advocate for the full enjoyment of all human rights by people everywhere. This year, the spotlight was on the rights of all people - including women, youth, minorities, disabled people, indigenous people, the poor and the marginalized - to have their voices heard publically and to be included in political decision-making.

The Human Rights Action Team and SCORPions celebrate human rights every day but on World Human Rights Day (WHRD) we are united by action. On this day we let the whole world know that there is a particularly strong relationship between medical students and human rights. We seize the chance to spread awareness about all human rights, especially those most relevant to medical students, such as the right to health. Not all people are aware that they have this right - the right to a perfect health care system. Medical students are those change makers who point this fact out to patients, as well as to colleagues and the broad public. We stand together and campaign to make our vision noticed. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being.

On December 10th 2012 SCORPions all over the world used their voices to raise awareness; build knowledge and skills; and raise support and funds for those in need through activities such as lectures, exhibitions, debates, pamphlet distribution, movie nights, human rights day workshops, peer education workshops and charity concerts.

As members of the Human Rights Action Project, SCORPions stand up for human rights both at the local and international levels. We work in conjunction with other medical students around the world who struggle for the right to be treated with dignity and respect, to have free speech and freedom of choice with regards to democratic processes. Last but not least, we concentrate on the role of health as a human right. We believe that we have the capacity to: integrate a human rights-based approach to health among future health care professionals; promote the importance of the right to health in international education and international development processes; and advocate for health-related human rights.

On December 10th 2012, we medical students saluted all those who have suffered through seeking what is rightfully theirs, as well as those people who, in their own way, are saying “We have a voice, we have our rights, and we want them to be protected and respected”. We at SCORP truly believe that everyone deserves basic human rights; this is how the world should be!
By respecting the rights of others, we gain peace

Franchesca Mirre González

“Just as you would like people to show some respect for yourself and your personal space, you should do the same for others”: I reflect on this statement as the basis for the short story I am about to tell.

It was a cloudy afternoon. As always, Anna came home from work to follow her daily routine, including parking in her usual spot, greeting her neighbors and entering the apartment. The following day, she noticed that her parking spot was occupied by an unidentified vehicle. Tired and angry, she waited for a couple of hours and stood before the vehicle waiting for the owner to show up. Concerned, I looked out the window, and seeing her discomfort and distress, I asked her to park elsewhere and let the matter rest. However, she refused to leave the parking lot and continued to wait for the owner of the unidentified vehicle.

When the owner finally appeared Anna stared at him, but, instead of starting an argument, she asked casually: “Have you heard about Mr. Benito Juarez?”. The owner of the unidentified vehicle replied, “Of course I know him!”. Anna went on to say, “And have you heard why he is so well known?”. The owner stated, “Sure, he was the author of the phrase, “Respect for the rights of others is peace”. Anna replied, “Bingo, sir! That is why I am here!”.

Respect is a value that allows us to recognize that we all have equal rights. It helps us to live in peace with others. Currently, human rights are violated in many ways, including, but not limited to: disrespecting political ideals or religious beliefs; not allowing freedom of expression; disadvantaging a person based on their socioeconomic status or race; and disrespecting the time and space of others. These actions of disrespect and human rights violations affect how we live and how we maintain the balance and peace in our lives.

We first learn to respect others at home and at school. Therefore, we must create strategies that promote the value of respect for others and their human rights. A world without respect is a lost world, where human relationships are weakened, peace ends and conflicts begin. We should always remember the simple refrain mentioned above and should treat others as we would want to be treated.

Prosperity = Poverty

Satomi Saito

Living in Japan, a country that boasts the third largest economy in the world by GDP, I had always thought that poverty was something that took place in a far-off land. It had never crossed my mind that it could in fact exist right here in this country, until I came across LARF (Learn About Refugees in Japan Project), a SCORP project I am now working with.

Last summer, as part of this project, I went on a study tour to Kamagasaki, the largest slum in Japan which is located in Osaka. I can imagine the surprised look on some of your faces, but yes, the reality is that we do have slums in Japan. The two other major slums are also located in well-known areas (Tokyo and Yokohama).

These slums are inhabited by day laborers and homeless people, a large percentage of whom have been disowned by their families. Lack of food and sanitation are common occurrences in slums across the globe, however, the lack of emotional support given from families is unique to slums here in Japan, making the situation more devastating in a sense than that of slums elsewhere.

The harsh conditions in Kamagasaki are responsible for an average of two deaths per day, and as many as fifteen per day during the cold winter months. For those who earn enough money it is possible to stay at a “doya” - an inn for day laborers, which costs approximately 800yen per night. There, they will each be given a room with barely enough space to lie down in.

I learned from my short stay in Kamagasaki that poverty truly does exist even in a country as developed as ours. Perhaps it is because our country is so developed that we have poverty, for the rich would not be rich if it weren’t for the poor.

I would like you to keep in mind that wherever you find prosperity, poverty exists, although it may not always be visible. Hence, the equation “Prosperity = Poverty.”
Each year the 10th of December (Human Rights Day) is the most important date for SCORPions all over our world. On December 10th 2012 many SCORPions in our region (Asia and the Pacific) took action for this wonderful event. I would like to introduce some of those activities held by SCORP teams in Asia-Pacific.

CIMSA-Indonesia held a photo contest on Facebook, as well as a trivia quiz on Twitter from December 7th to 10th. They made use of social media effectively with interesting ideas and had a lot of participation from medical students in their country.

FMS-Taiwan had a unique and splendid project called “1210話人權” in which each local committee had to choose one topic (such as mental health or refugees) and then hold some activities to reflect the various articles in the Universal Declaration of Human Rights.

IFMSA-Thailand provided an interactive academic program in the SCORP session during their National General Assembly (NGA) in November. They inspired all the participants to express their ideas about human rights issues, as well as discuss various situations they had faced. They then brainstormed what they could do, followed by case discussions and shared their results with all participants at the NGA.

IFMSA-Japan held the biggest SCORP event of their year - the “SCORP-Japan Assembly” provided an academic seminar to medical students. An expert on human rights in Japan was invited to share his vast experience with the students, as well as to explain the defense of human rights from a medical perspective.

NMSS-Nepal held a literacy program where participants shared their fantastic poems and short stories on human rights. With an audience of around 100, the program ran for two hours and ended with an awards ceremony which announced the best poem and short story.

IFMSA-India held an event with the theme “Female Foeticide”. About 180 students and 25 faculty members (including the Director Principal, the Nursing Principal and the Dean of Medicine) attended. Presentations were delivered that were designed to educate and raise awareness of female foeticide as a human rights issue that needs to be urgently addressed. “Female Foeticide” was reported by mass media and 5 local newspaper presses the day following the event.

IFMSA-Pakistan, BMSS-Bangladesh and a few other NMOs also had Human Rights Day events.

In Asia-Pacific, SCORP is relatively unknown compared to the other Standing Committees, despite the fact that there is a great deal of serious human rights issues (such as conflicts, poverty and the violation of children’s rights) that need to be addressed in the region. Over the years, however, the scale and range of SCORP’s activities in Asia-Pacific are getting bigger and better! More and more students are realizing how essential and precious it is to work on respecting humanity, protecting human rights and fighting for the ultimate dream of world peace.
Empathy: A guide to human connection

Yamen Jabr

“To touch the soul of another human being is to walk on holy ground.” – Stephen Covey

Living in a world constantly tainted with conflicts, hardships and deprivation of its own humanity and values, we so often forget what it means to truly understand and connect with one another; what makes us human at the end of the day.

And although we typically react to dire situations by expressing our sympathy, sadness, or even taking the initiative to be supportive, does that mean we feel what these people go through - whatever that may be? Do we really put ourselves in their positions and imagine what the harsh reality of their situation really is? Do we feel empathy?

Before we can answer these questions, we first need to familiarize ourselves with what it means to be empathetic. The term empathy is best defined as: “the intellectual identification with or vicarious experiencing of the feelings, thoughts, or attitudes of another”[1]. It is not a feeling we are born with and, no matter how many of us choose to believe that we are empathetic by nature, if we cannot look beyond just our general sympathy for others and actually feel and relate to what other people are experiencing, then we lack empathy, and hence fail to develop a deep, meaningful connection with others.

Living in Egypt over the past few years has been a wonderful experience for me in every way possible, and even though I can say that I have learnt so much during my time here so far, my biggest challenge has always been trying to connect with the people here on a more personal level. Sadly not everyone fully understands the daily hardships and struggles faced by a large proportion of the population (which is what sparked my interest in SCORP), and are almost desensitized to the sights of these people - whether it is a homeless person or beggar asking for money; whether it is individuals in dispute; or whether it is different social parties in a state of conflict.

In general, it is in our nature to want to be better people, friends, neighbours etc, and to do what is best for our community; but have we ever stopped for a moment to reflect on what goes on in other people’s minds as we lend a helping hand and help resolve their problems? These people need more than help; they need someone they can connect with, someone who can actually feel that homeless person’s struggles, that war-torn person’s pain, and so on.

Generally-speaking we have lost our ability to relate to one another as individuals. Mutual understanding or even attempts to acquire understanding make us what we ought to be - empathetic human beings. It is only through empathy that we can reach a level of true compassion. At this point you may be asking yourself, “So what do I do next? How do I start being empathetic?” The truth is, we cannot simply BE empathetic; it takes a lot of devotion and understanding to reach a point of making a difference in people’s lives through emotions, but it begins with:

• Understanding the role of perception in our thinking and the thinking of other people. Having our own logic and opinions based on personal values and experiences is not necessarily a fault.
• Removing arrogance from thinking; no more of that “I am right! You are wrong!” mentality.
• Understanding that variations in thinking tell us a great deal about the people with whom we are interacting, and help us to grow and develop.
• Understanding that being willing to listen to and respect others is the basis of empathetic interaction.

The benefits and positivity that arise out of being more empathetic can be amazing. This does not mean you have to start implementing it on a large scale in order to see its effects - even within your inner circle of family and friends, the changes can be seen and felt. You have peace of mind knowing that you’ve been able to establish an emotional connection far deeper than you initially thought. As you continue along that path and start to notice your inner circle growing and expanding, you will also notice that empathy has developed into an innate feeling present within you. Good vibes spread beautifully throughout your community with just a few kind words and the gift of understanding.

Imagine a world where all people truly cared for one another, not just on a superficial level; a world where peace and prosperity can arise from our ever-growing care, love and compassion for those we strive to create a difference for. This is what we should aim for - a better world.

In conclusion, I believe that if we all set our hearts and minds on being a positive influence in our societies, we can be the ones to bring about change from within, and to raise the SCORPion flag higher than ever. Here’s to a great year of Human Rights and Peace ahead of us!

References:

Reference:
Violence against women has always been a matter of concern all over the world. That is why my Local Committee came up with the “Non-Violence Day” Project. Before the project commenced we were aware that violence towards women in our country is an issue at every social level, but we were not aware that it is so common.

For our project we went to our university high school to give students a session about the different kinds of violence that can be found in our country. Our ultimate aim was to create awareness about this serious problem amongst the students, and to let them know that there are institutions willing to help them out of violent relationships. We worked with about 150 students and discovered that there were a lot of girls who had been abused. Some of them asked us for anonymous help, while others contacted the IMM (local women’s institute) which is now working with the young women to help them out of these violent relationships.

On one particular day, after dressing up and applying make-up to make ourselves look like victims of violence, we paid visits to the university, schools, restaurants, and the city centre to talk to people and gauge their reactions to the issue of violence against women. We found that some people simply did not know how to react to us; most moved away – indeed only a few asked us if there was anything they could do to help. Those little moments were awesome because we realized there are still people in this world who care about others.

We also went to an elementary school to deliver a session to 18 children. Two of the children shared their stories about living in homes where their fathers treated their mothers badly, and one child told us that his father is abusive towards him as well. We were in shock because of their young ages and the experiences they had gone through. One of the kids told us: “They said you will become as your father. I don’t want to grow up, and I don’t want to be like him”.

We invite all SCORPions worldwide to work on projects about stopping violence in their countries.

The decision is ours to make so let’s make it right and help women around the world to get out of abusive relationships. We know it is not easy, but it is not impossible.

We started working with other local committees in our country and it is our hope that this year other NMOs around the world will get involved as well. We want to work with all the enthusiastic SCORPions of the world to spread this initiative further! We wish you the best in all your projects! Green Hugs from Mexico!
As medical students we need to know how the environment, which is dynamic and in constant change, influences health. For more than two years, SISM-Italy has been trying to address this topic. We first started off with a Small Working Group (SWG) aiming to increase awareness amongst students concerning this issue and the strong impact it has on our lives and our future work. The SWG was composed of passionate students from all over Italy. We initially decided to organize our work based on a self-training method: we shared numerous articles and informative material; and exchanged points of view and ideas on an internet platform and via Skype meetings.

We then tried to move on from theory to practice. Following the spread of the topic at the national level, the Organizing Committee of SISM-Italy’s 2012 Congress decided to make their event eco-sustainable focussing on having a low environmental impact and conserving money.

The OC decided to move the congress from Genoa to a small village in the countryside in order to interact with the local community, who helped them find accommodation (the delegates stayed in seven different small hotels all close to each other) and provided meals for the participants every day. Food was made only with local products, and all vegetables came from the fields in and around the village.

Metal water bottles were handed out to participants in order to avoid plastic waste. The bottles were made by members of the "Battle to the Bottle" initiative, a SISM project. It was hoped that this initiative would encourage greater use of tap water and lessen the amount of rubbish and pollution produced. Glass bottles filled with water from the local springs were also employed. All stationary items (paper, pens, pencils, folders) were made from recycled materials; and dishes and glasses were made from biodegradable materials. Participants were also given the responsibility of sorting through their rubbish for recycling.

During the meeting there were no extra comforts such as a swimming pool, gym, or luxury conference hall, however most participants understood the ethical reason behind this and enjoyed the congress nonetheless.

This new way of thinking when planning NMO events is just the first step along the path we aim to follow. We strongly believe this is not only ‘food for thought’ but also an important issue that we should be aware of and follow in our everyday lives.

In accordance with the need to define our priorities as a medical association, we published a membership strategic plan. This contains a definition of our purpose, and all the goals we hope to achieve over the next three years. As combating climate change is obviously one of our main goals, we here underline our two key objectives:

- The introduction of a policy statement with clearly defined rules that regulate how we carry out our national events. Emphasis will be on eco-sustainability and low environmental impact.
- The widespread availability of public awareness projects on climate change and health

In order to pursue our objectives, we are going to continue our work within the SWG, trying to increase the number of students involved as much as possible. We want to spread ideas about this initiative all around Italy, introducing a real change to our reality and our future.
They had arrived. The house shook as the first rocket landed at their neighbor’s home a couple of houses away. She never expected the second one coming. The heat was intolerable, and within a few moments she had blacked out. When she woke up she was in Tafas’ hospital in Daraa.

The lone survivor of a rocket attack on Tafas which had brutally disfigured her body, Laila* was soon shifted from Tafas to Damascus by her family as she was told it was no longer safe. A couple of weeks later she found herself in a refugee camp in Jordan as healthcare became inaccessible to people of her social status in Damascus.

This is not a fiction novel or a movie my dear reader. The revolution will soon commemorate its second year in a couple of months’ time. The story however, that I would like to tell is that of the medical situation in Syria during the past two years.

Government hospitals

By September 2011, the revolution’s focus had shifted mainly to Homs, located in central Syria. Government hospitals by then had been turned into killing zones, with government militants dubbed as ‘Shabeeha’ roaming the hospitals - it came to a point where injured people didn’t make it through to the next day without a bullet in their heads. This practice soon spread like wildfire to all parts of Syria.

The private sector

With the government hospitals incapacitated, the load on the private sector hospitals increased steadily. But again, obstacles started to appear. Daily electricity cuts, the reduction of hospital buildings to rubble and the seizing of personnel to interrogate them soon rendered these hospitals unsafe.

In Damascus two private hospitals still operate today along with a good score of smaller clinics. In Aleppo on the other hand, one of the major private hospitals has been destroyed while another is abandoned. Most of the country’s most prominent physicians have either left or are unable to operate their clinics as they are out of reach.

Shifting to the field

The lack of healthcare provided by both the governmental and the private sectors drove a good number of volunteer doctors to set up field clinics in different areas of Syria trying to assist whatever proportion of the population they can. These clinics operate in dismal conditions using the most basic of materials.

Field clinics in Syria are constantly on the move. As one doctor in Al-Qusayr field hospital describes it - “Once the regime troops find out about the field hospital, they start shelling it hard. That’s when we have to make our move and find somewhere else to operate”.

*Laila is a pseudonym.
Have you ever wondered what SCORE exchanges are all about? Which countries you can go to? Or what research projects are on offer? Find out more here, in "SCOREview", the publication that has got everyone talking about research exchange! Flip through the pages to transport yourself from an X-ray laboratory in Mibu, Japan, to working on amyloidosis research in Rio de Janeiro. Research exchange is awaiting you!
Dear medical student,

I gladly present you our SCOREview section in this latest MSI.

As a brief introduction, the first edition of SCOREview was published in March 2009 with the aims to promote IFMSA exchanges, to provide practical knowledge of medical research to medical students worldwide, and to promote IFMSA activities globally. This March, we are honored to join with MSI to share our wonderful stories with medical students worldwide.

In this section you can enjoy exchange experiences from five different countries, a country profile from our friends in Indonesia, testimonials from supervisors, and two articles about the SCORE sessions in the Pan America and Africa regional meetings. Thank you to all contributors for sharing the greatest experience to inspire others, and of course to our SCOREview editorial team and publications team for their great work.

Hope you will enjoy reading this section!
Consisting of thousands of islands; hundreds of ethnic groups, languages and dialects; diverse religions; outstanding cuisine; remarkable biodiversity; breathtaking landscapes and sights; and an incredibly rich culture - Indonesia will never stop to fascinate you. Many friendly new friends are ready to welcome you with their warmest hugs to Indonesia!

For the 2012/2013 term, our NMO, CIMSA-Indonesia, has eight amazing Local Committees on Research Exchange (LCREs). Starting from the eastern part of Indonesia, we have the University of Syiah Kuala in Aceh, rich with Islamic culture; and the Andalas University, located in Padang, a city which is famous for its cuisine. Moving to one of the most populous islands in the world, Java, we have: the University of Indonesia which is the oldest university in Indonesia; the University of Gadjah Mada; the University of Muhammadiyah Yogyakarta in the beautiful city of Yogyakarta; the National University of Sebelas Maret in Solo; the University of Brawijaya in the humble and natural city of Malang; and the University of Airlangga in the busy city of Surabaya.

Research
As we all know, there are many global health concerns. Amongst these is the issue of communicable diseases, which remains an important cause of morbidity and mortality in Indonesia. Some of the most prevalent communicable diseases in our country include: leprosy, tuberculosis, hepatitis, malaria and dengue.

For this reason, most of our available research projects target Microbiology, Biology, Parasitology, Biomedicine and Nutrition, especially for neglected tropical diseases. The following projects have been completed by exchange students in the 2012/2013 research exchanges so far:
1. Longitudinal study on serotypes and genotypes of endemic dengue virus in West Sumatra.
2. Cloning the full genome of HCV 1a.
5. The correlation between maternal malaria and congenital malaria in Lembata, Indonesia.
6. Characterization of outer membrane protein (OMP) of Shigella flexneri.
7. Evaluation of immunocytochemistry tests for dengue virus detection in blood smear preparations using thin and thick anti-dengue monoclonal antibody pro.
8. Fluid intake study among teenagers and adults in Jakarta.
9. Observation of bacterial resistance isolated from specimen in Dzainal Abidin Hospital.

Social Program
Indonesia is a tourist magnet! Most of our exchange students extend their stay in Indonesia so that they can visit and enjoy our magnificent sights, including Bali, Lombok and Borneo Island (Kalimantan). Our host students also arrange special sightseeing activities for our guests through social programs.

The social programs typically take place in or around the host city. SCOREans in Padang can visit the clocktower in the nearby city of Bukittinggi, which was the seat of the Indonesian government during the war with the Dutch. In Jakarta, they can visit the sensational “Thousand” Island (“Pulau Seribu” in Indonesian) for scuba-diving. In Jogjakarta, they can visit Borobudur Temple (one of the most renowned Buddhist temples in the world), and Prambanan Temple (a sacred Hindu Temple); or can simply hang out in Malioboro Street, a commercial area that “never sleeps”. While in Indonesia, students should not forget to taste the cuisine! Most of the exchange students have enjoyed Indonesian food so much that they have said they could not return to eating their usual food!

Boarding and Lodging
Usually, host students provide food for our exchange students. In some local groups, hosts and exchange students cook meals together, allowing a “cuisine exchange”! For lodging, some local committees provide hostels for the exchange students, while others provide host families to ensure that the students experience the hospitality of Indonesian homes.

We look forward to welcoming you to Indonesia!
Exchange Experience
Brigadeiro in Rio de Janeiro

Marta Joanna Borys

The Project
I worked on a project titled “Studies of folding and aggregation with amyloidogenic proteins: transthyretin, alfa-sinuclein and prion protein” at the Universidade Federal do Rio de Janeiro (UFRJ), Instituto de Ciências Biomédicas (ICB), in Brazil. The aims of the project were to: understand the mechanisms involved in protein folding and aggregation, the effects of anti-amyloidogenic compounds, and the role of inflammation in the amyloidogenic diseases; and characterize the intermediate species present in the aggregation process of amyloidogenic proteins. The laboratory methods used included circular dichroism, fluorescence correlation spectroscopy, cell culture assays, primary culture of neurons, and protein expression and purification.

My daily schedule was Monday to Friday from 9am until 4pm. As I assisted my mentor in her work, I observed and performed simple procedures, such as the purification of bacteria and electrophoresis, and learned how to use medical equipment, such as high hydrostatic pressure devices. This project showed me how to apply my textbook knowledge to laboratory practice. My understanding of biochemistry increased as I studied about transthyretin, a protein that accumulates pathologically in the brains of patients with Alzheimer’s or Huntington’s disease. I also became interested in the study of amyloidosis for my future doctoral studies.

City and Country
I would like to share some information about Rio de Janeiro, which literally means, “the January River”. Rio is a city in southeastern Brazil on the Atlantic coastline, and on the edge of the highlands near the bay of Guanabara. With a population of 5.6 million people, Rio de Janeiro is famous for its beautiful beaches (for example, Copacabana and Ipanema), the giant statue of Christ the Redeemer (“Cristo Redentor”) on top of Corcovado, and its annual carnival celebrations.

Regarding Brazilian cuisine, I recommend that you try pastels, a traditional Brazilian delicacy with minced meat, mozzarella, shrimp and vegetables.

On the 1st of July 2011, my trip began at the Chopin Airport in Warsaw, Poland, where my university friend, Krzysztof, and I flew to Brazil via the Charles de Gaulle airport in Paris. This was my first trans-Atlantic flight! When we landed in Brazil, first-year medical student, Angela Borges, picked us up and took us to her family home. I enjoyed the daily visits of Angela’s three-year-old cousin, Maria Fernanda, who, when called “Maria”, would respond, “I am not Maria! I am Maria Fernanda!”. Of course, I learned that Brazilians value both names, even at three-years-old!

I not only made amazing friendships with two colleagues from Colombia and the Czech Republic, but also with Brazilian students who showed me the importance of balancing my study schedule with time off to enjoy life and smile.

During my exchange program, I visited many historical and cultural landmarks in Brazil. In Rio de Janeiro, I was witness to breathtaking views of beaches, mountains and the Atlantic Ocean. I visited Corcovado [with the famous 38-meter-high statue of Christ the Savior] - one of the new Seven Wonders of the World; the Sugar Loaf hill; and the Lapa district, where I enjoyed visiting the unique, colourful stairs made by the Chilean artist, Selaron. Later, I traveled with my two friends, Harrison Ferreira Leite and Laurena Fereira, to São Paulo and Bahia state. We visited Itabuna, the capital of coconuts; and Ilhéus, a city famous for chocolate and the home of Jorge Amado, author of “Gabriela, Clove and Cinnamon”.

My host family also took me to Maria Fernanda’s kindergarten class, where I experienced a true Fiesta Junina, the traditional Brazilian feast celebrated in July and August in honor of the birth of St. John the Baptist. And I visited a historical church, where the priest was ecstatic that I had traveled from the birthplace of Pope John Paul II. The priest announced my home country to the parishioners, who began to sing and clap. I honestly felt like a real celebrity!

Regarding Brazilian cuisine, I recommend that you try pastels, a traditional Brazilian delicacy with minced meat, mozzarella, shrimp and vegetables. I also tried batata, pao de queio, acaraje and feijoada. With exotic fruits all around Brazil, I tried fruit that I had never heard of before.

My favorite dessert was brigadeiro, which is made of milk, sugar and cacao. My family even prepared this dessert for my Nameday. I explained
that the Nameday is a holiday celebrated in Poland and Russia, similar to a birthday, so they prepared a big feast with presents.

Regarding alcoholic beverages, caipirinha is a Brazilian cocktail made from sugar cane, or cachaça. My favorite drink however was a popular tea, made from yerba mate - dried, powdered Paraguayan holly leaves.

Preparations, Travel and Arrival
My travel preparations were minimal, since I did not need a visa or specific vaccinations. I purchased my ticket and packed a travel guide book, clothes and personal items. However, my preparation for the research exchange required a review of some basic science coursework and of the literature regarding amyloidosis.

Stay
Although my room was small, I was comfortable with a bed and wardrobe (which is realistically all that medical students need during the research exchange). Breakfast and dinner were had with my family, and lunch with either my colleagues from the laboratory or my amazing mentor, Liliani A. Sereno Fontes Medeiros. Without a doubt, she has been the greatest mentor in my life!

My contact person was Angela, who was very helpful in arranging my trip. The medical students from IFMSA-Brazil assisted me greatly as I prepared my flight to Sao Paulo and Bahia state. I am still in contact with many people from my exchange program, even my Colombian friend who I initially met at the General Assembly in Denmark.

In conclusion, I would recommend all IFMSA students visit Rio de Janeiro. Apart from the beautiful views, you can meet amazing people. I think that a trip to Brazil, instead of Prozac, should be prescribed to patients who suffer from depression!

Exchange Experience:
Cairo, Deep in My Heart

Mehdi Benaceur

Research Project
My project was titled, “Incidence of diagnosed breast cancer during mammographic screening”, and took place at the Kasr Al-Aini School of Medicine at Cairo University as well as at the WAFI Center in Cairo. The aim was to look at previous breast cancer screening data and apply statistical reasoning for analysis. As a result of this project I am now an expert in reading and interpreting normal and pathological signs in mammograms.

There were no language barriers because I communicated in both English and the Egyptian-Arabic dialect which I learned from watching Egyptian soap operas and films. My hospital co-workers were wonderful clinicians who freely shared their knowledge and culture.

City and Country
The project took place in Cairo, the capital of Egypt. During the first days of my visit, I was shocked by the noise and the crowds. Little by little, I became accustomed to the Egyptian lifestyle and fell in love with this city that “never sleeps”. I felt like it was my home city, and I still feel attached to it.

Along with some friends, I had the opportunity to visit several Egyptian cities. In Alexandria, the “Pearl of the Mediterranean”, we visited many museums. We also traveled to Hurghada, where we dived and snorkeled in the turquoise water amongst colourful fish and coral; the Black and White deserts; and Bahariya Oasis, where we admired rock formations and spent a night looking at the stars and eating tasty Bedouin food. Finally, we took the “Road of the Pharaohs” from the north to the south, following the Nile through the sacred Luxor, Aswan and Abu Simbel, and visiting the most beautiful temples and monuments.
Preparations, Travel, and Arrival

It was a simple procedure to apply for my Egyptian travel visa which I received in one week from the Egyptian embassy in Tunis. Once I arrived in Egypt, my contact person was extremely helpful, meeting me at the airport and making sure I was comfortable at the hotel.

Stay

Staying at a three-star hotel, my three roommates and I enjoyed the large lobby for evening meetings and Wi-Fi internet access. The hotel’s restaurant provided breakfast and lunch during weekdays and breakfast during weekends. Transportation to and from the university was not problematic as we were only 10 minutes away by cab.

My Egyptian social coordinators helped me discover Cairo and its culture. We visited the Pyramids, the Sphinx, the Egyptian museum, the Coptic museum, Al Azhar Mosque, Khan El Khalili, Sayeda Zeinab, Salah El-Din Citadel and the Opera House. Furthermore, we walked around Tahrir Square, took a felucca cruise on the Nile, attended many folklore shows, and ate tasty Egyptian food.

My active participation in this SCORE exchange was an amazing experience that I will always cherish! Full of wonderful memories, Cairo will always stay deep in my heart. I am certain that I will return in the near future.

I would like to thank Dr. Hanan Gewefel, my supervisor; Eman Hosny, my scientific coordinator; and all the Egyptian medical students, especially the social coordinators from SSS (IFMSA-Egypt) for their presence, kindness and generosity. It was a pleasure for me to meet and spend time with you all!

The Project

My research topic, “Risk factors and outcomes in European cardiac surgery in Italy”, focused on clinical and surgical interventions in cardiology. My exchange lasted for one month in the Departments of Cardiology and Cardiac Surgery at the Hospital of Siena. My weekly academic program consisted of two days in surgery and two days in pre- and post-operative care. I learnt about the surgical techniques and possible risks and complications of invasive cardiac interventions for valvular pathologies, including mitral valve insufficiency, aortic valve insufficiency, and aortic stenosis. I discovered that such interventions may carry risks, such as mammary artery perforation, impaired post-operative heart circulation, mediastinal infection and difficulties in wound healing (for example breastbone malunion).

When on the hospital floor, I attended the electrocardiography and echocardiography consults to gain more insight on the field of cardiology through clinical cases and open discussions. This project helped me to appreciate the anatomy and physiology of the heart. All clinicians at the hospital were extremely nice and willing to teach me more about this clinical specialty. I did not have any language barriers because the Spanish and Italian languages are very similar. I challenged myself to learn more Italian, so I refused to speak English from the day of my arrival.

City and Country

It was my first time visiting Italy, a country that I have always been curious to visit and learn about. Although I was based in Siena, I was lucky to visit the beautiful cities of Rome and Florence as well. In Siena I saw many historical monuments, including the Plaza del Campo and the Cathedral of Siena. My research exchange was marked by the arrival of spring which transformed the surrounding Tuscan countryside into a breathtaking landscape of leafy forest and green fields.

By the end of my exchange, I had met many other students from Italy, France, China and Spain. Everyone was warm and friendly, and the locals helped me to adjust to the language, and hospital environment.

Preparations, Travel and Arrival

My first stop was in Rome. Since my flight arrived two days prior to the start of my research exchange, I spent two days visiting cultural sites, including the Vatican, Colosseum, Pantheon, Vittorian’s Monument, and Trastevere quarter.
My second trip was to Florence, located one hour from Siena. With my roommate, I visited some important monuments, including Pitti’s Palace, the Cathedral, Palacio Vecchio, Ponto Vecchio, and Galleria Uffizi.

**Stay**
I lived with my friend in a student residence, and was provided with 20 meal vouchers to use at the university canteen. At first I had several problems with the residence housing, but my roommate and I managed to cope with the situation.

Overall I am extremely satisfied with my research exchange which provided me with multiple learning experiences in both medicine and culture. I plan to keep in contact with my close friends from Siena.

---

**Exchange Experience:**

An Irradiation Research Project in Mibu, Japan

Renata Matsuura Endo

**The project**
The aim of this study was to estimate and to evaluate the effects of low-dose irradiation on six-week-old Lewis rats’ hematolymphoid organs. Due to the devastating earthquake and tsunami that affected Japan in March 2011, this project was highlighted to better understand the irradiation effects on humans. Since this was my first time participating in laboratory research, I learned the basics, including, the scientific method and how research methodology can be developed from a simple research question. This research experience involved conducting literature reviews as well as laboratory work with rats.

My tasks included: exposing rats to x-rays; making histological slides from their organs; carrying out immunostaining and cryosection; and analyzing cells with light microscopes. My coworkers were extremely nice and provided assistance when necessary. At the end of the exchange program, I prepared an academic paper in order to present my conclusions to the laboratory staff.

**City and country**
Mibu city is a quiet place in comparison to Tokyo or other large Japanese cities. Upon my arrival, I was invited to go around Mibu with the LORE and other Japanese friends. Since I was the only exchange student that month, I only met students from Dokkyo University (my host institution). This research exchange was a wonderful and unique experience to get to know the Japanese and their daily lives as medical students. Even though our countries are located on opposite sides of the world, we share the same medical student experiences.

**Preparations, Travel and Arrival**
I needed to obtain a Japanese visa for my research exchange and an American visa for transit purposes. Since I was the LORE’s first exchange student, I was appreciative of the contact person who assisted with my travel plans.

**Stay and Social Program**
Located 15 minutes from campus, my dormitory room comprised one huge room with a little kitchen, bathroom, closet, air conditioning and heating, 24-hour internet access, TV and phone. There were weekly housekeeping services.

At university, laboratory tea breaks were frequent and filled with Japanese sweets and tea. The laboratory staff also organized two special lunches for me, where they prepared my favorite Japanese dish! During the social program, my hosts paid for all my costs, including transportation, entrance to at-

---

**The laboratory staff and the students at Dokkyo University were extremely nice and made me feel comfortable during my research exchange. It was a wonderful experience to learn more about medical research and to make new friends.**
tractions, and meals. With other IFMSA members, we were able to visit the zoo and amusement park in a neighbouring city. After my laboratory work, we would often meet other Dokkyo students and go to the shopping mall or have dinner together.

In conclusion, my research project revealed new discoveries, so the laboratory staff will be able to continue their research and hopefully obtain answers to their hypotheses. The laboratory staff and the students at Dokkyo University were extremely nice and made me feel comfortable during my research exchange. It was a wonderful experience to learn more about medical research and to make new friends. I cannot wait to visit them again!

SCORE in Regional Meetings

African Regional Meeting 2012
Antoine Habiyambere

Africa has tremendous research opportunities, which are there for future health professionals to shape the skills needed to reach community solutions. At the 9th IFMSA African Regional Meeting (ARM2012), our keynote speaker highlighted this current global health need: “The importance of research is to solve the problems of the community…”

Current Status of SCORE in Africa

During the ARM2012 SCOPE/SCORE session, the following African NMOs presented: Tanzania, Rwanda, Kenya, Uganda, Ghana and Sudan. Of these, only three are currently active in SCORE: Ghana, Sudan and Rwanda. The remaining African NMOs mentioned that because they did not have SCORE at the national level, this impeded the formation of SCORE at the local level. During these sessions, a presentation focusing on helping more NMOs to activate SCORE was delivered. This document was compiled in digital form to be used as an online resource by all NMOs.

Research Projects in Africa

A number of research exchange projects are currently active at the following African universities:

Ghana (FGMSA): School of Medical Sciences (Knust)
• The contribution of Bacillus spaericus, a microbial larvicide, in the reduction of malaria incidence in the Kumasi metropolis of Ghana.
• The role of candidate micro-RNA in T-cell response during acute and latent Tuberculosis infection.
• Modeling the Epidemiologic Transition Study (METS).

Sudan (MEDSIN): University of Khartoum:
• Helicobacter pylori and carcinogenesis.
• Genetic susceptibility to cancer development.
• The activity of Sudanese plant extracts against the Leishmania parasite.

Unfortunately, many other exciting research projects at African universities are not yet included in the research exchange programs for medical students.

SCORE Prospects in Africa

As we concluded from the ARM2012 SCORE sessions, NMOs such as Tanzania, Ethiopia, Kenya, Uganda and Namibia are eager to activate SCORE by early 2013. They agreed to work on setting up National and Local SCORE Committees, and increase SCORE-related communication with Regional Assistants, Co-Regional Assistants and NOREs. These collaborations are the cornerstone to developing research exchange opportunities in Africa and to bringing ongoing research projects to IFMSA members worldwide.
The Regional Meeting 2013 (RM2013) is over, and my daily routines welcome me back. Although time seems to always move forward, I cannot stop looking back! This meeting provided me with multiple opportunities for personal, academic and cultural enrichment.

I went to the RM2013 as a new Local Exchange Officer for my university and gained motivation and new insight. In fact, before the RM2013, I thought that my responsibilities only included managing technical problems. However, after the meeting, I realized that my role also consisted of facilitating cultural sensitivity and collaborations. In brief, the meeting opened my eyes to the real goals of a Local Exchange officer.

I learned several key points during my participation in RM2013:
- How to adapt to a stranger’s culture
- The difference between a group and a team
- How to build a Welcome Package
- How to build a Social Program
- The history of Global Health
- Doctor migration issues
- How to be a leader
- How to finance and market

During our RM2013 scientific program and cultural activities, I enjoyed the opportunity to learn about El Salvador. I learned about the socio-economic and health challenges of the poor and the contrast of the luxuries of the rich, including the fear of the rich towards the poor. I immersed myself in the local cuisine and beautiful landscape of the tropical setting with surrounding mountains. Without a doubt, it is a beautiful place to visit!

All in all, I would love to share this beautiful experience with everyone. For this reason, the Quebec delegation wrote a blog that documents the Pre-RM2013 and RM2013, where the nine Quebec delegates shared daily reflections on this cultural voyage of a lifetime: http://rm2013.ifmsa.qc.ca/
This year, it is hoped that students will join our team of researchers here in RCSI Bahrain. This will offer these students not only an opportunity to work both with highly skilled multidisciplinary research principal investigators, but also with students from RCSI Bahrain. Joining the team will bring the benefit for the IFMSA students to interact with these research teams on a month-long cutting-edge research project and make friends and acquaintances within the college and on the Island.

The students not only get the experience of being in Bahrain and working in this institution, but we also benefit from their expertise and enthusiasm. Bringing students from other countries that are highly motivated to conduct the particular areas of research will add enthusiasm to the team, as well as increase productivity in the laboratory.

I welcome students here to RCSI Bahrain for the IFMSA research projects.

Testimonials

Exchange Students Bring Enthusiasm to the Research Team

Kevin G. Culligan

Dr. Kevin G. Culligan
Senior Lecturer in Pharmacology & Biology
Principal Investigator; Diabetes Research Group
Royal College of Surgeons in Ireland

Unique experiences are generated from working in an environment that is international in its outlook and in which there is a strong commitment to multidisciplinary research. Thanks to the IFMSA, we were able to engage top research students from across the world who contributed to the educational experience of our own students in the laboratory environment.

Kevin G. Culligan, PhD
Immediate Past President, IFMSA

Testimonials

Twenty-four Hours in Belgrade

Dragan Hrnčić

Dr. Dragan Hrnčić, MD, MSc
Assistant Professor
Laboratory for Neurophysiology
Faculty of Medicine, University of Belgrade

Participation in the IFMSA medical student exchange program of Helmsic is an extremely rewarding academic experience. As a teacher, it was fascinating to compare the level of background knowledge and skills of the students coming from different educational systems. I observed the motivation of these medical students and their passion for medicine, driven by high academic goals and pursuits.

It has been a pleasure participating in this program, and I would like to wish personal and professional success to our students all over the world.

Testimonials

Comparing Different Educational Systems

Kovatsi Leda

Dr. Kovatsi Leda, BSc, MD, PhD
Assistant Professor of Forensic Medicine and Toxicology
School of Medicine

Dr. Kovatsi Leda, BSc, MD, PhD
Assistant Professor of Forensic Medicine and Toxicology
School of Medicine

Testimonials

Exchange Students Bring Enthusiasm to the Research Team

Kevin G. Culligan

Dr. Kevin G. Culligan
Senior Lecturer in Pharmacology & Biology
Principal Investigator; Diabetes Research Group
Royal College of Surgeons in Ireland

Unique experiences are generated from working in an environment that is international in its outlook and in which there is a strong commitment to multidisciplinary research. Thanks to the IFMSA, we were able to engage top research students from across the world who contributed to the educational experience of our own students in the laboratory environment.

Kevin G. Culligan, PhD
Immediate Past President, IFMSA

Testimonials

Twenty-four Hours in Belgrade

Dragan Hrnčić

Dr. Dragan Hrnčić, MD, MSc
Assistant Professor
Laboratory for Neurophysiology
Faculty of Medicine, University of Belgrade

Participation in the IFMSA medical student exchange program of Helmsic is an extremely rewarding academic experience. As a teacher, it was fascinating to compare the level of background knowledge and skills of the students coming from different educational systems. I observed the motivation of these medical students and their passion for medicine, driven by high academic goals and pursuits.

It has been a pleasure participating in this program, and I would like to wish personal and professional success to our students all over the world.

Testimonials

Comparing Different Educational Systems

Kovatsi Leda

Dr. Kovatsi Leda, BSc, MD, PhD
Assistant Professor of Forensic Medicine and Toxicology
School of Medicine
In this section, you are going to meet SCOPEople, read about their professional exchange experiences, their challenges, and meet their friends from every corner of the earth. Prepare yourself as you embark on a SCOPE journey that will take you around the world - from frolicking on the beautiful Mediterranean shores of Tunisia to jamming to Kenyan hip-hop in Nairobi. So buckle up, sit back and enjoy the ride!
Welcome letter from the SCOPE Director

David Ekow Arku

Dear SCOPEans and medical students worldwide,

I am extremely happy to present to you the most recent edition of our official SCOPE publication. Everyone who contributed to this edition has placed a great amount of time, energy and creativity to give you a closer look at the amazing world of SCOPE.

While reading this edition you will join the authors on their journey from one corner of the globe to another. You will look over their shoulders and catch a glimpse at the differences in health care systems in different parts of the world and the cultural diversity that you can experience only in SCOPE.

This year the focus of SCOPE is on the Strategic Plan with the main priorities being evidence-based SCOPE, the New Database and support to new countries. All relevant SCOPE documents will be centralized on the New Database to ensure continuity and easy access. The New Database is being perfected to achieve the dream of having an even more efficient management system in place to co-ordinate the exchanges of over 8000 medical students worldwide.

The African countries that were focused on in the last term have been followed up on and I am extremely proud to present even more new African countries as SCOPE active at the MM 2013. The focus this term is on the Asia-Pacific region and great strides have already been taken to increase the participation of the region in SCOPE. I am really looking forward to seeing the region with the largest number of medical students achieving their full potential in SCOPE.

I would like to thank my amazing International Team: Maria, Erica, Farhan, Carl-Joe, Nienke, Carlos, Karolina, Susi, Omar and Safa for their amazing work so far. I would also like to thank the amazing SCOPEans who together are selflessly contributing to make the biggest worldwide exchange program what it is today.

Last, but definitely not least, I want to thank Nadine and Steffi, the co-Editors in Chief; Safa, the Support Division Coordinator on Marketing; and the authors of the articles, who have all done an amazing job to make this periSCOPE possible.

I wish all a very pleasant reading experience.

David Ekow Arku

Director of the Standing Committee on Professional Exchange
2010-2011: 9 NMOs, 26 LCs → 2012-2013: 16 NMOs, 51 LCs.

Let me tell you what these numbers are saying. They mean that in the course of just two years, the region was literally able to double in size and capacity. What region was capable of this? The Eastern Mediterranean Region of course, which we all know simply as the EMR.

My name is Carl-Joe Mehanna, and I am the Regional Assistant for SCOPE in the EMR. I have recently come back from EMR9, the 9th Regional Meeting for the EMR that was held in the beautiful city of Sousse, Tunisia, where I was in charge of facilitating the SCOPE and SCORE joint sessions.

The sessions were held over 3 days, and were attended by representatives from 11 different NMOs who were mostly local officers in their local committees.

Because the EMR is still a young region, and most of the attendees are from newly established NMOs and LCs, the sessions focused on giving a comprehensive overview of what IFMSA, SCOPE, SCORE and the EMR are all about.

I can confidently say that the agenda encompassed most topics that relate to both SCOPE and SCORE, that is, how the exchange process works (from signing contracts to the pre-departure and pre-exchange trainings), how to market our exchange program, the big challenge of the New Database, how to become more active in SCOPE, what the challenges that we (as a region, and as individual NMOs) face and how to overcome them, and most importantly, how to help Libya become SCOPE active!

All of this was done using different modalities (presentations, trainings, small working groups, open space technology, discussions) to ensure that everyone got the most out of the sessions and was actively engaged in them.

In the end, I think the sessions went really well! Everybody participated, and I saw a tremendous amount of enthusiasm, interest, and dynamism in the eyes of everyone there. They really worked as one, and I hope this individual effort will translate into an international cooperation in the EMR so that we move up the ladder and reach the top!

Love from Algeria, Bahrain, Egypt, Iran, Iraq/Kurdistan, Jordan, K.S.A, Kuwait, Libya, Morocco, Oman, Palestine, Tunisia, U.A.E and Lebanon.

Carl-Joe Mehanna, SCOPE Regional Assistant for the EMR, LeMSIC-Lebanon.
Although everyone advised me not to skip two weeks of medical school to travel to Tanzania, I knew that the opportunity to attend the African Regional Meeting (ARM) would be a trip of a lifetime. Looking back, I realize that I had made a wise decision!

Before my visit to Tanzania, I passed through Kenya. I immediately observed the significant cultural differences between Kenya and Egypt which made me realize how diverse the African continent can be. Other than the overcrowded streets and crazy traffic, Nairobi was different from Cairo in every sense of the word. One excellent way to explore Nairobi was by the “matatu”, or local mini-vans which are powered by gas (and the grace of God!). With their funky colourful decorations and Kenyan hip-hop music booming from their speakers, they are definitely something to try. Although I only had one day in Nairobi, I plan to revisit Kenya in the future.

The next day, it was time to head for Tanzania, to meet with other delegates attending both the pre-ARM and the ARM. Along with Mike, Gugu, Andres and Rania, I enjoyed the beautiful scenery on our five-hour bus ride from Nairobi to Arusha. The event was held in a lodge at the foot of Mt Meru (Mt Kilimanjaro’s smaller sister) and our accommodation consisted of beautiful cottages surrounded by lush vegetation.

Our team demonstrated dedicated efforts and collaborative leadership while participating for three days in the organization of one of the two Training New Trainers (TNTs) sessions in the pre-ARM; and then for four days in the planning of the ARM’s SCOME sessions. Although exhausting, facilitating the TNT was an amazing experience which provided new insight on self-development and self-discipline. The TNT crew started work early in the morning before everyone wakes up and continued working into the night. The amazing dedication and spirit of the whole team was beyond the great success of the TNT in the pre-ARM. By the end of the third day, the training support division welcomed 40 amazing new trainers to the team under the slogan, “Badilika Ubadjili ulimwengu”, which means, “Change yourself! Change the world!” in Swahili.

During the ARM, under the theme, “Health crisis in Africa”, medical students from all over the African region discussed the challenges and setbacks to healthcare systems, and aspired to create resolutions and recommendations to these barriers. Furthermore, four days of Standing Committee sessions, trainings, seminars, discussions, and small working groups were filled with hope, determination and dedication from all the participants to create change in our region. These dedicated efforts were recognized in the conference’s own “Arusha Declaration”, an attempt to establish guidelines for health policies in Africa. This commemorated the original “Arusha Declaration” of 1967, which was one of the most prominent political statements on socialism and self-reliance from the continent.

Although there were many academic activities, the ARM had many special social events as well. The hallmark of the social program was the energetic, lively evenings with dancing and music continuing until dawn. By far, the Ghanaian “Azonto” and Tanzanian “Kwaito” were the most popular song choices!

With many friends, fun, and almost-sleepless nights, the ARM was perfect! Without a doubt, I plan to skip two weeks of my medical coursework to attend ARM each December. To my ARM colleagues: “Asante! Asante!”
The Family: Tales from the PAMSA Regional Meeting

Pablo Acuña Espinoza

When we get closer to the end of the year, many of us just think about getting through final exams. We focus on trying to stay awake with the accumulated tiredness, and trying to find the personal balance in our lives.

But if you work in IFMSA and belong to PAMSA, you know there is something exciting waiting for you in the New Year—the PAMSA Regional Meeting!

From the 3rd to the 11th of January 2013 we put aside our books, stethoscopes and families to be able to get together for the pre-RM and RM in the “Thumbling of the World”, El Salvador. Our aim was to learn new things, meet new friends and reunite with everyone in the best committee of all, SCOPE!

We started our SCOPE sessions at the Pre-RM, where the new LEOs, NEOs and presidents were introduced, and where we talked about how to improve the internal work of the committee in each NMO.

The agenda was very busy, including presentations on the GAP Exchanges and medical education in America; joint sessions with SCOPH and SCORA; entertaining energisers; and information on how to improve our social programs through the creation of a well-structured project, and how to deal with prejudice when on exchange.

After a week shared with our amazing PAMSA and SCOPE families it was a sad occasion to say goodbye, especially after you’ve grown as a person with them. But we all know we have another opportunity to get together at the March Meeting, where we will meet again to share yet more new and enriching experiences for our lives.

Pablo Acuña Espinoza, IFMSA-Chile.
During the last year of my medical studies, I was learning my third foreign language, Spanish. For this reason, I wanted to complete my IFMSA Professional Exchange (SCOPE) program in Spain. Since I had completed a previous exchange in Austria, I thought that nothing could surprise me.

From the first day of my SCOPE program in Spain, I realized that the exchange was going to be interesting and unforgettable. I rotated in the Department of General Surgery at the Reina Sofia Hospital in Murcia, Spain, where I was surrounded by friendly and highly-qualified clinicians. I observed three to five surgeries per day, often assisting the surgeons in various surgical procedures, including appendectomies, cholecystectomies and tumour removals. I must say, “I love you, Spain”, because I completed my first surgical suture and first metal bracket there!

The Reina Sofia Hospital has modern equipment, and, overall, is organized and efficient in all hospital departments. I was highly impressed by the patient care, including the quality of the wards, food and services. I must say, “I love you, Spain”, for the optimal care of its patients!

During my SCOPE program, my roommates were medical students from Italy, Slovenia and Spain; and my neighbours were medical students from Poland, Slovakia, Japan and the Czech Republic. Our contact person showed us some beautiful places in Murcia and in other Spanish cities. Together, we visited a festive Alicante, Barcelona, the unique and magnificent Granada, modern Valencia, imperial Madrid, ancient Toledo, and enjoyed the beach of Cartagena. I must say, “I love you, Spain”, for the beautiful cities and rich historical and cultural treasures!

After one month of living in Spain, I improved my Spanish skills and had few difficulties in communicating with local citizens. I made new friends from around the world, and even after our clerkship, we continue to communicate and share views and news. I am very appreciative to the IFMSA for this invaluable professional experience!

If you would like to complete your SCOPE program and do not know which country to choose, I would recommend Spain. You will receive individual attention in the clinical environment and will experience the unique Spanish culture and atmosphere. You will not regret this experience and will undoubtedly end up saying, “I love you, Spain!”
My name is Maria Luiza, and I am from Brazil. Last July, I had the opportunity to complete my medicine clerkship in London.

I have always wanted to observe medicine in one of the most medically-advanced countries in the world, and, as the Olympic Games were soon coming to London, I decided to apply to the Royal London Hospital in London, England, where I subsequently completed a pediatrics rotation.

My supervisor, a physician specialising in allergies, recommended that I rotate in various areas in the Royal London Hospital’s Department of Pediatrics to gain more insight and knowledge in pediatrics. For the first two weeks of my clerkship, I rotated daily in a different area with a different supervising physician. Since I enjoyed the ENT clinic, the large majority of my last two weeks was spent here. The ENT supervisor always explained each patient’s case in detail, including relevant medical history, diagnostics and surgical or pharmaceutical treatment.

My medicine clerkship in England was amazing! With support from the SCOPE Exchange Program, I was able to travel to London, improve my medical knowledge, and experience another culture.

When I arrived in England, a medical student from a Local Committee picked me up from the train station and took me to my dormitory. The dormitory was centrally located with all the basic necessities of comfort. The Local Committee provided 100 Euro and advised me to spend this money on purchasing subway tickets. Since I spent most of my time walking, I used this money to purchase a daily meal at the hospital instead.

Although they did not offer a social program, a medical student from the Local Committee texted me frequently to make sure that I was comfortable. As I was the only IFMSA exchange student for two of the four weeks, I did many activities by myself in London. However, I soon made some friends from the hospital and dormitory, and later other exchange students arrived. I was even able to attend two Olympic Games events.

My July clerkship was one of the best experiences of my life. This clerkship was more than a medical experience – it was an opportunity to learn about overcoming adversities, working collaboratively on a multicultural team, respecting every human being, and of course, London itself! Thanks IFMSA!
It was July 2012, when I had the best experience of my life. I was very lucky to have had the experience to go overseas and complete my one-month clerkship in Maribor, a small community in the beautiful country of Slovenia. Altogether there were 27 exchange students from all around the world who were part of the IFMSA professional and research exchange program. It was amazing to be able to meet other medical students and share thoughts about the cultures, health care systems and education systems of each other’s countries. National dishes from each one of the countries that was represented were shared, and even though we communicated in English, we taught each other a few words in our native languages.

From this exchange program, I learned about European health care systems. Since there is national health insurance (which comes from the taxes deducted from salaries), free health care services, medications and even hospital admissions for medical or surgical procedures is offered. No matter a person’s socioeconomic status, everyone receives equal health care. At the hospital where I worked each patient receives the same services, rather than some receiving special “VIP” treatment and others not. This health care system increases the quality of life of Slovenia’s citizens.

However, this type of health care system does have flaws. Although health care services and medications are free, people may not place priority on their health and lifestyle choices. At the same time, physicians may have larger patient loads and may lose time examining patients with only very minor chief complaints.

As for the educational system, students who attend public schools or universities do not have to pay fees. Medical students complete six years of education followed by a six-month clinical internship, which is similar to our internship program in Indonesia. Then, medical graduates must select a specialty in order to practice as a physician and obtain a salary.

During my exchange, I felt extremely welcome within the hospital and community. Our hospital supervisors motivated us to examine patients, carry out procedures and discuss the clinical scenario and treatment plan for each patient. Even though there was a language barrier, the doctors patiently explained each clinical scenario and respected my perspectives and recommendations. In particular, they provided me with invaluable exposure to electrocardiogram and echocardiogram interpretations, cardioversion procedures, arterial punctures of the femoral artery and percutaneous coronary intervention placements. They discussed the importance of communication skills with patients and critical analysis of the medical problem.

Every weekend, there was a social program, which allowed us to visit historical and touristic sites. I took part in hiking and cycling activities, and got to visit Piran’s famous beach, as well as Lake Bled and Postojna cave.

The best thing about my IFMSA exchange program was the opportunity to make friends and learn about different cultures. I still keep in touch with these friends and we have made plans to visit each other in the near future. When we complete our medical studies, we may even be able to organize future health collaborations between our countries.
I am sat at my desk in Malta writing this with a fly on my knee and a whiny fan blowing warm air on my back. As I think back over my last month, I would like to share my reflections and experiences in international medicine with you.

The work-up
I grew up in Sopley, a place that only just qualifies as a hamlet. Aged seventeen, I chose medicine knowing very little but persuasively being told by numerous people that I could “go anywhere with it”. Three years on I was sat in my room thinking, “Where exactly do I want to go?”. This was the basis of me choosing an IFMSA exchange in Malta. (If you are from a country with a climate such as England’s you will understand my motivation behind selecting Malta [BBC weather showed temperatures of 34°C along with that ever-elusive sunshine for as long as the forecast could predict]).

The smooth arrival
The plane lands in what I later find out was the worst storm in Malta in sixteen years. Great flashes of lightning filled the sky and rolling thunder filled my ears as I struggled through the rain to my apartment. The next day I am placed in neurology and invited to join one of the clinics. With pen and paper at the ready I intend to pay complete attention to whatever complicated neurological problem first presents. It takes me a few seconds before I realise the conversation is in what sounds like a cross between Italian and Arabic – Maltese. With only one word of Maltese under my belt “le”, the language barrier would have been problematic had it not been for my consultant - a short, bearded man who made every effort to involve me, translate for me and unfold the patient’s history and examinations in a textbook format.

Some notable differences
The healthcare systems in Malta and the United Kingdom are similar, where taxes are deducted from citizens’ wages to contribute to free healthcare services for all. Physicians’ wages in Malta are amongst the lowest in Europe however, so free public consultations are held in the morning, while private consultations (which deduct a fee from patients) are held in the afternoon. Not surprisingly, this has resulted in the hospital waiting lists getting longer, which is perhaps a glimpse of what is to come in the UK.

And finally
What will keep Malta a fond memory for me are the people I met, its numerous quirks, and bizarre fiestas. There is a fiesta almost every weekend – one of the most notable is a miniature version of Valen-cia’s tomato throwing fiesta, but involving bread and a 100m-long bread loaf!

This exchange has helped me develop a strong interest in global health and has got me thinking about where I want medicine to take me. I hope I have been able to provide a small insight into the happenings of a placement abroad and demonstrated what an unmissable opportunity an IFMSA exchange is.
My name is Alisa, and I am from the Siberian City, Omsk, in Russia. This year, I was invited to visit the best place in the world: France. France is a country of 1001 “bonjours” per day and 1001 types of cheese; all the more reason to visit this country!

According to my personal experience, although the requirements for exchange are English or French, I would recommend this experience only for proficient French speakers, in order to maximize the knowledge and skills gained from the academic lectures and clinical training.

I was one of the lucky 20 medical students who were in the “rose” city of Toulouse for my internship during July 2012.

All doctors in the hospital were extremely kind and polite, especially when a student shows interest in the clinical specialty. Rotating in the Department of Digestive Surgery, I observed gastrointestinal endoscopy as well as the laboratory methods to visualize pathological tissue samples. In addition, working with French doctors is an excellent opportunity to learn more about the health care system.

When I think about my clerkship in France, I reflect on the song “It’s a kind of magic” by Queen. Thanks to the local students and social program, the clerkship experience was memorable! The students took care of us, explained everything and assisted with any doubts. Every week, we played sports and visited various restaurants. Against the background of the river and sunset, we often had picnics with bread, cheese and wine while conversing about multiple international topics.

Every weekend, we had a new experience in a new city. We saw a beautiful fireworks display at the ancient castle, Carcassone. We also travelled to Barcelona, Bordeaux (which is something out of a fairy tale), Arcachon (a gorgeous coastal area with sea, sand and oysters), Aix en Provence (with its many streetbands), Marseille, Nice, Monaco (where every second car is an Aston Martin, Bugatti or Ferrari), and of course, Toulouse, “la ville rose”.

Without a doubt, my clinical rotation in France provided an unforgettable July!
SCOMEdians are the guardians of our medical educations; their mission is to improve the quality of medical education curricula throughout the world. In the following pages you will meet some courageous and inspiring members of the SCOME crew, who will discuss with you such essential topics as breaking bad news, medical errors, and the culture of bullying during our formative years. Be enlightened!
As medical students and future medical teachers and passers-on of knowledge, it is necessary for us to be the first quality check of medical education. With an accelerated and worldwide trend of change, much has to be done to craft the perfect system where curricula are efficient, relevant, appropriate, and accountable. It has always been one of the core priorities of SCOMEdians to help in implementing such a system.

The Standing Committee on Medical Education faces many challenges along the path of positive change. However, through persistent campaigns, education, awareness, advocacy, commitment, and dedication, we move forward.

The following pages reveal some of the SCOME efforts worldwide, and provide an inspiration for all medical students everywhere to start working hard on our cause and invest in the future and the refinement of medical education.
During the course of last year’s legislative amendment of the German medical licensure act (which is the legal framework for medical education), politicians and some medical associations tried to implement a change that would affect free choice during the so-called “practical year”. This is the last year of medical education and is divided into three 16-week parts or “tertials” comprising internal medicine, surgery and an elective (for example, ophthalmology, anaesthetics, or forensic medicine).

Apart from its many positive aspects, such as improved mobility and more appropriate final exams, the amendment had one very negative aspect:

Due to dwindling numbers of general practitioners and primary care physicians in rural areas of Germany a parliamentary bill was introduced by the Federal Council that mandated the abolishment of the elective tertial to the credit of a compulsory general medicine one. Through this, politicians hoped that more students would decide on becoming general practitioners, thus ensuring more medical care in rural areas.

The amendment meant a harsh and unacceptable cut in students’ freedom of choice, and so bvmd members formed a task force, SEK AO (Sondereinsatzkommando Approbationsordnung), which aimed to work on preventing the bill from being passed.

The first step involved informing fellow students about the bill and creating a plan of action. Furthermore, task force members made contact with officials in government departments and medical councils, and formed an alliance with 20 medical associations stating their unified rejection of the bill.

Students’ representatives held talks with the ministry of health, and ministry of education and science secretaries and undersecretaries to explain their concerns and reservations in regards to the bill. During long and intense discussions students laid out alternative options in attracting more students to careers in general medicine.

During the course of events bvmd’s press aide constantly issued press releases to inform the media, public and medical students about the progress of the protest. The campaign’s climax was a simultaneous rally in many German towns and in front of the Federal Council of Germany on the date of the bill consultations.

Ultimately the students’ efforts and dedication to the protest were worthwhile and the bill was withdrawn, meaning that German students once again have the freedom to choose a clinical specialty of interest for their elective tertial.
Recent incidents concerning the medical treatment given to patients in Germany have led to a discussion on how patient safety can be enhanced and how errors in diagnosis and during treatment can be reduced.

After integrating a national “patients’ mandatory” in 2004 last November, the German cabinet passed the “Patientenrechtgesetz”, or “patients’ rights law”, entitling patients to a broader range of options in the case of treatment mistakes made by the medical system.

Bvmd also reacted and established the project “Error management”, within SCOME. The aim of this project is to promote this topic in medical schools and facilitate its implementation into the German medical curriculum.

A huge challenge for bvmd will be to create a culture within medical professions (Medicine in particular), where mistakes are openly discussed. There has to be a change in attitude from trying to cover up mistakes to the process of admitting and investigating what went wrong. Critical incident reporting systems (CIRS) are a good start and should be used more intensively in such matters. It is crucial that the focus of future error management efforts is on education and prevention instead of blame and guilt.

Thinking outside the box can support change and that is why SCOME Germany recently invited a German Air Navigation Services (flight control) pilot to hold a workshop on error management and decision making.

Further cooperation in the future is planned as participants were highly satisfied with the training received during this event.

Errors in medicine – conceal or concede?

Martin Schmidt

Breaking Bad News:

Abdulrahman Abo Nofal

Breaking bad news is one of a physician’s most difficult duties. It is a duty that every one of us will have to carry out countless times over the course of our future careers as doctors. Yet, medical education in Jordan and many countries around the world still offers little preparation in this important area.

Without proper training, physicians may unintentionally adversely affect patients and their families emotionally and psychologically. With focused training in communication skills and techniques in breaking bad news, patient satisfaction and physician comfort have been shown to improve.

This stressful but necessary task has a considerable effect on both the patient and the physician. Let us look at the perspectives from each side separately.

Patients’ Perspective

Doctors should ideally understand that, in the hospital setting, one of most important issues facing patients is a lack of security - they are scared and expect comfort from the doctor. When given bad news, such as the diagnosis of a terminal illness for example, patients’ primary concerns often relate to whether they are going to live or not, as well as to the impact of the illness on family members. This explains the frustration they experience after the doctor is unable to give them specific details about survival and outcome. Hence it is very important to be clear and open in communicating with the patient.

Doctors’ Perspective

Delivering bad news can be a stressful task, especially for physicians in the early stages of their careers. Patients may not receive the news well, particularly if it is done badly, exposing the doctor to anger and frustration from the patients and their families.

Despite the challenges involved in delivering bad news, physicians can find a lot of happiness.
in providing a psychological presence for patients during their time of need. For patients, a physician’s attitude and communication skills play a crucial role in how well they are able to live with their prognosis. Indeed, patients and physicians will both benefit if physicians are better trained for this difficult task; this would contribute to the development of trust and confidence in the doctor.

The limits of medicine assure that patients cannot always be cured. These are exactly the times when the physician must provide hope and healing for the patient. A regular flow of information, professional trainings and efforts towards introducing this topic in the medical curriculum can directly improve outcomes for both patients and doctors.

Medical Education Worldwide - A Brave New World?

A quick review on some of the hot topics in medical education
Agostinho Sousa

We are living in a different world! Since the beginning of this century many changes have happened to our lives. The rise of Google, Facebook, LinkedIn and Twitter, amongst other new technologies, has brought significant changes to our society. Knowledge is not solely centred in universities anymore.

This reality has also spread to medical education [1]. Since the end of the last decade, there has been an improvement in the use of E-learning tools, but in some medical schools this is still a mirage. The lack of training in new technologies by lecturers for students is a barrier to the advancement of medical education; there is a clash of generations: generation Y (our generation) vs the Baby Boomers (the generation of our teachers) [2].

Students, in general, feel the need to employ new tools and methods of learning, and to be the center of the process of education. Many medical schools need to change their points of view and adjust them to the requirements of our generation. If they do not, there is a risk of being outdated and failing in their main missions and goals. The future is now!

We are living in a different world! Since the beginning of this century many changes have happened to our lives. The rise of Google, Facebook, LinkedIn and Twitter, amongst other new technologies, has brought significant changes to our society. Knowledge is not solely centred in universities anymore.

This reality has also spread to medical education [1]. Since the end of the last decade, there has been an improvement in the use of E-learning tools, but in some medical schools this is still a mirage. The lack of training in new technologies by lecturers for students is a barrier to the advancement of medical education; there is a clash of generations: generation Y (our generation) vs the Baby Boomers (the generation of our teachers) [2].

Students, in general, feel the need to employ new tools and methods of learning, and to be the center of the process of education. Many medical schools need to change their points of view and adjust them to the requirements of our generation. If they do not, there is a risk of being outdated and failing in their main missions and goals. The future is now!

The problem of bullying in medical schools

In this Brave New World, old problems continue to occur. Problems of bullying in the medical education system have not disappeared! [3, 4] This is one of the major issues amongst us. The culture of bullying in medical schools is highly prevalent. After years in that environment of psychological aggression, we, as medical students, start to think that it is normal. But it is not.

There is the need to establish concrete guidelines in the future to end this problem in our medical student communities. The bitterness that we have experienced during our studies can subsequently be spread to our patients, to our colleagues, and even to our future trainees.

I advise you to carefully evaluate your school environment after reading this - look at the small details; look at the way we communicate and deal with problems and perhaps you will start to see that something is wrong and needs to be changed.

References:

found only small differences between trained and untrained doctors in such areas as adherence to clinical checklists. Correct diagnoses were rare, incorrect treatments were widely prescribed...”. This is one of many examples that quantity is not the same thing as quality!

There is an ongoing effort from the WFME [8] to tackle the global problem of accreditation for medical schools. IFMSA supports this initiative [9, 10], because it is essential to improve medical education standards worldwide!

A lot of work to do (with a bit of hope)

These topics are not just some words on paper. These are some of the problems that we, as medical students, are facing on a daily basis. Medical education is everywhere and it follows us all through our lives!

As a participant at the 2013 EMR Meeting in Sousse, Tunisia, and as a Trainer on the Essential Skills on Medical Education for medical students, I see the will of a new generation of students to provide change, but I also see our fears for the near future.

We need to inform and prepare ourselves, and assist in the ongoing medical education transition. Through our presence at the Regional Meetings, General Assemblies and Regional Trainings, we can have access to new information that can inform and support our actions.

It isn’t easy to write about advocacy and changes that one can make in university, because such things take time and a lot of patience (and these changes will probably not eventuate during the course of our medical school careers). But, if we set about creating a better future, we can look back and see that the small actions we took improved medical education and helped solve some of the problems that we thought were impossible to change.

References:


5. Pulido P. Introduction to the X Ibero American Session. Presented at the Association for Medical Education in Europe Conference 2012. Lyon, France. August 2012


10. International Federation of Medical Students’ Associations. IFMSA Policy Statement Quality Assurance in Medical Schools. Montreal, Canada. August 2010