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HUMAN ORGAN For Transplantation

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The International Federation of Medical Students’ Associations (IFMSA) is a non-profit, non-governmental organization representing associations of medical students worldwide. IFMSA was founded in 1951 and currently maintains 130 National Member Organizations from 122 countries across six continents, representing a network of 1.3 million medical students.

IFMSA envisions a world in which medical students unite for global health and are equipped with the knowledge, skills and values to take on health leadership roles locally and globally, so to shape a sustainable and healthy future. IFMSA is recognized as a nongovernmental organization within the United Nations’ system and the World Health Organization; and works in collaboration with the World Medical Association.
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www.ifmsa.org
Dear readers,

We meet again! This marks the third edition of MSI, on which I have had the amazing pleasure of working as Editor in Chief.

Over the course of the past couple of months, a group of dedicated people has worked tirelessly to bring you this final product, which you now read. We have done all we could to bring you the best stories from across the world; stories that are written by medical students eager to share with you the activities through which they aim at improving our world. Surely, put like that, improving our world sounds grand, and the pragmatic ones among you would shrug it off as rather improbable, given the dire political and socioeconomic mess we are going through. Yet, a close friend of mine once told me that, even though we may not be able to change the world, we should, at the very least, strive to change our own tiny part of it, and leave it a better place for those who would come after us. This is – I bet – one of many reasons why we joined our local committees in the first place. And, so it should be!

Medical students worldwide have the duty to not only be the best doctors for their patients, but also be the best of themselves, as humans, for the sake of our world.

IFMSA prides itself to represent and bring together future healthcare professionals; it is a platform of collaboration, communication, advocacy, and education, which aims at shaping the better, culturally-competent, and skilled physicians of the future. All of this happens on the local level, through activities similar to the ones you will read about in the pages to come.

I truly cannot tell you how inspired I am having read through all the submissions we’ve received, and I can only wish you would feel the same.

Enjoy reading,
Firas.
Dear reader,

It is truly my honor to be writing these few words, to introduce you to the 35th edition of the Medical Student International (MSI). It is the official publication of IFMSA, and it is currently issued twice a year, in conjunction with IFMSA General Assemblies.

It is a great pleasure to see that this magazine is dedicated to such an important overarching theme as Organ and Tissue Donation. As you may all know, organ transplantation gives thousands of individuals a renewed chance at living full and active lives every year. Unfortunately, the need for organs and tissue outweighs their availability. It is therefore our responsibility as the leading medical student organization to raise awareness amongst future health professionals on this topic, and emphasize its importance.

This MSI showcases the best projects and articles written by proud medical students worldwide. In these articles, they are describing what inspires them every day, they are presenting their activities and their reflections, and they are sharing their most recent achievements.

Looking back at the time when MSI was first published as a printed copy of 16 pages in 1991, and was mailed via post services to our National Member Organizations, I can only be proud of the edition you are reading today. Surfing through its pages, we can recognize all the work the Federation is doing today, to connect, engage and unite medical students for global health.

Finally, I would like to show my gratitude to the publications team for making this magazine happen, and to warmly thank everyone for sending us their articles. I would also highly encourage others to do the same for our next edition, as we truly are every time eager to read your stories.

Best Wishes,

Omar.
Prof. Erik Holst Fund:
Giving something back for what IFMSA has given us.

Dr. Konstantinos Roditis, MD, MSc
Chair, Prof. Erik Holst Fund Board of Directors
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Since 2011, the Prof. Erik Holst Fund (PEHF), an initiative of IFMSA Alumni, has provided the opportunity to prominent medical students from around the world to attend one of the biggest global event for medical students: an IFMSA General Assembly. Always working in close collaboration with the IFMSA Executive Board, the PEHF has encouraged numerous IFMSA Alumni, including many IFMSA past Presidents, to contribute to the cause by offering their donations to the Fund. This enables the Board of Directors to select one medical student every 6 months to receive a 500 EUR scholarship for the IFMSA GA.

Our March Meeting (MM) 2017 awardee is a medical student from Syria, Ms. Dana Shubat, founder of Syrian Medical Students’ Association (SMSA-Syria), a youth leader, and volunteer in her country. Syria has been facing an unprecedented conflict for the past 6 years, causing the death of tens of thousands and the suffering and displacement of millions more. It will be remarkable to have Ms. Shubat join us at MM2017 and you will all have the chance to meet with her in person.

We all live in times of uncertainty, as our world still faces wars and conflicts, extreme poverty, lack of healthcare resources, including restricted access to healthcare services, as well as health challenges due to the continuous climate change. It is therefore imperative for IFMSA Alumni, to offer our help and expertise to IFMSA and the community of medical students, as well as our financial contribution to the Fund in order to support promising individuals who are already leaders in their local communities. This would allow them to join the world of IFMSA by attending an IFMSA GA and equip themselves with the necessary skills and knowledge to further advance the work of the Federation and simultaneously enhance their professional careers as the global health leaders of tomorrow.

Please, join us in this wonderful journey, as we will be restructuring the PEHF in the next few months. We will start with a comprehensive and fruitful discussion with the participants at the Alumni Sessions scheduled at the upcoming IFMSA March Meeting in Budva, Montenegro in 2017.

See you all there!
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Today, organ and tissue transplantations have become routine procedures. It is the gold standard in the treatment of many diseases and the number of patients needing donation has grown exponentially in the world. Advances in science have allowed increased survival of patients with fewer adverse effects following transplantation. In addition, new discoveries are made every day, of surgical, clinical or experimental origin. Doctors and scientists needed to see beyond traditional methods, so that in less than fifty years we would have today’s advances.

The earliest reports of organ donation date back to antiquity, and its history has been told through legends and myths. According to Chinese tradition, the Chinese physician Pien Chiao performed organ exchange in 300 BC, achieving success in the procedure. Another account, also from China, says that the brothers Itoua To and Pien Tsio supposedly successfully transplanted a man’s leg in 287 AD. In the West, during the Middle Ages, there is a similar story involving the brothers Cosmas and Damian. The Saints Cosmas and Damian allegedly transplanted the leg of a deceased Ethiopian man, this revelation was considered a miracle. It is not relevant to question the veracity of these reports, but to understand that from the earliest times human beings thought about the possibility of organ transference.

In the 19th century, the first blood transfusions were performed without success. The discovery of compatibility and blood types enabled the success of this procedure, which was widely used during the years 1914 to 1918 in the First World War. The possibility of blood transfusion was perhaps the main contributor to the idea of organ transfer between humans. In the same period, the first corneal transplant was performed in 1905. Corneal transplantation was consolidated in 1944 with the creation of the world eye bank. However, the golden age of transplants would only begin until the 1950s. In 1954, the first kidney transplant was made possible by the emergence of immunosuppressive drugs, the great discovery of the century. In 1902, 52 years earlier, Ullman and Unger performed an autologous transplant on a dog. In 1936, in Ukraine, doctors tried to transplant a kidney between humans, but the procedure was not successful. In 1962, the first kidney transplantation with cadaveric donor kidney was performed.

The development of techniques for the transplantation of other solid organs occurred successively, following the chronology of Figure 1. In less than ten years of the first kidney transplant, the first lung transplant took place in 1963. The procedure was performed by Dr. James Hardy at the Mississippi Medical Center. Then came the transplantation of pancreas (1966), liver (1967), heart (1967) and bone marrow transplant (1973). In 1988, Dr. George Hitching, Dr. Gertrude Elion and Dr. James W. Black won the Nobel Prize for establishing the principles of immunosuppression in transplantation.
As we can see, this fast scientific development has provided a variety of techniques that have been perfected over time and has culminated with current scientific and technical knowledge. The creation of new technologies and improvement of surgery allowed transplants to be a daily practice. Today, the challenge lies not in the surgical risks but in the large number of patients waiting for a transplant. They are patients on dialysis or with liver failure, for which many urgently need a new organ. The World Health Organization also states that it is necessary to combat organ trafficking and illegal transplant tourism that leads to greater morbidity and mortality in patients.

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Tissue Engineering & Regenerative Medicine: A Solution for Organ Shortage

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The waiting lists for organ transplantation keep growing every year with the rising prevalence of chronic diseases and longer life expectancies. However, the supply of organs doesn’t meet the existing demand resulting in a major organ shortage crisis. This organ shortage crisis has lead to the development of international organ trade that has been recognized by the WHO as a significant public health issue in the international community1. As many public health policies have been established to contain this crisis, the scientific community has proposed its own solutions to circumvent this extensive shortage. What if we could replace the patient’s damaged organ with a new reconstructed organ that is derived from the patient’s own cells?

Regeneration is a fascinating biological phenomenon that has inspired scientists with awe for centuries. In a quest of understanding the process of regeneration in many organisms, researchers have meticulously studied the self-healing strategies of planarian flatworms that possess highly adaptive regeneration capacities and salamanders that can regrow their own limbs after amputation. What about humans? Although we don’t regrow limbs per se, we undergo regeneration on a daily basis that ensures cell turnover in skin, intestinal mucosa, bone marrow and nearly every tissue that contains a stem cell population. The human liver is also a great
example of regeneration properties in response to injury. Regenerative biology has inspired the core fundamentals of tissue engineering. This emerging discipline aims at reconstructing biological substitutes for damaged tissues and organs. The principle of tissue-engineering is to isolate cells derived from a patient, expand them in culture, grow them on a 3D scaffold and supply them with various growth factors. The reconstructed lab-grown tissue or organ can then be transplanted back into the original patient. This autologous cell therapy provides many advantages as it prevents immune graft rejection since all the cells are from the patient’s.

The first therapeutic application of tissue engineering has been the cultivation of epidermis for severely burned patients. Since 1975, researchers began to culture in vitro skin epidermis and their model was first transplanted clinically in 1981. Reconstructed epidermis has significantly improved treatment care of burned patients as it provides beneficial outcomes and is a valuable tool in extensive burns.

The scope of tissue engineering encompasses many applications and technologies based on the use of biomaterials, nanotechnologies, bioprinting and cell therapies. The cell microenvironment is composed mainly of the extracellular matrix and various growth factors that are essential to maintain cells in an artificial in vitro setting before transplantation. Hence, many biomaterials are used as scaffolds to mimic the extracellular matrix and support the growth of new tissues. 3D bioprinting has received much attention as it directly injects cells instead of ink onto a printing scaffold. This technology allows reconstructing organs with precisely programmed dimensions by computer modeling that can serve to restore complex structures such as an ear for reconstructive surgeries for wounded warriors.

Cell therapies offer novel approaches that translate stem cell biology principles into biomedical applications such as induced pluripotent stem cells known as iPS. This scientific landmark was awarded a Nobel Prize of Medicine in 2012. It relies on the use of a virus that contains transcriptional pluripotency factors, known as Yamanaka factors, to transfect somatic cells and cause their dedifferentiation into stem cells. As stem cells are characterized by their self-renewal and cell differentiation capacities, being able to transform any cells into iPS opens the door to infinite applications. For example, a skin
fibroblast can be dedifferentiated into a stem cell using the iPS technology and further forced to differentiate into a targeted cell such as a neuronal cell.

This expanding field of tissue engineering focused on organ reconstruction offers innovative solutions for organ transplantation, treatment care of burned victims and new therapeutic applications for all reconstructive surgeries. Although still mostly experimental, some reconstructed organs have been transplanted in humans such as bladder$, urethra$ and vagina$. Development of cell regenerative strategies for end-stage chronic heart and kidney failure are emerging as these organs have higher complexity and function.

Beyond these applications, human in vitro tissue models can be of invaluable importance for disease modelling and drug testing. Drug testing in animal models raises many ethical considerations and is not accurate for biological studies, therefore using human tissues cultured in vitro is another great advantage of all technologies presented above.

“Science does not know its debt to imagination.”

- Ralph Waldo Emerson

About the Author:
Weronika Jakubowska is a MD-MSc student at Université Laval, in Quebec, Canada. Her Master in research aims at vascularizing a Tissue-Engineered model of the human vaginal mucosa and its implantation into an animal model. Such reconstructed autologous model would offer new therapeutic options for reconstructive surgery of pediatric Mayer-Rokitansky-Küster-Hauser patients and for women with urogenital neoplastic diseases.

References:
If someone told you that you could save lives by dying, what would you say? I am sure that we would all think this was something very ridiculous and that this person was “losing it.” I am here to tell you the same thing. I’m totally fine by the way.

When we think of death all we see is darkness. All we see is a dead end. But what if that end for you was a beginning for someone else? Yes, it is possible, but how? Simple: through organ donation!

Here in Jordan, the idea of organ donation is relatively new and a lot of people perceive it as something wrong. Some think that if you are an organ donor, they will open you up once you are dead, take out the organs and leave a scattered body once they are done. Others think that the doctors will purposely try to end your life to give your organs away. There are people that think it is forbidden from a religious perspective, which is totally wrong because any religion, especially Islam, encourages any act of helping others and this is not just helping someone, it’s saving their life! To be honest I don’t know where they got all these bizarre perceptions, but they do, and it’s about time for a change!

A while back there was a great national campaign called A Life After Mine which aimed to raising awareness about organ donation. They were able to get over 8000 people to become organ donors, which is amazing! I was lucky enough to be a volunteer and tell people about the campaign. That is when I saw the negative reactions toward the idea and realized that most people did not think it was an act of kindness. Despite that, there were some who accepted the idea once; dance with joy!

After watching the movie John Q., seeing how the main character was going to commit suicide just to provide his son with a heart because they couldn’t get him a transplant, I was struck with the importance of organ donation, and how much of an impact can be made on the lives of the receivers. How would I know, right? I have never had someone close to me who needed transplant. But I know people who have and it is tragic to know that they didn’t make it or that they are stuck living with a chronic disease because they can’t get a transplant. Just imagine a parents’ devastation after finding out that their child is going to die because they have liver failure or lung failure and there is no hope because there isn’t a compatible organ to give. People are dying because others don’t want their body opened when they die, for whatever other reason.

For me, anything that can help others is something I will try to do, and that is the main reason I am studying medicine, to be able to save lives every day and hopefully make a difference if possible. To have the chance to completely change a person’s life after you’re gone is even more amazing!

I hope the people in Jordan will become more open minded about this topic and that more great awareness campaigns will be done. I hope we will soon live in a world where anyone who needs an organ transplant will get one. I want to thank all the organ donors out there and all those who saved lives after they lost theirs. I hope someday I can do that too!
"We're very happy. This is a gift," said the mother of a five-year-old Canadian girl who received a new heart in March 2016. Organ transplantation is often the sole treatment for end-stage organ failure. Since its debut, it has become a successful worldwide practice which has extended and greatly enhanced the quality of hundreds of thousands of lives with 112,631 transplantations in 2014.

A single organ donor can save up to eight lives. Unfortunately, every year there is a significant gap between donation need and availability, leading to a long-standing shortage of organs. This organ shortage has led to the trafficking of human beings who are used as sources of organs, to transplant commercialism in which organs and tissues are treated as commodities, and to patient-tourists from wealthy countries who travel abroad to purchase organs from poverty-stricken countries. Questions of presumed consent also arise as a potential solution to unpopular donor registries. With the advance of science, could animal source of organs, known as xenotransplantation, even be a possibility? Last but not least, in a world with a substantial religious diversity, what are the various religious views on organ donation? These are the questions we need to ask ourselves if we want a holistic perspective on this topic.

Transplant tourism
Around 90 countries offer kidney transplantation in a world of more than 200 countries. Clearly, there is a shortage of organs, and this shortage fosters the idea of transplant tourism. Transplant tourism means “to travel outside of one’s country of residence for the principal purpose of obtaining organ transplantation services.” Tourism does not depend on the allocation of the organ transplant but is also related to the cost and the technical equipment and staff. Therefore, the issue becomes more global than ever. And health is becoming more economically dependent than ever. The abuse of transplant tourism can, and perhaps already, become a way of slavery and human trafficking. In fact WHO has already adopted a resolution incorporating this caution.

Organ Sales and Trade
This dilemma gained substantial attention through a publication in Forbes, 2013. Both sides of the argument could be considered as extremely crucial.

Firstly, this can be an opportunity to afford the organ shortage, and decrease the need of organs. This can also be a step against the black market and human trafficking.

Secondly, having a huge market of donors and organ donation is not in accordance with international medical ethics. Also, in order to gain money the donors may not clarify their pre-existing conditions, such as infections and diseases for economical profit.
Presumed consent
In September 2016, the Netherlands government was debating on an extremely controversial bill, which stipulated that anyone would be a registered organ donor unless the person specifically requested to be taken off the list. Such legislation for a presumed consent donation scheme is nothing new. Spain has adopted an “opt-out” approach since 1979, and it boasts the highest organ donation rate in the world. It has thus become an attractive option for many pro-donation advocates in countries such as Canada, the UK, and Denmark. However, other countries such as Chile, which recently switched from opt-in to opt-out, did not see a convincing increase in national donation rates. It is therefore far from being a definitive solution.

While presumed consent is a topic too complex to be discussed here in length, presented here are two guiding principles to consider before making a decision as to whether presumed consent should be advocated in other countries.

1. Presumed consent is NOT a magic solution to organ shortage. Multiple studies and expert perspective papers have concluded that presumed consent alone cannot definitively result in a higher organ donation rates. Multiple possible factors need to be considered in relation to presumed consent, such as challenges facing actual implementation, negative perception of the general population towards the healthcare system, and families’ refusal of donation regardless of consent status.

2. There are many other effective and non-controversial ways to improve donation rates, such as medical education, awareness campaigns, fostering a positive donation culture in hospitals, increasing donation process efficiency in the healthcare system and finally, ensuring mutual trust between healthcare professionals and the general population. Consider these strategies before presumed consent.

The take-home message is that although presumed consent may be beneficial, its relevance to increasing donation rates depends on the national donation sociopolitical context.

Organ donation and religion
In many of societies, religion and tradition are one of the most influential factors in shaping one’s outlook on life. The most common ethical dilemma in Europe is the provision of blood transfusions to Jehovah’s Witnesses, who believe that blood represents life and is sacred to God. For years this has been an example of a battle between respecting patients autonomy and doctors persistence in saving human life. Today, this can be solved in some cases with modern bloodless surgery techniques. As for organ donation, it is an individual decision, where most concerns relate to blood removal from the transplanted organ.

In some Asian countries, the common belief is that after death, human body should be cremated whole. For example, in Shinto religion this is to “not injure the relationship between deceased and the grieving family”. However, it is possible to donate the body after death to science, but donation of particular organs is still taken with social prejudice.

Xenotransplantation
Xenotransplantation raises other ethical dilemmas related to matters of tradition and religion. In some religions, such as Islam or Judaism, some species are considered uncle. Therefore, it may be forbidden to receive such transplants, or again, difficult to socially accept recipients of xenotransplants. However, the next question is: for the sake of betterment of the human kind, is it ethical to sacrifice animal species, and create another form of slavery? With xenotransplantation, medical and ethical concerns overlap. Risks of zoonosis, including the pathogens we are still unaware of, is high.
This results in long and intensive postoperative monitoring. It includes restrictions of social interactions, not only due to weakened immune system of the patient, but also to prevent transmission of microorganisms to others. Futuristically, yet scientifically, speaking, it could only be one small step from creation of pathogenetically-purified animals for organ donation to justify opportunities in species cloning.

**Human Trafficking**

Some say modern slavery. The author prefers UNODC’s (United Nations Office on Drugs and Crime) definition: “recruitment, transportation, transfer, harbouring or receipt of persons, by means of the threat or use of force”\(^21\). Every hour, more than one illegal black market operation involving human organs takes place\(^22\). Human servitude is mostly known as a sexual or a labor term but it is also related to transplant tourism and organ trade, as mentioned earlier in this text. Actually, it is the main reason behind the suspicions on transplant tourism and trade. Human trafficking is generating between 600 million and 2 billion USD per year\(^22\). The most upsetting, are not only the so-called “kidney hunters,” but more importantly the medical professionals and facilities who are involved in those inhuman procedures.

**Conclusion**

Organ donation is one of the greatest inventions of modern medicine, giving a second life to patients with no hope for organ recovery. Every revolution creates new ethical dilemmas, and organ donation is no exception. However, with this urge to live and to save lives humankind should not forget about the dignity and rights of the donors, as well as the autonomy and consent of the recipients. Dignity and both mutual and self-respect are not only the principles of medical ethics, but most importantly, core values of human life.

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The Importance of Health Education in Promoting Organ Donation

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The transplantation of human organs and organ donation are controversial themes that have aroused interest and discussions in various communities. The lack of clarification, the sensationalist news about organ trafficking, the lack of permanent programs for public awareness and encouraging the funding agencies contributing to food questions [editor unsure of what the author means by [food questions] perpetuate myths and prejudices. Perhaps for these reasons, there is an insufficient number of donors and a large loss of potential donors, prolonging the suffering of patients who depend on organ donation, condemning them to remain in an endless waiting list.

The donation of organs and tissues is seen by society, in general, as an act of solidarity and love of family members. However, it requires decision-making in a moment of extreme pain and distress motivated by the impact of the death, the sense of loss and the unexpected interruption of a life trajectory. Today, with the modification of “death criteria”, and the concept of brain death, the possibility of using donor organs and tissues arises. When there is not a full understanding of the organ donation process, the relatives of potential donors feel apprehensive at the time of the decision, as it is a subject in which they do not yet have much guidance.

Family rejection is a major obstacle to the implementation of transplants, contributing to the number of donors that are insufficient to meet the growing demand of recipients on the waiting list. Families who understand the diagnosis of brain death are more open to organ donation compared with families who believe that death occurs only after cardiac arrest. These families usually manifest difficulties in accepting the condition of death of the loved one. The disclosure and clarification are of fundamental importance so that the population can create awareness about organ donation. The media has an important role in this process. The mass media, television, radio, newspapers, magazines, and social networks, are the main conveyors of information about transplantation and donation of organs to the population. A portion of society is influenced by individuals to whom they relate and broadcasts by media campaigns that encourage increasing organ donation.

A study developed by Moraes and Massarollo (2012) showed that the main reasons for rejection of organ donation are

1) Religious belief: the belief that God can resurrect or bless the patient with a miracle is so great that the family member, even when he has knowledge of brain death, he prefers to believe that the patient will improve.

2) Lack of understanding of the brain death time frame and belief in the reversal of the situation: the family’s lack of understanding about brain death makes it difficult to accept that a person is dead when they have advanced life support. In this condition, the consent of the
organ donation is interpreted by the family as the same as murdering or authorizing the death of the relative.

3) Fear of the family’s reaction: the donor’s family member ignores his intention to give away for fear of repression by another family member.

4) Non-acceptance of the body manipulation: the family has difficulty accepting the relative body manipulation for the purpose of removal of organs for transplantation, believing that the body is a sacred temple God and, therefore, untouchable.

5) Inadequacy of information and absence of confirmation of brain death: the absence of confirmation of the diagnosis of brain death and the mismatch of information provided to the family by the staff raise questions about the patient’s chart and are reasons why donation is refused.

6) Distrust of care and fear of organ trade: there is the belief that the death of a relative can be precipitated for the sole purpose of organ donation.

7) Inadequacy of the donation process: requesting the donation of the organs by the medical team, when done before confirmation of the death, is cause for revolt and indignation for the relatives. The family, when it feels pressured by the team to authorize the donation of organs, becomes suspicious and refuses to donate, even not respecting the deceased’s desire to be a donor.

The education of health professionals specifically for organ donation, is a decisive factor both for the technical refinement of the transplant and for the improvement of the organ harvesting rate. Refusal of consent by the family could be more easily circumvented if the professionals involved in the funding process were able to clarify the family’s doubts. Unfortunately, many professionals are not prepared to answer donation questions. The low level of education and misinformation of the population can lead to misinterpretation regarding the capture and transplantation of organs. According to the principles of bioethics, poorly informed individuals are not able to consciously decide if they wish to donate the organs of their deceased family member.

Health professionals have an important role in disseminating information about organ donation, they have access to much of the population and can potentially cause a greater impact than the media in attitudes on this issue. Education campaigns should take place within institutions, with the participation of doctors, nurses, nursing technicians and all other health professionals.

Faced with this reality, the health professional must act as an educator, to change the public opinion about erroneous concepts; but unfavorable beliefs can only be modified if educators encourage the population to participate in discussions on organ transplants and legislation. Modifying the existing reality also means developing programs that are planned and evaluated within an ongoing educational process, supported by theoretical frameworks and scientifically recognized models for all segments of the community.

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Many have hailed organ donation as one of the most important medical advancements in recent history. Throughout the world, a culture of organ donation and transplantation has been generated in order to safeguard life. Because of medical and technological improvements and more available donors, the number of people who live longer and healthier lives continue to increase each year.

Before Ecuador’s new 2008 constitution, only 33% of the population were potential donors and only 22 transplants were done each year. With the changes in our constitution, a new law made every single Ecuadorian a potential donor. This helped us increase our rate of donors from 2,34 in 2010 to 4,34 per million in 2013 (INDOT, 2013). Whether you want to be a donor or not is determined with your identity card. Now, after 8 years of the new law, 96% of the Ecuadorian population are potential donors, rising to 563 transplants done per year (INDOT, 2015).

But even with this change, the number of transplantations are still low. There is a huge lack of information about the topic throughout the whole population, including our future doctors and the medical students. That is why we decided to form a whole transplant program in AEMPPI Ecuador. In this committee we tackle misinformation, and raise awareness of this topic in the first levels of education and medical education.

Our overall aim is to introduce a new organ donation and transplantation course into high schools and medical universities’ curriculums, in a time frame of 2 years, to educate adults and future doctors about the importance of cells, tissues and organ donations and transplantations and also to increase our organ transplantation rate in the next 10 years, ultimately leading to improve people’s quality of life.

**About the Program:**
This is the first time AEMPPI Ecuador is launching such a big program. We want to create a real difference in our country which will help future generations. The project has 3 phases:

1) Symposium and Related Activities
2) School capacitation and statistical study
3) Present evidence to national authorities and begin working with the Universities.

This activity is already enrolled under the Organ, Marrow & Tissue Donation and Ethics & Human Rights in Health IFMSA Programs.

**Phase 1**
This phase was held on November 12, 2016 in San Francisco de Quito University where around 100 students from around the country participated. Five recognized speakers gave us lectures about their specialties. Among the speakers there was one representing INDOT and the other four speakers were recognized doctors. During the symposium we also did a clinical cases’ contest.
Following the Symposium, we had different meetings with INDOT who helped us edit our Policy Statement on the topic of organ donation and guided us through this process. This Policy Statement had prior approval from the organization during the past National Assembly on October 2016. We passed it to a vote and with the majority of our local presidents in favor, we adopted it as a Policy Statement from AEMPPPI Ecuador.

The objective of this phase was to create awareness among medical students about the Ecuadorian reality of transplants and create a strong partnership with INDOT. Also, we wanted to demonstrate the medical and the academic aspects of these processes so that medical students could complement their education.

**Phase 2**

First of all, we need to create educational material regarding organ, tissue and cell donation, such as reading material, interactive presentations, class material and assessments. With that, we will create a pilot project that introduces an educational guide about organ donation in the curriculum of Ecuadorian high schools. For this, initial research will be done in selected high schools. This research will have a statistical base so that the obtained results can be considered as significant.

The research will include:

- The improvement of knowledge in the topic of donation, before and after the course
- The impact of students in the perception of donations

Previous studies have shown that when there is an early exposure to organ donation topics, people are more aware of donation. That is why this phase is really important because we can show with a statistical report if there is a correlation between education and donation.

**Phase 3**

Once we have the data of our surveys and campaigns collected, analyzed and interpreted, we can follow into the third phase which consists of approaching the competent national authorities with the subject. Based on the results obtained and the country’s own need to continue growing on this field of health, we want to implement an educational change in the curriculum for schools and universities nationally.

First, we want to focus on the schools, where we seek to integrate the issue of organ, tissue and cell transplantation with the curriculum proposed by the Ministry of Education. One of the ways to evaluate the progress and effectiveness of our plan is to re-do surveys to schools to see how much our system has improved knowledge among the students in relation to the topic mentioned.

We also seek to have this topic added to the curriculum of the medical faculties, since we will be the ones who will guide the country in this matter in the future, especially in the field of health. In this way, we want to promote the interest of medical students to seek subspecialties related to the different areas of organ, tissue and cell transplantation. To accomplish this feat we will need the support of health authorities to encourage and support the opening of training courses, postgraduate courses and other facilities related to this theme.

Our goal is to remain active within the theme, which is why we will not give details on the final phase of our project. We constantly seek involvement in campaigns, symposiums, and publicity to reach Ecuadorians in the subject. Given that we do not seek to persuade, but to educate the population, our hope is that with our work there will be a political system that works in symbiosis with the health system to give all kinds of support for transplant patients, for those who are waiting for a transplant and of course for all Ecuadorians. With this
hard work and action, we hope that in the future no
Ecuadorian will lack knowledge on this subject and but
will be willing to help with the cause.

Remember, superheroes do exist, and you can be
one! Become a donor. For more information contact us:
vpe.aemppi.ec@gmail.com.

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1. IFMSA Policy Statement On Organ Donation.

Acknowledgment
• We would like to thank Bing Yu Chen, the Organ, Marrow & Tissue Donation IFMSA Program Coordinator, who guided us with his experience on the topic and inspiration with his work done in Quebec. More info about his work at www.donationmeded.com
• Also we want to thank INDOT, who have helped us develop our different phases and has become a strategic stakeholder with the same vision on the topic.
I remember years ago, a relative of mine had a complaint of dark coloured urine. Diagnosed as a case of post-Streptococcal glomerulonephritis, her kidneys withered into oblivion. A year later, with both kidneys out of order and a dismal prognosis without intervention; she was the perfect candidate for kidney transplantation, at age 21. The first problem was convincing the family that the procedure will most likely not kill her but will probably save her life. The second and biggest issue however, was to arrange a donor. With no official waiting list in Pakistan, a living donor would have to be arranged. Her brother was the perfect candidate for donation, but then came patriarchy. Lives were compared, worth was measured and rationalizations were done. The brother wasn’t allowed to donate, because she was a girl first and a human being second. How dare she put her brother at a scientifically non-existent risk of donation? How could the glorious product of male chauvinism survive with just one kidney?

All this debated at a time when she herself had no functioning kidneys. Documents were falsified. Reasons were given to the surgeons as to why the brother was not able to donate. Six months and a kidney transplant later, she had to be put on immunosuppressants for life, because the organ could never be matched as accurately. Eight years and a spontaneous abortion later, she gave up the immunosuppressants. All because somehow not being able to give birth made her a lesser human being. Instead of gaining a child, she lost the kidney she got eight years ago. Now again waiting for a transplant, she’ll have to go through the agony of another transplant, if she is lucky; but worse of all would be listening to how she never was and never will be worthy of her brother’s kidney.

Organ donation and tissue transplantation is a very important aspect of medical intervention. Especially, in a country like Pakistan. According to Sindh Institute of Urology and Transplantation, approximately 15,000 patients in Pakistan are suffering from end stage renal failure. The only treatment option being dialysis or organ transplantation. The importance of donating lies in the fact that one organ and tissue donor can impact the lives of ten or more people. Not only this, but on a public level organ donation has proven its importance not only by its presence, but also by its lack hitherto. According to Ansari, up until 2007 there were only 12 transplant centres in Pakistan, five of these were public and the remaining seven were private enterprises. Every year in Pakistan 400 patients undergo renal transplantation. This number has somewhat remained the same, despite the exponential increase in the prevalence of end stage renal disease in the country. For a country to remodel its healthcare system, strong fundamentals are necessary. Regrettably, the same cannot be said for Pakistan. Almost 70 years old now, Pakistan still cannot boast of world class hospitals and treatment centres. Tertiary hospitals are a rare sight, diseases are unreported, and only 60% of urban area inhabitants, have any knowledge of organ donation. Only a minority of people are aware that organs for donation can be extracted from cadavers as well as living donors. Furthermore, there is an aspect of organ trafficking to be dealt with. Pakistan has become a market for organ tourism. With the very wealthy paying around 20,000 - 40,000 USD for the procedure, and the disadvantaged donor only receives 1500-2000 USD.

Black market organ transplant clinics work with impunity, granted by a corrupt system. The issue is not so elementary after all. Religion, social stigma and patriarchy are the abstracts that affect organ
donation in Pakistan. Increasing the rate of organ donation is a difficult job to do considering that within Pakistan there is no consensus among the religious preachers and scholars concerning organ donation. There are religious schools of thought that to this day still think that organ donation is unlawful (haram) in Islam. Their argument is that human body is sacred in Islam and nothing should be done that harms one’s own body in order to help another’s. This is not only scientifically inaccurate but also according to some religious scholars, against the principle of Islam as well. The increasing polarity amongst religious scholars creates a turmoil in the minds of the populace which already is hasty about organ donation. Nobody would want to do anything which may lead to hell, that too without their vital organs.

There have been countless cases just like my cousin’s where patriarchy has impacted organ donation. Females make up a considerable part of end stage renal disease patients, but are either overlooked for treatment or male siblings and parents aren’t allowed to donate. If the situation was reversed, not a second would be wasted in order to save the life of a male child. The absence of social services in hospitals makes matters worse.

The first transplant ever was done on 23rd December 1954 by Dr. Joseph Murray in Boston. Ever since then, most developed countries have developed a system where donating individuals are registered in a database. Another waiting list is organized in which all the patients are triaged according to the severity of their condition and other factors. Upon the death of donors, the organs are harvested and then transported to the place of need. Altruistic live organ donation works with this process side by side. Unfortunately, there is no such system in Pakistan and as a result, live organ donation is the mainstay. According to Ansari MN only seven cadaveric kidneys have been harvested for transplantation from abroad. Only one was sourced locally from a cadaver. The situation is worse for liver diseases. Until a few years ago there was no liver transplant centre in Pakistan. According to the Pakistan Medical Research Council the prevalence of Hepatitis B is 2.5% while Hepatitis C is 4.8% with a combined infection rate of 7.6%. This translates into roughly 13 million chronic hepatitis B and C carriers. With these statistics it is criminal on part of healthcare authorities not to establish liver transplant centres throughout the country. Moreover, with an increasing trend of transplantation and lack of legislation to govern it, exploitation of human rights becomes problematic. It is absolutely essential that the government takes this matter to task. There also a responsibility for healthcare authorities to increase publicity and fund education campaigns. Family discussions should be encouraged. Medical staff and students should be trained in the art of transplant surgery and post-operative management. Incentives for organ donation should be increased as well. We must also force our legislative assemblies to implement relevant legislation.

We teach our children that ownership is nine tenths of the law and that sharing is a virtue, but this cognitive dissonance of contradictory morals is what keeps many people from donating. The idea that signing up a donate life card is like giving away your universal right of ownership and becoming a backup organ farm for somebody else, is a major hurdle. After all it is terrifying to think that once we relinquish life, our organs will be amassed like vegetables and distributed with no less commemoration. The incentive to ‘save lives’ is just not persuasive enough for people to donate after death. Until and unless these stigmas are dealt with, anything the medical community tries to do is moot in the near future.

References:
Transplantation is defined as the transfer of cells, tissues, organs or part of an organ from a donor to a receiver. There have been reports of transplants since antiquity, such as the mythological account of the twin brothers Itoua To and Pien Tsio, born in 287 AD, which tells the story of a soldier who had died and had his leg transplanted into a man who would have lost his leg in the same day. More than one type of transplant is reported in literature, other than conventional transplantation, notably autologous transplantation and xenotransplantation. In autologous transplantation the graft comes from the recipient itself, while in xenotransplantation the graft comes from another animal species.

The donation of organs and tissues assumes importance in the contemporaneity, because it corresponds to the curative method of many terminal illnesses. Around the world, hundreds of thousands of patients are waiting for a transplant. They are children, adults and the elderly who see in organ donation a new opportunity for healthy living.

The main transplanted organs are: kidneys, liver, cornea, heart, lungs and pancreas. The most used tissues for donation are from vessels, sclera, cornea, cartilage, bones and heart valves. New transplantation modalities, as well as new techniques and technologies have emerged with the aim of covering a wider range of terminal diseases and promoting survival with quality of life for patients. In fact, organ transplantation corresponds to an achievement of humanity. Individuals who would die in the short, medium or long term without the organ, reach longevity with reestablishment of their functions without sequelae.

However, despite many advances in transplant technology and awareness of the world population about voluntary donation, organ trafficking and tourism in order to market organs still constitute a barrier to overcome. The signing of the Istanbul Declaration in Geneva in 2008 brought together more than 150 experts from all over the world to establish the legal and illegal principles of organ donation. The Istanbul Declaration states that organ trafficking and transplant tourism violate the principles of equity, justice and respect for human dignity.

Today, the great challenge lies in reducing waiting times for transplantation around the globe, as well as significantly reducing the illegal organ and tissue market. The question that arises is: would it be possible to eliminate the waiting lists for transplantation in the world? What are the challenges and future prospects?

Indeed, the increasing disproportion between the high demand for organs and the low rate of current transplants is worrying. The delay in receiving the organ affects the
well-being of the recipient, the probability of a cure, the nature and the prolongation of harmful side-effects, which cause damage to the patient and the family. Therefore, the governments of many countries invest in awareness campaigns that encourage the growth of living donors and post mortem donors.

The public’s awareness of organ donation and the impact of this act on the health of the country is the main tool to reduce this inequality. Reducing the number of people waiting for transplants, in addition to demonstrating that the health system is effective, contributes to the reduction of transplant tourism and international organ trafficking, which affects in particular the least developed countries.

According to the World Health Organization (WHO), the transparent oversight of the health authorities over donation and transplantation activities is also essential to increase the trust of the public in the system. The decision to donate is individual. The positive repercussions of the donation affect not only the patient who needs the procedure, but also his family, the health system, society and the donor himself.

We should not only set our hopes on new technologies and scientific progress. The possibility of using organ made from biological materials or by means of digital printers is impressive, but progress in research is slow and the availability of these technologies is limited. The Istanbul Declaration in response to the increased demand for donations brings four alternatives: governments should take appropriate action to increase organ donation; in countries without a well-established transplant system, they must create appropriate legislation and infrastructure; in all countries in which deceased organ donation has been initiated, the therapeutic potential of deceased organ donation and transplantation should be maximized; it is the duty of all countries that have organ donation programs to share techniques, information and technologies.

Transplants in Brazil

In the year 2016, there were alarming declines of the number of donors in Brazil and, consequently, in the number of transplants performed. In the three most populous states in the country, responsible for 40% of the national population, organ donation fell in the first quarter of the year: São Paulo (8.2%), Minas Gerais (19.6%) and Rio Janeiro (18.5%), located in southeastern Brazil. In 2015, all transplantation modalities suffered stagnation, with the exception of cardiac transplantation. In the second and third quarters, Brazil experienced a slow recovery in the number of donors. The main reasons for this have been the low rate of eligible donors (68.6%), of which the diagnosis of brain death had a high rate of family refusal (44%). These results justify the need for campaigns that solidify the importance of donating organs in the country.

On the other hand, Brazil has experienced an unprecedented political and socio-economic crisis, which has increased distrust and the population’s interest in contributing to the public system.

Transplants in Europe

According to the European Liver Transplant Registry database, the number of liver transplants performed across the continent has been increasing in the last four decades, with some stagnation in the last five years. It is estimated that there were 137,863 transplants: France (23,985), Germany (22,289) and Spain (21,431) are listed as the countries that performed the most transplants. In 2014, the European Commission, in the Journalist Workshop on Organ Donation and Transplantation, revealed that approximately 63,000 patients were on waiting lists. About 4,100 patients died waiting on the list, which proves that the disproportion between donors and recipients is an international problem.
Another important fact is that the countries that make up Europe live under different social, geographical, economic and political circumstances and therefore have different transplantation rates, which do not necessarily mean the superiority of one country over another\textsuperscript{12}.

Transplants in India

The situation of organ donation in India does not differ from other parts of the globe. Lack of donors and increased waiting lists are still the key problem. The illegal trade of organs in India has been present since 1980. This is due to the combination of several factors, notably the presence of transplant trained professionals, a large population with low socio-economic conditions and the absence of legislation on transplants in India today. The scientific literature reveals that clandestine transplantation, due to less favorable care with donors and the absence of screening exams for infections and other co-morbidities of the recipient, has lesser results than the rigorous medical examination procedure. In addition, donors are often not paid and do not receive the basic care needed for a donation\textsuperscript{13}.

Transplants in United States of America (USA)

The United Network for Organ Sharing states that approximately 119,521 people are waiting for a transplant in the U.S.A\textsuperscript{15}. They are people who hope to be given a new chance. Similar to India and other places around the world, these people are looking for other alternatives to circumvent the waiting list. Gil et al. (2008) cites the following locations as visited by Americans seeking transplantation: China, Iran, the Philippines, and India. The severity lies in the fact that “tourism transplantation” is associated with a higher rate of rejection, bacterial infection, and other complications.

Compared to other countries already cited, the U.S.A. also has a lack of donors, a concerning public health problem\textsuperscript{15}.

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Whilst mental health issues, an aging population, unsatisfactory nurse-to-patient ratio in public hospitals, and long waiting lists in A&E departments are worrisome local health issues, the shockingly low number of registered organ and tissue donors is equally concerning. Despite millions of people dying every year due to the lack of organs available for transplantation, and despite wide public appeal by the Department of Health and other non-governmental organisations, the list of organs available, from deceased donors never budged. According to the statistics in a Legislative Council Study in July 2016, it was reported that there are only 5.8 donors for every million people in Hong Kong, a city with population size of 7.24 million. This result was subsequently quoted in newspapers and subjected to comparison with other Western Countries, such as Spain and Croatia, whereby their donation rate was 7 times higher than that of Hong Kong.

Certainly, there are various factors that should be taken into consideration, such as demographic structure, cultural components which could influence the attitude and decision making of individuals and families, death rates, clinical factors and many more, which does not justifiably allow for direct comparison between countries. Nonetheless, one cannot ignore the fact that the higher organ donation rate could be mainly attributable to the opt-out organ scheme, whereby by default, everyone is an organ donor. This raises the interesting question as to why Hong Kong, with its contrastingly low donation rate was 7 times higher than that of Hong Kong. The main argument against this presumed-consent scheme to be launched in Hong Kong is the ethical aspect of this system. Although the opt-out organ donation program has its ethical basis in deontology (the moral duty to reduce the suffering of others and save lives) and utilitarianism, there are also other ethical counter-arguments, the key one being the idea of presumed consent. Under the scrutiny of moral reasoning based on the ethical approach of principlism, autonomy is often used by opponents as the standard violated by the system. Their arguments are as follows:

(1) For those who wish to opt out, presumed consent may jeopardise their autonomy if they do not understand or is not aware of the system. For Hong Kong, this scheme will mainly disadvantage and discriminate against those with insufficient access to education and technology - the poor (approximately 1.34 million if considering absolute poverty), the elderly (which makes up 15% of the Hong Kong population) and the homeless (1614 HK street sleepers).

(2) In medical ethics, it has been argued that a diseased person is no longer entitled to the same principle of autonomy as when they are alive; thus, is acceptable if one proposes to remove their organs for donation since the diseased person no longer has control over their own body. However, if the respect-for-wishes model for autonomy of the dead were to be used, it could potentially go against the wishes of the individual and is therefore unethical.

Only by turning the argument around will one see how ethically controversial this truly is. In response to the first point, whereby those who wish to opt out are mainly targeted, it is merely fair to consider those who support organ donation. Under an opt-in system, aren’t we also discriminating against those with no access to the organ donor register and wish to donate their organs? In other words, doesn’t an opt-out system with presumed consent
preserve their autonomy? The same argument can also be proposed for the respect-for-wishes model as mentioned in the second point, where one can assume that the wishes of the individual is to donate.

Another argument against this opt-out organ donation scheme is related to the doctor-patient relationship. Some opponents fear that doctors may not treat them in their best interests if they are regarded as potential donors, a thought that may impeded good doctor-patient relationships. However, should this be seen as a deterrent to implementing the opt-out scheme, when this is fundamentally a lack of awareness and understanding towards the differences between treatment and transplant team? That being said, if public concerns are not well addressed, the implementation would face difficulties and criticisms, and worse, the risk of backlash, as seen from the cases of Brazil and France.

With the many challenges that this presumed consent system faces, in which this article fails to touch upon all, it comes as no surprise to witness Hong Kongs vehement debate over this issue. Therefore, it is only wise to not simply focus on the legislative approach, but to also consider other alternatives. Governmental organisations have endeavoured to promote awareness towards organ donation: Hong Kong’s Food and Health Bureau has set up a promotion committee this April to launch promotional activities through different media, whilst the Department of Health has been cooperating with public bodies, private companies and NGOs to promote organ donation, as well as organising public education activities through exhibitions and seminars. Yet, with Hong Kong newspapers calling the donation rates “shameful,” it is clear that governmental action does not suffice. Individual and group action is urgently required and undoubtedly, medical students and related organisations, such as AMSA-HK and IFMSA, should play a role. Firstly, more can be done in terms of public education. This can be divided into two aspects. One aspect could be to prevent organ failure, so that less organs are demanded and transplanted. These two dimensions of public education can be done through health exhibitions, presentations at different venues, or through videos spread via social media. Secondly, members of the medical students’ organisation should register in the Centralised Organ Donation Register and set a good example for other students and colleagues. They should also try their best to change the traditional Chinese belief of preserving human body integrity after death, which is a key reason for organ donation shortages. Lastly, the medical students’ organisation should actively participate in more research to investigate alternative methods to harvesting organs, for instance, though stem cell research.

There is undisputedly no simple solution to drastically boost the numbers in Hong Kong’s Centralised Organ Donation Register, but small steps still matter. Perhaps one day, an open culture, appreciative of the idea of organ donation can be fostered in Hong Kong and other countries alike.
Imagine a hypothetical situation in which the person you care about the most is in need of a kidney transplant. You, some of their relatives and friends want to give one of their kidneys. They get tested and the result is that everyone is incompatible. That person is placed in the national wait list for organ transplants of your country. That person waits approximately 3.6 years and finally dies. This situation occurs with at least 13 U.S. families every day in the US. Imagine how many times this is repeated around the globe each day? There are currently 121,678 people waiting for lifesaving organ transplants in the U.S. Of these, 100,791 await kidney transplants. In 2013, there were 50,000 patients on the European Union waiting list for a kidney transplant. In Mexico, there are 20,923 persons on the national wait list for organ transplants; of these, 12,756 are in need for a kidney. The total number of patients on waiting lists reflect an impressive reality, even when they cover data from various transplant systems with different national policies and as well as evolving dynamics.

Pair Donation is a transplant option for patients with an incompatible living donor (i.e., poorly matched), but transplantation still possible by linking together pairs of compatible people. This is a method that has been developed the last couple of years that would allow us to make more transplants.

The first paper outlining the concept of paired exchange was authored by Rappaport and published in 1986. But it wasn’t until 1991 when the first recorded paired exchange transplants were organized in South Korea in 1991 by Dr. Park. For nearly a decade, only Dr. Park and his team in South Korea utilized this novel approach to facilitate transplants for incompatible donor/recipient pairs. In 1999, the first paired transplants were performed in Switzerland. This was followed by the first paired transplants in the United States in 2000.

The process works as follows. First, a thorough testing and evaluation process is completed for both the donor and the recipient. If they are found to be healthy candidates for donation and transplantation, but are incompatible to each other, they will meet with a living donor transplant coordinator to discuss the kidney exchange program.

When new donor and recipient are listed with the exchange program, the program will run a national match-run list to identify other donors and recipients who may be compatible. If a compatible donor/recipient pair is located, the transplant surgeons will have the option of accepting or declining that specific match. Once accepted, donors are given the opportunity to donate the organ to the recipient who matches, while their intended (incompatible) recipient receives an organ from someone else. This exchange enables both recipients the opportunity to receive a live donor transplant. These patients typically meet again after the transplant and become life-long friends.

There are multiple areas where people can benefit from this method. Firstly, they get a better match organ. Secondly, this approach also would reduce the wait time to receive an organ. For example, between 2009 and 2013 in Canada the median time to complete a chain of pair transplants was 129 days. Compared to the traditional wait list, this process could have taken years. Finally, as a donor is satisfying to know that you not only help your loved one, but you also help others. In the end, it becomes a community of people in which participants receive successful transplants, and everybody feels good about the outcome of the
exchange. It is disappointing that this method is currently only used in a few places.

Of course, there exist concerns about this method like, what happens if the donor chain breaks? In Canada during the 2009 - 2013 period 38% of chains were broken; of these, 75% broke due medical, surgical or HLA reasons, the other 25% collapsed due a receiver who declined the match. There were 0 donors who declined go forward with the chain, which demonstrates an admirable bravery 7.

Concerns regarding the negative impact that Cold Ischemic Time (CIT) may have on graft survival, due to the shipment of the kidneys, initially caused concern in the transplant industry and slowed the adoption of Pair Donations. This concern regarding CIT originated from deceased donor transplant experiences where greater CIT is correlated with lower graft survival rates 8.

This concern proved to be unfounded as more living donor kidneys were shipped. After completing over 1,000 Pair Donor transplants, it was discovered that graft survival rates were better than the graft survival rates of the typical U.S. living donor transplants 9, 10.

Researchers have also discovered that better matching not only leads to longer lasting transplants, a living donor kidney typically last 5 to 15 years longer, but is also correlated with lower patient mortality rates because better matched kidneys require less immunosuppression. Less immunosuppression reduces nephrotoxicity and other negative side effects from post-transplant anti-rejection medications 11-16.

Conclusions

- The recipient receives the benefits of a compatible living donor kidney. Transplant kidneys that come from a living donor last longer on average, than kidneys that come from a deceased donor.
- The recipient also requires less immunosuppressant therapy after a transplant from a living donor.
- Transplant recipients wait less time for a transplant.
- Transplant recipients spend less time on dialysis.

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Rex Crossley Awards
Articles about the Theme of the March Meeting 2017
“More than anything, having the spirit of a dreamer, I was particularly jaded with medical school, hospitals and exams. Along the roads of my day dreams I had reached remote countries, navigated tropical seas and travelled all through Asia.”

- Ernesto Che Guevara.

I consider myself a dreamer. I was excited at the start of my three-month summer break from Medical school this year. Like young Che, I felt I had had too much of books and exams for a year. But unlike Che, my dream was not to navigate through tropical seas or reach remote countries. I wanted to save the lives of children around my school environs.

Kibera is the second largest slum in Africa and it’s a ten-minute drive from my school. Sprawling across its terrain are mud walled shanties, garnished with rusty tin and iron sheet toppings. An aerial view of Kibera resembles an abstract painting. The town tells a story of happy people. Impoverished, but still happy. Yet, the residents of Kibera, especially young children, commonly suffer from diarrheal illnesses. Using Kibera Slum as a reference, it hit me that the issue of from diarrheal.

According to the WHO profile of Kenya, diarrheal illness is the third leading cause of death in the country. This has been the case for more than a decade, begging for more efforts into preventing and eliminating these illnesses. Additionally, diarrheal illnesses kill more children than AIDS, malaria, and measles combined, despite the fact that we can easily control diarrhea through proper water, sanitation and hygiene (WASH) strategies.

With the above in mind, we set on our journey to counter these saddening statistics. First, we trained medical students of WASH principles to be the forbearers of these messages. We had to adapt strategies to the younger audiences, and we used a play-model approach that would interest them. It was quite the task breaking down science into fun and games!

We trained 600 children across Kenya on hand washing and hygiene practices and distributed hand washing soap to them. Kids were singing, playing and dancing to rhymes that promote appropriate toilet use and hand washing.

One thing is obvious, when science meets practicality, all things are possible.
This project was part of the celebration of world breastfeeding week, which is takes place every year from the 1st to the 7th of August, in more than 120 countries. The theme this year was “breastfeeding: a key to sustainable development.”

Breastfeeding is a healthy foundation for a healthy life, starting from infancy and childhood. However, many infants are not breastfed for the recommended duration. Globally, breastfeeding has a potential to prevent about 800,000 deaths of children under 5 years of age, if all children aged 0-23 months are optimally breastfed. Pakistan has the lowest rate of exclusive breastfeeding and the highest rate of bottle feeding in south Asia. There is a need to develop trained medical professionals who would fill the information gap between the healthcare providers and the general population, thus firmly anchoring breastfeeding as a key component of sustainable development.

We invited an experienced pediatrician to train medical and nursing students, house officers, and medical officers on the topic. It was a highly informative discussing, encompassing all the details about breastfeeding and its importance. We even had practically simulation using models and visual aids, explaining different breastfeeding positions and latch-on mechanism.

Medical students also took part in other workshops on the management of lactating breast problems, including breast engorgement. Participants were taken to the pediatrics and obstetrics and gynecology wards where they demonstrated each position themselves on the lactating mothers and targeted a minimum of 5 women each to teach them about breastfeeding. They distributed handouts and got mothers to fill in pre and post session in order evaluate the impact of this project. All the trainees and participating mothers pledged to breastfeed their children conscientiously and responsibly.

On the 6th day, we organized a walk that was covered by different media outlets, in an attempt to further raise awareness about the importance of breastfeeding. During the closing ceremony, we presented a detailed report on the outcomes of the campaign, and announced the winners of the different competitions that took place: poster competition on “breastfeeding awareness among general population,” “The Most Active SCORAngel” (for the most enthusiastic trainee), and “The Best SCORAngel” (for the most active member of the organizing committee).

Different local councils were involved in the project and we hope to involve more and more LCs in future, making this campaign an annual event of SCORA in IFMSA-Pakistan.
In the urban jungle of Hong Kong, people’s lifestyle choices have led to damage to both the health of their bodies, and the health of the environment.

The leading causes of death locally are chronic diseases. In 2015, registered deaths have shown that 7 out of 10 of the leading causes were chronic diseases, particularly cancer and cardiovascular diseases. Obesity, which is a major risk factor of many of these, has grown to be a problem, with 39% of the population being classified as either overweight or obese (BMI>25.0).

Many of these diseases are associated with changeable health risk behaviors, such as diet and sedentary lifestyles. In the 2014 health survey of Hong Kong, 62.5% of people have not met physical activity recommendations set by the WHO, and 81% have had inadequate daily fruit and vegetable intake. At the same time, the urban lifestyle prizing short term efficiency over long term costs, has led to environmental problems in Hong Kong and globally. For example, more than 15,000 tons of waste are generated in the city every day, with the greatest contributor being domestic waste. On a broader global view, greenhouse gas emissions threaten to change the climate, with main sources including electricity and heating, transportation, and agriculture. These sources could be modified through similar means of behavioral change.

That is why AMSA-HK has embarked on a year-long Green Living Campaign to promote lifestyle choices that benefit the health of both one’s body and environment. Our message included, for example, promoting increased intake of fruits and vegetables, while reducing intake of meat.

At the start of the campaign, we conducted a survey to understand the needs of the local community in terms of their knowledge. Results showed that there is indeed an information gap in certain areas, such as students not knowing the existence of a vegetarian restaurant on campus.

At mid-year, we raised awareness of Green Living choices with a public health exhibition held at two shopping centers. Participants were led through multiple stations where they had health measurements taken, played games to test their knowledge, read from infographic boards, and discussed their health in a counselling session. At the end, they were given leaflets to consolidate the information they learnt. Leaflets were also distributed at local universities’ restaurants for students to better understand their options.

All in all, we wanted to show that there are many avenues that could lead to benefits to not just oneself, but also to the environment and community.
of vaccination. In Slovenia, we are facing a considerable problem, with decreasing numbers of vaccinated children. Parents have grown distrustful of scientific data, and are refusing to vaccinate their children, even though vaccination is as of yet obligatory by law. As a result, the Slovenian population is dealing with a number of infectious diseases that should be rare on account of inoculation. For example, two months ago there was a boy with a case of tetanus, the first in 23 years. He was not vaccinated. Indeed, there is a lack of education about infectious diseases and vaccination, which leads to people placing too much trust in false information they find on the internet and certain forums.

By organizing workshops in high schools and schools for future parents, we approach participants with this social and health theme. We want to spread the knowledge and, more importantly, highlight the importance of good communication with patients on this topic. We are aware that dealing with people who refuse to vaccinate can sometimes be very difficult, but it is essential to communicate with parents who are worried about their child’s health. With the help of our Faculty and National Institute of Public Health of Slovenia, we organize free flu vaccinations for all students of the Medical Faculty of the University of Ljubljana. We are active on Facebook, where we publish popular-scientific information about vaccines, and the latest achievements in this field. We are aware that nowadays the Internet is the main base of information, and we want to reach out to as many people as possible with accurate and scientific information about this topic.

We would like to cooperate with organizations that are running similar activities from all over the world, in order to exchange experiences, and improve our project. We have already encouraged the Medical Faculty of Maribor and their students to establish similar activities.
Smoking is an enormous threat to public health: it harms almost every organ in the human body. According to the WHO, Jordan leads the region in the prevalence of male smokers, followed by Palestine and Turkey, and comes third in the prevalence of female smokers. In a study done in Jordan University of Science and Technology, the highest prevalence of smokers was surprisingly among medical students. All of this research and discovery led to an eager launching of the National Smoking Awareness Campaign: Put It Out! Before It Puts You Out.

The principle objectives of the campaign were to empower medical students to take action and participate in the change, and to aid in the implementation of Framework Convention on Tobacco Control and MPOWER in Jordan.

The campaign has been running since 2013, and will continue until we achieve our goals and objectives. It consists of different events and activities, ranging from awareness and screening booths, workshops, research, spot checks, open talks, advocacy sessions, media campaigns, and publications.

We are very proud of our accomplishments, and are also grateful for the support and participation of many partners, leaders and professionals of the community as we manage to have an outreach all over the country. However, we realize that more steps are to be taken in order to accomplish our future goals and reach better results. We hope we can continue our work, and achieve our next goal, which is integration of Tobacco Cessation Medications in the Ministry of Health Drug List to become covered by insurance.

As Gandhi said: “You may never know what results come from your action. But if you do nothing, there will be no result”. Hence, we can make a difference; we only need to make an effort and try.
Taking part in November’s global focus on diabetes, and under the theme of “Eyes on Diabetes,” IFMSA-Egypt coordinated a series of awe-inspiring awareness campaigns and screening in collaboration with Ministry of Health, Hibridge, Maghraby Eye Hospital and Egyptian Red Crescent.

Eyes on Diabetes took place so far in 3 universities and 3 public venues. In addition, we also participated with Rotary Club at the Kasr Aini Teaching Hospital, granting us inspirational access to diabetic patients as well as those in need of screening but are incapable and helpless to find it. Not only did we screen more than 1100 people in the first 3 weeks of our campaign, but also performed fundus examinations at Maghraby Hospital, and took different health measurements and promoted healthy lifestyle with the help Egyptian Red Crescent. Witnessing the remarkable number of people in every place we went sparked that beautiful SCOPH spirit in each one of us. The outstanding commitment and tremendous efforts exerted by each IFMSA-Egypt member in our campaign truly paid off in the eager eyes of every patient examined. November may be over, but our campaign isn’t. More upcoming happenings in more universities in addition to a focus on schools and promoting how to treat a diabetic child among parents and faculty members.
Within our academic syllabus in Malta, little importance is given to sexual and reproductive health. This was especially noticed in previous years when the Malta Medical Students' Association (MMSA) gave training sessions on reproductive neoplasms and sexually transmitted infections in post-secondary schools, which host adolescents of the ages between 15-18 years. The misconceptions and lack of knowledge that the general public in Malta has were very evident. Such ignorance will be detrimental to our future society due to increased rates of sexually transmitted diseases and unwanted pregnancies which could easily be prevented through education on things such as contraceptives and female menstrual cycle.

As one of MMSA-Malta’s aims is to educate the general public and spread awareness about different health topics, we decided to tackle this crisis. We compiled a list of youth groups that are present in Malta, set up meetings with them, whereby we could go give sessions on topics that the participants themselves have questions about or lack knowledge on. We plan our sessions to be as informal and casual as possible in order to have the participating students as comfortable as possible and thus more likely to ask questions on matters which are quite sensitive to them. We also plan our sessions to be as interactive as possible: we include ice breakers, and rely on multiple methods of transmitting information.

Over the past few of months, we have addressed 120 participants aged between 12 and 19. We have given sessions on sexually transmitted diseases, male and female reproductive system, contraceptives, morning after pill and consent and coercion. One session was about consent and coercion and we had 14 participants: at the start, only two knew what coercion meant, but by the end of the session only one participant left the question blank. This shows how effective our sessions have been and how much the participants are actually learning.

On average, we schedule two sessions per month, and we have been asked to return to three groups out of the seven groups that we had been to up until now; which we plan on doing in the upcoming summer.
Déan Athrú is the Irish title of a project hoping to make a change in the west of Ireland. It is a project that has encompassed all of 2016, varying at times from a vocation to being thoroughly enjoyable, and including one of the most enjoyable weeks of our OC’s lives - The "Déan Athrú Action Week!"

The general idea of Déan Athrú was to morph Irish Medical Students’ excellent, voluntary, once-annual charitable contributions that take place on one Autumn’s day (MedDays) into a much wider and expansive project. This project would retain its name, resource pool, contacts and recognizable ethos year after year, but its focus would change each calendar year onto a different, important topic. Essentially is has become a diving board of experience from which to launch year long projects which then will further add to the launchpad for future years.

2016’s focus was Youth Mental Health, which saw a collaboration between Local Committees and a Medical Society and launched year long activities in schools, colleges and in public around important youth mental health issues and mental resilience training. The highlight of the project was undoubtedly the "Action Week" at the end of September, which saw 450 volunteers partake in a week of fundraising, busking, Mental Health talks and even a world-record breaking Relay Marathon for Mental Health (unofficial, unfortunately as we couldn’t afford the €2,500 for the Guinness guys to certify that we broke the current record by a whopping 4 minutes). At the end of the Week we had raised more than €14,000 for local Mental Health charities and left a lasting impact by the end of the year having delivered mental resilience workshops to over 1000 students across the West and North West of Ireland. Further, over 1500 members of the Sligo public signed a petition during the Action Week demanding that a Brief Early Intervention Youth Mental Health Service be implemented in the Region, which was delivered by politicians to Ireland’s Ministry of Health.

We will be spreading the project to more AMSI Local Committees for 2017, the focus of which is currently being decided upon. Indeed, having AMSI as the bedrock of support for the work in terms of PR/Marketing will be key to its continued success. We would love for the project’s structure and premise to be spread around IFMSA, this wonderful organization which is perfect for dissemination of ideas and activities just like this. Our Project OC would be more than happy for members from any NMO to approach us to see if they would like to replicate aspects of our work or create similar in your own countries; we will do all that is possible to support your work.

We are proud of what we have accomplished in 2016. We are, however, hungry to improve and build on what has been created and we look forward to the challenges that 2017 will present for AMSI and the Déan Athrú team all over Ireland and hopefully further afield too!
The first step toward change is awareness. The second step is acceptance.

- Nathaniel Branden

We all know how fearful and confusing a visit in a doctor’s office can be. Even though we, as future healthcare professionals, know how important it is to visit physician regularly and as soon as something feels wrong, it is not necessarily as obvious for all people. In countries like Poland, where preventive medicine isn’t priority, people often base their fears and beliefs at their first healthcare experiences. Because of that, even when they notice first symptoms of cardiovascular diseases or diabetes, they often decide to ignore it. As a result, about 470 people die every day in Poland due to cardiovascular diseases. One in five is less than 65 years of age.

“Health under Control” is a two-day event that takes place twice a year, across all IFMSA-Poland Local Committees simultaneously. During this activity, we set up at public spaces and shopping malls, and do our best to take blood pressure and glucose level measurements, and educate people about the threats of unhealthy lifestyles. Every edition starts with a training sessions for the youngest students, covering both practical skills and leaning how to interpret of tests results. Our “patients” receive leaflets about diabetes and dangers atherosclerosis at the end of their visit.

Beside the screening tests, we do our best to preserve the holistic approach to health by educating children in Teddy Bear Hospital, registering potential marrow donors, and spreading awareness about the basics of healthy nutrition.

During the Spring 2016 edition, 5970 people had been screened for diabetes and 713 students have cooperated to achieve this goal. We hope that our actions will help to increase the knowledge about the risk and prevention of cardiovascular diseases.
Certain populations in Quebec still don’t receive adequate health care services due to remote location, language barriers, prejudice, ignorance or socioeconomic status. Five Quebec populations are particularly at risk: neglected urban populations, migrants, indigenous people, incarcerated people, and vulnerable women. The determinants of health these population face, although they might go beyond the scope of health professionals, are linked to physicians’ awareness, cultural understanding and knowledge on vulnerable populations.

INcommunity, first implemented in 2011, is a Quebec-wide project that aims to educate medical students on inequities in healthcare and the socioeconomic burden of vulnerable populations. It provides a four-week immersion in one of the five targeted Quebec populations listed above. The project aims to help Quebec medical students develop new skills in cultural competency and understanding of social and economic issues in complex doctor-patient relationships, which are not thoroughly taught in medical schools. Adding to the benefits for the participants are the benefits for the vulnerable populations themselves.

To prepare the participants for the immersion program, a pre-immersion training explores the issues of social determinants of health, biopsychosocial model, intercultural collaboration as well as specific cultural attributes. Other preparation tools are also proposed, namely a collection of informative articles, and a personal journal for impressions and reflections.

The four-week internship takes place during in summer within various organizations. Internships in Indigenous communities, for example, include two weeks in local organizations which serve urban Indigenous populations, followed by two weeks in a remote community. On the other hand, immersions with incarcerated populations include both prisons and centers for social reinsertion settings.

During their immersion, students are paired with a mentor physician in the community, and specific time slots are dedicated for discussions and personalized training. Weekly debriefing during informal dinners with participants and internship coordinators allow sharing of experiences and comparisons and tendencies across various vulnerable communities.

After the immersion, a final report is submitted to qualify the evolution of the participants’ learning from the beginning to the end of the program.

INcommunity collaborates with over 30 partners across Quebec to deliver diverse internship settings (indigenous shelters, detention centers, refugees clinics, safe drug injection centers, addiction clinics, etc.). All partners contribute to INcommunity’s success by providing safe and educative environments for students.

Since 2011, INcommunity was officially recognized by the Faculty of Medicine of the University of Montreal, the largest medical faculty in Quebec. INcommunity also won in 2011 the award HEALTH Avenir, attributed by the organization Forces Avenir to the best student-run health related projects in projects in Quebec. The project is still growing with a new addition in 2017, the immersions amongst vulnerable women.
SCOMEdy
The Guardians of Medical Education share their stories
Words from the SCOME Director

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What can students possibly know about Medical Education?
How can they compete with their teachers’ experience and demand to be major stakeholders in their education? These are two of many common questions that we, SCOMEdians, hear a lot during our work in our beloved standing committee, and that are a sample of the challenges we encounter daily.

Therefore, I will try to address The famous question that white soldiers keep getting, inspired by my humble experience in SCOME.

What does SCOME do?
Whenever someone asks me that, the first word that pops into my mind is Empower. “SCOME empowers Medical Students to get meaningfully involved in the decision-making process of their education,” is a sentence that we all hear a lot and that becomes unmarked with the time. But, I want to bring your attention to the procedure of magically transforming curious medical students to motivated medical education experts.

Do you remember the times when you felt that something was wrong with your education: unorganized curriculum, lack of practice, the unadapted process of evaluation or assessment, etc.? Now remember when you felt that you can do something about it, because theoretically you are the center of this curriculum and you are the living proof of whether it is actually working or not. Finally, remember when you couldn’t do anything about it because either you didn’t know where to start, or your voice wasn’t heard.

The Standing Committee on Medical Education opens doors for you that you didn’t know they existed. It starts by offering capacity building opportunities for you to unleash the advocate, the expert and the strategic planner in you. You will know about medical education, more than you thought you would, and that will only make you eager to read more about it, attend conferences and share your knowledge with your peers.

Secondly, it will motivate you, stimulate your inner leader and shape your negotiation skills, to get you ready to take action and advocate for considering you and your peers, major stakeholders of your education.

Finally, SCOME is known for its ripple effect. Every action you take, every session you facilitate, every article you write or speech you give will inspire other medical students from all around the world to believe that they can do something about their education and take a step forward towards achieving their goals.

In the meanwhile, the “Think globally, act locally!” motto will pave other paths for you to make a difference. You will organize practical workshops, conferences; you will create manuals, journals and you will keep innovating and recruit medical education activists that you’ll pass the torch to along the way.

Do you remember how you felt about the weaknesses of your education? Now you know what to do to not feel that again. The white army is spread worldwide, a fusion of all the colors of the rainbow that will welcome you with open arms.

Welcome to the world of active Youth.
Arij

On behalf of the SCOME International Team: Alex, Katerina, Dino, Tendwa, Pablo, Rahoul, Salma, and Aleksandra
How to take better care of your patient

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The doctor-patient relationship was born in ancient Greece with the medicine of Hippocrates, based not only on the disease, but also on the person. It is intertwined with satisfaction during the visit and adherence to treatment. In our modern times, technologies have undoubtedly improved the diagnostic capacity, but also increased a distance between the doctor and his patient. It is fact that communication is losing its essence by giving space for codes and numerals to take its place. In this bias, hoping for improvement in the health system scenario, the recovery of humanization becomes urgent and must be (re) oriented even during the medical school.

In this context, it is indisputable that empathy of health professionals toward their patients is an important lever for those who are sick or are undergoing routine medical evaluations. Knowing and having good interpersonal relationship with the multidisciplinary team composed, among others, by doctors, nurses, physiotherapists and nutritionists shows trust. This, in turn, will be a point of support, which will make tangible the greater probability of success in the diagnosis, treatment and improvement of the patient. In this sense of human involvement, Aristotle has already stated: "Give me a lever and a point of support that will move the world."

It is not uncommon to learn that health care professionals are not only guided by the healing of the body but also that of the soul. If a patient seeks the advice of a health worker, it is because something is wrong and they need help. Thus, in this relation, the need for trust between who requested the service and who will provide it is evident. In order to adhere to the treatment, the patient needs to acquire empathy from his doctor. Empathy is a set of affective, cognitive and behavioural mechanisms in the face of the observation of the experience of the other. "Occasionally healing, relieving often, always consoling," would be the best phrase to describe empathy.

It is crucial health professionals are aware that empathy is a lever that, when supported by the patient-physician trust, can lead to significant improvements in the psychological and organic world of others.

In view of the increase of health professionals who are performing fast care, which increase the statistics of patients attended, but decrease those of satisfied patients and the quality of care itself, the IFMSA-Brazil local committee at the University of Caxias do Sul noted the need to improve the teaching and interpersonal relation strategies of medical students. This event was composed of two steps.

The doctor-patient relationship, as well as the ways of acquiring empathy and trust were extensively addressed in the first part of the event, which aimed at teaching medical students about the importance of empathy in the patient-physician relationship. The accomplishment
of this objective was observed in the second part of the event, in which the students could express their opinion about the medical attitudes demonstrated in the interactive video brought by the speaker, when they repudiated actions that were not beneficial to the patient and suggested ways to behave correctly in face of situations that have been exposed. Therefore, working on ways to improve the patient-physician relationship is necessary in all medical education, since the physician is not only a technician but also a healer of the soul. For this reason, empathy is essential to create a bond between the doctor and his patient.

The fourth industrial revolution is flooding our lives with technologies that replace human labour. However, stimulating a humanized formation by encouraging the approach of future health professionals with their patients, will provide the possibility for physicians not to be replaced by new technologies and always remain ahead of their time.

References:

National Health Collaboration Day - Indonesia

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National Health Collaboration Day is held every year on 12th October. This celebration aims to raise awareness of students and health professionals in Indonesia on the importance of interprofessional collaboration in improving the quality of the health care system. Last year (2016), SCOME CIMSA chose a theme about Interprofessional Collaboration Practice (IPCP).

According to WHO, IPCP is a comprehensive service that is provided by two or more healthcare providers from different professional backgrounds, in cooperation with patients, families, caregivers, and the community, to provide the highest quality of health care service in every situation. This collaboration concept should be well understood, because good teamwork is needed to face the increasingly complex health problems. If there is no collaboration and good communication among healthcare professionals, it is highly possible that fragmented care is given, and this can lead to the poor quality of healthcare services and lower safety for patients. Even worse, uncollaborated practice may trigger interprofessional conflict.

However, there are also some obstacles for
the implementation of IPCP, which are the lack of understanding or education about the practice of collaboration among the healthcare providers, the old habit of healthcare providers to work individually and honor the personal autonomy of each profession, and the perceived inequality between professions that can lead to a profession feeling superior to other profession.

For those reasons, SCOME CIMSA chose IPCP as a theme for last year’s National Health Collaboration Day celebration, which aimed to increase awareness of medical students regarding the importance of collaboration and to acquaint them with the concept of collaboration practice, so it can be implemented easier in the future. Understanding the competencies of each health profession is needed in collaboration practice to avoid duty overlap and achieve efficient and high quality of health services.

In this campaign, SCOME CIMSA got the opportunity to spread the news about collaboration practices through social media, through the Sehatindonesiaku LINE official account as media partner. We also held a photo contest which required the participants to show the collaboration in each local committee. Other activities were held specifically by SCOME CIMSA members at Universitas Islam Negeri Syarif Hidayatullah Jakarta, where SCOMEdians organized a seminar and group discussion regarding Interprofessional Collaborative Practice (IPCP). At Universitas Sebelas Maret, SCOMEdians worked together with a radio station to broadcast about IPCP.

References:
Are we ignoring an essential part of our medical education

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I once saw a TED talk by Sir Ken Robinson, a well-known educator. He tried to answer the following question: “do schools kill creativity?”

“What a ridiculous notion,” I thought. “How can schools kill creativity?” After all, the whole point of schools is to ignite the sparks of a creative mind and make you think. The truth is quite scary, however. As we grow up we are subjected to teachers telling us what to think and not how. We are given dates and historic facts to learn, we are given a list of formulae to memorize and apply.

I had been lucky. I had attended a school where my teacher spent a week explaining and exploring with us the reason behind mathematical formulae and addressing every doubt. Why is \( x \) equal to so-and-so? More than that, he invited us to find out for ourselves. In history we learned the causes, not the facts. We created.

Then came time for university. I was eighteen and about to be a university student, with all my ideals and hopes about tertiary education ripe in my mind.

I soon discovered that there was no challenging the mind, there was no nurturing the curiosity, and teachers were not mentoring. What I found was an endless list of names to memorize. Molecules, muscles, bones, drugs, etc. But nobody cared about why or how the drugs work, which is something I thought a doctor ought to know.

The shock hit me hard. I found out that to attend university I had to turn off my brain and stop thinking, because if I thought or tried to understand I would just waste my time and fail. I was studying twice or three times as I had used to before, yet still got my first ever failing grade. I couldn’t continue like this and started studying “for the test.” I began learning past questions and answers by heart in case they were repeated, and I passed my exams, but I learned nothing in the process. I had to stop learning to be able to pass and succeed. Medical school had killed my creativity.

I joined IFMSA at my local committee as Local Officer on Medical Education, ready to fight this. It’s a path that has taken me many places and helped me learn many things. This year I took the national position (NOME) within IFMSA Spain.

In SCOME we take everything IFMSA stands and fights for and find the way to put it into the medical curriculum so it can benefit all future doctors. When we can’t do this, we organize workshops to supplement what the medical curriculum is lacking. One of the saddest things I hear when promoting a workshop is “I can’t, I don’t have time for this workshop on CPR, I have to study for my exam.” Aren’t we in medical school to learn? Why are we foregoing learning a valuable skill to do an exam the content of which we will forget the next day? Isn’t something fundamentally wrong with this system?
This education model is true to many parts of the world, but not all.

This summer I had the chance to attend the Association for Medical Education in Europe (AMEE) conference in Barcelona as part of the Student Task Force, an opportunity I invite you all to take. Here, I had the chance to see what is being done in many medical schools, by many great educators. Change is coming: problem-based learning, flipped classrooms, entrustable professional activities, etc. The list goes on.

I invite you all to take time and look through these different methods and make a move within your university, and also to question the education in your country before university. Are we losing our creativity since childhood? What can we do to stop this? How can we address these issues in medical school if we don’t address them in primary and secondary education?

What we need to do is to see this and make our classrooms a place to think once again. We are students and learners, not “memorizers.”

BMSSCON:
Breaking the silo of Medical Education in Bangladesh

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There is a common myth that medical students are so indulged in their studies that they can barely manage times for co-curricular activities or social interactions. BIMSSCON 2016 disproved the myth! The second edition of the Bangladesh International Medical Students’ Scientific Congress, BIMSSCON in short, took place this past October, hosted by Medical students of Bangladesh.

Being first of its kind in the country, BIMSSCON 2016 gathered over 500 medical and dental students, as well as young physicians from home and abroad. This year’s foreign delegates came from Nepal, India and Sudan. The key note session and scientific workshops of the event were all held under the common theme “Emergencies in Medicine: Bridging the Gap,” addressing various topics and issues of emergency health care, skills and systems. Participants had the chance to showcase their research studies both in oral and poster presentations. This session was adjudicated by a panel of experts of medical education and research. The conference had a total of 28 parallel, hands-on interactive workshops, and every delegate got to attend four, according to their interests. Renowned physicians and experts in different health related fields facilitated were among the facilitators.

In between sessions and workshop, participants engaged in video competitions and quizzes. Participants came to learn more about their roles as future physicians in different fields and about what other medical students
are doing around the world.

The congress was inaugurated by National Professor Brigadier (Rtd.) Dr. Abdul Malik, Founder of National Heart Foundation Bangladesh. Special guests included Prof. Dr. ABM Abdullah (Dean, Faculty of Medicine, BSMMU), and Prof. Dr. Omar Faruque (President, BSCCM); they appreciated the initiative of the conference and charmed the audience with their inspirational words. The closing ceremony was chaired by Md. Mahfuzur Rahman (Chairman, Land Reforms Board) and Prof. Dr. Humayun Kabir Talukdar (Secretary General, NAME), and was followed by a mind blowing cultural night.

BIMSSCON has generated a new symphony in the medical education of Bangladesh. The students are now so enthusiastic and engaged in research that the medical faculties have started thinking about the incorporation of research in undergraduate medical curricula.

Are we ignoring an essential part of our medical education

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Medicine is the most sought-after undergraduate degree of the Unified Selection System (SISU), the principal way to enrol in a Brazilian university currently. In 2015, there were 185,818 students and a candidate/place ratio of 120.46 for all the Brazilian medical universities, according to the Education Ministry of Brazil.

However, the competition for admission to medical schools, the duration of the course and its post-graduation requirements, and the extremely stressful workday for both the student and the medical professional are factors that usually cause great apprehension among high school students who aspire to follow the medical career. In a setting where studying medicine involves more complications than the already difficult approval, it is necessary that the prospective students have a greater incentive to follow a medical career, and know what the life of medical student is like taking on such a challenge.

Project "Med for 2 days" is intended to give prospective students the opportunity to experience a little of a medical student’s routine to help them make informed decisions about their professional future.

The objective of the "Med for 2 days" project is not only to clarify any doubts that the participating students of the project may have in relation to the medical course and to give lectures, but also to make the
participants experience some situations of medical students.

The project of two modules. In the first module, participants will attend some lectures by medical students and doctors, discussing facts about the medical program, such as public health topics. Furthermore, they learn techniques for an approach to population in the context of primary health care (blood pressure and BMI measurement, nutrition information, reproductive health, etc...). In the second module, participants put it into practice all what they have learnt, and assist in collecting data about the people’s health at a public health event.

Projects such as Med for 2 days are extremely necessary, as they help high school students, from both the public and private sectors, make informed choices about the future careers they want for themselves. This becomes especially true when you consider the complexity of admission systems and the competitiveness of some programs.

References:
PeriSCOPE

Travel with SCOPEans on their Exchanges!
Dear Friends worldwide,

Professional Exchanges everywhere. For every Medical Student. That’s what we are aiming for!

SCOPE is the main channel for change. It is an opportunity for you to express yourself in another reality; an opportunity for you to shape yourself according to the experiences you acquire. I believe that the impact we make in Exchanges is huge. This is where all the great ideas meet.

In this section, you will find many amazing exchange reports, as well as exchange management tips and experiences.

One’s destination is never a place, but a new way of seeing life, meeting people, sharing #ifmsamoments. Through the articles you will read in the following pages, students from different countries take this opportunity to talk about their projects, to show their passion and to share with us their amazing exchange experiences.

We invite you to read this section and get inspired by these amazing words.

With love,
Rodrigo

On behalf of the SCOPE International Team: Wilme, Andrea, Sarthak, Bilal, Omer and Tommaso

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A Lesson in Empowerment:
From Chile to Koln

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As a final year medical student from Chile, when I learned that I had been accepted to do a two-month SCOPE exchange in Köln, Germany, I was expected to just learn a more modernized version of Medicine than I was used to. Little did I know back then, reading that letter of acceptance, that I was going to learn far more than I had predicted; an important life lesson in occupational gender equality.

My time in Köln showed me that specializations such as Surgery don’t have to be male-dominated – a concept that had been drilled deep down into my subconscious mind from years of passively observing female doctors selecting more ‘suitable’ specializations after being pushed away from ‘not so family-friendly specializations’, (as my mother once dubbed them), by their families, friends and peers.

Köln imparted the excellent lesson that Medicine invites everyone to participate and succeed in any of the paths of specialization, and that it is up to us to accept this invitation and ignore the baseless boundaries and restrictions that society sets in our minds.

At the Uniklinik Köln, I was surprised to see that several leading roles were held by female doctors, and how impeccably they performed their duties that were once ‘for men only’. Those female doctors didn’t realise how much of an effect they had on me, and how seeing them has motivated me to fight against gender-role stereotypes back home and empower my peers to do the same.

Of course, I also learned a great many other things during my two months in Köln: impeccable surgery techniques and technology, the great impact on health of patients being well-informed, the value of a nice and respectful working environment, the importance of punctuality and the friendliness of the Local Committee there.

Likewise I can’t write about my experience there without commenting on the differences in the medical education, as my tutor there told me, “Here you see once, you practice once, and then you do it”. Being used to the ‘you do it, and then you learn’ system, this was an incredible opportunity to learn without pressure and with the right pace. Naturally I understood the differences between the two cultures I have experienced: in Chile, medical students have an active role in the medical care of patients, and during the intern years serve as hospital employees, with duties and responsibilities that affect the functioning of the hospital itself and the health of the patients. In Germany, on the other hand, there is the time and resources to enable students to observe and learn, and most of the actions and decisions that actively affect the patient’s health are performed by professionals. It would be simple to list the pros and cons of each system, but I can honestly say that experiencing both of them has enriched my medical education and provided me with professional and life-lessons that I will cherish for life.
IFMSA Exchanges are the most rewarding and fulfilling experiences a medical student can engage in at the beginning of their medical careers. I truly believe that ‘There is no such thing as coincidence, everything comes back to where it belongs.’ Last year, my life was changed dramatically after a unique experience in the Department of Neurosurgery, Kyorin University. This year, fate has brought me back to Japan. For all of my efforts in the IFMSA I was rewarded again, as the only student in Poland, with a clinical exchange to Kyorin University in September 2016.

My second exchange to Kyorin University increased my passion for Neurosurgery, the only medical discipline which can directly treat the ‘Temple of the Human Body’. This year, apart from broadening my horizons in relation to neurovascular, neurooncological and neurotrauma aspects, I also had the opportunity to practice manual surgical and microsurgical skills with professional equipment. One of the greatest moments for me was developing my skill in microsurgical maneuvers and observing the almost-artistical performance of young neurosurgical residents during a microanastomosis workshop.

Thanks to the hospitality of my department and the efforts of Professor Yoshiaki Shiokawa, I had plenty of opportunities to take part in excellent conferences on Japanese Neurosurgery and listen to amazing lectures on the latest achievements in the field from highly influential neurosurgeons. Continuing last year’s tradition, I had the honour of participating in the 21st Annual Meeting of Japanese Congress for Brain Tumor Surgery, the Department of Neurosurgery Summer Alumni Meeting and, the greatest surprise of all, the 75th Annual Meeting of the Japan Neurosurgical Society in Okinawa - the biggest neurosurgical conference in Japan, which enriched me with knowledge on psychosurgery, epilepsy surgeries, spinal surgery, giant aneurysms surgeries and the newest trends in neurooncology (the new WHO classification and its consequences). I also attended the Treasury of
Neurosurgical Knowledge conference and listened to the great neurosurgical minds, among whom was Prof. Hirotoshi Sano - the ‘White Jack of Neurosurgery’ and winner of two Guinness World Records for neurosurgery, and Professor Juha Herseniemi from Helsinki University Hospital, whose lecture ‘Advice for Young Neurosurgeons’ gave tips for young physicians in how to become true experts in their chosen path.

My experience was further enhanced with a day visit to Nippon Medical School, courtesy of Professor Akio. I saw plenty of interesting cases in the Neurosurgical Outpatient Clinic and was able to experience real Japanese culture, learn about the complexities of Japanese language and the uniqueness of Japanese traditions. I also participated in a multi-clinical center conference of 4 Japanese Universities, during which I had the opportunity to learn about the latest achievements of the Neurosurgical Departments, presented later in the JNS Annual Meeting. In between the schedule, I was taken under the wing of the medical students of Nippon Medical School, the President of English Speaking Society of NMS Morikawa-san and the members of ESS, who introduced me to the Basic Sciences Research Campus and the Clinical Campus, as well as the extracurricular activities in which the medical students can participate in their, albeit limited, free time.

Every time I visit Japan I am astonished by the complexity and diversity of Japanese culture and traditions, but I wouldn’t be able to experience it to the fullest without Japanese hospitality. On this exchange I met Doctor Mai Tsutsui, who shared with me her knowledge of Japanese history during a lovely trip to Mount Takao. During my stay in Kyorin University I also had a pleasure to meet Professor Kamiya - Guardian of the English Speaking Society and its members, and many Japanese medical students, who took care of me and showed me both the new and traditional aspects of Japanese culture. Due to their hospitality - especially my dearest Mariko Hashimoto, Koji Nakamura and Ryotaro Yoshida - I could explore Kawagoe, a traditional city from the Edo period, Nikko, a city of the most impressive Japanese Temples and Yokohama. Aside from sightseeing I was able to visit a traditional Kabuki-za performance, a Samurai Museum, the newest Art Aquarium and Ghibli Museum.

I will never be able to fully express the gratitude I feel for the hospitality of the Neurosurgery Department at Kyorin University, who dedicated their time and effort to teach me, again, the most inspiring and motivational lesson of my life.
Balkan United: 
Just a dream, or a real possibility?

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The two of us met at the March Meeting in Malta last year, where the bare idea for the ‘Balkan Weekend’ project was born. We were friends from the moment we met, but received comments such as: ‘Oh, Mirjana you are from Serbia, and Dino, you are from Croatia and study in Bosnia and Herzegovina, don't you guys hate each other?’ This was not a pleasant thing to hear, so we decided to take things into our own hands and do something to change this negative stereotype.

Balkan Weekend was conceived as part of the social program for incomings during the summer. During the MM16, we spoke with Zineta Dacić, NEO in MoMSIC Montenegro, and she agreed to take the third spot in this first ‘trial’ year of the project. The idea was that students on their exchange in our countries would visit the third country for one weekend.

So, in the second weekend of July, Belgrade was host to 10 students from Bosnia and Montenegro. They were accommodated with IFMSA-Serbia’s students and participated in activities together with Belgrade’s incomings. Many Contact Persons were involved and the social program included a city center walking tour, a visit to the Kalemegdan (the Fortress of Belgrade), the White Royal Palace, Ada lake, Avala mountain, and, of course, the Skadarlija (the Bohemian part of Belgrade) where the students experienced traditional Serbian food and Belgrade’s widely-known nightlife.

From 15th to 17th of July, more than 30 incoming students from four Local Committees of IFMSA-Serbia went to Bosnia and Herzegovina, and Montenegro. They visited Mostar’s beautiful Old Town, the iconic Old Bridge (Stari most), Bišćevića Corner, the Hamam (Turkish bath), the Crooked Bridge (Kriva čuprija), the Karadžoz-Bey and Koski Mehmed Pasha Mosques and the traditional Kujundžiluk (old bazaar), finishing the tour with a traditional Herzegovinan lunch in a restaurant overlooking the Old Bridge.

The trip continued on to
Montenegro’s capital city, Podgorica, where they spent the night in a beautiful hotel in the city center. The next day, the students went to Kotor, a magnificent town on the Adriatic coast, where they familiarized themselves with the history of the 2,500 year old World Heritage Site.

As this was the ‘beta’ version, there were some small inconveniences, but with the experience gained the next time will be even better. In general, the students were satisfied, and that is what drives our continuing motivation.

The plan for next summer is to broaden the project and to include other NMOs. SaMSIC – Republic of Srpska, is already interested, and we hope CroMSIC – Croatia will join us as well.

So, to answer the question from the headline: a real possibility, definitely. Despite all the differences, when it comes to SCOPE, our region stands strong, NEOs and LEOs support each other, and we are truly proud of that. We will not stop, that is for sure. The Balkans are united.

As evidenced in our case, this is a unique opportunity for bringing neighboring NMOs to make connections in all fields, not only in SCOPE. We would be very happy to share our ideas and experience with you, to give you advice on doing the same project, and to encourage other NMOs to cooperate like we did. In that manner, by working together, we can really (ex)change the world!
A month in Taiwan

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This summer I had probably the best experience of my life: my professional exchange to Taiwan. I should start by saying that my greatest wish since childhood has always been to travel to Asia, so I was excited like never before, at last fulfilling my childhood dream. At the same time I had no expectations about my trip at all, which left my imagination running wild in anticipation and excited for what was to come.

So how did I feel during my month there? I felt an unbelievable mix of excitement and peace at the same time. Spending time in Asia you cannot help but fall in love with its vibrant spirit, the culture and the people that live there, for me there is no other country where I’ve ever felt so free. I rode 50 kilometers of hills by bike under a burning sun, touched a giant lobster, weathered a typhoon, observed interesting operations and experienced Taiwanese hospitality having dinner with all the doctors of my chosen department.

Taiwan shocks you with its boiling temperature and humid climate - it totally knocks you off of your feet. The moment you leave a room with air conditioning your clothes are drenched with sweat, and nothing will make the temperature cooler, neither rain, nor night, nor wind. The only option is to hide yourself under the shade of an umbrella with the rest of the population! Luckily we lived in rooms with air conditioning, but if you ever travel to Taiwan take heed of the simple motto that we coined for ourselves, ‘If you take your umbrella everywhere you go, every problem will be solved’.

As to the exchange itself, Taiwanese hospital conditions are excellent, I had an amazing internship experience in the Plastic and Reconstructive Surgery Department in the National Taiwan University Hospital, with professionals who do nothing short of their best. Additionally, all the surgeons were very kind and genuine, they explained everything that was going on during the surgeries and showed us all the diagnostic equipment, sometimes even drawing the steps of the operation to improve our understanding. This is just a single example of the kindness of our Taiwanese hosts, I have never met such helpful and friendly people before.

There were also plenty of opportunities to travel with my colleagues and students from the Local Committee. The Local Committee arranged trips to almost every part of the island, exploring many beautiful locations. I can definitely say that we felt the spirit of Taiwan, but I cannot say that we experienced everything, there are still many places that we have yet to discover. I am confident however, that the more that you see in Taiwan, the more you find yourself enthralled in this enchanting continent they call Asia. Buddhist monasteries rich with the sound of meditative music, temples with their silence, cities with their neon lights and national parks bursting with mountains, jungles and sea, which makes your heart skip a beat in sheer admiration. Everything in this country fills you with an indescribable feeling of peace and freedom, and makes you want to come back again.

I can tell you therefore, that this trip will not return you as the same person, it will change something deep inside of you. ‘Everybody is always gone forever. It is impossible to return — there is always someone else who comes back instead of us’.

Thank you IFMSA for finding my dream country!
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I joined the IFMSA two years ago. It was scary and exciting at the same time - having to speak English constantly, a new level of responsibility, so many new friends and the chance to rediscover my own city from a fresh perspective. I can honestly say I’ve never had such an exciting opportunity before, it was truly unforgettable!

Time flew by and my second year at university felt like the fastest year of my life, due to the anticipation I felt at heading off on my first international exchange. My exchange took place in a dream country for every medical student – Israel, a land that turned out to be full of surprises.

The first thing that struck me about Israel is the extremely high regard the population has for doctors, whenever I told someone of my career choice they would invariably appear delighted and inform me that it is ‘the best profession in the world!’ This level of respect is definitely deserved though, Israeli doctors are seemingly workaholics – they would stay on shift until the last patient had been seen to, often sacrificing their lunch breaks to do so, which sometimes made me feel almost too ashamed to go and get lunch myself!

The next revelation Israel had to offer were the hospitals themselves, in contrast to Russia, where hospitals are just buildings where sick people go to get better, Israeli hospitals feel like miniature cities. Amongst the many buildings on the hospital grounds were leisure centers, synagogues, cafes and even shopping malls, a patient there could almost forget they were meant to be ill. Equally surprising was the prevalence of art and culture in the healthcare facilities, the hospital I worked in, for example, was decorated with authentic Chagall stained glass windows, and another hospital contained an art gallery 400 meters long. The beautiful surroundings must give patients a great incentive to get up out of their sickbeds and take a look around.

Another enviable facet of the Israeli medical service is the quality of their hospital intranet system, every case report, along with the results of all their diagnostic procedures are automatically stored on the system, freely accessible by any attending physician. In my chosen department, Ophthalmology, the diagnostic examinations were not performed by doctors, but rather by specially-trained staff. The specialists could carry out ultrasounds or lab tests and then upload them directly to the intranet, whereby a physician could instantaneously view them and make a diagnosis without leaving their own office.

I didn’t just fall in love with Israel for its medical achievements however, all in all the country is extremely beautiful and fascinating to explore. Our social program schedule was a little limited, though this gave us the freedom to delve into Jerusalem’s narrow streets and truly savor the immense force of thousands of years of history and culture that emanates from the city. Something I found most captivating about Israel was the diverse mixture of Jewish, Muslim and Christian cultures, all weaving together to imprint upon the inhabitants a unique and varied national character.

For me the trip was an unbelievable experience, and not just as a medical student, but as a person. I returned home more open to new experiences, brave, confident and assured of the fact that if you have a goal and work hard, anything is possible. Nowadays I am a 4th year student and I am completely committed to my future goals - conducting scientific research in retinal surgery, learning German and preparing for my next exchange in Austria!

Thank you IFMSA for providing me with this opportunity, I’ve made memories I’ll never forget, strengthened my resolve and made friends all over the world.
A participant in IFMSA’s Exchange program has the chance to, by taking a one-month clerkship abroad, become familiar with the public health system of different countries, explore new places, make new friends, and finally to experience different cultures. When the student is an Exchange Officer in his National Member Organization, he has one extra privilege: to get inspired by new ideas and become even more motivated so as to improve the Exchange Program in their own country. Being an incoming student on an IFMSA exchange makes you an even better exchange officer!

That’s the conclusion I reached during August 2016. I was a Local Exchange Officer in my LC in Greece, and I had the chance to participate in a Professional Exchange in Tunisia. Tunisia is a small, very beautiful country, located in North Africa. Their NMO, Associa-Med, offers an excellent Exchange Program, which turned out to be the best experience in my entire life. I was lucky to be hosted in LC Sousse, where the Exchange Team had members full of motivation and creativity. The result was just amazing: the social program was perfect and I made a new international family there!

When I learnt that I would go to Tunisia during the summer, everyone was telling me how well-organized the Exchange Program in that country is. Having been a Local Exchange Officer for one year in my NMO and having already decided that I would put my candidature for the same position for the upcoming year, I took the decision to discuss how our NMOs organize exchanges. I wanted to be open to new ideas and I think I was right in doing so.

Firstly, we discussed Academic Quality, which I believe is the most important part of the program. Some incomings had clerkships in departments that are not available in my Local Committee. One of such departments was Emergency Medicine. Incomings there, had the unique experience to join an ambulance team and be deployed at a scene of emergency. Some of them became increasingly motivated to get more involved in the program of the clinic. As a result, I decided to recruit new
professors at the Local Exchange Program and make
new departments available, such as the Intensive Care
Unit, where I believe that the incomings might develop
essential attributes of a physician.

I was further impressed by the great Team Building that
we all had with the Local Exchange Team. Never before
had I seen such a group of incoming students, crying
when it was about time to go back home! In my view, the
very well-organized local social program, the fact that
at least one member of the Exchange Team was always
with us, and the fact that we were staying all together
in the same building were all reasons why the people I
met in Tunisia became my second family. Although some
of us were from completely different backgrounds, we
succeeded in becoming good friends.

An IFMSA exchange can be a unique experience for
an Exchange Officer. It combines learning, fun, making
friends with the opportunity to exchange ideas that
help you push your own Exchange Program back home
one step forward. Innovation and creativity might be
attributes you are born with, but the key to success is
lifelong learning. If an Exchange Officer grabs every
chance that would help them achieve this (i.e. Trainings
or Meetings) and take the most of it, he could offer to his
incomings exchanges of high quality!

My Exchange in Tunisia motivated me to continue being
a Local Exchange Officer and I came back home full of
new ideas! I really cannot wait for the next time when
incomings come to my country so as to provide them
with the same experience as I had in Tunisia and even
better! So, I’m waiting all of you in LC Larisa, Greece!

The First Step to a Big Dream

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‘In order to change the world start with getting to know
it.’ This was the motto of Turkish Medical Students’
Association for another year in professional exchange.
We in SCOPE work hard to provide our peers with a
chance to experience the exchange program. More
than 13.000 students from more than 90 countries
travel around the world, every year, to discover other
health systems, and experience new cultures. They
take a journey to catch up with the globalized world,
encouraged to expand their knowledge in global health
and multi-cultural understanding.

In TurkMSIC, we have established a national
professional exchange program (NEP), with a
purpose not so different from the international
program. Through the NEP, students can go to
any medical faculty in Turkey, in an opportunity
for them to improve themselves personally and
professionally.

Students can choose from any medical school
in the country, and go on a clerkship during summer, which lasts from two to four weeks. Students get to experience different medical schools and hospitals within the same health system. They have the chance to observe hospitals other than their faculty, and this makes it possible for them to network with other doctors, professors, and students across the country. Furthermore, as the patient profile and endemic illnesses may change from state to state, future doctors learn new approaches and acquire new skills, that would expand their career. For example, in the western parts of Turkey the frequency of tuberculosis is higher than the rest of the country. By the end of the exchange, a medical student would come to understand the country’s healthcare system more thoroughly.

On a more personal level, the NEP provides students with the ability to adapt to different environments and better connect with different patients. Since in Turkey you have to complete “compulsory service” in rural areas after graduation, medical schools participating in the NEP contribute to an easier transition to the “professional life.”

Once Exchange, Always Exchange!

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How can a medical student spend a better summer vacation? Well, by going on an IFMSA Exchange, of course! I have gone on three exchanges in the last five years and would go again if given the chance. The exciting rush of it never ceases to surprise me: where would I go? Who would be my contact person? Will I meet a bunch of new people and make good friends? How many lasting memories will I keep?

On my first exchange, I joined a big group of Russian students and went to Serbia. It promised to be a great experience and a test of courage. Serbia is a small Slavic country, so warm and bright; people there were extremely
friendly! On our first hospital day, nurses were so excited about us speaking Russian with them! The entire department (including patients) listened to us attentively, asking about what is like living in “Great Russia.” We were absolutely amazed by such a warm welcome. The best of it all is how much we learnt about their health system!

My second exchange was during my third year – Portugal! That time I was alone: one Russian in the mountainous part of the country, in a nice town called Covilha, spending unimaginably cool time with 20 foreign medical students from all over the world. No doubt, it was a great professional experience at the Cardiology department. My tutor was happy to have “two icy-countries girls” - my friend from Finland and myself. He spent a lot of time with us, taught us everything he knew, and even quizzed us from time to time. In Portugal I realised how well-organized hospitals could be! We even compared and discussed different aspects our healthcare systems (Russian, Portuguese and Finnish. The cultural program was excellent! We got to visit the whole of Portugal together!

This past summer, IFMSA gave me the opportunity to visit Malta! Again, I was the only Russian, but there were more than 60 foreign medical students. I got to share a flat with one Finnish and two Canadian girls. Together we travelled all around the island and enjoyed the rich cultural program organized by our awesome LEOs! My clerkship was in Nephrology. To my shock, doctors in Mater Dei Hospital didn’t wear white coats, as they think it is too stressful for patients. These were my great life adventures!

We all have dream, and one can always one hundred and one reasons to say “no;” to stop, not try, and just to let opportunities slip. But you do not know anything about yourself until you take the first step toward making your dreams a reality. Let’s take these steps together with IFMSA!

Where will we go next?
The SCOPHian
Meet SCOPHeroes who save the world with their Orange Activities
Words from the SCOPH Director

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Dearest SCOPHeroes worldwide,

It is my greatest pleasure to introduce to you the Standing Committee on Public Health section for this edition of our MSI.

During this 2016/17 term I have had the incredible privilege of discovering so many more activities organized worldwide than I was aware of as a Regional Assistant for Europe. Meeting people from all over the world and listening to all of the outstanding efforts that they are making to impact the world around us is priceless. These many local efforts also mean that as a consequence we as a Federation are making one giant effort, together.

I believe that the MSI is a small and beautiful window on all of these endeavours which are allowing us all to grow as leaders and to promote health around us.

Our Federation has been growing very fast in the past few years, and as a consequence I like to think of us in a period of “growth pains”: our structure needs to adapt and grow to cater to the growth of our members, activities and ambitions.

Evaluating our impact is more important than it ever has been in the past, just as standardization, mutual support and enhanced communication are among us. Sharing best practices and working to help each other learn and improve together is more important than it ever has been. Because of this, learning about the activities of others is vital for us to reflect on and develop our best practices. Reading through the articles of this MSI is a wonderful and unique opportunity to come face to face with many of the realities of others, and learn from them.

I wish everyone a very inspiring read, and even more inspiring growth from this MSI, and I am looking forward to collaborating and working with all of the SCOPHeroes who are and will be internationally active in the next months and years to come.

Sending very Orange Hugs,
Ella

On behalf of the SCOPH International Team: Skander, Amjed, Maria, Nishwa, Ahmad, Carles, Saana
Antimicrobials are a class of pharmaceutical drugs used against any form of microbes (including, but not restricted to bacteria, viruses and fungi), to actively eliminate them or inhibit their growth and propagation. Since the discovery of the first antibiotic – Penicillin - the industry has witnessed a huge leap in discovery and application. Thanks to antibiotics, infections which were once considered the leading cause of death worldwide have become easily treatable with a few pills. However, those drugs that showed such success in the late forties were extensively abused. The dangers of an uncontrolled antimicrobial market are becoming seriously tangible with the emergence of antimicrobial-resistant microorganisms. Even though antimicrobial resistance emerges naturally over time, the use of antibiotics accelerated its pace, according to the Centers for Disease Control and Prevention (2013). Antimicrobial resistance is becoming a major problem in Lebanese hospitals, adding additional expenses to the already overburdened Lebanese medical system (Chamoun et al., 2016), as many common treatments fail to treat the resistant strains of bacteria.

Participating in the ‘World Antibiotic Awareness Week 2016’, initiated by the World Health Organization (WHO), the Standing Committee on Public Health at the American University of Beirut (AUB) started an on-campus campaign to raise awareness of the dangers of irresponsible prescription and uncontrolled use of various antibiotics. The campaign chiefly targeted the university community, including students, teachers and staff, and directly addressed and informed about the problem by first- and second-year medical students.

Organized by over 30 medical students, the campaign largely succeeded in introducing historical information about antibiotics and sharing information about the different strains of bacteria and microorganisms widely-known for their antimicrobial resistance, commonly encountered in hospitals across Lebanon and the MENA region. The targeted students, from various majors, interacted positively with the campaign, though it was noticeable that the topic wasn’t very well known, and widely neglected. Students were tested with key questions before and after their participation, and a list of recommendations was shared at the end, which included the importance of consulting a physician before any attempt to use antibiotics, taking the full dose of treatment when properly prescribed and making the best use of existing vaccines to prevent infection. The stand also endorsed a variety of games and
activities, where participants could interactively learn about the topic.

An online campaign took place in parallel, where members of the Standing Committee on Public Health shared fact sheets and infographics about the topic, targeting a wider audience.

The team members at the American University of Beirut hope that this event, though small and limited in scope and audience, can be a first step toward a national plan to raise awareness about this alarming issue. As stated by the WHO, antimicrobial resistance is found in all countries around the world. Minor contributions to limit and control the problem are important, but fall short in front of the complex and interconnected factors that contribute to its aggregation. A national plan, in every country, is needed to spread awareness, promote the best practices to avoid the spreading and emergence of new resistant strains, and to assure the continuous success of the currently used treatment against the majority of infectious diseases.

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Nordic Medical Students Get Inspired in Environmental Health

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To stop thinking and start doing is usually a great way of getting inspired. In 2016 it was FiMSIC’s turn to arrange the 22nd annual FINO meeting. FINO stands for the Federation of International Nordic Medical Students Organizations and it is an unofficial collaboration network of all five Nordic National Member Organizations (NMOs) of IFMSA. Thus, its members are IMCC-Denmark, FiMSIC-Finland, IMSIC-Iceland, NMSA-Norway and IFMSA-Sweden.

Although some constitutions of the Nordic countries vary, we still share similar values, high standards of health care and the concept of a Nordic welfare state. In the IFMSA we are small NMOs by the number of medical schools and members involved, but we have a strong history of active involvement. The Nordic neighbors usually have a lot to learn from each other, and co-operation during, and between, IFMSA General Assemblies can be beneficial for the Federation as well.

FINO does not have any bylaws and we don’t have a
plenary in our meetings, but we have a Memorandum of Understanding (MoU) which was updated in 2015. The MoU states the purpose and scope of FINO, and also includes some general principles for the annual conference that is traditionally held in November. That means each Nordic NMO has the responsibility to arrange the FINO meeting every 5th year.

The Organizing Committee (OC) for the FINO 2016 conference was selected at a national FiMSIC meeting in November 2015. Since then the OC worked hard to arrange an interesting and well-organized conference which would also surpass academic standards. The theme of the conference was Environmental Health and the conference was held from 3rd to 6th of November in Helsinki and Vihti, Finland.

Climate change, tsunamis, earthquakes, droughts and floods are often seen in the headlines worldwide. They are sadly often connected to humanitarian crises, which affect the most vulnerable societies in the world. The state of the Baltic Sea, radiation issues and chemical safety are other hot topics, at least in modern Nordic societies. Topics named previously have something in common – they are all related to health and, specifically, Environmental Health.

Environmental Health is a broad topic. Depending on the definition, it can include almost anything of environmental origin that is related to the health or illness of a human being, not forgetting the current OneHealth concept that connects the health of humans, animals and nature. The FINO 2016 conference focused on a few key areas of the theme - Climate Change & Health, Harmful Chemicals, Baltic Sea & Water Safety and Sustainable Development. The lecturers were Finnish experts in their own fields and targeted to provide basic knowledge of the topics, as well as some freshly-published data of their own.

Moreover, the conference program included an IFMSA-structured Standing Committee session, where certain topics were processed in order to create new activities and projects. The academic program started in the center of Helsinki, where the participants visited the European Chemicals Agency, which is the official body of the European Union on chemicals and their safety and legislation. Working on an EU level is a potential chance to influence political questions on Environmental Health worldwide.

The main sponsor of the conference was The Nordic Council of Ministers for the Environment. They believe that medical students and doctors have a significant role and power in societies. Nordic countries together have a greater possibility to have an impact on the political environmental questions – even globally. Thus, one of the purposes of the conference was also to inspire the students politically: how we, Nordic medical students and future health care professionals, should work together towards a better environment for all living organisms.

The general aim of the conference was to introduce the concerns of Environmental Health to the delegates and, furthermore, to motivate them to create activities on the topics and to think more about their everyday consumption choices from an environmental point of view. Hence, all the food served at the conference was vegetarian.

Meeting other active medical students in person is an essential element in creating networks for future health care workers. Diseases and crises don’t follow borders, and by breaking the borders in our projects and activities we aim to create a network of Nordic medical professionals to tackle the current and oncoming Public Health issues - both locally and globally.
Global Surgery: An issue that needs to be covered in UHC

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In 1980 Dr Halfdan Mahler, the Director-General of the World Health Organisation (WHO), recognised disparities in access to surgical care as the “Most serious manifestation of social inequity in health care”. Thirty years later the Lancet Commission on Global Surgery (LCoGS) declared in its landmark report that 5 billion people still lack access to safe, affordable surgical and anaesthesia care when needed (2015). The findings in the LCoGS indicate that nine out of ten people cannot access basic surgical care in low-income and lower-middle-income countries.

Global Surgery, the neglected stepchild of Global Public Health, is defined as an area of study, research, practice and advocacy that seeks to improve health outcomes and achieve health equity for all people who need surgical and anaesthesia care, with a special emphasis on underserved populations and populations in crisis.

The Case of Global Surgery

The necessity for the integration of surgical and anaesthesia care in Universal Health Coverage cannot be underestimated, as the burden of non-communicable diseases and injuries is increasing significantly, not to mention the already-guaranteed right to health. Evidence shows that surgical conditions are responsible for nearly one-third of the world’s burden of disease and that providing surgical treatment can be highly cost-effective.

Even though the Global Surgery movement has accomplished some ground-breaking advancements in the last two years - most prominently the approval of the WHO resolution on strengthening emergency and essential surgical care in 2015, and the inclusion of multiple surgical indicators in the WHO’s Global Reference List of 100 Core Health Indicators (assisting countries in creating national surgical plans and reaching their designated targets by 2030) - many challenges still face the advancement of Global Surgery.

Some have termed it ‘a marketing problem’; Global Surgery still lacks the ability to emotionally capture the community’s attention, adding to the common misconceptions regarding the complexity and cost of surgery. Directly speaking there is no surgical equivalent to a vaccination campaign or a mosquito net, yet simple cost-effectiveness analyses reveal that surgery compares favourably to interventions such as antiretroviral therapy for HIV or bed nets for malaria. It is true that the proper provision of surgical care requires not only a surgeon, but anaesthesia, an operating room and the steady flow of consumables, not to mention postoperative care and blood banking, supplemented by the challenges of long-term maintenance. Yet this much-needed investment in infrastructure is essential for the realisation of health-related SDGs and impressively intersects with the requirements of Universal Health Coverage and health systems strengthening.
Universal Health Coverage Day

December 12th, 2016 was marked as the 3rd consecutive UHC Day, a day on which several hundred organisations from over 100 countries across the globe joined forces as part of the UHC Coalition to spread awareness and organise activities regarding UHC. This year, the UHC Coalition aims to “act with ambition”, advising that policies and health systems must be invested in reaching every person and community based on need, not ability to pay and that systems, services and medicines should be accessible, high-quality and affordable for all.

Incision

The International Student Surgical Network (Incision) is an international network led by medical students and young doctors aiming to establish an international team of students working together to address issues relating to Global Surgery. They aim to connect students to the growing network of Global Surgery researchers and advocates, and raise awareness among medical students and the general population alike, through campaigns, publications, workshops, lectures and other activities. Incision conducts research for the purpose of identifying disparities in surgical access around the world and issues that need to be addressed in the field of surgery as a whole.

There are currently Global Surgery national working groups led by medical students in Morocco, Belgium, the United Kingdom, Pakistan, Tanzania, Mexico, Rwanda, Bangladesh, Granada, Sudan and Egypt, all of which are working closely with Incision. On UHC Day 2016, Incision ran a social media campaign to address Global Surgery as one of the necessary topics needing to be covered in UHC-related activities.

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Medical students constitute an important risk group in the development of Mood Disorders (anxiety and depression, for example) as well as Common Mental Disorders, a condition that does not imply a formal psychiatric diagnosis but presents as states of forgetfulness, difficulty concentrating and making decisions, insomnia, irritability, fatigue and somatic complaints such as headache, lack of appetite and tremors, to name a few.

Stressful factors that present themselves in the pursuit of a medical degree entail competition in the selection process, excessive overtime, difficulties managing the work-social life balance, contact with death and disease, fear of failure and many, many more.

There is no consensus in the literature of the exact period in which the risk of developing mental or psychiatric disorders is greater, varying from the last years of the basic cycle to the clinical years, with additional factors such as the characteristics and methodology of the school, teachers and the students involved.

A study was carried out with 314 medical students from the state of Bahia, Brazil, who answered a single questionnaire addressing, amongst other aspects, their quality of life and their mental health throughout their academic career. The sample included students from 18 to 35 years of age in all the semesters. The majority of these were in the age group of 20 to 22 years (55%) and were attending the 5th and 6th semesters (37%). When asked about the teaching methodology instituted in their college, 51.3% were from the traditional teaching method, 38.9% were from the PBL method and 9.9% were taught using other methodologies.

In terms of quality of life and mental health, students were asked about the time they dedicate exclusively to the studies, of which 38.3% dedicated from 8 to 12 hours a day, 33.2% dedicated from 12 to 14 hours a day and 21.7% spend more than 14 hours a day. The remainder (6.7%) spent less than 8 hours a day. When asked if at any point they felt they wanted to leave the course, 71.7% of respondents answered yes. Of these, 84.1% answered that they felt that this was because of the pressure or anxiety they felt during the course of the program.

When asked if they had had their sleep impaired due to their studies, 96.5% of the students answered yes. Regarding the use of psychostimulants, 14.3% of the interviewees admitted the use, and of those 86.3% reported having done so without guidance or medical prescription. Regarding the use of antidepressants during their course, 22.3% admitted their use, of which 15.3% did so without medical guidance.

The results show that, in this population, psychosocial complaints are frequent and that this high prevalence may be associated with factors present before the commencement of the medical program, which may be related to the reasons that led these students to choose...
a medical career. Higher education institutions should reflect critically on this context of medical education, know the characteristics of their students and the moments considered critical throughout the course, with the purpose of articulating strategies to help the student face the difficulties of everyday life.

The primary task is to provide the student with a space for reflection on their feelings and emotions, through an open and frank debate about the vulnerabilities, limitations and pathologies of the students, with the same commitment and dedication with which it is made in relation to the susceptibilities and pathologies of the patients. The importance of mental health is recognized by the World Health Organization from the outset, which is reflected in its own definition of health as "a state of complete physical, mental and social well-being." This information is important to incentivize actions to prevent and care for the mental health of medical students, improve their quality of life and assist in their professional training.

References:

Medical Caravan to Ain Medyouna, Morocco

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As in other countries, the rural and remote areas of Morocco have generally remained behind more densely-populated areas in terms of economic development, human development and social advances. Regarding the health sector, up to 60% of the rural population do not have any access to healthcare, and in the case of the other 40%, a doctor may only visit once every week or two. Sometimes the nearest dispensary is many kilometers away, an obstacle that can be compounded by inclement weather, impassable routes and the physical inability to travel, making these already remote areas even more inaccessible.

In order to provide the rural population relief, medical students from our IFMSA Morocco team decided to focus our time and effort on outfitting medical caravans to remote communities. Over the course of 2016 we were able to provide three medical caravans, and aim to do even more this year.

The socio-medical caravan is a project run
by our SCOPHeros and our SCORPions and its objectives are to provide people in remote regions with clinical check-ups and medications, if needed. Our fruitful collaboration with the Regional Delegation of Health meant that we were able to reach 1600 people in Ain Medyouna last year, where we were able to provide the residents with enough medicine to last them the whole year, especially those with chronic diseases, who would otherwise have to regularly undertake a day-long journey to acquire their medicine. The diversity of our team allowed us to offer consultations in eight medical specialties, as well as providing dental care, screenings for preventative medicine and humanitarian basics, such as food, blankets and clothes.

The medical caravan is just one example of how great an impact medical students can have on local communities. Though we may consider excellent health coverage an unremarkable necessity, some communities consider it a blessing, and that is what keeps us motivated.

We medical students here at IFMSA Morocco hope that we can continue sending more and more caravans in the future, so as to help the maximum amount of people who do not have access to healthcare as possible, as we strongly believe that access to healthcare should be universal.
Health for Morals Demonstration

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Every society around the world has restrictions limiting the acceptance of many practices, medical aid being one of them. Our objective is to approach community legislators and the community itself to convince them of the benefits of non-governmental aid work, in order to increase social confidence in the concept, a relatively new phenomena in Iraq since 2003. In this way we could achieve the realization of universal healthcare for the Iraqi population, and the global population as a whole, regardless of ethnicity, code or creed.

For us, preparing for the Arba’een – the Imam Hussein pilgrimage, attended by millions every year - was a long road. Over the course of six days we collaborated with the Public Health Department in the Wasit Governorate, in eastern Iraq, which permitted our Standing Committee to receive full access to the medical aid stations along the route, passing through the state into Iran. 45 members of our association were involved, covering 11 stations, providing free aid to the pilgrims, it was, however, not a riskless endeavor.

Social opposition to medical task forces is not solely specific to Iraq, but a worldwide issue. The vision that we want to enact is ‘Wherever there is a need for healthcare, we will be there’. This concept encompasses two main philosophies: the first is that this policy will help raise a new generation of doctors with the innate knowledge that Medicine necessitates the abandonment of all traditions, titles and prejudices to treat the patient under the principle of humanitarianism. The second is that doctors should be able to fulfill this public service to the community without violation or restriction. Working under the supervision of trained professionals without impediment will give our SCOPH team the confidence, experience and efficacy to treat people of all cultural backgrounds in the various medical conditions that fieldwork entails, such as first aid, chronic diseases and preventative care. The experience they gain whilst medical students will become invaluable to them once they graduate as doctors.

Our hope is that the involvement of medical students in events such as the Arba’een will further reshape the relationship between patients and doctors of different cultural or ethnic backgrounds, an issue which is currently a leading cause in violence towards medical personnel. According to a 2008 survey of emergency department physicians in Iraq, 80% reported an assault by a patient or a family member of a patient, 38% of which involved a gun threat. Resident physicians were no exception, 87% reported an assault and 86% reported that it was emotionally distressing to talk about their experience.

There is indeed a great incentive for those of the medical profession to become more involved in the social aspects of Medicine, to improve public understanding of healthcare and bridge the gap that has separated patient and doctor for too long.
From Neglected Diseases to Superbugs:
We need a better way of making drugs

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While clinical cases of patients suffering from drug-resistant infections continue to rise all over the world, the number of innovations and drugs in the development pipeline remains far from sufficient. It is obvious that both pharmaceutical companies and governments have failed to address the need for new antibiotics and that the current Research & Development (R&D) system is not able to close this gap.

We acknowledge the variety of problems associated with the spread of resistant strains, such as insufficient infectious disease surveillance, questionable handling of antibiotics in the livestock-breeding industry, differences in prescription policies and poor hygiene standards. These problems are of extraordinary importance unto themselves and need action. This essay however, will focus on the lack of innovation.

Given the antibiotic innovation deficiency since 1963, there is good reason to question the proper functioning of the current system of R&D to meet this (global) public health need. To understand the causes of this fatal dysfunction, one has to consider the applicability of the main stimulus for pharmaceutical R&D: Patents.

Evident as the current system’s failure of delivering appropriate antibiotic innovation is, so is the failure of patents to appropriately incentivize antibiotic R&D: patents function by ensuring a market monopoly for the patent-holder, who acts as a monopolist on the market and is rewarded for their innovation by the volume of product sold at a high price. For obvious reasons, a patent will thereby act as a strong selling-imperative for the monopolist during the time-restricted period of market exclusivity.

In the quest for new antibiotics, the patent system’s failure occurs three-fold:

Firstly, it is caused by a lack of financial incentive to shorten treatment periods, the fact that infectious diseases are more likely to affect patients living in poverty and the evolvement of the drug’s ineffectiveness due to antimicrobial resistance. This effect is even more accelerated as patent’s selling-imperative drives resistance. Furthermore, the fact that any new antibiotic would be used as a last-line antibiotic decreases sales, thus discouraging R&D.

Secondly, the patent system gives a strong incentive to keep knowledge under discretion, leading to further innovation being hampered.

Finally, new drugs enter the market with prices too often set out of many patients’ reach, as prices are set at the patent-holder’s behest.

The need for an alternative system to incentivize and
reward antibiotic R&D is apparent. Thus, we would like to argue for a model firstly brought forward by James Love, Tim Hubbard and others: de-linkage of drug price/reward from R&D costs, which could serve as a premise for sustainable R&D incentives as described hereinafter.

We will use Medecins Sans Frontieres’s concept of “Push, Pull, Pool” (‘3P”) as a framework to categorize a promising alternative approach to R&D.

PUSH
Push-mechanisms empower research institutions to engage in R&D in less profitable fields by providing the financial incentives through grants or tax-breaks. Policy-makers should work towards higher prioritization of antibiotic R&D, which needs to be reflected in public research budgets.

PULL
Pull-mechanisms are designed to reward innovation and scientific achievements with (publicly) funded prizes if a previously set R&D objective is met. What is unique to Pull-mechanisms is the fact that the objective may be set by scientific measures according to public health needs before the research starts. Thus, the implementing body of such a Pull-incentive has the control over what innovation to stimulate.

Pull-mechanisms are a powerful method to implement de-linkage (de-linkage = separation of R&D-costs from end product’s price and volume of product sold).

POOL and Equitable Ways of Handling Intellectual Property
By addressing the barriers associated with Intellectual Property, mechanisms to share Intellectual Property promote both collaborative research and access to medicines. Shared bio-databanks, Patent Pools are examples for effective approaches to address this issue.

Conclusion
Addressing this problem requires openness towards creative mechanisms of incentivizing R&D. Rethinking the way innovations are incentivized will require a global framework to promote collaboration and coordination. Furthermore, upfront investment will be needed and will only be possible through global coordination and cost-sharing. The implementation of the Global Antibiotic R&D (GARD) Partnership at the World Health Assembly 2016 marks a promising step in this direction.

However challenging, investments and policy change promoting alternative R&D for antibiotics will be essential. One must not forget that all human beings are equal before drug-resistant pathogens and that infectious diseases do not stop at national borders.

References:
SCORAlicious

Welcome to the World of SCORAngels!
Dear SCORAngels,

We are nurturing a stronger committee! This space if for us. For our critical thinking and for our own ideas.

We are now targeting a new era of HIV prevention, women empowerment, SOGI rights and all of these things we want to cover and advocate for as SCORAngels. Now, more than ever... I believe in you.

As a Director I generally get worried of SCORA development of maintaining everyone happy a much as I can. But this would be much harder if I didn't worked with such amazing people like the army of angels.

So, in the end how do we measure our growth? By the number of activities? By the number of enrolled projects? I believe development in SCORA comes when we take things from our daily practice to our inner mantra. We work every day to apply all our knowledge for the good of others. Free of stigma and discrimination from soul to bone.

This is what we produce in order to impact this mantra. Analyse, share our thoughts, breathe in knowledge and breathe out kindness. Kindness that is needed all over the world today

Let's love each other without labels

Tropical Hugs,
Carlos.

On behalf of the SCORA International Team: Carles, Anthony, Toyo, Jenna, Anshruta, Elissa, Pepe
Men Get Sick Too

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Through the international campaign, “No Shave November”, men grow their beards and moustaches to raise awareness regarding their risk to develop certain diseases, such as prostate cancer, testicular cancer and male depression\(^1\). The campaign was created by the Movember Foundation, an organization responsible for uniting international collaborators toward the identification of solutions that improve diagnosis and management of health risks for men\(^2\).

In 2014, the World Health Organization reported that in the Dominican Republic, the second-largest nation in the Caribbean, 37.1\% of the total estimated 4,600 cancer deaths in were due to prostate cancer\(^3\). In efforts to raise national awareness of men’s health, the Dominican Society of Urology developed two national activities on two weekends in the two largest cities. First, in Santo Domingo, a community 5K event was organized to walk in the Botanical Garden on November 13th, 2016\(^4\). Second, on November 27th, in Santiago de los Caballeros, the Cibao Urological Center held a one-day bicycle event, titled, “We are going to Movember on bicycles.” At both events, participating clinicians offered free urological examinations, where hundreds of men were evaluated for risk of prostate and heart disease\(^4\).

In order to dispel myths and raise awareness about the diseases that affect men within the university community, the Standing Committee on Sexual and Reproductive Health including HIV/AIDS (SCORA) of ODEM-Dominican Republic launched the “No Shave Movember” campaign at the Iberoamerican University in Santo Domingo, Dominican Republic. We modified the phrase and changed the month, “November” to “Movember,” as a combination of “moustache” and “November.” On November 9th, 2016, SCORA members distributed information to students, staff and professors at Iberoamerican University (UNIBE) to educate them about prostate cancer, testicular cancer and male depression. After this we had several sessions where we showed participants how to perform testicular self-examination, and also what the prostate exam consisted of. For this we used some equipment supplied by the UNIBE Medical Simulation Center (UNIBE MedSim).

Our “No Shave Movember” campaign promoted a creative and dynamic environment to educate and interact directly with audience members about a sensitive health
issue. Medical students empowered audience members to make the commitment to prioritize their health and well-being and be an active leader in their self-care and preventive care. Participating female and male youth showed interest in the subject and pledged to encourage their relatives about the importance of seeking regular medical evaluations, including the prostate examination, thus reducing perceived loss of virility with the medical examination. In fact, participating male youth committed to perform regular testicular self-examinations. Many were surprised at how simple preventive steps could lead to early disease identification and treatment, and in effect, avoid future consequences due to delayed diagnosis.

As medical students, we must educate and empower all community members to prioritize their health and wellbeing to protect their physical and emotional health. In our career path, we can apply our knowledge and skills to reflect the following quote by P. T. Barnum: “The foundation of success in life is good health: that is the substratum fortune; it is also the basis of happiness. A person cannot accumulate a fortune very well when he is sick.”

References:
In 2015, 690,000 people were living with HIV in Indonesia, with 680,000 of them aged 15 years old and over. The death toll of AIDS reached an enormous number of 35,000 lives, causing 110,000 children to be orphaned as a result of their parents’ death from AIDS. As a country with a population of more than 255 million, Indonesia is risking 0.5% of its productive age population to a disease which as of yet has no cure. This makes HIV/AIDS one of the most urgent health issues to be addressed by the country. However, HIV/AIDS has extended itself into more than just a medical problem, but also a social and economic problem for those affected. Therefore, efforts from all level of the society, including the government, health sector, medical students and the wider population, are needed in order to tackle HIV/AIDS epidemic in Indonesia.

In honor of World AIDS Day which is commemorated on the first day of December every year, the Standing Committee on Reproductive Health including HIV/AIDS (SCORA) of the Center for Indonesian Medical Students Activities (CIMSA) has also took part in eliminating HIV/AIDS within the country. In line with the Sustainable Development Goals (SDGs), CIMSA has committed to help achieve the SDGs target 3.3 which stated that by the year 2030, AIDS should be one of the diseases to be eradicated.

From year to year, SCORA CIMSA has adapted the theme “getting to zero”, which means not only nobody living with HIV/AIDS but also zero discrimination against them. All SCORA local committees are obliged to create their own World AIDS Day-related projects to fit the needs of each area. These activities vary from street campaigns, distributing flyers, direct education to the society, social media campaigns and many other creative concepts and ideas. However, all end with the same aim: getting to zero.

This year, global efforts in eradicating HIV/AIDS are aligned with the strategy proposed by the United Nations for AIDS (UNAIDS), which acts as the leading global organization that fights against HIV/AIDS. SCORA CIMSA has also adapted their 90-90-90 strategy, which are that 90% of people living with HIV know their HIV status, 90% of people who know their HIV-positive status are accessing treatment and 90% of people on treatment have suppressed viral loads.

We utilised social media as a campaign platform as we understand that it is one of the most effective ways to raise awareness among young generation. By the help from the National Media and Communication team, we have created a clear, understandable, and fun educational video on YouTube which explores the basic concepts on HIV/AIDS, its method of transmission, the importance of VCT and how to do it, and the available therapies for HIV/AIDS patients. To strengthen the power of our campaign, we also published a video statement on
YouTube regarding the urgency of eliminating HIV/AIDS and the role that medical students can do from several stakeholders, including the Indonesian Ministry of Health, Country Office Director for UNAIDS Indonesia, and a doctor from the Angsamerah Foundation.

To widen the reach of our campaign, we also created a photo challenge on Instagram which invited people to take selfies showing their hands with messages related to World AIDS Day. People were encouraged to be as creative as possible, as long as they put educational captions regarding the importance of HIV testing. People uploading their pictures must also involve several hashtags including #SayaBerani (which means #IAmBrave), #HandsUpfor, #HIVPrevention, #KnowYourStatus, and #LetsGetChecked. As this campaign was inspired by and in partnership with UNAIDS, the hashtag #CIMSAXUNAIDS was also used. This photo challenge recevied enormous positive feedback from many Instagram users.

SCORA CIMSA believes that the people of Indonesia should be free from HIV/AIDS. Although there is still a long way to go, SCORA CIMSA is optimistic that the global eradication of HIV/AIDS can be achieved by 2030 if all levels of society contribute. To quote David Bridger, the Country Director for UNAIDS Indonesia, “AIDS is not over, but it can be.”

Peer Education Campaign

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Adolescence is marked by constant physical, emotional and cognitive changes and this whirlwind of novelties lead young people to a new path to be explored: the beginning of sexual life. This often creates doubts which, if left unanswered, can have serious consequences such as the onset of sexually transmitted disease. Adolescence is the age range with the highest incidence of sexually transmitted diseases (STDs). Approximately 25% of all STDs are diagnosed in young people under 25 years of age. Thus, the campaign based on the IFMSA Brazil Peer Education project aimed to discuss prevention methods and the importance of clarifying the risks of starting sexual life in an inadequate and unstable manner and what young people can do to initiate it properly. In addition to the direct discussion on the topics sexuality and sexually transmitted diseases, a focus was also given to the importance of
adolescents’ discussion of such topics with teachers, friends and family members. The article School, Family, Sexuality: Possible Dialogues? highlights the importance that affective relationships have during the development of sexuality. The family should be a source of support and security so that adolescents can understand the transformations they are going through and so that they can face the conflicts and anguish that may occur, especially with regard to sexuality. As such, the campaign was a teaching tool for adolescents and also served as a source of help for students to clear their doubts and learn about the importance that affective relationships have during the change phase they are experiencing.

Based in this information, was realised an action in a public school of Joinville, Brazil. The action was carried out in three moments: first a quiz with questions elaborated based on the doubts of the students, later a demonstration so that the students could see the importance of the use of the condom and finally the students were divided in small groups for a conversation with the medical academics. Before and after the dynamics were conducted pre and post test questionnaires were circulated to evaluate whether the project was productive. When analyzing the answers, there was a 23% increase in the number of correct answers, so it can be inferred that the action was effective, since the objectives were reached. In addition, the students were interested and asked several questions that guided the project. Thus, it can be inferred that the project served as an aid tool for the participating school, because it enabled the discussion of topics that are often considered difficult to be discussed in a serious environment such as school.

We observed a 23% increase in the number of correct answers in the post-test questionnaire. Thus, it can be inferred that the accomplishment of the action in the school was beneficial, and clarified many of the doubts that the subjects approached.

Finally, our campaign contributed to students’ learning, since it extended the experience of working with health education, clarified doubts about students’ sexuality and may prevent the acquisition of STDs if they adhere to the acquired knowledge.

References:
There Is A Shade of Red for Every Angel

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“Mirror, mirror! Is this the girl I really want to be? Am I in the right place doing the right thing?” I asked myself as I stood in front of the mirror. Unfortunately, the mirror in my bedroom is not the magic mirror of the Queen in Snow White. I should not be expecting an answer. Matter of fact, I should be providing myself with an answer.

As a medical student, I have made many life-changing decisions. The minute I chose the medical field, I realized that by changing nothing, nothing will ever change. IFMSA was the gate to a life-changing experience. I thought I was going to change lives, but in fact I was the one changing with every step I took along the way. I am who I am today because of the choices I made yesterday.

My journey started as a curious student who had huge dreams. I soon became a very active volunteer who fell in love with helping people. Never allow yourself to doubt the power of a small group of thoughtful and committed volunteers to change the world. Soon enough I found myself as a Local Officer with an unconditional love for the color red in one of the most active Local Committees in my NMO. Months later, my emails' signature magically changed from a Local Officer to a National Officer. My work within SCORA became a reflection of my dreams. It wasn’t positions that mattered, but it was the horizons being broadened that helped me execute my ideas on a larger scale. Leadership is action, not a position.

It was clear to me that a planner speaks with active verbs. Leadership is the challenge to be something more than average. A group of medical students soon became my second family who taught me that "extraordinary" is the only word that could describe the work we've been doing. Helping others is a commitment; it is not just a campaign. To touch the hearts of everyone around the globe, all you have to do is tell a relevant, targeted, and transparent story. Remember that whenever you find yourself on the side of the majority, it is time to pause and reflect. Never say you don’t have enough time! You have exactly the same number of hours per day that were given to Professor Eric Holst, Leonardo da Vinci and Albert Einstein!

Whether you’re a general delegate, a local officer, a national officer, or you hold any other position within the IFMSA in general, keep in mind that there’s no shortage of remarkable ideas. What is usually missing is the will to execute them. Build a supportive family around
you! Start locally; your first love is always the purest! Allow this love to spread nationally, regionally, and worldwide! Never get so busy that you don’t have time to connect with others. The happiest lives are connected to quality relationships. Sometimes all you need is ten seconds of insane courage. Ten seconds of embarrassing bravery and something great might come out of it.

SCORA has different focus areas, find one that you relate to and let the world hear your voice! There is a shade of red for every angel, choose your shade and prepare your wings because you’re about to go on a journey of a lifetime. Every member of IFMSA has the passion to lead, the power to heal, and a dedication beyond measure. Michael Jackson left a beautiful melody that tells us to “Heal the world, make it a better place, for you and for me, and the entire human race.” Heal the world by being a true leader.

Playing it too safe is one of the riskiest choices you can make. The bold steps into the unknown won’t be easy, but every step is worth it. You rarely fail for the things you do, but you will certainly fail the things you don’t do. In all walks of life, passion is what starts it and dedication is what finishes it. It is never too late or too early to be whoever you want to be. There’s no time limit. I hope you live a life you’re proud of. If you find that you’re not, I hope you have the courage to start all over again. We rise by lifting others.

A Review on HPV:
Brazil Began Immunising Boys

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The human papillomavirus, also known as HPV, is a virus transmitted across the skin or mucous membranes and affects both men and women. Currently, HPV infection is the most common sexually transmitted disease (STD). In most cases, HPV has no symptoms and is eliminated by the body spontaneously. However, among the more than 100 different types of HPV, 30 to 40 can affect the genital areas of both sexes, causing various diseases, such as genital warts, cervical cancer and cancers of the vagina, vulva, anus and penis. In addition, they cause mouth and throat (oropharynx) tumours, both benign (such as recurrent respiratory papillomatosis) and malignant, such as oropharyngeal cancers.

Four types of HPV are most common and cause the vast majority of infection-related diseases: 6, 11, 16, and 18. HPV types 16 and 18 cause the majority of cases of cervical cancer worldwide (around 95%). They are also responsible for up to 90% of cases of cancer of the anus, up to 60% of cancers of the vagina and up to 50% of cases of vulvar cancer. Types 6 and 11, on the other hand, cause approximately 90% of genital warts, one of the most common and growing health problems worldwide, and...
about 10% of low-grade cervical lesions\textsuperscript{2}.

Condom use reduces the possibility of transmission of HPV in sexual intercourse, but does not completely prevent the infection, which is made by the contact of skin with skin, mucous and mucosal skin. In addition, although less likely, the possibility of contamination through clothes and objects cannot be ruled out. A combined approach to regular Papanicolaou test and vaccination is the best way to ensure that the high rates of cervical cancer are reduced so that in the future the disease may become less threatening to the lives of women around the world\textsuperscript{3}.

It is also important that adolescents receive a complete schedule (three doses) of the HPV vaccine as early as possible, preferably before becoming sexually active. The vaccine is potentially more effective for girls or women vaccinated before their first sexual contact\textsuperscript{4}, since HPV contamination occurs concurrently with the onset of sexual activity. The vaccine offers long-lasting immunity, protecting women from recontamination.

In addition, men are the main vectors of HPV infection and, like women, will be infected during life. Most will also be able to eliminate the virus spontaneously, but there is no way to predict which patients will kill the virus or not. The only vaccine indicated for them is quadrivalent\textsuperscript{4,5}.

The introduction of the quadrivalent HPV vaccine for girls aged 9 to 13 years by the Brazilian National Health System (SUS) since 2014 marks another important milestone in cervical cancer prevention, which began 70 years ago with the appearance of the Papanicolaou test. However, the boys, who are the main vectors, were left out.

A few years ago the HPV vaccine for boys was used as a public health strategy in six countries (the United States, Australia, Austria, Israel, Puerto Rico and Panama)\textsuperscript{5}. Since January 3, 2017, Brazil introduced a free quadrivalent vaccine against HPV for 12 and 13 year old boys, which makes Brazil the seventh country to adopt such a strategy and the vanguard in Latin America. The vaccine is fully safe and approved by the World Health Organization (WHO) Global Vaccine Safety Advisory Board\textsuperscript{6}.

The decision to extend vaccination for males is in accordance with the recommendations of the Brazilian Societies of Pediatrics, Immunology, Obstetrics and Gynecology, as well as STD/AIDS and the most important immunization advisory body of the United States (Advisory Committee on Immunization Practices)\textsuperscript{6}. The age range for vaccination aims to protect children before the onset of sexual life and therefore before contact with the virus. By 2020, the Brazilian Ministry of Health intends to expand the age group, starting at nine years old.

Thus, gradually, the main cause of cervical cancer is being fought. But not only with those who are directly affected, women, but also from the immunization of those who transmit the virus: men. The repercussions of this will take a few years to become clear, but by then medical students can initiate awareness campaigns for safe sex practices - which is beneficial not only against HPV but also against other STDs. Similarly, students can carry out activities with children not covered by vaccination and encourage them to do so, since the lack of information also appears as a barrier to immunization for the entire population\textsuperscript{6}.

References:

Storied Behind the Disease

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The month of October has been the focal point during which many activities concerning Breast Cancer happen. Through numerous activities, medical students around the world are pushing forward in raising awareness on this topic.

Medical Students Association in Bosnia and Herzegovina – BoHeMSA has organized a project under the name “Stories behind the disease.” Encouraged by the fact that breast cancer is still most commonly detected at an advanced stage and there are daily battles with stigma, we decided to gather various people who are involved with this disease.

In a relaxed and intimate atmosphere of the Sarajevo Theatre, visitors had the opportunity to hear stories from the perspective of doctors, psychologists, and patients through a variety of approaches. They talked about the importance of prevention and early detection of breast cancer, as well as the difficulties faced by patients and staff within the health system. A particular contribution was made by one brave women who shared her unique and brave experience.

A professional medical review was provided by specialists of pathology and oncology. The audience was introduced to statistical data, as well as the most important risk factors and ways to prevent breast cancer. The focus was put on self-examination after the 20th year of life, along with regular screening tests. The importance of educating the general public was emphasised as well as the fact that only with the full education of citizens will we achieve effective prevention.

In addition to experts from the medical practice, an important contribution was given by a Professor from the Department of Psychology, University of Sarajevo. She specifically pointed out the importance of support from family and friends and the ways in which each of us can contribute to the process of treatment in breast cancer care. It is of utmost importance to create a positive atmosphere full of understanding, in which a high level of motivation will be constantly sustained.

The most emotional part of the evening was the address by patients who have survived breast cancer, who bravely recounted their experiences, giving the audience an insight of their struggle with this disease. The audience had an opportunity to hear how breast cancer turns into a central part of one’s life, how it spreads to all other...
aspects of living and how even the most intense physical pain cannot be compared to the pain that emerges from the emotional forms of the disease. We witnessed the incredible strength of women cured of cancer, with a specific realization that they did not fight this battle only for themselves and that the footprints of this path are not only their own – because this disease is not a disease of the individual. This disease leaves its footprint on all people whose lives are touched by the persons who have breast cancer. In celebration of this strength patients nonetheless stated that, aside from them, there are women who lost the fight against cancer which is the inevitable reality and a motive for an even stronger battle.

The experience of this project enriched us and provided us with the insight into the everyday struggle that patients fighting breast cancer face. There is still a long way to go for our country and for our health system when it comes to breast cancer. The most important step would be to create a unique register of this disease, which our county currently does not have.

Members of BoHeMSA showed that there is a strong part of our medical society ready to fight along with our patients. We have shown that there are so many medical students and doctors ready to stand along with our patients and give them our knowledge and support. This was our humble step in contributing to this cause, which resulted in a great joy and motivation so that each next step will be more meaningful – for every woman who loves someone, for every woman who is loved.
Sex-work is one of the oldest professions in society, and was historically a source of social judgment and prejudice. Even today, stigma surrounds the practice of sex-work, from which sex-workers are seen as transgressors of morality and subjected to a process of marginalisation. As a consequence, such professionals have their labour and human rights transgressed, including access to health. According to the Foundation of Education and Culture from the Brazilian state Minas Gerais (FUMEC), it is estimated that there are around 1.5 million people working as sex-workers in Brazil, highlighting the relevance of this population to the country.

At the same time, the Brazilian health system, known as SUS, presents universality as one of its pillars, which regards the equal care of all, and in a utopian vision excludes any kind of discrimination. However, given the complex dynamics of care that involves a social web full of various individuals with different perceptions and objectives, in practice the SUS can not cover users universally. Among the various social groups that have their right of use deprived, there are sex workers.

The World Health Organization (WHO) define public health as “the art and science of preventing diseases, extending life, and enabling health and physical and mental efficiency through the organized effort of the community”. Given the socials issues around sex-workers, the need for a health promotion and disease prevention activity aimed at this community becomes apparent.

With regards to the first topic, gynecological outpatient clinics were held for these women, focused on the prevention of cervical cancer. For this, screening questionnaires were applied to sex workers, whose contact details were provided by the NGO Association of Prostitutes of the RN (ASPRORN) and the Project Ela, that have worked longer with sex-workers. From a sample of 14 professionals, it was possible to determine important data for the priority classification of care.

With regards to oncology cytolog,: 14.3% of sex-workers had never performed a test, while 85.7% have undergone testing at least once in their lifetime; Among those who have done, 33.3% have done last year, 33.3% have done between the past two and five years, 25% have done more than five years ago and 8.3% don’t remember when they had done it. Significantly, 25% of sample didn’t receive the test result and 8.3% didn’t know if they had received the result. When asked about gynecological signs and symptoms 42.9% of sex-workers had experienced some kind of vaginal discharge, 21.4% had genital itching and 7.1% had warts or wounds in the genital area. With regard to the use of condoms during sexual intercourse: 64.3% say they use condoms in all sexual relations (fixed partner and clients), while 35.7% use only in relationships with clients. Finally, the students, with the help of the gynecologist advisor from the project, were able to attend to 10 women and make 4 collections of oncology cytology.

The second line of action concerns meetings with health professionals in Basic Health Units, in order to promote a space for self-evaluation and critical reflection on the current theme. The discussion was based on the problematization of the reality of life of sex workers and on sensitization about suitable care, through dialogue on how to welcome
this population and the relevance of not distinguishing their treatment from the general public.

Finally, the third line of action involved meetings with sex-workers, called “Tea Time”. This empowered them through new relevant information and knowledge for their health care. Thus, from dynamics and active methodologies of education, several topics were discussed, such as: Sexually Transmitted Infections (STIs), breast cancer, colon cancer, abortion, drugs, harm reduction and self-esteem with self-care. The goal is that medical students, previously trained, instruct sex workers and then promote health within the wider context of the world.

Our project “Quer Saber?” empowered medical students to act as agents of change in their local community, thinking globally, within the perspective of promoting health and of valuing the humanization of medical training.

The Choices Egyptian Homosexuals Have... To Survive

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Life in Egypt is hard, and it gets harder the more you differ from the general public. Not accepting differences is a disease that is, in a way, inherent in all of us as Egyptians. Personally, I don’t understand why Egyptians get offended by that which is different. Is it a sense of “identity demolition” that we were taught as we grew up? Or is it jealousy of religious innocence against all of this cruelty? Maybe it’s neither, is it just an attempt at refuting the differences we all have? A critical look at all of this makes us feel like failures, and excites hatred in ourselves against those who have taken the liberty to express themselves freely, while others control us or control ourselves to please them. Regardless of the motive behind this refutation, our society’s acceptance of it is a crime we all take part in one way or another.

Rejection is violent, and I am well aware of the extent of its cruelty. I know of the looks, the whispers and the reactions, for I am not that youngster whose heart gets broken when the spring of my toy car gets broken. I am not that naive adolescent who spends sleepless nights waiting for the new One Direction music video. Since I had entered university my life has been flipped upside down and has rejection only started to haunt me down.

I chose to wear suspenders throughout my first year at university. No wonder it’s Louis Tomlinson’s favorite garment to wear. Since that moment have I known the true definition of rejection from society. Despite the simplicity of this difference between myself and the rest of the community, I did not give in to the sarcastic comments, surprised and downgrading stares, and sometimes avoidance.

This was just the beginning, for when I decided to share my opinions with others, their reactions and behavior have gotten only worse.

Everyone may be just slightly aware of my struggles for personal freedoms and choices. I’m not entirely sure whether it’s guilt from living in a society that rejects differences so I react by defending myself against the injustice for the sake of my conscience, or whether I’m just blogging because I believe in what is right?

It’s unfortunate that rejection is not exclusively
directed at one person, but to a group as a whole. Entire groups that are rejected from society for reasons more ridiculous than the one that came before it. Entire groups that are pressured on a day-to-day basis because society either terrorizes them, or just hates them, or ignore their needs, or, without excuse, violates them just because they must be violated.

I don’t believe in the idea that the stare is less violent than words, or that words are less violent than actions. Violence is violence regardless of how it is performed; but when stares, words and actions are protected by the law, things go out of hand and exercising violence becomes a patriotic duty, and a form of help in eliminating criminals.

There are no articles in Egyptian law that criminalizes homosexuality directly. However, homosexuals are constantly tried on charges of inciting debauchery, or for performing acts of blatant immorality, based on Law #10 of 1961 combatting sex-work and debauchery. Charges like these can result in a prison sentence that can last up to three years. The Court of Appeal eventually decided to criminalize debauchery, in reference to homosexuality, even if not done in attempts to make money.

Imagine that you were born “against the law...” No, wait! Not only are you “against the law,” you also go against Sharia, religion and society as a whole. Imagine the mother, who gave birth to you, kicking you out of her house because of something you don’t have a choice in. Imagine you going to prison for a few years when you come out of the closet. Imagine you not being able to find someone for yourself to love, so you end up resorting to the internet. When you find that light at the end of the tunnel, it turns into a freight train, coming at you to take you to prison.

You did not choose to be gay. I know that, so there’s no need to stress on it. There’s a few solutions that might appeal to you:

1. Traveling: traveling is the best choice for the LGBT+ community in Egypt. Many people ended up in Europe or America. Unfortunately, these people have no safe space to express themselves in their home country. In Egypt, you are “against the law”, and any attempts to be who you are or satisfy your physiological needs would be an offense to the “Egyptian Dream”. I know how hard it is to live in a place that does not acknowledge who you are, and going after a life where living would be more humane. What is worse is not being able to leave unless you perform a military service (for males), which makes the process of travelling extremely difficult.

2. Forget Your Humanity: I know a lot of gay individuals who have not had sex at all. Actually, not a lot of gay individuals have even tried to be in a romantic relationship at all. The reason is fear, and I completely understand it. Their motivations differ greatly, and it is mainly religion-based. Many gay people are still “controlled” by the fear that the God who created them will eventually punish them. This reminds me of black people in the 20th century (and earlier) who were told by the Church that they are sinful, just because of the pigment of their skin. Another form of motivation is a social one, where gay people are afraid their family/friends would find out, or that their image in front of others would change. Either way, the idea that gay people would give up sex (or relationships, for that matter) to live a safer life is scary. I understand how it might be postponed, but wiping it out completely seems to me as really inhumane.

3. Marry a Woman (or Man): after your willing ability – or inability – to hide your physiological needs comes the Egyptian expectation to get married at 25, or younger sometimes. It becomes worse for lesbians since not being married to a man is a shame for herself and her family. Some gay individuals use marriage as an escape to satisfy their family, as well as, to reduce the doubts other people may have regarding their sexuality. Not only is a cover-up marriage unfair to the gay person, but it is also unfair to the man – or woman – the person is marrying.

4. Prison: maybe the previous options do not suit you. You decide to reveal who you are. You decide to release yourself from the prison society – and in turn, you – has put upon you. You go out and meet people who are like you. By doing this, you are risking your life and are risking being thrown in prison.

5. Suicide.
SCOREview

Did you ever wonder what SCORE Exchanges are all about?
Dear Dark-Blue hearted people!

I’m very happy to share with you the 35th edition of MSI and within it, the most amazing pages you will ever find. Welcome to SCOREview!

The Standing Committee on Research Exchange (SCORE) aims to develop both culturally sensitive students and skilled researchers, intent on shaping the world of science in the upcoming future, throughout our programming and opportunities.

Every year for four weeks to eight weeks, students from 75 different National Member Organizations (NMO) get an opportunity to take part in a research project, choosing out of a variety of domains from Basic Sciences such as Biophysics, going through clinical and global health, until neglected diseases and medical ethics.

We in SCORE believe that our research exchanges offer an unique chance to develop academic capacities, intercultural skills and acquiring knowledge which would allow medical students to become more better physicians and researchers ready to face international health issues and with the motivation to advocate for a better health practice.

The SCOREview represents every NORE, LORE and SCORE members that make their best efforts to prepare high-quality Research Exchange Trainings, Pre-Exchange Trainings, Upon Arrival Trainings, Scientific and Educational Activities and Social Programs, all with the aim of reaching an authentic impact over the medical education worldwide.

In the following pages, I invite the readers to pay close attention to following stories of people who have contributed to our goals and objectives.

Also, I would like to express my gratitude to any of the tutors involved in the following articles, since it’s thanks to them that we are able to offer and develop the research projects that are available for almost 3000 students that go to an SCORE exchange every year.

I hope that, after reading this edition of SCOREview, you will join forces with us and start working for SCORE or going on one of our exchanges!

Finally, if you have participated in a SCORE exchange or done something in your NMO regarding our beloved Standing Committee, we urge you to help us in the creation of articles for the next editions of the MSI’s SCOREview.

Here’s hoping you enjoy the next pages!

Huge blue hugs,
Mauro

On behalf of the SCORE International Team: Kate, Tara, Elise, Erwin, Anmol, Basma, Katarzyna, Basak, Erick, and James
Debunking the Change in “Exhchange”: How to realistically change the world through exchanges

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There is a reason why I have been involved in SCORE for three years: I simply love working for IFMSA exchanges. It is extremely rewarding for me to see excited medical students from Quebec embark on an unforgettable journey, and equally thrilling to welcome medical students from around the world to our hometown. That being said, as much as I love our witty saying “(ex)change the world,” I have personally witnessed situations where our outgoings or incomings have misinterpreted the real mission behind IFMSA exchanges, which led to disappointing outcomes and unfulfilled expectations. Hence, I believe that as exchanges officers, it is essential to properly explain to our students the purpose of IFMSA exchanges and foster realistic expectations for their experience abroad.

What exactly do I mean by misinterpretation of “(ex)change the world”? In my personal experience, misinterpreting includes but is not limited to the following beliefs: “this exchange will determine my future career,” “I will save lives at X hospital in X country,” and “I will make an amazing discovery at the laboratory I will work at.” Despite being bold claims, it is understandable how one can be led to think this way. To many of our outgoings and incomings in IFMSA-Quebec, this exchange is their first individual experience in a foreign country for an academic purpose. Many of them base their expectations on previous IFMSA or non-IFMSA related experiences of others, internet searches and common beliefs such as “X country is a rich country, therefore it must be excellent in X field.” While much of this information is true in theory, students often do not realize that every experience is unique; an academic exchange cannot be compared to a vacation and many stereotypes of a country prove to be untrue. It is equally unrealistic to believe, no matter the student’s year in medical school, that a one-month exchange will drastically change scientific literature or save lives. In research, one month generally gives enough time to get accustomed to a new environment and perform a few contributive tasks to the project. In fact, it takes an average of 6 months in laboratories to train someone to independently carry out experiments in a certain field, so it is rare to achieve such a level in only four weeks. That also explains why as research exchange officers, we sometimes fail to approve certain projects because the tutor believes a 4-weeks timeframe will have little yield for its laboratory and the visiting student. Hence, it is no surprise that if a student leaves or arrives with such ideas, he or she will generally be disappointed from their experience.

So how can we avoid this kind of situation? I believe everything starts with proper communication on every level: between national exchange officers, between national and local exchange officers, between the IFMSA exchange officers and their students. We need to make sure people understand
that IFMSA exchanges are meant to introduce students to research or a medical domain while giving them the opportunity to experience a different medical or scientific system. This can be achieved in many ways, namely through pre-departure and the upon-arrival trainings, which are in my opinion the best methods. These are the perfect occasions to debunk some erroneous preconceived ideas for outgoings and incomings, respectively. Another method specifically for outgoings could be to pair up the departing student with a previous exchange student who went to the same country to encourage discussions on what is to come.

Amidst all this reality check, is there really no way for students to make a significant impact? On the contrary. While you might not publish in Nature by the end of the exchange, this exchange will be an opportunity for you to not only learn about a different culture and medicine, but also to give to the local community by sharing your own culture and ideas. It is about collaborating, communicating and exchanging with very different people. While it may not give immediate results, many students, tutors and host families say that these interactions are beneficial in the long term.

Debunking the change in “exchange” is not about reducing students’ expectations, but rather fostering realistic ones by giving them the proper information about where they are heading towards. The good news is, despite ups and downs, almost every student remembers his or her IFMSA exchange as a positive, life-changing experience, which explains why our exchange programs continue to grow year after year.

A Summer in Prague

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When I used to think of Prague, I imagined streets lined with endless beautiful buildings and the glistening Vltava River with swans gracefully gliding across it. Luckily, I was given the chance to see Prague for myself when I was accepted into the SCORE program in Prague. I was accommodated in a flat near the old town, where all the famous attractions, such as the Astronomical Clock and Tyn Church were located. Every morning I would take the metro to FN Motol, which is the largest hospital in Central Europe and the teaching hospital for the Second Medical Faculty of Charles University. My project was Molecular Genetics of Rare Diseases, Rare Cancer and of Developmental Delay. Though the name of the project seemed complicated, the project itself was rather interesting and multifaceted. My mentor’s main goal was to let me and my partner get a glimpse of the different aspects of medical genetics, including the laboratory work and genetic counseling.
Therefore, during the three weeks of internship, we were able to rotate to four different departments. For example, during the first week, we learned about cytogenetics, which involved sorting the chromosomes from a metaphase spread and carrying out FISH and other methods. In the same week, we sat in on genetic counseling appointments to observe how the doctors interacted with the pregnant women or families with children suspected of a genetic disease. We were even able to try the 3D scanning machine, which generated 3D images of our facial structures. According to Dr. Schwarz, this device was mainly used to determine if a child had facial malformations characteristic of a disease or to compare the difference before and after a surgical procedure. All in all, being able to observe the doctors and meet the patients enhanced my understanding of the connection between the diseases and the laboratory tests done behind the scenes. During the next two weeks, I learned about other methods used for molecular genetics and listened to lectures on autism and learning disabilities.

In the afternoons, I often had free time to explore the beautiful city. Sometimes I wandered through the streets of Prague with no destination in mind. Intrigued by the smell of Trdelnik, a traditional pastry of the Czech Republic, I would stop to see how the rolls of sugar-coated pastries were made. On a beautiful afternoon, I would stroll to Charles Bridge and simply enjoy the view of the Prague Castle across the river. At sunset, the top of the Astronomical Clock Tower was the ideal spot to view the countless red roofs of the city with so many surprises and wonders. On the weekends, there were usually international social events planned. I joined other exchange students in the Czech Republic for a trip to Cesky Krumlov during one of the weekends and rafted in the river for almost a whole day!

The experience in Prague gave me the opportunity to live by myself in a completely foreign place, with people who spoke a language so exotic to me. I definitely grew as an individual as I learned to adjust to the pace and culture of the Czechs. My internship in Prague was made more enjoyable because of the people I met there, including my three easy-going flat mates, my partner in the laboratory, and the mentors at laboratory. Prague, I will see you again!
From the beginning of humanity until now, everything was about staying alive in cruel nature. Mankind was vulnerable against tough life on the Earth. They had to find food and shelter to sustain the human race. To be able to provide these necessities, humans needed to understand how natural events occur and how they could lead these processes in the way that they desired, to know the answers of questions they asked, and to be able to do better. These explorations gave rise the seeds of science.

Curiosity was the first step: it was looking at the sky, it was the spark of building sky maps, calculating the time of the sunset and the sunrise, inventing the compass, building observatories, going to the space, in other words creating the science. thinking kids and their new, open, hungry for knowledge minds. When they grew up, each of them became scientists and researchers. If you want to hear an example, we don’t have to look so far away from now. In the early 19th century, Humphry Davy was a happy man, showing his “talents” to many people. He was impressing them, listening their chants and applauses. The show was free and open for anyone. Who would know, that show inspired one curious kid to become one of the greatest scientists of all time. Young Michael Faraday probably was looking at the experiments, taking his notes and expanding his dreams. Time went by and this time Faraday was doing the show, just like Davy did, with a young James Clerk Maxwell in the audience.

They were just speaking about chemistry, doing simple science experiments. But, for young minds those experiments were a window into the future.

Science advances through research. Every single research project adds up into a big “science tree.” What comes to mind is: how can we speed up the progress of science? We aren’t much older than young Faraday or Maxwell. And we have better opportunities than they did. At times we have an idea, a thought that could lead us to contribute to science, but we make excuses that we are busy or that we don’t know what to do. The reasoning isn’t important. The important thing is that idea will be gone and it may never come back.

That brings us to today and what can be done now. In Turkey, as SCORE, we decided to create a new team which aims to give the chance to medical students to learn the latest news about science, to understand academic articles while they are still students, to visit interesting research laboratories, to be trained on how to begin a research project, to write motivation letters and CVs so they can apply wherever they are interested, to prepare presentations and posters so they can spread their ideas and work.

The team members are SCORE volunteers from different cities of Turkey. After a few conference calls, we created an online file to guide the ones with the most enthusiasm. The file contains our contact details, activity plans, photographs and videos from local committees which already performed an activity with the purpose of scientific development. We try to collect information about what other LOREs are doing so we can archive them for the other SCORE volunteers who need guidance and for the next generations.
In light of the previously offered ideas, we can see that humans never think their knowledge and improvements are sufficient they always desire and struggle in order to achieve more than they own. This is an outcome of their nature. This urge brings out the spark of curiosity. However, this spark does not always turn out to become a fire that leads to science and research in the minds of societies and curious minds. Being the "TurkMSIC SCORE Field Team" our purpose is to turn those sparks into a fire because we believe in that.

Being the field team, our purpose is to turn those sparks into a fire because we believe that we can be more successful if we touch the lives of medical students, adding the science to them and making medical students love research. Therefore, we endeavor to encourage them to become more innovative and more productive doctors whose vision is in direction of science and research. Who knows? Future inventors might be in our midst.

From China to Russia

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This August, I had an amazing exchange in HCCM-Russia, LC Samara through IFMSA-SCORE. I had never expected this experience to be even more than fantastic, which is mostly the result of the efforts of Samara local committee.

The research project I participated in was with another exchange student, Tiago Oliveira, from Portugal. It was about neuro-interface-virtual environment-biofeedback technologies, which at first, was a long, complicated name. Fortunately, the general physiology department had arranged for us to visit the rehabilitation hospital, as well as two lectures about the brain-computer interface and the analysis of brain waves. Undoubtedly, these experiences during research work helped us learn more about the background of our project. Moreover, our tutors Prof. Vasily Pyatin and Prof. Sergeeva Maria impressed me as veritable experts who told us every detail of the technologies and the research program. We discussed a lot
about the design of the experiment, the skills of performing electroencephalography and the analysis of collected data, which provided us with an insight of the whole project. Furthermore, the effort of my contact person, Nikita Blinov, to translate and to mention all the points of the tutor could not be forgotten. It was his work that ensured a steady progress in the research. It was also a pleasure that I could work with other exchange student in the research work. We hope that the result of this study can improve the rehabilitation of patients with motor disorders.

In addition to the research work, local committee in Samara organized a surgery workshop. I was lucky enough to enroll in it, instructed by the professors of the surgery department and senior students from Samara State Medical University. With their help, I performed suture and anastomosis on animal bio-materials. This workshop also presented me an opportunity to see how medical students from different places studied medicine. By communicating them, I knew more about IFMSA exchange cities in Russia, among which Samara was a surprise to choose.

The social program in Samara is the best one I have ever known. Members of the local committee were so warm-hearted that it felt like home to stay in Samara. They spent a lot of energy and time to go out with us every day after work, to the Volga River, to the cherry pie festival, to military and aerospace museums, to the summer house, to picnic, to bowling, to skating. They held parties for us where exchange students knew each other as well as Russians. We laughed, danced, sang, drank, loved, and cried. We became friends. We knew a larger world. We never wanted to say goodbye. I appreciated the hard work of Samara local committee. It was my good fortune to meet you!

I recommend exchange in Samara for everyone, not only for the high quality of scientific training and surgery workshop, but also for precious friendships and memories in your lifetime. Come and find a new world!
"To have in the life of what you never had, do something never done before."

— Robert Kiyosaki

That's how I acted when I chose a country for my exchange. I wanted it to be different than what I am used to in Russia.

China is known around the world for its vast number of the people, its enormous economic growth, traditional Chinese medicine and its wisdom, which counts more than 4000 years. So for me, it was exciting to have the research exchange in China, in a city known as "Paradise for Life," the charming city of gardens and pagodas: Suzhou.

The project I was working on was on “the effect of miRNAs targeting in RMP in tumor progression.” I was pleasantly surprised by the size of the Cell Biology department and the variety of its laboratories and equipment.

During my exchange I carried out a lot of experiments myself: cell culture (gastric cancer cells and HepG2 cells), trypsinization and passaging adherent cell lines, transfection with plasmids, protein extraction, and Western Blotting. In the lab I researched 2 proteins of HepG2 cells: RMP and Actin.

I had a great experience while working on this project and the exchange was significant for my future career.

In addition to the lab experiments, we had a fantastic social program. One weekend, we had a tour of Suzhou with a visit of beautiful gardens and an excursion on the water channels. Suzhou has a lot of river channels, connected by ancient bridges. Along the channels narrow streets extend; it's almost the first city on the water. That is why Suzhou is also called “the Venice of the East.” We visited a lot of wonderful pagodas such as, Tiger Hill and Panmen. We visited the charming Dushu and Jinji lakes, attracting its natural beauty in the afternoon, and the sea of lights in the evening. People call Suzhou the “heaven” of China.

We visited the capital of China, a huge city:
Beijing. It charms with its antiquity, it "breathes" ancient Chinese traditions and preserves its long history. In Beijing there is the Temple of Heaven: it is the pride of Chinese citizens, who are not going to forget that they live in a country blessed by Heaven. Another colossal Chinese city, Shanghai, astounded us due to its famous skyscrapers.

Generally speaking, China is quite the “other” world. Look at food, for example. Chinese eat absolutely «everything that looks back to the sky» including insects, scorpions, starfish, frogs, snakes, spiders and much more. There are contrasts of food surprises, from super-spicy food, after which you want to breathe fire like a dragon, to very sweet soups. Furthermore, they constantly eat rice cooked with various methods and dishes. I should also mention the delicious selection of teas, black, green, white, oolong, red, fruit, floral...

China is a vast country. Of course, it is not possible to describe all my delight experienced during my exchange in a single article. I`m thankful that I had the invaluable opportunity to live and study for a month in China. Through the exchange, I made a lot of good foreign friends and had a great research experience. I have received the motivation for further development, to become stronger and more confident, purposeful, and have realized that there are no limits to work, if you want to reach the top of your success.

I hope that other students take part in this amazing program, what gives us many new capabilities and adds a «sea» of vivid memories in our life!

IFMSA – it is not just a month of exchange, it is the life road in a huge, vast world that teaches us to live and achieve success!
The SCORPion

Learn about Human Rights & Peace efforts worldwide
Words from the SCORP Director

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Dear reader,

Welcome to the SCORP section of this magazine! In the following pages, you can read more about the activities, thoughts, and ideas of our amazing members across the world. I hope that you will find it inspirational and informative!

The Universal Declaration of Human Rights was adopted in 1948, yet, no country is free from human rights violations. Discrimination against minorities, gender inequality, and exploitation of vulnerable groups are some of the global issues we’re facing today. The number of armed conflicts in the world has decreased during the last decade, however, the number of fatalities has increased. Although poverty is declining, the gap between the rich and the poor keeps growing. The number of people held in forced labour – modern slavery – is higher than ever before.

Ensuring the fulfillment of Human Rights is a governmental responsibility, since our states are the ones signing treaties and conventions, saying that they will protect everyone’s right and dignity. But the civil society, non-governmental organizations, as well as individuals, also have an important role in this. We can support vulnerable groups to make their voices heard in society. We can raise awareness among the public, and promote behaviours and attitudes that respect all persons’ equal worth and dignity. And we can push governments to act according to their international obligations.

If we want a better world, it is also our responsibility to take action according to our abilities. It is beautiful to see the activities that are conducted by members from all these countries. In spite of our different backgrounds, cultures and environments, we still so many things in common. Seeing that members have the strength and the courage to continue working even in the most difficult situations makes me feel hopeful and motivated. Although we might not be able to solve all the problems in the world, we can surely contribute to a positive change. And every step counts, no matter how small.

You don’t have to write resolutions for the United Nations, work in a war zone or conduct an award-winning project. Sometimes, it might be more important to promote and protect the ideas and values of human rights in your everyday life – at your university, on the bus, or at the dinner table. Being a human rights activist is about speaking up against inequalities wherever you are. As Eleonore Roosevelt said: “Where, after all, do universal human rights begin? In small places, close to home - so close and so small that they cannot be seen on any maps of the world (…) Unless these rights have meaning there, they have little meaning anywhere. Without concerted citizen action to uphold them close to home, we shall look in vain for progress in the larger world.”

Enjoy your reading!
Jessica.

On behalf of the SCORP International Team: Majko, Jose, Ugonna, Pamela, Agung, Sera, Alba, and Behrouz
Now into its 6th year, the civil struggle in Syria has pressured some 11 million individuals to leave their houses, while approximately 220,000 have been killed. And yet, sadly, there isn’t an end to the battle in sight. With much of the nation torn aside, Syria’s establishments have been badly hit. Underfunded and overstretched universities, for instance, means that coaching the subsequent era of Syrian doctors is in jeopardy.

My name is Ghaith. I’m a 5th year medical student at Damascus University. I’m from Syria, the home of the worst humanitarian crisis of the 21st century. No matter what we do, or try to do, we are ignored. We live an enormous struggle, both as students and civilians of Syria.

Prior to the crisis, we had co-educational access through a well-developed network of public and private universities. By the year 2000, more than 100,000 young Syrians were attending university at any given time. But during the crisis, many of these universities closed their doors, leaving students to look for alternatives. The ongoing violence and instability made it difficult for students to keep up with their studies.

In this English-speaking world, our universities only offer classes in Arabic. Our books date back to the 1970s. While medical advancements develop dramatically, we are forced to study from 40-year old books, while poor internet connection and power outages regularly leave students in the dark, and with limited access to online learning tools and resources. This rationing of electricity destroyed and consumed our time horrifically.

I’m currently writing this article sitting next to a candle because our charged LED lights died!

Another struggle we face is our teaching environment. Our laboratories are overstretched. For instance, we have access to only 10 microscopes per 50 attending students. Yet economic sanctions limit us from having the same learning experience as those in countries free of war.

In some cities, such as Homs, the Faculties of Science and Medicine share the same labs, whereas in other cities, such as Aleppo, there is no access to labs at all. Our limited access to resources is having a serious impact on our education. The class of 2016 at the Faculty of Medicine, AlBaath University in Homs graduated medical school with no clerkships, and only one year of practical experience.

These are the struggles of a Syrian medical student, but as a civilian there are many more difficulties. My newest challenge is to provide water to my family. As we’re celebrating the New Year and holiday season, four million Damascenes are without water. I had to quit preparing for my mid-term exams to find a few litres of water for my sick mother. Other students work after their classes to pay for rent. According to the UN, 7 million Syrians are displaced within Syria. My friends who are displaced have lost their homes and now work...
overtime and pay rent. For those, education has been halted by losing their homes. It is so hard to put your life on hold to look for safety, water and power: the things that were once the basics of life!

Yet despite the crisis, we are learning, resisting, and fighting the conflict using knowledge. The Syrian medical community has a few voluntary teams who translate references and look for resources to write and compose lectures. They provide electives to improve the clinical experience of Albaath students and conduct sessions to strengthen their medical skills. Some professors involve students in the process, meeting with student groups periodically to discuss the curriculum. Many of us mastered USMLE exams, won scholarships and received honour achievements. Only by working hard, by continuing to dream and by living up to these dreams will we achieve a lot with only a little.

SMSA and IFMSA are helping me believe there is still good in this world. IFMSA has given me a huge chance to make a change. SCOME will frame our work, and unite our efforts. It will widen our horizons and connect us with regional and international students. That is how we plan to overcome our struggles. We might not have power over some of them but we’ll be empowered to face them. SCOME will be our secret weapon in tackling those issues.

Five years and the world did nothing to stop the killing. Five years we lived and learned that our biggest supporters are our Syrian brothers and sisters who live the struggle to survive.

The power is back. I will finish this article by candlelight but the last thing I’d like to add is that although Syria might be destroyed, we are not. If there is one thing that life has taught me, it’s that rainbows follow the rain. This is how I know there will be an end, that there will be peace. I will be there, we all are going to be there when it happens. We will stay, rebuild and forever remain united.

We #speakPEACE

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Yes, world peace is achievable! Reducing poverty via the significant mobilisation of resources and appropriate resource distribution, promoting equality by providing equal access to quality education throughout the world, equal opportunities for all, representation and voice of every section of society in decision making are a few changes that would work towards the establishment of world peace. This is what the Sustainable Development Goals are designed for.

When we talk about a world free of discrimination, can we just talking about it build peace? No, peace will only prevail if humankind joins hands and all human
beings contribute, even in the smallest way. We at MSAI tried to do this, on the International Day of Peace (21\textsuperscript{st} September) 2016, with the aim of challenging the use of discriminatory language amongst children. We aimed to teach them to adapt their choice of words to be as inclusive and non-judgmental as possible.

#speakPEACE is MSAI, India’s contribution to the International day of Peace, 2016, an international campaign. Our online campaign had SCORPions from around the globe showing their support and our posts reached 9,136 people on Facebook, while a ground campaign was conducted across nine cities in India. Eleven events took place, covering a total of 2967 children of age 12-18 years, from 21\textsuperscript{st} September 2016 to 19\textsuperscript{th} October 2016. A total of eleven cases were presented to the children with a plethora of national and international issues regarding discrimination and the inappropriate use of language including discrimination related to gender, rape/acid attacks, body-shaming, disability, race, caste, LGBT, age, poverty, mental illness and HIV. The children were made aware of the gravity of these situations and how it can affect someone’s life and personality.
In Brazil, 20% of the population between 15 and 49 years are functional illiterates. This number is worrying for health, since illiteracy is in CID 10. Besides that, these Brazilians in general have low ability to absorb health information (low graphocentrism). Thus, it is important that the habit of reading to be encouraged in order to prevent functional illiteracy and to increase graphocentrism in population.

These were the RER - Reading, Education and Respect campaign’s objectives, focused on children. The campaign acted as a support for the project Playing with Books, which works with underprivileged children every two weeks on the dodgy areas of Teresina - PI. The project holds meetings on Sundays mornings, when the kids can talk about the books they have read and are encouraged to pick other ones to read the next weeks.

To contribute to the project, the campaign participants made a book donation. This donation was result of intense marketing in the university (WhatsApp groups and creative posters around the university) and it was very successful, with 250 books collected, from several issues and text types. It was also made a partnership with a local business called “Bolo da vô,” who was moved by our cause and sponsored us, making it possible a snack for the children. Before campaign day, there was a meeting with the organizers of Playing with books, in which we got to know more about the project and the kids involved. Then we selected which book was more suitable to read for them.

On campaign day, we started by giving the kids badges with characters’ names from the books that would be donated to them. They were told that during that morning that would be their names, something to make them curious about these characters and that would lead them to read the books they appear. Then, we played a game to break the ice and make them more awake, since it was early. After that, me made a circle and sat on the floor. We started reading the chosen book, Aesop’s Fables, and the kids would try to guess the moral of each fable and discuss it. Some of them even volunteered to read out loud. Popcorn was served during the reading, which took most of the morning. When it was over, we served hot dogs and juice to them. Later, we asked them to draw characters or scenes from the stories that were read that day. We finished with the delivery of the books donated.
The children were so happy with our presence and would pay a lot of attention to the stories. There was also a lot of them trying to read out loud and they would not give up and always ask their doubts, trying to improve. The organizers and campaign participants concluded that they achieved the desired goals and gained a unique experience they will take for life.

Therefore, it was an attempt to territorialize the neighborhood, trying to understand better about the needs of the region in different perspective. This was one of the positive consequences for the community and the students understood them better and tried to achieve positive action and more impact on their lives, by another campaigns on school, on their houses and with the health professionals that work on the community. Then, it was notable that the education is only the beginning of the real change in dodgy areas in Brazil.

Human Rights Day Campaign - Indonesia

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On December 10th, every year we celebrate the stepping point on human rights history, Human Rights Day. 68 years ago this day, the Universal Declaration of Human Rights was legalized by the United Nations. Different types of celebration are taken by different parties to celebrate Human Rights Day, including SCorp CIMSA Indonesia. As a human rights activist organization, we celebrate this day each year with various themes. This year, our theme was “Children’s Rights Protection as a Foundation to Succeed Sustainable Development Goals.”

We chose this theme because children are still the most vulnerable victim of violation in Indonesia. In 2016, Child abuse increased by 15% compared to the previous year. Abuse has a terrible effect on childhood development. Abused children are prone to many kinds of mental health problems such as depression, conduct disorder, autism as well as affecting their education. Therefore, our goal was to remind people that it is important to value children’s rights.

The celebration was held by locals in Java Island and Sumatra Island. Some locals organized an event to celebrate this day, while others set a photobooth on their campus using attributes of human rights and educated people in public area. For example, an event called CANDY (Ceria Bersama Anak Disabilitas,
which translates as let’s have fun with disabled children) by SCORP CIMSA Universitas Andalas, Padang, West Sumatra was held at a school for people with disabilities. At this event we created a bond with the children and provided some games to cheer them up. To reach our goals, we also educated the teachers and their sitters about children’s rights.

In commemoration of Human Rights Day, we uploaded fun facts on our Instagram account @scorpcimsa in the three days leading up to the event. A lot of enlightening information about children worldwide was distributed in this way. For instance, infographics contained data about children’s rights in the context of education and health. The data we shared was obtained from UNICEF Indonesia.

In addition, SCORP CIMSA Indonesia launched a video campaign about children rights. There are 14 videos about children’s rights made by locals that can be seen on the YouTube account MCC NCORP CIMSA. Beside video campaigns, the locals also participated in an Instagram photo challenge which included captions about children’s rights with the hashtags #StandUp4Rights #HumanRightsDay #ImprovingChildrenRights #ProtectChildren.
The Nazare Project:
An encounter between medical students and the elderly

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In the last decades the world’s elderly population has grown exponentially. This growth is likely to have serious consequences directly affecting the social and health services of the geriatric population. Population aging is occurring amid major social, cultural, economic, institutional changes in the value system and in the configuration of family arrangements.

In this context, the institutionalisation of many elderly people is a very delicate situation, as addressed by the authors Bessa and Da Silva. The reasons leading to institutionalisation are diverse, among them the need for health care, and the threat of loneliness. It is known that family provides the elderly with protection, warmth and security, and the conception of family is not only restricted to its core, but also to close relatives. When sent to one of these institutions the elderly person feels as if they have "left" their family. Thus, when this change occurs, the elderly have to reorganise their beliefs and emotions, and it can be a very difficult process.

The institutionalisation of many elderly people is a subject that is rarely debated or experienced in medical training, which inspired the implementation of the Nazaré Project by the IFMSA Brazil Uninville Committee in Joinville, a city in southern Brazil. The project was carried out in a long-stay institution between May and July of 2016. We started from the principle that successful ageing is accompanied by the active use of problem-solving skills, conceptualization and language, maintenance of social contact and participation in productive activities.

The first intervention addressed the subject of mental health and related it to making games and drawing. It is known that playing games brings benefits to the elderly by stimulating the ability to reason and socialise. The environment we created fostered cooperation and facilitated building relationships. The drawings were designed to provide art therapy to the elderly, a way of working with creativity which also instigated their memory, as each drawing was based on a personal memory.

The second action involved music therapy. We started from the belief that music is capable of enhancing the physical, emotional and social aspects of life. Under the coordination of a teacher, the participants could recognise the music that marked the days of youth. There was great interaction from the participants and the satisfaction of reminiscing about their youth was remarkable.

The third action was a visit by the academics dressed as clowns. The visit was very entertaining and helped build a relationship of trust between the elderly and the academics.
It was a mixture of antics, conversation and storytelling.

The fourth action was a game of bingo on the theme of personal hygiene. The bingo awards were personal hygiene kits. In a very dynamic and delicate way, the academics talked individually with each participant about the difficulties encountered during personal hygiene and to provide advice. The fifth and final action was a Julina party, a traditional event of Brazilian culture.

The project enriched medical education by presenting students with a reality that was not explored during medical school, and enabled a harmonious confrontation with the subject of aging. Our project showed how useful it can be to carry out actions that take the elderly out of their routines. As one social worker in the home reported, "it brought the residents moments of joy, relaxation, unity, sharing of experiences and learning."

The objectives of the Nazaré Project were the application of human rights and values outlined in the Statute of the Elderly. It ensured freedom, respect, dignity as well as helping to maintain the social function of the elderly, while at the same time still contributing to the training of doctors with a more realistic view of the institutionalised elderly.

**References:**


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**Being A Child**

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According to the World Health Organization (WHO), 875,000 children and adolescents die from preventable causes each year. The factors attributed as contributing to these deaths are numerous, with emphasis on violence, road traffic accidents, drowning, physical and psychological abuse, poor housing and living conditions.

Meanwhile, it is estimated that 10 to 30 million children suffer from non-fatal injuries, leading to sequelae and decreased quality of life. These children commonly suffer physical and psychological abuse inside and outside the home or live in marginalized communities, and are victimized by the world of drugs and violence. Living in this environment fosters risks related to police repression of violence and trafficking, as well as the search for alternative livelihoods such as sex-work and child labor. The Statute of the Child and Adolescent of Brazil outlines some inviolable rights of children and adolescents, relating to life, health, food, education, sport, leisure, professionalization, culture, dignity, respect, freedom and family and community.
coexistence. It is the duty of the state and society to ensure these rights.\(^4\)

Knowing the importance of the theme, IFMSA Brazil students organized a project focused on the needs of children in a deprived community in Fortaleza, in the state of Ceará, northeastern Brazil. This community was selected by the following methodology: the community should have little or no access to health, children in the community should be subject to some risk and the community should be open to receiving medical students. Initially, the project covered five topics, each based on a basic need of the children of the community. All activities were carried out through dynamics and most of the children were between 4 and 10 years old. The main objective of the project was to provide a refuge from a world of violence experienced daily, offering reflections and learning about their basic needs. The topics and activities are listed in Table 1 below:

<table>
<thead>
<tr>
<th>Topic</th>
<th>Activity</th>
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<td>Promoting understanding of Human Rights and peace.</td>
<td>The language of play.</td>
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<td>Hygiene and oral health.</td>
<td>Learning hygiene through videos and cartoons.</td>
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<td>Food health: teaching food and healthy living habits.</td>
<td>Eating and learning.</td>
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<td>Learning to preserve nature.</td>
<td>Recycling game.</td>
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<tr>
<td>Familiarising children with the hospital and dental environment.</td>
<td>Teddy Bear Hospital: surgical center; exam room; drugstore; dentistry room and dressing room.</td>
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At the end of each activity, we asked the children to produce drawings about their personal impressions. On the first day, the drawings reflected their day-to-day experiences of their community. The children drew drugs, the police and weapons. After the closing of the action, the drawings contained more colors, life and hope. The drawings reflected a change in thinking.

The project covered approximately 60 children and about 200 people, including the children’s family and the community. The actions were supported by the President and the Sports Association of the community, which made it easier to gather children who needed more help. The success of the project and its positive repercussions in society fueled three new interventions. These included an action called “Health Circuit” by the permanent committee of SCOPH; an action on Sexual Health with community adolescents on the SCORA standing committee and the last one following the pattern of the first activity on the SCORP committee called “Christmas of Happiness.” All campaigns have now been registered and validated nationally.

In total, we estimate to have directly and indirectly benefited more than a thousand people. Our chosen community has more than two thousand residents. The children and adolescents participating in the project came from all parts of the community and many of them did not know each other. We believe that we have promoted much more than our project’s initial objectives had hoped for. We offered the opportunity for these children to be heard and to receive the drug of opportunity. But we also benefitted from the experience. During each action, we thought we would be teaching the children. In fact, we were learning from them something that no medical school can teach.

References:
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2016-2017

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