

WONCANews

An International Forum for Family Doctors



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FROM THE WONCA PRESIDENT:

GOOD LORD, DELIVER US

*From lightning and tempest;
from plague, pestilence, and
famine; from battle and murder,
and from sudden death, Good
Lord, deliver us. The Book of
Common Prayer 1662*

This edition of Wonca News carries numerous testimonies and reflections on the events of the devastating morning of 26th December and the aftermath of flood damage and loss of life. We were all shocked and numbed by the graphic news reports and video images. Indeed, I must admit that initially that morning I felt totally impotent and powerless regarding the role of Wonca in such circumstances – Wonca is not an aid-organisation but a *network* of organisations and individuals involved in practice, research, education and training!

I consulted members of our Executive Committee and also colleagues in the affected countries for their assessment of the health and humanitarian needs in the region. As the New Year unfolded, we were enormously heartened by the gathering support and generosity of our members and member organisations who began informing us of their meaningful support. Wonca is also enormously grateful to those who responded so quickly to our CEO, Alfred Loh's call to action which he described in the CEO's Column – the Wonca network had worked!

We are equally heartened by the apparent early recovery of the communities and economies in some areas in the tsunami-affected region. While infrastructure is being rebuilt and tourists return, is such

'recovery' a reality to these communities. I am always personally astounded by the video footage of apparent resilience and almost fatalistic acceptance of communities affected by disasters. The survivors seem to have a remarkable reservoir of courage and strength. I once asked Archbishop Desmond Tutu, who lead the Truth and Reconciliation Commission in South Africa about the effects that testimonies of torture and suffering had on him and other commissioners, and he replied, "I often wonder how much truth a person can take." How much tragedy can these communities take and yet "recover". It is difficult to comprehend fully the enormous legacy of loss and sadness that must be felt by the individuals and families in the affected region – feelings that must endure for years.

What then is the role of the family doctor in such circumstances? Obviously, there was an immediate response of donations from general practice/family medicine organisations and individual doctors to assist those who had suffered loss and injury, and for the early phases of reconstruction. Many family doctors also immediately entered the affected areas to offer their assistance where possible. However, there is still a need for reconstruction of practices and clinics and the restoration of primary health care services by multidisciplinary teams. Wonca is endeavouring to obtain funds to assist local practitioners who lost their practices. Within my department in Johannesburg, the head of the division of emergency medicine is involved in disaster management programmes of a multidisciplinary nature in Indonesia. The initiative includes teams of medical and nursing personnel, sanitary engineers, urban planners, water-purification experts and others. The family doctors of the region will be dealing with the effects of post-

traumatic sequelae within their communities for many years to come. They will need training and support. I hope that Wonca can facilitate that.

In the December edition of Wonca News released just prior to the disaster, my message began with a quote from Shakespeare, which on reflection may seem ill-placed and premonitory, "There is a tide in the affairs of men which, taken at the flood, leads on to fortune on such a full sea are we afloat ... etc". I also made a plea for family doctors globally to consider their role in HIV/AIDS, the UN Millennium Goals and the challenges of the IMCI programme to reduce the 10 million deaths annually in under five year olds. The sentiments expressed there were brought home to me by our gardener, who is from Zimbabwe, and who is grieving the loss of a sister who had AIDS. We were discussing the tsunami disasters and he reflected that the world was pouring in sympathy and funding for the victims and survivors, and yet there seemed little global reaction and sympathy about the nearly ten thousand deaths annually from AIDS. He then thought for a while and said, "*It is not the same, is it? Those with AIDS are sick, these people were not sick!*" That is the reality of this tragedy – it was so sudden and affected healthy people of all ages. The reflections of Harold, my gardener put things in perspective for me.

I hope that we can continue to be proud of how our family doctors around the world responded early this year, and yet hope that we will not forget nor neglect those who also die slowly from poverty, pestilence, hunger, violence, war and a simple lack of caring.

Bruce Sparks, M.D.
President
World Organization of Family
Doctors

FROM THE CEO'S DESK:

WONCA'S RESPONSE TO THE ASIA TSUNAMI DISASTER

At noon on that fateful Sunday of 26th December 2004, news of the earthquake and resulting tsunami started circulating throughout the world's press and mass media. But the early news reports did not provide any indication of the tremendous degree of destruction and very high numbers of fatalities that had resulted from the earthquake and tsunami.

By the next day, 27th December 04, it became clearer that this was likely to be one of the greatest natural disasters to hit the world in recent memory. The very rapidly increasing numbers of confirmed deaths from the tsunami reported in the Indonesian Province of Aceh, the coastal regions of Sri Lanka, India and Thailand, and to a lesser degree the coasts of Bangladesh, Myanmar, Malaysia, the Maldives and Eastern Africa shocked the rest of the world.

It became clear also to the world that massive amounts of coordinated emergency aid were needed immediately to help the victims of the affected regions. To this need, national governments and world aid agencies responded well and quickly.

With its very limited resources in terms of staff and finance, there was very little Wonca, as a world organisation, could do to help directly. It also became clear that family doctors and their professional staff would among those who had lost their lives and loved ones and their livelihood in the disaster in the coastal towns and villages affected by the tsunami.

What Wonca as an NGO could do was to express its support and sympathy to its Member Organisations in the affected countries, and then to help rally and mobilize an effective response. So on the morning of the third day, 28th December 04, the Wonca Secretariat sent off the following e-mail on behalf of the Wonca World President, Central Executive Committee, World Council and Members to the Member Organisations of Indonesia, Sri Lanka, Malaysia and Thailand who sustained the vast majority of fatalities and damage. The letter read:

Dear Mr President:

On behalf of the Wonca World President, the Central Executive and all Members of the World Organisation of Family Doctors (Wonca), I would like to express our deepest condolences for the very large number of lives lost in the recent tsunami disaster in your country

The degree of devastation is beyond belief and the pain, suffering and hardship of those in the disaster areas must be very great indeed. Our thoughts and prayers are with you, your members and people at this time of national disaster.

We hope that all members of your Association are safe and well. We are sure they will, at this time of national need, be doing their best where ever possible to extend some help and relief to those in pain and mental anguish.

The Wonca Secretariat will shortly be requesting all its global membership of over 160,000 Family Physicians to be actively involved in whatever national programmes of aid that their respective countries may undertake to extend help and financial assistance to the affected areas.

As an organisation with limited resources, this is the best that we can do at this time of international disaster.

With abiding good wishes,

*Dr Alfred Loh, CEO,
Wonca*

These letters of support and sympathy were followed by an appeal from the Secretariat to all Member Organisations to assist in any way possible to help alleviate the sufferings of the victims of the disaster. The following appeal letter was e-mailed to all Wonca Member Organisations and Organisations in Collaborative Relations with Wonca on 29th December 04.

To:
 The Presidents
 Wonca Member Organisations &
 Member Organisations in Collaborative Relations

Dear Presidents:

The Wonca World Secretariat, on behalf of the Wonca World President, the Central Executive and all Member Organisations, had earlier sent e-mails and letters expressing sadness and concern at the human sufferings and tremendous loss of lives in the countries affected by the Sumatran earthquake and the ensuing tsunami. These were sent to the Presidents of Member Organisations in the affected countries of Indonesia, Sri Lanka, Thailand and Malaysia.

In that letter it was also mentioned that Wonca, as the world organisation representing all family physicians / general practitioners, would request its global membership of over 160,000 doctors to actively support any local initiatives or programmes in their respective countries that aim to provide aid to the devastated regions.

In line with Wonca's motto "World Family Doctors, Caring for People", it is very appropriate that we involve ourselves in any moves to alleviate the sufferings of the unfortunate souls affected by the tragedy.

I would be most grateful if you could convey this appeal to all your members and to involve your organisation in such aid projects if possible.

It is during times such as these that we need to show our solidarity as a global medical professional organisation caring for those grieving and suffering.

Warmest regards,

*Alfred Loh, CEO,
 Wonca*

The responses to the above appeal were most encouraging and undoubtedly demonstrated that the global spirit of the "Wonca Family" truly exists with the family doctors of the world keen and ready to help their fellow doctors and the peoples of the world in times of dire need.

You may want to read more of how the various Member Organisations had responded to the appeal in this edition of Wonca News under 'Feature Stories – Wonca's Family Doctors respond with compassion to the Tsunami Victims'

Wonca has proven itself faithful to the tagline that accompanies its logo:
 "World Family Doctors – Caring for People".

The days of emergency medical aid and heroic surgeries much loved and publicized by the press and media are now over. There is now less media coverage of the still suffering victims of the affected areas. The world seems to have forgotten the tragedy. But ahead lie the pressing need to return to the victims some semblance of normalcy in their daily lives. And this means the long and arduous task of rebuilding and rehabilitation.

The task ahead is mammoth and will need significant long term commitments by those keen to help the rebuilding process. In Aceh Province alone, we know that about 20 family doctors had lost their lives and 218 family medicine clinics were completely destroyed by the earthquake and tsunami.

Whilst it was not able to do much during the acute phase of the disaster, Wonca is currently exploring the possibility of helping the family doctors in the affected regions of Aceh, Sri Lanka and India to rebuild their practices with help of financial support from the pharmaceutical multinationals. These multinationals have expressed interest in committing to the long term needs of re-establishing the primary healthcare services in the affected areas. The discussions are still very preliminary. The Wonca Secretariat was able to collect some data and statistics from local sources and have conveyed these to the multinationals.

We will have to wait and see if there will eventually be the opportunity for Wonca to be the catalyst to help improve the lives and practices of our fellow colleagues in the devastated areas. And in doing so, the lives of the survivors will also be made better with the availability of adequate primary health care. What Wonca needs is the financial support. We clearly have the resolve and dedication from our family doctors and member organizations around the world.

Dr Alfred Loh
 Chief Executive Officer
 World Organization of Family Doctors

FROM THE EDITOR:

WONCA'S FAMILY DOCTORS: CARING FOR TSUNAMI VICTIMS

The sun arose on December 26, 2004 ushering in what appeared to be a normal day for the world's six billion people. When it ended, the world was forever changed. That day, as stresses unseen at the bottom of the Indian Ocean reached untenable levels, the India tectonic plate suddenly slid beneath the overriding Burma plate to continue its slow descent into the earth's mantle at the Sunda trench. This enormous yet short and brief, undersea movement of the earth's mass forever and imperceptibly (except to a few scientists) speeded up the Earth's rotation, decreased the length of day by 2.68 microseconds, flattened by one in one billionth parts the planet's shape and shifted the exact location of the North Pole east by 2.5 centimeters.

What did capture the world's attention in a cruel and devastating manner was the tremendous force of the undersea earth's movement on the ocean. The sudden movement of the earth's plates generated a tsunami – a series of extremely powerful, fast-moving waves – that crested as they reached the shores of Asia and Africa. When the day ended, the earthquake and tsunami had snuffed out the lives of almost 300,000 innocent human beings, washed away entire villages and regions, and left millions physically and emotionally damaged forever. Pictures of the innocent victims of this catastrophic and senseless natural disaster, beamed via satellite and internet almost instantaneously around the world brought the news of this unimaginable tragedy into the lives of billions of people. When the sun set, the world was forever changed.

We cannot explain why such a natural disaster had to occur at that time and cause these senseless deaths. The only thing we can control is how we choose to respond as individuals and members of a larger community. This February 2005 issue of Wonca News records forever this global tragedy. Yet, it also records in specific and tangible ways the stories of how the world community, including Wonca's family doctors and member organisations, responded with compassion and caring. In his Presidents Column, Bruce Sparks reflects upon this theme and the role of Wonca and the family doctor. So too does Alfred Loh in his CEO's column. The pages of Wonca News recount the disaster. Most importantly, published in this issue are the uplifting stories sent to me by publication deadline of the many tangible ways that Wonca's family doctors responded individually and as a community. These stories give us all reason for hope and optimism.

Please send me additional examples of how you and your family medicine organisations respond with compassion and caring in the wake of this unimaginable global tragedy and in response to other health needs of our fellow human beings. I will be delighted to publish them in future issues of Wonca News. Your stories give us all strength and courage as we respond to that which we cannot control or explain by doing what we can to bring a bit more health, hope, joy and peace into this world.

Marc L. Rivo, MD, MPH

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FEATURE STORIES

CATASTROPHIC TSUNAMI CLAIMS 300,000 VICTIMS AND CHALLENGES GLOBAL RESPONSE

On December 26, 2004, a massive undersea earthquake off the coast of Indonesia's Aceh Province and resultant Tsunami triggered one of the greatest natural disasters in human history. The earthquake, west of the Indonesian island of Sumatra, measured 9.0 on the Richter scale, making it the largest quake worldwide in four decades. In one short, terrible day, the enormous quake generated waves claimed almost 300,000 victims, captured global attention and reminded us of our common fragility and need for collective action.

Hundreds of bodies are still being found daily, nearly seven weeks after the December 26 earthquake and tsunami devastated Indonesia's Aceh province and hit 10 other Indian Ocean countries. As of February 12th, the number of people believed killed in December's tsunami disaster rose to 285,993. Indonesia was hardest-hit with a total of 232,732 people listed as dead or missing, the health ministry said in its latest figures. The number of people confirmed dead and buried rose by 791 to 117,810 while those missing and presumed dead remained at 114,922.

The death toll in Sri Lanka, second hardest hit by the catastrophe, stood at 30,957, according to their Centre for National Operations. The number of people listed as missing was 5,637, but many were expected to be among those never formally identified, hurriedly buried and included in the confirmed death toll. In neighboring India, the official death toll was 10,749 with 5,640 still reported missing and feared dead.

Thailand's toll remained at 5,393 confirmed dead. A further 3,071 people were listed as missing, more than 1,000 of them vacationing foreigners from all around the world. The gigantic tsunami even claimed victims thousands of miles away along the shores of east Africa.

Eleven countries ringed by the calamitous earthquake have estimated 285,993 confirmed and presumed earthquake and tsunami related. These include Somalia (298), the Maldives (82), Malaysia (68), Myanmar (61), Tanzania (10), Bangladesh (2) and Kenya (1). However, the human toll, including the emotional impact on those who survived this calamity, and the societal toll, including the impact of entire families,

villages and provinces virtually wiped away, is immeasurable.

The Tsunami's Health Impact

The earthquake, aftershocks and subsequent tsunamis left millions homeless in coastal areas of Asia and will affect the region for decades. WHO estimates that between three to five million people in Asia and Africa were immediately affected. Immediately after the tsunami receded, at least 300,000 people were injured and in urgent need of medical care. Drinking water was in very short supply in some areas, due to contamination by salt water. The risk of disease increased substantially, with diarrhoea diseases, respiratory infections, malaria and dengue fever being particular threats.

In response, the WHO, global relief organizations and countries dispatched expert teams to assist the affected countries and their UN Disaster Assistance Coordination teams to assess the health needs of affected populations, ensure adequate supplies of safe drinking water, maintain disease surveillance and coordinate aid assistance.

The World Health Organization (WHO) warned about an increased risk of vector-borne diseases such as malaria and dengue fever across tsunami-affected areas in Southeast Asia. With the rainy season onset, stagnant water creates favorable conditions for mosquito vectors to multiply to sufficient levels to cause severe public health problems in these endemic areas.

So far, no major disease out-breaks have been reported. As the acute emergency relief needs subside, WHO is working with countries to strengthen longer term responses such as mental health assistance and rehabilitation of damaged health systems.

The Global Community Responds to the Tsunami Disaster

United Nations' Secretary General Kofi Annan issued a "flash" appeal for 977 million dollars in immediate aid in the wake of the tsunami. In response, some 850 million dollars were pledged by 53 donor nations. So far less than half the amount pledged — 423 million dollars — has actually been paid out or disbursed among UN agencies.

Yet, the money pledged to the United Nations was from nations and their governments only. It did not include millions and millions of individual and collective

private donations to non-governmental relief agencies, which have managed to collect considerably more. When those contributions are factored in, UN relief officials estimate that some 5.4 billion dollars have been pledged in total. That figure includes a record 1.2 billion dollars collected by the Red Cross and Red Crescent Societies. Relief agency Oxfam said it has raised 200 million dollars while Medecins Sans Frontiers (Doctors Without Borders) said it has raised 117 million dollars.

Separately, the Asian Development Bank said it will hold a high-level ministerial meeting in Manila next month to coordinate how best to use 775 million dollars it has set aside to help tsunami-ravaged countries.

Annan's "flash" appeal was for money to see the relief effort through to June, after which more appeals will be launched. The United Nations Development Programme (UNDP) overseeing long-term reconstruction efforts says that the initial donations will not be enough to rebuild the Indian Ocean coastal communities shattered by the December 26 tragedy. "Once these countries have got through the relief phase we have a long, long way to go before people are moved out of tents and into homes and before towns, jobs and lives are rebuilt," UNDP spokeswoman Cherie Hart said. "There is much more work ahead."

The generous outpouring of donations has tangibly aided recovery. For example, in the most devastated affected region of Banda Aceh alone, some 100,000 insecticide-treated mosquito nets, 20,000 rapid diagnostic tests for malaria and 150,000 treatment courses of artemisinin-based combination therapy – the most effective available antimalarial treatment – have been made available by private donors and UN agencies.

With money now being directed towards reconstruction programmes after a successful emergency response, Hart said the relief effort is now entering a critical phase. "We are in that gap between relief and reconstruction when we have to start turning our attention to getting these people's lives and businesses back on track – we have to start planning for the long-term."

(Editor's note: For the latest health related information on the tsunami disaster and for a list of organizations providing information and aid, readers may wish to wish to go to www.who.int/en/ or http://www.google.com/tsunami_relief.html)

WONCA'S FAMILY DOCTORS RESPOND TO THE TSUNAMI DISASTER

In the Tsunami affected regions and around the world, Wonca's family doctors, family medicine departments, post-graduate training programs and member organizations responded immediately and generously, while continuing support for other worthy global health causes, such as HIV-AIDS. The following are examples that had been forwarded to the Wonca News Editor by the end of January publication deadline in response to a letter to Wonca member organizations from Wonca CEO Alfred Loh.

College of General Practitioners of Sri Lanka

Many thanks for your e-mails and letters, expressing your concern and care after the tsunami disaster, which hit our country so badly. We have been overwhelmed by the expressions of sympathy, and assurances of support from you, and all other WONCA member countries.

The General Practitioners / Family Physicians, especially members of our College have risen up to the occasion, and been at service in the camps for the displaced, all these days, and hence the delay in replying.

It has been a difficult and trying time for all Sri Lankans. I think the Family Physician has such an important role to play at this juncture, and we are doing our best. Members of the College have reached out to many camps for the displaced all over the coastline and extended their services. Not only the family physicians but all doctors in the country have been working hard, moving from one area to the other doing whatever they could, to alleviate the pain and suffering of these unfortunate fellow countrymen. A great feeling of nationalism, patriotism and sacrifice has sprung up in every body. The College has established a tsunami relief and rehabilitation fund, and also set up a disaster management task force. This is only the beginning of a long and tedious task of rehabilitation and re-settlement of victims. The College, as a committed professional body with a strong sense of social responsibility, is planning out a long-term programme.

At the moment there is plenty of food, medicines and clothes flooding in. We are looking at long term resettlement and rehabilitation – building houses, looking at long term psychological consequences, addressing problems of the orphaned children, and the role of the general practitioner in a public health programmes in the affected areas. Our first course of

action is a CPD programme for the general practitioners to educate them on these subjects in a few days time. Next, is to discuss with government about the plan to allocate land, build houses, resettle communities, begin schooling, and address all the social problems and the needs of all the unfortunate victims.

So the Council and I are on a long arduous task for the future. We shall keep you informed of all our activities. The joy of giving and helping those in need and relieving pain is truly a family physician's inherent quality, and I am proud to lead such a team to the future. I am sure there is a silver lining over these clouds.

Thank you once again for all your concerns and prayers.

Dr. Preethi Wijegoonewardene

President

College of General Practitioners of Sri Lanka

The Indonesian Association of Family Physicians

Attached are photos taken recently of some Indonesian family doctors from Jarkata who flew over to the Aceh Province to try to assist the local doctors. The family doctors brought some simple equipment and medicines to treat the sick in the affected areas of Banda Aceh and Maelaboh where almost everything was destroyed, including medical practices and polyclinics.



These urban doctors from Jarkata are loading the equipments and medicines onto a "sampan" or small wooden boat to cross a river after the bridge had been washed away on their way from Medan, the capital of Sumatra to Aceh.



As the roads have been destroyed and land transport is very limited and use regulated by the local authorities and with the foreign aid agencies monopolizing any commercial transport available, these doctors had to carry the goods themselves along some parts of the route to the affected areas. Their limited financial means also do not allow them to hire the transport needed in most cases



In some stretches of the route, even boats are not available and the doctors had to use makeshift rafts to cross water obstacles.

I hope these photos give some idea of the difficulty faced by anyone trying to introduce some degree of normalcy to the people's lives in the affected areas.

American Academy of Family Physicians

As January 20, 2005, a total of 278 donors had contributed \$48,573 to the AAFP Foundation's International Fund. The AAFP Foundation's Board of Directors made an additional donation of \$20,000 to the effort. The foundation donations totaling almost \$70,000 are going to the International Medical Corps, a global humanitarian nonprofit organization that works with family physicians and has FP volunteers. The corps is dedicated to saving lives and relieving suffering through health care training, relief and development programs.

The AAFP appeal to members for tsunami relief also encouraged people to contribute to their own religious and humanitarian organizations, and also detailed how to give to Heart to Heart and the American Red Cross International Fund. We don't know how much these efforts generated but it could be substantial.

Dan Ostergaard, MD

Vice President for International and Interprofessional Activities
American Academy of Family Physicians

College of Family Physicians of Canada

The CFPC appealed to our family doctor members across Canada to send donations to our College's Research and Education Foundation to support the Tsunami Relief Effort. We started the ball rolling with a \$20,000 donation. Within one week our members donated over \$120,000. The federal government then matched our CFPC donation bringing our contribution to over \$260,000.

A cheque in this amount was presented to the Red Cross yesterday who were overwhelmed at this show of support from the CFPC and Canada's family doctors. We will continue to accept donations on an ongoing basis.

Of interest, only a few weeks earlier, during our Family Medicine Forum, in late November following a keynote address by the United Nations Special Envoy for HIV-AIDS in Africa, Mr Stephen Lewis – over the next 2 days our members donated over \$61,000 to a special fund we set up for HIV-AIDS in Africa.

Wonca members might be interested to learn of these 2 humanitarian efforts of the CFPC and its members.

Cal Gutkin, MD

Executive Director & Chief Executive Officer
The College of Family Physicians of Canada

Dutch Departments of Family Medicine

Currently, the Dutch departments of family medicine have collected personal donations from their staff and allied practices for supporting family physicians in the Tsunami disaster. The Dutch university departments of family medicine start an action specifically directed at support of family practices damaged by the Tsunami in Asia and Africa. We hope that our actions can feed into an overall Wonca plan.

There are reports of damage in Africa. But in the headlines Africa is virtually absent. Is there more information – and could Wonca News highlight it? Let's make sure we do not leave-out Africa in all this! Today, the Dutch collection

stands on 10,000 Euro. I expect more to come!

Professor Chris Van Weel

The Dutch College of General Practitioners
Wonca President-elect

Family Medicine Residency Programs

Family medicine residencies can be active in disaster relief very quickly. The family medicine residency at In His Image residency in Tulsa Oklahoma, USA created an immediate month international disaster relief elective. Dr. John Crouch is their chairman and Dr. Mitch Duinick is the program director. They contacted World Harvest and Jeshua Ministries which worked through a large church in Indonesia, so they would have access to locally directed needs. Within days all logistics were arranged and on Jan 15 a team of six residents, three faculty, two resident wives and two alumni of their residency left for Banda Aceh in the heart of the Indonesian disaster area.

They have been assigned to two large hospitals which had 75% of their staff killed in the Tsunami. One is a 400 beds government hospital and the other is a military hospital. They report by satellite phone that they are doing well, sleeping on mats. The local people are devastated and they are still pulling bodies out of the water. Smells and devastation are terrible but they are gratified to be serving and feel tremendously productive.

A second family medicine residency in Roswell, New Mexico has a Thai resident. She has family contacts in Phuket. They also created an international elective month for her. She is there now and

working to clear the way for some of the other residents and perhaps faculty to participate as the area restabilizes.

Warren Heffron, MD

Department of Family & Community Medicine
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 USA
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The Royal Australian College of General Practitioners

The RACGP provided a fax update of important information for those wishing to provide care or support the people affected by the tsunami.

The Australian Government established a hotline for people with medical experience who wished to volunteer to help in the tsunami relief effort. Many RACGP members have contacted the register to volunteer their support. This is a wise time for general practitioners to review our own immunisation status.

Members have reported that they have been asked in particular about any Indonesian language skills. The RACGP is working with language experts to develop an intensive Indonesian language course, with a particular focus on consultation language skills required for management of infections, public health concerns, basic psychological support as well as general communication. This course will be offered through our state faculties to interested members.

Wonca in the Asia Pacific Region is to convene a small meeting of those member organisations with members in, or close to, the most affected areas. The purpose is to define what contribution local family doctors can make to the recovery process and how they might be supported both by their colleges, and by colleges in neighbouring countries. The RACGP is providing both financial and practical support for this initiative and will underwrite the costs for the representatives of the colleges from each of the most affected nations (e.g. Indonesia, Thailand, Sri Lanka, Malaysia) to attend such a meeting.

One of our members, Dr Colette Livermore of Ourimbah in NSW, has recommended that the RACGP declare a day when all our members will be asked to make a contribution from their earnings to relief efforts. The RACGP Council supported this recommendation and proposes 1 February 2005 as this Action Day. On this day we invited all RACGP members to contribute the first \$100 of their earnings that day to the relief organisation of their choice. If all RACGP members contribute \$100 each, this will raise well over AUS \$1,000,000 in funds. The RACGP will also make a direct financial contribution on this day.

Professor Michael Kidd

President RACGP
 Member At-Large, Wonca Executive Committee

WONCA REGIONAL NEWS

CARIBBEAN COLLEGE OF FAMILY PHYSICIANS NEW FULL MEMBER OF WONCA

At the 17th Annual Congress of WONCA held in Orlando, Florida, U.S.A - October 8th - 17th, 2004 the Caribbean College of Family Physicians was nominated by acclaim as a full member of WONCA. The College represents 24 English speaking countries of the Caribbean. The Caribbean College of Family Physicians will now be seated at all WONCA Council Meetings as a Council Member.

The regional president, Dr. Alverston Bailey represented the College as a council member and Executive Director, Dr. Sonia Roache, represented the College as an official observer.



Doctors Sonia Roache and Al Baily during a break during the Orlando 2004 Wonca World Council Meeting

This is a signal achievement for the college as it now assumes full reciprocity as a member of WONCA of the Americas and will be working closely the American Academy of Family Physicians, American Board of Family Practice, College of Family Physicians of Canada, and The Society of Teachers of Family Medicine.

In other CCFP news, the Caribbean College of Family Physicians - Jamaica Chapter had its Annual General Meeting on November 7, 2004 held at the Hilton Hotel, Kingston, Jamaica, where its new Executives were elected. Jamaica is one of the largest CCFP chapters with over 500 members. The new Chairman is Dr Mary Sloper, who leads a majority women Executive Committee. The following persons will be managing the affairs of the Jamaican chapter for the period November 2004 to November 2005.

The Executives are:

- Dr. Mary Sloper - Chairman
- Dr. Albert Chen - Vice Chairman
- Dr. Carmen Bowen-Wright - Immediate Past Chairman
- Dr. Sandra Knight - Honorary Secretary
- Dr. Herma Carpenter-Bernard - Honorary Treasurer
- Dr. Humphrey Lyn - Floor Member
- Dr. William Brown - Floor Member
- Dr. Lenworth Jackson - Floor Member
- Dr. Michael Banbury - Ex Affairs
- Dr. Aldyth Buckland - Membership Committee
- Dr. Carmen Bowen-Wright - Education Committee/ Accreditation Committee
- Dr. Pauline Williams-Green - Rep. NCCME

Dr. Sonia Roache

Executive Director, CCFP
svrccfp@yahoo.com

Register Now for the May 2005 Asia-Pacific Regional Conference in Japan

The Organizing Committee and the Japanese Academy of Primary Care Physicians are both pleased and honored to be hosting the World Organization of Family Doctors WONCA Asia Pacific Regional Conference 2005 from May 27 to 31, 2005, in Kyoto, Japan. The theme of the conference will be “General Practice /Family Practice – As a Global Standard.”

In the 21st century, the number of qualified family physicians and general practitioners capable of diagnosing illness synthetically has increased worldwide. This development has increased the need for the adoption of global standards for family physicians and general practitioners. Consequently, the scientific program of the conference will deal with education and training, research, quality assurance, and more efficient use of funds in order to meet this requirement according to the principles of primary care – specifically, “comprehensiveness”, “communication” and “coordination.”

By engaging in discussions and exchanges of information at the conference, participants will be able to acquire the latest information and knowledge as well as new skills. As a result, they will be able to contribute significantly to solutions to various medical issues in their home countries. This will clearly promote health and social welfare not only in the Asia Pacific Region, but worldwide.

The conference site will be the Kyoto International Conference Hall, one of Japan’s most reputable conference centers. Host to numerous scientific meetings throughout its history, the hall is

situated on an attractive site convenient to the center of Kyoto. May is a particularly pleasant time of year in Kyoto, as the city is suffused with emerging greenery during the spring season. Kyoto is also renowned for its illustrious history. From 794 to 1868, the city reigned as Japan’s capital and home to the Imperial Court. The city embodies a wealth of traditional art, architecture and crafts that have been carefully preserved in more than 1,600 Buddhist temples and 270 Shinto shrines. Participants will be able to take advantage of Kyoto’s many cultural properties in addition to enjoying the stimulating scientific program.

To learn more about the Asia Pacific Regional Conference and to register online, please visit our web site at <http://www.wonca2005.jp/>. Additional contact information is available in this issue under “Global Meetings for the Family Doctor”.

We pledge to do our utmost, together with the members of the Japanese Academy of Primary Care Physicians, to ensure the conference is fruitful and productive for all. We look forward to welcoming you to Kyoto in May 2005.



Tsukasa Tsuda, M.D., Ph.D.
Chairperson
Host Organizing Committee



Makoto Komatsu, M.D.
Honorary Chairperson
Host Organizing Committee

The Greek Island of Kos to Host September 2005 Europe Regional Conference

It is an honour and a privilege to invite you to the 11th Conference of the European Society of General Practice/Family Medicine-WONCA Region Europe, which will be held in Greece from the 3rd to the 7th of September 2005.

The overall theme of the Conference has been determined to be "From Hippocrates to the Human Genome: The Past, Present and Future of General Practice/Family Medicine."

It is time to reexamine the Hippocratic principles, taking into consideration the large and recent scientific breakthroughs and to test, in terms of time endurance, our classical values in order to reassure them. As far as Greece is concerned, the country that has invented Family Medicine in the past, it will have the chance to reinvent it once more in the Conference, as well as to reform any basic principles while monitoring the evolution of General Practice along with its challenges. We believe that the concept of Family Medicine is a classical one. Nevertheless, we strongly feel that it is our duty to argue on our belief and to prove that our specialty is the actual core of Medicine itself; to such an extend this is, that the later cannot evolve as a science and a function in the absence of the former.



Bodossakis Merkouris
HOC Chairman

The Conference will be organized in the island Kos, the birthplace of Hippocrates. Kos is a place where antiquity and modern civilisation find themselves in unison. The island of Kos is situated in the southeastern region of the Aegean Sea and is the third largest (295 sq. m.) of the Dodecanese Islands. Kos is an island of magnificent beauty also described as the jewel of the Greek Islands. Besides its breath taking golden sandy beaches, Kos is also full of ancient monuments, remnants from its glorious past. Kos is the site of the famous Hippocrates' Plane tree, where the father of modern Medicine used to teach and practice medicine. This is considered to be the oldest tree in Europe. It is also home to the Asclepion of Kos, a temple dedicated to the Asclepios, the god protector of health in ancient Greece. The island's mild climate, among the finest in the Mediterranean, is the primary reason for the island's abundant green and other physical charms. No wonder that people call it "the garden of the Aegean".

To learn more about the 2005 European Regional Conference and to register online, please visit our web site at <http://www.woncaeurope2005.org/>. Additional contact information is available in this issue under "Global Meetings for the Family Doctor".

We are waiting to welcome you to our beautiful country so that we could offer our hospitality, always under the gaze of Zeus, protector of guests according to the ancient Greek tradition.

Bodossakis-Prodrimos R.Merkouris
Chairman, Host Organizing Committee
Greek Association of General Practitioners

HEALTH AND HEALTH SYSTEM NEWS

SOMETIMES GOVERNMENTS WORK FOR YOU: A BIG CHANGE FOR FAMILY MEDICINE IN TURKEY

In the late Ottoman period many reforms were performed to get faster development and improve the daily life of citizens.

The Ottoman army led most of these reforms and one of them was the first medical school. After the founding of the Turkish Republic both the deep effects of First World War and hard times during the Second World War prevented comprehensive health care development. The limited number of health care staff was increased by education and new health care facilities were built.



The first comprehensive organizational reform in primary health care was made in 1961. After this development the so called Socialization Law (Law no: 224) intended to shape primary health care. However, financial constraints and the rural orientation of this law created primary health care development limitations in the second half of the 20th century.

In the mid 1980's, the specialty of primary health care was established by the great efforts of the founder of Higher Education Council. The first fifteen years of family practice was spent establishing the educational system. The first department of family medicine was founded in 1984 in Gazi University. One year later, education of family practice residents in the state hospitals of Ankara, Istanbul and Izmir were started. These residency programs consisted of five rotations; Gynecology and obstetrics, pediatrics, internal medicine, surgery and psychiatry.

Today, more than 1300 family medicine specialists were trained and more than 30 departments of family medicine were established in medical schools. The Turkish Association of Family Physicians was founded in 1990 and just completed its 15th year. This association led the previous six national congresses in family medicine.

During this period specialists in family medicine started their practice in their private offices. Today, state hospitals and medical schools are still the educational environments of doctors in family medicine that is theoretically far from primary health care. This conflict can be explained by the use of tertiary health care centers as primary health care facilities in Turkey. In the last two decades we have recommended to our counter-parts in other disciplines and to the government that family medicine education should take place in primary health care facilities, both to serve and educate students and residents. We managed to establish the definition of family practice but it could not work exactly as we defined.

Most of us thought that the process of taking the desired position in primary health care would take perhaps several decades. Thank God something has changed government's mind (perhaps the European Union integration process). The establishment of family medicine in primary care was accelerated more than any of us expected. Still there is much to do, with the government with the political responsibility to define the real position of family practice in the field.

The Turkish Association of Family Physicians has spent the previous three years as a consultant and health care worker in the establishment period of the new health care system in which the specialty of family practice and our way of health care are considered very important. The great number of practitioners and the limited number of specialists in family practice appeared as the primary problems to be solved. Short term educational plans for practitioners focused on the philosophy and priorities of the discipline of family practice. Long-term solutions were proposed with the pilot implementation of these new health care regulations starting in a couple of months.

Now we have a lot to do and need the assistance of national and international organizations. Great changes took place after the foundation of the Turkish republic. Community and family health centers are included in the future plans of the health ministry where primary health care will be provided primarily by family physicians. These centers are expected to appear with the pilot implementation in 2005. We have to continue to make new reforms for our people to improve their health. New political developments will determine the future of family medicine.

For additional information, please contact:
M. Mümtaz Mazıcı
Executive member, on behalf of the of Turkish
Association of Family Physicians
mazici@erciyes.edu.tr.



UK Federation of Primary Care Research Networks Maps the Future

The 7th Annual Conference of the United Kingdom Federation of Primary Care Research Networks was held at the Royal York Hotel, York on the 2-3rd December. We were delighted to have over 200 delegates. The meeting theme, "Mapping the Future", had an international flavour with registrations from the four countries of the UK as well as from Ireland, Canada, Nigeria and China. The full programme included four excellent plenary lectures from Pali Hungin, Frank Dobbs, Mike Saks and Cliff Bailey, 5 workshops, 25 parallel sessions and nearly 50 posters. Nearly 130 abstracts were submitted for consideration, a 40% increase on last year. It was stimulating to see the range and quality of research that is being undertaken within primary care. As seems to be customary at primary care research network conferences, there was a friendly and informal atmosphere. People were keen to discuss their work and share their experience with others. This conference is becoming firmly established as a highlight in the events calendar for primary care research.

The UK Federation was formed in 1998 to co-ordinate collaborative primary care R&D activity taking place in more than one region. Membership is open to any organisation that wishes to promote and support research capacity development in primary care. Member organisations pay an annual subscription fee, are given the opportunity to take part in all decision-making activities, receive a discounted rate for conferences and are eligible for election to the steering committee.

The world had changed significantly since 1998. The national investment in primary care research capacity and development has facilitated the development of a research and research active multi-disciplinary group that now is accepted as producing work of international excellence and competes on equal terms with other medical science disciplines. The core objectives of most primary care research networks (PCRN) now encompass facilitating multi-centre research and this has led to a change in our constituency. Our membership includes networks, academic units and research development support units. No longer are we simply a UK Federation

of Primary Care Research Networks. Consequently at the 2004 AGM the membership was asked to consider, and approved, a change of name for our organisation to the UK Federation of Primary Care Research Organisations. This title better reflects our membership and its objectives.

The conference next year is on 28th and 29th November 2005 in Bristol. Details will be available on our website (<http://www.ukf-pro.org/>). We hope you can join us.

Sue Wilson PhD HonMFPH

Chair, UK Federation of Primary Care Research Organisations
s.wilson@bham.ac.uk

MEMBER AND ORGANIZATIONAL NEWS

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA CELEBRATES 50 YEARS!

From November 25th to 27th, 2004 over 2500 family doctors from across Canada and around the world gathered together at The College of Family Physicians of Canada's (CFPC) Annual Scientific Assembly and Business Meetings – Family Medicine Forum (FMF) 2004 – held in Toronto, Ontario, Canada. This was a unique and special time. In addition to record attendance numbers for the CFPC, this special gathering marked the College's 50th anniversary.

Special events recognizing this important time in the CFPC's history began unfolding earlier in the year. On June 17th – the date of the actual founding of the College in 1954 – CFPC Chapter Presidents, provincial government leaders and citizens met in each of Canada's 10 provinces to sign the CFPC's Declaration of Commitment. This document dedicated CFPC's family doctors to the values and principles of family medicine, with the prime focus being the patient. On Nov 25th at the Opening Ceremonies of FMF, the CFPC leadership and Canada's Minister of Health, The Honorable Ujjal Dosanjh, signed the national document. These "Declaration" events received significant media and public attention right across Canada.



Dr. Robert Wedel (left) and Dr. Calvin Gutkin (right) observe as Hon. Ujjal Dosanjh, Federal Minister of Health, witnesses the signing of the CFPC's Declaration of Commitment.



Canada's ten Family Physicians of the Year gather to receive their awards.

The focus on patients and the family doctor-patient relationship became the defining message throughout the CFPC's anniversary year initiatives. All CFPC family doctor members received 2 large posters depicting family physicians interacting with their patients to display in their patient waiting areas: "Family Practice: Where Patients Come First" and "Proud To Be Your Family Doctor" were the headline slogans. Subtitles read "we care for you", "we advocate for you" and "you are at the centre of all we do".

The week of November 21st to 28th was declared "Family Doctor Week in Canada". Several Members of Parliament in Canada's federal government acknowledged this week in the House of Common, congratulated the CFPC on its 50th anniversary, and thanked all family physicians for their major contributions to the health and well being of the people of Canada. The Canadian flag that flew atop the

Peace Tower of Canada's Parliament Buildings in Ottawa on November 25th. Canada's Federal Minister of State for Public Health, Dr. Carolyn Bennett (a CFPC member and Fellow) presented the flag as a gift from the government of Canada to the CFPC to commemorate this significant moment in the history of family medicine. It will be part of the CFPC's archives. Two major national newspapers, The Globe and Mail and La Presse, ran special feature supplements of up to 6 pages on "Family Doctor Week in Canada" including stories and pictures on key issues relevant to family medicine today and the achievements of family physicians across the country.

On November 24th, at its 50th Anniversary Board Dinner the CFPC honoured its 10 Family Physicians of the Year, with the keynote address presented by Her Excellency the Governor General of Canada, the Honourable Adrienne Clarkson, who was awarded Honorary Membership in the CFPC during the evening ceremonies.



Dr. Robert Wedel, CFPC Past President, receives the Canadian flag that flew above Canada's Parliament Buildings from Member of Parliament, The Hon. Dr. Carolyn Bennett (CFPC Fellow) – presented to the College in honour of Family Doctor Week in Canada, November 21 – 28, 2004



Her Excellency. The Right Honourable Adrienne Clarkson, Governor General of Canada attends the CFPC Board Dinner seen above with Dr. Calvin Gutkin, Executive Director and CEO



Mr Stephen Lewis, United Nations Secretary –General's Special Envoy to HIV- AIDS in Africa presents Keynote Address at FMF

On November 25th, Dr Carolyn Bennett, Federal Minister of State for Public Health presented the Keynote Address on “Public Health Challenges in the 21st Century: the Role of Canada’s Family Doctors.” The Keynote Address on November 26th was the 2004 CFPC – Scotiabank Family Medicine Lectureship presented by Mr. Stephen Lewis, the United Nations Secretary General’s Special Envoy to HIV AIDS in Africa, Mr. Lewis’ lecture, “Caring for Canada – Caring for the World,” was an inspirational and moving account of life in South Africa impacted by the ravages of HIV-AIDS. Following this presentation, attendees were given the opportunity to make donations during FMF to a special fund created within the CFPC’s Research and Education Foundation to support the Stephen Lewis Foundation for HIV- AIDS in Africa. Over 2 days, \$61,000 was collected and donated to this cause.

On November 25th during a national media conference, the College launched two important publications. First, “Family Medicine in Canada: Vision for the Future” is a position paper addressing the challenges facing our discipline and branch of the medical profession. The Vision for the Future paper is available on the website. In addition, the College published “Patients First; The Story of Family Medicine in Canada”, a 112 page hard cover illustrated book capturing the history of the evolution of family medicine and health care in Canada from the time of the founding of the CFPC to today. This book is being sold in major book stores across Canada and can also be accessed through the CFPC website (www.cfpc.ca). A 20 minute video production of the story of family medicine and the CFPC was also produced and shown at the Opening Ceremonies of Family Medicine Forum.

The FMF week concluded with Convocation and the President’s Installation. Over 2,500 people attended the ceremonies which honoured the College’s new Certificants and Fellows. The Presidency passed from Dr. Rob Wedel of Taber Alberta to Dr. Alain Pavilanis of Montreal Quebec. The honour guard leading the processional included the Royal Canadian Mounted Police, a traditional Scottish piper and our flag bearer, Miss Antonina Pavilanis the 10 year old daughter of the CFPC’s new President Alain and his wife Rasa.

It was a week to remember – celebrating 50 years of progress in the history of family medicine in Canada and serving as the platform to launch the future of our vital discipline.

The CFPC invites all our colleagues around the world to join us for FMF 2005 from Dec 9 thru 11th in beautiful Vancouver British Columbia. Those interested in some

wonderful CME , skiing and Christmas shopping won’t want to miss it!

Submitted by
Cal Gutkin MD, CCFP, FCFP

Executive Director and Chief Executive Officer
The College of family Physicians of Canada

International Federation of Primary Care Research Networks Continuing Global Growth

The International Federation of Primary Care Research Networks (IFPCRN) has continued to grow during the 3½ years since it was organized at the 2001 WONCA World Conference in Durban. It now has 122 members representing 35 networks and 39 different countries. Membership is not limited just to “networks”. Individuals interested in network research in primary care are welcome as well. With support from WONCA, and in particular GFD Webmaster Professor Wes Fabb, the IFPCRN hosts an active list server and a website which has been designed by Francisco Gomez-Clavelina.

A recent IFPCRN publication reviews the status of family doctors in primary care research inter-nationally. (Beasley JW, Dovey S, Geffen LN, Gomez-Clavelina FJ, Inim V, Lam CCK, Nugmanova A, Qidwai W, Pavlic DR, Weel C van. The Contributions of Family Doctors to Primary Care Research: An Inter-national Perspective. Primary Health Care Research and Development 2004;5:307-316.) At the 2004 WONCA meeting in Orlando, the IFPCRN hosted a booth (with support from the AAFP) and organized a workshop on research network development. Dr. Qidwai is beginning to organize work on another paper “The future role of Family Physicians in the changing health care delivery systems: a perspective from IFPCRN”

In the early spring of 2005, Dr. Waris Qidwai from Aga Khan University in Karachi organized an election for IFPCRN officers. John Beasley from Madison, Wisconsin in the US was re-elected as Chair for three years. Dr. Francisco Gomez-Clavelina from Mexico City, Mexico has been selected as Vice Chair.



Dr John Beasley,
IFPCRN President



Dr. Francisco Gomez-Clavelina, IFPCRN Vice President

The IFPCRN intends to develop regions and hold more regional meetings in conjunction with WONCA regional meetings or other primary care research meetings such as the North American Primary Care Research Group. We look forward to collaborating with other federations such as the European General Practice Research Network and the UK-Federation of Primary Care Research Networks and to coordinate programs with the Brisbane Initiative.

For additional information, readers can contact John W. Beasley, MD at john.beasley@fammed.wisc.edu or visit the website which is accessible through www.globalfamilydoctor.com.

Francisco J. Gómez-Clavelina

Profesor del Depto de Medicina Familiar UNAM
 Presidente de la Academia Mexicana de Profesores de Medicina Familiar AC
 Vice Chair International Federation of Primary Care Research Networks (IFPCRN)
<http://groups.msn.com/IFPCRN>

RESOURCES FOR THE FAMILY DOCTOR

NEWS FROM GLOBAL FAMILY DOCTOR

As discussed at the Orlando meeting of Wonca Council, Wonca has now taken over full responsibility for the Wonca website, www.globalfamilydoctor.com, which is now running on our own, new, server. Our agreement with Medi+World International has been concluded and our new webmaster is Alex Westcott, of Paradigm Multimedia in Australia. Prof. Wes Fabb has assumed the responsibility of Medical Editor of the website content and we are in the process of appointing two part-time Assistant Editors. This is an exciting time for Wonca-Online and should provide the basis for an expanding range of options and services for our Individual Members as well as our Member Organisations.

I ask for your patience as we re-develop the website over the next few weeks – some errors and “glitches” will be inevitable, but we hope to have them all sorted out fairly quickly and I think you will find the site becoming much more user-friendly. The Journal Watch items are all being archived in a fully searchable database format, which will make material much easier to retrieve.

Once the site is settled in, we will be beginning the task of building a library of online educational materials, which I hope to source from our larger MOs, mostly for the benefit of Family Physicians/General Practitioners in areas where CME is difficult or impossible to access. Financial support for this project appears likely to become available and I hope to communicate further with you on this in the near future.

I hope all our Individual Members have already subscribed to Journal Alerts, our free update service from the journals of the world – if any readers have not, I urge you to take advantage of this wonderful service provided on the website by Wes Fabb and his assistants and to encourage as many of your colleagues as you can to subscribe. You will find the “Enroll” button on the front page of www.globalfamilydoctor.com.

Dr Geoff Martin Chair, Publications & Communications Committee
geoff.martin@bmpconsulting.com

Review of the WONCA Dictionary of General/Family Practice

In 1954-59, I was a general practitioner in a group practice in Adelaide, where I soon began to sense predictable patterns that related to the cultural origins of my patients. The College of General Practitioners was born in the United Kingdom and Australia at that time. I was an enthusiastic foundation member, active in their research and education committees. In 1961-62, I got a fellowship to study epidemiology at the MRC Social Medicine Research Unit in London with Jerry Morris. I met many prominent general practitioners in the UK – Will Pickles, John Hunt, founder of the College, John Fry, Tev Eimerl, Keith Hodgkin, Robin Pinsent, Ian Watson, Ian McWhinney, and the academic general practice teaching unit pioneers, Bob

Logan in Manchester and Dick Scott in Edinburgh. Inspired by Jerry Morris, I wrote "The Iceberg" about what the hypothetical average GP sees, and what is there as well, lurking below the visible tip of the iceberg. I thought this exciting time was an interlude and soon I would return to general practice in Australia, linked with an academic center.

But Australia wasn't ready for this in the early 1960s. I was diverted into research on general practice and medical education. I worked with Kerr White at the University of Vermont where we recruited five GPs to record patient encounters in the E-books invented by Tev Eimerl. In 1965-69 at the University of Edinburgh, I did a lot of research for the UK Royal Commission on Medical Education which had the problem of sluggish recruitment into general practice as one of its main reasons for existing. This background explains why I was delighted to be asked to comment on the WONCA Dictionary of General/Family Practice.

Reading it, I was reminded of the preoccupation of thoughtful GPs with improved methods of education and research, at both of which many important cutting-edge innovations have come from family practice. The Dictionary is replete with terms from these domains and defines, usually concisely and clearly, their meaning in general/family practice. So we find axis, QALY (though this acronym is consistently mis-spelt QUALY), process, social prevalence, subsidiarity, and other terminology of general/family practice education and research. Some GPs have an affinity for neologisms – none of my dictionaries includes salutogenesis, a useful addition to the language. Some rather inscrutable definitions would benefit from revision before the second edition of this valuable dictionary is published. Better explanation and illustrative examples would clarify trend, subsidiarity, statistics, probability, panel study, numerus clausus, meta-analysis, Likert scale, and general resistance resource. Explanations and illustrative examples that would help potential users are needed for these and several other terms in this dictionary.

A few definitions or comments are incomplete, misleading, wrong, or outdated. Age of consent is a complex legal concept: within any given jurisdiction it may differ according to gender and the context when the term applies to other situations than consent to legal sexual relations. All family physicians need to be aware of the legal constraints on the rights of youthful patients to consult them without parental consent. Three terse lines are not enough. This illustrates a gap in the dictionary – legal and forensic aspects of family practice are absent. Testamentary capacity is the

capacity of a patient to sign legally binding documents such as wills and powers of attorney. Physician impairment is due to addiction or habituation, a common problem that gave me my worst headaches when I was a GP. These should be included along with familiar terms such as tort. A blinded study helps to avoid only a limited variety of the many kinds of bias – it isn't the panacea implied on p.28. An epidemic doesn't necessarily have to affect many people or increase suddenly in numbers of cases. Why not use the simple, standard definition, 'occurrence of cases in excess of usual expectations'?

The definition of family doctor on p. 56 implies that this is a calling for males only. Where I live family physicians are more often female than male. The feminizing of medicine, and family medicine in particular, is one of the best things to happen to medical practice in my lifetime. The term middle-aged may be the vaguest of all to describe how long a person has lived, but surely few identify it as 40-60 years. Vital statistics often divide age ranges into 0-14, 15-44, 45-64, and 65+, in which 45-64 is 'middle-aged' but in everyday life 'middle-aged' is a matter of personal perception. At 77 years of age, I still think of myself as 'middle-aged' which I suppose is denial of reality on my part. If this vague term survives into the 2nd edition, it needs to be qualified.

Other terms are missing. The term public health has not been superceded by terms such as community health. Indeed it has come back into vogue as the preferred term for the social institution, discipline and practice concerned with promoting, protecting and preserving the health of all the people. I suppose nobody uses E-books now, but readers of books and journals might come across the term, so it would be nice to see it in the 2nd edition, even if only to honor Tev Eimerl's memory. Other candidates for inclusion are allopathic medicine, contraception, domestic violence, sexual abuse, sexually transmitted diseases, and – probably – the standard case definitions of conditions of especial importance such as HIV/AIDS, the types of diabetes, neurosis, psychosis. The compilers of this dictionary seem to have made an editorial decision to exclude just about all clinical definitions (except heart-sink patients). I think this decision needs to be revisited, bearing in mind the requirements of users in everyday practice who thereby will be encouraged to keep the dictionary on their desks rather than inconspicuously on a book shelf.

Names are dropped without mention of the persons who bear them. I haven't heard the diagram in the 1961 paper on the Ecology of Medical Care by White, Williams

and Greenberg referred to as White's squares. In the 4th edition of the Dictionary of Epidemiology and in the Dictionary of Public Health that I am compiling at present, I have included basic biographical information of persons named in definitions. It is especially useful to do this with eponyms.

When I was editing the Dictionary of Epidemiology for the first time I realized before I sent the work to Oxford University Press that there would soon have to be a second edition. Niels Bentzen hints that he has the same awareness about the need for a second edition hard on the heels of this first one. Probably he already has a file of candidates for amendment and inclusion in that forthcoming second edition. I look forward to seeing this, I hope within five years.

John Last MD

Emeritus professor of epidemiology
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Ottawa, Canada

(Editor's note: The Wonca Dictionary of General/Family Practice can be obtained from Wonca or the WICC website:

www.GlobalFamilyDoctor.com 'publications' or
www.GlobalFamilyDoctor.com/wicc

On payment via credit card (\$US25.00), hard copies will be mailed directly to the purchaser from the publisher in Denmark.

It can also be downloaded as a PDF file from the website for \$US15.00. Contact admin@wonca.com.sg in order to get a password, which will allow you to download a PDF version from the website on receipt of payment. Use same contact for CD version which cost \$US35.00)

Dutch Health Council Presents European Primary Care Report

The Dutch Health Council presented a report on European Primary care to the Dutch minister of health. The report was prepared during the Dutch European Union (EU) presidency during the second half of 2004.

The report also gives several recommendations to various stakeholders. The report provides an answer on the following questions:

- 1) What are the defining characteristics of primary care and its significance in enhancing health care quality?
- 2) How does the organisation of primary care differ internationally and how do these differences impact the general quality of health care provision?
- 3) Given current insights, what is the most desirable scenario for the development of primary care within the EU?
- 4) Taking EU law into account, which aspects of the preferred development scenario require attention?

The full report (in English!) may be downloaded from the website of the Dutch Health Council at www.gr.nl

For further information, please contact the secretary of the advisory committee: Nico de Neeling at nico.de.neeling@gr.nl

Arno Timmermans, President

Dutch College of GP's
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WONCA CONFERENCE 2005 – 2010 AT A GLANCE

 Information correct as at November 2004.
 May be subject to change.

 See Wonca Website www.GlobalFamilyDoctor.com for updates

2005	Region	Venue	Theme
27 – 31 May	Asia Pacific Regional Conference	Kyoto JAPAN	Family Fractice/ General Practice – As a Global Standard
3 – 7 Sept	European Regional Conference	Kos Island GREECE	From Hippocrates to the Human Genome: The Past, Present and Future of General Practice/Family Medicine
2006			
27 – 31 Aug	European Regional Conference	Florence ITALY	Towards Medical Renaissance: Between Biology and the Humanities
8 – 15 Sept	7th Rural Health Conference	Seattle Washington USA	Transforming Rural Practice Through Education
4 – 9 Nov	Asia Pacific Regional Conference	Bangkok THAILAND	Happy and Healthy Family
2007			
24 – 28 July	18th WONCA World Conference	SINGAPORE	Human Genomics and its Impact on Family Physicians
17 – 21 Oct	European Regional Conference	Paris FRANCE	Rethinking Primary Care in the European Context: A New Challenge for General Practice
2008			
Date to be confirmed	Asia Pacific Regional Conference	Melbourne AUSTRALIA	Theme to be confirmed
2009			
5 – 8 Jun	Asia Pacific Regional Conference	Hong Kong	Building Bridges
2010			
26 – 30 May	19 th WONCA World Conference	Cancun MEXICO	Millennium Development Goals: The Contribution of Family Medicine

GLOBAL MEETINGS FOR THE FAMILY DOCTOR

WONCA WORLD AND REGIONAL CONFERENCE CALENDAR

Asia Pacific Regional Conference, Japan 2005

Host : Japanese Academy of Primary Care Physicians
 Theme : Family Practice/General Practice – As a Global Standard
 Date : 27 – 31 May, 2005
 Venue : Kyoto, Japan
 Contact : The Japanese Academy of Primary Care Physicians
 Tokyo Medical Association Bldg 302
 2-5, Kandasurugadai Chiyoda-ku,
 Tokyo 101-0062 Japan
 Tel : 81 3 5281 9781
 Fax : 81 3 5281 9780
 Email : pc@primary-care.or.jp

Wonca Europe Regional Conference, Kos Island 2005

Host : Greek Association of General Practitioners
 Theme : From Hippocrates to the Human Genome: The Past, Present and Future of General Practice/ Family Medicine
 Date : 3 – 7 September, 2005
 Venue : Island of Kos, Greece
 Contact : The Greek Association of GPs (Elegeia)
 Mr. Raoul Merkouris
 21, N.Kountourioti Str. (5th floor)
 54625-Thessaloniki
 Greece
 Tel : 30 2310 550048, +30 2310 539995
 Fax : 30 2310 539995
 Email : elegeia@woncaeurope2005.org
 Web : <http://www.woncaeurope2005.org>

Wonca Europe Regional Conference, Florence 2006

Host : CSERMEG
 Theme : Towards Medical Renaissance
 Date : 27 – 30 August, 2006
 Venue : Florence, Italy
 Contact : OICsrl
 Viale Matteotti 7
 50121 Florence, Italy
 Tel : +39 0555 0351
 Fax : +39 0555 001912
 Email : wonca2006@oic.it
 Web : <http://www.woncaeurope2006.org>

Wonca 7th Rural Health Conference, Seattle-Anchorage 2006

Host : Wonca Rural Health Working Party
 Theme : Transforming Rural Practice Through Education
 Date : 8 – 15 September, 2006
 Venue : Sept 8 – 10 – Wonca Rural Conference
 University of Washington campus
 Sept 11-13, 34th Annual Advances in Family Practice
 University of Washington campus
 Sept 13 – 15, Post Conference
 Talkeetna Alaskan Lodge
 Anchorage, Alaska

15th Wonca Asia Pacific Regional Conference, Bangkok 2006

Host : General Practitioners/Family Physicians Assoc,
 Thailand
 College of Family Physicians, Singapore
 Theme : Happy and Healthy Family
 Date : November 5 – 9, 2006
 Venue : Sofitel Central Plaza and Bangkok Convention Centre
 Contact : Dr Kachit Choopanya, Chairman,
 Host Organizing Committee
 10th Floor, Royal Golden Jubilee Building
 2 Soi Soonvijai
 New Petchaburi Road
 Bangkok, Thailand 10320
 Tel : 66(0) 2716 6651
 Fax : 66(0) 2716 6651
 Web : www.thaifammed.org

18th Wonca World Conference, Singapore 2007

Host : College of Family Physicians, Singapore
 Theme : Human Genomics and its Impact on Family Physicians
 Date : 24 – 28 July, 2007
 Venue : Singapore International Convention and Exhibition Centre
 Contact : Dr Tan See Leng, Chairman,
 Host Organizing Committee
 College of Family Physicians, Singapore
 College of Medicine Building
 16 College Road #10-02
 Singapore 169854
 Tel : 65 6223 0606
 Fax : 65 6222 0204
 Email : contact@cfps.org.sg
 Web : www.wonca2007.com

Wonca Europe Regional Conference, Paris, 2007

Host : French National College of Teachers in General Practice
 Theme : Rethinking Primary Care in the European Context
 Date : 17 – 21 October, 2007
 Venue : Palais des Congres
 Paris, France
 Contact : French National College of Teachers in General Practice
 6 rue des 2 communes
 94300 Vincennes
 Tel : 33-153 669 180
 Email : cnge@cnge.fr
 Web : www.cnge.fr

19th Wonca World Conference, Cancun 2010

Host : Mexican College of Family Medicine
 Theme : Millennium Develop Goals:
 The Contribution of Family Medicine
 Date : 26 – 30 May, 2010
 Venue : Cancun Conventions and Exhibition Center, Cancun
 Mexico
 Contact : Mexican College of Family Medicine
 Anahuac #60
 Colonia Roma Sur
 06760 Mexico, D.F.
 Tel : 52-55 5574
 Fax : 52-55 5387
 Email : javier.dominguez@unfpa.org.mx

MEMBER ORGANIZATION AND RELATED MEETINGS

**The Royal New Zealand College of General Practice
 Conference, Christchurch 2005**

Theme : New Horizons: Celebrate the Art of General Practice
 Date : 14 – 16 July 2005
 Venue : Christchurch Convention Centre
 Contact : www.rnzcgp.org.nz/conferences

14th Nordic Conference of General Practice, Stockholm 2005

Host : Swedish Association of General Practice and
 Family Medicine Centre
 Theme : General Practice in a Changing World
 Date : June 15 – 18, 2005
 Venue : Hotel Rote Wand in Lech am Arlberg, Austria
 Contact : Anne Thorell
 Centre of Family Medicine
 Phone : +46 (0)73-682 55 39
 Email : Anne.thorell@klinvet.ki.se
 Web : www.allmanmedicin.nu/congress/menu.htm

**The Royal College of General Practitioners (RCGP)
 Spring Symposium, Blackpool 2005**

Theme : General Practice for a Cosmopolitan Age
 Date : 8-10 April 2005
 Venue : Bournemouth, United Kingdom
 Contact : Alison Sage
 Wessex Faculty
 Royal College of General Practitioners
 Andover War Memorial Hospital
 Charlton Road
 Andover Hants SP10 3LB
 Phone : 01264 355005
 Fax : 01264 355115
 Email : spring2004wsx@rcgp.org.uk
 Web : www.blackpool2005.com/

**The Society of Teachers of Family Medicine (STFM)
 38th Annual Spring Conference, New Orleans 2005**

Date : 30 April – 4 May, 2005
 Venue : New Orleans Marriot Hotel
 Contact : Priscilla Noland
 STFM
 11400 Tomahawk Creek Parkway
 Leawood, KS, 66211-2672, USA

Tel : 1 800 274 2237, ext. 5410
 Fax : 1 816 906 6096
 Email : assndfm@stfm.org
 Web : http://www.stfm.org

**Association of Health Care Professionals (AHCP)
 16th Conference, London 2005**

Theme : Advances in Family Medicine/General Practice
 Date : 20 – 23 August, 2005
 Venue : London, England, UK.
 Contact : Secretariat,
 AHCP
 P. O Box 18265
 London EC2A 3TT
 England, UK
 Tel : 44 20 7749 7243
 Fax : 44 20 7739 8683
 Email : info@ahcp.org.uk

**American Academy of Family Physicians (AAFP)
 Annual Scientific Assembly, San Francisco 2005**

Date : 28 September – 2 October, 2005
 Venue : San Francisco, California
 Contact : AAFP
 11400 Tomahawk Creek Parkway
 Leawood, Kansas 66211-2672, USA
 Tel : 1 913 906 6000
 Fax : 1 913 906 6075
 Email : international@aafp.org
 Web : http://www.aafp.org

**College of Family Physicians of Canada (CFPC)
 Family Medicine Forum, Vancouver 2005**

Date : 8 – 11 December, 2005
 Venue : Vancouver, British Columbia, Canada
 Contact : Joanne Langevin, Meetings Manager
 Cheryl Selig, Registration Coordinator
 2630 Skymark Avenue, Mississauga,
 Ontario, Canada L4W 5A4
 Tel : 905 629 0900 / 1 800 387 6197
 Fax : 905 629 0893
 Email : info@cfpc.ca
 Web : www.cfpc.ca

**13th World Conference on Smoking or Health, Washington, DC
 2006**

Theme : Building Capacity for a Tobacco-Free World
 Date : 12 – 15 July, 2006
 Venue : Renaissance DC Hotel
 Washington, D.C., USA
 Contact : John Seffrin, PhD
 Chief Executive Officer
 American Cancer Society
 Email : secretariat2006@cancer.org
 Web : http://www.2006conferences.org/