

WONCA News

An International Forum for Family Doctors



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FROM THE WONCA PRESIDENT:

UNDERSTANDING OUR PATIENTS - CAN IT BE TAUGHT?

“Be sure that you go to the author to get at his meaning, not to find yours.”

John Ruskin 1819-1900

It was Wednesday morning at a community-based primary health care centre in Northeastern Johannesburg. Alexandra clinic caters to the lower socio-economic community living in humble dwellings and shacks of the ‘black-only’ township established in 1914. I was sitting in a consulting room, observing consultations conducted by a young family medicine resident in my department. The morning was literally a cornucopia of educational gems and examples of every aspect of our discipline. One theme which developed was that of cross-cultural barriers in the patient encounter and the importance of effective listening. Many of the residents are from foreign African states and do not speak the local languages, but use either sophisticated West-African English or a heavily accented ‘French-English’. Most patients can understand some English.

The first patient was a 36 year-old man who had been referred back to the clinic by the local hospital. He had diabetes which appeared to be totally out of control. He had been admitted regularly to the hospital with marked hyperglycaemia. While he claimed to be taking his drugs regularly his HBA₁C indicated poor control. The doctor, after examining him chastised him for his dietary control and indicated that without compliance his condition could affect other vital organs. His record card indicated similar, regular admonishments. As he was leaving I asked him about his sources of income and where he lived. He was in fact unemployed, lived on the streets with friends, ‘wherever he found a place’ and apart from drinking large amounts of alcohol, ate whatever came his way in handouts. On further questioning he admitted that he purposely induced hyperglycaemia, to escape from the cold streets of winter, preferring the warm beds and regular meals of the hospital wards. To him being healthy was associated with misery, hunger and cold winter nights. Adherence to our protocols did not feature in his explanatory model of health and disease!

The next patient was a 4 year-old girl brought in by her 20 year-old mother, Martha. Martha seemed typical

of the poor disadvantaged people of the township with limited schooling. But, she said, “Lucy has tonsillitis and I think she needs amoxicillin!” Missing the obvious cues, the doctor took a brief focused history, examined the child and confirmed the mother’s diagnosis but stated that he didn’t think she needed an antibiotic because it didn’t look infectious! He proceeded to write a prescription for paracetamol and was about to dismiss them, when the other resident struck by the incongruity between the mother’s appearance and background, and her clinical knowledge, asked Martha where she worked. She said, “No I have never worked.” “How do you know about amoxicillin” she was asked. The consulting resident was visible stunned when she replied, “I have HIV, you know. I am on ARV (antiretroviral therapy), my CD₄ is 320 and my viral load has decreased since being on ARV. I know about infections, PCP, TB and strep. I am well now but if I can only live to see Lucy start school then I will be happy.” The language, nature, content and outcome of the consultation changed dramatically with discussion of the mother’s health and the need to prevent complications to her health. Her frequent visits to the HIV clinic and community counselling had totally altered her understanding of health and disease.

Many of the patients visiting the clinic are HIV positive. Having now been sensitised to HIV the resident diagnosed the next patient, a 52 year-old thin man with a persistent mild cough, as a patient with possible TB and HIV, and referred him for a chest x-ray and sputum analysis, with verbal advise on the necessity for ‘safe-sex’. As the patient was about to leave I asked the resident about the patient’s dark pigmentation on the face, around the neck, and on the hands. Further history (in Zulu) and examination confirmed pellagra as a result of heavy drinking and poor diet. This man lived alone in a backyard shack, ate a limited diet of porridge and occasional meat which he cooked on a paraffin stove. His main daily activity was drinking with his pals and doing ‘odd handyman jobs’ when he could get them. He did not have TB nor HIV. He had been celibate for years since he became impotent. His main reason for encounter today was to obtain assistance with his alcohol problem. He did not understand the resident’s “French-English” and nodded confidently when asked questions he did not understand.

Other patients that morning demonstrated similar missed or confused diagnoses. Regretfully the resident had also failed to communicate adequately, possible for many reasons – foreign language, missed cues, poor basic medical training, failure to explore the social context, poor clinical reasoning, biased index of

suspicion towards HIV and TB, or even a lack of cultural and social understanding of the community, to name a few. Korin and Lebensohn wrote "The differences in the meaning of suffering and disability in many ethnic and socio-cultural groups often conflict with the traditional model in which physicians operate. Most doctors think that treatment should include intervention and that biological anomalies should be corrected. However, some ethnic and socio-cultural groups view disability as a spiritual rather than a physical phenomenon, and might believe that disability itself is a blessing or reward for ancestral tribulations."

Those foreign doctors attending the family medicine programmes in South Africa are probably fortunate to be part of a formal training programme, and we are more than willing to assist. But most of the over 50 states in Africa have no family medicine / primary care training beyond their basic 'inoculation' as medical students. Wonca is mindful of this hiatus in the training and expertise of this region's primary care practitioners, particularly if one considers the high prevalence of HIV related illness, TB, and the high burden of disease and childhood deaths rates from infective and preventable conditions. To this end Wonca is developing major projects in collaboration with many organisations, international pharmaceutical companies and funders to attempt to establish and nurture educational programmes based on local needs and priorities. The Flemish Departments of Family Medicine have assisted. Recent meetings with GAME (Global Alliance for Medical Education) and Project GLOBE for Global Education of Family Doctors look very promising. The focus of such programmes must be on improving the quality of health care through optimising practitioner expertise and not by purely rolling out and reprocessing CME from developed countries. We must not encourage Academic Neo-Colonialism!

But such programmes must address not only the numerous clinical issues and challenges of the developing world, but also the cultural diversity of the continent. Korin and Lebensohn ask, "But how can physicians promote and focus on such dialogue? Self-awareness and reflection about their cultural values, beliefs, and social location is a first requisite, plus a posture of genuine curiosity and 'cultural humility' vis-a-vis the patient's/family's culture".

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

FROM THE CEO'S DESK:

HIGHLIGHTS FROM THE KYOTO WONCA EXECUTIVE COMMITTEE MEETING

The first full business meeting of the new Wonca Executive for this 2005 to 2007 triennium was held in Kyoto, Japan from Wednesday, 25th–27th May 2005 just before the Asia-Pacific Regional Conference held at the same venue. All Executive Members attended with the additional presence of the Chairs of the Wonca Bylaws & Regulations Committee and the Wonca Communications and Publications Committee in ex-officio roles.

At the start of the meeting the Wonca President informed the Executive of the passing of one of Wonca's Past Presidents, Dr Donald Rice from Canada. Dr Rice was Wonca's 2nd President from 1974-76. He was awarded the Wonca Fellowship and Honorary Life Membership in 1980. Executive stood for a minute's silence in his memory.

The agenda items took the full two-and-half days set aside for the meeting with several significant issues discussed and important decisions made on behalf of Wonca's Member Organisations and Direct Members. I hope to cover just a few of these issues in this column.

Implementation of Standardised Dues

Wonca Executive was informed that the standardization of both the Direct Members' and Member Organization's membership dues have been implemented beginning in 2005 following Wonca World Council's acceptance of the CEO's recommendations to have a more structured policy.

New Direct Member applicants pay a once off processing fee of US\$40 with annual membership dues of US\$25 per year, or \$75 for three years. In addition to these scheduled Direct Member dues, regional dues of the different Regions would be added. Currently, this applied to the European and Asia Pacific Regions only.

Member Organizations (MOs) are now categorized into three broad groups based on their GDP per capita from World Bank figures. The following discounts are applicable to the amount of organizational membership dues payable:

- (1) MOs with GDP per capita above the world's average. They pay the full MO dues.
- (2) MOs with GDP per capita between the world average and 50% of that average. They receive a 33% discount on the dues payable.
- (3) MOs with GDP per capita less than 50% of world average. They receive a 50% discount.

Members of Executive felt a need to consider extending the 3 categories discount policy. A motion was adopted to add a 4th category to include member organizations in countries with GDP per capita of less than 75% of the world average. These members would receive a 75% discount. This proposal would take into account countries with US\$2000 GDP per capita or less, and of which currently 7 Member Organizations exist. This additional category will be implemented immediately.

Standardising the National Licensing Royalties for ICPC-2

The CEO proposed to Wonca Executive to standardize the approach in the royalties payable for national licenses for ICPC-2. The old method of calculation was based solely on GDP, the economic output indicator or wealth of a country, but did not take into account the GDP per capita, or the average economic output per person. The GDP per capita was felt to be a better measure of the average earning of the population, and therefore, would give a better gauge of the affordability of the average citizen. This should be reflected in the calculation for the national ICPC-2 license.

The new approach would use the GDP and GDP per capita of all countries listed by the World Bank. Using these figures from the World Bank would ensure impartiality. Also, the figures provided were updated annually to reflect the current status of the economies of the various countries. The initial step would be to categorize the GDP per capita of all countries into three broad groups (as for the calculation of the Wonca organizational membership dues):

- (1) Countries with above world average GDP per capita. The baseline for the calculation for the national license would be US\$1,000,000.
- (2) Countries with below world average GDP per capita. The baseline would be US \$670,000, a 33% discount.

- (3) Countries with 50% or less below world average GFD per capita. The baseline would be US\$500,000, a 50% discount.

The quantum for the national license for a country X would then be calculated using the ratio of the GDP of Country X over that of the USA, (the USA being the leading world economy) multiplied by the baseline to which Country X belongs, ie:

Total GDP of Country X	×	Baseline or Discounted Baseline of Country X
Total GDP of USA		

As countries at the lower ends of the three groups (1), (2) and (3) would need to pay extremely low prices for ICPC-2 national license, it was suggested that a minimum sum be set for each group as follows:

- (1) Countries with above world average GDP per capita: Minimum sum for national license of ICPC-2 is US\$8,000
- (2) Countries with below world average GDP per capita: Minimum sum for national license of ICPC-2 is US\$5,000
- (3) Countries with 50% or less below world average GFD per capita: Minimum sum for national license of ICPC-2 is US\$3,000

For Wonca Member Organizations purchasing the national license, there would be a discount of 20% to the royalties calculated above.

Wonca Executive agreed to the proposal to encourage the widespread use of ICPC-2 without making cost an obstacle for obtaining a license, yet receive some revenue to cover the administrative costs for Wonca and WICC. The Wonca Executive requested that this be implemented with immediate effect for all new purchasers of ICPC-2.

Standardised Conference Contract

At the Wonca World Council in Orlando, the CEO gave background regarding a contractual document to be signed between Wonca World and the Member Organization hosting a Wonca conference.

The contract document stated the obligations of the Host Member Organization and that of Wonca World. The document was meant to serve as a guide for those organizations who wished to bid to host a Wonca conference. The document would help that organization to understand the seriousness of the bid it had undertaken to meet the obligations of hosting a Wonca conference.

This initial contract document was presented to the 2004 Wonca World Council Meeting in Orlando. Following comments and suggestions from Wonca World Council, further changes were made. This revised document was discussed in detail by Executive at this meeting in Kyoto.

The document would spell out clearly the various responsibilities of the Host Organising Committee, the Host Organisation and also Wonca. With the increasing interest shown by member organisations in hosting Wonca World and Regional Conferences, this document was felt by Executive to be timely and necessary.

As agreed at the Orlando World Council, all Wonca conferences to be held after year 2007 will be covered by the terms in the document. But conferences being organised between now and 2007 itself will abide by the spirit of the document as well.

Wonca Welcomes its Newest Member Organisations

During the Kyoto meeting, Wonca Executive agreed to accept the membership applications of five organisations. With these five new Member Organisations, Wonca now has a total membership of 105

organisations in 88 countries globally that cover over 80% of the world's total population.

Dr Alfred Loh
Chief Executive Officer
World Organization of Family Doctors

FROM THE EDITOR:

WONCA'S JOURNEY TOLD THROUGH THE STORIES OF ITS FAMILY DOCTORS

“Since history has no properly scientific value, its only purpose is educative. And if historians neglect to educate the public, if they fail to interest it intelligently in the past, then all their historical learning is valueless except in so far as it educates themselves.” George M. Trevelyan, 1876-1962, British historian. People, organizations, nations, and our global community. We learn through our individual and collective experiences. Those experiences, once recorded, become the sum total of our history. Learning from the lessons of history is of immense value to our individual and collective success.

Wonca is a learning community of family doctors made up of its component organization parts. At its core, Wonca represents the sum total of its knowledge experienced daily through the senses of its family doctors. Those shared experiences help us learn and grow as individual family doctors and as an organization.

The stories in this issue of Wonca News illustrate the richness

of our global organization. At one end of the spectrum, stories describe the organizational complexity of Wonca and the collective work of our members, from the recent Asia Pacific Regional Conference in Kyoto, Japan attended by more than 2300 family doctors and others from more than 50 countries; to the highlights of Wonca's Executive Committee Meeting held in Kyoto; to the work of Wonca's International Classification Committee members in numerous countries throughout the world, and to the work of Wonca's Special Interest Group members.

At other end of the spectrum, the August 2005 issue of Wonca News chronicles the stories of individual family doctors. In this issue, we read moving stories of Slovenia's Igor Svab, Scotland's Alastair Donald, the USA's Calvin Lucas Wilson and Canada's Lynda Redwood-Campbell.

Through these stories, both the individual and the collective, we celebrate our accomplishments, identify our challenges and learn from each other.

Please help us chronicle our Wonca journey and learn from one another by sharing with me your collective and individual stories.

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FEATURE STORIES

KYOTO'S ASIA PACIFIC REGIONAL CONFERENCE SETS A GLOBAL STANDARD

Kyoto, the enchanting ancient capital of Japan and site of the 1997 Kyoto Protocol standards to control global warming, served as an ideal venue for more than 2,300 family doctors from over 50 countries in the Asia Pacific region and around the world to network together and share their views on a global standard for family medicine.

Their Imperial Highnesses Prince and Princess Akishino graciously hosted the opening reception and lent a dignified presence to the opening plenary performances and a series of warm welcome addresses by the Host Organizing Committee, including Honorary Chairperson Dr Makoto Komatsu and Chairperson, Professor Tsukasa Tsuda, from The Japanese Academy of Primary Care Physicians. Greetings from the Wonca Executive, who met in Kyoto in conjunction with the conference, were given by Professors Goh Lee Gan, Wonca Asia Pacific Regional President, and Bruce Sparks, Wonca World President.

Plenary speakers expounded upon the conference theme, "Family/General Practice as a Global Standard". Kiyoshi Kurokawa, President of the host Science Council of Japan, opened with an expansive plenary address on "Global Healthcare Challenges and Opportunities". Jonathan Rodnick, past Chair of Family and Community Medicine at University of California, San Francisco, then directly addressed the conference theme. He suggested that a unified set of global standards for family medicine is possible and proposed a set of standards for consideration.

In the special Invited Symposium, enlightening national perspectives on family/general practice as a global standard from the Asia-Pacific Region were presented from Hong Kong by Tai-Pong Lam, Associate Professor of the Family Medicine Unit, Hong Kong University; from Korea by Bong Yul Huh, Chairman of the Department of Family Medicine, Seoul National University Hospital; from Australia by Michael Kidd, President, the Royal Australian College of General Practitioners; and from Japan by Tomoyuki Kido, Clinical Professor, Osaka Medical College and Kyoto University. In addition, recent developments in the United Kingdom were presented by Neil Jackson, Dean of Postgraduate General Practice Education, the London Deanery; and in the United States by Jonathan Rodnick.



Their Imperial Highnesses Prince and Princess Akishino at the opening plenary



From left to right: Miss Jace Phang (CFPS Secretariat, Singapore), Dr Chng Woei (Singapore HOC 2007 Committee), A/Prof Goh Lee Gan (Regional President, Asia Pacific), Dr Tan Sze Wee (Singapore HOC 2007 Committee), Dr Tsukasa Tsuda (Chairperson, HOC Wonca Kyoto 2005), Dr Makoto Komatsu (Honorary Chairperson, HOC Wonca Kyoto 2005), Miss Mariko Sunaba (Conference Organiser, Wonca Kyoto 2005)



The magnificent Kyoto International Conference Hall

A rich set of daily plenary perspectives were offered on Japanese spiritual health care by Tetsuo Yamaori from the International Research Center for Japanese Studies; on global health challenges for family physicians by Shigeru Omi, WHO Regional Director for the Western Pacific; on equity, health and primary care by MK Rajakumar, President of the Family Physicians of Malaysia; and on the International Classification of Primary Care (ICPC) as a global standard for Family Medicine, by Henk Lamberts, Professor at the University of Amsterdam.

Conference participants enjoyed a brisk and diverse choice of excellent workshops organized by the Scientific Program Committee and its Chairperson, Professor Nobutaro Ban, Chairman of the Department of General Medicine, Nagoya University Hospital. The exhibit hall was full of informative poster sessions and booths, organized by the Exhibition Committee and its Chairperson, Takashi Yamada, Director of the Institute of Community Medicine with the Japanese Association for Development of Community Medicine.

In addition, Kyoto was the site of a preconference meeting of Wonca's International Classification Committee, organized by Committee Chair Neils Bentzen and hosted by Japan's Institute of Community Medicine under the leadership of its Director, Takashi Yamada. During the conference, Wonca's Working Party on Women and Family Medicine met under the leaders of Executive Committee members Sorayda Leopando from the Phillipines and Amanda Barnard from Australia.

A 3-day post-conference workshop on family medicine teaching, organized by Dr Ryuki Kassai was held in Ranzan. The theme was Clinical Education: making our teaching more humane and learner-centered. There were 54 participants including the resource persons. A highlight of this Workshop was cinemeducation, the use of clips from the movies for learning and reflection of various topics: Akahige for the topic of mentorship; The Mighty for narrative based medicine; and Good Will Hunting for trainee safety. The workshop consisted of plenary lectures on mentorship, formative assessment, communication, and safety for trainees, each with an accompanying workshop. There was even the experience of Zen in visiting a Zen temple in Kyoto. For the participants, it was an enriching workshop on learning and teaching family medicine.



Family Doctors at one of Kyoto's beautiful outdoor receptions



Wonca CEO Alfred and Yiau Leng Loh and their daughter, Abigail with the Japanese Geisha



Wonca Executive Committee Members and accompanying persons in Kyoto

The Host Organizing Committee's welcome night, opening ceremony, culture night party, closing ceremony and farewell party highlighted the warmth of Kyoto's citizens, its beautiful culture and illustrious history of Japan's ancient capital for over a thousand years. The conference excursions and tours displayed Japanese traditional art, architecture, crafts and gardening carefully preserved in its breathtaking Buddhist temples, Shinto Shrines, gardens, ponds and scenic areas, including 17 UNESCO World Cultural Heritage sites designated as National Treasures.

The inviting and informal conference structure and its warm surroundings helped nurture the renewal of old friendships and the development of new ones among the participants from the Asia Pacific and around the world. The beauty of Kyoto, the scientific rigor of the conference and the hospitality of the Japanese hosts made for a memorable Asia Pacific Regional Conference.

Wonca Welcomes Five New Member Organizations into the 'Family'

We have been gratified that new organizations from new and existing member countries continue to recognize Wonca as the leader in this

worldwide movement of family medicine.

We are excited to see that many new family medicine organizations are being established across the globe in countries with significant health care needs from El Salvador to Iraq to Myanmar.

At the June Executive meeting in Kyoto Japan, five new member organizations from four different Wonca Regions were admitted as full members of Wonca. This brings us to 105 member organizations from 88 different countries. The new members (pending approval where indicated) are

- * Asociacion de Medicina Familiar El Salvador. (AMEFAES) The Family Medicine Association of El Salvador, joining the Iberoamericana-CIMF Region

The Iraqi Family Physicians Society, joining the Middle East South Asia Region

- * Societe Scientifique Luxembourgeoise de Medicine Generale. (SSLMG) Luxemburgish Scientific Society for General Practice, joining the Europe Region

The General Practitioners' Society, Myanmar Medical Association, joining the Asia Pacific Region; and

The Vietnam Association of Family Physicians, joining the Asia Pacific Region

- * *El Salvador and Luxembourg were approved pending completion of some final administrative details.*

Warren Heffron
Chair, Wonca Membership Committee

WONCA REGIONAL NEWS

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 extent 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

Come to Colombo, Sri Lanka for the 2005 Wonca MESAR Conference

The College of General Practitioners of Sri Lanka is organizing a Wonca Middle East South Asia Regional (MESAR) Conference from the 12th to 16th October 2005 in Colombo on the theme Family Physician in Health Care – the Way Forward. There seems to be a great deal of enthusiasm among family physicians from the member countries of Wonca and I have had a number of inquiries from those who are interested in attending.

Family medicine as a speciality is well established in many parts of the world, and is now gaining momentum in the Middle East South Asia Region. Therefore, it is our duty as family physicians in the region to convince governments and universities to recognize it as such. We are at a crucial stage in the process of recognition in our region. The World Health Organization and other world bodies concerned with the health status of our region, have had several discussions on this subject and they strongly support the view that family physicians should play a pivotal role in primary health care of a country, and that a proper referral system should be established. The Sri Lankan College has taken many steps in this direction and this conference will be an ideal forum for all of us to express our views and speak in one voice. Many leaders and decision makers in health care in this region are expected to participate

and therefore it is vitally important that as many of you as possible should attend this conference.



Dr Preethi
Wijegoonawardene
President
College of General
Practitioners of Sri
Lanka

A stimulating scientific programme is being planned and we will dedicate a session to the tsunami affected people, where presentations will be made to inform the delegates at the conference on the role of the College in rebuilding and rehabilitating tsunami affected families. Preliminary studies on the tsunami, and its impact on the health system of the country will also be presented for discussion at a seminar. There will be an interesting social programme with much interaction and we also plan to have a day excursion to some of the tsunami affected areas on the coast line, for the foreign delegates to see for themselves. The Host College of General Practitioners of Sri Lanka has decided to donate part of the proceeds of the Conference to the Tsunami Relief Fund.

Do not miss an opportunity to combine the benefits of a good scientific programme with enjoying one of the best destinations in the world. Sri Lanka, a tropical island situated at the southern tip of India, has been appropriately described as a paradise. Its sunny beaches, palm fringed coastline, abundance of rivers, streams cascading waterfalls, and its heartland of cool misty mountains, forests containing a variety of exotic flora and fauna are some of its major attractions. Sri Lanka has a colourful history of an advanced civilization that dates

back to the Pre-Christian era. The ruins of palaces, irrigation systems and places of worship, which still can be viewed, bear eloquent testimony to the advances the ancient Sri Lankans made.

Please circulate this message to all your colleagues in your organization, keep the dates free and make your travel arrangements accordingly. You could communicate with us on our e-mail cgpsl@sltnet.lk as early as possible.

I welcome you all to Sri Lanka in the month of October for this great event.

Dr Preethi Wijegoonawardene

President, College of General Practitioners,
Sri Lanka

Professor W A Ferdinand

Secretary General
Wonca MESAR Conference 2005

HEALTH AND HEALTH SYSTEM NEWS

ICPC GLOBAL POPULARITY GROWING IN 2005

Use of ICPC, developed by the Wonca International Classification Committee, continues to expand worldwide, with exciting new developments in 2005 in a number of countries. While this article highlights what is happening in the economically developed world, ICPC's application in developing countries will be of particular importance in the future.

In Argentina, ICPC is still used only in selected private sector institutions. In the Hospital Italiano de Buenos Aires a Terminology Server has been developed and is used in the Ambulatory Electronic Patient Record. This allows doctors to create the problem list of each patient using a Local Interface Terminology that maps to ICPC-2e, ICD-10 and SNOMED CT. Part of the Interface Terminology is available as a thesaurus in a test web site (<http://ciap.hospitalitaliano.org.ar>). This is the follow up of a paper presented in Spanish at the 2002 MedNet meeting (<http://www.latinmednet.com.ar/Trabajos/D2.pdf>).

In Australia, ICPC is used in BEACH (Bettering the Evaluation and Care of Health), the Australian national continuous study of general practice activity. Data is collected in 400 GP practices (1600 GPs) using the Plus terminology and classified for reporting in ICPC. Now in its 8th year, over 700,000 encounters have been secondarily classified in BEACH. ICPC was also used for classification of co-morbidity reported by 30,000 adult respondents in the 2004 Australian National Drug Strategy Household Survey.



WICC Chair Neils and Inga Bentzen and fellow WICC members relax after their meeting in Kyoto during the Asia Pacific Regional Conference to enjoy dinner, Japanese style



WICC members Henk Lamberts and Inge Okkes at the beautiful Kinkakuji, Golden Pavilion in Kyoto, Japan during the Asia Pacific Regional Conference

As part of a Commonwealth Fund project led by the University of California, San Francisco comparing general practice data from the US, UK, New Zealand and Australia, ICPC-2 has been mapped to the Johns Hopkins University's Expanded Diagnostic Clusters, a higher-level diagnostic classification applicable across all health sectors, and to Major Expanded Diagnostic Clusters, another higher-level classification.

In Belgium, the government gives incentives for GPs to use labeled electronic patient record (EPR) systems, and ICPC as an encoding system in the EPR is now mandatory in software systems. ICPC is increasing being used in the EPR for communication, reporting and as part of expert system tools.

An improved bilingual (Dutch and French) thesaurus has been developed, which links to a list of about 65,000 clinical labels mapped to an ICPC-2/ICD10 code. These are used in notification systems in the EPR, for

communicating reports to GPs and in retrieving data for scientific use.

Using evidence based medicine guidelines from Duodecimo, Finland 946 topics have been indexed by ICPC-2 codes. By using the bilingual Dutch French thesaurus to find the ICPC-2 code, GPs have easy on-line access to a short-list of the guidelines.

In Denmark, an Extended Danish ICPC-1 has been updated twice and is now incorporated in the national health portal, and is used in all electronic medical record systems. ICPC coding in general practice is not mandatory, but an ICPC coding network group is working on promoting and optimising the daily use of ICPC in electronic medical record systems. Work continues on the Link Portal Project, in which entering the ICPC code activates an internet call to a module on the health portal, giving direct access to relevant and updated information on the health problem in question.

In Finland, the translation of ICPC-2 Chapter 10 into Finnish and Swedish was completed in June 2005, and is available in an electronic format on the website of the Norwegian Centre for Health Informatics (KITH), www.kith.no. Ten bigger municipalities are preparing to start to use ICPC-2 as soon as the classification has been integrated in electronic medical record software used in primary health care. Plans are advanced to make ICPC-2 a national coding standard for Reason for Encounter with a formal decision awaited by the Ministry of Health and Social Affairs. The Social Insurance Institution of Finland is also considering using ICPC-2 as a standard for coding of diagnosis.

In France, the CISP-Club is active in promoting ICPC in France and French-speaking countries. Its last workshop was held in Annecy, France in October 2004 with eight French-speaking countries represented, including four colleagues from Africa. The CISP-Club is currently collaborating with the non-government organisation "Médecins du Monde" for pilot testing of ICPC in collecting data on homeless patients seen in community health centres in France and other European countries.

In 2003-2004, a field study was conducted in the Lyon area, to test the process of structuring consultation data in overweight patients (reasons for encounter, comorbidity, and process of care), and was classified with ICPC. This initiative was supported through grants for dedicated projects by the French regional organisations of private-practising physicians and a fund of the French Health Insurance System, is uncertain.

In Germany, with support of the German Ministry of Education and Research, a general practice morbidity registration network, using ICPC-2E in an episode based electronic patient record, is being developed by the Department of General Practice and Health Services Research at Heidelberg University. The German translation of ICPC-2E, mapping between the German version of ICD10 and ICPC-2E, and a German thesaurus have been integrated into registration software for GPs. Import and export interfaces as well as a central database and web-based analysis tools are functional. In order to set standards for further GP software solutions a manual for programmers has been developed and may serve as a basis for an accreditation process. GPs are being recruited to participate in the CONTENT registration network, with first analyses of data expected at the end of 2005.

In Greece, translation of ICPC-2 is in progress. Chapter 10 is in use in a selected group of practices to check cultural adaptation and local needs for codes and labels. ICPC-2 is being considered as the national standard for electronic medical records in Greece, but no formal decision has yet been taken by the Greek Ministry of Health. A process to adopt Health Level Seven (HL7) for the Greek setting has begun and ICPC-2 is being proposed as a standard classification for connecting different health software in primary health care.

In Malta, interest in ICPC is growing steadily, with interest is being shown in incorporating ICPC in a variety of primary health care settings, including Government Health Centres. The Maltese Transition Project, using the software tool TRANSHIS donated by the Dutch Transition Project, has completed four years of data collection from eight family practices. The database contains data on more than 55,000 encounters including prescribing data using the ATC codes and the defined daily dose prescribed. Morbidity data from the Maltese Transition Project has been used to support the Malta College of Family Doctor's policy document on Vocational Training. ICPC was used to collect data for a study of sickness certification in Malta, and was published in the June 2004 issue of the European Journal of General Practice.

In The Netherlands, ICPC-1 continues to be the engine of electronic patient records (EPRs) in Dutch general practice, as it has a core role in the mandatory prescribing software. From January 2006, the health insurance system in the Netherlands will be changed. The establishment of a countrywide system for out-of-hours care means that most patients will have no access their own GP during evenings, nights and

weekends. These changes could lead to the development of software, which will allow access to patient data on episode and medications by the doctors who will provide these out-of-hours services.

In New Zealand, the Royal New Zealand College of General Practitioners IT Working Party has discussed ICPC. At the government level, the Health Information Standards Organization has flagged the topic of Primary Care classification systems standards, but not discussed it to date. Currently the Read Codes are used for all primary care reporting and are incorporated in all Practice Management Systems. A change to ICPC use in general practice computer systems may not come about until government dispenses with use of the Read Codes.

In Spain, the most important recent development has been the translation of ICPC-2-e into Spanish, with the joint cooperation of the two associations of general practitioners/family physicians, SEMFYC (family physicians) and SEMERGEN (rural doctors). Both associations are also supporting the translation of the Wonca Dictionary of General Practice.

In the United Kingdom, ICPC is being actively used in academic research projects in several universities in England and Scotland. The English National Programme for IT is adopting SNOMED-CT as a common terminology standard, and implementation and deployment are now underway. With the proposed mapping between SNOMED-CT and ICPC, the prospect of future use of ICPC as a research and audit tool as well as a primary care classification is a distinct possibility.

In the United States, primary care is at the center of the movement to transform the health care system with developments in a number of areas. The US Department of Health and Human Services has purchased rights to use SNOMED-CT as the core terminology for US electronic health records. A comprehensive National Health Informatics Infrastructure is being developed, and the American Academy of Family Physicians is implementing recommendations from the Future of Family Medicine report on the New Model of Family Medicine. Work has intensified on the creation of a Patient Safety Taxonomy that will advance clinical and research efforts to improve health care safety and quality. WHO has created a blueprint for a "family of international classifications" that will include a patient safety classification.

It is increasingly clear that the information technology that will support these initiatives is of international scope. Much of the experience and expertise in this area is outside the US. Primary care

policy leaders in the US now recognize that these activities offer an unprecedented opportunity to create a primary care information infrastructure that will support a new clinical model of primary care while conforming to emerging national and international standards.

A conference, or series of conferences on primary care classification will be held over the next 18 to 24 months. These will serve to engage the international primary care community in the task of creating a common infrastructure that will support the interoperable primary care electronic health record. The expected outcomes are the publication of Data Standards for Primary Care, completion of a SNOMED-CT to ICPC-2 map, development and testing of a primary care-based patient safety taxonomy and integration of selected classifications, terminologies, and taxonomies considered essential to primary care into a "Primary Care Data Model" or basic data set. These activities will feed directly into the development of ICPC-3 and will involve many WICC members.

Dr Ian Marshall
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Wonca International Classification Committee
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A Letter from Banda Aceh, Indonesia

As I step up onto the stairs of my airplane, I look back once more and say thank you to Banda Aceh. Thank you for the experience. Thank you for sharing your stories, your pain, and your strength with me. I have just spent 6 weeks doing humanitarian medical work in tsunami-devastated Banda Aceh. I feel very privileged and honoured to have worked there. I am sad to leave, but it is my time to go.

I worked in a tent field hospital. The helicopter landing pad was right beside the food tent, and the tent would shake when the helicopters landed. The days were very, very hot, and by the time we finished ward rounds at 9 AM, rivers of sweat poured down our backs.



Dr Lynda Redwood-Campbell treating a Tsunami victim with her health care team



Keeping hope alive among the endless devastation in Banda Aceh

The devastation was more than any television camera could capture. It just goes on and on ... kilometers and kilometers of devastation. On the second day, we took a tour of city. After an hour, I had had enough....body bags, piles of rubble, kids scavenging, looking for

anything recognizable. How much suffering could they endure? When I left Canada to go to Banda Aceh, I asked myself why do I do this kind of work? It involves some of the most difficult challenges that I have ever had to face.

As a general practitioner, I was in charge of the outpatient and emergency department, and covered for those in the hospital. I wondered whether I would have the skills to do a good job. I soon found out that I was doing a lot of what I normally do as a family doctor in Canada, but also a lot more. My tropical training was very helpful, but so was my trauma training.

The richest part of the experience was the people, the people of Banda Aceh. They were grateful, respectful, and when they were ready, they had stories. Oh, what stories they had to tell. The story of one new friend was heart-breaking. He saw his wife and 2 year old daughter wash away with the first tsunami wave, then found himself 3 km from his home on a mountain (after clutching a piece of the kitchen cupboard) where he lived for 3 days, eating coconuts. Finally, he sifted through the rubble to find the bodies of his wife, his parents, and his siblings; he never found his little daughter. He lost his home, his store, his entire family. But he keeps going. He has faith, and that is what keeps him going.

Another friend lost her husband, her dear father, and her home, and now lives on a dirt floor with a friend trying to feed her 6 year old son. There are many stories about how people struggled in the water to survive and many stories of very complicated aspiration pneumonias as a result of it. We saw numerous infected wounds and fractures that had never been treated. In some ways it was very difficult to hear these stories that I was able to lend

a therapeutic ear, and I sometimes felt that just acknowledging their feelings was even more helpful than any other intervention I could offer.

Why do I do this work? First, I feel proud that as a Canadian family doctor I have the skills to make a difference. My international colleagues commented on how many Canadian family doctors are very well trained for this work.

I think that when I know that someone appreciates even a little thing that I do for them, I will work to move the sky for them. When I hear a story about how patients struggled to survive, lost an entire family, after such hardship, I feel honoured to help them. It isn't just the tsunami that affected these people; like many people in the world, it is poverty. It is the discrepancy between rich and poor and the inequitable distribution of the world's resources. This is why I want to continue to be involved in raising awareness of global health issues, and to ask others to look at the big picture when we think about health.

Will I do this again? Absolutely. For all these reasons, I will keep helping with disaster relief for as long as I possibly can, and probably even longer.

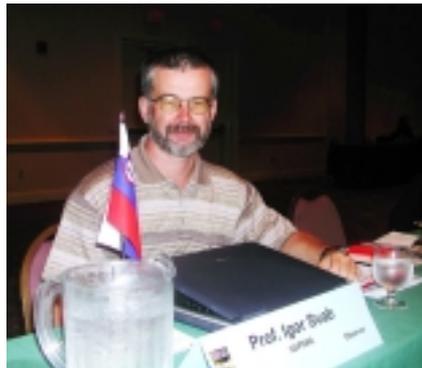
(Editor's note: Dr Lynda Redwood-Campbell is a family physician and Associate Professor in the Department of Family Medicine at McMaster University in Hamilton, Ontario. This article, which was excerpted, and the photos were published in the May, 2005 edition of Canadian Family Physician)

MEMBER AND ORGANIZATIONAL NEWS

MEET PROFESSOR IGOR SVAB: WONCA EUROPE REGION PRESIDENT

My name is Igor Svab and I am the new Regional President for Wonca Europe.

Even if I still work part time in practice, my main job is to work as a professor of family medicine in at the medical faculty in Ljubljana, the capital of Slovenia. Slovenia is a small and very beautiful country on the sunny side of the Alps, bordering to Austria, Italy, Croatia and Hungary. The country joined European Union in May 2004.



Professor Igor Svab, Wonca Europe Region President

I started my medical career after graduating from the same medical faculty in 1981. From 1983 to 1991, I have been working as a rural GP in a rural health centre. During this time I have come in contact with the first international organisations of family medicine that has influenced my career, the European General Practice Research Workshop (EGPRW). I have always been interested in difficult patients, and I have completed my Masters degree in medicine on a topic of frequent

attenders in general practice.

In 1991, I moved to the National Institute of Public Health to Ljubljana in order to help in running the vocational training scheme for general practitioners in the country. During this time I begun working on my PhD in medicine, which I have completed in 1993 on the subject of multivariate analysis of the reasons for referral from General practice. During my work at the institute, I joined the European Academy of General Practice Teachers (EURACT) as the first representative for Slovenia. Joining EURACT helped me much in my task of overseeing the development of the Department of Family Medicine at the University of Ljubljana. Together with a group of colleagues we were able to establish an innovative programme for community-based teaching. One of the biggest successes of my career was to participate in the creation and the development of the Department of Family Medicine. Over the years, the department has become the key factor in the development of Family Medicine in Slovenia and is still continuing to grow. The undergraduate curriculum for family medicine has become the most popular of all the curricula at the medical faculty. This is the reason that I am currently overseeing the curriculum review programme for the whole of the faculty. Recently, we have established an independent research unit which is very successful in researching topics, relevant for family medicine.

The development of family medicine as a discipline has been successful in Slovenia. The most prominent success was probably the obligatory vocational training for family medicine, which has been officially accepted in 2000 and has replaced the old programme that was in place since 1962.

I joined WONCA as the representative of researchers in general practice on the board of WONCA Europe. Over the last three years I have been the Vice President of WONCA Europe. My biggest task was to chair the scientific committee of the WONCA Europe conference in Ljubljana in June 2003. I am also one of the authors of the European definition of general practice/family medicine, which was accepted in 2002.

In the last few years, I am increasingly involved in family medicine development projects, especially in the countries of Central and Eastern Europe, where there is a great need for family medicine development. I have been working on World Bank projects in relation to the development of family medicine in Estonia and have advised the development of family medicine in Turkey. I am also very much involved in the development of family medicine in Montenegro and Macedonia.

In autumn 2004 I was awarded an honorary fellowship of the Royal College of General Practitioners in London.

As most doctors, I have interests outside medicine as well. I enjoy reading a good book and hiking in the mountains. I try to exercise regularly. If I have time, I spend some time in my garden. And I have introduced slow food philosophy to many of my friends. I believe life is beautiful.

Professor Igor Svab
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CELEBRATING THE LIFE OF SCOTLAND'S ALASTAIR DONALD

A general practitioner in Leith and Cramond, Edinburgh, Scotland for almost forty years, Dr. Alastair Donald was a family doctor par excellence. During his lifetime, Alastair contributed to the growth of general practice/family medicine within Wonca.

After graduation from the University of Cambridge, Alastair qualified as a doctor at Edinburgh University in 1951. After National Service in the Medical Branch of the RAF he joined his father's practice in Leith which his grandfather had established. Under Alastair's leadership and vision the practice rapidly became one of the largest and most progressive in Edinburgh. He was proud when his daughter, Patricia, became a fourth generation partner in the same practice.



Alastair Donald,
Honorary Life Direct
Member of Wonca

He was associated with the Royal College of General Practitioners from its foundation and he never forgot its motto Caritas. Like most outstanding general practitioners he related to patients as individuals, both in the surgery and at home. He was elected to Fellowship of the Royal College of General Practitioners in 1972 and in 1997 received the Foundation Council Award. For many years he was a Member of Council of the College, Chairman from 1979 until 1982, and President from 1992 until 1994, acting for the first year as Deputy to HRH the Prince of Wales.

Alastair's particular interest was GP education, both of aspiring and

established general practitioners. He was a part time lecturer in the Department of General Practice in Edinburgh and later he was appointed Regional Adviser in General Practice for South East Scotland where he had a considerable influence in the development of Vocational Training. He was elected to Fellowship of the Royal College of Physicians of Edinburgh in 1981, and of Glasgow in 1993. He was appointed OBE in 1982 and CBE in 1993.

Alastair always believed that the core principles of general practice/family medicine were international, shaped and modified by local culture. He was an early exponent of the MRCGP (International), even although he met considerable initial resistance! His contribution to the development of general/family practice extended overseas. One of his most influential visits was to Kuwait resulting in the RCGP/Kuwait Fellowship. The model of family practice education and assessment developed by Professor Robin Fraser, the RCGP/Kuwait Fellow has been replicated in many other countries both in the Middle East and elsewhere. Alastair also made educational visits to Malta and Portugal. He had discussions with Nick Pisicano and the American Board of Family Practice remutual recognition of membership/certification. He maintained that one of the most enjoyable visits he ever made was to Lexington, Kentucky, where he was impressed both by the Boardroom of the ABFP and the opportunity for a game of golf!

He served for six years as the RCGP representative on WONCA Council, bringing his considerable educational expertise and his political skills to the work of that organisation. His interventions were always apposite and, although he did not speak very often, his views were usually persuasive. With others

he supported a close relationship with SIMG (Societas Internationalis Medicinæ Generalis) recognising that it was a waste of resources to have two competing European Family Practice organisations. He was delighted that during Lotte Newman's time as President of SIMG, it became an 'Organisation in Collaborative Relations' with WONCA.

In recognition of his international work Alastair was awarded the Hippocratic Medal of SIMG in 1994 and made an Honorary Life Direct Member of WONCA in 1998.

Dr Alastair Geoffrey Donald CBE was born on November 24, 1926 and died on June 5, 2005. Although he had been ill for a number of years before he died, he remained passionate about golf and it was entirely appropriate that his sudden death, took place in the clubhouse of one of the three golf courses of which he was a member.

Dr Douglas G Garvie, OBE FRCGP
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Calvin Lucas Wilson, MD: July 2005 Global Family Doctor of the Month

Dr. Wilson is a member of the American Academy of Family Physicians, Society of Teachers of Family Medicine and certified by the American Board of Family Practice.

Dr. Wilson started his career in the Denver Colorado area as a private practicing family doctor and has been a long-standing member of the faculty at the University of Colorado. He has been evaluated as an excellent teacher and innovator in family medicine education and has published appropriately. He has been a recipient of the prestigious

Gabe Smilkstein international educator award of the Society of Teachers of Family Medicine.



Calvin Lucas Wilson MD,
July 2005 Global Family Doctor of the Month

While he has made multiple significant international contributions on behalf of family medicine there are a couple of significant contributions that deserve special mention. He left the University of Colorado for nearly 10 years to start a new family medicine residency at Hospital Vozandes in Quito, Ecuador. This was a small residency in a small mission hospital, yet when the Ministry of Health saw what he was doing they realized that he was training the kind of doctors that their country needed. Many of his graduates are now teaching in that program as well as universities and leading other new residency programs. His work clearly has impacted family medicine in Ecuador and some of his work has been exported to other South and Central American countries. After about 10 years he turned leadership of the program over to Ecuadorian physicians and it has continued to thrive.

After several years back at CU he left for Jordan where he spent 5 years developing new educational programs with an emphasis on training GP's into family physicians, continuing education and retraining of other specialists into family doctors. After completion of his time there again he was able to leave the program in well-trained local hands.

In addition to these large projects he has done educational consulting and teaching in developing family medicine and Iraq, Kyrgyzstan and is currently involved in a project in West Africa.

In summary, Dr Wilson is the kind of physician educator, consultant, leader and innovator that Wonca is proud to be associated with, and a deserved winner of the Wonca Global Family Doctor of the Month Award for July 2005.

(Editor's Note; The "Global Family Doctor of the Month" Award is an award to encourage philanthropy among primary care practitioners and to honour doctors giving their time and expertise to their global colleagues and their patients. The award is given to doctors who are recognised by their colleagues as having contributed significantly to the community in which they work by way of their practice, community involvement, charity work or other humanitarian acts.

Each Award winner is given a letter of congratulations from the Wonca CEO, an award certificate and a complete office diagnostic set from Welch Allyn worth approximately \$400.

Submission Requirements include:

1. Title and Full Name of nominee.
2. Photo of nominee. The winner and his/her photo would be featured on Wonca's website www.GlobalFamilyDoctor.com
3. Postal address of nominee.
4. Reasons for nomination for the Award.
5. Brief resume or CV of the nominee
6. Any other relevant information that would assist Wonca in the selection process.

Please submit nominations for this monthly Award to Dr Alfred Loh, CEO of Wonca at the Wonca Secretariat via email to admin@wonca.com.sg

RESOURCES FOR THE FAMILY DOCTOR

SPECIAL INTEREST GROUP ON “ETHICS IN GENERAL PRACTICE”

During the Wonca Europe 2000 conference in Vienna, the Special Interest Group (SIG) “Ethics in General Practice” was proposed by Dr. Lotte Newman at the occasion of the special symposium “Challenges to our Professional Attitudes”. During the first four years of existence the group has approached interested colleagues globally, has held conference workshops during the Conferences in Durban, Ljubljana and Orlando – all with very good attendance. During the London meeting the terms of reference agreed upon were “to attempt to illustrate the nature of ethical issues encountered by WONCA and its members (both Organisations and Individuals) and to explore the principles, values and beliefs which inform decisions”.

The group has established a list of interested colleagues worldwide and has identified colleges, academies or other general practice groups which have working groups on ethical issues. The teaching situation for professional attitudes in different countries was reviewed and a forum to collect and discuss situations which produce ethical dilemmas to colleagues worldwide has been established; based on these collections, the group has started to set up a database for ethical dilemmas in general practice. Groups and individuals were encouraged to develop similar activities back home in their countries; as an example, the Austrian Society for General Practice and Family Medicine has now established a special working group for ethical dilemmas.

Upon initiative of Prof. Igor Svab and EURACT, the 12th international course on “Learning and Teaching in General Practice and Family Medicine” (September 2003 in Bled) dealt with the topic “Ethical Problems in General Practice”; a complete teaching program including recommendations for appropriate didactic methods, a list of resources required and strategies for implementation at the University level was developed by the participants.

During the open forum held in Ljubljana the topic of medical errors and errors in general practice in particular was discussed. It was agreed that this is an important issue for the field and for GPs worldwide which should be included in the agenda for the group. In particular, the attitude of the medical community and

of GP colleagues towards medical errors and the way how to prevent or how to handle such situations are in fact based on ethical considerations. Since then, the topic of medical errors has been integrated into the new medical curriculum at the University of Vienna: during the 4th year medical students now have an introductory lecture on the topic of medical errors followed by small group work; here, two real situations are presented by an interdisciplinary group of teachers – one from the hospital sector and one from primary health care.

During the 2004 WONCA World Council Meeting in Orlando, Dr Hava Tabenkin, the representative from Israel, reported about a project to collect ethical dilemmas in clinical practice to be published in a book. Interest was expressed in this project. It was agreed that the respective colleagues involved should collaborate closely with the SIG and their existing collection of ethical dilemmas in general practice.

The last workshop so far on ethical dilemmas organized by the SIG was held during the Orlando conference in October 2004. Seventeen colleagues from around the globe presented recent ethical dilemmas which occurred to them; two were selected for detailed discussion. At the end the group agreed to stay in contact and to exchange information and situations causing an ethical dilemma to them. The open forum, also held during the Orlando Meeting, was attended by 12 colleagues from 10 different countries. After the presentation of the group, its history and aims several issues were brought up and discussed: among them were recent developments in the Netherlands regarding the assessment of medical students and their attitudes and a similar initiative from the USA. At the end of the open forum the participants agreed that medical ethics should be taught and integrated into a variety of medical and clinical courses instead of being taught in blocks by philosophers and ethicists. Further, ethical issues should be included in every type of medical student test because examinations drive the learning needs of the students.

In early 2005, Dr. Lotte Newman announced her retirement as Co-Convenor of this SIG. Dr. Lotte Newman not only put forward the idea of the SIG in 2000 but she promoted the ideas behind it at every occasion and contributed invaluable to its organisation and spirit. It is with great respect and appreciation that I have to thank Dr Newman for all her efforts and contributions to the development of the group. In speaking for all colleagues around the world I think we have to accept her decision and will work hard to continue what she started.

The next workshop to discuss ethical dilemmas will be held during the WONCA Europe Conference in Kos, Greece; further, an open forum for a get together of interested colleagues will be organized for presentation of the goals and achievements of the Special Interest Group.

Manfred Maier

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Wonca Special Interest Group in Travel Medicine

A most successful launch of the SIG took place at the last WONCA Congress held in Orlando. There were twenty attendees, all of whom expressed interest in participating in the SIG. The following talks were presented during the Orlando SIG meeting:

- * Welcome and Introduction - B Sparks (South Africa)
- * Travel Medicine: The Role of the Family Doctor - G Brink (South Africa)
- * The Child as Traveler - D Hyams (South Africa)
- * Refugee Medicine - J Sulaiman (USA)
- * Preventive Accidents - H Yaman (Turkey)
- * Emerging Diseases - T Kemple (United Kingdom)
- * Malaria - G Ogunbanjo (South Africa)

I attended the International Society of Travel Medicine (ISTM) Congress held in Lisbon from 1 - 5 May this year. The meeting stressed the importance of providing pre-travel advice, particularly in the field of malaria. As a result, the first educational material that the SIG will prepare will be on advising those traveling to malaria areas and the importance of follow-up on their return. The International Society of Travel Medicine will be approached

to request special membership for Wonca Direct Members of the SIG.

The South African Society of Travel Medicine will be holding various courses throughout Africa during the next two years and specific invitations will be sent to the Wonca regions and the SIG members inviting their attendance. The South African Society of Travel Medicine is also currently producing a guide on the practice of travel medicine and this will be made available to all those interested.

I will be attending the Northern European Congress of Travel Medicine in Edinburgh in June 2006 and members will be encouraged to attend this Congress. The SIG will be planning a workshop during the 2007 Wonca World Conference in Singapore.

Contact is to be made with the Wonca regions inviting interested persons to participate in the SIG. Those who are interested in participating in Wonca's Travel Medicine SIG may contact me directly.

Garth Brink

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WONCA SIG IN PSYCHIATRY AND MENTAL HEALTH

At the upcoming Wonca Europe Regional Conference in Kos, Greece, the Wonca SIG In Psychiatry and Neurology will be leading a workshop on the Management of Headache including cultural considerations upon presentation and on Mental State Assessment. Facilitators will include Dr Hakan Yaman, Dr Henk Parmentier, Dr Eleni Palazidou, Dr Mike Grenville and Dr Gabby Ivbijaro. Details of the exact time, place and date should

be available on the WONCA Europe website.

The SIG plans to produce a quarterly e-mail newsletter which will allow us to share views and information about what is happening in our countries, colleges and localities. It will also be an opportunity to share information about ongoing projects and publications from members. Dr Henk Parmentier has kindly agreed to co-ordinate this for us. Any other members of our group with the necessary skills and an interest in this new development should let me know. Henk's e-mail address is: henk.parmentier@gmail.com

The Primary Care Mental Health Journal is a new, peer reviewed journal with similar aims and objectives to the SIG in Psychiatry & Neurology and is indexed in EMBASE/Excerpta Medica, SwetsWise, Zetoc, EBSCOhost Electronic Journals Service and Ulrich's Periodicals Directory. I would like to recommend this publication to you all and I hope that we can support it by individual subscriptions, by recommending it to our institutional libraries so that they can subscribe and by submitting original work. The journal has a multidisciplinary focus and brings research and evidence into the management of mental health in everyday clinical practice. Individual members of our group are already involved in this journal and I hope others will get involved. The web site is: http://www.radcliffe-oxford.com/journals/J14_Primary_Care_Mental_Health/default.htm

Following KOS, our next international business meeting will be in the United Arab Emirates. We have agreed to be co-sponsors of an international Primary Care Conference in the Emirates in

collaboration with the General Authority for Health Services for the Emirate of Abu Dhabi. A member of our SIG, Dr Abyad, has kindly agreed to be our host for the three day conference. Our business meeting will take place on Sunday 22nd January 2006. Those of you who wish to attend or present at this conference should contact Dr Abyad directly at aabyad@ghas.ae copying Henk Parmentier (henk.parmentier@gmail.com) into the e-mail so that he can plan to include this information into the news letter. I attach further information about this conference to this e-mail.

The SIG's Culturally Sensitive Depression Guideline has been found to be very useful worldwide. The guideline was distributed in Pakistan and GP's in Karachi are freely using it. It was printed and reviewed in Australian Doctor and recommended to GP's by Professor Ian Hickie. Feedback from Chile and other South American countries is that it is very useful and we have received similar feedback from Israel and Nigeria. It has been praised as a very useful tool by East London GP's and medical students. The success of this first project demonstrates the capability of the SIG to deliver practical tools of high academic quality to general practitioners worldwide.

The Primary Care Programme of the National Institute of Mental Health (NIMHE) in England has referenced the guideline and commended it to GP's in England. The SIG has also been commissioned to provide three articles looking at mental health issues from the cultural and global perspective by the Primary Care Mental Health Journal (Radcliffe Oxford). This guideline is available for free on the Wonca web at:
http://www.globalfamilydoctor.com/aboutWonca/sig/FinalguidelinedepressionSIG_Version1.o.pdf

Gabby Ivbijaro

Convenor Wonca SIG in Psychiatry & Neurology
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MEET IN SRI LANKA

Wonca MESAR 2005 Conference

**12 – 16 October 2005
 Colombo, Sri Lanka**

Theme:

FAMILY PHYSICIAN IN HEALTH CARE – THE WAY FORWARD

Venue:

Hotel Galadari

For more information, please contact

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 College of General Practitioners of Sri Lanka
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Website www.wonca-mesar.com

WONCA CONFERENCES 2005 – 2010 AT A GLANCE

 Information correct as at June 2005.
 May be subject to change.

 See Wonca Website www.GlobalFamilyDoctor.com for updates

2005	Region	Venue	Theme
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
12 – 16 Oct	Middle East South Asia Regional Conference	Colombo SRI LANKA	Family Physician in Health Care – The Way Forward
2006			
27 – 31 Aug	European Regional Conference	Florence ITALY	Towards Medical Renaissance
8 – 15 Sept	7th Rural Health Conference	Seattle Washington USA	Transforming Rural Practice Through Education
11 – 14 Oct	Iberoamericana - CIMF Regional Conference	Buenos Aires ARGENTINA	Pursuing Equity and Efficiency in Healthcare: the Role of the Family Doctor
4 – 9 Nov	Asia Pacific Regional Conference	Bangkok THAILAND	Happy and Healthy Family
11 – 15 Oct	Americas Regional Conference	Vancouver, CANADA	Preparing for Tomorrow
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	Re-Thinking Primary Care in the European Context: A New Challenge for General Practice
2008			
1 – 5 Oct	Asia Pacific Regional Conference	Melbourne AUSTRALIA	Theme to be confirmed
2009			
Date to be confirmed	Asia Pacific Regional Conference	Hong Kong	Building Bridges
2010			
19 – 23 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

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@woncaeuropa2005.org
 Web: <http://www.woncaeuropa2005.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.woncaeuropa2006.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: 8 -10 September – Wonca Rural Conference
 University of Washington campus
 11-13 September, 34th Annual Advances in Family Practice
 University of Washington campus
 13-15 September, Post Conference
 Talkeetna Alaskan Lodge
 Anchorage, Alaska

Contact: Tom E Norris, MD
 Chair, Host Organizing Committee
 Department of Family Medicine
 University of Washington School of Medicine
 Box 356390
 Seattle, WA 98195-6390

Fax: 206-543-3101
 Email: tnorris@u.washington.edu
 Web: <http://www.ruralwonca2006.org/>

Wonca Iberoamericana-CIMF Region, Buenos Aires, 2006

Host: Federacion Argentina De Medicina Familiar y General
 Theme: Pursing Equity and Efficiency in Healthcare: The Role of the Family Doctor
 Date: 11-15 October, 2006
 Venue: Sheraton Hotel, Buenos Aires
 Contact: Federacion Argentina De Medicina Familiar y General
 Tel: 54 11 4958 5071
 Email: aamf@lvd.com.ar
 Web: www.aamf.org.ar

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: 5-9 November, 2006
 Venue: Miracle Grand Convention Hotel, Bangkok
 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

Wonca Americas Region/Family Medicine Forum 2005,

Vancouver, 2006

Host: College of Family Physicians of Canada (CFPC)
 Theme: Preparing for Tomorrow
 Date: 11-15 December, 2006
 Venue: Vancouver Exhibition and Convention Centre
 Vancouver, British Columbia, Canada
 Contact: Joanne Langevin; Meetings Manager
 Cheryl Selig, Registration Coordinator
 2630 Avenue Skymark
 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

18th Wonca World Conference, Singapore 2007

Host: College of Family Physicians, Singapore
 Theme: Human Genomics and its Impact on Family Physicians
 Date: 24-27 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 #01-02
 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: javierdominguez14@hotmail.com

MEMBER ORGANIZATION AND RELATED MEETINGS

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 Sept - 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

**The Royal Australian College of General Practitioners
48th Annual Scientific Conference, Darwin, Australia
2005**

Date: 29 September - 2 October 2005
 Theme: Unity and Care
 Venue: Holiday Inn Esplanade Darwin
 Contact: Tania Ormiston
 Phone: (613) 8699 0427
 Email: tania.ormiston@racgp.org.au
 Web: www.racgp.org.au

**North American Primary Care Research Group (NAPCRG),
Quebec City Canada 2005**

Date: 15-18 October 2005
 Theme: Primary Palliative Care Research: Current State
 and Future Agenda
 Contact: Dr Geoff Mitchell
 University of Queensland,
 Brisbane, Australia
 Phone: 61 (0)7 3365 5504
 Fax: 61 (0)7 3365 5130
 Mobile: 0412 775 117
 Email: g.mitchell@uq.edu.au
 Web: www.NAPCRG.org

**International Society for Quality in Health Care
22nd International Conference, Vancouver 2005**

Date: 25-28 October, 2005
 Venue: Vancouver, British Columbia, Canada
 Contact: ISQua Secretariat
 212 Clarendon Street
 East Melbourne 3002 AUSTRALIA
 Phone: +61 3 9417 6971 ..
 Fax: +61 3 9417 6851
 Email: isqua@isqua.org
 Web: <http://www.isqua.org>

**Network: Toward Unity for Health International
Conference**

Ho Chi Minh City, Vietnam 2005

Date: 12 - 17 November, 2005
 Theme: On Making Primary Health Care Work:
 Challenges for the
 Education and Practice of the Health Workforce
 Venue: Ho Chi Minh City, Vietnam
 Contact: Ms. Yoka J.H. Cerfontaine
 P.O. Box 616
 6200 MD Maastricht
 The Netherlands
 Tel: 31-43-3885638/3881524
 Fax: 31-43-3885639
 Email: secretariat@network.unimaas.nl
 Web: <http://www.the-networktufh.org/conference/>

**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
 Address: 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/>
 Visit Global Family Doctor - Wonca Online
www.GlobalFamilyDoctor.com

Wonca Europe 2005

11th Conference of the
European Society of
General Practice/Family Medicine



Wonca

World family doctors. Caring for people.

EUROPE



WONCA EUROPE 2005

*"From Hippocrates to
the Human Genome:
The past, present and future of
General Practice/Family Medicine"*

Kos Island, Greece
September 3-7, 2005

Hosted by: The Greek Association of General Practitioners

Website: www.woncaeurope2005.org

E-mail: elegeia@woncaeurope2005.org