

## A word from the chairman

Dear Colleagues,

**W**e are happy to present to you another issue of 'IMA around the Globe'. As you will see, we have been quite busy since our last bulletin, with happenings both in the Israeli medical field and within our IMA chapters around the world.

As we were celebrating Chanukah, the festival of lights, here in Israel we struggled, for four days, to extinguish a forest fire in the Carmel region. The fire claimed 44 lives and destroyed communities, forcing thousands from their homes, and consuming more than 4 million trees. Hundreds of patients and staff of the Tirat Hacarmel Mental Health Center were evacuated to ensure their safety. Three hospitals in Haifa, Rambam, Carmel and Bnei Zion were put on high alert and doctors, nurses and medical assistants were called from their homes to assist with the injured.

The international response to this crisis was overwhelming, with contributions being made from all regions. Most enlightening was the assistance we received from Turkey following our strained relationship since the flotilla incident and that of the Palestinian Authority, during a wilt in our peace talks. It showed us that we can work together. The miracle of this Chanukah was that a fire which could have burned for several weeks was put out by cooperation of global forces in a matter of days.

On another note, concurrent with the impending physician shortage and

the resulting increased pressure on Israeli physicians, the IMA has resumed negotiations with the government on physician working conditions. The IMA observed this by holding a conference in which doctors in Israel came together to discuss what they would like to be included in these negotiations. We also had the privilege of hosting Dr Otmar Kloiber, Secretary General of the WMA, who joined our conference and presented on the issue of the physician shortage throughout the world.

In other news, an Israeli delegation travelled to Durban, South Africa to provide training to local medical teams in administering medical circumcisions to adults. The Haiti rehabilitation mission continues with an Israeli team who travelled to Haiti in November to continue treating patients and maintain the program. You can read about some of these events and others in this edition of our newsletter.

I would also like to take this opportunity to inform you that we are in the process of renovating our English website. In order to be included in our new site, if you have not already done so, please send your chapter details to [international@ima.org.il](mailto:international@ima.org.il), including: a link to your website, names and positions of key members within your chapter, contact email address and logo. Our new website will be launched shortly.

Finally, as we are now in a new calendar year, I would like to wish you a

Happy New Year and much success and happiness in the coming year.

› Zeev Feldman

Chairman

IMA World Fellowship

### Coming Soon... New IMA English Website



› [www.ima.org.il/en](http://www.ima.org.il/en)

## IMA Domestic News and Activities

### Israeli Medical Association meeting with member of Knesset Dr. Agbaria

» On Monday 4<sup>th</sup> October, the Israeli Medical Association (IMA) President, Dr. Leonid Eidelman, together with IMA Secretary General, Advocate Leah Wapner, met with MK Dr. Afou Agbaria, member of the Knesset Labour, Social Affairs and Health Committee. The meeting was also attended by Dr Mamina Schwartz, Vice Chairman of the Doctors Association; Prof. Shai Ashkenazi, Chairman of the IMA Scientific Council; Prof. Elisha Bartov, Member of the Presidium of the IMA Scientific Council; Dr Nikolai Weiss, Observer on the IMA Board; Prof. Shaul Yatziv, Member of the Presidium of the IMA Scientific Council; Dr. Bishara Bisharat, Director of the English Hospital in Nazareth; Amin Bishara, the Secretary of IMA Nazareth Branch; Dr. Haim Toledano, Member of the IMA Board; Dr. Itzhak Siev-Ner, Chairman of the State Employed Physicians' Association and

IMA Vice President and IMA senior staff members. The aim of the meeting was to strengthen ties with and improve medicine in the Arab sector.

The meeting began with a presentation by the IMA which raised important issues for both sides, including violence against doctors, mental health reform, and the physician shortage. The participants discussed the need for cooperation with the Arab population to reduce the gaps and reach equality in health among all populations within the country.

MK Agbaria highlighted the problems facing doctors who study abroad and find it difficult to pass licensing exams upon their return to Israel. Despite the recognition that we cannot reduce the quality of medicine in Israel, MK Agbaria sought the help of IMA doctors in reducing unnecessary barriers that he feels many encounter.

During the meeting, three main ideas were proposed:

- Splitting the licensing examination by adding an examination preparation course, with the aim of increasing the percentage of Arab doctors.

- Amending the university acceptance examination, which impedes Arab students seeking acceptance to medical schools because of a cultural bias in the examination simulation and questionnaire.

- Removing the age criterion of acceptance to some medical schools - this criterion impacts predominantly on the Arab sector (who often do not serve in the army and therefore begin their studies at a younger age).

“ The participants discussed the need for cooperation with the Arab population to reduce the gaps and reach equality in health among all populations within the country



■ Dr. Eidelman and Dr. Agbaria



■ Left to right: Ami Gill, Dr. Bishara Bisharat, Prof. Shaul Yatziv

It was agreed that there is a need to promote cooperation between the IMA and the Knesset Health Committee in order to discuss and tackle all these issues. At the end of the meeting it was agreed that the IMA will achieve further cooperation with MK Agbaria and the Arab sector by arranging visits by the Chairman of the IMA's Scientific Council to Nazareth hospitals and collaborating to promote medicine in the region.

## Inequalities in health care services continue to rise in Israel

» Israel continues to see the erosion of equality in access to medical services among and between its communities from the center to the periphery. Over the years we have witnessed increasing decline in the budget of the standardized health basket, and an increasing number of patients whose health is deteriorating because they cannot afford basic medical services.

- There is an alarming increase among the lower classes who forego medication and a family doctor visit.
- The rate of poorer individuals who forego medical services for children is three times the average and reaches 14%, compared to 5% in the general population.
- Increased feeling of insecurity amongst the poor about their ability to pay for medicines and medical services not provided in the standardized basket of care has increased to 41% from 37% in 2009.

There is a bleak picture regarding the widening of gaps in access to medical services between the periphery and the center and between the upper and lower socio-economic classes, according to a survey conducted by the IMA in conjunction with the Institute of Medical Geocartography in May 2010.

In accordance with the Israeli Medi-

“ Over the years we have witnessed increasing decline in the budget of the standardized health basket, and an increasing number of patients whose health is deteriorating because they cannot afford basic medical services.

cal Association’s ongoing project, which began in 2003, the IMA conducted a survey examining the impact of the economic burden on the use of health services in Israel. Similar to last year, emphasis was placed on the social periphery, through the CBS settlement index. The survey was conducted by telephone among 950 respondents (constituting a representative national sample of the population) concerning their visit to a doctor in the public service.

Dr. Tzaki Siev-ner, Vice President of the IMA, stated that, unfortunately, despite the fact that there are many bodies involved in the matter who have warned of the problems, in the past eight years the situation has not improved and if anything, has deteriorated.

**Visit to a doctor:** about one-tenth of the Israeli public are forced to forego visiting a doctor because of the financial costs involved. Amongst the poor, the rate is two times higher than the average of the general population.

**Purchase of drugs:** 13% of respondents indicated that they were forced to do without prescription drugs because of the cost; no improvement has been recorded on this matter over the years. The survey indicates a continued widening of gaps this year and a significant trend of an increase to forego prescription drugs because of cost (from 17% in 2009 to 20% in 2010).

**Medical services for children:** The percentage of poorer children who forego medical services is three times the average (5%) and reaches 14%.

**Medical services for the elderly:** 11% of the elderly were forced to do without medical services, compared to 8% in the general population.

**Payment for medical services:** 29% of the public reported that last year they paid more than ever for medical services. This figure has decreased from 2009 when it stood at 32%.

**The standardized health basket:**

64% of respondents believe that the state does not do enough to expand the health basket. Almost half the population (46%) are concerned that the economic burden of expenses on medicines and new treatments will fall on them.

## Israeli Physician Negotiations

» In our last newsletter, we featured an interview with Dr Eidelman, IMA President, who highlighted the current unrest of physicians in Israel following the end of our mandatory arbitration. This agreement was made between the government and the IMA, on behalf of publicly employed physicians, wherein the physicians agreed to give up the right to strike for ten years in exchange for mandatory arbitration. At the end of the arbitration process, physicians received a salary increase of approximately 23.5%; however no real reforms on issues such as manpower and CME were realized.



■ Dr. Feldman

The IMA held a conference in November last year at the Dead Sea to mark resumption of the negotiations on working conditions of publicly employed physicians. The content of the conference was devoted to dealing with core issues which the doctors themselves wanted to discuss. Work -

ing groups were formulated to tackle such relevant issues as: fields of medicine in distress, community medicine, number of positions, medicine in the periphery, residents, pensioners, CME and working conditions in hospitals. During the conference, these groups worked separately and together to formulate recommendations and ideas for the renewed negotiations.

## “ The IMA held a conference to mark resumption of the negotiations on working conditions of publicly employed physicians

Dr Otmar Kloiber, Secretary General of the WMA, kindly joined the conference and presented to Israeli doctors his views on the issue of physician shortages in Israel and throughout the world. The doctors also heard Nehemia Strassler, an economics correspondent from the Israeli newspaper “Haaretz”, who presented on professional achievements through public action from an economic point of view.

An interesting and very enjoyable part of the conference was the submission of personal stories by doctors in the audience, which were then drama-



■ Participants at the conference

## “ In order for physicians in Israel to receive satisfactory changes to their working conditions, we have a long fight ahead.

tized in an improvisation performance by actors. This was followed by a panel of experts made up of various physicians from different specialties who conducted a lively discussion with the audience.

The conference was successful in allowing the IMA to truly hear the opinions of physicians in Israel. However, this is only the start of the negotiations

with the government and we expect that in order for physicians in Israel to receive satisfactory changes to their working conditions, we have a long fight ahead.

## Israeli Ministry of Health plan to fight smoking advertisements on the web

» Dr Ronni Gamzu, who was appointed to the position of Director General of the Ministry of Health on the 1st June last year, quickly established a special committee to tackle the problem of tobacco use in Israel. Dr Gamzu is planning to bring the issue of tobacco advertisements on the internet to the committee. Since 1983, there has been a ban in Israel on tobacco advertising on conventional electronic media, TV and radio, but there are no restrictions on the internet.

The committee was set up to take new initiatives against tobacco use and Dr Gamzu said a report with recommendations on new and stronger strategies to fight smoking will be issued at the end of the year. Dr Gamzu has also stated that he will ask the committee to examine ideas to fight tobacco advertising in Israel, including that on websites.

About 27% of Israelis over the age



■ Dr.Eidelman

of 18 years smoke. Smoking kills 10,000 people a year in Israel, 1,500 of whom die as a result of second-hand smoke. More people die in Israel a year from smoking than car accidents, terror attacks, and AIDS combined.

Despite laws prohibiting smoking in public places, in Tel Aviv's cafes, bars and nightclubs enforcement is lax. The Israel

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Cancer Association continues to lobby the Knesset for stricter law enforcement, and successfully appealed to the prime minister to raise the tax on cigarettes in order to discourage smoking.

Recently, a private member's bill was proposed that, if passed, would be the world's first law barring the sale of tobacco products containing addictive substances such as nicotine, menthol and ammonia. This bill is due to go to the Ministerial Committee on Legislation to get the go-ahead.

Mr Amos Hausner, chairman of the Israel Council for the Prevention of Smoking, said that young people are undoubtedly being targeted by the tobacco industry through the electronic media. Mr Hausner specifically noted the use of both subliminal and direct advertising in films and on the internet. Mr Hausner also reported that his council had received complaints from

the public about smoking advertisement on Israeli websites.

According to a recent study, smoking in films has reduced by 50% in the US, while continuing to increase in Israel.

### The Health Basket Committee

» The health basket committee decides what should be included in the state-funded standardised health care basket and considers the allocation of hundreds of millions of shekels a year. The committee has been in operation for the past 12 years without its actions being stipulated by law.

Recently a bill was proposed to regulate the action of the health basket committee. The bill was signed by 30 MKs and supported by the Israeli Medical Association. The proposed law relates to how the committee is regulated and covers



such areas as selection of members and agenda. The bill also includes guidelines on the committee's decisions and gives them the authority to remove drugs no longer in use from the basket, in order to free up the budget for new medications.

Dr. Leonid Eidelman, President of the IMA said: "The IMA welcomes the move, and we are happy that the bill adopts the principles which the IMA has been promoting for several years. We believe that the treatment and decision making on issues of significance and impact on patient health and welfare ought to be conducted under clear and transparent rules, both from the professional and scientific aspects of good governance - a proper body that deals with public funds."

Over the last two years we have witnessed increasing erosion to the budget of the healthcare basket, and an increasing number of patients whose health is deteriorating because they cannot afford essential medicines.

Unfortunately, the government will not support the proposed law regulating the activities of the committee. The Ministerial Committee on Legislation voted not to give government backing to the law, following an objection by the Health Ministry.

The law can still be brought before the Knesset as a private members bill without government support.

The IMA is disappointed with the decision of the legislation ministerial committee members, who chose to reject the proposed bill regulating the operation of the committee of the health basket. The IMA sends its support to several members of the Knesset, MKs Rachel Adatto (Kadima), Haim Katz (Likud), David Rotem (Yisrael Beiteinu), Amnon Cohen (Shas) and Robert Ilatov (Yisrael Beitenu), the initiators of the bill, and calls for the members of Knesset to support the proposal.

## Israel Health Care System Inspires Hope for Peace

>by Aziz Abu Sarah

» In the dark times of the Israel-Palestine conflict, hope glimmers in the most unlikely of forms. At the age of 29, having just been diagnosed with thyroid cancer, hope shone through in the form of the Israeli health care system.

In December of 2009, I had reluctantly gone in for a routine check-up with my family doctor in East Jerusalem. I received the news that every person fears- there was a small lump in my throat, which was to lead to a huge change in my life. After making the dreaded phone calls to my nearest and dearest, I called my close friend Dr. Adel Misk, a Palestinian neurologist. Adel works indiscriminately with both Israeli and Palestinian patients, healing wounds regardless of the skin color they come on. He referred me to his colleague, Dr. Shila Nagar, a Jewish Israeli endocrinologist. Shila was referred to me not for her political views or religious practices, but for the fact that her track record as a doctor was impeccable. With Adel's help, an appointment at Shila's clinic was made and a surgery date was set. To my (and my mother's) relief, the preliminary processes and checkups for surgery went smoothly and the date for the removal was rapidly approaching.

During the gruelling process of the checkups, my light at the end of the tunnel was the constant presence of Palestinian patients in Shila's waiting room. It did not bother them that she was Jewish, just as Misk's Jewish patients did not mind that he is Arab. All the stereotypes and fences of nationalist fervor were replaced with basic survival instincts. People who waited outside her office were just like me, looking for

a savior in the face of their oft-times enemy. I shared my thoughts about this seemingly effortless cooperation with Shila, which prompted her to tell me her own story of hopefulness. She told me of a Jewish friend of hers who had had prostate problems. One night he was suffering from a painful blockage and went to the emergency room. The doctor on duty was an Arab woman and he felt wronged by this. It is doubly bad, he thought, an Arab and a woman. At first he refused to let her treat him, however as the pain increased he changed his mind and called her in. Years later, the Arab doctor remains his permanent physician and close friend. Shila held this personal experience as a torch of humanity in which no amount of nation-

**“ It did not bother them that she was Jewish, just as Misk's Jewish patients did not mind that he is Arab**

alism could overcome.

When the day of my surgery arrived, I found myself laying on the hospital bed, stressing and assessing. Ironically draped in a hospital gown covered with Stars of David, I considered the possibility of not waking up from my operation. However when I was brought to the operating room, I was again given another dose of hope. I had two surgeons, an Arab and a Jew. They came in together before the surgery and discussed the procedure with me assuring that everything would be alright. The anesthesiologist was an extremely experienced and competent Russian Israeli who joked with me until I fell asleep. My life was in the hands of an ideal team and I felt my fears dissipate.

Meanwhile, my family waited and paced outside the operating room. My wife and mother both in tears, comforted



■ Aziz Abu Sarah

by an unknown Jewish woman, waiting for news of her own relative's surgery. In the midst of the hatred, anger and bitterness of the conflict, you can still find glimpses of goodness. Unfortunately, this light often passes unnoticed. Yet it offers a practical example of the dream we all share, of a future where we can live safe and full lives without fear of

**“ Israeli doctors Arabs and Jews share a commitment to human life regardless of ethnicity, religion or nationality**

injury.

My surgery went extremely well, and I recovered quickly. Moreover, through this painful experience I caught a glimmer of hope in what seems like a hopeless environment. The functioning universal health care system in Israel and its ability to separate politics from medicine earned well my praise.

This is not to say that the system is perfect. Like any future Israel and Palestine might share, there is the possibility of getting distracted by issues of insur-

ance and bureaucracy. However, when it matters most, Israeli doctors Arabs and Jews share a commitment to human life regardless of ethnicity, religion or nationality. Moreover, when it comes time to choose doctors, we base our choice on who is mostly likely to promote human life. If only we voted on the same

**“ The functioning universal health care system in Israel and its ability to separate politics from medicine earned well my praise**

basis!

Unfortunately, I had to experience the health care system personally before being able to appreciate this example of what Israelis and Palestinians can achieve. Despite the pain and suffering, I am grateful to have discovered such a hidden treasure of humanity at its best.

The writer is director of Middle East projects at the Center for World Religions, Diplomacy and Conflict Resolution at George Mason University, and a winner of the Eliav-Sartawi Award for Common Ground Journalism. His blog can be found at [azizabusarah.wordpress.com](http://azizabusarah.wordpress.com)

## IMA International Activities

### Health as a bridge to peace

» Leah Wapner, Secretary General and Dr Blachar, Past President of the Israeli Medical Association (IMA), recently attended a conference in Turkey on the theme of “Health as a Bridge to Peace in the Middle East”. This was the second conference held by this initiative. The overall objective of the conference was to contribute to the implementation of the right to health and strengthen the independence of the medical profession in the Middle East countries. This initiative was and is organized in cooperation with the Norwegian Medical Association, the International Federation for Health and Human Rights Organizations in the Netherlands (IFHHRO), the Turkish Medical Association, the Human Rights Foundation of Turkey and the World Medical Association. It was attended by representatives from Egypt (Young Doctors Association, People’s Health Movement); Israel (IMA, Physicians for Human Rights – Israel); Iraq (Iraqi Medical Association, Doctors for Iraq), Netherlands (IFHHRO), Norway (Norwegian Medical Association), Palestine (Palestinian Physicians Syndicate, Physicians for Human Rights – Palestine) and Turkey (Turkish Medical Association, Human Rights Foundation of Turkey).

This year’s meeting focused on the role of the health professional in health and human rights. The meeting hoped to stimulate and improve the communication between health professionals in the region. Representatives from each association gave a 10 minute presentation on the role of health professionals in health and human rights. Dr Blachar presented on behalf of the IMA and highlighted the IMA’s positions on ethical and human rights matters, including those that prohibit participation of doctors in interrogation or torture; prohibit physicians sanctioning for solitary confinement; and strictly limit the use of security restraints in hospitals. Dr Blachar also described IMA activities in the area of human rights and medical ethics, provided examples of Israeli-Palestinian health care initiatives and highlighted IMA future aims.

We believe that health professionals play an important role in fighting for the prevention of human rights violations. Physicians play a key role in documenting and preventing forms of abuse and in treating victims of such abuse. The IMA encourages its physicians to join campaigns to oppose torture or ill treatment, and work to prevent the denial of health care. Furthermore, the IMA actively promotes the principle of equal care for all individuals. It is hoped that with further coopera-



tion between medical organizations within the Middle East we can make this vision a reality in the Middle East.

### Medical Students from Nova South Eastern University - Mission to Israel

» A group of American Jewish medical students recently travelled to Israel under the auspices of the Jewish Association for Health and Medical Students at Nova South Eastern University. The students came to Israel for a ten day medical mission, which took them to underserved areas within Israel to offer medical services to the people of that area, as well as to enhance their medical school experience. The students were also given the opportunity to visit a variety of medical settings such as hospitals, doctors’ offices, Terem and Magen David Adom, in order to learn about the research and medical care that is provided here. The main objective of the mission was to give the future physicians of America a well rounded view of medicine, as well as new and innovative ways to practice medicine and utilize state of the art research.

During their time in Israel the students met with delegates of the IMA in order to gain a better understanding of the Israeli health care system and the work of the IMA, specifically in relation to our World Fellowship program. The students met with Dr Zeev Feldman, Chairman of IMA WF, who presented about the IMA World Fellowship and its relation to the IMA and its chapters abroad. The students also heard about the work of the IMA in the international arena and the importance of the support we receive from our members throughout the world, including how Israel can be displayed in the media and





■ Dr. Feldman with the students from Nova South Eastern University

the effect it has on the Israeli Health system. The meeting with filled with a lively discussion and was very much enjoyed by both parties.

### Violence in the Health Sector

» In October of last year, Leah Wapner, Secretary General of the IMA, presented at the Second International Conference on Violence in the Health Sector. The conference, held in Amsterdam was entitled “From awareness to sustainable action”. Its focus was to target concrete and sustainable initiatives, projects, and research aimed at combating violence in the health sector. The conference offered an impressive and interesting program with a combination of keynotes, workshops, papers, and poster presentations from more than 30 countries worldwide and included topics such as: Violence against patients; Violence against staff; Staff to staff violence; Violence in Emergency Departments; Intimate partner violence; Strategies to manage violence; Impact of violence; Stigma, blame and attribution issues; Methodological issues; Training & education; and Awareness promotion.

The risk of being subjected to violence when working in the Israeli health care sector is one of the highest when compared to other work environments. Leah Wapner presented an IMA paper titled: “Violence against physicians – An evaluation of the strategies and initiatives introduced in Israel”. Both the Israeli Medical Association (IMA) and the Israeli Ministry of Health have introduced a range of reforms in order to deal with this phenomenon. This paper identified the initiatives introduced in Israel

and evaluated their effectiveness. The reforms introduced in Israel are three-fold and include: financial initiatives, legal actions and social projects.

The paper suggests that in order to effectively tackle the issue of violence in the health sector a balanced approach, comprised of activities on several fronts, is needed. In addition, collaboration among various players, including government, national medical association, hospital and general health services and the police are more effective than the individual efforts of any one party.

There is still a long way to go, as violent acts in the Israeli health service continue unabated. In the legal arena, the IMA continues to promote bills in the parliament which aim to ban attackers from the hospitals where the violence occurred and provide additional authority to security guards in hospitals. Further cooperation between governmental bodies, police and non-governmental associations such as the IMA is required to continue building successful policies and frameworks. Within the hospital and health care practices, more training is required for staff. In the public domain, the IMA will continue to encourage staff to report any violent events and will publicize efforts through internal mailings and the media.

# Humanitarian Aid

## International Support for KZN Male Circumcision Campaign

» “SHESHA” (in Zulu: rapid, fast moving) - an innovative training course for local medical teams to perform high volume and high quality medical male circumcisions of adults, kicked off this week in Kwazulu-Natal under the leadership of St. Mary’s Hospital, with the technical support of an international team – OAC. The course trained two teams, involving 5 doctors and 12 nurses to perform over 50 adult male circumcisions per day in the St. Mary’s Hospital ASIPHILE, men’s health clinic, on Pinetown’s Caversham Rd. The training program was designed by the Operation Abraham Collaborative (OAC), based in Jerusalem, Israel, which is a group of international experts who advise U.N., public and private sector organizations in high volume and high quality medical male circumcision. This team assisted the World Health Organization in developing the manual on adult male circumcision under local anaesthesia and its methodology was selected by South Africa National Department of Health as a ‘best practice’ model in male circumcision. An OAC pilot project in Swaziland trained 10% of Swazi doctors in delivering safe, swift and effective male circumcision for HIV prevention. The training initiative supports the campaign launched in April by the King, Premier, MEC for Health and the Department of Health in Kwazulu-Natal. The OAC was initiated by Dr Inon Schenker, a senior Israeli expert on HIV prevention and the former head of the IMA International Projects. The Medical Director of the OAC is Dr Eitan Gross from Hadassah Ein Kerem Hospital in

Jerusalem. Other doctors who have participated in this humanitarian project include:  
 Dr Zvi Shkolnik (Hasharon Hospital)  
 Dr Moshe Grunspan (Kaplan Hospital)  
 Dr Moshe Westreich (Asaf Harophe)  
 Prof Francis Serour (Wolfson)  
 Prof Zvi Gimon (Hadassah)  
 Dr Jamal Garah (Hadassah)  
 St. Mary’s Hospital male circumcision program and the training by the OAC are supported by generous grants from: the Victor Daitz Foundation, Discovery Health of South Africa and the US Centers for Disease Control and Prevention (CDC) PEPFAR. Sir Roger Moore (007 James Bond) who is a Goodwill Ambassador of UNICEF and his wife Kristina have also granted their support and donated funds for this project in South Africa. The SHESHA training program implemented in KZN at St. Mary’s Hospital (August 2-13) included the following elements:  
**Team training** – Established local teams which are capable of rolling out (immediately post-training) a high volume of adult male circumcision services. We trained comprehensive teams which include: 2 surgeons, 6-8 nurses, 1-2 administrative staff.  
**Facility-based training** – Promoted the establishment of community-level surgical facilities, fully designed as self-contained and self-sustained MC centers. Training is conducted at the facility where the service will be provided and included management advice.  
**Forceps Guided Technique (FGT)** – The OAC has been engaged with WHO and UNAIDS in the development of the approved manual on MC

under local anaesthesia. Through these internationally recommended techniques, OAC trains local teams in KZN in the FGT, which we consider: simple to learn, safe, swift and yields good cosmetic results. Before moving to hands-on training at the operating table the OAC model offers medical simulation for the surgical team members focusing on all five segments of the procedure: reception, intake, surgery, recovery and post-operative visits.  
**Electronic Clients’ records**- in compliance with local regulations and policies the OAC adapted a data management system to meet facility reporting and data keeping needs. The electronic records, kept under strict privacy and security protocols, are backed up by hard copies produced on the spot for every client.  
**Client education**- The OAC promotes integration of a comprehensive educational component as part of MC service delivery. Education of clients, community and health care workers are all part of the OAC training course.

**The OAC is a consortium of 11 medical and public health institutions including: Hadassah Medical Center, National Medical Simulation Center (MSR), Wolfson Medical Center, Asaf Haroffe Medical Center, Israeli Urological Association, Padiatric Surgery Association, Jerusalem AIDS Project, IAPA and IPNA and from West Africa: Senegal Ministry of Health (Dept. Of HIV/AIDS) and Senegal Medical Association**



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## Impressions of the Israeli medical delegation's mission to Durban, South Africa on 8th October

» Background: This mission looks at the percentage of HIV positive individuals in sub-Saharan Africa in relation to areas where the percentage of circumcised men has been relatively low for many years. Controlled studies conducted by the World Health Organisation (WHO) in 3 countries in Africa have shown that the removal of the foreskin has a protective effect against the number of HIV infected individuals. In light of the results which the WHO released in late 2007 on the removal of the foreskin as part of the fight against AIDS, there is a need in many countries in Africa where the percentage of circumcised males is low, for teams to replicate treatment for adolescents and adults under local anaesthesia. Due to the experience acquired in Israel in the 1990s where many adults from the former Soviet Union received such treatment, we were able to assist in organizing and training large scale operations teams.

The first delegations organized by the Jerusalem AIDS Association Hadassah Swaziland left the country two years ago. The purpose of the trip was to train local doctors to perform circumcisions under local anaesthesia. By the end of the mission, the three delegations successfully trained 10 doctors, who make up approximately 10% of all doctors in the country.

Our current delegation to Durban, South Africa had a similar purpose: to provide training to local medical teams in administering medical circumcisions to adults and was, similarly, organised by the Jerusalem AIDS Foundation. The mission participants were volunteers, our travel was funded by local donations from Jewish and non-Jewish

South African organisations and most of the equipment was funded by U.S. aid. The delegation included two surgeons, Dr. Moses Ustareich, Head of the Plastic Surgery Department at Assaf Harofeh Medical Centre and Dr. Eitan Gross Paediatric Surgeon at Hadassah Ein Kerem; Ms. Batya Weinstein, Operating Room Nurse at Mbiach in Nahariya; Mr. Yasser Barkat Operating Room Nurse at Rambam Hospital and Dr. Inon Schenker, Mission Director and expert in public health, Jerusalem AIDS Foundation.

We worked with teams of doctors and nurses from the Catholic hospital, St Mary's, located near Durban. The hospital had to perform approximately 17 000 circumcisions per year.

The training involved four doctors and surgeons, including a local doctor and about 15 staff members many of who were operating room nurses. The site allows training to be conducted simultaneously with four operations being performed at once, increasing efficiency with over 40-50 surgeries performed a day.

Working with local teams was exciting; we felt a strong desire on their part to learn and progress to inform and efficiently execute. The atmosphere was very friendly with no segregation or disrespect between trainers and trainees and with a shared sense of the mission. After two weeks of working together we felt great satisfaction in our achievement and a great sadness in leaving. The staff at the local hospital were grateful and said that they felt sad when we left. Beyond the medical reasons behind this trip, it was also very important in representing Israel's positive image, especially in South Africa following the Goldstone report.



Photographer: Amnon Goodman

By Dr Eitan Gross  
 IMA World Fellowship Member  
 Paediatric Surgeon at Hadassah Ein Kerem

# Medical Achievements

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## Artificial light at night may cause obesity

» It seems that timing really is everything. A new Israel-US collaborative study shows that obesity may not depend on what you eat, but when you eat it.

Obesity is not necessarily related to the amount of food eaten or to physical activity, but rather to when you eat, according to a new study at Ohio State University in collaboration with Prof. Abraham Haim of the University of Haifa. Timing appears to be the key, with the discovery that exposure to artificial Light at Night (LAN) could cause obesity.

"We have already found that there is a connection between artificial light and cancer; now we have revealed additional negative effects of exposure to Light at Night (LAN). It is a cause of environmental pollution that spreads like wildfire" says Haim, who heads the Center for Interdisciplinary Chronobiological Research at the University of Haifa.

Obesity is a growing problem around both the industrialized and developing world. According to the World Health Organization, globally there are more than one billion overweight adults, and at least 300 million of them are clinically obese.

Much emphasis has been placed on factors such as bad eating habits and insufficient physical activity to explain the growing phenomenon of obesity around the world. But researchers have recently begun to find a connection between weight gain and disturbed circadian cycles - which are regulated by the biological clock that is entrained each day by cyclical time indicators, such as sunrise and sunset.

According to Haim, since exposure to artificial LAN cancels out the sun's natu-

ral setting time, the body's continuous exposure to high levels of light disrupts the biological clock and thereby damages the circadian regulation of body cells, tissue, organs and systems.

» To read the full story, [click here](#)

## Back to the future for breech babies

» Forget Caesarean delivery for breech babies, normal birth is just fine, claims an Israeli researcher, overturning traditional protocols.

Babies heading down the birth canal feet first or bottom first are usually delivered surgically. But according to researchers including Prof. Marek Glezerman of Tel Aviv University's Sackler Faculty of Medicine, many 'breech' babies and their mothers would fare much better with a natural vaginal birth.

Glezerman's conclusions challenge the protocol most physicians have relied on since a large-scale international study in 2000 universalized the practice of delivering breech babies - about four percent of cases - by Caesarean section (C-section).

## Natural birth benefits warrant re-education

However, the scientific data publicized recently by Glezerman in major obstetric journals and at the Second International Breech Birth Conference in Ottawa, Canada, indicates that breech babies are no more endangered during vaginal delivery than during C-section.

Natural birth also puts mothers at much lower risk of medical complications and avoids related problems with breastfeeding and future childbirths.

Glezerman explains that a C-section is a major surgical procedure that not only carries the same risks as any operation but also decreases chances that a new

mother will be able to breastfeed.

» To read the full story, [click here](#)

## Researchers warn of stem cell cancer link

» Researchers in Israel are warning that stem cell treatments could raise cancer risks.

Using a patient's own stem cells to replace diseased or damaged tissues might expose the patient to the risk of cancer, according to the results of new research at the Hebrew University (HU) of Jerusalem released this month.

The discovery raises a cautionary flag in the advancing field of stem-cell therapy. For years, embryonic stem cells were the focus of this field because they are undifferentiated and therefore have the potential to develop into any cell type in the adult body.

In 2007, Japanese scientists innovated a method for creating embryonic-like stem cells from mature human cells. The idea of obtaining a patient's own cells for treatment became an attractive alternative to the controversial harvesting of cells from human embryos.

## Chromosomal changes readily identified

The problem is that stem cells must be raised in lab cultures for an extended period before being used for therapy. Research carried out under Nissim Benvenisty, the Herbert Cohn Professor of Cancer Research at the Silberman Institute of Life Sciences at the Hebrew University of Jerusalem, has now shown that during this period the adult stem cells (also called induced pluripotent stem cells, or iPS cells) undergo chromosomal changes. Some of these changes characterize cancerous tumor growth.

Benvenisty, together with his post-doctoral fellow Yoav Mayshar and his doctoral student Uri Ben-David, developed a new analytical method for determining the genetic structure of the chromosomes of 100 cell lines from 18 different laboratories around the world, in addition to some from their own lab.

» To read the full story, [click here](#)

# Chapter Tidbits

## NEWS FROM THE UK

» On Tuesday 26th October the London President, Prof David Isenberg (from UCL) gave an outstanding talk on the subject of “Auto-Immunity Explained - It’s All In The Cards”. He told the Association about the history of Systemic Lupus Erythematosus, about clinicopathological correlates in this disease, and about emerging translational advances in the field. He illustrated his talk with case studies, some of which posed serious ethical issues. Beforehand Juliet Stevens (from Oxford, now a junior doctor) gave an excellent summary of an enjoyable elective in Israel, explaining how she had worked in a laboratory at Hadassah / Hebrew University where cancer research has led to new ideas about foetal implantation.



■ Juliet Steven & Prof. David Isenberg

» ”London hosted four Israeli medical students for the month of August - pictured are Michael Yoshpa (HU), Alan Naftalin (JMAuk) in the backrow - Yossi Ben-Sheetrit, Shira Rabinowicz (both TA) and Yuval Schachar (Technion) in the front L-R.



They are senior students and had a clinical attachment at Newham University Hospital in the east end of London. They met a number of senior clinicians across London and linked in with some of the local students through the Student Jewish Medical Association, our student group.”

» David Katz, JMA-UK

## NEWS FROM ITALY

» Sunday, October 17 was a long day for AME.

We started with a conference that we organized to analyze and discuss the use of stem cells, *La donazione di cellule staminali da cordone ombelicale: attualità e prospettive*.

The venue was in a hall of the Jewish community of Florence, in the same courtyard as the beautiful old synagogue, which was recently renovated.

The topic is also very important, as it opens the door to a social dilemma. In Italy we have qualified physicians, ready to make good use of new technologies, but the laws don’t make their task easier, on the contrary.

Jewish physicians are in a difficult balance between their culture close to halachà, the directions of Ministry of Health and their medical competence.

As a matter of fact, Rav R. Di Segni, chief rabbi in the community of Rome and physician in a Roman hospital, started the analysis of the subject describing the point of view of Halachà. His lecture, as always, was very interesting and pleasant. He had also the time to remember the old Jewish joke: -“When does life start? When the last child is married”.

He was followed by, Dr. Buiatti, teacher of Genetics at the University in Florence, who spoke about vantages and disad-

vantages using stem cells, in many situations, neurodegenerative diseases being one of them.

A gynecologist, Dr. P. Curiel, examined the case of donation of blood and of the umbilical cord. Another gynecologist, the scientific director of Cryo-save, Prof. S. Grossi, described all the aspects connected with the different kinds of problems of conservation, whether within the family or not.

After the debate and a good lunch, Dr. C. Efrati, physician and maskil, presented a book that AME wanted to publish, “Aspetti di bioetica medica alla luce della tradizione ebraica”. Dr. Efrati has for a long time been invited to write something that can be used by physicians and nurses in all the sanitary institutions in Italy, to give them tools, taken from our traditions, to better understand the relation not only with their Jewish patients, but also with all the individuals. We are proud of the result.

The afternoon continued with the general assembly.

The chairmen of the sections of the AME, that is of the different areas in Italy, presented the work done and their plans for the future. Members of the board of the AME underlined the value of the book on Jewish bioethics recently introduced and the need to spread. This could increase the cooperation with the Union of the Italian Communities in the task of taking care of the Jews hospitalized, for their religious and social necessities.

Two important conferences are already in their development stage, both will be in 2011, one on welfare and one on the participation of Jewish physicians to Italian society (2011 Italy has a birthday to celebrate; the Nation was born 150 years before).

The assembly and the meeting ended



with the board elections. Giorgio Mor- tara, whom many of you already know, was designated again as president of the association.

Umberto Veronesi, the famous on- cologist, organized the second World Conference following his project Sci- ence for Peace, in Milano, on the 18-19 November. A part of the project con- cerns Palestinians physicians, mostly radiologists, who are very few. Last May Italian physicians went to Gerico, to dis- cuss breast cancer, and from November 15 Israeli and Palestinian physicians are guest of IEO, the Institute directed by Veronesi, for a period of training.

› **Maria Silvera**, AME Italia

## NEWS FROM GERMANY

» All representatives of the German Medical Association joined our conference and in their speeches they underlined the importance of Jewish medicine and ethics in Germany.

One very important step to unite all the German Jewish physicians is com- plete: the chapter changed its name to the Jewish Medical Association Ger- many and changed the articles of the association. We opened the possibility for all Jewish physicians in Germany to be a part of the association. We had the constitutive meeting and now we have in our board, members from the other German countries (Saxony, Hamburg and Bavaria).

### 2nd International Conference of Jewish Medical Association Germany

From the 19-21st November this year the Jewish Medical Association Germany held its second international conference on medicine and Jewish ethics. After a successful premiere in 2008, the Jewish Medical Association Germany proposed to hold this year's conference titled: "Judaism and Medi-

cine: yesterday, today, tomorrow"

The conference was a big success and a very stimulating meeting was held! Presentations were made by internationally recognized scientists and physicians. The scientific program included ethical questions on cardio- vascular metabolic diseases together with the results of international cancer research. Well-known speakers from Germany, the USA, Israel and Great Britain and many participants from across Europe attended the meeting.

Prof Pnina Vardi from Haifa gave a fascinating lecture titled: "The value of early glycemic control in preservation of beta cell function in T2DM", which detailed her cooperation with Prof. Bornstein in Dresden on islet cell trans- plantation. Prof Arie Roth presented an excellent talk with reference to 22 years of Israeli experience in telemedicine in the treatment of heart disease.

A highlight of the conference was on Saturday evening. Participants were invited to a grand ball, where Jews and Gentiles, medical and nonmedical, young and old came together.

› **Dr. Jolanda Schottenfeld - Naor** and **Dr. Cora Rimoczi** JMA Germany

## NEWS FROM BELGIUM

» **A Open house in Antwerp 21/11/2010**

The annual meeting of the IMAWF Bel- gium was as usual a pleasant occasion to meet old friends and broaden our medical knowledge by cross fertiliza- tion of different specialties.

**Dr Willy Lipschutz** opened the meeting with a short review of the ac- tivities of the past year: French speak- ing European congress in Paris in Nov 2009; grant for the Israeli delegation at the EACD congress in Brussels in June 2010; letters of protest to the Lancet for the political bias.

This year we invited **Dr Willy Kos-**

**tucki**, cardiologist in the Clinic Antoine Depage in Brussels: His lecture titled "**Cholesterol chmolesterol abee gezunt! Why I don't prescribe statines anymore to my patients**" was a provocative dis- cussion topic, as it pointed out several ethical and medical problems common to all physicians.

The question he asked was: How can we defend the massive use of statines when there is almost no objective evidence of any benefit on cardiovascular mortality, the only non criticable endpoint, and when there are more and more vari- ous side effects of these drugs? Only its significant effect on morbidity has been proven. A very careful and critical analysis of international literature on the subject raised discussion points such as the bias induced by conflicts of interests in expensive research.



■ Participants at the IMA WF Belgium Annual Meeting

This point was of common interest for all specialties.

**Dr Arnon Afek**, cardiovascular pathologist, deputy director of Tel Hashomer hospital and member of the IMAWF Board was the moderator of the discussion, which was very passionate and polemic, as it touched fundamental aspects of decision making in common medical practice.

The discussions continued joyfully at a brunch with nice music brought by Willy Lipschutz, Willy Kostucki and his klezmer friends.

Dr Afek conveyed the importance and appreciation of the IMAWF chairman, Dr Feldman and the IMA leaders, Dr Eidel-

man and Adv Wapner, of the activities of the Belgium chapter. He also informed us about the hospitality of Dr Lipschutz and his wife whose beautiful sculptures adorn their house.

› **Dr Willy Lipschutz**, IMA WF Belgium  
**Dr Arnon Afek**, IMA WF Board



■ Dr Willy Kostucky and Dr Arnon Afek

## NEWS FROM SWEDEN

» We would like to inform you of the developments of the IMA-Swedish Chapter. The Swedish board decided to name the chapter the “Physicians friendship association Sweden – Israel”. The chapter is seeking to strengthen cooperation and exchange with the Israeli profession. The association is open to all doctors and medical students who want to work to strengthen contacts with our Israeli colleagues. The association wants to work for peace and detente in the Middle East through the development of medical contacts, and otherwise work to strengthen cooperation and exchange between the Swedish and Israeli doctors. The association aims to actively oppose any attempt to exclude Israeli health professionals and researchers from the joint global cooperation. The Physicians friendship association Sweden - Israel wants to work against the propaganda against Israel and its medical and academic institutions.

› **Josef Zorski**, Chairman, Physicians Friendship Association Sweden-Israel

We would like to congratulate Prof Victor Schubsky on his achievement in receiving the Doctor of the Year for 2010 in Brazil. Prof. Schubsky was Professor of Cardiology in Sao Paulo Federal University. He was Vice President in Albert Einstein Jewish Hospital and he is currently the Vice President in Albert Einstein Nurse University and Coordinator of the Historical of the Hospital.

The IMA Brazilian Chapter recognized this award by holding a ceremony on the 9th October in Prof Schubsky’s honour.

Israeli Medical Association  
 World Fellowship

החסתרות הרפואית בישראל  
 מפעל חברות חוץ



To

*Prof. Victor Schubsky*

*In recognition and appreciation of his outstanding contribution in the field of cardiology in his positions as Professor of Cardiology at Sao Paulo Federal University; Vice President at Albert Einstein Jewish Hospital and Vice President at Albert Einstein Nurse University.*

*The medical community and the society in general acknowledge his great achievements in teaching, research and his humanitarian endeavors.*

**Zeev Feldman, MD**  
 Chairman

**Israeli Medical Association World Fellowship**