

## An achievement for Israel in the international arena:

# Dr. Yoram Blachar elected as president of the World Medical Association

## Defeated two other candidates by an overwhelming majority

An achievement for the State of Israel: The World Medical Association (WMA) General Assembly elected Dr. Yoram Blachar, president of the Israeli Medical Association, as the next president of the organization. He was chosen after an overwhelming victory, defeating two other candidates from New Zealand and India. Dr. Blachar recently ended two terms as chairman of the WMA council. His election as the president of the organization is a rare achievement that confirms the deep admiration that the WMA has for Dr. Blachar's accomplishments and the standard of medicine in Israel.

The World Medical Association is the umbrella organization of the medical associations worldwide. 84 countries are members representing approximately nine million physicians. The organization was established in 1947, following the horrors of the Second World War, in order to define doctors' ethical and behavioral codes.

The WMA often deals with ethical dilemmas relating to medicine. Among the better known decisions of the organization are the Hel-



*Dr. Yoram Blachar addresses the WMA participants*

sinki Declaration that illustrates guidelines for experimentation on human beings, the Tokyo Declaration banning the torture of people and the Geneva Declaration that defines the ethical code of doctors. Currently, the WMA is revising the Helsinki Declaration.

Adv. Leah Wapner, the IMA's secretary general, stressed that by

choosing an Israeli doctor, the WMA recognized the vast contribution of the IMA to the organization. Among its enterprises, the IMA has drafted declarations regarding guidelines between physicians and the pharmaceutical industry, traffic injuries and genetics and medicine, helped revise the international code of medical ethics, and is currently playing a prominent role in the revision of the governing bylaws.

In his election speech, Dr. Blachar listed the many initiatives he hopes to further on behalf of the organization, such as increasing the participation of countries not yet members, including Arab and African nations, working on projects specific to particular countries such as TB and malaria and preserving the WMA's status as the leading body on medical ethics. Dr. Blachar stated that he sees the role of the president as serving as a bridge between nations and their medical professionals, and finding new and cost effective ways to reach out. He added that he is proud to be part of a profession that spans beyond borders. ■

# Congratulatory greetings to Dr. Yoram Blachar upon his election as WMA president

Fabulous, a truly great achievement which must reflect so well on Israel also.

*Alan Naftalin, UK*



We in NZ are very proud and ask you to extend to Yoram and the IMA a hearty Mazal Tov.

*Best wishes,  
David Hoadley, New Zealand*



Congratulations on this achievement. It is so important to have an Israeli as President of the International MA.

Just for the history: WMA started in Rennes with Doctor MARQUIS about 100 years ago.

Best wishes to Yoram Blachar for his new responsibilities.

*Bernard LOBEL, France*



Great news.

*Josef Zorski, Sweden*



Kol hakavod and Mazal Tov

*Willy Lipshutz, Belgium*



On behalf of the Dutch chapter, the warmest congratulations to Yoram Blachar, with his election. We are very proud that "our" president has been appointed!

Regards,

*Robert Levi, Holland*



Please pass my congratulations to Yoram Blachar. His election is a great happiness after all battles against the threat of boycott. Wishing him much success in his new job and work for Israeli Academia.

*Mazal tov,  
Wishes, Hava Bugajer, Austria*



Dear Yoram,

My warmest congratulations on your election as President. I am absolutely delighted!

Hope to speak to you soon.

*Regards*

*Dr. Delon Human*

*Former Secretary-General, WMA*



Mazal tov, mazal tov,

*Henri Goldstein, Denmark*



Congratulations.

*Eduardo Bumaschny, Argentina*



Wonderful to hear that Dr Yoram Blachar has been elected president of the World Medical Association, a great personal tribute to him as well as recognition of the great contribution Israel makes in the field of medicine and medical research.

*Joy Wolfe, Life President Manchester Zionist*

*Council and UK representative of StandWithUs*



We are very happy about Dr. Blachar's election. Please send for him congratulations of the Brazilian Chapter of IMA.

*Best regards*

*Abram Topczewski, Brazil*



I would like to congratulate Dr Blachar on such an international honour given to him in spite of all the anti-Semitic and anti-Israel attacks. This is wonderful for the image of Israel and of course a personal success as well.

*Dr Richard Haber, Sydney Australia*

# Scientific journals should not engage themselves in political polling

The urge of the BMJ editors and editorial staff to engage in political matters, expressed in their recent preoccupation with the proposed academic boycott against Israel, is simply unexplainable.

For several years the BMJ has gradually changed its role from being one of the foremost medical journals, one which publicized clinical trials and studies in the fields of medical and life sciences, to one which deals with matters entirely outside the purview of a respected scientific journal, and even those matters are not treated equally.

For example, there was no critical self-searching in the BMJ that I can recall during the period of extremist violence in Ireland or any condemnation of the inhumane treatment carried out by certain British soldiers against Iraqi civilians.

Since one can assume that the academic institutions in Britain such as Oxford, Cambridge and others did not bear responsibility for what was happening in the political arena, including blatant violations of human rights, the question of whether to impose upon them an academic boycott simply did not arise.

Consequently, this continued fixation with human rights in the Israeli-Palestinian realm is puzzling at best, and makes one wonder why we have merited such singular treatment when there is no lack of places in the world where human rights are trampled, to the point of genocide. For some reason, the voice of the BMJ is silent regarding the atrocities in Darfur and Sudan, the murder of millions in Congo, the carnage in other countries and the unabashed breaches of human rights in China, where organs are removed from prisoners awaiting execution, not to mention the treatment of the Falun Gong. Yet the BMJ has not seen fit to debate

the wisdom of a boycott of Chinese academic institutions, nor have they made it the topic of an opinion poll.

And rightly so: just as the idea of a boycott of Israeli academic institutions is foolish, pointless and punishes exactly those who are most active in providing help to people in need, so, too, a boycott of Chinese academic institutions would serve no purpose.

Therefore, one must unequivocally protest this attempt on the part of the BMJ to deal with political issues, particularly the complex, long standing conflict in the Middle East. As an example of such complexity one can consider the recent proposal of Qatar, a member of the UN Security Council, regarding the serious humanitarian situation in Gaza. This proposal was blocked by none other than the Palestinian delegation, in an apparently censurable attempt to defend and excuse the Hamas, whose leaders have aggravated an already difficult situation. Such action is worthy of condemnation by everyone, including those British academics who are so quick to delegitimize Israel, since the actions of these Palestinian representatives blocked the discussion of a serious humanitarian topic in an international forum.

If British academicians and doctors wish to help the suffering and downtrodden, they would do well to stop dealing with harmful, counter-productive opinion polls on academic boycotts of Israel and begin to channel their energy toward easing the suffering in Gaza.

The BMJ, too, should forego dabbling in politics, and return to being a valued and respected medical journal, in keeping with its distinguished tradition. ■

**Dr. Yoram Blachar**  
*President, Israeli Medical Association*

## The American Medical Association rejected the call of British doctors to boycott the Israeli Medical Association

July 2007: The American Medical Association (AMA) rejected the call of British doctors to boycott the Israeli Medical Association (IMA)

The AMA, the representative organization of doctors in the United States, rejected the call of 130 British doctors to boycott the IMA and to expel it from the World Medical Association. The call was issued based on the argument that the IMA acts as the executive arm of the Government of Israel in all matters relating to the government's policy towards the Palestinians in the West Bank and Gaza, and does not apply moral standards concerning the health needs of the civilian population in these territories.

The AMA passed a decision at its annual meeting stating that the IMA is an apolitical organization whose purpose is

to promote health and medical issues. The AMA decision goes on to state that the IMA has acted on numerous occasions to ensure the provision of health services to the Palestinian population, has intervened on behalf of Palestinian patients slated to be evicted from hospitals in Israel due to lack of funding, and also helped Palestinian medical students who encountered difficulties passing through border control points. These interventions have included petitions to the High Court of Justice in Israel.

It should be noted that the AMA decision is of significant importance as the organization is one of the most influential members of the World Medical Association.

24 October 2007  
Knesset Member Tzipi Livni  
Minister of Foreign Affairs  
Ministry of Foreign Affairs  
Jerusalem

## Honorable Foreign Minister,

Re: Declaration of the Standing Committee of European Doctors (CPME) against imposing an academic boycott

Over the past year the State of Israel has been forced to contend with a malicious attack of the Universities and Colleges Union that threatened to impose an academic boycott on Israeli academics and academic institutions. This attack stemmed from anti-Israeli political motives not even remotely related to the academic world.

Following extensive international activity on the part of the State of Israel and its friends in the world, we were recently informed that the British academic boycott has been lifted. However, in recent weeks we were notified that the initiators of the British boycott have not given up as yet and have resumed their efforts to impose an academic boycott against Israel.

Against the backdrop of these events I am happy to inform you of a significant achievement gained at the latest meeting of the Standing Committee of European Doctors (CPME) held in Brussels several days ago. CPME is a policy-setting organization comprised of the medical associations of European Union countries and representing 2 million physicians. The Israeli Medical Association (IMA) holds observer status in this organization since 2003, participates in annual meetings and contributes and responds to the organization's position papers and policy formulation.

At its recent meeting the CPME adopted and ratified the declaration submitted by the IMA firmly rejecting the imposition of future academic boycotts. The decision states that academic institutions must uphold the values and principles of liberty, tolerance and respect for all human beings and must act to enhance understanding and respect for scientific and academic achievements in the world irrespective of race, sex or nationality. The decision further states that imposing an academic boycott or undertaking any other action aimed at discrimination based on race, religion, sex or nationality constitutes a threat to academic freedom and to progress.

Adoption of this declaration not only ensures that European physicians will not join the potential academic boycott against Israel, it also paves the way for additional academic institutions to join the decision to condemn an academic boycott on any country in the world.

We hope that we will soon hear of the final waning of the attempt to impose an academic boycott on Israel. ■

Sincerely,  
Dr. Yoram Blachar  
IMA President

## Shimon Peres appoints Hadassah's Prof. Abramsky

President Shimon Peres has named Professor Oded Abramsky, MD., PHD, to head Israel's National Council for Research and Development. Prof Abramsky continues to serve as a senior physician and researcher in the Department of Neurology at Hadassah University Medical Center in Jerusalem.

The Council for Research and Development was established by the Knesset in 2004, and its members are appointed by the president of Israel.

The council's mission is to:

- Advise the government of Israel on the organization and regulation of civil research and development, and the allocation of budgets for its enhancement.
- Recommend to the government on guidelines for a comprehensive national policy, annual as well as perennial, in the field of civil research and development.

- Recommend to the government areas of national priority in civil research and development.
- Recommend to the government a basis for establishing infrastructure for research and development, and implementing scientific and technological projects.
- Recommend to the government and other relevant authorities principles on governmental research and development, including establishing government research institutions, and also suggest the professional criteria for appointing chief scientists in government departments, and heads of governmental research institutes.

Prof. Abramsky is a fellow of the Royal College of Physicians of the United Kingdom and a member of the Institute of Medicine of the American National Academy of Sciences. ■

# Israeli Medical Achievements

## Israeli specialists first to freeze eggs of five-year-old cancer patients for future harvesting

An Israeli medical team has succeeded for the first time in the world to remove eggs from pre-pubescent cancer patients – some as young as five – and bring them to maturity before freezing them, giving the girls a better chance to one day have children.

According to Dr. Ariel Revel, head of the in vitro department at Hadassah University Hospital, Jerusalem, until now scientists had thought viable eggs could only be obtained from girls who had undergone puberty.

“When you obtain eggs at this age – or any age in which the eggs have not been stimulated by hormones – they’re immature and unable to be fertilized,” he told sources from Lyon, France where he was presenting a paper on his research to the annual meeting of the European Society of Human Reproduction and Embryology.

But the technique which Revel and his colleagues at Hadassah developed enables them to mature the eggs in vitro.

“We isolate eggs from the tissue and, following one or two days in culture, they are mature enough for freezing,” he explained.

The pressing need for a breakthrough like this is clear. Childhood cancer has cure rates of between 70 to 90 percent but, according to Revel, the aggressive chemotherapy which is often required to treat the patient can leave children sterile.

“The whole process started with requests from patients – or more specifically, parents of patients. They were informed by the Hadassah physicians handling their case that the cancer their daughter was diagnosed with was quite aggressive, and they learned about the long term side effects related to fertility – basically that therapy would kill most or all of the eggs in the ovary

and the likelihood of having children was slim,” said Revel.

Revel was already a leading figure in the field of freezing reproductive techniques. In 2004, Revel’s team succeeded in producing babies for a couple from Jerusalem who had the embryos frozen 12 years earlier. The embryos are considered to be the world’s oldest to have been implanted successfully in a womb and proves frozen embryos can remain viable for much longer than previously believed. Until Revel’s breakthrough, the longest human eggs have been frozen and then defrosted to produce an in vitro fertilization (IVF) baby was seven years.

Having achieved such remarkable success, Revel was called in for consultation on the delicate issue of the girls’ eggs.

“I felt like I was in a difficult position though, and didn’t want to take a decision alone,” he said. “So we arranged for a multi-disciplinary team to address the issues involved – including physicians, pediatric surgeons as well representatives from the ethics department of Hebrew University. The idea was to set some sort of guidelines on what kind of approach to take on the issue.”

The committee decided that it would propose freezing the eggs of the girls only in severe cases where the child suffered an aggressive attack of cancer and required an equally aggressive treatment.

Beginning in 2003, Revel and his colleagues performed surgery on 18 patients aged 5 to 20. Of 167 eggs, 41 were successfully matured, including some from pre-pubescent donors, which were then indistinguishable from those of older women.

“My paper on the subject has received lots of attention from colleagues

and the media, I think, because of the fact we were able to save and freeze the eggs of such young girls was rather surprising. Since these girls are not menstruating, we would expect maturing them to be very difficult, but we have shown that they do mature,” said Revel.

Revel, who studied and did his residency at Hadassah, has been the head of its In Vitro Unit since 2000. He sees the whole process of freezing the young patients’ eggs as a hope-building endeavor for the families involved, even if there are not happy endings.

“One 12-year old girl was diagnosed with femur cancer. She and her parents agreed to the procedure and we froze an ovary and a few eggs.

“Many months later, there were complications in her cancer treatment, and she didn’t make it. But in my last meeting with her, she was quite optimistic, and asked me to help her have a baby one day,” Revel recounted.

“With these patients and their parents, we discuss the issues of fertility, even though it’s sometimes a decade or more away until they’ll be old enough to become parents. Discussing issues of the future like that gives them hope that they may survive the disease, and takes their mind off the cancer treatment and the complications,” he added.

While no eggs have yet been thawed and there’s no way of knowing whether pregnancies will result, Revel is encouraged.

“Now we have some eggs, at the position of being ready for fertilization. It’s an optimistic story, but time will tell how efficient the process is and whether the eggs will be useful for fertilization.” ■

Excerpts By David Brinn,  
ISRAEL21C



# Israeli Medical Achievements

## Landmark Israeli-led study to improve diagnosis of diabetes

The World Health Organization, the US National Institute of Health and others are expected to change their definition of gestational diabetes, based on an international study led by an Israeli medical team.

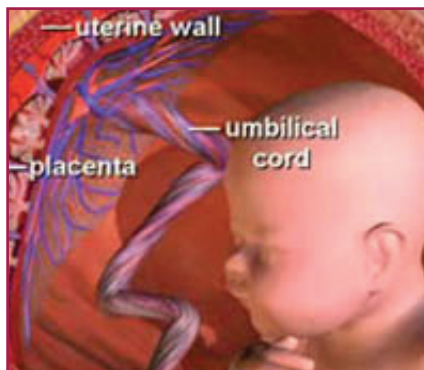
Gestational diabetes can cause serious complications in infants. The researchers, who studied 25,000 pregnant women, found that the level of glucose currently defined as indicating gestational diabetes has been set too high.

It has long been known that the condition – a form of diabetes that begins during pregnancy and often goes away after delivery – is harmful to both mother and infant. Prof. Moshe Hod, head of the maternal and fetal medicine unit at the Rabin Medical Center – Beilinson Campus in Petah Tikva, will soon publish the findings in the *New England Journal of Medicine*. But he lectured on the subject at a meeting of the American Diabetes Association in Chicago arousing much interest among gynecologists and pediatricians.

He said many women suffering from diabetes during pregnancy were not diagnosed because the mechanism for measuring sugar was not accurate and standards around the world were inconsistent.

Hod and his colleagues found a definite connection between glucose levels that have long been considered normal and undesirable results of pregnancy such as overweight babies.

Abnormal exposure of the fetus to



large amounts of sugar can be harmful in the long term. "A baby who is overweight at birth is liable to suffer as an adult from metabolic syndrome including diabetes, hypertension and high blood cholesterol," he said. "Thanks to this research, healthy babies will be born and grow into healthy adults, and pregnancies will be safer."

In addition, more women will be treated in time and there will be fewer Caesarean sections due to overly large babies. Large babies who are delivered vaginally are at risk for shoulder damage, which could be avoided if they are not oversized.

Women who are at high risk – those who are obese, have a family history of diabetes or have had gestational diabetes during a previous pregnancy – are usually tested when the fetus is between 24 and 28 weeks old. Women at low risk are generally not tested.

The check has conventionally been carried out using a fasting plasma glucose level test or an oral glucose tolerance test, which involves drinking

a solution with 100 grams of sugar and undergoing four blood tests. Until now, a result of less than 95 milligrams per deciliter was considered normal, said Hod, who on the basis of the study thinks the maximum glucose standard should be lowered, to about 90.

The study was carried out among women at 15 medical centers in 10 countries around the world – including the Rabin Medical Center and Soroka University Medical Center in Beersheba – over seven years, with \$20 million in funding from the US National Institute of Health. Among the countries outside Israel and North America were Britain, Thailand, Barbados, Australia, Singapore and Hong Kong.

It was the largest study ever conducted on this subject. The number of fetuses oversized for fetal age, the number of Cesarean sections, the weight of the babies at birth, the number suffering from overweight, and the babies' glucose and insulin levels after birth were all compared with their mother's glucose levels.

The higher the pregnant woman's blood glucose level, the greater the risk was to her infant, whether she herself had diabetes or not, according to the researchers. Women with gestational diabetes are treated with diets that restrict simple carbohydrates and include high-fiber foods in frequent, small meals. They sometimes are instructed to inject insulin or to take oral medications to reduce blood sugar levels.

Hod said that in the near future, more women around the world would be diagnosed with gestational diabetes during pregnancy, and it will be diagnosed with a simple blood test instead of the unpleasant glucose tolerance test. This will bring about major benefits to infants and savings to health systems around the world, he said. ■

Excerpts By Judy Siegel-Itzkovich,  
*The Jerusalem Post*

The IMA World Fellowship wishes to encourage physicians from abroad to spend time in Israel. You have the choice of coming for a short period or completing a fellowship.

We will help find the most suitable institution and department to meet your needs and explain the process required by the Ministry of Health.

We are here for any question, big or small, and will be happy to recommend and give advice on any issue. We are committed to our members and believe in the importance of a worldwide bond between physicians.

We look forward to hearing from you.

For further details please contact Ms. Esti Sherbelis  
at [estish@ima.org.il](mailto:estish@ima.org.il) or +972 3 6100424.

# Israeli Medical Achievements

## Leading Israeli menopause researcher finds positive results for hormone replacement therapy

The UK-based International Menopause Society (IMS), headed for the past two years by Israeli menopause specialist and Tel Aviv University (TAU) Professor Amos Pines, announced good news this month for women around the world: controversial estrogen replacement therapy in fact decreases the chances of heart disease among its users during the early postmenopausal period.

Research like this and continuing education on women's health issues are the mission of the IMS. It is this research and education, Pines suggests, that is in danger of being smothered in political issues.

An active member of the IMS for the past 12 years, Pines, a member of TAU's Sackler Faculty of Medicine, was voted in as IMS president for a three-year term by the society's board. It was his academic merit and enthusiasm for education on women's health that made

him an obvious choice. A board of 12 international members voted him in.

One of the most meaningful and recent projects the IMS has undertaken is to reverse public opinion on the risks of hormone replacement therapy. After a 2002 Women's Health Initiative (WHI) study was published, more than half of menopausal women everywhere stopped using this effective anti-hot-flash and mood-balancing therapy prescribed by their doctors.

"Some people called it a tsunami," recalls Pines, "It was a catastrophic event in the history of menopause. And we were the only society to raise our voices against the new NIH guidelines. We believed that the interpretation of the study was not right and led to the wrong conclusions and misleading media coverage. Too many women stopped taking hormones and they suffered for no valid scientific reason."

As for the recent proposal by UK academics to boycott Israel, says Pines:



Professor Amos Pines: Here at the IMS.

"In science, there is no room for politics. Here at the IMS, we are all scientists and we are all physicians dedicated to one cause and that is to help people. Whoever involves politics in scientific affairs is damaging the whole ethical principle of scientific research."

The IMS is the most-trusted independent menopause society in North America and Europe; the world's most important opinion leaders are at its helm. The Society is also active in developing standards and education on women's health in Asia, the Far East, Latin America and Central America.

"The fact that I am from Israel is irrelevant among our members," says Pines. "We physicians who care about women's health are really all from the same family, with the same goals."

Today, the headquarters of the IMS is in the UK, but meetings among its international experts, hundreds of them, can take place anywhere. Most recently, the IMS met in Budapest and among the delegates were people from countries that do not have peace treaties with Israel.

Concludes Pines, "No one is thinking that the president of our organization is an Israeli. And if it were to happen, I think that a boycott simply would not hold any water with our society. Our members agree that this proposed UK boycott is completely out of context in the scientific world."

By ISRAEL21c staff

## Prof. Ring - President of the European Federation of Research in Rehabilitation

Prof. Haim Ring, Chair of the Neurological Rehabilitation Department at the Loewenstein Rehabilitation Center of Clalit Health Services in Raanana, has been unanimously elected as President of the European Federation of Research in Rehabilitation (EFRR) during the 9th Congress held in Budapest August 26-29th, this year. Dr. Airvars Vetra, convener of the next meeting in Riga (Latvia) in 2009 will be the Secretary. The EFRR is an interdisciplinary organization of people from different European countries and different professions. The other members of the Council are from Sweden, Finland, Hungary, Austria, Slovenia, Italy, Germany and Latvia. They are medical doctors -rehab and neurology - as well as a vocational rehab professional, OT, architect and a psychologist. At the same opportunity the Editorial Board of the Int'l Journal Rehab Research, the EFRR organ, changed (effective as of 1.1.08) and Prof. Ring will serve as Associate Editor. ■



Prof. Haim Ring

# Israeli Medical Achievements

**An eight year old Darfur refugee arrived at Loewenstein Hospital Rehabilitation Center with an amputated leg and after one week, he was running around....**

**A**n eight-year old Darfur refugee with one leg arrived at Loewenstein Hospital Rehabilitation Center. One week later he left the hospital to play football in Eilat.

Five years ago, in the Darfur civil war, a bomb was thrown at the car in which A., then three years old, and his family were traveling. In one terrible moment his father, grandfather and grandmother were killed and the young child's left leg was amputated.

A. fled the Darfur genocide with his mother and brothers, taking refuge in Israel after an arduous journey.

Ran Tessler, a volunteer who helps refugees, noticed A., now eight years old, in Eilat. He immediately contacted Prof. Eli Isakov, head of the Orthopedic Rehabilitation Department at Loewenstein Hospital, who rose to the challenge. A. arrived in Ra'anana with his mother and a volunteer.

Eshed Orthopedics donated a prosthesis worth thousands of dollars. When A. was given his new prosthesis he held onto it and refused to let go. Only after Prof. Isakov promised him that he would be able to play football soon, the child smiled broadly and said, "Tamam", which means alright in his native tongue.

Every morning A. held Schneider's hand and learned how to put on the prosthesis by himself. They went on long walks along the hospital corridors, climbed up and down stairs and played on the hospital lawns.

Five days later, when she watched her son playing football with the other patients, A.'s mother allowed herself to smile for the first time in a long time. ■



*Prof. Isakov with his patient from Rwanda*



# IMA International Relations

**D**r. Andy Gurman, Vice Speaker of the American Medical Association House of Delegates, visited the IMA offices, in late August where he met with various IMA officials. Dr. Yoram Blachar, IMA president, gave a broad overview of the organization and goals of the IMA, Dr. Tzaki Ziv-Ner, chairman of the IMA World Fellowship, briefly presented the IMA World Fellowship, and Prof. Arie Lindner, chairman of the IMA Scientific Council provided an introduction on the IMA's Scientific Council.



Left to Right: Dr. Tzaki Ziv-Ner, Dr. Yoram Blachar and Dr. Andy Gurman



**D**uring a visit to Israel in early September Dr. Willy Lipshutz, President of the IMA WF Belgian Chapter, and his wife, Helen, met with IMA World Fellowship (WF) officials and discussed the possibility of holding a regional IMA WF conference for French speaking countries.

Other recent guests to the IMA WF include Dr. Ronald Sweet, president of the Australian Jewish Medical Federation (AJMF), the IMA World Fellowship (WF) Australian chapter, who is helping to build a work plan and increase awareness for the WF chapters around the world and Dr. Yossi Ides from Austria.



Left to Right: Dr. Willy Lipshutz, Ms. Helen Lipshutz, Dr. Moshe Shalev, Dr. Tzaki Ziv-Ner, Ms. Esti Sherbelis



Dr. Tzaki Ziv-Ner and Dr. Ronald Sweet

Dr. Simon Drelevich, Vice President of the IMA WF chapter in Argentina, CAAMI, and his wife, were also hosted at the IMA in November. The organization has recently been resurrected in Argentina and has the support of AMIA, the Jewish community organization. CAAMI intends to reach out to the over 10,000 Jewish doctors in the country to join the organization. Meanwhile, each month the physicians arrange meetings to the general Jewish public on medical issues.



**O**n September 3, 2007, the IMA was delighted to host a delegation from the Japanese Medical Association for a discussion on the similarities and differences between the Israeli and Japanese healthcare systems and comparisons of the two countries' emergency medicine



Dr. Yoram Blachar and Adv. Leah Wapner with their delegation from the Japanese Medical Association



# IMA International Relations



Left to Right: Dr. Yoram Blachar, Prof. Arie Lindner, Prof. Elisha Bartov, Ms. Dorit Barlevy, Adv. Leah Wapner and Dr. Otmar Kloiber

systems. The delegation also toured Rabin Medical Center and a general clinic in Kfar Saba.

Members of the Japanese Medical Association's delegation included Dr. Kazuo Iwasa, Vice-President of the JMA and a member of Council of the WMA; Dr. Masami Ishii, Executive Board Member of the JMA, Member of Council of the WMA and Secretary General of CMAAO (Confederation of Medical Associations in Asia and Oceania); and Mr. Hisashi Tsuruoka, International Manager of the JMA.



**D**r. Otmar Kloiber, WMA Secretary-General visited the IMA offices, presenting before the IMA Executive Committee on physician self-governance, the role of the physician, and inherent risks involved in the current trend of task-shifting.



**O**n September 7, 2007, Dr. Yoram Blachar and Adv. Leah Wapner attended an EFMA Liaison Committee meeting hosted by the Armenian Medical Association in Yerevan. Discussions centered around plans for the upcoming 2008 Forum, which will be held in Tel Aviv this coming April and the transferring of the EFMA Secretariat from the Swiss Medical Association to the IMA.



**I**n October Adv. Leah Wapner and Dr. Yoram Blachar attended the WMA General Assembly in Copenhagen. Among the topics discussed at the general assembly were professionalism, task-shifting, ethics of medical research involving children, and the possible revision of the Declaration of Helsinki – one of the most influential and

well-known statements of the WMA, dealing with the ethics of medical research involving humans. The IMA submitted its proposed revision of the WMA statement on continuous quality improvement in health care and is currently awaiting comments from the member associations.



**I**n October IMA World Fellowship officials met with a group of 40 doctors from Toronto, attending a UIA mission. The attendees heard a presentation of the IMA and WF and were urged to become members and take part in activities within their chapter in Toronto. That evening Dr. Tzaki Siev-Ner, chairman of the IMA WF, flew to Toronto, where he was invited by the Jewish Agency to attend and speak at a one day seminar. The seminar,



Toronto physicians at the IMA WF presentation in Jerusalem



Dr. Amir Shanon and Dr. Tzaki Siev-Ner meet with physicians in Toronto

# IMA International Relations



*Prof. Robert Haiat, AMIF President, Dr. Charly Hannoun, Rambam France President, Prof. Bernard Lobel, President IMA WF French chapter and Dr. Moshe Shalev*

their yearly conference in October. The 6,000 members of the organization, made up of Jewish GPs, strongly supports Israel and Israeli medicine. At one of the gatherings Prof. Lobel greeted the attendees, emphasizing the need for unity and solidarity with the IMA WF. Dr. Tzaki Siev-Ner presented the activities of the WF, together with Dr. Moshe Shalev, a member of the WF committee.

Both Prof. Lobel and Dr. Gilles Morali, president of MEDIF, the organization of French doctors in Israel, are seeking the assistance of the IMA WF to lessen the many obstacles faced by French doctors wishing to make Aliya and work as doctors in Israel.



**D**r. Moshe Shalev, a member of the IMA World Fellowship Executive Committee, met with prominent Jewish doctors in Chile on a visit to the country in November. The visit was coordinated by the Israeli Deputy Ambassador and proved to be such a success that the physicians who participated decided to establish a chapter, headed by Dr. David Cohen Szobel.



**D**uring two seminars organized by the Jewish Agency, 87 Jewish doctors from the former Soviet Union, met with IMA WF officials at Sheba Medical Center, where they visited the Orthopedic Rehabilitation Department, including the virtual reality center, headed by Dr. Tzaki Siev-Ner, the WF chairman. Later the group heard a lecture about the IMA and the World Fellowship, after which all of them joined up as members of the organization. ■



*Dr. Tzaki Siev-Ner and Dr. Gilles Morali address the French physicians in Jerusalem*

intended for dentists, doctors, medical students and para medical professions dealt with preparation for Aliyah. Dr. Amir Shanon, Ministry of Health, and Dr. Eric Karsenty, medical advisor to the Jewish Agency answered questions on the issue.



**P**rof. Bernard Lobel, President of the IMA World Fellowship (WF) chapter in France and Dr. Charly Hanoun, President of the RAMBAM organization in France brought 200 doctors from the RAMBAM organization to Israel for



*Dr. Tzaki Siev-Ner with physicians from the Former Soviet Union*

# IMA sends doctor on medical Mission to Vanuatu

**As part of the IMA's activities to strengthen relations between physicians and the community, and within the framework of collaboration between the government of the Republic of Vanuatu and the Israel Ministry of Foreign Affairs, Dr. Yitzhak Kinog embarked on a medical mission to the Vanuatu Islands in November 2007. Dr. Kinog is providing consulting and treatment services to the local population.**

**Dr. Kinog is a family physician, Head of Clalit Health Services Haifa Administration and a family physician who also practices geographic medicine in Clalit Health Services "Lametayel Clinic" in Haifa. Dr. Kinog deals in management and holds a Master's degree in health system management.**

**Dr. Kinog's experience in the Vanuatu Islands is described below.**

## Chapter 1

I arrived in Vanuatu several days ago. We landed at Port Vila on the Island of Efate.

We were welcomed by a local band and by the Honorary Consul of Israel in the Islands, Mr. Goodwin Ligo, and by Irin from the Ministry of Health.

The next day I met with the Ministry of Health team, the WHO representative on the Island, the Vanuatu Minister of Health and the managers of the central hospital in Port Vila – Vanuatu Central Hospital.

Before heading north I visited the tiny island of Iririki and met with several friends of Israel from the local "Shalom" club. It turns out that they know a lot about us and really love Israel!

On Wednesday evening I flew to Luganville on the northern Island of Santo. This is the second largest city on the Vanuatu Islands, with a population of about 20,000. It is also the location of the Northern District Hospital in which I work. I was welcomed by Temta, director of the hospital and by Dr. Santos who is responsible for the hospital's medical services and a surgeon at the hospital.

I was housed in a modest apart-

ment above a gasoline station not far from the hospital. I purchased a bicycle from the Chinese store below that serves me quite well as a means of transportation.

The next day I was given a tour of the hospital that included several departments: surgery, operating room, gynecology/obstetrics, children, internal medicine and a department treating tuberculosis. The hospital employs three physicians: a surgeon, a pediatrician and a general practitioner. The hospital serves the residents of the island as well as those residing on the islands in the northern district, a total population of more than 60,000 individuals. On the other islands there are "clinics" staffed with a nurse practitioner, and when necessary patients are referred to the central hospital by plane or boat...

I began working in the internal medicine department and already made my rounds in the department. Along with me in the department there are medical students from England, including Ziad who is from Iraq.

The spoken language is Bislama – an interesting tribal English. For example urine = pish pish, bowel movement = sit sit, painful = sur, cough =

cof. As for the weather – this is the hot and rainy season.

## Chapter 2

This is my second week in Luganville on the northern island of Santo, in the Northern District Hospital in which I am working.

I began working in the internal medicine department, including doctor's rounds and an outpatient clinic. Equipment is limited with minimal imaging facilities. The lab does not conduct some tests because they are out of reagents. It is not easy, but we get by...

There is a lot of work at the hospital. As I am basically the only general practitioner on the staff they use my services quite often and even call me when necessary in the evenings. Thus I got the hang of things very quickly and perform everything that is necessary, also issuing doctor certificates.

Varied local agricultural produce is sold at the local market, including different kinds of roots. This is where I met Jackie who concocts "potions" for various types of illnesses, eye problems, intestinal ailments, etc. He told me about his extensive experience and gave me some tips.

A little about the patients:

There are many cases of “fish poisoning”. The symptoms are stomach pains, vomiting, diarrhea, decreased blood pressure and slow pulse. Treatment includes administering Atropine, antihistamines and steroids. Significant improvement is usually achieved within 24 hours. I am gaining experience on this issue...

Returning asthma patients – I try to guide them and encourage the use of aspirators even for preventive treatment, and they are definitely willing to try – I hope they persist in their use. Patients that are released are invited to come back for follow-up after several days in order to check their condition.

Several days ago we set out to visit the neighboring island, Malo so I could closely observe the situation in clinics operating far from the hospital. Malo, along with the nearby Santo, comprises the Sanma District (signifying the names of the two islands – Santo and Malo).

At the local district offices we met Robert, the paramedic responsible for the clinic on the Island. We took boxes of equipment and a cooler with inoculations and traveled to the wharf on the eastern area of Santo. A small motorboat arrived after about 15 minutes loaded with sacks of copra – dried coconut “meat” used for an entire industry and the source of income for many families. After the sacks were unloaded we were on our way.

The health center pickup truck awaited us. There are no paved roads in Malo, only a dirt road encircling the island along the shore that can only be traversed by 4X4 vehicles. The island’s health center serves about 3,000 residents. It is a semi-clinic staffed by a midwife and a male nurse or paramedic treating the population 24 hours a day.

There is a delivery room next to the clinic, a hospitalization room for women that delivered and a room for the midwife in which she examines pregnant women once a month up to the birth and deals in health education, family planning, distributes contraceptives, etc. In effect this is a well-baby clinic with an adjacent delivery room...

When I arrived, several patients



*Dr. Yitzhak Kinog tending to the children of Vanuatu*

were already waiting. A woman with high blood pressure, another woman with knee pain, a woman with a lump in her neck and a young man suffering from chronic, 10-year back pain that radiated to his legs. His condition worsened recently and it appeared to be a problem in the lumbar spine. I promised to check his file at the hospital and summon him for additional exams.

I joined the medical team touring the island. Fortunately it was the day they circled the island to supplement inoculation equipment and to visit distant villages. The equipment was loaded on the pickup truck and we were joined by several assistants.

We traveled a road in the thick of the jungle along the coast. Everything was green and the vegetation was lush. Our first stop was a first aid post. We gave them a box with equipment. The second stop – a family with several children, a routine visit. We equipped ourselves with two large watermelons. The third stop – a local restaurant that prepares food for children after school. Two mothers were waiting for us to inoculate their children. One baby was 6 months old with stings and severe scratch marks from scabies. The infant had never been to the clinic and in fact was not inoculated since birth. The mothers brought updated inoculation cards and everything was recorded.

After administering the inoculations we continued along the road towards

the eastern part of the island. The road was lined with pineapple trees, and the landscape included bridges, small streams and many coconut groves. They showed me the ovens in which the coconut is dried in order to produce copra, as well as a large flock of bats.

Along the coast – another stop, a small local clinic – a dispensary, in a farm near the coast. The next stop was a family farm with several infants that had to be inoculated. I examined almost the entire family. The adults had knee problems, osteoarthritis. The people have to walk long distances with a heavy load. Some had sores on their feet and vascular problems. I helped a little with advice and some with medications I had with me. I examined a young woman with a large goiter that was about to undergo surgery and a young man with chest pain...

I understood that I would not get back to Santo in daylight. Night fell on Malo (there is no electricity and the residents use kerosene lamps and few solar stations). We reached the island clinic after seven in the evening. Complete darkness. Robert organized a boat ride back with some local men. We agreed on the price and were on our way. A boat trip at night, in total darkness, in a small motor boat was something I had never experienced... I had not known that there are so many stars and that you could see a halo of distant galaxies. Amazing. ■

# Humanitarian Aid

## Israel sends aid to Cyprus to put out fire

At the request of the local government of the Republic of Cyprus, Israel sent two fire-extinguishing airplanes and 33 tones of fire extinguishing materials on June 28, 2007 to assist in extinguishing fires that broke out in the Troodos Mountains.

The relief team, which included 7 personnel, among them fire fighters and physicians, worked alongside local officials to contain the fire during the weekend. The team is currently on its way home.

The forest fire, which broke out in the Troodos Mountains, threatened the heart of the villages, homes, churches and summer camps. The villages of Pelendri, Saitas, Trimiklini, Kato Amiantos and Dimes were evacuated.

According to the Forest Department of the Ministry of Agriculture, the fire was caused by high tension cables of the Cyprus Electricity Authority.

## Iraqi woman provided catheterization in Israeli hospital

The online news media WALLA reported, that a 30 year old Iraqi woman was treated at Rambam Medical Center in Haifa for catheterization in August.

The woman's identity could not be revealed due to the fact that she comes from one of the most dangerous cities in Iraq where militias could take revenge and harm her family who lives in the city.

The Iraqi woman was able to reach Israel with the help of "Shevet Achim" a Christian organization that assists citizens from Arab countries in the Middle East to be treated in Israeli hospitals. This program is meant to bridge gaps between Israel and the various Arab countries.

During the catheterization which was preformed by Dr. Avraham Lurber,



Dr. Drora Tzarfati examining her Kenyan patient

a hole in the heart was repaired and the woman was able to return to her family in Iraq.

## Eye-care treatment for South Sudanese refugees in Kenya

Over the past few months the Center for International Cooperation (MASHAV) at the Israeli Ministry of Foreign Affairs, has been in touch with the UN High Commission for Refugees (UNHCR) office in Nairobi to offer assistance to South Sudanese refugees at the Kakuma refugee camp in Northern Kenya. The Kakuma camp, located in Kenya about 50 kilometers from the Sudanese border, houses over 75,000 people, mostly South Sudanese refugees.

Dr. Yossi Baratz, MASHAV's medical projects coordinator in Africa in cooperation with the UNHCR set up a temporary eye clinic near the camp utilizing medical material purchased beforehand by MASHAV. The clinic served as the base for two Israeli ophthalmologists,

Dr. Drora Tzarfati from Ha'Emek Medical Center in Afula and Dr. Nir Zeider from Rambam Medical Center in Haifa, who arrived for a two-week mission on July 2nd, 2007, to perform eye-sight restoring surgical procedures and treat ocular diseases.

Hundreds of surgical procedures are performed by visiting Israeli teams who work together with local staff, restoring sight to many of the patients. Israeli ophthalmologists also train the local personnel, and ophthalmologic equipment and supplies are donated by the Government of Israel.

## Israeli medical mission aid Peru quake victims

In August, IsraAID / FIRST Israeli medical mission provided emergency relief to quake victims in Peru through the support of B'nai B'rith International and the American Jewish Committee.

The IsraAID/FIRST medical mission was based in the city of Cerre Azul, in the earthquake affected region of Peru. The seven member team worked

# Humanitarian Aid

in cooperation with the Catholic relief organization, CARITAS.

On August 22nd, the team began working in Canneta and from there, branched out to various disaster sites. The team visited the town of Bella Vista and opened a medical clinic in a local school where 120 people were treated. On August 23rd, the IsraAID/FIRST medical team opened a field clinic in the village of Santa Barbara and treated over 150 people. Water and electricity supply were badly damaged in the village and most of the houses in the area were destroyed, leaving families with only tents as shelter. The team also proceeded to Santa Cruz and opened the clinic in a local church where they treated another 120 villagers and distributed food and water.

Within 48 hours of the IsraAID/FIRST medical team's arrival, close to 400 earthquake-affected men, women and children were provided with medical treatment and emergency relief. The team worked together with volunteers from the Jewish community in Lima who escorted the Israeli delegation and helped with the logistics of the operation including access and delivery of basic medical and relief supplies. The Jewish volunteers also assisted with translations and contacts to local officials and aid groups.

## Uzbek-Israeli bilateral cooperation

Within the framework of the ongoing bilateral Uzbek-Israeli cooperation, MASHAV recently conducted a seminar on Onco-Gynecology. Two leading Israeli specialists from the Rabin Medical Center, Dr. Ram Eitan and Dr. Yoav Peled, conducted the seminar during the National Conference on Women's Health which took place in Tashkent. Over 50 gynecologists and oncologists, deputy heads of regional health care departments of Uzbekistan and senior Uzbek specialists in the field of women's health, took part in the event.



Israeli assistance to Peru's quake victims

## Israeli medical team brings Rwandan children for life saving operations in Israel

On August 14, 2007, the international Israeli aid organization Save a Child's Heart (SACH) greeted the first group of children from Rwanda who were to be operated at the Wolfson Medical Center. The five children, who ranged from just a few months old to 15 years of age, landed in Israel accompanied by a Rwandan nurse as well as by two mothers.

"Rwanda represents the 28th country partnering with Save a Child's Heart," said Simon Fisher, executive director of SACH.

The arrival of the children from Rwanda to Israel marks a new phase in the partnership between SACH and the central African country, which began in mid-March 2007 during an inaugural visit to Rwanda. The 48 hour introductory visit to Rwanda included meetings with various health officials who strive for the development of an improved health care system.

The Israeli medical team visited the King Faisal Hospital in Kigali and met with Dr. Joseph Mucumbitsi, the head of the Pediatric Cardiology unit. Dr. Mucumbitsi had previously contacted SACH to request assistance from the organization in order to help rehabilitate and develop the Rwandan medical infrastructure as well as help to treat complex pediatric cardiac cases among the nation's children.

During the visit to Rwanda, Dr. Tamir, Head of the Pediatric Cardiology Department at Wolfson Medical Center in Israel, together with Dr. Mucumbitsi, conducted a screening clinic for over a dozen children who suffer from heart disease requiring treatment.

## Israeli doctors treat Iraqi patients

AMMAN, Jordan (AP) – Israeli doctors screened 40 Iraqi children suffering from heart disease, a rare case of direct cooperation between the Jewish state and the Arab country.

The doctors said they hoped their

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An Iraqi child treated by an Israeli doctor in Jordan

work would help improve relations between the two nations and ease tensions between Israel and the rest of the Arab world.

Dr. Sion Hour, director of the pediatric intensive care unit at Wolfson Medical Center in Holon, Israel, said he thought “ties and friendship” were being built through his work in Jordan with the Iraqi children.

“Our only previous exchanges with the Iraqis are the Scud missiles,” he said, referring to the missiles that Iraq, under former dictator Saddam Hussein, fired on Israel during the 1991 Gulf War.

“But the Iraqis we met here have been very receptive and cooperative, which makes me believe that the animosity and war aren’t between the people,” he said, as he and two colleagues screened the Iraqi children, who ranged in age from a few months to 14 years old.

The Iraqi children and their parents gathered at an outpatient clinic in the Red Crescent Hospital in the Jordanian capital, Amman. Most of the families were Sunni Muslims of Kurdish origin who live in northern Iraq. Also among

them were three Sunni families who live in Baghdad.

One child screened was 4-year-old Mustafa, who Hour, said was diagnosed with crossed arteries and would need two surgeries in Israel to unfold them before they harden.

Mustafa’s mother, a Kurdish woman who identified herself only as Suzanne because she feared reprisals from militants in Iraq, said traveling to Israel made her anxious. “Not because I’m going to a country considered an enemy of Iraq, but because I’m afraid of retribution by Iraqi militants, by the terrorists back home.”

“I’m afraid and it’s not easy for me at all, but I’m willing to take the risk to save my beloved son’s life,” she said as she caressed Mustafa.

“Israel is a good country. It’s a country that has mercy on other people,” she added.

Abu Ahmed, 36, a taxi driver from the northern Iraqi city of Kirkuk, said his 12-year-old daughter, Basita, underwent a successful surgery in Israel last year.

“The Israeli doctors, bless their hearts, stitched a notch in her heart,” he said. “They told me today that she recovered completely, and I’m grateful to them and their country for helping us out.”

“They (Israelis) are not our enemies,” he said. “They helped me a lot and didn’t make me feel like they were enemies. Many Muslims have a wrong idea about Israelis.”

In four years, 35 Iraqis have received surgery through the program, including 18 children who traveled from Iraq to Jordan for screening in January. It was not immediately clear how many of the children screened would be taken to Israel for treatment but Dr. Akiva Tamir, a pediatric cardiologist at Wolfson, said he screened at least four children who were too sick to be treated.

Save A Child’s Heart provides heart surgery for children from developing nations regardless of their race, ethnicity or religion. It has treated more

than 1,700 children from 28 countries, including Ethiopia, Zanzibar, Rwanda, Moldova, Vietnam and China.

The group said nearly half the children it has treated were Arabs, including Palestinians, Jordanians and Iraqis.

*Excerpts By Jamal Halaby (AP)*

## World Fellowship executive committee member, Dr. Eitan Gross, enhances male circumcision for HIV/AIDS prevention in Swaziland

Responding to requests from several African countries, The Hadassah Medical Organization of Israel and the Jerusalem AIDS Project have teamed up to implement “Operation AB” – a medical and public health response to support measures to enhance male circumcision (MC) services for HIV prevention in a number of interested countries Africa. “Operation AB” follows the comprehensive guidelines of UNAIDS and The World Health Organization.

Launched as a pilot in Swaziland, “Operation AB” inaugurates an international partnership aimed at significantly scaling up MC in Swaziland through capacity building and training of personnel. The project brings together The Jerusalem AIDS Project, a veteran non-for-profit international, regional and national NGO, based in Israel, The Hadassah Medical Organization, The Government of Swaziland and the Family Life Association of Swaziland (FLAS).

The pilot entails three two-week periods, each with teams of specialist surgeons and public health experts. Each team will consist of two surgeons and one health educator. During each period, the JAIP-Hadassah experts will provide training in MC, clinical and public health guidance and support service delivery at community-based clinics and government hospitals. Several hundred procedures are planned



# Humanitarian Aid

and 15 local doctors will be trained in adult MC.

Male circumcision is now a proven intervention which reduces dramatically the probability of heterosexual transmission of HIV from infected women to men. Three clinical trials in Uganda, Kenya and South Africa concluded that the removal of the foreskin reduced HIV transmission by up to 60%. As a result, the World Health Organization called on countries in Africa to integrate male circumcision into existing national and community – based HIV prevention packages and services.

Very few countries have had experience with large numbers of hospital/clinic-based circumcisions in adults. Israel is one of them. From 1989 to date, over 70,000 hospital/clinic-based adult circumcisions were performed in Israel – mostly for newly arriving (Jewish) immigrants from Eastern Europe and Ethiopia (age range 6M-94Y). In addition, over 52,000 Jewish, Muslim and Christian infants are circumcised traditionally in Israel every year.

The team of experts in Swaziland



*Dr Eitan Gross and Dr Moshe (Melvyn) Westreich performing a circumcision with the aid of local medical staff*

included: Dr **Eitan Gross**, MD, Specialist in General and Pediatric Surgery at Hadassah, who is the Medical Director of “Operation AB” and a member of the IMA World Fellowship Executive Committee, Dr **Moshe (Melvyn) Westreich**, MD,

Head, Department of Plastic Surgery, Assaf Harofe Government Hospital in Israel and a Senior Consultant to the project and Inon Schenker, PHD, who was in charge of administration. ■

## IMA backs new medical school

**T**he Israeli Medical Association (IMA) has come out in support of the Council for Higher Education’s decision to open a fifth medical center in the Galilee. However, the IMA, which represents more than 20,000 physicians around the country, said that funding must be found to expand the student bodies of the existing medical faculties affiliated with the Hebrew University of Jerusalem, Tel Aviv University, Ben-Gurion University and the Technion-Israel Institute of Technology.

The IMA has, for several years, been warning that the country faces a shortage of doctors because of impending retirements, the near drying out of immigration from the former Soviet Union and the aging of the population. There are only 380 medical students accepted by the four schools each year, but 600 new doctors are needed annually, and it takes seven years to graduate. The Galilee, which needs an economic and

social boost, is a good place for a medical school, said the IMA, but it must not be at the expense of the existing medical faculties.

The IMA said that 1,000 Israelis were currently studying medicine at foreign (mostly Eastern European) medical schools because they were not accepted by Israeli schools. But they should be admitted to Israeli medical faculties whose quality is higher, as most of them return to Israel to work, the IMA added.

The main limitation on medical schools besides government funds is the shortage of places in teaching hospitals for medical students from their fourth year of studies onward.

Another problem is the need to expand funding and infrastructure for medical research, the association said.

*Excerpts By JUDY SIEGEL-ITZKOVICH*

# Chapter Tidbits

The Duesseldorf chapter organised a congress in the new countries, especially Dresden, to build up a new chapter there in Saxon. We invited the other sub chapters from the different German counties (we have 16 countries) to participate.

*Dr. Cora Rimoczi,  
Düsseldorf, Germany*



*Members of the many sub chapters in Germany unite at the Düsseldorf conference*

CAAMI (Capitulo Argentino de la Asociación Médica Israelí), together with AMIA (Asociación Mutual Israelita Argentina) organized some conferences: "Female Cancer Prevention", Dr. Castro Nessim and Dr. Oscar Schwarcman, "Hypertension Prevention and Treatment", Dr. Claudio Cosman and "Overweight and Obesity", Dr. Salvador Sarfatti.

In addition, CAAMI and CES (Centro Educativo Sefaradí in Jerusalem) organized a dinner in September to celebrate Rosh Hashana. They invited the Israeli Ambassador in Argentina, Rafael Eldad, Jewish local authorities including the AMIA President Luis Grynwald, DAIA President, Dr. Aldo Donzis and OSA President, Silvio Rozansky.

*Dr. Claudio Cosman  
Buenos Aires, Argentina*



*Dr Ernesto Castro Nessim, Dra Silvia Bentolila, Dr. Oscar Szwarcman, Dra Elena Levin, Dr. Salvador Sarfatti, Emb. Rafael Eldad, Dr. Eduardo Bumaschny, Dr. Adolfo Kalinov, Dr. Simon Drelevich, Dr. Claudio Cosman*

## Israeli medical fellows, residents meet in Toronto

By ABIGAIL BIMMAN  
THE CANADIAN JEWISH NEWS

The Canadian chapter of the Israel Medical Association recently welcomed Israeli medical fellows and residents to Toronto with a barbecue.

"Our main goal is to make them feel welcome, to know that as physicians here they can turn to someone," said association president Rose Geist.

The Israel Medical Association (IMA) is a professional organization for physicians with 20 international chapters.

The barbecue, on July 26 at the Bathurst Jewish Community Centre, allowed residents and fellows to meet not only one another but also their families and children.

Zulma Tovar-Spinoza is in the middle of her second year of a fellowship. Last year, she completed a year of neurosurgery at the Hospital for Sick Children; this year she is focusing on epilepsy. She said that with the help of the IMA, the fellows and residents feel connected. They mainly live in the Bathurst Street and Eglinton Avenue area, which, she said, they call "the kibbutz."

"We share more than our professional lives, we share daily lives. We play in the playground."

Tovar-Spinoza moved to Toronto from Petah Tikvah with her husband Yosef, mother Julia and three young sons, Ari, Hai and Eitan. She said she and her family love Canada.

"Even in winter," she said. She does not know where they will live once her fellowship is over.

Tovar-Spinoza said it is important for the whole Jewish community to be aware of the medical fellows and residents who uproot themselves to come to Canada because they need a lot of support, not only economically but socially as well.

Her husband, Yosef, works as an agronomist for a Canadian company. But Tovar-Spinoza said that many spouses of medical fellows and residents don't work and can often be very lonely.

The barbecue was her first event with the IMA, and she plans to get more involved in the future.

"I think it's a big effort - it's such a good idea to let the Israeli fellows know [about each other]. It's such a big step coming here."

The Canadian chapter of the IMA has 220 members, all physicians. It organizes events and lectures throughout the year, and also has some scholarships and grants to promote medical study in Canada and Israel.

"The goal is to encourage the collaborative spirit between Israeli and Canadian physicians and foster opportunities for students of medicine to go back and forth," said Geist, who is the director of the child and adolescent medical psychiatry department at the Hospital for Sick Children.

# Chapter Tidbits



We organized study days in three different cities, Ferrara (October 14), Bologna (November 18) and Torino (December 16). The conferences were very interesting. In Bologna we had a lecture of an Italian-Israeli physician living in Milan who gave us information about biologic testament and the Steinberg code in Israel.

We had elections and most of the old board was reelected.

Past and present, health and illness, religion and laity and many other dichotomies took place in Ferrara in October.

Ferrara is a charming city, well known not only in Italy, for artistic beauties and good food and where traces of Jewish heritage are seen until today.

The heart of the Jewish life is still in an ancient complex where three synagogues, the Italian, the Ashkenazi and the Sephardi, are harmoniously connected.

The large Renaissance hall of the Italian one, not used for ritual functions, hosted the study day "The Psychic Disease".

The work developed in two great directions following our identity, the identity of Jews living in a country rich with resources and problems, paying attention to the signs impressed on the society and on individuals.

The attention was given to the topic of the conference from the point of view of psychiatrists, psychologists and researchers.

We had the panorama of the situation of the Department of Mental Health in this area of Italy and we listened to the story of three Jewish women who were famous for their engagement in psychoanalysis as well as their humanitarian one (Anna Freud, Sabine Spielrein, Melanie Klein).

We heard about Shabatai Zevi whose behaviour was described by a doctor specialising in the History of Medicine and diagnosed as behaviour disorder by a psychiatrist.

We came back to nowadays speaking of diversity regarding to psychopathology and hostility towards foreigners, a topic to which we are very sensitive as descendants of Avraham who was a stranger and had to travel to look for a better future.

Sensitive to hostility, because still very near to Holocaust, few survivors are in our mind and memory is heavy, especially in these days. Those were the days of a big deportation from Rome to Auschwitz (16 October 1943), we couldn't forget it and the result of it.

An Italian-Israeli psychotherapist informed us about her work with Israeli patients living in Italy, explaining that the therapy is connected to the net composed by the individual identity and the cultural identity.

The patient can be helped in trusting an "internal home" if he can reflect in a therapist who knows his "external home".

Often the life of members of Israeli Diaspora in Italy is a niche of conflicts without the identification with the country that gives them hospitality and with the feeling of having abandoned a house in danger.



*The AME at the conference held at the Italian synagogue in Ferrara*

So, very strong guilty feelings become understandable, the guilt is felt towards both the family and the community.

The psychotherapist has the role of mediator, especially because Italy seems to be a temporary place rather than easily allow one to put down roots.

As the integration is difficult, fragile people who left Israel are more exposed to psychic pain facing the reality with a sense of isolation and alienation.

This is the case of persons who tried to build a new place after the old one left in Europe after the Shoah, the value of this new home is very important, so important that the existence in another country is undervalued.

The comparison is with immigration, a risky phase considering that anyway the country of origin is an important container.

*Dr. Maria Silvera, AME Italia*



On 14th October JMedUK held its first fresher's social event at the home of Jeanne and David Katz. This brought in large numbers of students not only from London (University College London, St Georges, King's College London, Barts and the Royal London), but also from other parts of the UK (Birmingham and Cambridge). There was a lively atmosphere, with almost sixty medical students, along with several junior doctors and consultants.

We were able to sign the medical students up to our emailing list so that we could keep them up to date on all JMedUK events, especially those specifically for students. All in all it was a highly successful evening, enabling Jewish medical students from around the country to meet up and get to know other students going through the same life experiences as themselves.



# Chapter Tidbits



Left to Right: Prof. Sauveur Bendavid, Prof. Raoul Ghozlan, Prof. Bernard Lobel, Prof. Marc Zerbib, Prof. Yves Elbeze, Dr. Tzaki Siev-Ner, Prof. Robert Haiat and Dr. Charly Hannoun

## Jewish Medical Ethics Lecture: Rabbi Dr Akiva Tatz

On the 25th November, JMedUK, together with the Jewish Learning Exchange, organised a medical ethics lecture for students, which was given by Rabbi Tatz. Rabbi Tatz founded the Jerusalem Medical Ethics Forum, of which he is Director, to teach and promote knowledge of Jewish medical ethics internationally.

The twenty students who attended this session were privileged to take part in a discussion concerning interesting, and thought provoking concepts of taking risks in medicine and surgery, according to Jewish law. This is a topic that is discussed rarely, and we all know that medicine has inherent risks for each and every patient, and that this occurs everyday all over the world. Rabbi Tatz talked the group through different types of risk and how Jewish law views them, and how a person ought to act with reference to these risks.

The evening ended with a large spread of sushi, wraps and fantastic cakes, and hopefully a little 'food for thought' as well!



## Forthcoming event: Medical Student Chanuka Party

JMedUK hold a festive, fun and food filled Medical Student Chanuka Party on Sunday the 9th of December. As well as

giving all the medical students an opportunity to get together, meet new people and chat informally to doctors from many different specialties, there was also a topical and informative debate about the MMC / MTAS controversy. The panel will consist of: Dr Robert Ginsberg (anaesthetist, Kings's / London Deanery) Dr Richard Marks (anaesthetist, Royal Free /founder of Remedy) and Dr Claire Naftalin (junior hospital doctor).

*Prof. David Katz  
President, IMA UK Chapter*



On December 9, during Dr. Tzaki Siev-Ner's trip to France, he met with Prof. Marc Zerbib: Président des Confédérations des Associations Médicales Juives de France (CAMJF), Prof. Robert Haiat, Président AMIF, Dr. Charly Hannoun, Président RAMBAM France, Prof. Sauveur Bendavid, RAMBAM France, Prof. Yves Elbeze, Président Aficardio and Prof. Raoul Ghozlan, Fondation France-Israël, Président Commission Scientifique and me.

The meeting was very fruitful. We discussed Aliyah for French medical practitioners (diplomas recognition, assistance for getting set up), emergency care courses for physicians from France, grants and enhancing professional ties with Israeli hospitals.

*Prof. Bernard Lobel  
IMA, WF France*

## Personal Connections

In this new section you will have the opportunity to extend personal messages, either for professional or personal purposes. You may wish to find a placement, a place to stay or seek other advice or services from any of our IMA World Fellowship members around the globe or offer yourself as a friendly face to other physicians.

If so, please send your message to Esti Sherbelis at [estish@ima.org.il](mailto:estish@ima.org.il) for our next edition.



### **Our first message is from Dr. Eliezer Offenbacher.**

If any members or other affiliated persons need a place to stay in New York for a few days we would be glad to host them if we are home. We live in Manhattan Beach at the southern tip of Brooklyn, but convenient to transportation to Manhattan.

*Eli Offenbacher*

## Tel Aviv University Medical Students Association World Fellowship's Jewish Medical Student Network

### **Dear IMA WF member,**

**Our goal:** To strengthen the ties between Jewish medical students around the world.

Both the IMA World Fellowship (WF) and Tel-Aviv Medical Students' Association (TAMSA) see the important role of medical students in assuring the future of the WF. Following the 2007 world fellowship international conference, the WF together with TAMSA, decided to promote student involvement within the organization and to strengthen the ties between Jewish medical student communities around the world.

**Action plan:** Establish an international network of Jewish medical students supported by an active bilateral exchange program.

To achieve this we wish to form an international network of Jewish medical students' organizations that would function under the umbrella of the WF.

During the years TAMSA has been operating very successful exchange programs with student organizations around the world, and witnessed the positive effect on Jewish medical students who came to Israel in forming new ties with Israeli medical students and

with Israel in general. In our opinion, the medical training period has been proven to be a window of opportunities to shape the WF's future generation. Based on that experience and in order to promote our goal, TAMSA wishes to establish a bilateral exchange program between the Jewish medical student communities around the world and Israel. This program would be the tangible part and the backbone of our Jewish medical students' network.

While the exchange program would be the tool to fortify the ties, we intend for such a network to deal with crucial topics such as acting against anti-Semitism in universities around Europe and the rest of the world, publishing positive medical related information about Israel and discussing general global health issues. There is no limit to what such a network might achieve.

### **What would the exchange program provide?**

The exchange program will be based upon the IMA WF infrastructure and will be managed by Jewish medical students around the world. TAMSA and the local WF branch together with a

local student in charge will take care of the following:

1. Coordinating a one month elective period in one of the local hospitals.
2. Supplying the students with accommodation and subsidized meals.
3. Providing the incoming students with a contact person from the community. TAMSA will arrange a unique social program for the incoming student groups.

Our goal is to create the network of Jewish medical student committees (the same students that would be coordinating the exchange program) and to bring their representatives to the IMAWF 2009 conference, where they will meet and discuss international issues (among them the exchange program). The exchange program will then begin in the following summer of 2009.

### **What is the next step?**

#### **How are we asking you to help?**

We need you to send us the name of your local medical student or the local medical student organization that



would be willing to take this project upon itself.

1. Is there already a national Jewish medical student organization in your country? If so, please contact them and see if they will be interested in joining the project.
2. In the absence of a student organization, we ask you to locate a responsible student, who is a central figure in his/her community, and who would be willing to join us.
3. Once you have found the suitable student/body and debriefed him/her of our intentions, please send us his/her contact information to Esti Sherbelis at estish@ima.org.il and

Sella Brosh at sellabro@post.tau.ac.il.

4. As soon as we have our contact persons from around the world, we will start exchanging information and coordinating with them to create the international Jewish medical students network and bilateral program. Naturally such a program would have to be accommodated to each country according to its health system, its local Jewish society etc.
5. As mentioned, our aim is to meet with the representatives during the IMA WF 2009 conference and to have an exchange of students from later on that year.

We would like to thank you in advance for your help support.

Yours,  
Sella Brosh and Tamar Goldstein, Tel-Aviv Medical Students' Association

## Grant helps fellow realize his dreams

June 15, 2007

Dear IMA,

My name is Dr. Yaaqov Amsalem and I am doing a fellowship in Neuroradiology and Invasive Neuroradiology.

I was born in Moshav Me'ona in the north of Israel. My parents were born in Morocco and made Aliya to Israel in the fifties. I am one of eight children which made it impossible for my parents to help me or any of us with our studies.

I began my academic journey at the Technion in Haifa in the Biology faculty. I then went on to study medicine in Ferrara, Italy where I earned my medical degree in 1998.

Following a one-year internship at Sheba Medical Center in Tel-Hashomer, I spent my first year of residency in the Neurosurgery department of Soraski Medical Center in Tel-Aviv. There I was exposed to the field of Invasive Neuroradiology. I completed my residency in radiology at the Rabin Medical Center, Campus Beilinson in Petah-tikva in October 2006 as a specialist in Imaging Radiology.

Last year I had the honor and privilege of meeting Prof. Turjeman from France, one of the world's leaders and pioneers in the field. He invited me to do a two-year fellowship in Lyon where I would practice with him.

For me this was an extraordinary opportunity to qualify my professional skills. I accepted the offer but didn't know how I would manage.

Dear friends I would like you to know that this scholarship has great meaning to me and has truly helped me to realize my dreams.

Best regards,

Dr. Amsalem Yaaqov

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# Medicine is a bridge to peace

## Patrick Stafler believes doctors can convey harmony

**“Nation will not lift sword against nation and they will no longer study warfare.”**

(Isaiah 2:4)

During a clinical attachment in Israel in the spring of 2007, I witnessed a conciliatory atmosphere and saw how health care bring people together.

In Israel during times of crisis, a large number of reservists are drawn into the army, leaving a lack of health-care professionals on wards and in clinics. In an effort to safeguard clinical service provision during potential future emergency situations, in a collaborative project, the Ministry of Health, the Israeli Medical Association and the Jewish Agency will call on doctors around the world to register as volunteers to fill any gaps.

### Children in need

I did my attachment at Schneider Children's Medical Center of Israel, about 20 minutes drive from Tel Aviv, with 250 pediatric beds. It acts as a tertiary and quaternary referral centre for the entire Middle East. SCMCI is attended by children from as far away as Kazakhstan for treatments such as cardiothoracic surgery and cochlear implants.

On my first day I attended an annual cystic fibrosis (CF) family evening. Patients and family members talked about how CF affected their lives. A Jewish parent shared a prayer in which he asked God to give his family strength to cope with the illness and its high demands. Treatment adherence was achieved by integrating nebulised antibiotics and physiotherapy with the routine of regular prayer sessions. Next to him sat a parent from a nearby Palestinian village who answered “Amen” to his neighbour's prayer before going on to express his gratitude to the CF

team for keeping his daughter under as close follow up as possible under the circumstances. Traveling through road blocks was not easy. With the Palestinian Authority unable to pay for all her treatments, Schneider's CF team had secured funding from the Israeli government.

### No discrimination

Although we are all taught not to discriminate against patients or colleagues, as laid down in the General Medical Council's Good Medical Practice,<sup>1</sup> seeing this happen in an emotionally torn environment is impressive. In the Israeli emergency room, perpetrators and victims of terror attacks receive identical treatment, with resources allocated according to clinical need. Palestinian terrorists receive special protection by Israeli policemen to shield them from public assault.

Despite all the pain and suffering I heard many heart warming stories. Unfortunately, they do not make headlines. Here are two examples:

- A 7 year old Palestinian girl from East Jerusalem received a kidney donated by the Jewish family of a 19 year old victim of a terrorist suicide bombing in Tel Aviv
- A 12 year old Palestinian boy from Jenin was accidentally shot dead by the Israeli Defense Forces. In the darkest hour of their despair his parents decided to donate his organs to help save lives of Israelis “as a sign of peace and brotherhood between two nations.” The series of multiple organ transplants benefited a 12 year old Druze boy, a five year old Bedouin boy, a 4 year

old Jewish girl, and a 7 month old Jewish infant.

### Collaborating over chronic care

Over the past four years the Peres Center's “Saving Children Project” has brought 4000 Palestinian children to Israeli hospitals and financed their care. It has arranged and paid for 100 residencies for Palestinian physicians in medical centers in Israel, following President Shimon Peres's credo that “more education means more progress and a better future for all.” The first international congress on chronic disorders in children was held in Jerusalem, April 2007, with participation of 300 Israeli and 100 Palestinian doctors. The main topic was high rates of post-traumatic stress disorder on both sides.

I enjoyed my attachment, not only for the rich clinical experience but also because it taught me how medicine can bring sanity to an insane part of the world. It seems that great challenges can bring out the best in people. I am now entitled to help out as a volunteer doctor in the Israeli health service should the need arise; hopefully it never will.

My experiences in Israel fill me with pride in my profession and my culture. If only politicians had half as much common sense as healthcare professionals and indeed ordinary people, the fulfillment of Isaiah's prophecy would be a lot closer.

I enjoyed my attachment, not only for the rich clinical experience but also because it taught me how medicine can bring sanity to an insane part of the world. ■

*Patrick Stafler, specialist registrar in respiratory pediatrics  
Royal London Hospital, London  
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# Save the Date

April 2009

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| 29     | 30     | 31      | 1         | 2        | 3      | 4        |
| 5      | 6      | 7       | 8         | 9        | 10     | 11       |
| 12     | 13     | 14      | 15        | 16       | 17     | 18       |
| 19     | 20     | 21      | 22        | 23       | 24     | 25       |
| 26     | 27     | 28      | 29        | 30       | 1      | 2        |

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