

April 2008: The Annual Meeting of the European Forum of Medical Associations (EFMA) convened in Israel

Addressed the physician shortage world crisis, physician migration and a series of medical and system issues of concern to physicians worldwide

In the near future, the Ministry of Health will submit to the government a plan for dealing with the expected physician shortage in Israel in the years 2015-2020. Minister of Health, Yaakov Ben Yizri, said that the State of Israel must act now in order to prevent a crisis and a shortage of physicians expected within 8-10 years. In an appearance at the international meeting of the European Forum of Medical Associations (EFMA) held in Israel in April, the Minister noted the need to take measures to deal with a physician shortage in certain fields that do not attract sufficient candidates.

Statistician Prof. Ron Kennet from Torino University and Bar Ilan University, who specializes in the health field, presented data from various countries concerning the number of physicians in relation to population size. In the coming years, a worldwide physician shortage is expected. In Canada, for example, there are already five million

residents without a physician, trauma departments were closed in Florida due to a physician shortage and the situation is no less severe in certain areas in Germany that has been unsuccessful in qualifying enough physicians and is losing skilled physicians to other professions and countries.

President of the Israeli Medical Association (IMA), Dr. Yoram Blachar, said that with the halt in immigration and in light of the limited number of physicians qualified in Israel every year, we should not erroneously assume that the infusion of 12,000 physicians who immigrated to Israel from the former USSR, will save the health system in the long term. According to USA data presented by Dr. Blachar, a shortage of 80,000 physicians is expected in the United States in coming years. He also noted the serious concern that the USA will draw professionally outstanding Israeli physicians.

IMA Secretary General, Adv. Leah

Wapner, who also serves as EFMA Secretary General, warned of the trend advocated by the World Health Organization to contend with physician shortage and migration by transferring tasks currently performed by physicians to non-physicians. In order to deal with a lack of data about worldwide physician migration, a new work team is currently being established within EFMA to search for data and analyze physician migration patterns and the reasons behind this phenomenon.

Jeremy Veillard, representative of the World Health Organization in Europe, noted that the organization is acting to coordinate medical databases among various countries in order to facilitate assessment processes of new physicians. A demand has arisen among organization members to develop ethical guidelines concerning migration and arrangements between countries, including compensation to the physician's country of origin.

"Incorrect health policy kills people. And policy in Europe kills people in other countries in the world", said Dr. Otmar Kloiber from Germany, Secretary General of the World Medical Association, who was the keynote speaker at the session dedicated to physician migration.

Kloiber presented data indicating recorded growth in the number of active physicians in more and more countries around the world – however numerical growth is not enough. In



Dr. Rene Salzberg – Former Secretary General of EFMA, Adv. Leah Wapner, Dr. Yoram Blachar, Minister of Health Ben Yizri and Mr. Jeremy Veillard from WHO



Dr. Yoram Blachar with Prof. Avi Israeli, CEO Health Ministry

order to understand the source of the shortage, Kloiber noted that we must comprehend phenomena related to population migration and labor patterns. New physicians reach the system from both training institutions and incoming migration and leave the system through migration to other countries, but also due to retirement processes and professional change.

A major problem has to do with the working conditions under which physicians are willing to work. In 1960 for example, the typical German physician was a male, sole-provider and independent. Currently 50% of physicians are women, their spouses have professions of their own – and even physicians want to see their children and get to know them.

1960 figures cannot be compared to current data. Western Europe is absorbing physicians emigrating from Eastern Europe, the Muslim Middle

East and the Far East – and there is migration from Europe to North America – the United States and Canada. At the same time, migration is taking place from the southern hemisphere to Europe and the United States along with migration processes to New Zealand and Australia.

Physician migration creates many ethical issues at the international and inter-country levels. More than one-third of the medical labor force of New Zealand and Britain was trained in other countries. In the USA and Canada, the figure stands at 25%. South Africa lost more than one-third of its medical labor force to other countries, usually richer countries in the north. Thus, a country's investment in qualifying physicians is not reflected throughout the physician's career.

In analyzing the main causes for physician migration, the prominent combination of causes seems to be the chance to earn more and ensure a safer environment as well as improved family living conditions and work conditions. A survey among European physicians indicated that they are dissatisfied with compensation, the time at their disposal to treat the individual patient and bureaucratic involvement dictating the nature of the patient-doctor relationship. The survey found that the general public shares this perception.

The physician-patient ratio in Europe is between 1:250 to 1:400. In other countries the ratio reaches 1:50,000. The problem in Europe is particularly severe in countries exporting physicians; demand in rich countries for additional physicians,



Dr. Otmar Kloiber, Secretary General of the WMA, Dr. Yoram Blachar, Adv. Leah Wapner and Dr. Rene Salzberg

even at a relatively low rate – in rich countries, translates into the loss of a high percentage of the labor force in poorer countries in which the absolute number of physicians is a priori small. “What we do in Europe directly impacts the fate of patients in South East Asia and Africa,” said the guest from Germany.

Physicians in Europe in particular and in the West in general currently tend to retire at an earlier age than in the past. Increasingly more physicians seek to retire at 60 or 62 years of age. More and more physicians take longer vacations or work part-time. Many transfer to other industries.

Medical professionals see two ways to deal with the problem: the easy and incorrect way or the complex way with higher chances of success. One of the easy ways is to use hotlines and call centers providing an immediate response by non-physicians.

The second way, implemented in many countries, involves cutting and rationing medical services under the guise of quality improvement.

Real solutions according to members of European physician associations involve improved work conditions offered to health professionals, expanded professional autonomy, ensuring fair payment, including incentives in certain fields, and guaranteeing a balance between the physician's work load and personal life. Concomitantly, Germany, as well as other countries, seeks to reduce bureaucracy as too much time is spent filling forms.

Other topics discussed at the meeting included inequality in health services, electronic medicine, technology and ethics, obesity and smoking. ■



EFMA participants during a tour of Jaffa

IMA International Activities

Earlier this year Dr. Yoram Blachar, representing the WMA, and Adv. Leah Wapner, representing EFMA and the IMA, attended the WHO's first global conference on task shifting, in Addis Ababa, Ethiopia. The issue was viewed in terms of redistribution of tasks among health workers as an effective response to the human resource for health crisis particularly with regard to the HIV epidemic. The WHO's global recommendations and guidelines were also discussed. Dr. Blachar and Adv. Wapner came to the conference advocating physicians' positions in the matter, namely, that task shifting should not be seen as a cost saving measure and should never replace or be confused with the development of sustainable, fully functioning health care systems. Task shifting should only be viewed as a compassionate measure to address situations of emergencies.



Dr. Yoram Blachar and Adv. Leah Wapner attended the first Global Forum on Human Resources for Health organized by the Global Health Workforce Alliance in

Kampala, Uganda on March 3 – 6. Dr. Blachar moderated a session on positive practice environments and Adv. Wapner served as a panelist at the round-table discussion on recruitment and retention of health workers and presented during the workshop on workplace violence.



A group of 20 medical students from the UK spent five days in Israel, learning about the Israeli health system. This annual initiative is part of a program established by the UK IMA World Fellowship chapter, led by Prof. David Katz, to promote ties that will lead to professional and social relations between Israeli physicians and physicians abroad. The students were hosted at the IMA where Dr. Tzaki Siev-Ner, chairman of the IMA WF, discussed the IMA WF and Sella Brosh, chairman of the Medical Student Union, spoke to them about exchange program options.



The Israeli Medical Association demands that Darfur refugees receive national medical insurance

The Israeli Medical Association (IMA) recently requested that the Minister of Health apply the National Medical Insurance Law to Darfur refugees fleeing to Israel, so as to ensure they receive adequate medical treatment.

In a letter to the minister, Dr. Yoram Blachar, IMA's president, reminded him that although Israel accepted the UN treaty in regard to refugee status in 1954, the State has not established the rights of the refugee in its laws.

The solution, according to the IMA, is to define the rights of all Israeli residents, including refugees and asylum seekers, regarding their rights to medical treatment.

In addition, the IMA, together with two Knesset members, have proposed an amendment to the National Medical Insurance Law that will give equal status under the law to refugees, asylum seekers and temporarily homeless peoples as to all Israeli

residents. The government has not responded to this proposal as yet.

"Once refugees enter our country, we believe that it is unacceptable, particularly in the State of Israel, to deprive them of their elementary rights to healthcare, which is a fundamental entitlement, independent of religion, race or nationality", wrote Dr. Blachar in his letter to the Minister.

As part of the IMA's initiative to assist refugees the organization is setting up a clinic in August to provide basic medical treatment, medication and referrals to hospitals, if necessary. The clinic will function daily from noon till late evening.

Seventy physicians, recruited by the IMA, have thus far volunteered their services at the clinic. The IMA is also asking the pharmaceutical companies and HMOs to provide the medication to make the project a true success and help those who have already endured enough suffering.

IMA International Activities

On his visit to Israel in April, Prof. Aviad Haramati, Secretary of the IMA World Fellowship USA chapter, met with Dr. Tzaki Siev-Ner and Esti Sherbelis, IMA Foreign Affairs Officer, to discuss the progress of the rapidly developing US chapter. The chapter now has a constitution and a website and, after addressing a successful meeting held at Beth Israel Medical Center in New York, Knesset Chairperson, Dalia Itzik pledged her support for the goals of the organization.



In mid May Dr. Yoram Blachar, Adv. Leah Wapner and Adv. Malke Borow attended the WMA Council Session in Divonne-le-Bains, France. The IMA joined the workgroup on telemedicine and its revisions to the WMA Declaration with Guidelines for Continuous Quality Improvement in Health Care were discussed but redistributed for comments.



Dr. Yoram Blachar and Adv. Leah Wapner attended the First World Health Professions Conference on Regulation in Geneva, Switzerland in May. Topics included legislative and policy frameworks concerning licensure, registration, revalidation, credentialing and accreditation and regulatory governance and performance including codes of conduct and accountability.



Dr. Rose Geist, President of the Canadian IMA WF chapter met with Dr. Tzaki Siev-Ner, to discuss what is being done in the Canadian chapter and how to best promote the organization so as to create further awareness of its existence and activities.



Prof. Aviad Haramati and Dr. Tzaki Siev-Ner

In June Dr. Bruce S. Auerbach, President of the Massachusetts Medical Society, the USA's oldest medical society boasting over 20,000 members, met with Dr. Tzaki Siev-Ner and Esti Sherbelis to discuss collaboration with the IMA. Dr. Auerbach also expressed his willingness to become involved with the IMA WF USA chapter.

This was followed by a visit of Prof. Michael Lewis, the Vice President of the USA IMA WF chapter. Prof. Lewis reported on the developments of the chapter, which is expanding to several states across the country.



Prof. Henri Goldstein, President of the Danish IMA WF chapter, visited the IMA in July. Prof. Goldstein, an invited speaker at next year's international IMA WF conference, was particularly enthusiastic about the new "Connecting" project, which he believes will be a wonderful incentive to participants. ■

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 or +972 3 6100424.

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Humanitarian Aid

Wolfson eye doctors 'bring light' to dozens of blind Africans

The vision of 61 residents of the Ivory Coast was restored by two ophthalmologists from Wolfson Medical Center in Holon. Dr. Michael Paul and Dr. Alexander Weinstock took part in an "eye camp" organized by the Foreign Ministry's Mashav (Center for International Cooperation).

The doctors worked as volunteers to remove cataracts from the eyes of mostly elderly patients. Cataracts, in which the lens of the eye becomes cloudy, are the major cause of blindness in Africa, and there are millions of such cases. Some of the patients had suffered irreversible damage in one eye due to traditional "treatment," in which a porcupine's quill is stuck into the diseased eye to "push it in deeper," while the Israeli physicians' surgery saved sight in the other. In some cases, they were able to save even those eyes that had been poked with quills.

Many of the blind patients had been unable to work for decades. As a result of surgery, they were able to see their loved ones for the first time in years and to escape from dependence on others.

"We really did bring light unto the nations," said Paul. Hospital director Dr. Yitzhak Berlovich said he was proud of the team for their important humanitarian act, "which brings honor to Israeli medicine."

*Excerpts by Judy Siegel-Itzkovich
Jerusalem Post*



Zambian boy gets treatment in Haifa for rare skin disease

A toddler from Zambia in Africa was treated at Rambam Medical Center in Haifa after being hospitalized for three months for a very rare congenital skin condition: Harlequin Syndrome, which has affected

only two Israeli children and involves the absence of important elements in the upper layer of the skin.

Sufferers have vivid patches on the skin that give the disease its name, which alludes to patchwork clowns' outfits.

Prof. Eli Sprecher, a world expert in the disease at Rambam's Dermatology Department, was contacted even though Zambia has no embassy or even a consulate in Israel. The three-year-old boy, named Emanuel, was sent to Rambam, where he received special medications and interdisciplinary care from the Otolaryngology, Pediatrics and Ophthalmology departments. He was given a six-month supply of medication and invited to return in the summer for additional treatment, even though he has since made an excellent recovery.

*Excerpts by Judy Siegel-Itzkovich
Jerusalem Post*



"Israeli angels" save the lives of Moldavian children

Earlier this year the "Save a Child's Heart" (SACH) organization sent a medical mission of Israeli cardiologists to Moldova's capital, Kishinev, to provide emergency medical care to a group of young cardiac patients.

The mission headed by Dr. Lior Sasson, Director of Cardiothoracic Department at Wolfson Medical Center in Holon, operated on seven local children whose lives were in danger – and saved them.

In addition, mission members examined 30 other young patients who due to complications, will be transferred to Israel for further treatment.

The surgeries were performed jointly by the Israeli doctors and their Moldavian colleagues. Some of the local doctors were invited to Israel for training in pediatric cardiology. The local media referred to the Israeli doctors as "the Israeli angels."

SACH has been working in Moldova since 1996 and is responsible for saving

the lives of some 50 children and for training local cardiac surgeons.

Excerpts by Itamar Eichner



Open hearts

Making split-second, life or death decisions is hard on any doctor, but for Dr. Alona Raucher Sternfeld and Dr. Rula Awwad it was twice so. The two were sent on a mission to Africa, where they found themselves deciding the fate of dozens of children who suffer from heart disease.

Sternfeld and Awwad joined forces in February, as part of the Save A Child's Heart foundation's medical mission to Tanzania and Zanzibar, aimed at determining whether or not any of the children make good candidates for heart surgery in Israel.

"We have no idea how fortunate we are," said Dr. Sternfeld, a pediatric cardiologist from Wolfson Medical Center in Holon. "My children are fed and they have access to some of the world's leading medical services. I had two caesarean sections and made it through. Our children will never die of the diseases African children die of."

Dr. Awwad, a pediatric cardiologist from Karitas Hospital in Bethlehem, has returned thankful as well: "We, in the Palestinian Authority, complain about our own hardships, and with good reason, but you can't imagine real poverty until you've been to Africa."

As part of the project, Dr. Awwad and Dr. Sternfeld have worked alongside each other at Wolfson Medical Center for three years.

A doctor is a doctor and a patient is a patient regardless of nationality and origin, said Awwad. "When doctors work together they forget all their differences. We all worked together, so we could save just one more child."

"We had 100 children and 100 adults waiting for us when we got to the Zanzibar hospital," said Sternfeld. "They don't have phones in their homes, so about



Humanitarian Aid



Nadia Aieed being treated at Emek Medical Center



Dr. Alona Raucher Sternfeld treating a young patient in Africa

a week before we got there, the radio informed them we were coming.

“The ER was packed with beds and monitors which didn't work. They actually have some great equipment that was donated, but nothing works, because they have no one to fix it when it malfunctions.

“We saw 180 children, infants to 18-year olds, in the three days we were there,” she added. “They were suffering from congestive heart failure and severe malnutrition. If these children would have undergone heart surgery at four-months old, their lives could have been so different.”

The schedule, continued Sternfeld, was hectic, sometimes grueling: “We knew we were these children's last hope and that we had to see them all. At one point there were 17 of us crammed into a 13-foot room, in 86 degree weather (30 degrees Celsius) with 90% humidity and no fan in sight and virtually no time.

“I give each child I see in Israel at least half-an-hour when I see them, but here we had no time to make any kind of personal connection with the children – they were undressed and anaesthetized before we even saw them.”

Awwad found the expeditious pace difficult as well: “At home we have time to confer on cases and here we had to make decisions immediately... when I had to tell parents we couldn't operate on their children I felt like I was letting them down.”

But not all was bleak. Both Awwad and Sternfeld were moved to meet two of the children who were operated in Israel in the past, like 17-years old

Saida, who was operated on six years ago. “All of a sudden we saw her there, with a one-year old baby in her arms,” said Sternfeld.

“She made it through the pregnancy and childbirth and when I gave her an EKG, her heart looked great.”

Excerpts by Smadar Shir



Palestinian Bedouin saved in EMC

On Monday, May 19, 2008, thirty two year old Nadia Aieed was filling a water bucket from a water pipeline in the fields between Palestinian Jericho and the nearby Israeli Moshav Argamon. This is an area of the Jordan Valley located several miles north of the Dead Sea. Without warning, a poisonous Echis Coloratus (mid-east saw scaled viper) struck Nadia on the top of her left sandaled foot inflicting a deep and painful wound.

Nadia was screaming and writhing on the ground in pain when her mother, Watfa, who was working with her in the fields, ran to her daughter. Their screams attracted the attention of a couple of moshav men who were also working in the distant fields. They rushed the stricken young woman to the moshav's medical clinic and from there a military ambulance was summoned.

Within minutes, an IDF (Israel Defense Forces) ambulance arrived with a driver and paramedic (both armed and in IDF uniform) and assisted the rapidly deteriorating Nadia into the

vehicle together with her mother. They sped north through the Jordan Valley and by the time they reached the Israeli city of Beit Shean, Nadia was vomiting blood and losing consciousness. There were no delays at the Israeli security checkpoints along the valley route and the ambulance with the two Palestinian women inside was rushed through. When the ambulance arrived at HaEmek Medical Center's ER Nadia was totally unconscious with severe internal and external bleeding.

Among the deadly effects of this snake's envenomation is hemostatic failure or a breakdown of the bodies coagulation mechanism. The young Arab woman was treated with anti venom and admitted for hospitalization. The adult ICU was full to capacity so the woman was rushed to the Pediatric ICU.

Watfa was asked whether she had been afraid of traveling in an IDF vehicle with armed soldiers.

Before she answered, she had Nadia call her uncle who gave them permission to speak freely. “Not for one second,” she answered. “Those men, including the Jewish farmers, came to help save my daughter and I only felt gratitude and never any fear.”

“How do you feel here in an Israeli hospital surrounded by Israeli Jews and Arabs?” the hospital spokesperson asked, referring to the multiethnic staff and crowd gathering there.

Nadia smiled and Watfa answered softly, “you saved my daughter's life. I have three other daughters and two sons and I do not fear your people. I bless them. All people need to know the truth.”

Humanitarian Aid

Nadia is now at home with her family. Nobody has any illusions about their inability to pay for the medical treatment the young dying woman received. Israel continues to quietly neutralize poisons.



Volunteers Surgeries in India in Children with Cleft Palate

Under the auspices of the American charitable association, Smile Train, a party of two plastic surgeons from Schneider Children Medical Center conducted plastic surgeries in India over a period of two weeks in February in poor children born with

cleft lip and palate and gave them a chance of a new life.

The medical delegation included Dr. Dean Ad-El, Director of the Department of Plastic Surgery at Beilinson and Schneider Children's Hospitals, and Dr. Eyal Kalish, a specialist in Plastic Surgery at Schneider Children's.

Cleft lip and palate is a common problem in developing countries. This congenital defect affects millions of children around the world who have difficulty eating and talking properly, integrating in school or work and suffering from shame and social isolation. Moreover, in countries such as India, cleft palate is deemed a "curse" and most of the children born with this defect are abandoned after birth. Each infant born with a cleft palate in

developing countries receives a name which means "cursed by God".

A solution to this common defect is surgery which takes about two hours and which can cost up to \$250 in India. Surgery can resolve children's difficulties and provide them with the hope of a new and improved quality of life. Many of these children are born to poor families and in areas where the average day's salary is \$2, and thus are unable to support the costs of this surgery.

According to Dr. Dean Ad-El, "seeing children with cleft palate in the special setting of India was both a personal and professional experience. Their culture is fascinating and performing the operations was a professional challenge and very rewarding." ■

Personal Connections

"CONNECTING - a New Initiative for Strengthening Relationships among Physicians"

Dear Colleague,

We are pleased to announce our "Connecting" project - a new initiative of the Israeli Medical Association World Fellowship (IMA WF) as part of the activities for bringing together physicians who wish to strengthen the bond with Israel and Israeli medicine.

We believe the most significant activity to bring people together is person-to-person contact resulting in a genuine link, commitment and affinity. Although we will begin this venture adjacent to the 19th ISRAELI MEDICAL ASSOCIATION WORLD FELLOWSHIP INTERNATIONAL CONFERENCE, this will be an ongoing project for any of our members who visit Israel in future. Initially the project will offer personal companionship of an Israeli physician to each IMA WF conference participant who so wishes, during his/her stay in Israel. The project will include social and/or professional interaction, a visit to the Israeli colleague's workplace for a first hand impression of the Israeli health system and other activities, taking into consideration both the guest's and host's needs and desires.

We invite you to take part in this unique project, to take the opportunity to meet new colleagues and hope it will help to create more meaningful relationships and develop true partnership and collaboration between physicians in the future.

Please let us know if you're interested in taking advantage of this wonderful initiative as well as your preferences, and send your full details, including email, field of medicine and interests, to Esti Sherbelis, Foreign Affairs Officer estish@ima.org.il.

Best Wishes

Dr. Tzaki Siev-Ner
Chairman, IMA World Fellowship

Dr. Itsik Kreiss
Head, "Connecting" project, IMA WF

Israeli Medical Achievements

Israelis stop reproductive clock in women undergoing chemotherapy

Girls as young as 14 who are exposed to chemotherapy for treating breast cancer, Hodgkin's disease, and other non-malignant diseases such as lupus, put their reproductive system at risk. The chemotherapy can trigger premature menopause and leave women infertile.

New research by an Israeli team of doctors, led by Prof. Zeev Blumenfeld from the Rambam Medical Center and the Technion Faculty of Medicine in Haifa, has found an effective new treatment that helps keep a woman's reproductive health intact while undergoing aggressive chemotherapy treatment.

Blumenfeld and his colleagues have found that a monthly injection of a gonadotropin-releasing hormone (GnRH) agonist before and throughout chemotherapy treatment can reduce the risk of premature menopause from 50 percent to less than eight percent.

Blumenfeld and his colleagues compared ovarian function in a group of women with Hodgkin's lymphoma receiving a monthly injection of a GnRH agonist. The women were given the injection before the start of chemotherapy until its end. Researchers compared these women who were treated with a similar dose of chemotherapy against Hodgkin's, but without the GnRH agonist.

As reported in the journal *Fertility and Sterility* in January 2008, only 3.1 percent of women in the GnRH agonist group developed premature ovarian failure. In contrast, 37 percent of the patients who did not take the GnRH agonist developed premature ovarian failure.

The researchers also found the treatment works in women with breast cancer and leukemia. Blumenfeld tells: "We've just published a unique report of a young Israeli woman who had two bone marrow transplantations. She underwent a very aggressive chemotherapy treatment.

"With only one bone marrow transplantation, there is more than a 96 percent chance she would become menopausal and unable to have children. We put her on a GnRH agonist and now we were lucky to find that she is pregnant again with her second child. This is an exceptional case and probably the first worldwide of spontaneous conceptions after two bone marrow transplantations in the same patient."

A GnRH agonist is a synthetic peptide modeled after a brain neurohormone that stimulates the pituitary gland to release hormones. The peptide has been used in a number of ways from delaying puberty in very young children to managing female disorders such as menorrhagia and uterine fibroids. It is also used in IVF treatment.

Doctors have long speculated that women who have been pretreated with GnRH agonists could be spared from suffering the lasting effects of premature menopause. The recent Israeli study strengthens the scientific argument.

Given to women from the reproductive age of 14 to 40 years, the GnRH agonist was able to suppress the menstrual cycle and temporarily create "a pre-pubertal hormonal milieu," says Blumenfeld.

Due to a decreased count of platelets, a side effect of chemotherapy, the GnRH agonist injection also prevented the severe menstrual bleeding associated with chemotherapy, Blumenfeld found.

Currently, there are three other methods for preserving fertility in women exposed to chemotherapy and include preserving both unfertilized and fertilized ova. None are extremely successful. This new treatment developed by Israeli scientists could increase the likelihood that a sick woman will one day be able to conceive when she recovers.

Fertility and health is an important focus for Israeli scientists. Last year an Israeli team from Hadassah University Hospital in Jerusalem were the first who succeeded in removing 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.

"We think we are the leader," says Blumenfeld. "Both the Israeli Jewish and Arab Israeli population are faced with social pressures to have more children. Maybe for this reason our reproductive technology and research is very developed."

Excerpts by Karin Kloosterman ISRAEL21c



Israel's Dr. Wash claims to cure opiate addiction in 36 hours

He's treated over 10,000 people for opiate addiction around the world, virtually overnight. Meet Dr. Andre Waismann of the acclaimed Waismann Method.

Rumored to be treating celebrities such as Amy Winehouse, Dr. Waismann nicknamed "Dr. Wash," is just hoping to teach as many doctors as possible the fastest, painless and most effective method - in his opinion - for treating opiate addiction.

Based at the Barzilai Medical Center in Ashkelon, Israel, Dr. Waismann is on the frontlines of more than one war. Not only is he single-handedly revolutionizing the way medical professionals look at and treat opiate addiction, his hospital is also treating the victims of the ongoing missile attacks launched at innocent civilians from Gaza. The terror, he notes, hasn't stopped foreign patients from coming to his clinic.

Drug addiction, he says, is misunderstood. People use drugs to feel high and it results in a neurological medical illness, he says. However, detox clinics today focus on the psychological and social aspects of addiction. Addicts are treated as pariah. Today's available treatments are painful and their effects questionable, he says. This is a bad thing for a number of reasons.

Israeli Medical Achievements

One is that an addict on the street also increases the spread of AIDS and hepatitis to the public at large, he says.

Dr. Waismann is a surgeon and intensive care doctor by training. "I use more than medicine," he says. "Heroin addiction withdrawal symptoms lead to vomiting and are terribly painful," he says. To rapidly overcome the pain aspect, Dr. Waismann puts his patients under general anesthesia for four hours and during this time he washes opiates out of their brain.

He then gives the patient a cocktail of medically approved drugs, to block the opiate receptors in the brain. The whole treatment from start to finish takes 36 hours.

Called the ANR Method for Accelerated Neuroregulation, Dr. Waismann is at the same time able to reverse both the opiate dependency and its symptoms. The treatment works on heroine, methadone, subutex and prescription opiates.

Featured in USA Today, the LA Times and more, journalists and paparazzi take note: you will be disappointed if you ask Dr. Waismann about treating Winehouse or any other celebrities. "He'll deny it," warns his assistant Mali, well-trained in ensuring high level standards of patient-doctor confidentiality are met.

A patient undergoes treatment with Dr. Waismann at Barzilai Hospital in Ashkelon

Excerpts by Karin Kloosterman



Sheba's Dror Meirou Receives Global Attention Regarding Ovarian Tissue Transplantation

Cancer Could Return Unless Stored Ovarian Tissue Undergoes Adequate Testing Before Re-implantation

ScienceDaily (April 21, 2008) – Cancer patients who have been successfully treated for their disease face the prospect of its return

if stored ovarian (or testicular) tissue is transplanted back into their bodies without adequate checks, according to researchers at two university hospitals in Israel.

Writing in the reproductive medicine journal *Human Reproduction*, the researchers say that hundreds of cancer patients worldwide have ovarian tissue and, in some cases, testicular tissue frozen in the hope of being able to have children after their cancer treatment has finished; but they warn that few fertility centers have the skills and use the technology needed to check the tissue for residual cancer cells, making it possible for the original cancer to re-infect the body when the tissue is re-implanted to restore the patients' fertility.

"The interest in ovarian tissue storage as a real option for preserving fertility in cancer patients has increased. However, genuine concerns regarding the possible recrudescence [re-appearance] of the primary disease following re-implantation of stored ovarian tissue with malignant cells exist," write the authors.

The first author of the report, Dr Dror Meirou, said: "We think it's vitally important to raise awareness amongst cancer patients, fertility specialists, oncologists and hematologists. There are few fertility centers in the world with the expertise and the technology to run the types of tests on tissue that are needed to detect residual cancer.

"However, not every reproductive service that has surgical skills and freezing facilities can be safely responsible for ovarian tissue preservation. We suggest that these centers should store tissue for future investigation, and samples can be shipped to specialist centers for analysis."

Dr Meirou, who leads the fertility preservation program in the IVF Unit at Sheba Medical Center, carried out the research with Professor Dina Ben Yehuda, director of the Hematology Division at Hadassah University Hospital. Dr Meirou said that fertility centers with close connections to cancer and

hematological centers should be able to work together in order to adopt the correct methods for checking stored tissue.

Before collecting tissue from the 58 young women in this study, Dr Meirou and his colleagues used various imaging methods (sonography, CT and PET scans) to look for cancer in the pelvis and ovaries of the patients; the women were about to receive chemotherapy for hematological cancers such as Hodgkin's lymphoma, non-Hodgkin's lymphoma and leukemia, between 1997 and 2007.

They found cancer in the pelvic area of two patients, and therefore ovarian tissue was not harvested. They collected tissue from the other 56 patients and, in addition to freezing strips for future transplantation; they also froze a smaller piece of ovarian tissue separately for each patient. They planned to use these extra strips for future checks for the presence of cancer cells, using the most modern methods that would be available at the time the tissue was thawed and prepared for transplantation.

When the ovarian tissue was thawed, they used several different methods to detect minimal residual disease. The results were compared with the same tests carried out on the patients' diseased tissue to check that the tests were capable of detecting cancer when it was known to be present.

None of the tests detected minimal residual disease in ovarian tissue for any of the patients, with one exception: modern highly sensitive real-time PCR detected cells in one CML patient where previous tests had not detected any sign of cancer, and so ovarian tissue transplantation was not carried out.

Dr Meirou said: "For this research we concentrated on hematological malignancies, which are common in young patients, but we are working also on solid tumors. Tumor cells of hematological cancers do not often form clumps of cells, which are easier to detect. Therefore, it is highly

Israeli Medical Achievements

important to identify single cancer cells among hundreds of thousands of normal cells.

"It is important to use the method and the specific probe that is suitable for each patient, and with this research we had a positive control test from the tumor itself."

The authors suggest that, as methods for detecting cancer cells are improving all the time and ovarian tissue can be stored for more than ten years, tests to detect residual disease should be carried out just before transplantation rather than at the time of collection. To do this, it is

necessary to freeze smaller piece of ovarian tissue separately for minimal residual disease investigation.

Dr Meirow said: "Following our pioneer report in 2005 on pregnancy and delivery post transplantation of ovarian tissue, the next step is to inform patients about the increasing success of ovarian tissue transplantation, to continue to improve the success of ovarian tissue transplantation, but also to call on fertility centers that store ovarian tissue to look for minimal residual disease and to start freezing tissue now for future investigation. All of this holds true for testicular tissue too, although we are not as advanced in successfully removing, storing and transplanting testicular tissue as we are with ovarian tissue."

Journal reference: Searching for evidence of disease and malignant cell contamination in ovarian tissue stored from hematological cancer patients. *Human Reproduction* Vol.23, Issue 5. doi:10.1093/humrep/den055.

Adapted from materials provided by European Society for Human Reproduction and Embryology, via EurekaAlert!, a service of AAAS.

European Society for Human Reproduction and Embryology (2008, April 21). Cancer Could Return Unless Stored Ovarian Tissue Undergoes Adequate Testing Before Re-implantation. *ScienceDaily*. Retrieved April 30, 2008



Dr. Zeev Goldik elected Deputy Chairman of the Council of European Specialist Medical Examinations

In February Dr. Zeev Goldik from Carmel Hospital and an IMA Executive Board member, was elected by an overwhelming majority as Deputy Chairman of the Council of European Specialist Medical Examinations. The organization amalgamates the chairmen of all the European medical examinations, 20 in number, to determine standards. ■

We mourn the loss of Prof. Alexander Friedmann M.H.S.R.I.P.

It is with the deepest sorrow that we wish to inform you of the sudden and untimely death of Prof. Alex Friedmann, the president of the IMA World Fellowship Austrian chapter.

Prof. Friedmann inaugurated a Union of Jewish Physicians that not only brought together a number of Jewish doctors, but got them to agree to treat new immigrants 'gratis'. With that initiative, he became involved in the social welfare of the Jewish community.

Two years later, in 1983, he was elected to the governing council of the Jewish community and in 1989 became director of its social welfare division. He was convinced that it was his obligation to help the immigrants to integrate; first in the Jewish community, then in Austrian society, and that should be done by giving them respect and recognition. To accomplish this objective of the new immigrants' cultural integration in Austria, the Jewish community initiated programs for their education, job training and housing. In 1980, he was able to change the community bylaws, offering voting rights to the new immigrants and helping them to develop their own communal organizations.

In 1982, Friedmann created a multi-professional outpatient clinic (ESRA2) for immigrants from the former Soviet Union and for traumatized survivors of the Holocaust. By 2007, the Jewish community of Vienna grew to 7500 members and now operates three schools, a vocational training center, two sports clubs and four social clubs for the former immigrants, as well as an arts school run by them.

In recognition of these accomplishments, the Republic of Austria and the City of Vienna honored Friedmann in 1995 and 2000 with Golden Crosses of Merit.

His passing will be a great loss to the Austrian Jewish community and to us all.



Prof. Alexander Friedmann

IMA Grant Ceremony 2008

There was not a dry eye in the auditorium at the IMA grant ceremony on June 18 when Prof. Moshe Shabtai recounted his memories of Prof. Irvin Yaakov. He lovingly told the 80 participants how the “scholar and gentleman”, who always taught love of his fellow man, became his mentor. Prof. Shabtai was particularly touched to present the award to his own former student. Prof. Moshe Graif spoke of Prof. Shmuel Schorr as the pioneer of

Advanced Technologies in Medicine to Israel in the 1950s, including the CT and angiograph, while Prof. Tamar Shochat paid tribute to Prof. Tiberio Swartz, who initiated many vaccines in Israel and whose impact is still prevalent in the USA where the policy on polio treatment is based on his findings. His daughter, Dr. Marnina Swartz-Vanetik carries on his legacy. These were only a small portion of the wonderful anecdotes relayed about the men and women,

no longer among us, who molded the future of medicine in Israel.

Some of those remembered died well before their time. Dr. Ezra Yechiam showed the participants photos of Dr. Menachem Caspi, a young man, full of life, who, despite being on dialysis for the last 14 years of his life, never missed a day of work. He died at 44. In a poignant coincidence, the ceremony coincided with his birthday. Dr. Gidon Menalis was another physician snatched in the prime of his life, stabbed to death by an angry patient. Dr. Leonid Eidelman, Vice President of the IMA, told the attendees that this is especially significant at a time when the IMA is fighting to pass a law in the Knesset to increase punishment for those who are violent towards physicians.

The unique and intimate event, hosted by Dr. Tzaki Siev-Ner, Chairman of the IMA World Fellowship, was dedicated, as in the previous eleven years, to revered physicians who passed away. The event was attended by the family and friends of the deceased, together with the grant winners, speakers who delivered eulogies, IMA Board members and the leadership of the WF.

During the ceremony, 13 young physicians received grants of \$4,500 each to study abroad at medical institutions for a period of a year and above. Four grants were donated by the IMA, three by the Organization of State Employed Physicians (Aram), two by the Organization of Clalit Health Services Physicians (Arkah), one from Tel Aviv Sourasky Medical Center, two from the Australian Chapter of the IMA WF (the AJMF), and one from Maccabi Healthcare Services. The recipients were overwhelmed by the touching ceremony.

Congratulations to the following physicians who were allocated grants:

◆ Dr. Shaul Avraham, who went to study Graft versus Lymphoma in Mycosis Fungoides at Hammersmith Hospital, Imperial College, London, UK. A tribute to Dr. Gidon Menalis was



Shaul Avraham



Moshe Ben Shoshan



Meir Marmor



Shai Bar Sela



Boaz Forer



Guy Raphaeli



Itsik Ben Dor



Yuri Goldes



Yonatan Yeshayahu

IMA Grant Ceremony 2008



Dr. Noa Rosenfeld-Yehoshua receiving the grant from Dr. Marnina Vanetik-Swartz

given by Dr. Tzaki Siev-Ner on behalf of Prof. Shaal Shasha.

◆ Dr. Shlomi Barak who will be studying Reproduction Endocrinology & Infertility, IVF at the Royal Women's Hospital, Melbourne, Australia.

◆ Dr. Shai Bar Sela who will be going to the Cizik Eye Clinic, The University of Texas, Health Science Center at Houston, USA to study glaucoma. The grant was given in honor of Dr. Menachem Caspi and his friend and colleague, Dr. Ezra Yechiam delivered the eulogy.

◆ Dr. Itsik Ben Dor will be leaving for the Interventional Cardiology Department at Georgetown Uni. Hospital, Washington Hospital Center, USA. The grant was given in honor of Dr. Liana Bartal and a tribute was delivered by Dr. Shula Hermon.

◆ Dr. Moshe Ben Shoshan will depart for the Pediatric Allergy & Immunology Department, Montreal Children's Hospital, McGill Uni., Canada. Prof. Moshe Graif spoke from his heart of his dear friend and colleague, Prof. Shmuel Schorr.

◆ Dr. Boaz Forer is leaving for the Dept. of Otolaryngology head & Neck Surgery, Singapore General Hospital, Singapore. Prof. Zvi Zemishlany delivered a speech to commemorate Prof. Ilan Modai.

◆ Dr. Yuri Goldes is studying at the Dept. of General, Viseral & Transplantation Surgery, Medical High School, Hanover, Germany. A tribute to Prof. Irvin Yaacov was given by his peer, Prof. Moshe Shabtai.

◆ Dr. Meir Marmor, will attend the

Division of Orthopedic Surgery, San Fransisco General Hospital, Uni. Of California, USA. The grant was given in memory of Dr. Benny Koeffler and Dr. Emil Chai eulogized him.

◆ Dr. Victoria Nisenblat will be studying at the Uni. Of Adelaide, The Research Centre for Reproductive Health, Australia.

◆ Dr. Guy Raphaeli is studying invasive endo-vascular treatment at Hopital Bichat Claude Bernard, Paris, France. The scholarship was presented in honor of Prof. Isador Kessler and a speech to commemorate his name was delivered by Dr. Avraham Hass.

◆ Dr. Noa Rosenfeld-Yehoshua is due to study at the Pediatric ICU, The Royal Children's Hospital, Queensland, Australia. The grant was given in honor of Prof. Tiberio Swartz and his friend and colleague, Prof. Tamar Shochat delivered the eulogy.

◆ Dr. Eran Sharon is leaving for the Surgical Oncology Dept., Princess Margaret Hospital, Toronto, Canada. Dr. Eran Segal delivered a touching speech in honor of Dr. Alan Fisher.

◆ Dr. Yonatan Yeshayahu will be going to study Pediatric Endocrinology at the Sick Kids Hospital, Toronto, Canada. Dr. Vered Simovich eulogized Prof. Bracha Ramot. ■



Adv. Leah Wapner, Dr. Tzaki Siev-Ner, Dr. Leonid Eidelman and Dr. Eran Segal

Jewish Medical Ethics Conference Held in Switzerland

An eminent and very historic chapter in the history of Medical Ethics was written in a charming, quaint European resort town – Burgenstock, Switzerland on March 6th through March 8th, 2008. Within the tranquil foothills of Lake Lucerne, an international, interdenominational and cross-disciplinary convocation known as the 1st International Conference on Jewish Medical Ethics was held. For those who attended, the meeting proved to be an unforgettable learning experience with important societal implications.

Organized by a dedicated and idealistic group of Swiss physicians: Dr. Refoel Guggenheim – a pediatric emergency room doctor in Zurich, Switzerland and secretary of the Israeli Medical Association World Fellowship Swiss chapter; Dr. Yves Michael Nordmann – a pediatrician and Dr Raphael Patcas – a dental surgeon from Basel, Switzerland. The meeting provided an idyllic venue for interdisciplinary discussion of medical ethical issues that confront society and present everyday dilemmas.

The meeting brought together a diverse spectrum of worldwide participants from all walks of life and religious denominations including ethicists, physicians, rabbis, social workers, scholars, spiritual leaders and lay persons. The conference focused on the important theme of “The Value of Human Life” and highlighted the critical impact that medical ethics has had on society and the betterment of mankind.

Ms. Marlene Young, a medical nu-

tritionist from Baltimore, Maryland who attended the meeting, commented that “modern medicine and health care has evolved at a lightning quick speed and has created new and complex challenges. A symposium such as this truly helps to prepare health care workers for the difficulties and challenges that await them.”

Educational topics included: organ donation, stem-cell research and therapy, and issues relating to the beginning and end of human life. Other important fundamental subjects discussed included: the patient-physician relationship, including the relationship between physicians and society, how physicians relate to other physicians, to medical students, and to other health care providers and the basic ethical requirements for medical research involving human subjects and genomics.

Among the many sessions held at this symposium were ones that focused on identifying the ethical dilemmas that frequently exist between palliative care provision and applying life-sustaining techniques. The sessions were frank and objective and presented a fair, balanced and unbiased account of this often controversial topic.

Keynote Speakers included: Dr. Georf Bosshard, head of clinical ethics at Zurich University Hospital, Rabbi Professor J. David Bleich, the Rabbi of the Yorkville Synagogue in New York, Rabbi Moshe Hauer, Rabbi of Congregation Bnei Jaco-Shareii Zion in Baltimore, Maryland, Professor Abraham Abraham MD, Emeritus Professor of the Hebrew

University – Hadassah Medical School in Jerusalem, Professor Christian De Geyter, physician and president of the Swiss Menopause Society, Dr. Georf Bosshard head of clinical ethics at Zurich University Hospital, Dr. Mordechai Halperin, Chief of Medical Ethics in the Israel Health Ministry, Dr. Peter Miny-Head of Medical Genetics at Basel University Children’s Hospital, Rabbi Dr. Israel Levinger, Dr. Nordmann and Prof. Abraham Steinberg.

In addition to the professional content, Dr. Tzaki (Itzchak) Siev-Ner, chairman of the Israeli Medical Association World Fellowship (WF), addressed the participants on the importance of the WF that offers a chance for physicians around the world to bond professionally and socially and his hope that the wonderful experience would be recreated at the IMA WF International Conference, which will dedicate an entire day to medical ethics.

The altruistic spirit of medicine was quite evident and most palpable among the international group of participants who attended this meeting. More than being just another “CME event”, this symposium, held in the beautiful and tranquil mountains of Lake Lucerne, was truly a spiritual renewal for many of those attending who were able to ponder the intricacies and challenges of medical ethics. ■

Dr. Mark Young

Chair, Faculty/Student Exchange Committee
International Society of Physical and Rehabilitation Medicine
Professor
Dept. of Orthopedic Sciences
New York College of Podiatric Medicine
Associate Professor
NYU School of Medicine



Dr. Refoel Guggenheim, Dr. Yves Michael Nordmann and Dr Raphael Patcas, the three conference organizers



Dr. Moshe Shalev, IMA WF Executive Board member, Dr. Abram Topczewski, President of Brazilian Chapter of the IMA WF, Esti Sherbelis and Dr. Tzaki Siev-Ner

Chapter Tidbits

The I.M.A.-U.S.A.-W.F is delighted to share news of our two most recent events. In April, Dalia Itzik, Speaker of the House of the Israeli Knesset, visited Beth Israel Medical Center in New York City.

The Honorable Ms. Itzik spoke to a crowd of fifty doctors and health care professionals, thanking the I.M.A and Beth Israel for their continued efforts in support of Israel's medical community and the I.M.A-U.S.A.

In June, the Jewish Federation of Broward County, Florida hosted a chapter meeting for the IMA USA WF. This was the first official meeting of the Southern Florida chapter. Many thanks to Mr. Eric Stillman of the Jewish Federation of Broward County and Professor Michael Lewis, Vice President of IMAWF USA for organizing the event.

Our chapter is gathering momentum. Our membership is growing and we look forward to hosting many more events in the future. Shalom from all of us here in the United States.

Abe Berger
President, IMA WF USA

CAAMI INVITA A LA 1 CONVENSION LATINO AMERICANA PARA LOS CAPITULOS LATINO AMERICANOS EN MIAMI DEL 15 AL 18 DE AGOSTO EN EL HOTEL RAMADA SPA-RESORT-BEACH, PRECIO PROMOCIONAL DESDE BUENOS

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Dr Salvador Sarfatti
Secretario De Caami

Our national biennial conference was attended by 80 delegates and their families, in all 250 people at a northern New South Wales beach resort.

The attendees were exposed to a high caliber scientific program and enjoyable social program. Our guests were Dr Arnon Afek and his wife Dr.Limor Afek.

This conference provides an important role for networking of Jewish doctors and their families from around Australia. Details of the conference are posted on our website www.ajmf.org.au. Our next conference is to

be held in Jan 2010, so monitor our website for details. We look forward to welcoming international delegates and their families.

Wayne Lemish has taken over from Ronald Sweet as president of the Victorian chapter of the AJMF and looks forward to expanding ties with Israel and the other members of the World Fellowship.

Ronald Sweet
President, AJMF Australia

In December there was an open house at the home of Dr Willy Lipschutz and H el ene Jacobowitz organized by the Antwerp Jewish physicians' organization and the IMAWF-Belgium.

After the sixth candle of Hanukka was lit below an art work of H el ene Jacobowitz, "Beauty of tradition, from eight days to eternity" Prof Benny Fischler from the Free University of Brussels introduced us to the hereditary aspects of the Post Traumatic Stress Disorder (PTSD) in Holocaust survivors in a lecture called: "Aspects psychologiques de la transmission interg en erati onnelle des traumatismes de l'holocauste."

Willy Lipschutz
President, Belgium IMA WF Chapter

The Canadian Branch of the Israeli Medical Association World Fellowship continues to thrive. This year we had two very well attended dinner lecture meet-



Dalia Itzik, Speaker of the House of the Israeli Knesset, addressing physicians at Beth Israel Medical Center, NY, while Dr. Abe Berger, President of the USA IMA WF and Dr. David Shulkin, CEO of the hospital, look on



Right to left - Michael Lewis, MD, Abe Berger, MD, Eric Stillman, Executive Director of the Broward Jewish Federation

ings: one on The Treatment of Schizophrenia and the other on the treatment of Bipolar illness in an Orthodox Jewish young man. Our membership grows and we now have 180 members.

Thanks

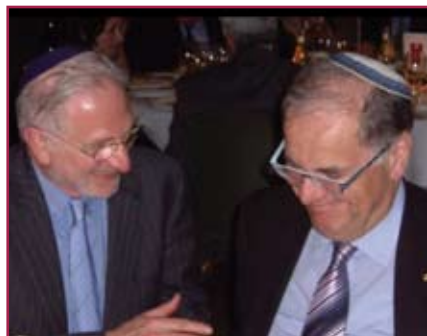
Rose Geist,
President IMA WF Canada

Dinner: Guest of Honour: Prof Sam Berkovic FRS

We had the second annual dinner of the new "amalgamated" Jewish Medical Association (JMAUK) at the beginning of April, with some 200 people attending. The guest speaker was Professor Sam Berkovic from Melbourne, Australia, who spoke on "The Sacred Disease of the Holy Land". Dr Berkovic is an overseas Fellow of the Royal Society and the talk related to his work in Israel on epilepsy. The dinner itself was considered most successful in that it brought together various groups of medics, both young and old.

In May, we were visited by Israeli psychiatrists Professor David Greenberg and Dr Yitchak Levav. Prof Greenberg told us about rehabilitation of the psychiatrically ill in a north Jerusalem orthodox community, and the difficulties associated with this. Dr Levav told us about his work on producing a journal "Changes", which is a collaborative journal, with contributions from Arabs in the

Chapter Tidbits



Professor Berkovic on the right and Professor David Katz, JMAuk chair on the left

West Bank and Israelis, and which addresses issues about mental health.

Our Annual General Meeting took place at the start of July, followed by the Henry Cohen Lecture. The speaker this year was Dr Patricia Hamilton, current President of the Royal College of Pediatrics and Child Health. Her subject was Ethics of Withholding and Withdrawing Treatment in Neonatal Asphyxia.

The Henry Cohen Lectures are jointly arranged by the Jewish Medical Association UK and the Medical Friends of the Hebrew University. They commemorate the memory of Lord Cohen of Birkenhead, who was one of the outstanding leaders of the medical profession in the UK during the middle 20th century, and who was a strong supporter of, and participant in, Jewish medical activities. Each year a leading figure in British medicine is invited to deliver the lecture in Israel and then address the Association in London. This year it was Dr. Hamilton.

Israel "Defense"

Following the unsuccessful attempt at an academic boycott of Israel in the UK last year, another vote by the University and College Union (UCU) representatives recently has resulted in a renewed attempt to resuscitate the boycott, albeit using different terms of reference. Much activity in this area has taken place in the UK and London in particular and some of it has centered on the medical representatives of the JMAuk.

As part of the same campaign in late October a set of "online debate"

articles appeared in the British Medical Journal, which acted as a catalyst for escalation of the topic in the medical field, which has now involved the Jewish Board of Deputies, the Israeli Embassy and even the General Medical Council. The leaders of medical affairs in the UK have all expressed their outright opposition to any form of boycott activity.

However, despite this, there have been a series of events promoted by a small group of doctors who have continued the anti-Israel campaign.

For example, at a meeting on Religion, Spirituality and Mental Health held in October, much of the time was devoted to an anti-Israel talk, and it was only after considerable persuasion that the real expert on the theme, Prof Martin Aaron (who is Jewish and promotes Israeli - Palestinian dialogue in the mental health field) was allowed to participate. Later, a meeting of the same small group took place in late

April, and this time Physicians for Human Rights - Israel were present, and espoused the cause of ostracizing Israeli medicine. As a result, our representatives have been confronted with a barrage of criticism, and there are ongoing problems about which we are in consultation with the IMA as well as with the Israeli Embassy.

Alan Naftalin, JMAuk

A Muslim boy died after a ritual circumcision in Italy causing controversy at different levels about procedures executed by non physicians.

AME (Medical Jewish Association) and UCEI (Union of Italian Jewish Communities) are preparing together documents to face this theme, examining religious, medical, ethical and legal issues, as well as to clear up the practice of circumcision.

We, AME, and the university, Department of Philosophy, are organizing an international meeting in Rome, September 22 and 23, on physicians and rabbis.

Medicine can serve as an instrument to strengthen dialogue among peoples.

In Rome the board of the Mediterranean Center for Trauma and Health Emergencies was elected, following an agreement between the Region of Lazio and the Palestinian and Israeli Health Ministers. Dr. Moshe Revah is on the board.

Maria Silvera, AME Italy



Participants at the Australian Jewish Medical Federation Conference



Prof Benny Fischler speaking to members of the Belgium chapter of the IMA WF, while Dr. Willy Lipshutz looks on

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