

## New WF Leadership Recently Elected

### Greetings from Dr. Zeev Feldman, the new Chairman of IMA - WF

Dear Colleagues and Friends,

I would first like to express my deepest gratitude for the trust the IMA central committee has placed in me by electing me to serve as Chairman of the IMA's World Fellowship. I wish to thank my predecessor, Dr. Tzaki Siev-Ner, for his wonderful contribution to IMA-WF. Tzaki has raised the scope of activity of the IMA-WF to new levels. IMA-WF has now 27 chapters on 5 continents. Our newsletter, IMA Around the Globe, reaches more than 11,000 people, a new tradition of biannual meetings was started, and 2 well attended meetings were held in Jerusalem and Tel Aviv. The shoes Tzaki is leaving are large, and I hope I will be able to fill them.

Besides my voluntary position as chairman of the IMA-WF, I am the director of Pediatric Neurosurgery at Safra's Children's Hospital in Tel Hashomer, and was elected recently as the president of the Israeli Neurosurgical Society.

One of the IMA's primary goals is



■ Dr. Zeev Feldman

to strengthen ties between Israel, Israeli physicians and Jewish physicians around the world. As you well know, Israel is constantly under the magnifying glass. Islands of anti- Israeli or hidden anti-Semitism exist in many corners

of the world. IMA-WF is the bridge between Jewish physicians around the world and Israel. Our members stood by IMA while ferocious personal attacks were launched against IMA officers, in letters to the editor in the Lancet and British Medical Journal. Our members stood by us and voiced their support when an academic boycott was launched against Israel by several universities, mainly in Britain.

Being part of IMA- WF enables our members to participate and support the daily struggle of Israel to maintain a high level of science, education, technology and medicine, while fighting, sometimes, for our very existence.

Our constant goal, with your help, is to reach more corners of the world, enlist more members, and increase the cooperation and collaboration between physicians in the Diaspora and Israel.

See you in Israel.

► **Zeev Feldman**

Chairman  
IMA World Fellowship

## Message from the Past Chairman – IMA-WF



■ Dr. Tzaki Siev-Ner

### Dear Friends and Colleagues,

My term as chairman of IMA-WF has come to an end.

I have been elected as the Chairman of the State Employed Physicians' Organization (Irgun Rofei Hamedina) and Vice President of the Israeli Medical Association.

I am proud to "pass the torch" to my successor, Zeev Feldman, whom I

have known for many years. I am sure he will be dedicated and bring his qualities to make IMA-WF better.

The good news is that I will remain a member of the board and will support the new chairman and the board.

As my term ends, I am even more convinced about the important role of IMA-WF as the umbrella organization of the friends of Israel and IMA around the globe. This solidarity has been challenged a few times in the last 4 years and as always, without any hesitation, you were there for us. Our mutual recognition is the very essence; however, the bonds between all chapters and within the chapters are not less important.

Over the last 4 years we increased membership, established new chapters, and held two international conferences with high scientific standards, but even more importantly, we got together and got to know each other personally.

Our members are our best resource and asset. It is our responsibility at the IMA and the international board to further develop this asset and maintain the bonds between us.

It has been a privilege to serve you. I would like to thank you all: individual members, chapter chairmen, the Israeli board, IMA board and members, Malke Borow and especially Esti Sherbelis who was so dedicated to all of us.

I wish us all a productive quadrennium and continuous fraternity.

› **Tzaki Siev-Ner**

# Assemblies in Israel

## The 19th Biannual IMA World Fellowship Conference

Over 150 physicians from abroad and 100 physicians from Israel participated on April 22-26, 2009 in the Israel Medical Association's World Fellowship Conference, which took place at the Hilton Tel Aviv. The conference centered on the themes of advanced technologies in medicine, medical ethics and health policy. The conference received CME accreditation from the European Accreditation Council for Continuing Medical Education and the American Medical Association. This event, like its predecessors, allowed doctors from different specialties, from hospitals, clinics and academic institutions, from the US, Canada, Australia, Europe, and Latin America, to share ideas, to create professional ties,



■ Asael Lubotzky, Maru Gete and Dr. Tzaki Siev-Ner at the IMA-WF conference opening Ceremony

to build joint projects, and to discuss medical issues, studies and technologies with their Israeli counterparts.

Many diverse topics were covered during the conference, including sessions on oncology, alternative medicine and pulmonology in the technology portion of the conference, sessions on medical ethics in various cultures and ethics in the Holocaust during the ethics portion of the conference, and sessions on the clash between economics and ethics in health policy, the impact of culture and religion in health policy and preventative cardiology during the health policy portion of the conference.

The session on Ethics in the Holocaust received added publicity in the special Holocaust Memorial Day section in the Israeli newspaper 'Maariv.' The article described the lecture given by Prof. Rael Strauss which explained how the murdering of Jewish mental patients in institutions developed the technology used for mass murder in concentration camps. The Israeli newspaper 'Haaretz' described some of the medical technologies presented at the conference in one of its published articles.

The conference opened with an exciting ceremony. Dr. Yoram Blachar, President of the IMA, welcomed the World Fellowship participants. Dr. Tzaki Siev-Ner, Chairman of the World Fellowship, emphasized the connection between physicians in Israel and abroad and described this connection with an emotional story. During the Second Lebanon War, Asael Lubotzky,

**“ This event ... allowed doctors ... to share ideas, to create professional ties, to build joint projects, and to discuss medical issues, studies and technologies with their Israeli counterparts”**



■ Dr. Yoram Blachar



■ Dr. Tzaki Siev-Ner



■ Medical Students



■ Susan Cabrera, Dr. Michael Lewis and Dr. Ben Driling



a soldier from the Golani division, was injured when a rocket directly hit the armored carrier in which he was travelling. Asael was hospitalized at Tel Hashomer hospital for rehabilitation in Dr. Siev-Ner's department. When Dr. Siev-Ner heard the name 'Lubotzky' he immediately asked Asael if he was related to Isser Lubotzky, who turned out to be Asael's grandfather.

Asael's grandfather, Isser, fought with the partisans during World War Two and later in the Etzel organization. While fighting the Nazis, Isser was shot in the leg. The wound became infected and his fellow partisans began digging his grave. Henka, Dr. Siev-Ner's mother, served as a nurse for the partisans and she used leaves to dress the wound and provided Isser with penicillin to fight off the infection. Because of Henka's treatment, Isser survived his injury. Dr. Siev-Ner, Asael, and Asael's brother-in-law, Maru Gete, an oleh from Ethiopia who did not attend school until arriving in Israel at age 8, presented this emotional story and its unlikely conclusion: both Asael and Maru decided to study medicine.

**“ While fighting the Nazis, Isser was shot in the leg. The wound became infected and his fellow partisans began digging his grave. Henka, Dr. Siev-Ner's mother, served as a nurse for the partisans and she used leaves to dress the wound and provided Isser with penicillin to fight off the infection”**

Social events at the conference included a cocktail dinner and performance by Israeli artists Inbal Pinto and Avshalom Pollak at the Suzanne Dellal Center, a festive Shabbat dinner at the Hilton hotel, and the closing Gala Dinner at the Hilton. This conference provided the opportunity for physicians from Israel and abroad to connect on a personal and professional level. The Israeli Medical Association is grateful to all those who took the time to visit Israel and participate in the World Fellowship conference. We thank you and hope to see you here again soon!



## The 182<sup>nd</sup> WMA Council Meeting

**T**he Israeli Medical Association had the privilege of hosting this year's World Medical Association Council meeting at the Hilton Tel Aviv.

The meeting went smoothly. The discussions were fruitful and agreement was reached on many of the statements. The scope of topics discussed was broad, including child

health, medical neutrality, stem cells and the use of placebos. However, my greatest delight was being able to host my long-time friends and colleagues from the WMA in my home country.

Before beginning the actual Council session, an optional informative session was offered by the Israel Medical Association. As an Israeli, I am constantly bombarded with questions from my colleagues abroad that reflect the complexity of the region in which I live. The recent conflict in Gaza and continued worry in the Middle East over the threat of a nuclear Iran have only increased the amount of inquiries that I receive. This session provided essential background information on many of the issues frequently covered by foreign news agencies, to those WMA participants who wished to attend. Mr. Neil Lazarus is an expert on the Middle East and speaks to over 25,000 people a year through his seminars. Having him speak with WMA Council visitors was a great opportunity to discuss the reality in the Middle East and I appreciate those who spent their free time in order to hear him.

**“As an Israeli, I am constantly bombarded with questions from my colleagues abroad that reflect the complexity of the region in which I live”**

The Israel Medical Association introduced a draft statement on inequalities in health at this year's Council meeting. In preparation for this statement, a survey was sent out to national medical associations in order to assess the situation in various countries and see what steps are being taken by NMAs in combating inequalities. With results from medical associations in Western Europe, Eastern Europe, North America, Africa, Asia, and Latin America, the survey showed that there is still much work to be done by associations in the fight against disparities in health. With the creation of a work group on the topic at the Council meeting, I believe that the WMA will develop this area so that national medical associations are at the forefront of this important effort.

Participants arrived to Israel from countries near and far. For many, this was their first trip to the country that is holy to three major religions. Participants experienced the meaning of that on Thursday, May 14 when we travelled to Jerusalem. In Jerusalem, we saw the Church of the Holy Sepulcher where



■ Participants at the WMA council meeting



■ Dr. Dana Hansen speaking with Dr. Yoram Blachar

Jesus was crucified and buried. We saw the Al-Aqsa Mosque which is the second oldest mosque in Islam and the third in holiness and importance after those in Mecca. We also had a chance to visit the Western Wall which has remained intact since the destruction of the Second Jerusalem Temple. It was my pleasure to participate in this tour and give WMA guests a taste of Israel. We were led through the Jewish quarter of the Old City of Jerusalem, the Arab market (or, as we call it, *shuk*) and we tasted traditional Middle-Eastern cookies and drank freshly squeezed lemonade with mint leaves. In the *shuk* our senses were overpowered with the strong smells of coffee, tobacco and spices, the vibrant colors of the different fabrics and intricate tapestries, as well as the history of the place. Our tour ended at the historical City of David where ac-

**“ Israel, as a melting pot and home to people of all nationalities and religions was a fitting place to host the WMA, which itself is an amalgam of people from various countries, languages and cultures”**

tors and musicians painted us a picture of what it meant to live in Jerusalem at the time of the Temple. This was a truly unique experience. We continued at the City of David with dinner and musical entertainment in the olive garden.

Israel, as a melting pot and home to people of all nationalities and religions was a fitting place to host the WMA, which itself is an amalgam of people from various countries, languages and cultures. Our common language, medicine, unites us and allows us to work together to reach common goals, making the WMA what it is—an outstanding organization.

WMA meetings in general and this year’s Council Meeting in Tel Aviv in particular, provided another great opportunity for physicians from around the globe to become acquainted with one another, socialize and discuss common issues and challenges in an informal manner. It was a pleasure and my privilege to host this year’s Council Meeting in our home country.

› **Dr. Yoram Blachar**

IMA President, May 2009



■ Dr. Yoram Blachar and Dr. Leonid Eidelman

## The 41st Israeli Medical Association Congress

**A** new president was elected at the 41st Israeli Medical Association Congress, which was held in Jerusalem on 8-11<sup>th</sup> September 2009.

After 14 years of serving as president of the Israeli Medical Association, Dr. Yoram Blachar finished his role after 3 terms and was replaced by Dr. Leonid Eidelman.

In his farewell speech, Dr. Blachar reviewed the development of the work at the IMA since he started there as president.

Dr. Blachar believes that what makes our organization powerful is the integration of the work we do with the Israeli health system along with our rich activities as a union. As long as the IMA establishes itself as an organization that acts out of true concern for patients, it will continue to strengthen itself also for its member physicians.

In his inaugural speech, Dr. Eidelman emphasized the work that needs to be done to improve the position of the physicians in Israel as well as advancing medicine.

On behalf of the Israeli Medical Association we congratulate Dr. Eidelman on his election and we wish Dr. Blachar bon voyage on his new path.

# IMA International Activities

## Upcoming Tour to USA

IMA-WF Chairman Dr. Feldman and Past Chairman Dr. Siev-ner will be speaking on: "Humanitarian Medical Assistance to the Palestinian Population vs. the Political View of Israel Medicine, eg the Goldstone Report"

<b>Dec 1</b> 7:30pm	Presentation – Beth Israel Hospital in Boston hosted by Dr. Bruce Auerbach RSVP By November 27,2009 to bruceauer@gmail.com
<b>Dec 5</b> 7:30pm	Presentation at the home of Dr.David Polaner (Denver) RSVP By December 2, 2009 to Polaner@tchden.org
<b>Dec 8</b> 12:00pm	Presentation at Rutgers Medical School – New Jersey. Hosted by Dr. Steven Lenger RSVP By December 4,2009 to gi44@aol.com
6:00pm	Presentation at Beth Israel Hospital in NYC Hosted by Dr. Abraham Berger RSVP By December 4,2009 to abe.berger@gmail.com
<b>Dec 10</b> 11:30am	Presentation – University of Miami Hosted by Prof. Michael C. Lewis RSVP By December 4,2009 to Brandy Bluett at bbluett@med.miami.edu

## Presentation of Ukrainian Medical Ethics Manual

On June 5th in Kiev, Ukraine, Dr. Blachar presented the Ukrainian edition of the WMA Medical Ethics Manual. This presentation coincided with the second edition of the manual being launched. It was originally launched in 2005 and has been distributed to medical schools and medical journals across the world. Dr. Blachar's address, at the conference's opening ceremony, included how medical ethics has developed and how it is utilized throughout the world, discussing such Declarations as Helsinki and Tokyo and, finally, looking at the importance of the WMA Medical Ethics Unit. During his stay, Dr. Blachar met with the Ukrainian Medical Association and with Dr. Vasyl Kniazevych, the Minister of Health of Ukraine.

## Dr. Blachar's visit to Oxford

Israeli Medical Association President Dr. Blachar recently visited the city of Oxford and the Oxford Chabad Society which was established in 2001 by

Rabbi Eli Brackman and his wife, Freidy. The purpose of this visit was to meet with the city's Chabad to discuss the structure and activities of the IMA and, more specifically, the Israeli-Palestinian conflict. An introduction was given by Rabbi Eli Brackman and Avi Ohayon, President of the Oxford University Chabad Society. Dr. Blachar then spoke on Physicians' Dual Loyalties with respect to the Israel-Palestinian conflict. Finally, brief addresses were given by Secretary General of Israel Medical Association Attorney Leah Wapner and Prof. David Katz, Director of the Jewish Medical Association (JMA). The meeting was well attended and Dr. Blachar received a lively response from the Oxford University Students.

## Prof. Peter Rubin's Visit to Israel

In June, Prof. Peter Rubin, newly elected chairman of the UK General Medical Council (GMC), visited Israel as the Henry Cohen Visiting Prof. He was accompanied by Prof. David R Katz, Prof. of Immunopathology at University College London, and Chairman of the

UK Jewish Medical Association.

Prof. Peter Rubin is one of the UK's most distinguished clinical academics. He was previously Prof. of Therapeutics at the University of Nottingham, headed the Department of Medicine in Nottingham from 1990-7, and was Dean of the Medical School from 1997-2003. His major clinical and research interest is in the medical aspects of pregnancy, and, in particular, in associated hypertensive disorders.

During the course of his visit to Israel, Prof. Rubin had the opportunity to meet with physicians, biomedical scientists and medical educators from all four Israeli medical schools. In Jerusalem, after a meeting with young British medical graduates working in Israel, he visited Hadassah Hospital, Ein Karem, spoke to the Director, Prof. Mor-Yosef, and attended seminars run by Prof. Elliott Berry. At Shaarei Zedek Hospital he met with Prof. Halevy and Rabbi Prof. Steinberg, and heard about work being done in the field of Jewish medical ethics. In Tel Aviv, he visited the paediatric and rehabilitation clinical units at Sheba Medical Centre arranged by Dr. Arnon Afek.

This was followed by a meeting at the Israel Medical Association (IMA) offices with Dr. Yoram Blachar, Adv. Leah Wapner and Adv. Malke Borow.

They were later joined by then Director-General of the Ministry of Health, Prof. Avi Israeli. At Ben Gurion University/ Soroka Hospital, Prof. Rubin's visit was arranged by Dr. Alan Jotkowitz. After being introduced to the different novel approaches to education, including those that aim to increase opportunity for the Bedouin community, he met with the President, Prof. Rifka Carmi. In Haifa he visited Prof. Rennert at the Israel Cancer Registry and then spoke to senior members of the Technion Medical School staff, and to both immigrant and Palestinian biomedical scientists.



## Petition launched against IMA and Dr Blachar

On the 21<sup>st</sup> of May a petition, signed by 725 physicians across the world, was sent to WMA Council Chair Dr Edward Hill and the Council members, “publicly protest[ing] and appeal[ing] against the recent appointment of Dr. Yoram Blachar, longstanding President of the Israeli Medical Association, as President of the World Medical Association.”

The letter reports allegations of torture, although through the years no specific names were mentioned and so there was no way to check the veracity of the claims. On the one instance that names were mentioned, in a report of the Public Committee Against Torture in Israel (PCATI), Professor Avinoam Reches, Chair of the IMA’s Ethics Committee, personally spoke with each and every physician cited in the report that he was able to locate. (Details were incompletely or inconsistently

listed in the report and so it was not possible to reach them all). Most were never employed by, nor had any connection to, the Israeli Prison Services. The three who were employed there, all vigorously denied any involvement in interrogations, torture or medical approval for the above.

The letter further states that Dr. Blachar has made statements which were untrue on at least 10 occasions in the Lancet and the BMJ, although no basis is made for these claims other than the opinion of the authors. Finally, it goes so far as to accuse the IMA ethics chairman, Prof. Avinoam Reches, of being personally involved in torture.

Whatever political views one may hold, we firmly believe that politics has no place in medicine. Medicine is meant to serve as a bridge, not a divide. The intermingling of medicine and politics is dangerous,

particularly when opinions, presented as facts, are presented on the pages of medical journals. Legitimate protests are fine; the cynical exploitation of medicine in advancing political and/or anti-semitic agendas crosses the line. We view the current situation as extremely dangerous for the future of Israeli medicine, of academic freedom and international cooperation.

On June 15<sup>th</sup> the Israeli Medical Association responded to this with a petition against anti-Israel activity and campaigns in the medical press. 5,264 physicians from all over the globe signed this petition stating their support for Dr. Blachar as WMA President and for the Israeli Medical Association. We thank of all of you who participated and showed your support for Dr. Blachar as well as for medicine unfettered by political considerations.

### Dear Colleague,



Thank you for supporting Israeli medicine during these difficult times.

It is both disturbing and worrying that anti-Israel sentiments have found their way into the field of medicine. Political views should be discussed, but not within the framework of a profession whose supreme value is the health and well-being of all human beings. The Israeli medical community has much to be proud of in this regard.

We are grateful to you for taking part in the struggle against the politicization of medicine and the degradation of the Israeli medical profession in the eyes of the

global medical community. By signing the Israel Medical Association's petition you have demonstrated your support and solidarity. Thank you for taking the time to assist your colleagues here in Israel.

**Thank you for your continued support.**

**Sincerely,**

› **Dr. Yoram Blachar**

President, Israeli Medical Association  
President, World Medical Association

› **Dr. Tzaki Siev-Ner**

Chairman, IMA World Fellowship

# Israel health news updates

## Dates protect against heart disease

› By ISRAEL21c Staff

October 13, 2009

**I**sraeli researchers have discovered that eating dates daily can protect against atherosclerosis, a major cause of heart attacks and strokes.

Adding a handful of dates to your daily diet could improve your blood triglyceride levels without raising blood sugar levels according to new research by an Israeli scientist.

Professor Michael Aviram, a biochemist from the Technion-Israel Institute of Science, found that eating Hallawi dates daily for four weeks could improve the quality of lipids (fats) in the blood without raising sugar levels. In 1995, Aviram was the first to prove that consuming red wine reduces cholesterol oxidation and arteriosclerosis development.

Dates, which grow in sub-tropical and desert areas throughout North Africa, the Middle East, California and Australia are rich in natural sugars and vitamins A and B. They are

■ Full of natural sugars and vitamins, dates have also been found to improve blood triglyceride levels. Photo by iStockphoto.

**“ Professor Michael Aviram... found that eating Hallawi dates daily for four weeks could improve the quality of lipids (fats) in the blood without raising sugar levels”**

thought to be one of the world's oldest cultivated fruits and the date palm was often called the 'tree of life,' as every part of the tree can be utilized.

### Keeping your arteries clear

Aviram and his team carried out a test on 10 healthy subjects who ate 3.75 oz of Hallawi dates daily for four weeks. The results of the test, which were published online by the Journal of Agricultural and Food Chemistry, showed a 15 percent decrease in triglyceride (fats) levels and a 33% drop in the amount of oxidation of fats in the blood.

"Oxidation is central to the deposition of cholesterol into the artery wall," says Aviram of the Technion Faculty of Medicine and Rambam Medical Center. "Once it is deposited, it can cause blockage of the blood supply to the heart or brain, a phenomenon that causes heart attack or stroke."

According to Aviram, a patient's risk for heart and vascular disease is assessed not just by measuring the quantity of blood cholesterol levels, but also the quality. This quality begins to degrade when the cholesterol is oxidized into potentially harmful molecules.

Aviram has spent more than 20 years trying to find ways to prevent and break down the deposits of cholesterol in the arteries - arteriosclerosis - that cause strokes and heart disease, a major cause of death in the Western world. He has focused particularly on discovering natural antioxidants that can improve the quality of blood cholesterol levels.

### Red wine, onions and pomegranate

Following his groundbreaking study in the '90s when he discovered the health benefits of drinking red wine, in later studies he also confirmed the antioxidant benefits of licorice, onions, olive oil and pomegranates, proving that the juice of



the fruit contains a particularly powerful antioxidant that can help fight cholesterol and heart disease more effectively than the flavinoids in tomatoes and red wine.

Aviram is also developing a white wine that will have the same health benefits for the heart as red.

Dates contain high levels of sugar, and the researchers were surprised to discover that a diet rich in dates did not bring about an increase in blood sugar level. This could possibly make them suitable even for patients suffering from mild hyperglycemia (persistently high blood sugar levels), Aviram believes.

## Israeli company helps you get smart about your meds

› By ISRAEL21c Staff/ David Shamah

June 23, 2009

**P**rescription drugs mixed inadvertently with over the counter medications can be a lethal cocktail hospitalizing hundreds of thousands of people every year. Now an Israel company has the solution.

Thousands of people die annually from the effects of drug on drug interaction (DDI) - with the elements of different medications people take interacting and combining in negative ways, so that, instead of helping, the meds become ingredients in a lethal cocktail. But now, there's a new system that has the potential to put an end to DDI complications - a new medication "smart card" developed by Israeli start up RX-DrugOn.

"This has been a long time coming, and I have no doubt many people will benefit from our innovation," company CEO Yaron Front tells ISRAEL21c. "If the card had been around a few years ago, I would have saved myself a trip to the hospital."

It was a case of bad DDI that inspired Front, a high-tech entrepreneur, to develop the DrugOnCard - and consumers, as well as pharmacists and pharmaceutical companies, stand to benefit.

**“ There was no one to blame; the doctor, the pharmacist, and the insurance company that provided a list of meds they would pay for were all just doing their job”**



■ Harmless prescription drug mixed with another harmless over the counter pill can create a deadly combination of drugs. Photo by iStockphoto.

Front ended up in hospital after he had a bad interaction between a prescription drug he was taking and an over the counter drug. "There was no one to blame; the doctor, the pharmacist, and the insurance company that provided a list of meds they would pay for were all just doing their job," says Front. "I was sure that what had happened to me had happened to many others as well."

Here's how the DrugOnCard system works: Consumers get the smart card from their pharmacists, and present it each time they buy drugs - both prescription and over the counter.

The same card can be used at any pharmacy where a DrugOnCard reader is installed, so if a consumer buys different meds at different pharmacies, the information gets recorded on the card. It comes pre-installed with (and updated on a regular basis) a database that lists problematic DDIs, based on the drugs the consumer had purchased; if a bad combo is discovered, the system alerts the pharmacist, who can suggest an alternative medication.

### The only system offering DDI information

The card - along with a printout of the meds an individual is taking - can be carried in the wallet, so the data is available



to medical personnel if the person carrying the DrugOnCard is unable to communicate, whether or not a hospital or medical facility has a DrugOnCard reader.

Believe it or not, says Front, this is the first - and so far only - system that provides comprehensive DDI information for individuals.

“Because of privacy issues, there is no coordinating database between medical care providers and pharmacists, with each other or with others in their field. Many patients have prescriptions from more than one doctor, and buy their meds from different pharmacies. DrugOnCard provides the only current solution to the problem of DDIs,” Front says.

While the card contains a great deal of personal information, Front says that there is no chance the data can be misused - because DrugOnCard contains no information that could identify its carrier.

“All it has is the carrier’s med use history,” says Front. “That information is useful to the pharmacist, or to a big pharma company, only in the aggregate, allowing them to determine what products people are using. But since the only information that gets recorded are the purchases a cardholder makes, without any other identifying data, there’s no chance the information could be used in a problematic way. And if the card is lost or stolen, it won’t do the finder any good without a DrugOnCard cardreader,” Front says.

“The only way to identify a specific user is when he or she hands the card to the druggist or doctor personally.”

### A medical safety net

While the card provides consumers with a med “safety net,” ensuring they don’t fall victim to misdiagnosed meds, DrugOnCard has something for pharmacists, as well as for pharmaceutical companies, helping them see what items and products consumers are buying.

“The system allows pharmacists to parse statistics on inventory and item popularity, making it easier for them to control inventory,” says Front.

Drug companies will also benefit, he adds. “Pharmaceutical companies will be able to better control their advertising budgets with DrugOnCard, because they’ll be able to target consumers who would be interested in their product.”

The pharmaceutical industry spends over \$5 billion a year on drug ads annually, in North America alone; they’re the ones buying most of the glossy full-page ads in the national magazines, hoping to attract the attention of the

readers who need their product.

“With DrugOnCard, pharma companies can run specials with pharmacies, offering discounts to users whose cards indicate they use a competing product, for example. With the cost of drugs so high today, many consumers are happy to discuss an alternative product with their doctor, and DrugOnCard allows the makers of those alternative products to reach out directly to consumers,” says Front.

No privacy issues are involved, he asserts. “It’s like when users get a pop-up when they surf to an internet site; anyone who surfs to the site gets the offer. In the same way, everyone taking medication X gets an offer for medication Y automatically.”

### Pilot program underway in the US

It’s only in the United States and New Zealand that pharma companies can advertise prescription drugs, but the DrugOnCard system could be used anywhere, since it’s more like an opt-in loyalty card program than an advertising mechanism.

Front sees a big future for DrugOnCard, in the wake of the medical industry reforms being touted by President

Barack Obama. “Among the things Obama has been calling for is a conversion to medical electronic records, and that’s exactly what DrugOnCard is for meds. The application could be easily converted to record other kinds of information as well.

And we’ve already resolved the thorniest problem - that of privacy,” says Front.

Rx-DrugOn is a privately held company founded in Kiryat Motzkin in 2008. Along with Front, the company’s top personnel include individuals from the pharmaceutical and medical professions.

The first DrugOnCard readers were installed in a pilot program in the US last January, and the program, which now includes several dozen pharmacies, is going well. The company is actively seeking partners in the medical and pharmaceutical industry, as well as investors, Front says.

“Adverse drug-drug interactions are responsible for over 100,000 hospitalizations annually in the US,” he says. “RxDrugOn offers consumers relevant and useful information about the medications they are taking.”

“That information is useful to the pharmacist, or to a big pharma company, only in the aggregate, allowing them to determine what products people are using”

# Chapter Tidbits

## Switzerland

» The chapter in Zurich/Switzerland had in 2009 several activities including courses in ACLS and PALS training for the members and a state of the art teaching on modern therapy in Rheumatology in June. More than 30 members joined our yearly assembly in July 2009 and we are very happy that Dr. Krauthammer continues as president of our association for his 7th period also in 2009/10. Thanks to the continuing efforts of Prof. J. Kohn, we were able to open a new chapter in Basel, where there are more than 30 Jewish medical professionals and will hopefully have national and international activities there in the near future. This includes the bi-annual international conference on Jewish Medical Ethics, which will be held from May 13-17, 2010 in Basel. More information will be available on [www.jmec.ch](http://www.jmec.ch). We also were able to tighten contacts to the European chapters of Germany, Italy and France and are planning to have more European conferences in the near future, when strengthening our European network.

» **Refoel Guggenheim**

## Belgium

» We had a wonderful meeting on 13 September in the presence of Israeli ambassador in Belgium, Tamar Samash and the president of the Association des Médecins Israélites de France, Prof. Robert Haïat.

Prof. Harry Bleiberg, although recovering from surgery, made a very interesting lecture about “who is in control of the ill” by using the modern technology



■ Israeli ambassador Tamar Samash addressing Belgian Jewish doctors



■ Sculpture Garden by Helene Jacobowitz



■ from left to right: Prof. Robert Haiat (president AMIF), H el ene Jacobowitz (sculptor), Dr. Willy Lipschutz

of teleconference and the meeting was closed with a sculpture show by Helene Jacobowitz with great success.

› **Dr. Willy Lipschutz**

## United States

›› The US Chapter will be holding an educational program and gala dinner on December 3, 2009 in Los Angeles.

Additionally we are developing a pilot program with specific hospitals in Israel. This program will entail a cadre of physicians who will be paired with the individual hospital. They would spend specific periods of time at the designated hospital working, and in exchange the hospital will provide room

and board and a small stipend which could be as simple as airfare, if they agree to some for a specific time. We anticipate that this pilot program will start in mid 2010.

Finally, the IMA USA and IMA Canada are in preliminary discussions on holding joint events and collaborating on joint activities.

## Save the Date

›› **The American Israeli Medical Association** in cooperation with **the Israel Medical Association- World Fellowship** and **Israel Bonds** invites you to join us for Gala event which will take place in a private residence in **Bev-**

**erly Hills** - Thursday December 3, 2009, 6:30pm - 10:00pm.

Program Begins at 7:30 p.m. sharp:

› **Mr. Jacob Dayan** - Israeli Consul

› **Dr. Jacob Offenberger, M.D**, President, AIMA

› **Dr. Michael Lewis, M.D**, President, IMA -USA Chapter

› **Dr. Tzaki Siev-Ner, MD**, Chairman "Organization of State Employed Physicians" (Irgun Rofei Hamedina)

Distinguished Guest Speaker

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Author, "A German Life: Against All Odds Change is Possible." Keynote Speaker  
RSVP to IMA-USA Chapter no later than November 13, 2009!

Accommodations: To make a reservation at the Beverly Hilton hotel contact Ashleigh Halmer for special rate of \$189 a night. Direct Phone: 310-285-1360, Main Phone: 310-274-7777.

› **Susan Cabrera**

## Italy

›› Bikur holim is now a reality in Milan and the surrounding area and an agreement was signed between Jewish and non Jewish institutions in order to provide Jewish in-patients with the religious assistance needed, kosher food, etc, in hospitals and other institutions.

Cooperation between a structure involved in rehabilitation and children psychiatry in Lombardia and Tzad Kadima.

Adding to the indications given by the Region, physicians of AME gave directions about the H1N1 influenza to the Jewish school in Milano.

Other physicians of AME participated to the public debate concerning genital mutilation.

Ferrara, 15 November 2009, study day: INFORMAZIONE SANITARIA NELLA TRADIZIONE RELIGIOSA, NELLA SOCIET  CONTEMPORANEA E NELLA LEGISLAZIONE.

› **Maria Silvera, AME Italia**

# Personal connection

## An Excerpt

› By Dr. Michael Gordon

Medical Program Director, Palliative Care, Baycrest Geriatric Health Care System, Professor of Medicine University of Toronto

**W**hen I was about nine years old, I asked him what our name had been before it was changed to Gordon. Most of my friends knew that their names had been changed when their parents or grandparents came from Europe (from rather long names ending in ovich or owitz or osky).

“Gordon has always been our name. My great-grandfather was a Gordon, even in the old country.”

The chance to return to Israel came, oddly enough, during my final exams in June 1966. I entered the room for my viva (oral) in obstetrics and gynecology, not my best subject. The professor was my examiner. He was a large man and towered over most of us when he directed our examinations in his clinics.

He looked at me and said, “You’re the Yank, aren’t you? With a name like Gordon, surely you must be Scottish?”

The clock keeping the ten-minute oral examination time was moving along. With my eye on it, I answered, “Yes, I am the Yank, but my name, although Scottish, has Jewish Lithuanian roots. If you have a moment, I can explain.”

His already rose-colored face brightened and he replied, “Please do.”

I spun out the story of my heritage. Two more minutes passed as I spoke of the Czar, and another two as I emphasized General Gordon’s role. Explaining the shtetle and the taking of names took me to the beginning of the last minute.

The professor suddenly looked at his watch and said, “Oh dear, oh dear; time has flown. Give my three signs or symptoms of preeclampsia.”

I carefully and deliberately counted out the answers—“high blood pressure, swelling of the legs with rapid weight gain, and protein in the urine”—finishing just as the minute

hand crossed the ten-minute mark.

He stood up, beaming, and shook my hand. As I left the room, I heard him murmur to himself, “Very good. Very good.”

That “very good” resulted in my winning the five-hundred-pound prize in obstetrics and gynecology, much to the surprise of my classmates. Following my completion of a six-month stint as a house officer (intern) in medicine at Aberdeen City Hospital, I obtained permission from the professor to use the money to return to Haifa for an internship in obstetrics and gynecology (“Medicine” in European medicine is the equivalent of “general medicine” in the United States). I was now on my way to Israel, happy to re-visit Haifa’s Rambam Hospital for some months of training.

Toward the end of an extraordinary personal and clinical experience, I visited kibbutz Nir Oz on the Negev border, which abutted the Gaza strip in Egypt. There I met Indian troops who were serving with the United Nations. A week later, Egypt’s President Nasser unilaterally removed these troops, and I left Israel to visit my sister Diti, who was serving with the Peace Corps in Tunisia. It was in the small town of Hammam Sousse in Tunisia that I experienced the Six-Day War. For the first two and a half days, all I could hear on the battery-powered

shortwave radio were Arab-language reports and an English-language broadcast from Egypt. Diti could understand, and she translated the depressing news from the Arabic. The English broadcasts came every few

hours and were very clear in their details of the destruction of Israel. The BBC was scrambled, so there was no way of hearing any other information.

Incredibly, I managed to find batteries in a bicycle store, for there were none in all the electrical shops. To

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the surprise of the owner, I bought his whole supply. The next day's local newspapers were full of stories of Israel's destruction, as explained to Diti by those in her school who read the Arabic to her. The people who had become "my people" might disappear in the fire of war. On a visit to Sousse on the second day, we noticed many armed soldiers. A street vendor told Diti that they were Algerian troops on their way to the war "over there—far away." I ran the dial on the shortwave radio back and forth all night on the day the war broke out and again on the second day and night which was June 6. That night, as I was slowly moving the dial, I heard very distantly, a song, with guitar accompaniment, which I recognized as Hebrew.

The music stopped and a voice came on the air. My knowledge of the language was rudimentary, but the voice sounded calm. Then I recognized that it was the news being read, although I could not understand the details. I heard the word maot followed by the word migim, which I surmised was the Russian aircraft used by Egypt and Syria. I knew that, since mea was a hundred, maot must mean hundreds. This was followed by the word shtemeser, which I knew meant twelve, followed by the word, miragim, which I knew to be

**“ Israel had not been destroyed, though the war was raging on at least two fronts—Egypt and Syria—and Israeli tanks seemed to be rushing towards the Suez Canal”.**

the Mirage, the Israeli fighter jet supplied by France. After the news, music started again, and the reception became distant and replete with static. I went to sleep hoping I had understood enough Hebrew to know that things could not be all that bad. The next morning, the BBC made it through and announced the clearer reporting of the war. Israel had not been destroyed, though the war was raging on at least two fronts—Egypt and Syria—and Israeli tanks seemed to be rushing towards the Suez Canal.

Two days later, I flew to Paris and then to London where Steve, my flatmate from medical school, lived. By this time it was known that Jordan had entered the war but had lost their stranglehold on Jerusalem, and the West Bank had been taken over by the Israelis. The last battle going on was for the Golan Heights, which was in full force by the time I arrived in London that Friday, June 9. The news was sketchy, but Israel clearly had survived so far. Steve and I tried vainly to get to Israel to volunteer. Then, suddenly, on the Saturday morning while we were walking through Hampstead Heath where a cricket game was being played, the war ended. I left the next day for the United States, and each of us vowed to meet again in Israel.

## Personal Connections...

In this 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 [international@ima.org.il](mailto:international@ima.org.il) for our next edition.

## Ima Around The Globe

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