Junior Doctors Network Newsletter
Issue 27
December 2023

WORLD MEDICAL ASSOCIATION

Empowering young physicians to work together towards a healthier world through advocacy, education, and international collaboration

JUNIOR DOCTORS NETWORK

JDN inaugural participation at the 2023 World Health Summit
Pages 19-21.

Health Festival - 3rd Panhellenic Congress of Medical Students for Public Health
Page 23.

Emotional & Psychological Well-being in Cancer Patients: The Role of Doctors & Society
Page 28.

Including Spanish articles and more…

Published by the Junior Doctors Network of the World Medical Association

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Junior Doctors Leadership 2022-2023

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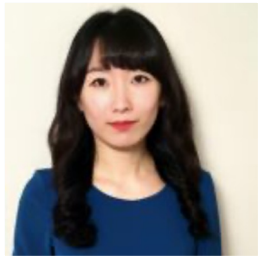

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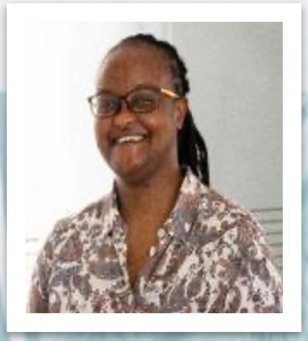

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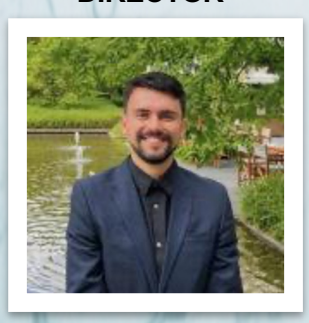

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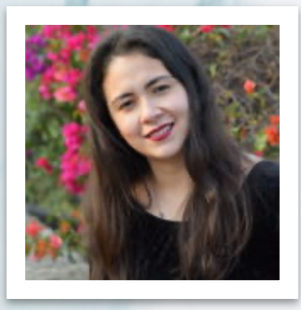

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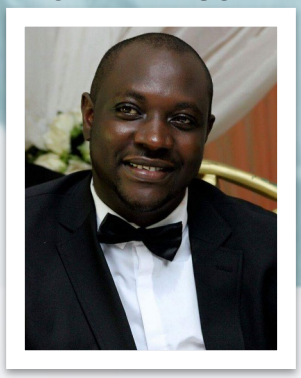

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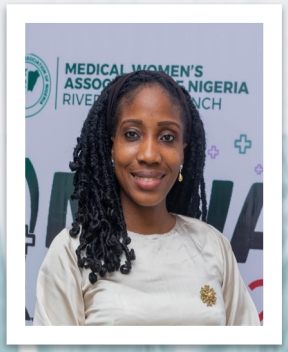

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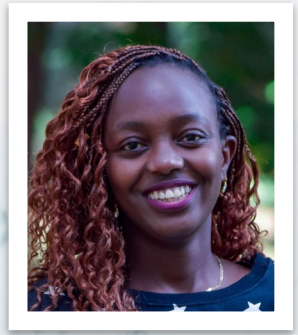

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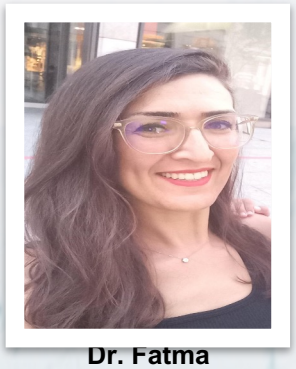

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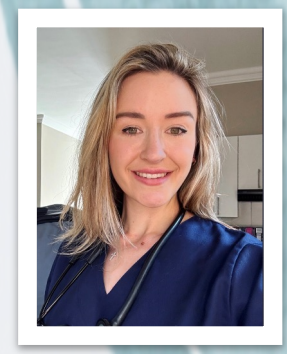

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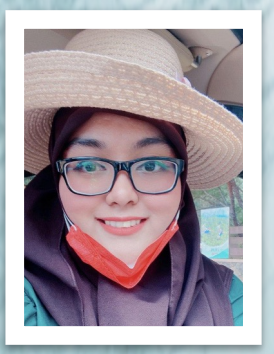

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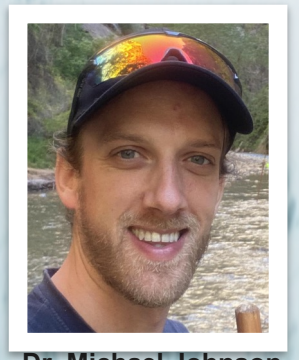

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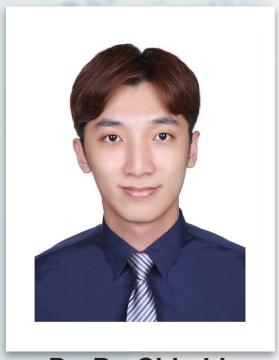

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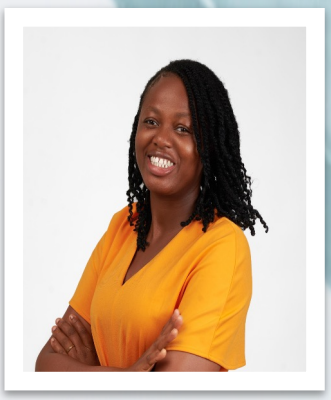

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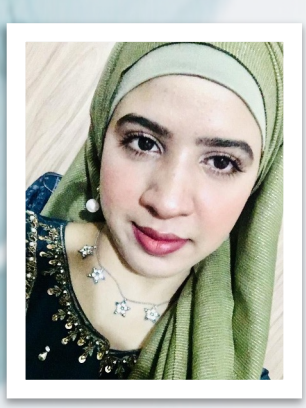

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Issue 27
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WORLD MEDICAL ASSOCIATION

TEAM OF OFFICIALS' CONTRIBUTIONS, AND STATEMENTS.

Words from the JDN Chairperson

Dr. Uchechukwu Arum, MD.
Chairperson
Term 2022-2023
Junior Doctors Network
World Medical Association

Dear Esteemed Colleagues,

It is with great pleasure that I introduce to you the 27th issue of our JDN newsletter. It is truly remarkable to pause and contemplate the incredible journey we have shared. The Junior Doctors Network not only endures but thrives, maintaining an unwavering commitment to advocating for better healthcare on the global stage. This newsletter stands as a testament to the tenacity and dedication of our network, which has seen substantial growth and flourishing during this term. I have had the privilege of witnessing countless achievements, sharing in both triumphs and challenges, and, most notably, being inspired by the collective spirit that defines the Junior Doctors Network.

In this edition, we present a compendium of insightful articles, personal experiences, and updates. Moreover, we continue our tradition of fostering linguistic diversity by featuring an article in a language other than English (Spanish). As we navigate the ever-evolving landscape of the medical world, our network remains a steadfast cornerstone for support, networking, and the sharing of knowledge.

Together, we have achieved numerous milestones and cultivated a vibrant community where knowledge, camaraderie, and mutual support flourish. As I transition from my role as the Chairperson, I do so with unwavering confidence in the future of this network. The incoming leadership will build upon the exceptional work we have initiated and steer us toward new horizons.

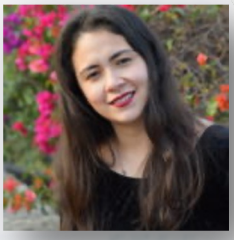
I invite you to take a moment, relax, and delve into the content.

Warm regards,

Dr. Uchechukwu Arum
JDN-WMA Chairperson 2022-2023

Words from the JDN Publications Director

By Dr. Jeazul Ponce Hernandez, MD
MSc. MPH.
Publications Director
Term 2022–2023
Junior Doctors Network
World Medical Association



Dear JDN Colleagues,

It is my pleasure to present to you this new edition of the JDN newsletter, featuring a new look and well-deserved updates. It is also an honor for me to share with you the events in which I have been able to participate individually, but thanks to my membership in JDN/WMA, such as the World Health Summit and the European Health Summit. This newsletter serves as a platform for upcoming events led by young physicians.

We also have important material to share from the activities carried out by the working groups and members of the management team. And, of course, we have our section of articles with a scientific and research perspective, where the role of young physicians is crucial for the advancement of science, technology, and the political inclusion of young physicians in global health.

Please enjoy, and thank you very much to everyone for your participation in the making of this issue—members of the publications team and those who took the time to submit their articles.

Thank you for your trust.

With affection,

Dr. Delta Jeazul Ponce Hernandez
Publication Team 2022-2023

2022-2023 JDN Secretary Remarks

By Dr. Marie-Claire Wangari, MD.
JDN secretary
Term 2022-2023
Kenya
Junior Doctors Network
World Medical Association

Another JDN management team mandate has concluded since our last election in Berlin in October 2022. Reflecting on this past term, I'm reminded of a quote by Martin Luther King, Jr.: 'The journey of a thousand miles begins with a single step. Watch your step. You don't have to see the whole staircase, just take the first step.'

Collaborating with the management team over the past year has been truly enlightening, and it's remarkable to see the positive strides we've made in our network. Our membership numbers have nearly doubled, and we've introduced Spanish and French submissions in the JDN newsletter, among other accomplishments.

From the Secretary's perspective, we've consolidated all membership meeting minutes into one document, making it easier to follow up on meeting proceedings. Additionally, we've continued our monthly membership meetings in two time zones to accommodate our diverse membership. We've also encouraged the use of our JDN calendar, including activities at the working group level. The format of the management team strategy has been updated to include a summary of our working groups' plans, fostering greater cohesion between both parties.

It has been a pleasure to support various management team members, the 2023 Pre-WHA Organizing Committee, and our general members with various tasks and inquiries on the JDN. These engagements will be cherished.

In closing, I encourage everyone to 'just take the first step.' If you're interested in engaging with the JDN, take that leap. If you have ideas for what the network can achieve, share them with us. If you want to establish a national JDN chapter, reach out. Remember, 'Everything you've ever wanted is sitting on the other side of fear.' – George Adair.

JDN's Membership in a Snapshot

Dr. Pablo Estrella P. M.D. MPH.
Membership Director
Spain
Junior Doctors Network
World Medical Association

Understanding the membership data in a platform such as the Junior Doctors Network (JDN) is key to monitoring changes over time and acting accordingly to adapt to continuous changes.

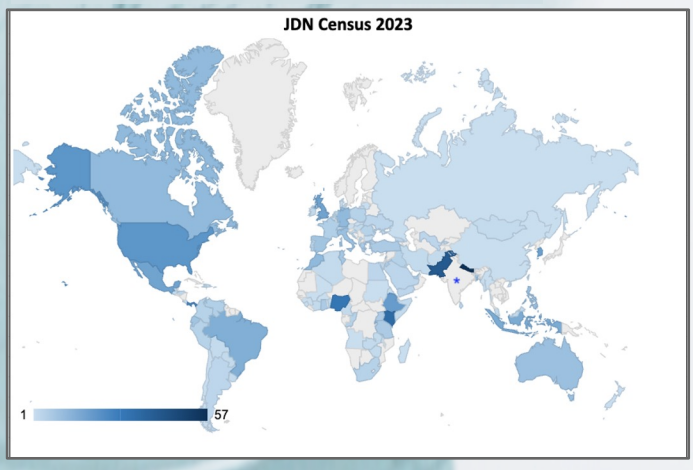
In the membership census of August 2023, the JDN had registered a total of 763 members (Table 1), a significant increase from the 515 members registered in the 2022 census. This remarkable year-over-year growth underscores the growing appeal and relevance of our network.

Table 1. Junior Doctors Network Census 2023

Region	Countries Represented	Total Countries in the Region	% Countries Represented	Total members (n)	Percentage of members (%)
African Region	25	47	65%	144	18,9%
Eastern Mediterranean Region	16	22	58%	101	13,2%
European Region	28	53	65%	106	13,9%
Region of the Americas	21	35	63%	132	17,3%
South-East Asia Region	7	12	63%	235	30,8%
Western Pacific Region	8	27	77%	45	5,9%
Total	105	196	65%	763	100,0%

Our network is not confined by borders (Figure 1), and this is reflected in our representation across regions, with 65% of countries represented in the JDN, and the highest representation in the Southeast Asia Region, with 77% of countries represented. Among all the regions, the South-East Asia and Africa Regions have the highest percentages of our total members (31% and 19%, respectively) (Figure 2)

Figure 1. Membership Census 2023



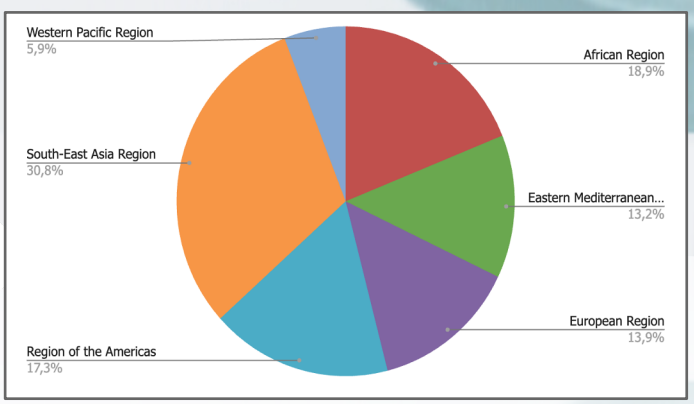


Figure 2. Percentage of JDN Members per Region 2023

JDN's Membership in a Snapshot

Membership data is the cornerstone of our understanding of the network's evolution over time. It enables us to assess our outreach and inclusivity, offering vital insights for informed decision-making.

As the Membership Director in both the past and the new term, I am responsible for managing this data and ensuring its effective use. Moreover, the responsibilities of the position include coordinating membership with the WMA Secretariat and maintaining an up-to-date membership database, as well as engaging new and prospective members and supporting National JDNs.

Challenges were not absent in the past term (2022-2023), as is the case with any evolving organization. These challenges include a high rate of incomplete applications, limited contact with some National JDNs, and insufficient member engagement after joining. Furthermore, there is a need for more institutional memory and continuity from previous terms.

To address these challenges, recommendations for the upcoming term include simplifying the JDN application process, completing the Toolkit for Setting Up National JDNs, enhancing communication, improving the Welcome Kit for increased member engagement, and collaborating with other management team members to promote activities stimulating member participation.

Our membership data paints a compelling picture of growth and diversity within the JDN. As we move forward, we invite all members to actively participate in JDN activities, whether through involvement in working groups, representing us externally as part of JDN delegations, attending online events, or contributing to member consultations. Your active engagement fuels our network's strength and dynamism. Together, we can ensure that the JDN remains a vibrant and inclusive platform for junior doctors worldwide. Let's collaborate to surpass the achievements of the previous term.

Original Picture. Junior Doctors Network Meeting in Nairobi, Kenya, 2023.

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WORLD MEDICAL ASSOCIATION

REPORTS OF JDN WORKING GROUPS

Report of the JDN Working Group on

By Dr. Balkiss Abdelmoula MD. MPH.
JDN Deputy Chair 2023-2024
JDN Medical Education Director 2022-2023
Tunisia/Germany
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Medical Exchange, Education and International Mobility

With a focus on knowledge-sharing and fostering junior doctors' engagement in the advancement of medical education to drive positive change in their careers and in healthcare systems worldwide, our Working Group has contributed to and coordinated the following activities during the past term:

- **Revision of the WMA Resolution on Medical Workforce, adopted during the WMA general assembly in October 2023**
- **Organizing the country presentation session around the thematic area of the "Medical Workforce" during the JDN bi-annual meeting, in October 2023**
- **Special Edition on Medical Education and Medical Ethics, October 2023**
- **First joint webinar with the planetary health working group on integrating Planetary Health in Medical Education, September 2023**
- **Junior Doctor's representation during the JDN-IFMSA co-hosted WHA side event on Youth Engagement, May 2023**
- **Junior Doctors representation at the WHO Youth Hub**
- **Organizing Webinars to guide Junior Doctors in their careers:**
    - Careers in Global Health (Junior Consultants Edition), February 2023
    - Navigating career pathway in an international organization, November 2022

Medical Ethics Working Group Update

Dr. Jihoo Lee, MD.
Medical Ethics Officer
Term 2022–2023
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The bedrock of the medical profession lies in the principles of Medical Ethics, constituting an indispensable component of the worldwide healthcare landscape. Over the past decade, physicians have been champions of and catalysts for dialogues concerning various facets of Medical Ethics. These encompass clinical competencies and responsibilities, ethical considerations in human and animal research, safeguarding patient confidentiality, and providing compassionate end-of-life care. Consequently, junior doctors must assume proactive leadership roles, fostering continued discourse among the global healthcare community on these diverse and critical themes.

In June 2019, the Junior Doctors Network (JDN) established the Medical Ethics Working Group as a global platform for junior doctors to exchange crucial information, and resources, and engage in activities centred around Medical Ethics. This initiative strives to heighten awareness of Medical Ethics within the junior doctor community by fostering creative and academic pursuits. The working group has organized events focused on various aspects of Medical Ethics and actively encourages junior doctors to participate in activities such as policy analysis, policy evaluation, and collaborative research related to Medical Ethics. In 2023, the team has continued its efforts to represent and support the cause

Key Achievements:

- Member Survey (Oct 2022): The survey identified that the field of most interest to members is related to professional ethical dilemmas for physicians, including end-of-life care decisions, access to clinical specialization, restrictions on prescription, as well as physicians' working conditions in terms of bullying or harassment.
- l Nairobi Thematic Session (Apr 2023): The working group successfully chaired its session, introducing various activities and discussing relevant issues such as LGBTQ+ concerns and collaboration with IPPNW.
- l JDN Newsletter Medical Ethics and Medical Education Collaborative Special Edition (Sep 2023): As one of the working group's annual activities, the JDN newsletter special edition is scheduled for publication in September. This year, the working group collaborated with the medical education working group to expand the topics and encourage member participation.

Pandemic Preparedness/ COVID-19 Working Group

By Dr. Wenzen (Jen) Zuo
Pandemic Preparedness / COVID-19 working group co-chair
Term 2022-2023
Canada
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World Medical Association

The Pandemic Working Group is a re-activated working group from the ad-hoc "COVID-19 working group" that was set up in January 2022. The current aim of the working group is to review developments in the public health arena on matters about health emergencies of concern e.g., COVID-19 and monkeypox and appraise solutions being tabled to add the voice of junior doctors worldwide in these efforts.

Since October 2022, our working group engagements have been as follows:

1. Publication of COVID-19 stories on the JDN social media handles
2. Observing and where applicable delivering interventions at the World Health Organization (WHO) Intergovernmental Negotiating Body and the International Health Regulations as representatives from the World Medical Association (WMA)
3. Hosting an open forum discussion on junior doctors' understanding of the INB and IHR processes and their impact on their work on the sidelines of the JDN Fall Meeting in Nairobi, Kenya in April 2023
4. Coordinating a session at the 2023 Pre-WHA workshop dubbed, "WHO's work on pandemic prevention, preparedness and response (Focus on Global Health Law & Security)" facilitated by Aush Lal, Commissioner from Chatham House Commission for Universal Health and Susan Brown from Women in Global Health
5. Participating in the 152nd WHO Executive Board Meeting and 75th World Health Assembly and drafting interventions related to the agenda of health emergencies

For the next steps in the coming term

1. The working group currently chairs the drafting group for the updates of the 2017 WMA statement on epidemics and pandemics set for release in 2024.
2. We are currently exploring possible avenues of activities beyond those that focus on COVID-19
3. We are keen to welcome new members to join our working group. If you are interested in joining us, please reach out to either.

- Wenzhen (Jen) Zuo: wenzhen.zuo@gmail.com
- Marie-Claire (MC) Wangari: mcwangari.wm@gmail.com

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Issue 27
December 2023

WORLD MEDICAL ASSOCIATION

CONFERENCES, MEETINGS, CONTRIBUTIONS & TESTIMONIES

World Health Summit 2023, Berlin Testimonies

Dr. Flora Wendel, MD.
Chair of JDN working group on Comprehensive Primary Health Care
Term 2022-2023
Germany
Junior Doctors Network
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The World Health Summit (WHS) is a yearly global health event that takes place in Berlin and seeks to bring together stakeholders from national ministries, international organizations, civil society, academia and the private sector.

What I particularly liked about the WHS is that all the sessions and side events took place in one location which truly enabled advocacy and networking. I further appreciated the presence of many young people and youth delegates at the event, as well as the representation of research institutions and networks. Policy must be informed by research and youth must be actively engaged in all stages of policy making and included in high-level discussions at global events.

At the WHS I focussed on sessions on Universal Health Coverage including prevention, health promotion, health literacy and information and research collaborations. As I am based in Germany, the perspectives of many German organizations that were present at the WHS and their representation towards the international community were of special interest to me.

While the rather small size of this international event provided a familiar atmosphere, unequal representation of global health stakeholders (organization- and nationality-, SES-wise, etc) could be criticized. Furthermore, the effectiveness of global health policy and interventions could be questioned, as the WHS serves more as a platform for discussion, not a decision-making body or adopting recommendations or declarations.

To conclude, WHS can offer various opportunities for JDN external representation and advocacy and foster collaboration with diverse global health stakeholders and youth advocates. Ideally, a representation of a diverse JDN delegation should be supported by WMA to improve youth participation and the inclusion of junior doctors in the WHS. This would be a very interesting tool for them to actively participate, learn and share their perspectives. The organizational goals and collaborations would be a part of the preceding planning with the WMA secretariat and the developing JDN advocacy strategy could be valuable work among JDN members through WMA.

World Health Summit 2023, Berlin Testimonies

Dr. Francisco Franco Pêgo, MD.
Socio Medical Affairs Officer
Term 2023-2024
Portugal
Junior Doctors Network
World Medical Association

It was a pleasure to open up a JDN term in such a fashion that two weeks after being elected we are already at the World Health Summit, one of the most relevant events in Global Health worldwide!

The objective of the group of three at the event was mostly to make a diagnosis of what impact we can achieve with our presence in Berlin in the years to come.

The assessment is certainly positive, and the potential impact can happen everywhere: in the regular sessions, in the side events or the numerous networking opportunities - not only in the audience but also on stage.

When compared to a World Health Assembly (a format known to many), the World Health Summit, has similar high-level speakers and participants, with three major interesting differences:

- Everything is happening within the same hotel hall
- Everyone among the organisers, speakers and participants gets in touch
- All moments can be engaging, and participation is very democratic

Again, in comparison with the WHA, the one great difference is the fact that not all countries are present and it's not WHO official documents that are being approved. This is a limitation in terms of formal power, but the establishment of influence by other very effective means exists at the WHS!
I hope that future delegations to the WHS will benefit from our assessment, with an action plan backed by the Secretariat, as there is a lot to do in Berlin! For now, I can only be proud of the people who thought this could be a good place for JDN to start having a presence!

World Health Summit 2023, Berlin Testimonies

Dr. Jeazul Ponce Hernandez, MD
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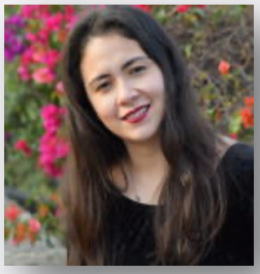
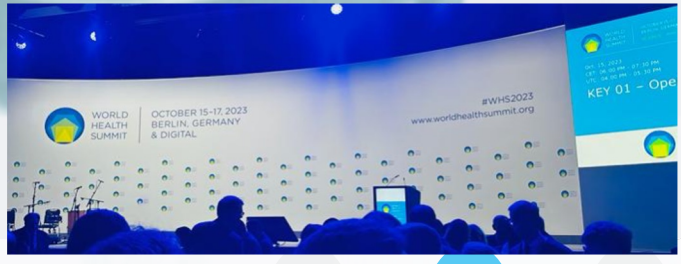


The WHS experience was quite interesting as there was a huge participation of women, and we discussed some important topics like the digitalization of health and universal health coverage as one of the essential global health challenges, where the participation of various actors, governments and civil society stands out.

As for JDN, it is well known that the IFMSA has been an essential part for many of us who are now JDN members, seeing the representatives of the voices of young people such as Dr. Omnia El Omrani, Dr. Renzo Guinto, amongst other former IFMSA or the alumni and to see them being part of events of this magnitude was very gratifying.

It is worth mentioning that the interesting intervention of Dr. Tedros Adhanom Ghebreyesus, Director of the WHO, regarding the unfortunate situation in the Middle East, where he condemns the terrorist attacks but highlights the humanitarian crisis in Palestine, does not tip the balance on any side, but calls for the respect of human rights and international treaties.



Organization of The European Health Summit (EJD AM-GA 2023 & UEMO GA)

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This is the first time that the Spanish Medical Council with an active Junior Doctors Chapter participation, organised a European conference to discuss the main challenges doctors will face in the coming years.

The EJD is a federation of junior doctors' associations from across Europe. It serves as a platform for cooperation, communication, and exchange of experiences among junior doctors from different countries. EJD works on various issues, including the quality of medical education and training, healthcare systems, and mobility of doctors within the European Union.

The Junior Doctors Chapter have continued to work very actively in the organisation of the European Health Summit together with the Standing Committee of the CGCOM, where the Autumn Assembly of the European Junior Doctors Association will take place. In addition, an assembly of the European Union of General Practitioners - UEMO was held simultaneously with a day of debate on various current issues in European health policy and an assembly of the provincial members of young doctors in Spain.

The European Health conference was on October 26th, and the EJD Autumn Meeting - General Assembly 2023 was in Murcia, Spain on 27-28 October 2023.

Health Festival - 3rd Panhellenic Congress of Medical Students for Public Health

Dr. Kostas Roditis
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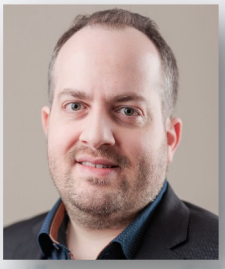

The "Health Festival - 3rd Panhellenic Congress of Medical Students for Public Health" is an annual national conference organized by Hellenic Medical Students International Committee - HelMSIC, a non-profit and non-governmental medical student organization founded in 1958, representing Greek medical students worldwide. This year's focus is on Mental Health, with the event taking place from 8th to 10th December 2023, at the Centre for the Dissemination of Research Results (KEDEA) of the Aristotle University of Thessaloniki in Greece (Figure 1). The article explores the organization of the 3rd Health Festival, emphasizing on its goals, activities, and opportunities for medical students and junior doctors to participate actively.

The "Health Festival - 3rd Panhellenic Congress of Medical Students for Public Health" is an annual national conference organized by Hellenic Medical Students International Committee - HelMSIC, a non-profit and non-governmental medical student organization founded in 1958, representing Greek medical students worldwide. This year's focus is on Mental Health, with the event taking place from 8th to 10th December 2023, at the Centre for the Dissemination of Research Results (KEDEA) of the Aristotle University of Thessaloniki in Greece (Figure 1). The article explores the organization of the 3rd Health Festival, emphasizing on its goals, activities, and opportunities for medical students and junior doctors to participate actively.

Health Festival - 3rd Panhellenic Congress of Medical Students for Public Health

Conference Goals:

The primary objective of the 3rd Health Festival is to foster a comprehensive understanding of Mental Health among medical students and junior doctors. To achieve this, the conference incorporates various activities and features, including roundtables, workshops, trainings, and a fair from counselling organizations focused on mental health (Figure 2). The event also encourages interactive methods such as debates and open space discussions to engage participants actively.

Key Components of the 3rd Health Festival:

- Roundtables by Leading Scientists: The conference features roundtables led by prominent experts in the field of mental health. These discussions provide valuable insights and facilitate in-depth conversations on critical topics.
- Workshops: Workshops are designed to offer participants hands-on learning experiences, allowing them to develop practical skills related to mental health.
- Trainings by HelMSIC's Peer Trainers: HelMSIC's peer trainers will conduct specialized training sessions, enhancing participants' knowledge and understanding of mental health issues.
- Fair from Counselling Organizations: The fair showcases various counselling organizations dedicated to supporting individuals with mental disorders. It provides attendees with the opportunity to connect with these organizations and learn about available resources.
- Interactive Methods: The inclusion of interactive methods like debates and open space discussions encourages active engagement and meaningful dialogue among participants.
- Active Involvement of Medical Students: The conference actively involves medical students in various capacities, such as roundtable presenters, poster presenters, and oral announcers. This inclusive approach ensures that students from all years and medical schools can participate.

Health Festival - 3rd Panhellenic Congress of Medical Students for Public Health

Participation Opportunities

For the first time, the Health Festival offers medical students and junior doctors the chance to actively contribute to the conference:

- Roundtable Presenters: Six roundtables on mental disorders will feature five students each, along with a responsible scientific supervisor. Each student/junior doctor will prepare a 20-minute presentation on an assigned topic related to mental health.
- Poster Presentations: Medical students and junior doctors can present their research papers on Mental Health in the form of posters. This allows them to share their findings with a diverse audience from medical schools across Greece.
- Oral Announcements: In addition to posters, students and junior doctors can choose to present their research as short announcements during the conference in an auditorium with attendees from various medical schools.

Health Festival - 3rd Panhellenic Congress of Medical Students for Public Health

Conclusion:

The 3rd Health Festival - Panhellenic Congress of Medical Students on Public Health is a significant event organized by HelMSIC to promote awareness and understanding of Mental Health among medical students and junior doctors. With its diverse range of activities and opportunities for active participation, the conference aims to equip future healthcare professionals with the knowledge and skills needed to address mental health challenges effectively. As it continues to evolve, the Health Festival plays a vital role in shaping the future of healthcare in Greece by nurturing informed and compassionate medical professionals.

Conference Website: https://www.helmsic.gr/blog/2023/04/10/health-festival-2023

Contacting the organizing committee: hf-registration@helmsic.gr and registration@helmsic.gr

Facebook Page: https://www.facebook.com/events/6462395383772760

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WORLD MEDICAL ASSOCIATION

ARTICLES BY JDN MEMBERS

Emotional and Psychological Well-being in Cancer Patients: The Role of Doctors and Society

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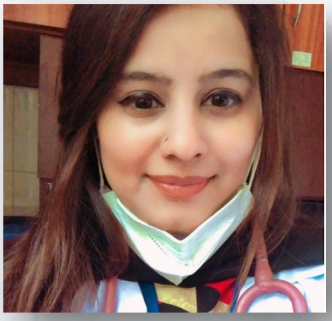

Introduction:
Cancer patients frequently have emotional and psychological issues as a result of their diagnosis and treatment. To improve the general well-being of cancer patients, doctors and society must recognise and treat these requirements. The numerous methods that society and medical professionals might use to assist cancer sufferers on their emotional and psychological journey are examined in this essay.

1. The Role of Doctors:
Doctors bear a substantial amount of responsibility for providing holistic treatment to cancer patients, which includes treating their emotional and psychological needs. Here are some major parts of the doctor's role in supporting cancer patients' emotional well-being:

a) Communication and Empathy:
A healthy doctor-patient relationship requires effective communication. Doctors should take the time to listen to their patients' concerns, fears, and emotions about their diagnosis and treatment. Doctors can relieve anxiety and encourage confidence by exhibiting empathy and understanding.

b) Education and Information:
Cancer patients frequently suffer anxiety and uncertainty because of the disease's intricacy. Doctors must present patients with clear and accurate information regarding their diagnosis, treatment options, probable adverse effects, and prognosis. This makes patients feel more informed and powerful, lowering anxiety and increasing control.

c) Psychosocial Support:
Doctors should be aware of the psychosocial support programmes offered to cancer patients. Referring patients to support groups, counselling programmes, or mental health specialists might provide them with additional emotional support. Collaboration with psychologists or psychiatrists can aid in the treatment of certain mental health issues such as depression or anxiety disorders.

2. Society's Role:
Aside from the direct involvement of doctors, society plays an important role in supporting the emotional and psychological well-being of cancer patients. Here are some major components of society's role in fostering the emotional well-being of cancer patients:

a) Awareness and Education:
Cancer and its impact on emotional well-being should be aggressively promoted in society. By educating the population about the difficulties cancer patients experience, society may develop empathy, decrease stigma, and inspire support for patients' experiences.

Emotional and Psychological Well-being in Cancer Patients: The Role of Doctors and Society

b) Supportive Networks:
Building supporting networks throughout communities is critical for cancer patients. Society can enable the formation of support groups, both online and offline, where sufferers can connect with others suffering similar issues. These networks provide a sense of belonging, emotional validation, and the opportunity to share experiences and coping skills.

c) Workplace Support:
Employers can help cancer patients by assisting. Flexible work arrangements, compassionate leave policies, and access to employee assistance programmes can help working cancer patients reduce stress and anxiety. Society may help cancer sufferers by fostering a friendly work environment.

d) Accessible Mental Health Services:
Society should make mental health therapies available and inexpensive to all cancer patients. This involves proper funding for mental health programmes, minimising wait times for counselling or therapy services, and integrating mental health support into the healthcare system.

e) Research and Policy Advocacy:
Society should fund research efforts focused on understanding the emotional and psychological consequences of cancer and creating appropriate therapies. Advocating for policies that prioritise mental health assistance for cancer patients can also contribute to increased access to care and better overall results.

Conclusion:
A cancer patient's overall quality of life both during and after treatment depends greatly on their emotional and psychological health. To support these patients, both doctors and society have significant roles to play. Maintaining open lines of communication, offering emotional support, referring patients to mental health specialists, and educating and empowering patients are all ways that doctors can help. In addition to providing accessible mental health care and financial support, society may foster supportive communities and advance awareness and education. It’s crucial to use techniques like active listening, reassurance, practical support, and self-care activities to help patients re-engage with life. Other techniques include dealing with physical side effects, coping with recurrence and fears of death, and managing patients’ concerns of side effects.

Collaboration with healthcare providers, promoting a happy environment, and providing resources all contribute to patient well-being. Doctors and society can help cancer patients navigate their path with strength and optimism by taking a holistic approach and adapting care to individual needs.

Emotional and Psychological Well-being in Cancer Patients: The Role of Doctors and Society

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The GAPS of healthcare access for empty Spain, a new challenge to overcome?

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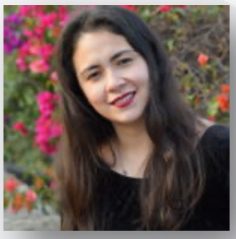


Spanish health system.

First, let's talk about the achievements of the Spanish health system. The country has a successful system of universal health coverage, which is committed to serving every person who resides in the Spanish territory regardless of their condition, whether a regular or a non-regular migrant, access to healthcare services is a right without conditions. Another success of the Spanish health system is the population's longevity. It is true that Spain, along with Japan, has one of the oldest populations in the world, and this, of course, is due to its healthcare system, which focuses on preventive medicine programs, and health promotion. However, above all, it is the country's approach to citizens and a significant investment of public funds in health. Nevertheless, before addressing the problem described in this article's title, we must understand how the Spanish public health system works.

A public system of universal coverage combined with other types of coverage, work together according to the type of job the person has. For example, teachers or public forces, MUFACE or ISFAS, respectively, both are institutional bodies of the government that work together with public health, but who also have agreements with private health insurers. On the other hand, we must mention that Spain has particular geopolitics, being governed through autonomous communities; that is, each Spanish autonomous community (picture 1) has its respective health institution. For example, Salamanca city corresponds to Sacyl, which is the acronym that means "Sanidad Castilla y Leon" (Health Castile and Leon), and thus respectively with the rest of the cities into their autonomous communities, Barcelona in "Servei Català de la Salut" (Health of Catalonia), Seville in Andalusian Health Service; (Health of Andalusia), etc.

Picture 1. Spanish Autonomous Communities

Salut/ Servei Català de la Salut

SERVICIO ANDALUZ DE SALUD
Consejería de Salud y Consumo

Sacyl

Picture 2. Examples of logos by each health institution of Catalonia, Andalusia and Castile and Leon.

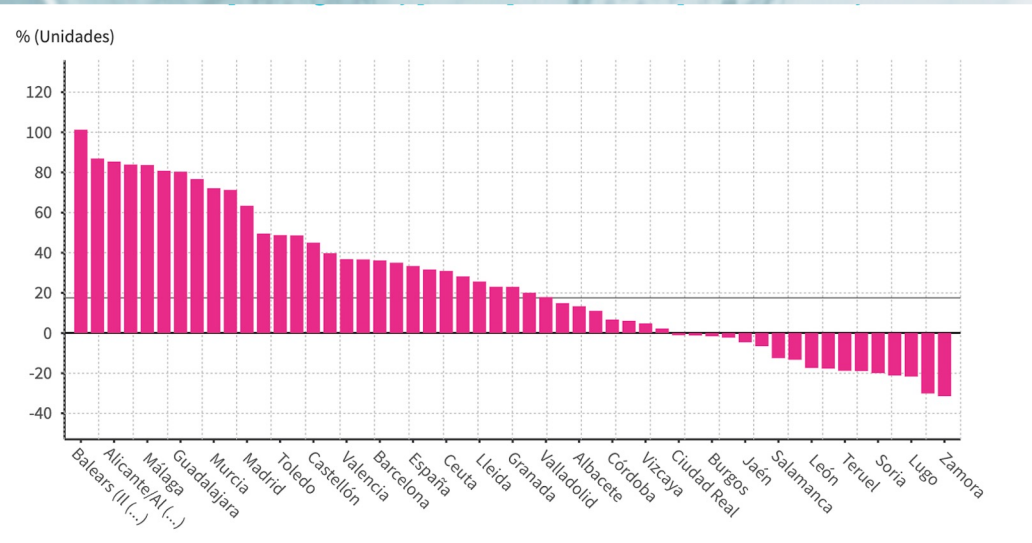
The GAPS of healthcare access for empty Spain, a new challenge to overcome?

What is "empty Spain"?
The territories where depopulation is advancing incessantly suffer from the deterioration of public healthcare provided by the autonomous communities. The lack of professionals and health resources to cover the needs of dispersed, poorly connected, and ageing populations only encourages relocation to places with more and better services. The cases of Soria, Jaén, Teruel, and even my province, Salamanca, are very worrying.

Named "empty", these depopulated regions of Spain are made up of provinces with a negative demographic growth rate over a long period of time and a population density lower than the national average.

The Spanish population has increased by around 38% from 1975 to 2021: it has gone from a country with 34.2 million inhabitants to about 47.3 million, but this increase in population is only noticeable in some areas. During these years, in which the country has suffered an economic revolution, large regions have been affected by major migratory movements from rural areas to large cities.

Thus, provinces such as Zamora have seen their population decrease by more than 31% in the same period, according to population figures managed by the National Institute of Statistics (INE). In contrast, others such as the Balearic Islands, have doubled their population (Picture 3).



Picture 3. Evolution of population in Spain. Figure managed by the National Institute of Statistics (INE)

The GAPS of healthcare access for empty Spain, a new challenge to overcome?

Empty Spain: its impact on health services and its health system

The biopharmaceutical company Bristol Myers published a study about the challenge of empty Spain and the relationship between inequality in access to health services in the most depopulated areas. The population in Spain, as this study explains, is grouped around large cities that act with a centripetal force that depopulates the rural regions and leaves them without services of any kind. This deficit has repercussions on both primary and hospital care and emergency provision.

This translates into horrendous waiting lists, with some people waiting to be seen by a surgeon or gastroenterologist since April 2022. Even patients living in cities have a long wait, so what happens with the rural population? Sometimes, they must wait weeks or months to be seen by a family doctor (primary healthcare practitioner) in their small town, otherwise patients are forced to move to the nearest city for their basic clinical care needs.

Of course, there's a lack of family medicine specialists or general physicians who cover rural areas, but why? Perhaps because no doctors interested in working there, far away, likely due to limited resources, lack of incentives, and uncompetitive salaries.

Not only do the patients suffer from these gaps of inequality and deficiencies, but healthcare workers find themselves with a tremendous workload. Some doctors are required to cover 24-hour night shifts, but who can manage to perform well with 16 night shifts or more in a month, working the equivalent of 3 doctors.

"Martillán", is a village from Villar de Argañan a town located in Salamanca province with 43 inhabitants. Original picture.

The low number of surgical interventions, for example, diminishes the professional capacity, experience, and habit of specialists who prefer to go to other provinces to look for better job opportunities to continue growing in their medical careers. The lack of doctors causes an overload of work and causes great discomfort, harms the quality of work, and makes interactions difficult among the few rural doctors.

This situation has been aggravated and increased, not only by retirements but by the impact of the COVID-19 pandemic, the unfortunate death and loss of many fellow doctors, the fear of some resident junior doctors of not performing the speciality of family medicine, for fear of being the first line of intervention in a pandemic, or just because they don't want to live far away from their homes with poor salaries, and unfavourable conditions.

The GAPS of healthcare access for empty Spain, a new challenge to overcome?

What can be the solutions? What JDN can suggest or promote for the benefit of the youth global healthcare workforce?

- The empowerment of a new generation of doctors as agents of change and direct health promoters.
- Demand that political actors prioritize investment in public health, and do not encourage the privatization of health, or force citizens to have to get rid of their resources to pay for private insurance, which is optional and not mandatory.
- Promote the political participation/inclusion of young doctors through their schools, societies, and different representations.

Spain's public health system is one of the best in the world, it has survived many wars, has given its best in the last pandemic and continues to give everything to provide quality medical care. It is up to us to take care of it and demand that it not become extinct, since it is a global example that must endure for many more years.

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Las brechas de acceso a la sanidad en la España vacía, ¿un nuevo reto a superar?

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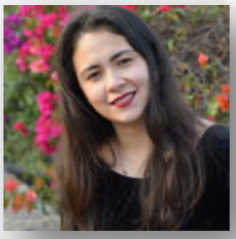

El sistema sanitario español.

En primer lugar, hablemos de lo bueno del sistema sanitario español, y es su exitosa cobertura sanitaria universal, que apuesta por atender a toda persona que se encuentre en territorio español independientemente de su condición, ya sea inmigrante regular o no regular, da igual, el acceso al servicio sanitario es un derecho sin condiciones. Otra de las bondades o resultados del sistema sanitario español es la longevidad de su población. Es cierto que España, junto con Japón, tiene una de las poblaciones más envejecidas del mundo, y esto, por supuesto, se debe a su sistema sanitario, a los programas de medicina preventiva y a la promoción de la salud, pero, sobre todo, al acercamiento a los ciudadanos y a una importante inversión de fondos públicos en sanidad. Sin embargo, antes de abordar el problema descrito en el título de este artículo, debemos conocer cómo funciona el sistema sanitario público español.

Cobertura universal y un sistema público, con otros que colaboran según el tipo de trabajo que tenga la persona, maestros o fuerzas públicas, MUFACE o ISFAS, respectivamente, ambos son organismos institucionales del gobierno que colaboran con la sanidad pública, pero que también tiene convenios con aseguradoras privadas de salud. Por otro lado, debemos mencionar que, en España como país, su geopolítica se rige a través de las comunidades autónomas, es decir, cada comunidad autónoma española (imagen 1) tiene su respectiva institución sanitaria. Por ejemplo, la ciudad de Salamanca corresponde a Sacyl, que es el acrónimo que significa "Sanidad Castilla y León", y así respectivamente con el resto de las ciudades en sus comunidades autónomas, Barcelona en "Servei Català de la Salut" (Sanidad de Cataluña), Sevilla en Servicio Andaluz de Salud; (Sanidad de Andalucía), etc.

Imagen 1. Comunidades Autónomas de España

Imagen 2. Ejemplos de logotipos de cada institución sanitaria de Cataluña, Andalucía y Castilla y León.

Las brechas de acceso a la sanidad en la España vacía, ¿un nuevo reto a superar?

¿Qué es "la España vacía"?
Los territorios donde la despoblación avanza sin cesar sufren el deterioro de la sanidad pública que prestan las comunidades autónomas. La falta de profesionales y recursos sanitarios para cubrir las necesidades de una población dispersa, mal comunicada y envejecida no hace sino fomentar la huida a lugares con más y mejores servicios. Los casos de Soria, Jaén, Teruel, e incluso mi provincia, Salamanca, son muy preocupantes.

La llamada España vacía, despoblada, está formada por provincias con una tasa de crecimiento demográfico negativa durante un largo periodo y una densidad de población inferior a la media nacional.

La población española ha aumentado en torno a un 38% desde 1975 hasta 2021: ha pasado de ser un país con 34,2 millones de habitantes a otro con cerca de 47,3 millones, pero este aumento de población sólo es perceptible en algunas zonas por igual. Durante estos años, en los que el país ha sufrido una revolución económica, grandes regiones se han visto afectadas por importantes movimientos migratorios desde las zonas rurales hacia las grandes ciudades.

Así, provincias como Zamora han visto disminuir su población en más de un 31% en este periodo, según las cifras de población que maneja el Instituto Nacional de Estadística (INE). Por el contrario, otras como Baleares, han duplicado su población (Imagen 3).

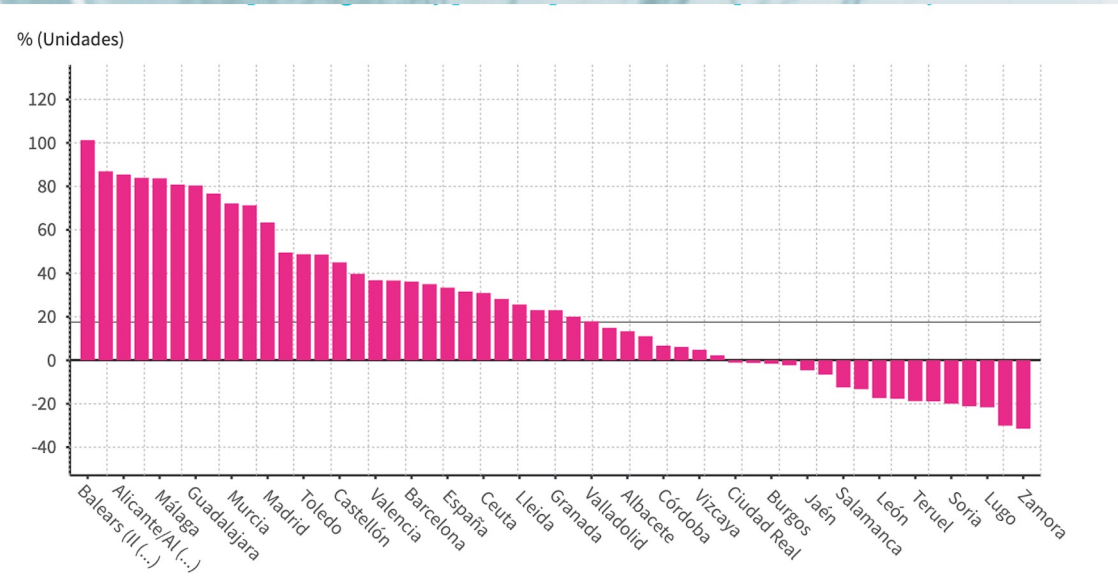

Imagen 3. Evolución de la población en España. Figura realizada por el Instituto Nacional de Estadística (INE)

Las brechas de acceso a la sanidad en la España vacía, ¿un nuevo reto a superar?

La España vacía: su impacto en los servicios sanitarios y su sistema de salud
La compañía biofarmacéutica Bristol Myers publicó un estudio sobre el reto de la España vacía y la relación entre la desigualdad en el acceso a los servicios sanitarios en estas zonas más despobladas. La población en España, según explica este estudio, se agrupa en torno a grandes ciudades (Barcelona, Madrid, Bilbao, etc.), que actúan con una fuerza centrípeta que despuebla el mundo rural y lo dejan sin servicios de ningún tipo. Este déficit repercute tanto en la atención primaria como en la hospitalaria y las urgencias.

Esto se traduce en listas de espera "demoniacas", gente esperando a ser atendida por el cirujano o el gastroenterólogo desde abril de 2022, son incluso pacientes que viven en las ciudades quienes deben esperar tanto tiempo. Pero ¿qué ocurre con la población rural?. En ocasiones, deben esperar semanas o meses a que el médico de familia (atención primaria) les preste la atención médica esencial en su pequeño pueblo, o los pacientes se ven obligados a trasladarse a la ciudad más cercana para recibir atención clínica básica.

Por supuesto, faltan médicos especialistas en medicina de familia o médicos generales que cubran las zonas rurales, pero ¿por qué? Quizá porque no hay médicos interesados en trabajar allí, lejos, probablemente por la limitación de recursos, la falta de incentivos y los salarios poco competitivos.

No sólo los pacientes sufren estas brechas de desigualdad y deficiencias, sino que los trabajadores sanitarios se encuentran con una sobrecarga tremenda. Hay médicos que pueden realizan guardias de 24 horas, pero que llegan a realizar incluso 16 o más guardias en un mes, es decir, trabajan la jornada equivalente a 3 médicos.

"Martillán", es un pueblo de Villar de Argañan una localidad situada en la provincia de Salamanca con 43 habitantes. Foto original.

El bajo número de intervenciones quirúrgicas, por ejemplo, merma la capacidad profesional, la experiencia y el hábito de los especialistas que prefieren irse a otras provincias en busca de mejores oportunidades laborales para seguir creciendo en su carrera médica. La falta de médicos provoca una sobrecarga de trabajo que causa gran malestar, perjudica la calidad del trabajo y dificulta la conciliación entre los pocos médicos rurales.

Esta situación se ha visto agravada y aumentada, no sólo por las jubilaciones, sino por el impacto de la pandemia COVID-19, la desgraciada muerte y pérdida de muchos compañeros médicos, el miedo de algunos médicos jóvenes a no realizar la especialidad de medicina de familia, por miedo a ser la primera línea de intervención en una pandemia, o simplemente por no querer vivir lejos de sus casas sin buenas condiciones laborales o salariales, etc.

Las brechas de acceso a la sanidad en la España vacía, ¿un nuevo reto a superar?

¿Cuáles pueden ser las soluciones? ¿Qué puede sugerir "*Junior Doctors Network*" en beneficio del personal sanitario joven en todo el mundo?

- La capacitación de una nueva generación de médicos como agentes de cambio y promotores directos de la salud.
- Exigir a los actores políticos que prioricen la inversión en salud pública y no fomenten la privatización de la salud, ni obliguen a los ciudadanos a tener que desprenderse de sus recursos para pagar seguros privados, que son opcionales y no obligatorios.
- Promover la participación/inclusión política de los médicos jóvenes a través de sus colegios, sociedades y diferentes representaciones.

La sanidad pública española es una de las mejores del mundo, ha sobrevivido a muchas guerras, ha dado lo mejor de sí en la última pandemia y sigue dándolo todo para ofrecer una asistencia médica de calidad. De nosotros depende cuidarlo y exigir que no se extinga, ya que es un ejemplo mundial que debe perdurar por muchos años más.

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Enhancing Clinical Research in Community Settings: The Vital Role of Junior Doctors

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Introduction

Clinical research plays a pivotal role in advancing medical knowledge and improving patient care [1]. Traditionally, clinical trials and studies have been conducted in controlled hospital settings. However, there is a growing recognition of the importance of conducting research in community settings to ensure the applicability of findings to a broader patient population [2]. A "community setting" refers to a diverse array of non-hospital environments where individuals live, work, and engage in daily activities. It encompasses neighbourhoods, primary care clinics, community health centres, schools, workplaces, and other places where people naturally congregate. In the context of clinical research, conducting studies in community settings involves investigating medical interventions or health-related phenomena outside the controlled environment of a hospital. By expanding research into community settings, the results are more likely to reflect the diverse characteristics, behaviours, and needs of the general population, contributing to the development of more effective and patient-centered healthcare interventions. In this scientific perspective, we explore the significance of clinical research in community settings and shed light on the crucial role that junior doctors play in advancing this field. This article draws upon scientifically sound references to underscore the value of community-based clinical research and the contributions of junior doctors in this endeavour.

The Significance of Clinical Research in Community Settings

Clinical research conducted in community settings offers several advantages that contribute to the overall improvement of healthcare:

1. Diversity of Participants: Community-based research allows for the inclusion of a more diverse and representative sample of patients compared to studies conducted solely in academic medical centres [3]. This diversity enhances the external validity of study findings, ensuring that interventions apply to a wider range of patients. As an example, consider that a clinical trial is investigating a new diabetes medication. Instead of recruiting participants exclusively from a single academic medical centre, the study collaborates with local community health clinics. This approach allows for a more diverse participant pool, including individuals from various socioeconomic backgrounds, ethnicities, and age groups. The study's findings are therefore more representative of the broader diabetic population, making it easier to generalize the results to a wider range of patients.
2. Real-world Application: Community settings mirror the environments in which most patients receive medical care. This is also the environment that they most likely live and work in, as a contrast to inpatient hospital settings, where patients routinely do not live and work or spend their daily lives. Therefore, research conducted in these settings provides insights into how interventions will perform in the real world, beyond the controlled conditions of a hospital [4].

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As an example, consider that a study is assessing the effectiveness of a new telemedicine program for managing chronic illnesses. Rather than conducting the research solely within the controlled environment of a hospital, researchers implement the program in local community settings, such as rural clinics and urban health centres. By doing so, they can observe how patients interact with the technology and receive care in their everyday lives. This approach ensures that the findings are more applicable to the real-world scenarios in which patients typically manage their health.

3. Patient-Centeredness: However, what sets community-based research apart is its intrinsic ability to embed these patient-centric outcomes within the fabric of everyday life. This approach fosters a deeper understanding of how healthcare interventions truly impact individuals in their natural environments, allowing for a more comprehensive assessment of the holistic patient experience. In contrast to the controlled setting of inpatient care, community-based research captures the real-world nuances and challenges patients face, offering a more nuanced perspective on the effectiveness of medical interventions and a stronger alignment with patients' needs and preferences [5]. As an example, consider that researchers are conducting a study on the impact of a specific exercise regimen for individuals with chronic pain. Instead of monitoring patients in a hospital gym, they collaborate with local fitness centres and community organizations. By integrating the exercise program into the daily routines of participants, researchers gain a deeper understanding of how the intervention affects patients in their natural environments. This patient-centred approach enables them to consider factors like motivation, social support, and lifestyle, providing a more comprehensive assessment of the patient experience.
4. Cost-Efficiency: Conducting research in community settings can be more cost-effective than in academic medical centres, making it possible to investigate a wider range of interventions and health conditions within limited budgets [6]. As an example, consider that a research project aims to investigate the effectiveness of various community-based interventions for reducing the incidence of childhood obesity. By conducting the study in collaboration with local schools, after-school programs, and community centres, researchers can reduce costs associated with renting and operating hospital facilities. This cost-efficient approach allows them to explore a wider range of interventions and gather data from a larger sample of children, making the study more comprehensive and budget-friendly.

The Role of Junior Doctors in Community-Based Clinical Research

- Junior doctors, often in the early stages of their medical careers, play a vital role in advancing clinical research in community settings. Their involvement can be multifaceted:
- Patient Recruitment and Informed Consent: Junior doctors can actively engage in recruiting patients for research studies and obtaining informed consent. Their close interaction with patients allows for effective communication of study details and the importance of participation.

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- Data Collection and Monitoring: Collecting data in community settings is crucial for the success of research projects. Junior doctors can take on responsibilities such as administering questionnaires, conducting physical exams, and monitoring participants' progress throughout the study; therefore, aiding in accurate, and robust data collection.
- Data Analysis and Interpretation: Junior doctors are well-versed in statistical methods and data analysis techniques. They can contribute to the rigorous analysis of research data, helping to draw meaningful conclusions and insights from the collected information.
- Participant Education: Educating study participants about their conditions and the research being conducted is essential. Junior doctors can explain complex medical concepts in a comprehensible manner, ensuring that participants have a clear understanding of their role in the research.
- Advocacy for Research: Junior doctors can serve as advocates for clinical research within their communities and healthcare institutions. Their enthusiasm for research can inspire colleagues and patients alike to become involved in research activities.
- Interdisciplinary Collaboration: Junior doctors often work closely with other healthcare professionals, such as nurses, pharmacists, and social workers. This interdisciplinary collaboration is crucial for the success of research in community settings, where comprehensive care is provided.

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Spanish Junior Doctors Leading the Way: Shaping the Future of Medical Practice

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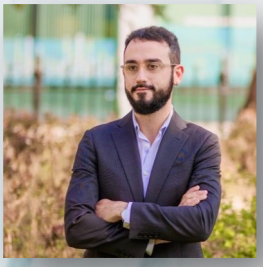

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The Spanish General Council of Official Medical Colleges (CGCOM), member of the WMA, has its Junior Doctors Chapter, focusing on internal national collaboration with Autonomous Communities' representatives and maintaining a regional and international perspective through external representatives. Over the past year, this Spanish Junior Doctors Chapter has spearheaded numerous initiatives to enhance the working conditions of medical residents in Spain. Additionally, it has drawn attention to the emerging issue of medical deserts in both the country and the region. Furthermore, as part of Spain's Presidency of the European Commission, the chapter has played a pivotal role in organizing a European Junior Doctors event in Murcia.

Study on Working Conditions of Medical Residents (MIR) in Spain

The study on the working conditions of medical residents (MIR) in Spain, published in August 2023 in the Q1 Impact Factor magazine, has ignited discussions surrounding the well-being of resident doctors. This study shed light on the pressing issues within the MIR program, with some residents enduring extended working hours that exceed European regulations. Such demanding schedules result in fatigue and stress, ultimately jeopardizing both their well-being and the quality of care delivered to patients. Furthermore, the study reveals that a substantial proportion of MIRs fail to take the required daily and weekly rest periods, exacerbating these challenges. Moreover, the research underscores the significant disparities in working conditions between various locations and specialities, emphasizing the need for a comprehensive approach to address these concerns (picture 1).

Spanish Junior Doctors Leading the Way: Shaping the Future of Medical Practice

The General Council of Official Medical Colleges (CGCOM) president presented the case to the European Parliament's Petitions Committee, advocating for uninterrupted rest periods for resident doctors. It was followed by the European Commission's response, that this study highlights EU Directive 2003/88/CE and its relevance to working time regulations. This directive emphasizes the importance of daily and weekly rest periods, raising crucial questions about implementing these regulations in Spain.

Spain's proposal to extend this research to other European Junior Doctors (EJD) members is a significant step toward improving working conditions for junior doctors across the European Region. The formation of a Working Group for a multicentre study under the Medical Workforce Pillar is explored, offering a promising baseline for regional advocacy.

Medical Deserts Report and Impact

The Juniors Doctors Chapter presented a report on "medical deserts" in Spain examining areas with limited healthcare coverage and their impact on healthcare access. Junior doctors' perspectives shed light on underlying factors contributing to this issue, including job dissatisfaction, infrastructure, and rural living conditions. The report presents findings from a study conducted on the different regional representatives in Spain, revealing the perception of junior doctors regarding medical deserts and the utilization of medical residents to address these challenges.

This report highlighted the best practices and emphasised the need to avoid certain measures that can hinder healthcare provision in rural areas. The report's significant media coverage underscores the growing concern about healthcare access in various regions of Spain (Picture 2).

Picture 2. Medical Deserts Report and Impact

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Resident physician duty hours, resting times and European Working Time Directive compliance in Spain: a cross-sectional study

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Picture 1. of the Research Paper on Spanish residents' duty hours and resting times

Spanish Junior Doctors Leading the Way: Shaping the Future of Medical Practice

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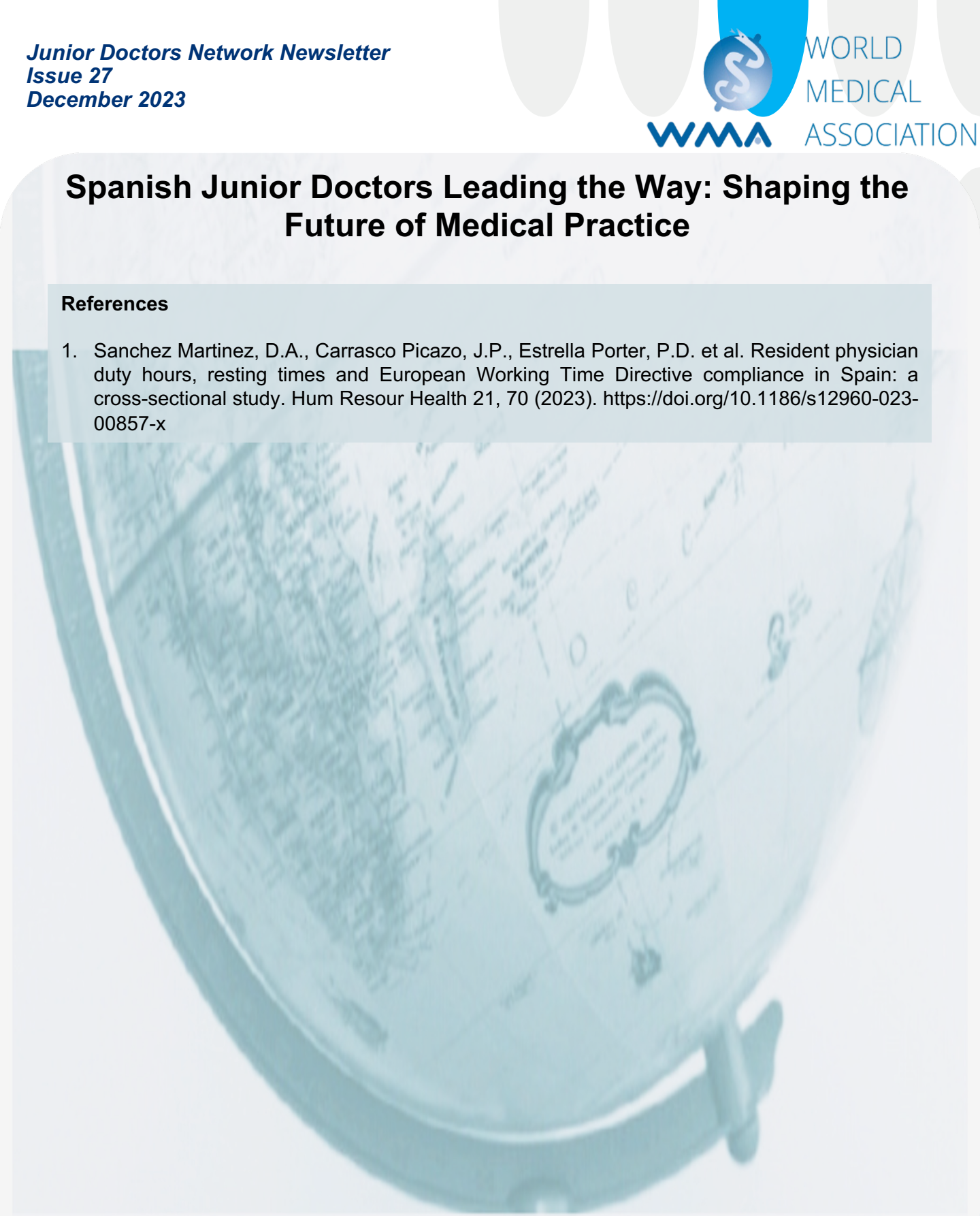

Jóvenes médicos españoles liderando el camino: dando forma al futuro de la práctica médica

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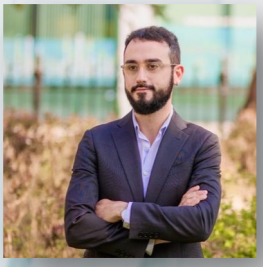

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El Consejo General de Colegios Oficiales de Médicos de España (CGCOM), miembro de la AMM, tiene su Capítulo de Médicos Jóvenes, centrándose en la colaboración nacional interna con representantes de las Comunidades Autónomas y manteniendo una perspectiva regional e internacional a través de representantes externos. Durante el año pasado, este Capítulo Español de Médicos Jóvenes ha liderado numerosas iniciativas para mejorar las condiciones laborales de los médicos residentes en España. Además, ha manifestado su preocupación sobre el problema emergente de los desiertos médicos tanto en el país como en la región. Además, como parte de la Presidencia española de la Comisión Europea, el capítulo ha desempeñado un papel fundamental en la organización de un evento europeo de jóvenes médicos en Murcia.

Estudio sobre las Condiciones Laborales de los Médicos Residentes (MIR) en España.
El estudio sobre las condiciones laborales de los médicos residentes (MIR) en España, publicado en agosto de 2023 en la revista Q1 Impact Factor, ha encendido el debate en torno al bienestar de los médicos residentes. Este estudio arrojó luz sobre los problemas apremiantes dentro del programa MIR, donde algunos residentes soportan jornadas laborales prolongadas que exceden las regulaciones europeas. Horarios tan exigentes provocan fatiga y estrés, lo que en última instancia pone en peligro tanto su bienestar como la calidad de la atención brindada a los pacientes. Además, el estudio revela que una proporción sustancial de MIR no toma los períodos de descanso diarios y semanales requeridos, lo que agrava estos desafíos. Además, la investigación subraya las importantes disparidades en las condiciones laborales entre diversos lugares y especialidades, enfatizando la necesidad de un enfoque integral para abordar estas problematicas (imagen 1).

Médicos jóvenes españoles liderando el camino: dando forma al futuro de la práctica médica

El presidente del Consejo General de Colegios Oficiales de Médicos (CGCOM) presentó el caso ante la Comisión de Peticiones del Parlamento Europeo, abogando por periodos de descanso ininterrumpidos para los médicos residentes. A esto le siguió la respuesta de la Comisión Europea: este estudio destaca la Directiva de la UE 2003/88/CE y su relevancia para las regulaciones sobre el tiempo de trabajo. Esta directiva enfatiza la importancia de los períodos de descanso diarios y semanales, planteando interrogantes cruciales sobre la implementación de estas regulaciones en España.

La propuesta de España de ampliar esta investigación a otros miembros de los médicos jóvenes europeos (EJD) es un paso significativo hacia la mejora de las condiciones laborales de los médicos jóvenes en toda la Región de Europa. Se explora la formación de un grupo de trabajo para un estudio multicéntrico en el marco del pilar de fuerza laboral médica, lo que ofrece una base prometedora para la promoción regional.

Perspectivas de los médicos jóvenes sobre los desiertos médicos.
El Capítulo de Médicos Jóvenes presentó un informe sobre los "desiertos médicos" en España analizando las zonas con cobertura sanitaria limitada y su impacto en el acceso a la asistencia sanitaria. Las perspectivas de los médicos jóvenes arrojan datos sobre los factores subyacentes que contribuyen a este problema, incluida la insatisfacción laboral, la infraestructura y las condiciones de vida rurales. El informe presenta los resultados de un estudio realizado entre los diferentes representantes regionales en España, que revela la percepción de los médicos jóvenes sobre los desiertos médicos y la utilización de médicos residentes para abordar estos desafíos.

Este informe destacó las mejores prácticas y enfatizó la necesidad de evitar ciertas medidas que puedan obstaculizar la prestación de atención médica en las zonas rurales. La importante cobertura mediática del informe subraya la creciente preocupación por el acceso a la asistencia sanitaria en varias regiones de España (Imagen 2).

Imagen 2. Informe e impacto de los desiertos médicos

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Imagen 1. Trabajo de Investigación sobre los horarios de guardia y descanso de los residentes españoles

Médicos jóvenes españoles liderando el camino: dando forma al futuro de la práctica médica

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Addressing the intersection between Climate Change and Health in Medical Education: The urgent need in India

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Introduction

Climate change is a significant threat to humanity, with direct and indirect effects on human health. In India, the impact of climate change on health is severe, making it a major public health concern (1). For instance, in May 2015, India experienced one of its deadliest heat waves, with temperatures soaring above 45°C (113°F). This extreme heat resulted in over 2,500 deaths, mainly among the elderly, children, and outdoor labourers. These events demonstrate how climate change can have a quantifiable and severe impact on health in India. This article advocates that medical education in India must address the intersection between climate change and health to prepare healthcare professionals to respond to the challenges posed by climate change.

Impact of Climate Change on Health in India

Climate change has various effects on human health, including extreme heat, air pollution, waterborne diseases, and vector-borne diseases. In India, these health impacts are severe and urgent, with the country being among the most affected by climate change (2). For instance, air pollution contributes to 1.7 million deaths in India annually, making it the leading risk factor for premature mortality and disease burden in the country (3).

Why is now a critical time for India to address this intersection?

Several factors make now the right time to address the intersection between climate change and health in medical education in India. First, the increasing severity and frequency of climate-related disasters, such as floods and heat waves, are highlighting the urgency of addressing climate change and health (4). India's rapid urbanization, with over 30% of the population now residing in cities and a projected increase to 40% by 2030, has led to a tripling of the built environment, accommodating an additional 200 million urban residents (5). This urban expansion has generated increased demand for energy and water, raised emissions and waste levels, reduced air quality, and resulted in various health consequences. Notably, nearly 44% of India's carbon emissions originate in urban areas (5). Urban centres, especially megacities and metro cities, are major contributors to greenhouse gas emissions and face heightened risks such as water stress, heat island effects, and the frequency and intensity of urban floods and droughts. Instances of urban flooding in major Indian cities have resulted in loss of life, property damage, and disease outbreaks, with climate change-related rainfall pattern shifts playing a significant role. Rising temperatures, particularly in cities like Bengaluru, Chennai, Delhi, Jaipur, and Kolkata, have further compounded health risks. Additionally, a substantial population is at risk from sea-level rise and coastal flooding in cities such as Chennai and Mumbai (5).

Second, the COVID-19 pandemic has demonstrated the critical role of healthcare professionals in managing public health crises, making it even more crucial to equip them with the necessary skills and knowledge to manage the health impacts of climate change. Finally, the Indian government's focus on promoting sustainable development and reducing greenhouse gas emissions through initiatives such as the National Action Plan on Climate Change provides an excellent opportunity to integrate climate change and health into medical education (6).

Addressing the intersection between Climate Change and Health in Medical Education: The urgent need in India

Importance of Including Climate Change and Health in Medical Education

Medical education in India must incorporate the intersection between climate change and health to equip medical students with the knowledge and skills necessary to mitigate the impacts of climate change on health and promote sustainable healthcare practices. The traditional medical training has not emphasized the impacts of climate change on health in the past. Medical curricula should cover topics such as the health impacts of climate change, adaptation and mitigation strategies, and strategies to promote sustainable healthcare practices (7).

Collaboration and Coordination for Effective Implementation

The integration of climate change and health into medical education in India requires collaboration and coordination between academic institutions, public health officials, and policymakers. Medical schools and public health institutions should work together to develop and implement curricula that address the intersection between climate change and health. Additionally, policymakers should prioritize climate change and health in their policy decisions, including the development of healthcare infrastructure and public health programs (8).

Benefits of Including Climate Change and Health in Medical Education

The inclusion of climate change and health in medical education in India is essential for several reasons. It will enable healthcare professionals to identify and manage the health impacts of climate change, promote the adoption of sustainable healthcare practices, and create awareness among healthcare professionals of the need to take action on climate change and health, inspiring them to become advocates for sustainable healthcare practices (9).

Conclusion

The intersection between climate change and health is a critical issue in India, and medical education must address this issue to prepare healthcare professionals to respond to the challenges posed by climate change. Integrating climate change and health into medical curricula will equip medical students with the knowledge and skills necessary to mitigate the impacts of climate change on health and promote sustainable healthcare practices. The urgent need to address the intersection between climate change and health in medical education in India cannot be overstated.

Addressing the intersection between Climate Change and Health in Medical Education: The urgent need in India

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