

WONCA News

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Wonca

World family doctors. Caring for people.

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Global Family Doctor - Wonca Online



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From the President: June 2020

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The WONCA Executive usually meets face to face twice a year, with monthly teleconferences in between each meeting. While the virtual meetings are useful to process normal business, we rely on the face to face meetings to discuss bigger, broader, issues of more complexity. Especially when some of those on Executive sit for only one two-year term, the face to face meetings are crucial to build understanding of the organization and of each other's regions. At those meetings, discussions which take place over coffee or at breakfast often speed up the decision-making when it comes to the formal debates and discussions. Chatting over coffee, people have an opportunity to vocalise or clarify concerns with colleagues in a very relaxed and informal way. Seeing each other in rows on a flat screen, while necessary and useful, does not offer the same interaction or collegiality that inevitably develops over time when we meet face to face.

Our recent Executive meeting, which should have been face to face in Belfast, had to be held virtually. With a full agenda addressing, among other things, potential changes to Bylaws, to be brought to the next World Council; issues around the challenges of holding the next planned Council meeting and World conference in Abu Dhabi in November; the financial implications to our organisation due to our changed world; and the planned transition of the WONCA World Secretariat from Bangkok to Brussels at the end of this year. All of these issues have implications which ripple across the world, affecting our members. A decision taken about one issue has a knock-on effect or consequence for other issues, sometimes currently unanticipated and unintended.

One of the matters which struck me during our discussions is the importance of maintaining the institutional knowledge and institutional history of our organisation. That is not to say we should dwell in the past or exclusively look to the past to decide our future. Not at all. But we have a responsibility, as WONCA's Executive, as temporary guardians of

WONCA, to respect how we got to where we are; to understand why some decisions were taken and what compromises had to be made to keep all our Member Organisations and global colleagues on board; to influence where we can; to cultivate quality family medicine as the basis for all health systems; and to lead the way on innovative means of delivering good quality care. We owe it to our predecessors - and to our future leaders - to have a working knowledge of the history of the organisation, so that we maintain its ethos, its principles and its integrity.



Photo: Past "guardians" of WONCA: Past Presidents David Game (Australia), Bob Higgins (USA), Michael Boland (Ireland), and at right Past CEO Wes Fabb, at the WONCA Singapore World conference 2007

As a global organization, and specifically as the Executive arm of the organization, we need to build on the solid foundations of the work of those who have preceded us in previous Executives, to hold true to the principles on which we are founded, and to leave the organization in a good state for those who will take on the role of a new Executive. Our history informs our present and our future, not least while the world rapidly changes around us and our ways of working are adapting and moulding to different challenges.

[Find out more about WONCA's history here](#)

Donald Li
President

From the CEO's desk: June 2020

Photo: WONCA Executive's recent video meeting



Countries in lockdown. Borders closed. Populations physically distancing. It seems like a mad, mad world – and yet the work of the organization must go on as best it can. I'd like to start this CEO column with my thanks to Dr Nongluck and her small team for their wonderful efforts to keep the Secretariat functioning, even as Bangkok was in significant shutdown.

WONCA Webinars

Last month I highlighted a series of WONCA webinars which had been initiated in an effort to replace at least some of the cancelled and postponed WONCA events. These have proved very popular, and we have been gratified by the attendance and active participation in the various programmes. We have been especially pleased to welcome many WHO colleagues to take part in the events.

After over two months of weekly broadcasts we are taking a bit of a break, but hope to be back soon with some more webinars in the series, so watch this space and the regular e-updates for details. In the meantime if you missed any of the webinars and/or want to view them again they can be accessed online at the links below.

> [Webinars on YouTube](#)

> [Webinars on Youku](#)

WONCA Executive meeting

WONCA Executive had agreed that their May meeting would take place in Belfast, my home town, as a gift to me for my 8 years in office. Unfortunately COVID-19 intervened, and we had to resort to a virtual meeting on Zoom instead.

Given the difficult circumstances we find ourselves in, teleconference platforms such as Zoom offer an opportunity to see each other and chat. However there are inevitable drawbacks. Connectivity may be poor, and even when it is good there is a short delay between sound and vision, which can be disconcerting. Real face to face meetings are hugely facilitated by informal discussions taking place at coffee breaks, lunches and other social events, when much of the work can be done and issues resolved, and those chances were greatly missed on this occasion.

Nevertheless Executive gave it their all in trying to cover the key issues on the agenda. As usual, reports from regions and statutory committees had to be considered, along with reports from Working Parties, Special Interest Groups and Young Doctors' Movements. Key issues for consideration at this meeting included:

- Bylaws – the Bylaws and Governance Committee had proposed a number of Bylaws revisions. Executive duly considered each one in turn before determining which would go before the next World Council for consideration. This was a particularly taxing item to have to deal with virtually.

- Plans for the new Secretariat were also presented and discussed. The CEO-designate, Dr Harris Lygidakis, attended this Executive meeting and presented the plans to Executive to appraise them of the hard work that has been undertaken to date. The plan is to move the WONCA Secretariat to Brussels, which will be convenient for EU headquarters and also quite convenient for short hops to Geneva and WHO HQ. A number of legal and administrative steps are still in progress but the hope is to transition by the end of 2020.

- Possibly the most challenging item for discussion was a significant budget revision. With the cancellation of so many conferences, WONCA income from conference levies will be much reduced in 2020. In addition, and partly related, renewals of Direct and Academic Memberships are down, with consequent reduction in income. Of course, travel has been drastically curtailed, and so some savings will be possible on these budget lines, along with the WHO and Executive budgets. Nevertheless the overall picture is one of a potential additional deficit. Hon Treasurer, Prof Val Wass, working with the CEO, had drawn up a revised budget for Executive to consider, and it was reassuring that Executive ultimately agreed and endorsed the revisions as proposed.

Many other issues were also covered – issues such as: work with WHO; Communications Strategy; and a proposal from the young doctors (happily endorsed by Executive) to establish a “Rising Star award for young doctors, along the lines of the Five Star Doctor Award. Executive also considered a report from the Nominating and Awards Committee, recommending a number of WONCA Fellowship and Hon Life Direct Member awards. Members of Executive had also drawn up a list of possible awardees, all of whom were agreed by Executive. All award winners have been notified, so that they can make plans to attend in person to collect their awards in Abu Dhabi, but the names are embargoed for now, pending final

endorsement by Council. All will be revealed in due course!!

WONCA World in Abu Dhabi

The final major issue which Executive discussed was the feasibility of going ahead with Council and conference in Abu Dhabi in November. President, President-elect, CEO-designate and I have been in discussions for some time with the Host Organizing Committee (HOC) and the Professional Conference Organizers (PCO) as well as with our governance adviser, Professor Rich Roberts. Discussions are also ongoing with the HOC for Sydney 2022.

Many options have been appraised but it's fair to say that no single solution has emerged, as most solutions were contrary to one or more bylaws. We have, however, managed to narrow the options down to two:

- Option 1 - Proceed on schedule in November 2020 with hybrid virtual Council and conference (for most)
- Option 2 - Postponement of Council and conference to October/November 2021 in Abu Dhabi, with postponement of 2022 event in Sydney by 12 months to October 2023.

Executive views have been very valuable so far, though most confirmed that they would be unable to attend Abu Dhabi in person in November 2020, for a variety of reasons. We have now gone out to further formal consultation with Executive, spelling out the two key options. We have also sought the views of our Member Organizations to advise them of what we have been doing so far and we will continue to discuss with them. We are aware that a decision will need to be made soon – and certainly no later than the end of June – to allow for the many revisions and reorganizations that will be needed.

These are extraordinary and exceptional times, but members should be assured that Executive is working hard on your behalf to find the optimal solution under these trying circumstances. We will, of course, keep you all advised and informed as best we can.

Garth Manning, CEO

WONCA and WHO

Report of the World Health Assembly, May 2020



WONCA-WHO Liaison person, Dr Viviana Martinez-Bianchi reports on the recent World Health Assembly

The [73rd World Health Assembly \(WHA73\)](#) was held virtually due to the COVID-19 pandemic on May 18 and 19, 2020, with a reduced agenda dedicated only to the Pandemic response.

During WHA73, delegates adopted a landmark resolution intending to bring the world together to fight the COVID 19 pandemic. They endorsed a call for the intensification of efforts to control the pandemic, and for equitable access to, and fair distribution of all products and essential health technologies to combat the virus. It also calls for an independent and comprehensive evaluation of the global response, including WHO's performance.

WHO Director-General Dr Tedros Adhanom Ghebreyesus. Addressed the 73rd World Health Assembly on May 18th 2020. [More here.](#)

In his address, Dr Tedros highlighted the activities in which WHO has been involved to support countries during the pandemic and

expressed grief for the lives lost. He exalted nations to come together to confront the "defining health crisis of our time." And alluded to difficult political relations, "The pandemic has brought out the best – and worst – of humanity: fortitude and fear; solidarity and suspicion; rapport and recrimination. This contagion exposes the fault lines, inequalities, injustices and contradictions of our modern world. It has highlighted our strengths, and our vulnerabilities. Science has been hailed and scorned. Nations have come together as never before, and geopolitical divisions have been thrown into sharp relief. We have seen what is possible with cooperation, and what we risk without it".

Dr. Tedros highlighted inequities. "Even before COVID-19, the world was off track for achieving the Sustainable Development Goals. The pandemic threatens to set us back even further. It exploits and exacerbates existing gaps in gender equality, poverty, hunger and more". "COVID-19 is not just a global health emergency; it is a vivid demonstration of the fact that there is no health security without resilient health systems, or without addressing the social, economic, commercial and environmental determinants of health. More than ever, the pandemic illustrates why investing in health must be at the centre of development."

"We're learning the hard way that health is not a luxury; it's a necessity. It is a necessity. Health is not a reward for development; it is a prerequisite. Health is not a cost; it's an investment. Health is a pathway to security, prosperity and peace..."

Non State actors like WONCA were invited to attend the virtual assembly and to submit statements related to the agenda of the WHA to the website of the World Health Assembly.

WONCA submitted the following statement:

WONCA represents 550,000 family doctors in 150 countries working at the frontline of primary health

care (PHC). “First in, Last out” Family Doctors have a strong and continuous role in the fight against novel coronavirus.

Family doctors are often the first contacts of patients in the fight against outbreaks and manage people’s chronic conditions, mental health and preventive measures with attention to the whole family and the community. A key problem is that many countries put all the emphasis on hospital-centered models, often relegating PHC to the margins, when PHC should have been at the forefront of a pandemic response.

WONCA recommends

1. Appropriate funding for PHC, and an increase in the numbers of family doctors and other members of the healthcare team trained so that every country is prepared to manage the pandemic.
2. Ensure access to care, drugs & diagnostics availability for COVID-19 and non COVID-19 care
3. Family doctors and other PHC professionals are central to health emergency risk management, preparedness and communication locally & nationally. To ensure their protection, PPE must be provided to all.
4. Rural migrants, inner city dwellers, people living in multigenerational family unities, refugees and other vulnerable populations are often worst affected during a crisis; adequate consideration should be given to their socioeconomic & health needs.
5. More widespread testing to better understand the true prevalence of disease in the community
6. Breaking silos and providing innovation in data and technology with data integration, allowing much improved health information exchange between hospitals, PHC, labs, practices, and health departments.
7. PHC needs to be included in Humanitarian Aid and Global Health planning and budgeting. Without PHC the outcomes of this and future pandemics and disasters will be worse.

Success will come from investing in the frontline with well-resourced PHC teams working at the community level.

I listened to country representatives speak about the characteristics of their COVID response and their requests of WHO. My biggest concern is that PHC is clearly not in the agenda of most countries with the importance it should have for an appropriate emergency response and recovery plan. It will

take much work to strengthen the understanding of the importance of a well resourced primary health care. I urge our Family Doctor Organizations around the world to engage with regional WHO representatives and consult and how best to organize the pandemic response at the community level.

On May 26, 2020 the World health Organization published a “[Manifesto for a healthy recovery from COVID-19](#)” proposing that societies need to recover to a new normal, that protects the earth and nature, a #healthyrecovery

The Manifesto prescribes:

1. Protect and preserve the source of human health: Nature.
2. Invest in essential services, from water and sanitation to clean energy in healthcare facilities.
3. Ensure a quick healthy energy transition.
4. Promote healthy, sustainable food systems.
5. Build healthy, liveable cities.
6. Stop using taxpayers money to fund pollution.

A [letter](#) by 350 health organizations representing over 40 million health professionals, including WONCA written to the G20 leaders called for a #HealthyRecovery from COVID19 in a way that protects the environment – and thereby the health of the populations that they serve.

On May 27, the UHC2030 International Health partnership published a discussion paper, “[Living with COVID-19](#): Time to get our act together on health emergencies and UHC”.

The paper highlights the need to strengthen basic public health capacity, the protection of essential health services alongside the pandemic response, ensuring equity in access to care with removal of financial barriers, the creation of strong health systems based on primary health care as the foundation of an effective response; and the critical importance of Health and care workers.

Feature Stories

World Family Doctor Day celebrated in all WONCA regions



2020 FDD Theme: “Family doctors on the front line – first in, last out”

World Family Doctor Day (FDD) – 19th May - was first declared by WONCA in 2010 and it has become a day to highlight the role and contribution of family doctors in health care systems around the world. The event is a wonderful opportunity to acknowledge the central role of our specialty in the delivery of personal, comprehensive and continuing health care for all of our patients. It's also a chance to celebrate the progress being made in family

medicine and the special contributions of family doctors globally.

This year we decided to highlight a theme relevant to the challenges and the responsibilities of family doctors in the new global coronavirus outbreak. – “Family doctors on the front line”. We especially want to emphasise that family doctors have a key role in the management of pandemic outbreak and also their pivotal role of “First in, last out.”

As is now the custom, the day was celebrated widely in many countries across the globe despite our heavy workload with coronavirus. Video messages were popular this year and some are featured below. While in past years CPD meetings and gatherings were held, this year they were done by webinars. Social media sites feature many videos and photographs from individuals and groups. COVID-19 has only increased the popularity of World Family Doctor Day acknowledgements of family doctors on the front line.

In this report we feature messages from the various WONCA regional groups and acknowledge Bangladesh as the first Member Organization to submit a video. We must again apologise that there are so many activities for FDD that we cannot feature each one or each Member Organization. It's wonderful to be able to report such widespread involvement.

WONCA World Executive

- messages from our President, Dr Donald Li and members of WONCA World Executive



<https://youtu.be/p6J-aMAILek>

WONCA Europe



<https://youtu.be/ZaChL1sOKA0>

WONCA Asia Pacific region



<https://youtu.be/p6J-aMAILek>



And from the WONCA Asia Pacific region Rajakumar Movement for young doctors

<https://youtu.be/4mxSqRSSStyA>

WONCA South Asia region



A video from the The Spice Route young doctors movement

<https://www.facebook.com/sankha.ran.denikumara/videos/3502432723106814/>

WONCA South Asia region (cont)



Bangladesh - The first Member Organization to submit a FDD video.

<https://youtu.be/Mj3aka7dZtw>

East Mediterranean region

WONCA EMR organised a Webinar on May 19 under the title "Family Doctors and the Pandemic: First in and Last out". The webinar was hosted by Dr Ahmad AlMandhari, the WHO EMR Regional Director who presented the opening remark on "The Role of Family Doctors in Primary Care Fighting



Covid 19"; and Dr Ghassan Hamadeh, Chairperson of Family Medicine and Chief Medical Information Officer at American University of Beirut Medical Centre, who presented on "Telemedicine for Family Doctors: The Basics". The EMR council members then presented a three minutes video on the role of Family Doctors in Primary Care fighting Covid, each in his/her own country.

<https://youtu.be/3bqMhUV-qFk>

WONCA CIMF- Iberoamericana

WONCA CIMF- Iberamericana's CEO, Dr. Thomas Meoño Martin sent a message and we note a zoom webinar was held for the occasion.

Congrats to all the family of Iberoamerica and the World!

We remember with honor and immense admiration to colleagues who lost the battle during this pandemic process we face day by day!

Strengthened in the principles that govern our specialty and make us make a difference; today our fundamental role resonates in the minds of all people, being more visible and more necessary.

Our vision of integrality based on person-centred care, quality and equity; positions us as leaders in our health systems and in the face of the multiple places and levels in which we perform.

We learn and continue!

Go ahead, always forward!

My respect and admiration to each one always!"

Thomas.

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Compartimos en el Día Mundial del Médico Familiar un mensaje de nuestro Coordinador Ejecutivo Dr Thomas Meoño:

“Felicidades a todos los Médicos de Familia de Iberoamerica y el Mundo!

Recordamos con honor e inmensa admiración a las colegas que perdieron la batalla durante este proceso de pandemia que afrontamos día a día!

Fortalecidos en los principios que rigen nuestra especialidad y que nos hacen marcar la diferencia; hoy nuestro papel fundamental resuena en las mentes de todas las personas, siendo más visibles y más necesarios.

Nuestra visión de integralidad basada en una atención centrada en la persona, de calidad y con equidad; nos posiciona como líderes en nuestros sistemas de salud y frente a los múltiples lugares y niveles en que nos desempeñamos.

Aprendemos y continuamos!

Adelante, siempre hacia adelante!

Mi respeto y admiración para cada uno siempre!

WONCA Africa

WONCA Africa Highlighted events being held by member organisations and it is noticed that several held webinars, for example the Nigerian Society of Family Physicians of Nigeria (SOFPON) and the Society of Family Physicians of Ghana

LIVE WEBINAR

Theme:
**Family Physician:
First in, Last out**

Sub-Theme:
World Family Doctor Day:
Family Physicians' Response to
COVID-19

Tuesday 19th May, 2020 4:00pm

Speakers:
Dr. Peter Ogunniyi, Dr. Elizabeth A. Jones, Dr. George Oshinubi, Dr. Mark Oshinubi

Sponsored by: CompleteCare

SOCIETY OF FAMILY PHYSICIANS OF GHANA (S.O.F.P.O.G.)

WORLD FAMILY DOCTOR DAY 2020

FREE ZOOM VIRTUAL CONFERENCE

National Theme and Topic
ROLE OF FRONTLINERS - FAMILY PHYSICIANS IN MANAGEMENT OF COVID 19 PANDEMIC AT THE PRIMARY CARE LEVEL

19TH MAY, 2020 4:00 - 6:00PM

TOPICS FOR CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD)

Speakers:
DR. OLIVER COMMET, DR. GERALD OSEI-POKU, MR. PASCAL HOOCHOE, DR. FRANCIS ADOM

TOPIC 1: COVID-19 PANDEMIC: THE UNIQUE GHANAIAN EXPERIENCE
TOPIC 2: ENHANCED CONTRACT TRACING: COVID-19 VERSUS EBOLA
TOPIC 3: CHALLENGES IN TESTING FOR COVID-19: WHAT REALLY WORKS?
TOPIC 4: THE POSITIVE COVID-19 PATIENT: THE ROLES OF THE FAMILY AND THE FAMILY PHYSICIAN

FOR ENQUIRIES: 0206300849 / 0208623632
MDC CREDITS APPLIED FOR

WONCA North America region



USA - American Academy of Family Physicians video

<https://youtu.be/2lGpDmiiWqQ>

.. and in the same region the Caribbean College of Family Physicians ran a virtual conference " Family Doctors on the frontline: maintaining wellness in Covid 19 pandemic"

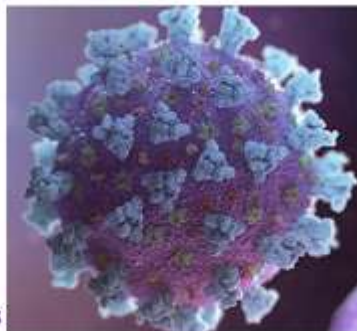
WORLD FAMILY DOCTOR DAY VIRTUAL CONFERENCE
Family Doctors on the Frontline
“Maintaining Wellness in Covid-19 Pandemic”
SUNDAY, MAY 17, 2020 – 3 CME REQUESTED
CERTIFICATES AVAILABLE ON REQUEST – COST:

AGENDA

09:00 am- 09:05 am - Prayer/Welcome **Dr Seni Ononuju, WFDD Committee, President of CCFPJ**
- Greetings: **Professor Marvin Reid, VP, WONCA North America, CCFP Regional President**

WONCA Webinars on COVID-19:


WONCA Webinars
on COVID-19
Bringing experts to you on Sundays




Wonca
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Report on WONCA Webinar on Family Violence during the COVID-19 crisis

Dr Hagit Dascal Weichhendler and Assist Prof Nena Nena Kopcavar Gucek, co-chairs of the [WONCA Special Interest Group on Family Violence](#) report:

The WONCA Special Interest Group on Family Violence thanks WONCA World for hosting a webinar on Family Violence highlighting the impact of COVID-19 on this complex issue.

One epidemic meets another: Family violence (FV) and Gender Based Violence are global phenomena and leading public health problems, existing long before the COVID-19 pandemic. The pandemic, as well as measures taken to contain it, have significantly increased isolation, family tensions, economic hardships. This has caused a huge increase (up to seven fold) in the number of calls to various FV hotlines in several countries. Taking into consideration that many victims are locked in their homes without the possibility to connect and reach out for help these numbers are alarming. But, health care providers are still in touch with their patients, and even in remote consultations can reach out and help patients connect with available resources. This can make a

difference and even save lives!

Click on the image below to view the webinar. The webinar features:

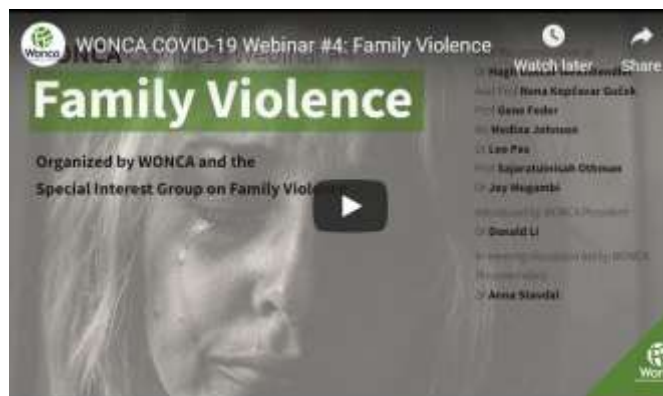
- An overview of family violence and discussion of specific aspects related to the COVID-19 pandemic.
- A discussion and explanation of the physician's role, including a role play demonstration of a remote consultation.
- The last section presents some other aspects such as child and elder abuse; looking at the whole family and context; the specific situation in low and middle income countries

More resources:

- [Webinar slides](#)
- More information and [list of several resources](#) from around the world

"I'm not telling you it's going to be easy. I'm telling you it's going to be worth it" – Art William

<https://youtu.be/3bmX-fYJTrw>



All WONCA Webinars on COVID-19:

As the threat and spread of COVID-19 continues its path, and rapidly changing circumstances, we know already that we are facing unprecedented challenges for the foreseeable future. Our family doctors around the world have risen to the challenge of this global pandemic. So we need to share our experiences, make sense of what we can and look forward to a less frightening future. To enhance WONCA support to our Member Organizations, from region to region, and among professional health care teams, staying up to date with information through social media links and connections, is one of our key strategies.

WONCA has launched a webinar series on COVID-19. The first webinar was held on 12 April with the participation of the WONCA President, President elect & representatives from all seven WONCA regions.

Webinars held to date are:

- President, President elect and region presidents discussing the global situation.
- Mental health issues relating to the pandemic
- Adapting medical education during a pandemic
- Family violence issues in a pandemic
- Primary health care for universal health coverage
- Rural practice
- Quality and Safety
- Research

Watch all past webinars on the [WONCA YouTube channel](#) and on [Youku](#)



Guest Feature

John Wynn-Jones: two paintings and two doctors



Photo: "The Doctor" Sir Luke Fildes (1891)
The Tate, London



Dr John Wynn-Jones is well known in WONCA circles and immediate past chair of the WONCA Working Party on Rural Practice. During the COVID-19 crisis he has been writing a daily 'Rural Miscellany' email with poems and resource

ideas to help and divert us in this difficult time. After the popularity of his guest column last month on ["The Four Seasons"](#) he agreed to entertain us again this month.

There are certain images that appear regularly in the slide presentations of family doctors. We take these pictures for granted as iconic images that help us express our commitment and passion for family medicine.

"The Doctor" by Sir Luke Fildes is just one of those images, yet most of us probably don't know the story behind the painting and what led Fildes to paint it. The painting represents a personal tragedy for the artist when his first son died at home in 1877 at the age of one. Many years later, Fildes' other son and biographer wrote: "*The character and bearing of their doctor throughout the time of their anxiety, made a deep impression on my parents. Dr Murray became a symbol of professional devotion which would one day inspire the painting of The Doctor.*" Fildes set this narrative painting in a rural cottage in Devon rather than in his home in London and he used his daughter as a model for the child. In order to establish the right atmospheric impact, he even built a mock-up of the cottage in his own studio. You can see the anxious and distressed parents waiting silently in the background while the doctor sits next to the sick child in deep concentration.

I remember home visits to isolated farms in the middle of the night. How many times have we looked at sick children and wondered whether we should treat them at home or admit them to hospital? Its only you, the doctor who can make that final agonising decision.

I have shown this image to medical students and asked them to build a story around the picture. Family medicine and in particular rural family medicine is all about stories. There is a narrative to every crisis, tragedy and illness and I worry that the changes we are now seeing in family medicine, especially during this pandemic, may change it forever. Evidence based medicine talks about diseases but patients and their families experience illnesses. Every illness is a unique personal experience and we as family doctors share those experiences with our patients.

“The Fortunate Man” is a book about a rural GP written by John Berger in the 1960s. Berger tells us that above all else, the GPs main role is to manage the patient’s anguish. He goes on to say *“Landscapes can be deceptive. Sometimes a landscape seems to be less a setting for the life of its inhabitants than a curtain behind which their struggles, achievements and accidents take place. For those who with the inhabitants are behind the curtain, landmarks are no longer only geographic but also biographical and personal”* It is being part these stories with our patients that puts us also behind that curtain.

I would like to share one more painting with you that also tells us a story. It is a self-portrait by the great Spanish Master Francisco de Goya with his friend and doctor Eugenio García Arrieta.

Goya suffered a mysterious severe illness in 1792 which left him deaf and partially blind. He suffered a further bout of illness in 1819 when he became gravely ill again. We don’t know the cause of his illness, but we know that he was cared for by Dr Arrieta. Goya painted this a year later as a gift for the doctor for saving his life. An inscription on the painting reads *“Goya, in gratitude to his friend*

Arrieta: for the compassion and care with which he saved his life during the acute and dangerous illness he suffered towards the end of the year 1819 in his seventy-third year. He painted it in 1820. “

“Self-portrait with Dr Arrieta” by Francisco Goya (1820), Minneapolis Institute of Art

Arrieta was known as a Plague specialist and it may be that Goya was suffering with what was then called the Eastern Plague. Whatever the cause, we see a very sick Goya being cared for by his compassionate caring physician.

Both painters have managed to capture that unique narrative in a realistic and truthful way. I believe that they emphasise that family medicine is about the continuity of patient centred compassionate care and long may



this continue. When this pandemic is over it will be the stories that we will remember and recount.

Dr John Wynn-Jones

Region News

Asia Pacific Roundtables: NCDs and Pain Management

We were honored to convene meetings of leaders from WONCA Asia Pacific Region (APR) organizations to explore and reach consensus on reducing unnecessary deaths from non-communicable diseases and on improving treatment of chronic pain. Prof Meng-Chih Lee, President, WONCA APR and Dr Brian Chang, Honorary Secretary, WONCA APR gathered other APR leaders in Singapore December 4-6, 2019. The leaders came from Indonesia, Japan, Malaysia, New Zealand, Taiwan, Thailand, Philippines, and Singapore to share their experiences and plan for the future. Shelly Rodrigues, California Academy of Family Physicians and Mary Ales, Interstate Postgraduate Medical Association, served as facilitators for these meetings and are submitting this summary on behalf of the meeting attendees.

Addressing challenges in health care across the Asia Pacific region requires physicians to share their experiences and develop solutions for the future. Reducing premature death due to non-communicable disease and addressing unnecessary suffering from pain require commitment, creativity and community.

Our aim was to develop recommendations for leadership and education in that address gaps in care through the AP region.

Through ongoing efforts such as those recommended by these discussions, patient-centered care can enhance the health of all individuals.



Photo: NCD Participants included Drs Espina, Murton, Chang, Claramita, Prueksaritanondc, Lee, Jamal, Chang and Wong; Dr Kasuba is not pictured.

Addressing Gaps in NCDs through Leadership and Engagement

The Non-Communicable Disease Group reiterated the role of the family doctor in chronic disease management to reduce unnecessary deaths. Their consensus competencies reflect their leadership role in supporting for a population-based approach impacting individuals, public and private entities, communities and other specialists.

The proposed competency themes include:

- Providing patient-centered care that reflects the patient's bio-psycho-social needs.
- Engaging team-based care in NCD management.

- Engaging communities in caring for their residents and adopting recommended community-based guidelines.
- Obtaining adequate funding for physicians and patients.
- Collaborating with each other and with other leaders to learn together and advocate change.
- Serving as leaders in their communities.

Addressing Gaps in Pain Management through Education

Family doctors and general practitioners need education in all aspects of pain including chronic pain management so they can better support their patients. Education should be integrated throughout the doctor's career. With better training, family doctors can provide care and work with other providers to coordinate specialty care.

The proposed educational themes include:

- Delivering for patient-centered care through the primary care network
- Patient-centered communication skills including motivational interviewing and teach-back techniques
- Comprehensive management of pain (chronic, cancer, and palliative)
- Preventive pain treatment strategies in managing chronic pain
- Compassionate pain management
- Coordinated, continuous and personalized care



Pain Management participants included Drs Suwangto, Thuraisingham, Espina, Rose, Cheng, and Thongkhamcharoen; Dr Garcia called into the meeting.

This group also delved deeply into a curriculum for family doctors and general practitioners that would improve the care given to patients with chronic pain. It includes:

- Diagnosis of pain
- Interprofessional communications skills
- Cultural sensitivity
- Patient education and communication, including motivational interviewing and teach-back techniques
- Education for other members of the health care team
- Use of data and analytics
- Quality improvement skills
- Advocacy and leadership training

Announcements

Besroure Centre Global COVID-19 Pandemic Response & Impact Grant

[Message en français ici](#)

Dear Besroure Colleagues,

The Besroure Centre for Global Family Medicine (Besroure Centre) at the College of Family Physicians of Canada (CFPC), thanks to the generous support of the CFPC's Foundation for the Advancement of Family Medicine (FAFM), is seeking proposals for a Global COVID-19 pandemic innovation response for grants up to \$50,000 Canadian dollars (CAD). The primary care response to COVID-19 must support innovation that targets and protects highly vulnerable populations that lack access to primary care.



The goal of this initiative is to have the greatest impact for reducing morbidity and mortality associated with COVID-19. The pandemic has put immense pressure on health systems. The family practice innovations that are likely to have a high degree of impact include education innovations, practice innovations, and responses that address equity and inclusion. The request for proposal will contribute to the achievement of how family innovative practice will likely have a high degree of impact in reducing the harms of COVID-19.

Submission Deadline: July 20, 2020, 12:00 P.M. (ET)

For more information please click [here](#).

Regards,

Besroure Centre for Global Family Medicine | Centre Besroure pour l'avancement de la médecine familiale à l'échelle mondiale
The College of Family Physicians of Canada | Le Collège des médecins de famille du Canada

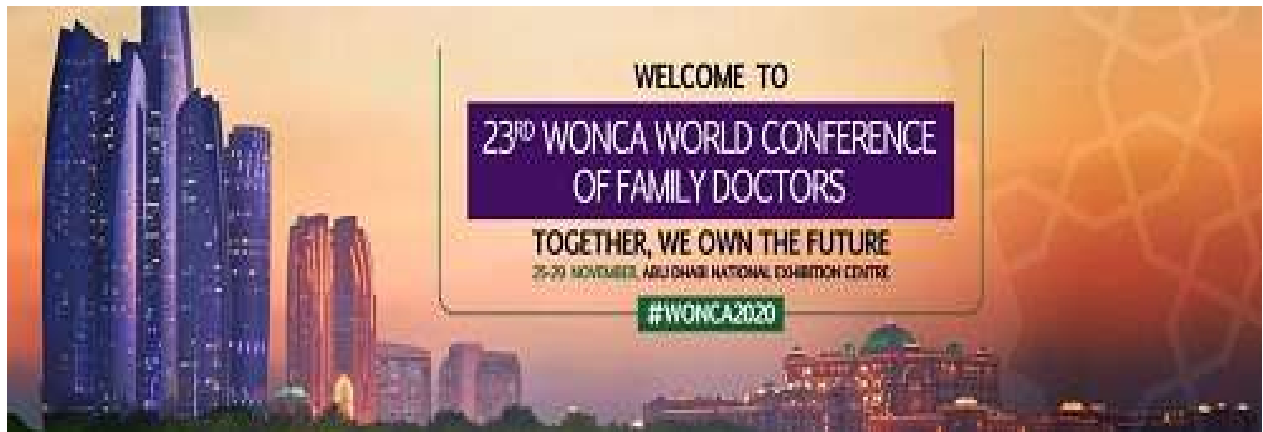
WONCA CONFERENCES

WONCA Conferences 2020

November 26-29, 2020	WONCA World conference	Abu Dhabi, UAE	http://wonca2020.com
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WONCA Direct Members enjoy *lower* conference registration fees.

To join WONCA go to: <http://www.globalfamilydoctor.com/AboutWONCA/Membership1.aspx>



WONCA Conferences 2021 and 2022

July 7-10 2021	WONCA Europe region conference	Amsterdam, NETHERLANDS	https://woncaeurope2021.org/
August 5-7, 2021	World Rural Health conference	Kampala, UGANDA	Save the dates
October 20-23 2022	WONCA World conference	Sydney, AUSTRALIA	www.wonca2022.com/



Member Organization Events

For more information on Member Organization events go to www.globalfamilydoctor.com/Conferences/MemberOrganizationEvents.aspx

26 Aug **23rd Family Medicine Scientific Conference**
- 29 Aug Bangsar, Kuala Lumpur
2020

01 Oct **RCGP annual primary care conference**
- 03 Oct Glasgow, United Kingdom
2020

13 Oct **AAFP Family Medicine Experience**
- 17 Oct Chicago, USA
2020

15 Oct **RACGP GP20**
- 17 Oct Perth, Australia
2020

04 Nov **Family Medicine Forum / Forum en
médecine familiale**
- 07 Nov Winnipeg, Canada
2020

04 Nov **RNZCGP Annual conference**
- 07 Nov Auckland, NZ
2020

20 Nov **North American Primary Care Research
Group (NAPCRG) annual conference**
- 24 Nov San Francisco USA
2020

17 Dec **European Conference for Family Doctors
and DEGAM Annual Congress**
- 19 Dec Berlin, Germany
2020
