



Editorial

We live in a world that is constantly changing. With the current opportunities of the internet and other technologies, the interaction between people around the world may be leading to more changes than ever before. This changing world requires a flexible and open approach. As photographer Henry Cartier-Bresson said: “The world is a movement, and you cannot be stationary in your attitude towards something that is moving”.

For medical doctors the new technologies give fantastic opportunities to exchange knowledge, skills and experiences. At the same time the internet also gives patients the tools to look up information. This requires a different approach from medical doctors, but when dealt with well, it can improve the quality of health care.

WYDO would like to be part of the change and provide young doctors with tools to make the utmost of the possibilities. We strongly believe that the work of medical doctors is enriched when they are open and curious towards working together with colleagues from other countries, who come from other cultures and have other points of view.

WYDO is now just over half a year old. This seems a good time to present how WYDO has been moving forward since the launch on 17th July 2011 and to look forward to the many exciting developments ahead of us.

Also in this newsletter: a book review about the way that science is communicated to us, an article reflecting on how our societies are becoming more and more medicalized and an article about the way that science can strengthen a country's growth. We would like to invite you to respond to the articles by sharing your opinions on the [Forum](#) on our website.

The WYDO Board

Index

The journey since the launch	2
Expectations for the coming months	2
Bad science	2
In the news	3
The medicalization of society	4
Research: a tool for sustainable growth	5
Meet the Fundraising Officer and National Focal Points	6

The journey since the launch

It has been encouraging that many persons from almost 100 countries around the world visited the website, that young doctors started following us on Facebook, Twitter and LinkedIn and contacted us to get active in the organization. Since the launch we have had the pleasure to welcome 17 new persons in the organization in the role of Fundraising Officer and National Focal Points (NFPs). Also, young doctors' organizations contacted us to welcome us and to discuss collaboration. We are currently in the process of developing

memorandums of understanding with several of those organizations.

The website has been further developed with regularly updated health news, announcements of conferences and other events, with articles in the Speakers' corner and with more and more activity on the online forum.

If you would like to read a more elaborate overview of our activities in 2011 please have a look at the [annual report](#).

Expectations for the coming months

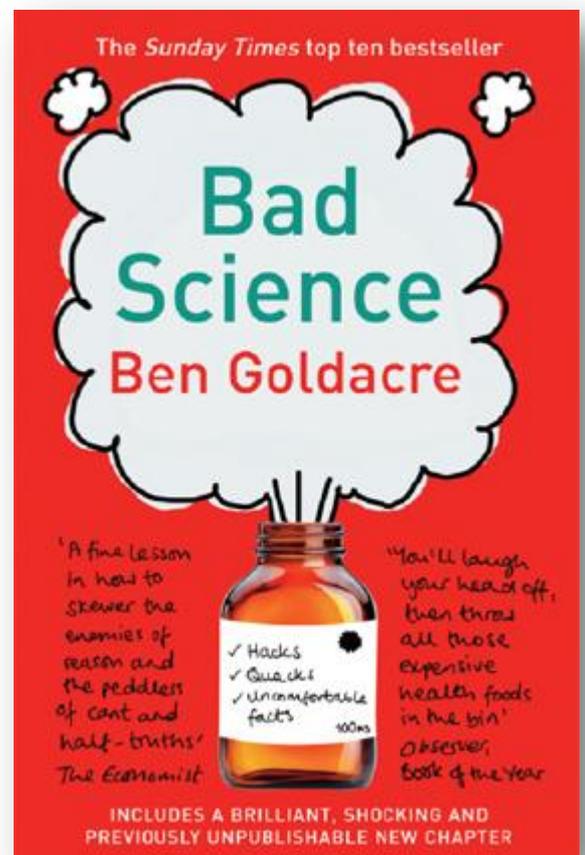
The coming months will be focused on financial sustainability and further development. We will be expanding the network of NFPs and initiate collaboration with various young doctors organizations. We also aim to start the first committee, which will host a variety of projects. For this we will soon welcome a new

board member, who will have the responsibility to develop that committee. We have also several other [vacancies](#) open at the moment, which relate to the development of our publications and website: a Publications Director, Editors for the Speakers' corner and News reporters.

Bad Science

by *Alberto Lopez Garcia-Basteiro*

Every day, thousands of health related news makes it to the main headings of broadly read newspapers. Many miraculous products are advertised over the internet and in large audience tv programs. However, such information is often poorly documented and imprecise, and the mass media have no problem about publishing poor quality information and advertize miraculous products which mislead and deceive consumers. Ben Goldacre, trained as a psychiatrist and epidemiologist, in his highly acclaimed book *Bad Science*, explains some of the obscure strategies which some pharmaceutical and homeopathic industry use to sell their products. The book is written making sure that any audience can get straight to the point and reach their own conclusions. The book has sold over 400,000 copies and has been translated into many languages. *Bad Science*, which is also the name of the weekly column Ben writes at *The Guardian*, is a highly recommended book you will not regret to read.



In the news

FDA must act against antibiotic use in veterinarian industry

A federal court in the USA ruled on 23 March 2012 that the Food and Drug Administration (FDA) must act against antibiotic use in animals.

Already in 1977 the FDA concluded that animals receiving antibiotics became a "reservoir of antibiotic resistant pathogens and non-pathogens." The FDA warned that this situation could lead to antibiotic resistance and to human infections with those resistant strains. Yet, the FDA allowed the meat industry to regulate the use of antibiotics by itself.

Now, 35 years later, the court judged that there is enough evidence to prove that the use of antibiotics in the veterinarian industry is indeed causing infections with antimicrobial resistant bacteria in humans. In this regard the court noted that it is no longer acceptable to wait and see if the meat industry can regulate itself.

This is an important achievement in the endeavor to reduce antibiotic resistance in humans. Considering the large economic implications for the industry it remains, however, to be seen how soon this intervention will come into effect.

Read more:

<http://www.topsecretwriters.com/2012/03/judge-forces-fda-remove-antibiotics-food-animals/>

Call for more transparency in synthetic biology

At a meeting in Washington D.C. on 12 March 2012 more than 100 non-governmental organizations (NGOs) of environmental, social, scientific, indigenous and human rights background endorsed a framework for greater international oversight of the emerging science of synthetic biology.

With synthetic biology they refer to the development of biological functions and systems which do not normally exist in nature,

Germline cells producing oocytes in women

Until recently it was believed that a baby girl already had all oocytes she would ever have in her life. Now a study from Harvard suggests that ovaries of women in reproductive-age have germline cells, which are capable of producing oocytes.

The proof comes from an experiment in which human germline cells, engineered to stably express GFP, were injected into human ovarian cortical biopsies. This led to formation of follicles containing GFP-positive oocytes 1-2 weeks after xenotransplantation into immunodeficient female mice.

The findings will need to be reproduced by other laboratories. If confirmed, these findings could have implications for fertility treatment, potentially by restoring fertility and delaying menopause.

[Oocyte formation by mitotically active germ cells purified from ovaries of reproductive-age women.](#)

White YA, Woods DC, Takai Y, Ishihara O, Seki H, Tilly JL. Nat Med. 2012 Feb 26;18(3):413-21. doi: 10.1038/nm.2669.

Read more: <http://news.yahoo.com/report-women-rare-egg-producing-stem-cells-211218811.html>

<http://www.webmd.boots.com/fertility/news/20120227/stem-cells-may-help-infertile-women>

such as genetically modified living organisms and the synthetic version of the malaria drug artemisinin.

The Principles for the Oversight of Synthetic Biology calls for a moratorium on the release and commercial use of synthetic organisms and their products until the potential risks for human health and environment are understood.

Read more:

<http://www.scidev.net/en/health/genomics/news/ngos-call-for-international-regulation-of-synthetic-biology.html>

The medicalization of society

by Jade Khalife

Erectile dysfunction, premenstrual syndrome (PMS), baldness and attention deficit hyperactivity disorder (ADHD) are some examples of issues which have been increasingly medicalized in recent years, and we can add to that several hundred conditions as well. But who decides where to draw the line between what is normal and what is a disease state? Is it because we are discovering new diseases all the time, or is our concept of disease changing?

These are very interesting issues with no simple answer. There is no doubt that society influences what is medicalized and what is not, but in the past medical doctors were the leading authority who controlled the process and acted as gatekeepers. Today their role has been eroded, and the medical industry, including healthcare management organization and pharmaceuticals, have taken over the central role. This of course also introduces the influences of their interests into what is considered a disease.

The most general reference for diseases is the International Classification of Diseases (ICD) code, now in its 10th revision, includes almost 15,000 codes related to different diseases. This code, sometimes along with its (much larger) clinical modification (ICD10-CM) is often used by insurance providers to track and manage medical coverage claims. While accepting a condition as a disease expands insurance coverage for patients, it also creates increased healthcare utilization. This doesn't always translate into improved health, but almost always includes money exchanging hands from the patient or government, to the medical industry.

Some issues such as homosexuality were medicalized generations ago, but demedicalized in the 1970s, others such as PMS

and post-traumatic stress disorder (PTSD) are closely tied to the women's movements and Vietnam veterans movement. Baldness and erectile dysfunction are also issues that are tied to the concept of the ideal man, which in itself has been influenced by entertainment media and other sources. In the case of baldness, treatments have been prescribed since at least 4,000 years ago, with various herbals extracts, potions and medical devices used such as vacuum caps. In the 19th century it was even suggested not to wear hats, disinfect and never share combs if you were at risk of turning bald.

Mental health issues attract particular attention for medicalization. Besides the mental health chapter in ICD-10, the fourth revision of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) is a widely used reference, developed by the American Psychiatric Association (APA). Current and past DSM versions have been criticized for not taking into account cultural differences for example, as well as for classifying conditions that many people may still consider as a normal part of the human mind. Interestingly, half of the authors of DSM-IV had a history of financial relations with pharmaceutical companies, and as recently as 2005 the APA President stated that psychiatrists "had allowed the biopsychosocial model to become the bio-bio-bio model". The debate is now increasing again with DSM-V planned for release in 2013.

It is important to consider what is meant when we 'medicalize' an issue, and that it may be already understood as a disease but is not a medical problem until it is defined as one. Ultimately the question is not whether medicalization is good or bad, but what effect it is having on society and how to channel this to benefit society's health rather than expand industry profits.



Photos courtesy of Medical Museum, University of Copenhagen

Research: a tool for sustainable growth

by Eduardo Rios

Research produces knowledge and knowledge produces power to people, because it gives the capacity to take the right decisions and a leading position at the right time. It is enough to see the enormous difference between countries who do invest in research, innovation and development in general, and the countries who do not; the result from countries who do invest are actually quite inspiring and motivating.

There are several examples on how investing in research helps to develop in the long term more equal societies, since through the process of answering theories and question in a systematic and objective way, we learn more about ourselves as persons, we gain knowledge about the society we are working in, and are more aware of the problems and limitations we might have. Through research we become more critical and dynamic about many issues in life, and it pushes us more to continue in this process, to the point that this production of knowledge becomes self-sustainable.

The South Korea case is very interesting to analyze, we could spend many hours studying it, but one thing is very clear, they are a great example of how investing in research, innovation and development - including education - decreases the difference between the poor and the rich, producing knowledge for the people, which can also be translated into better education, and in consequence with the ability to create jobs also due to the increased number likely to become entrepreneurs.

South Korea also established a route on how to become the developed nation it is now, producing technology for themselves and the world, all of this in a matter of roughly 50 years; they went from a war-devastated country with extreme levels of poverty and hunger, to become the 15th most important economy in the world, with high rate of educated people, and numerous world class research institutions that are in constant search of unanswered question. It is worth to mention that in 2008 their expenditure in research represented an estimated of 3.21% of their gross development product (GDP). In comparison some developing countries, such as Panama, had an expenditure of only 0.21% of the GDP in 2008, which is very similar to its neighboring countries as well.



Despite all the problems that every country might have nowadays, from social issues to financial crises, the South Korea case is still an excellent and stimulating example. Having said that, I would encourage you, in our case – health professionals – to demand from our national institutions and government to increase the expenditures in research – including private sector – to train the personnel, and establish cooperation with international agencies that could help set up research projects for the benefit of your society, whether it is clinical, epidemiological or public health related. It is important to take the initiative and play your role if you have the knowledge and resources, always thinking to the benefit of your society.

I encourage you to keep yourself updated on the latest trends in research, no matter to which health sector you belong, whether you are from a developed or developing country. The day will come when you not only bring knowledge from the outside, but instead produce knowledge for your people and the rest of the world, and it will be all about exchange of knowledge and research techniques that will result in more equal and better societies, and definitely a better world, which is the ultimate goal.

Further Reading:

1. <http://www.state.gov/r/pa/ei/bgn/2800.htm>
2. <http://www.tradingeconomics.com/south-korea/research-and-development-expenditure-percent-of-gdp-wb-data.html>
3. <http://www.unesco.org>

Meet the Fundraising Officer and National Focal Points



The Fundraising Officer, Nadeem Kasmani, has been working in the past months on identifying possible sponsors and funds and creating a fundraising plan. Soon we will be able to start approaching the potential sponsors and funds.

have a team of NFPs from Austria, Bulgaria, Burkina Faso, Colombia, Côte d'Ivoire, Egypt, Nepal, Niger, Oman, Peru, Poland, Portugal, Saudi Arabia, Spain and UAE. The NFPs share news on WYDO with young doctors in their countries, identify issues that are currently of interest among young doctors in the specific countries, and facilitate networking with young doctors' organizations in their respective countries.

The National Focal Points (NFPs) serve as an anchor for WYDO in their countries. Currently, we



Li Do
Austria



Valeria Mateeva
Bulgaria



Anselme S. Sanou
Burkina Faso



Tatiana Alvarez
Colombia



Romance Dissieka
Côte d'Ivoire



Sherif Arafa
Egypt



Maniraj Neupane
Nepal



Oumarou Maïmouna
Niger



Shafiq Yusuff
Oman



Kharla Heredia
Peru



Agnieszka Gaczkowska
Poland



Sofia Ribeiro
Portugal



Rasheed S. Alameer
Saudi Arabia



Luis Ensenyat
Spain



Jamil Kasmani
UAE

Final remarks

If you would like to contribute to the next newsletter, please contact us at contact@wydo.org.

NOTICE: Every care has been taken in the preparations of this newsletter. Nevertheless, errors cannot always be avoided. WYDO cannot accept any responsibility for any liability. The opinions expressed in this newsletter are those of the authors and do not necessarily reflect the views of WYDO.



World Young Doctors' Organization