

AMSA Global Health Conference – Sydney 2011: *One world. One life. What will you do?*

Pulasthi Mithraratne

5th Year Medical Student
Waikato Clinical School
University of Auckland

Pulasthi Mithraratne is a fifth year medical student from the currently based at Waikato Hospital. He is a committee member of Medical Students for Global Awareness (Auckland), and hopes to do a tropical medicine elective in Samoa next year.

The Global Health Conference (GHC) is an annual event organised by the Australian Medical Students' Association (AMSA), allowing students the chance to learn more about health issues from a global perspective. Initially established as the Developing World Conference in 2005, the event made a return to Sydney for the 2011 edition, with 600 students from all over Australasia and beyond (its largest delegation to date). The theme of the conference this year was *One world. One life. What will you do?* – a challenge to the delegates to see how they could make a positive change for the community around them. The academic programme was hosted at the University of New South Wales.

As a first time delegate to the conference, I began the event expecting to learn about health issues pertinent to just the developing world. Much of the programme did look into health in developing nations and issues such as maternal health and communicable diseases. However, there were plenty of opportunities to learn more about issues relating to our own backyard, in particular the health of marginalised populations like indigenous and refugee health. New and interesting perspectives were also provided about traditionally "Western" diseases such as diabetes and obesity. The conference truly did give a global perspective on health issues.

GHC was opened by Her Excellency Dr Marie Bashir, Governor of New South Wales, and a pioneer in Aboriginal mental health. Over the next four days, delegates were provided with plenary lectures by high-profile speakers, as well as panel discussions where delegates could ask questions of experts in various population health issues. Delegates were also split into smaller workshops to brainstorm strategies for various topics.

Particular highlights of the academic programme included a plenary lecture by Lt Col Michael Campion. He told sobering tales as an army doctor, working in the front line of conflicts such as Iraq and Afghanistan, where patient management literally involved saving life and limb. Another highlight was Dr Wanjiku Methenge, an advisor to the Fred Hollows Foundation in Rwanda. She presented a fantastic talk about the five simple steps to a successful public health programme, using the Foundation's efforts to eliminate preventable blindness in Africa as an example.

Panel discussions of note included a session regarding non-governmental organisations (NGOs) and their role in health; challenging questions were asked of the speakers, including the politics of religion in the work that some groups do. Another panel discussed career planning for those interested in a role in global health, and delegates were reminded that there is always great work to be done in one's own community as well as half way around the world. The conference was taken as an opportunity to launch a recent e-publication by the Medical Journal of Australia called "A guide to working abroad for Australian medical students and junior doctors". As the title suggests, it is Australia-specific but there is useful information for New Zealanders too.

Workshops provided a more intimate setting for delegates to delve into certain topics of their choosing. I was assigned to a thought-provoking discussion about gender equity, looking at how health outcomes for both men and women could be enhanced. In the malaria workshop, delegates were divided into groups representing different interests in a Vanuatu village and discussed strategies to prevent the spread of the disease.

GHC also included a challenge day with practical, hands on workshops such as knitting sessions to make woollen shawls for patients at the Addis Ababa Fistula Hospital (which treats women suffering from obstetric fistulas). Skills stations were also available for delegates to practice IV cannulation, cross-cultural communication and developing a public health programme.

Outside of the conference, delegates were spoiled with a range of social events throughout Sydney. Those who had arrived the night before the conference were able to mingle at a meet and greet event at Circular Quay, overlooking the Sydney Harbour Bridge and Opera House. We also had two dress-up parties at Cogiee Beach and Bondi Junction, allowing for much merriment. The final night of the conference saw delegates at the Reduce, Reuse and Recycle Ball on a boat cruise, with fantastic views of the harbour as delegates danced the night away.

Delegates were housed at the Sydney Central YHA, in the heart of the city. We were provided with a transport pass that allowed us to use Sydney's extensive public transport system to travel to and from the academic programme and social events. Unfortunately with Sydney being such a large city, long travel times were at times encountered. However, the organisers did a great job mobilising such a large delegation.

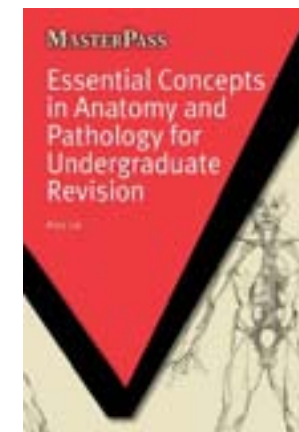
All in all, my GHC experience far exceeded any expectations. I was able to learn much about the world beyond my immediate surrounds in my own home patch. I met a great group of Australian medical students and learnt more about the medical system across the Tasman. I would thoroughly recommend New Zealand students attend the 2012 GHC, which will be held in Cairns, Queensland.

For further information about the guide to working abroad, please visit:
http://www.mja.com.au/public/issues/194_12_200611/working_abroad.html

Stefan Fairweather

Third Year Medical Student
Dunedin School of Medicine
University of Otago

Stefan Fairweather is a 3rd year medical student at Otago University. He is still searching for that elusive branch of medicine that will allow him to ski and tramp full-time, all the while dramatically improving the public health outlook for New Zealanders.



Essential Concepts in Anatomy and Pathology for Undergraduate Revision

Aida Lai.
Publisher: Radcliffe Publishing Ltd.
NZRRP: \$54.90.

It's cut-throat out there for any author who wishes to move in on the big boys of anatomy and pathology text books. The *Gray's*, *Netter's* and *Robbin's* of this world have a pretty good foothold with undergrads, and it would take something extraordinary to complement, let alone compete with them. Lai's claim that her book

complements the more visually orientated learning guides is a big call, and on closer examination, fails to meet her claims.

I gleefully received my copy of Lai's book and quickly flicked through it, to be greeted by pages and pages of text. Two hundred and twenty five pages of bold headings, bullet points and excruciatingly long lists. The only break from this barrage of text was the half dozen or so tables that Lai works into her collection of lists.

When I study anatomy and pathology, I expect to see the colours red and purple. Is that natural? Have I been conditioned by clever publication companies, or am I merely reflecting a method that works? When I think anatomy of the upper limb, I think *Gray's* and its beautiful diagrams that show where all the muscles lie in relation to each other, the major blood

vessels, and the nerves. I also think of the table on the opposite page that succinctly lists the muscles attachments, blood supply and innervation. Compare this to Lai's book and the section on the upper limb. She lists all necessary information, but not in table form and with no visual cues to appreciate the relationship between the different muscles. There was no mention of the interossei muscles of the hand (despite describing other intrinsic hand muscles), and the description of the brachial plexus was a nightmare. What could be represented in one carefully labelled diagram, Lai floundered through in a list that comprised of 16 bullet points! Pity the student who tries to work through that for the first time.

To be fair to Lai, she does sell this book as a 'revision guide'. Only those who have studied the relevant anatomy, pathology and histology texts and don't need glossy pages of purple stained tissue sections to identify underlying cellular pathology need apply. Though she does recommend such books as an aid to hers, you may find this book unnecessary, particularly if you have your own study notes and access to other text books.

One last point before I wrap up my general grumble: Lai could have done her readers a favour by including a list of abbreviations and acronyms. To flick the book open and come across unexplained acronyms like DM, SS, DCIS, DIC, HF etc. did little to soften my opinion. Please, sympathise the acronym challenged amongst us – even the clinically aimed *Oxford Handbook* series (OHCM, OHCS) makes no assumptions and gives the reader a very comprehensive list of all acronyms used.

In summary, this is a book for the very confident anatomy and pathology student, perhaps the student who, having worked studiously all year, wants to go over a list (225 pages of lists) and measure their understanding of essential concepts by looking at key words. But if you're like the majority of students who like visual cues to revise, this will not be the book for you.