



President's Report AJMF (VIC)

Since the last newsletter, our members attended a free screening of the movie *"The Prime Ministers Part 2: Soldiers and Peacemakers"* in October and a month later we held our AGM. We also had an energetic start for 2016, with the AJMF weekend mini-conference at the Novotel Geelong in February and two functions in March.

The mini conference highlights included the opening address by **Professor Michael Berk** from Barwon Health who spoke on the topic *"Can we prevent depression?"* His presentation was erudite and informative and I think the breadth and quality of the questions reflected everyone's interest in this topic. **Dr Howard Freeman OAM**, president of the Australian Jewish Historical Society presented on the *"History of the Jews of Geelong"* including the story of **Olga Jacobs OBE**, a pioneering feminist, well known for her tireless work with a range of Geelong charitable organisations. Olga, who passed away in 2012 aged 104, was instrumental in getting women onto juries at the start of the 20th Century.

Over the weekend of the conference there were many opportunities to explore Geelong's foreshore area and history; including walking tours with a local guide or a visit to the multicultural festival happening nearby. We were entertained at the trivia competition on Saturday night by **Matthew Cohen**, with his alter ego **Rabbi Mottel Sugarman** presenting the trophy to the winning team.

The Sunday morning education session was its usual high standard, reflecting the diverse interests and specialties of our members. Topics included glaucoma



▶ A happy snap of presenters at the conclusion of the Geelong mini-conference

management, use of radiofrequency in dermatology, emergency medicine, preconception screening, new trends in IVF and assessment/ treatment of transsexual patients. Once again we are indebted to our amazing administrator, **Annette**, who made sure everything ran smoothly. We also appreciated the work of **Danny Miller**, mashgiach and chef par excellence, and the support of our sponsors, **Alex Niazov** from Doc Support and **Ronni Chalmers** from CBG Asset Management Limited.

In early March, together with the Australian Friends of Hebrew University, we co-hosted a presentation by the head of the Heart Institute at Hadassah Hospital, **Professor Chaim Lotan**. He spoke about *"Cardiovascular Diseases in Women"* and highlighted the different clinical presentations of women with chest pain and the implications for changing teaching and clinical practice in this field. Chaim also spoke about his work on innovations in cardiac biotechnology.

At the end of March, we held a panel presentation on *"Managing Autism Spectrum Disorders"* with the Australian Jewish Psychologists. The speakers were psychologist **Leorah Kagan**, **Dr Deborah Marks** and **Dr Daryl Efron**. The evening was well attended by both psychologists and doctors who enjoyed the cross-fertilization of ideas and practices in the field of autism and developmental disorders.

We wish to congratulate all the Jewish doctors who received awards in this

Continued on page 2



▶ Dr Miriam Kuttner with Friday night guest speaker Prof Michael Berk

Continued from page 1



► Rabbi Motel Sugarman presents the Trivia Competition Trophy to Reuben Zajac on behalf of the winning "Reubenites" Team

year's Australia Day honours and have included an article by Associate Professor Peter Greenberg OAM about his work and a response we received from Dr Jeff Shapiro OAM. We continue to provide financial assistance to medical students to support their electives in Israel and look forward to hearing about their experiences. The Victorian branch recently awarded scholarships to Talia Gordon, Nadav Harel and Moshe Loebenstein, while the NSW branch have

supported Wiraaj Agnihotri for an elective at the Paediatrics department at Rambam Medical Centre in Haifa.

Membership of the AJMF is free for medical students. Please encourage any students you know to make contact with the AJMF and be added to our database.

Several of our members are attending the Israel Medical Association Conference in Haifa in May and a few are presenting papers. Hopefully they will provide us with some updates from Israel on their return.

We are planning future functions for the second half of the year, including an educational dinner at Kimberley, our

annual film night and possibly a family oriented activity towards the end of the year. Further information will be posted to our website and sent to people who have provided an email address. As usual we are open to suggestions and feedback from our members.

Finally I would like to thank my committee, particularly Simon Skalicky our treasurer, Mark Steiner our editor, and Sally Kogosowski who has assisted with organising functions.

► Dr Miriam Kuttner



► Speakers from the Managing Autism Spectrum Disorders panel
Left to Right: Dr Miriam Kuttner, Dr Daryl Efron, Dr Deborah Marks and Leorah Kagan



M. D. SILBERBERG ENDOWMENT

Follow up from last newsletter

Below is an excerpt from correspondence we received from The Royal Australasian College of Physicians regarding use of the remaining funds available under the AJMF sponsored M D Silberberg Endowment, which was set up in 1960

The Grants Advisory Committee at the RACP has agreed to fund study grants of \$5,000 over each of two successive years.

The description below will be used in RACP communications:

M D Silberberg Study Grant

Purpose: To support and encourage advancement of knowledge in matters connected with the field of cardiology.

The funds may be used for:

- gaining new technical expertise
- training at an appropriate institution
- to participate in and present a paper at a conference or scientific meeting

Value: Up to \$5,000

Eligibility: Australian and New Zealand Cardiology trainees of the RACP

Tenable: Australia, New Zealand and overseas

The Scholarship is made available from funds provided by the Australasian Jewish Medical Federation.

Further information:

<https://www.racp.edu.au/about/racp-foundation-awards/study-travel-and-research-development-awards/study-grants>

President's Report

AJMF (NSW)

I have been on the committee for a number of years and have taken over from Jason Kaplan, who stepped down as President at the end of last year. I wish to personally thank Jason for his leadership over the last 3 years.

I am a GP working in Annandale and also happen to be married to the administrator, Mandy. I was also fortunate to have received an AJMF scholarship back in 1984 when I did my medical student elective in Israel.

Apart from the opportunity to network with colleagues, I believe the AJMF has an important role to play for Jewish doctors in NSW in the following areas:

Encouraging medical students to spend an elective term in Israel

It is important to show our local

students the medical system in Israel, especially currently when Israel is being physically attacked from within, as well as being subject to attacks from the outside, such as the BDS campaign.

I am pleased to note that some of our recent scholarship recipients have been non-Jewish medical students and hope this trend will grow as we continue to advertise our scholarship via the various university faculty offices.

Promoting discussion and education

I believe there is a need to have medical meetings about subjects relevant to Jewish doctors such as the successful talk last year about IVF with presentations by both a leading gynaecologist as well as by a Rabbi who spoke about the particular needs of couples in the Jewish community

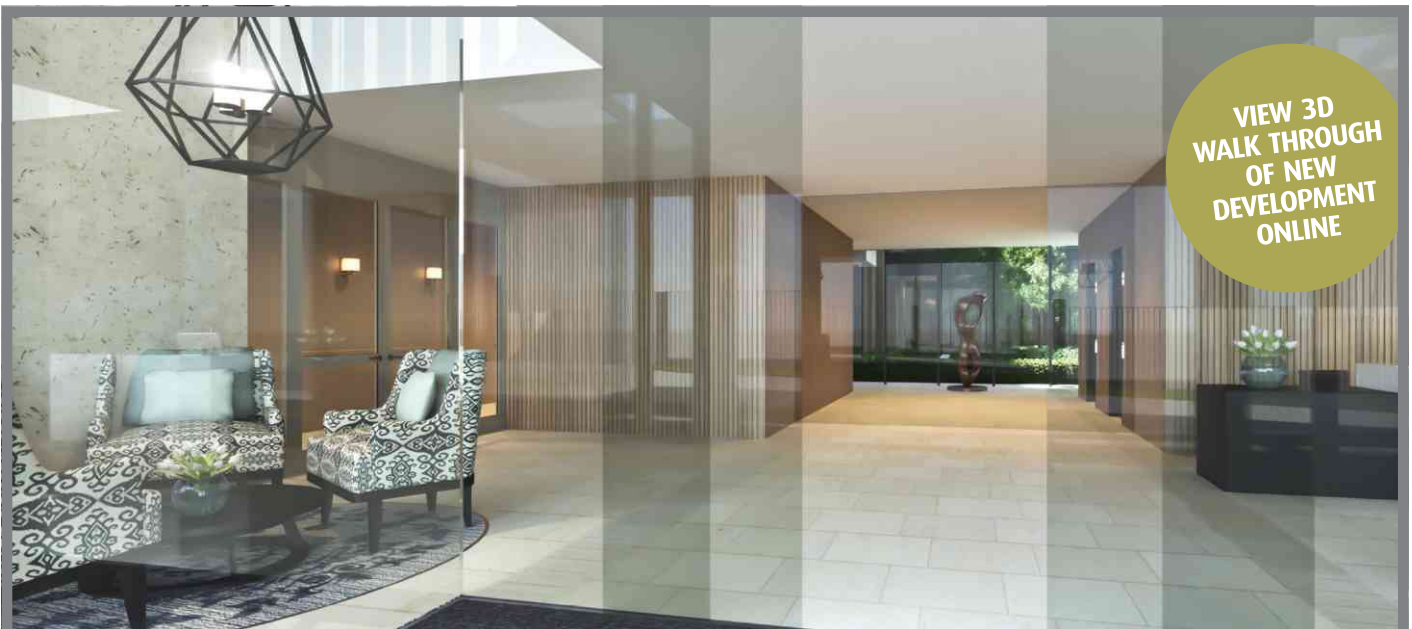
seeking infertility treatments.

I also see a role for us to arrange talks when organisations bring out medical speakers from Israel and we are currently confirming a talk from an Israeli paediatric palliative care physician who will be visiting Sydney next month as a guest of Hadassah Australia. Information about this will be emailed to NSW members and will be posted to the AJMF website.

However the AJMF can only be as active as our organising committee. I therefore ask all NSW members to consider joining the committee or contacting me with suggestions for future meetings and activities. Emails can be sent to Mandy at: ajmfnsw@gmail.com

Regards

► Dr Danny Chalmers



www.emmymonash.asn.au

SHAPING
TOMORROW
TODAY

GANDEL HOUSE
OPENING MID 2016
7 HAWTHORN ROAD
CAULFIELD NORTH

Student Elective: Cardiology Dept | Shaare Zedek

Moshe Loebenstein has been assisted by AJMF for his student elective in Israel

"A story of Two Men"

Their heart sounds were identical, the ECG traces above their heads were carbon copies, their lists of medications virtually interchangeable, but what these two unlikely neighbours carried in their hearts could not have been more different. The gruff sabra and Arab sheikh were lying just a couple of metres apart, both bearded patriarchs of large families, leathery sun-kissed skin bearing testament to decades spent under the Middle Eastern sky but that was where the similarity ended. Although I never heard them exchange a word they knew each other's aches and pains after hearing them day after day, recited to the attending doctor, and medical student, on morning rounds. We didn't ask about their political beliefs or personal take on the 'conflict' but I couldn't help but wonder if these two had once looked at each other, not across the sickly green of a hospital floor linoleum, but across a battlefield.

When we swooped in, white coats flapping behind us, computer trundling ahead of us; religious consultant, secular registrar, Arab resident and myself, a good Jewish boy from Melbourne, Australia, we must have made quite a sight. And the noise; a cacophony of Hebrew, Russian, English and Arabic, doctors and nurses, patients and their visitors, entire families, questions, orders, answers, and repeated orders. The medical care a patient would receive in Shaare Zedek was second to none. The latest technologies in the ablest hands ensured that the best outcome was achieved in each and every case but the softer side of medicine was so different to what I have experienced as a student in Melbourne.

The relationships between doctor and patient, patient and nurse, nurse and doctor were warm and strong but a warmth and strength that did not preclude shouting and exasperation,



interruptions and admonishments. The sacrosanct space of the consultation room was invaded by admin staff, lost visitors and previous patients needing to just ask one last question. Doctors spoke their mind to peers, juniors and seniors. If one deserved a telling word, one received it. Differences of opinion were hashed out at the patient's bedside and down the halls but despite all this, or perhaps because of it, the sense of camaraderie amongst the medical staff was something special.

It was surreal to spend time in Israel immersed in the day-to-day life, away from the hubbub of tourist destinations. I left home early in the morning and returned after dark with nary a restaurant meal in between. I bemoaned the punctuality of the light rail and fought for space in the morning rush. I haggled over vegetable prices in the shuk on the way home and made a beeline to the baker a neighbour had recommended. But my dreams of being a local, fitting in seamlessly, were shattered each time I came up against a Hebrew word I didn't understand, or an unspoken rule that I didn't know, and in the hospital there was a lot of those. But never did I feel uncomfortable. The staff at Shaare Zedek, from the department head down, welcomed me and took the time and effort to teach me, to help me achieve my

goals. I am sure they gritted their teeth as I took a laborious history in a foreign tongue, and politely ignored my more ludicrous management suggestions. They pointed out my errors, make no mistake, but used it as a learning opportunity. They took time out during their rounds and clinics to explain the intricacies of a mechanical valve and the latest literature on ACE inhibitors in heart failure. They gave me time with their patients to speak to them, examine them, and learn from them.

And the patients, the good citizens of Israel, were so generous with their time and their person. I poked and prodded young and old, had conversations in Hebrew and English, Yiddish and wild gesticulations. The people I met took such pride in helping me learn they eagerly tore open their shirts so I could listen to their chests again and again, they had the patience to share their history with me, to rummage through their bags to show me all their medications. It wasn't only medicine that we shared; despite the white coat and stethoscope around my neck I was asked to fill cups for negel vasser and find the page for Rosh Chodesh davening, I was asked about the kashrus of the hospital meals and when the latest time for Mincha was. As strange a request it may have been, I gladly helped when I could,



▶ Giving my relatives a tour of Shaare Zedek

as this emphasised to me the uniqueness of Shaare Zedek. On my first day, when the student coordinator was giving me a tour, she proudly pointed out the mezuzot on each door of the cardiology department that were shaped like a heart. I thought back to my time at St Vincent's where something very different hangs in each room.

My time at Shaare Zedek, and in Israel over all, was a special one for me and my family. It was a chance to get a taste of

what life is like for our brothers and sisters in our homeland. It gave me the opportunity to learn from doctors whose discoveries are now taught as a matter of fact in the medical curriculum and from doctors who are being published for their cutting edge work.

I was part of a team managing patients from all walks of life. Those two men, perhaps friends, possibly enemies, were treated the same, cared for with the same skill and attention and both celebrated as

successes when they were discharged within hours of each other. I always remained cognisant of treating Jew or Arab, as I never quite learned how to not see race or religion when I walked into a room, but perhaps the doctors I was with didn't either, perhaps they noticed it too but what they saw, and all that mattered, was the human being before them, and they carried on practicing medicine.

► Moshe Loebenstein

Student Elective: Emergency Dept | Ichilov Hospital

I had the pleasure of completing a 4 week long elective in the emergency department (ED) at Ichilov Hospital, Tel Aviv. During the month of December 2015- between my penultimate and final year as a medical student at the University of Melbourne - I was living in Tel Aviv and working under the supervision of Dr Debra West (Head of the Emergency Department at Ichilov).

I have a keen interest in emergency medicine and critical care and have only been exposed to these rotations for a few weeks in my 2nd year as a medical student, and have therefore wished to experience further such rotations before commencing work as a doctor. I'm a proud and active member of the Jewish community here in Melbourne, hold a strong connection to Israel (my father's family live there), I speak Hebrew fluently and have visited Israel countless times in my life. Further, I enjoy travelling and completing placements overseas, and therefore the opportunity to partake in an ED rotation in Israel was too good to miss!

My standard day involved performing histories and examinations on patients alone, or following a senior doctor on their rounds around the ED. I spent the most time following my supervisor, Dr Debra West, and she is undoubtedly the best medical educator I've encountered. Passionate about teaching, each patient provided an opportunity for her to impart to me an interesting fact, principle or observation that have served to expand



my medical knowledge. Originally from Melbourne, Debra made Aliyah 20 years ago, worked at Shaare Tzedek for years and only recently moved to Ichilov in Tel Aviv, in which she is the head of the Surgical unit of ED. Unlike Australia and other parts of the world, ED in Israel is split two units: 'Medical' and 'Surgical'. This structure has its benefits, however, I believe amalgamating the two may provide for more efficient treatment of patients.

Debra is indefatigable. Sleeping 3-4 hours a night, she is spearheading the revolution of Emergency Medicine in Israel, which she admits, is somewhat behind America and Australia. She's at the forefront of creating new Emergency protocols to be adopted by EDs across the country and is leading the collaboration of ED doctors and departments across Israel. A personal highlight of mine was attending an 'Analgesia Day' and 'Trauma Day', that Debra had specially organized for

emergency registrars from all over Israel.

Another highlight for me was the opportunity to practice my procedural skills, as I was provided with ample opportunities to suture, perform cannulations, perform bedside ultrasounds and plaster for fractures.

The typical stereotype of an Israeli as loud, assertive, and having Chutzpah is not restricted to outside of the hospital! The average doctor/nurse patient relationship in Israel differs significantly from that in Australia, and the cultural acceptance of more direct and intimate interaction made for some interesting viewing on occasions! This is not to say that patient-doctor interactions are lacking. One of the best things about being in Israel is the feeling of being at home, of being accepted, and taken care of just for being a fellow Jew. Many patients I interacted with were extremely grateful that I'd come to Israel for the month, and I reveled in the chance to engage with patients in Hebrew, in Israel, discussing medicine and health but also politics, history and what it is to be Jewish. I hope to return and work in Israel in some capacity in the future.

I would like to thank the AJMF for their generous support of my elective, Professor George Braitberg for facilitating the connection with Debra and Ichilov, and for the staff, colleagues and patients at Ichilov who contributed to a fantastic elective.

► Nadav Harel

Australia Day Honours | Recipients

Assoc Professor Peter Greenberg OAM

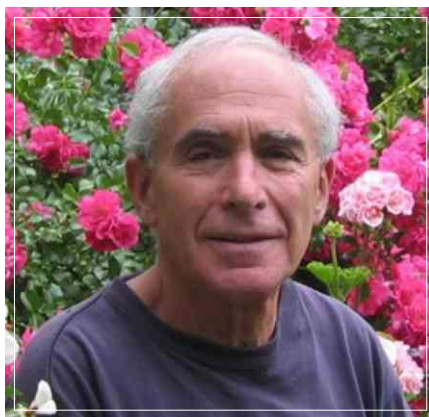
for services to Medicine and Population Health

A/Prof Greenberg provided the following reflections on his career and work in the area of clinical epidemiology and evidence-based clinical practice.

It has been such a privilege to work with and learn from great teachers, patients, colleagues, students, friends and family in superb institutions and to practise as a consultant physician in general internal medicine.

Incorporating the knowledge and skills of clinical epidemiology (CE) with evidence-based clinical practice (EBP) has been especially rewarding. I hope as a consequence that my patients (and their families and carers) have learned how best to choose optimal therapeutic and diagnostic interventions for themselves, as well as understood, to the extent that they wish, the relevant and applicable, albeit at times complex, aspects of issues like risk, prognosis and aetiology. I also hope that medical undergraduates, physician-trainees, my peers and others I've encountered have learned from my teaching endeavours. It would be very satisfying to think that at least some of them can now better understand and convey knowledge which not only leads to more effective and safer outcomes, but also consumes fewer resources.

I first heard about CE in 1972, on the day after arriving in London for additional post-graduate training. My wife 'Vonne and I noticed, and quite by chance, that the well-known medical book store "HK Lewis of Gower St" was having a sale. For the bargain price of £1, I purchased a life-changing copy of Alvan Feinstein's "Clinical Judgement", which had been published in 1967. Feinstein, who died in 2001, had studied mathematics before starting his medical course. He subsequently defined CE as "the study of groups of patients to evaluate the diagnostic, prognostic and therapeutic



decisions made in patient care", although the term had been introduced previously by JR Paul in 1938, as "a marriage between quantitative concepts used by epidemiologists to study disease in populations and decision-making in the individual case, which is the daily face of clinical medicine".

The concept of "Evidence-based medicine" (EBM) was introduced by Gordon Guyatt and the late David Sackett and their colleagues at McMaster University in Hamilton, Ontario in the late 1980s. It had become impossible for medical practitioners to keep abreast of the rapidly increasing volume of medical literature which was pushed to them, just in case it might be needed, through printed journals, meetings and rapidly outdated textbooks. The availability of computers and the internet meant that practitioners, on behalf of their patients, became able to pull not only published information but subsequently even knowledge for themselves, and at the times that it was actually needed.

The term EBM has been appropriately replaced by the more generic concept of EBP. This was defined in 2002 by Sackett and his colleagues as "the integration of best research evidence, with clinical expertise and patients' unique values and circumstances". It helps to think of EBP as a tripod, which falls over if any of these 3 critical components are missing.

There has been criticism of aspects of the EBM/EBP movements. There is no doubt that empirical scientific evidence

has been utilised in clinical decision-making since ancient times. For example, empirical approaches were alluded to in the Bible, in the book of Daniel, and subsequently by Maimonides*. The substitution of rational (or argued) evidence by empirical evidence accelerated across Europe following the Enlightenment, especially in post-revolutionary France. This trend accelerated from the late 19th century and subsequently became world-wide. * "He who puts his life in the hands of an empiricist who does not think scientifically is like a mariner who places his trust in good luck"

There are, however, many different types of "evidence". EBM and EBP refer mainly to empirical evidence, which differs from other forms of evidence, including rational, legal and "fundamental" evidence. An important contribution of EBP was to establish "levels of evidence" according to study design, which highlight the overall potential for studies to be biased. A randomised and controlled clinical trial (RCT) is, for example, much less likely to lead to biased results than a collection of anecdotes. "Levels of evidence", while necessary, are insufficient alone for appraising publications, as the quality of evidence, for example in different RCTs, varies.

The application of EBP is often considered as a series of steps such as:

1. Asking appropriately focussed clinical questions of relevance, for example, to therapeutic or diagnostic interventions, aetiology, risk or prognosis.
2. Searching published literature for potential answers
3. Critically appraising* the relevant

These are usually expressed in PICOT(T)* format:

* **P**atient group or **P**opulation; **I**ntervention; **C**omparison; **O**utcomes; **T**ime

Continued on page 7

publications retrieved

* eg, for the validity of the findings and how likely that these reflect chance and/or bias

4. Applying* the results to particular patients
 - * eg by asking how likely it is that the study outcomes would differ if the patient in question is different in important characteristics from those in the group of patients studied

The first of the above steps is probably the most difficult. This is because judgement based on experience is required to determine the extent of how focused the clinical question should be. A question, for example, which relates to a group of patients with highly specific characteristics (e.g. 60 year old, grey-haired, vegetarian Caucasian males living

in Caulfield) may not lead to answers.

The incorporation of CE and EBP into routine practice has many advantages. When expressing results of interventions, patients and practitioners appreciate and better comprehend absolute in contrast to relative data: for example, being aware that a treatment leads to a 20 % reduction in the risk of an event has no meaning unless the base-line risk is also provided. In contrast, awareness of absolute data, such as the NNT*, means that patients can make more informed decisions

* The number of patients needing treatment for one patient to benefit

The interpretation of test-results is also improved. For example, the likelihood that a patient has a particular condition, if

a test result is "positive" rather than "negative", is much greater if the "pre-test probability"* of the condition is large rather than small. In patients, for example, who are considered to be at very low risk of acquiring HIV disease, a positive HIV serological test is more likely to reflect a "false positive" result, in spite of this test's high intrinsic specificity. * "pre-test probability" can be estimated from epidemiological and/or clinical data.

Colleagues wanting to learn more about CE and EBP might find this text-book helpful: Evidence-based Medicine: How to Practice and Teach EBM by Straus SE, Richardson WS, Glasziou P, Haynes RB. Fourth Edition. Churchill Livingstone: Edinburgh, 2010.

► Peter Greenberg
MD PHD FRACP

Dr Jeffrey Shapiro OAM

AJMF received the following letter from **Dr Jeffrey Shapiro** who was awarded an OAM for services to Medicine as a General Practitioner and for his communal work with Brighton Hebrew Congregation, Rotary and B'nai B'rith.

He is a Life Examiner of the RACGP, Life Governor of Sandringham and District Hospital and was Honorary Club Doctor at the St Kilda Football Club 1966-1980.



Dear Miriam,

Thank you very much for your congratulatory letter.

Being nominated was a great surprise and honour. Although I have been involved in many organisations over the years, you don't stop to think how much you have done about it. Rather, I believe that it is all about being proud to have a Jewish identity and giving back to the Jewish and wider community in general.

I have received many good wishes from friends and organisations and I believe by responding to them is one way I am able to share the honour with so many others.

Kind regards,
Jeffrey Shapiro, OAM

Sponsors and Advertisers

The format of our Newsletter lends itself to sponsorship/advertising opportunities. We are read by over 1600 doctors and families, and would like to encourage potential advertisers to seriously consider the benefits of directed marketing to this select group.

Advertising Rates (GST excluded)

9 cm wide x 5 cm deep	\$100.00
9 cm wide x 11 cm deep	\$150.00
9 cm wide x 18 cm deep	\$200.00
Half page 18.5 cm wide x 13 cm deep	\$300.00
Full page 18.5 cm wide x 26 cm deep	\$600.00

Response to call by British Doctors to expel Israel from World Medical Association

THE JERUSALEM POST

Based on an article in the Jerusalem Post
by LIDAR GRAVÉ-LAZI

In January, the Knesset Science and Technology Committee hosted a discussion on boycotts of Israeli academic institutions. The panel heard from Dr Zeev Feldman, chairman of the Israeli Medical Association World Fellowship, who revealed that the latest boycott call comes from a group of 71 British doctors.

Speaking to The Jerusalem Post following the Knesset discussion, Feldman said the doctors penned a letter to the World Medical Association seeking to expel the Israeli Medical Association, claiming that Israeli doctors carried out "medical torture" on Palestinian patients.

According to Feldman, this letter was just one effort in a consistent and organized campaign against Israeli institutions and scientists.

"We are in a struggle, everyone must understand that there is an organized struggle - a fight against academia, doctors, and other Israeli bodies," he said.

"Our stance is that these accusations are lies, and we are engaged in a dialogue with the World Medical Association and we will bring forth the facts, and I hope that it will be enough to [persuade the association to] reject this request," he said.

"A boycott of the Israeli Medical Association would prevent Israelis from participating in medical conferences [and] publishing papers in journals, would halt funding of research and joint research endeavours, and prevent membership in

other medical associations," he explained.

While Feldman said the Israeli Medical Association has been successful in countering past calls for boycotts, he fears a time may come when those opposing Israel will succeed.

At the end of the Knesset Science and Technology Committee discussion, MK Uri Maklev (United Torah Judaism), the panel's chairman, called on the government to establish a central body responsible for coordinating the efforts to counter boycotts of Israeli academic institutions and researchers.

"The boycott [campaign] harms the strength of the State of Israel. The government must allocate appropriate funds for the good of the struggle in this hour of national emergency," he said.

AJMF NEWS



Editor
Mark Steiner

Published by the
**Australian Jewish Medical
Federation**

PO Box 2270
Caulfield Junction VIC 3161
www.ajmf.org.au

Victorian Division
President **Miriam Kuttner**
Email: presvic@ajmf.org.au

NSW Division
President **Danny Chalmers**
Email: ajmfns@gmail.com

Aussie medics condemn proposal

THE Australian Jewish Medical Federation (AJMF) has condemned a letter signed by 71 British doctors asking the World Medical Association (WMA) to revoke the membership of the Israel Medical Association (IMA).

"We are appalled at the latest petition by a small group of doctors to ban the Israel Medical Association," said Dr Miriam Kuttner, president of the AJMF (Victoria) and Dr Wayne Lemish, federal president, in a joint statement.

"Every hospital and every doctor in Israel treats each patient equally whatever their ethnic background. It is a sign of ignorance that this motion has been put forward," Kuttner and Lemish said.

"Why do those who oppose Israel, the only democratic nation in the Middle East, rely only on lies and propaganda to support their case?"

Dr Dvir Abramovich, chair of the B'nai B'rith Anti-Defamation Commission, said the letter was "baseless and discriminatory in many ways".

"Propaganda and politics have no role in medicine, and such an unabashedly anti-Israel action, part of the global BDS campaign, tarnishes the reputation of the British medical profession," he said. "Israeli doctors are internationally renowned for always providing the best care and treatment to every patient, be they Israeli, Arab, Palestinian, Jewish, Christian or Muslim."

"This repulsive move will not contribute in any way to dialogue and reconciliation between Israelis and Palestinians, and we call on the WMA to vigorously reject and condemn this divisive request and to ensure that the IMA remains a valued member of this important medical body."

▲ This is an excerpt from an article in the Australian Jewish News by Phoebe Roth.