

## The 28th CMAAO Congress in Delhi

JMAJ 57(1): 56-57, 2014

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It was a great honour and opportunity for me to attend the CMAAO General Assembly in Delhi, on last September. As you may know, CMAAO stands for the Confederation of Medical Associations in Asia and Oceania; it is the Confederation consisted of national medical associations in Asia and Oceania region. The CMAAO General Assembly is held hosted by one of its members every year. The host NMA may decide the main theme of the meeting, which addresses the most important issues both within that country and across the countries of these regions. In 2013, the Indian Medical Association hosted the CMAAO assembly with 'Child Abuse' as the main theme. Since I am a paediatrician-trainee and I am also studying the child abuse problems at the graduate school of Tsukuba University in Japan, I was able to have the honour of attending this meeting as a member of the Junior Doctors Network Japan (JDN-Japan).

### Programs of the General Assembly

Dr. Rajeev Seth opened the 'Child Abuse Session' with a keynote speech. Dr. Rajeev Seth is a paediatrician and the current Chairperson of the Indian Child Abuse, Neglect & Child Labour (ICANCL) group, under the framework of the Indian Academy of Paediatrics, Delhi. He explained the situation of child abuse and neglect in India. There are 18 million street children and 20 to 50 million children engaging in child labour in India. In developing countries, a term of child abuse includes not only so-called 'child abuse,' but also child labour, child trafficking, sexual exploitation and the loss of educational opportunities. Dr. Rajeev raised one example about male-dominated cultural prejudice, and the disproportionately higher number

of patients with haematological malignancies. It was shown that there is a tendency for females not to receive proper treatment in some families and communities.

After his educational lecture, there was a session of the "Country Reports" for each member medical association. Dr. Komori from JMA made a presentation on the situation in Japan, especially regarding reports of child abuse death cases by the Ministry of Health, Labour and Welfare of Japan. The number of notices given to the child guidance centres is increasing rapidly, and exceeded 67,000 cases in 2012. Dr. Komori mentioned the importance of prevention from pregnancy to avoid infant deaths. The most impressive report for me was on the Korean sexual abuse situation. In Korea, after several serious cases of sexual abuse happened, public awareness was raised to establish a new act for sexual offenders. Repeated serious sexual offenders have to wear GPS devices after coming out of prison to control their location. I learned that the situations in each country were different, but that there are basic elements to tackle child abuse and neglect that are common in order to protect children and enable them to have a safe, healthy, and beloved life.

### Conclusion

I would like to express my deep appreciation to the Japan Medical Association for giving me this precious opportunity. Learning from the presentations of other countries' representatives, networking with physicians from many countries through friendly communication, and face-to-face discussion with executive members of the JMA was a very fruitful experience for junior doctors like myself. During the congress, I was

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able to meet a few JDN members from Korea, India, and Malaysia. Meeting with doctors of the same age was very motivating for me. I felt the possibility of JDN becoming a useful platform

for junior doctors to establish human networks, broaden personal views and contribute to society as doctors, both nationally and internationally.



JMA delegates (Left to right: Mr. Murata, Dr. Ishii, Dr. Yokokura, Dr. Kawashima, Author, Dr. Komori, Mr. Noto and Ms. Igarashi)