

European Medical Students' Association, Ternopil

SPARK

No. 1

2017

Global
Minds,
European
Spirit

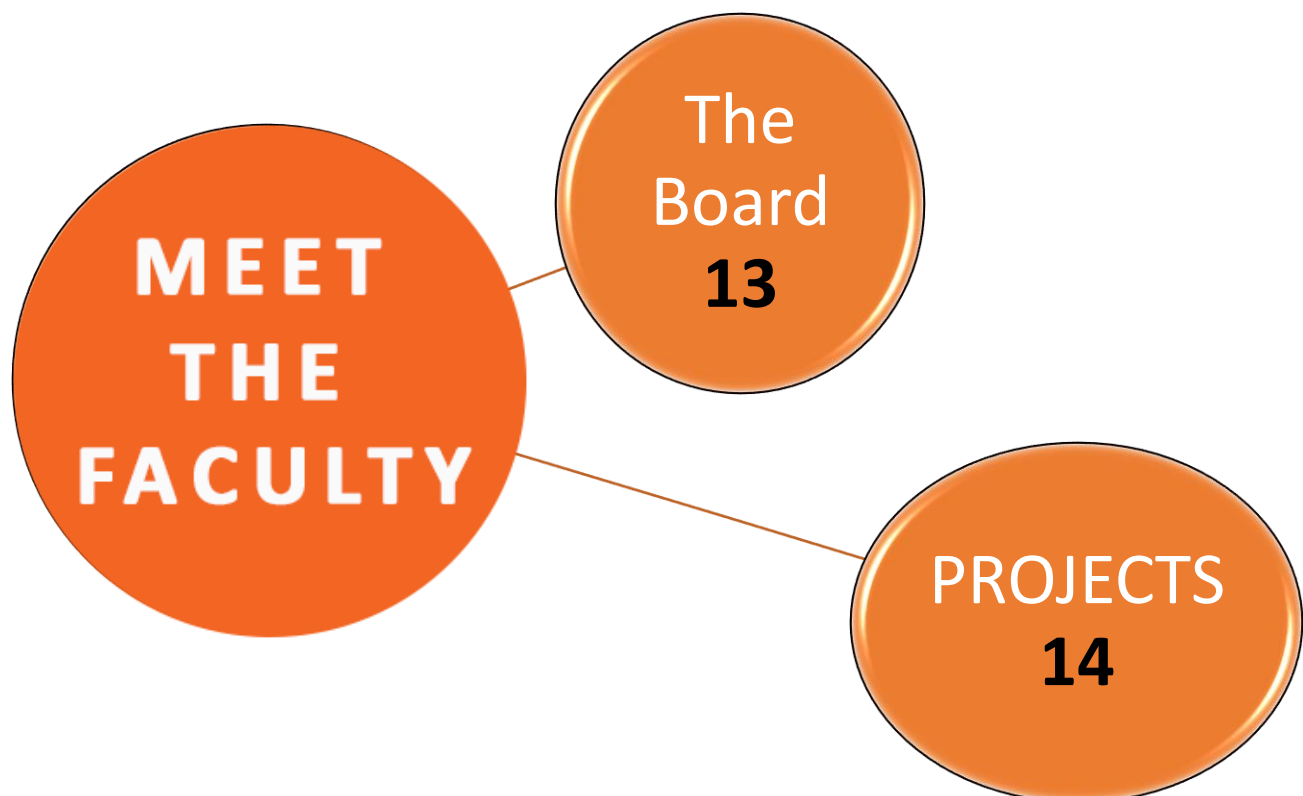


The SPARK

2017

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MESSAGE FROM EDITORIAL TEAM

Hi...

I want to thank you for helping us win our bet. Young people do read! They even read introductions and forewords.

To make sure you keep reading this magazine, we have PACKED it with delicious content. JUST the right mix to ignite that spark.

For the first edition, we want to introduce EMSA-Ternopil to you; this engine run on nothing but passion. From a simple outlook, the theme can be seen to mean 'Identity'... how we see ourselves and how that influences how we see the world. But doesn't it also cover how that world looks back at us?

Great thanks to all the writers and contributors. Really proud of the depth and quality of this publication. Here's to making deadlines.

I want to appreciate all the members of the Editorial Team:

Tejumade Simbiat Balogun

Donald Odion Oriaifo

Karen-Whyte Okosun

Fatma Abdalla

Deep Maisuria

for all the work put into all the smallest details of this magazine. Keep the BLUE SPIRIT burning.

Taye Al-Awwal Salaudeen
Chief Editor

About EMSA

The European Medical Students' Association (EMSA) is a non-profit, non-governmental organization representing medical students across Europe. EMSA was founded in 1991 and now maintains more than 200, 000 members from over 100 medical faculties (Faculty Member Organizations, FMO).

EMSA is a platform for high-level advocacy, projects, trainings, workshops and international meetings.

Our activities gather around our 6 Pillars MEDICAL EDUCATION, ETHICS AND HUMAN RIGHTS, MEDICAL SCIENCE, PUBLIC HEALTH, EUROPEAN INTEGRATION & CULTURE and EUROPEAN HEALTH POLICY.

Our vision is a united and solidary Europe where medical students actively promote health. All activities are based on the principle '*for medical students, by medical students*'.

EMSA is the students' member of the European Medical Organizations and recognized by the European Commission and United Nations.

FOREWORD

It is my pleasure to present to you the first edition of 'The Spark'. I'm writing to express my wholehearted support for EMSA-Ternopil.

It's a relatively young organization in Ternopil State Medical University, but I would rank the members of EMSA in the topmost tier of students. They have constantly demonstrated good teamwork in group assignments. Overall, all of them are extremely motivated, well organized, intelligent young people.

In addition to its work, EMSA-Ternopil also dedicates time to volunteering and working with children.

This is why I support EMSA-Ternopil and will do it always.

To you dear reader, I highly recommend this Journal. A mind needs knowledge to stay sharp and the editorial team have prepared a feast. To all medical students in Europe, I encourage you to join EMSA. The skills acquired through participation in EMSA will surely be beneficial to you in all your future endeavours.

All of you have the ability to produce impressive results in a wide variety of fields in healthcare. I am sure your talents will only grow. Good luck in your new projects to enhance your theoretical and practical skills through education and training whilst raising appreciation of the medical science.

Ass. Professor **Olena Pokryshko**
Staff Adviser, EMSA Ternopil.

Dear students,

Allow me to offer my sincere congratulations on the first printed publication by Ternopil branch of European Medical Students' Association.

This organization has been working in our University for the last two years, and now counts over 50 motivated and active young people from around the world among its members. They have been representing our university on national and international scientific symposia and at the same time are being involved in a number of important social projects aimed at raising public awareness of health issues and disease prevention.

As an organization, your values have attracted those students who readily respond to a call for help, who are willing to work on research projects, and adhere to European principles of freedom and human rights. They know how to think in global terms, be motivated and achieve learning goals.

I would like to wish the editorial team, EMSA members and all the readers of this journal continued successes. May this latest endeavor open to you new perspectives, and stimulate your creative efforts.

May this journal enjoy many years of publication and a large group of authors, readers and fans!

Professor **Mykhaylo Korda**
Rector, Ternopil State Medical University.

GLOBAL MIND, EUROPEAN SPIRIT

The Heart of the Matter

In 1990, When the world was reeling with political and economic turmoil a group of medical students from across Europe during a symposium formed a working group under the patronage of Baudouin I, the King of Belgium. The European Medical Students Association was born in the city of Brussels. EMSA today is the official students' association of the European Medical Organizations.



Plenary Session, EMSA Spring GA Slovenia 2017

The Association aims to promote the highest standards in healthcare and medical education while making sure that ethical principles are upheld. It empowers medical students to help shape the medical education and healthcare systems, giving them a voice in European health policy. The vision of a united and solidary Europe will be achieved through intercultural exchange and interprofessional collaboration. *"A Europe in which all policies address public health questions, creating a European health care system that promotes patients' empowerment and safety, and provides fair working conditions for the health care workforce."* - EMSA Europe.

EMSA and its activities are based on the 6 Pillars. They all aim to bring together, students

of different cultures and backgrounds to work on challenges so they acquire a better understanding of each other, and the medical profession. Preparing today for tomorrow and gaining new skills and experiences on the local, regional and international levels. I can say from firsthand experience that the amount and range of opportunities presented to medical students by the Association are unprecedented and constantly increasing.

The theme of this magazine, which is also the motto of our Faculty was worded to capture the essence of the EMSA project, especially in Ternopil. A diverse and unbelievably dynamic group truly committed the cause. You would not believe that promoting health could be so much fun.



High Yield Session | EMSA Ternopil

Now that you know all of this, so what is EMSA truly? What is the Blue Spirit? **It is Passion.** It is Professionalism and Camaraderie, it is Pushing the Limits and Breaking Boundaries... Insatiable Curiosity and Constant Growth. As a medical student who wants the most out this journey, there is no better place to be.



By **Parth Sabya SACHI**

Local Chapter President, EMSA Ternopil (2016-17)

PASSION IS THE CURRENCY

A Brief Anamnesis

Entrepreneurs will tell you about how the beginning of a start-up is the most difficult, now imagine a start-up that doesn't make money. In the summer of 2015, one thing was clear... choosing to spend a considerable amount of my time, money, energy and social capital to start a non-profit volunteer organization was not going to be the biggest challenge. That was going to be getting a good number of other students at Ternopil State Medical University to do the same. I also knew it was hopeless trying to do it alone. It was at this time that the other founding members of the first Executive Board; **Melissa Muranda, Ronald Oriifo, Fatma Abdalla, and Jessica Olanrewaju**... came together in meetings not unlike scenes from the secret cave in *Dead Poets Society* to make history.

Basically, we were asking medical students who barely got enough sleep to give us their hard-earned free time to work on a project they knew very little about at the time. We had been working but the results blew our minds regardless. The first meeting, publicized only by word of mouth had almost 100 attendees. Why? Because like us, **they wanted more**. And we were in business. To me, the

story of EMSA Ternopil from then on is the best star-studded, never-ending adventure movie.

THE JOURNEY

Alas, the reward for work done well is more work. We were determined to keep delivering on the main objective; adding value to the members. My favorite projects were the Hygiene Campaign (hand-washing) which had an immediate, direct effect, and the collaboration for Keep a Happy Childhood for

St. Nicholas Day. It was the experience of a lifetime attending the EMSA Spring Assembly in Tbilisi (the city that loves you), to be able to get the big picture of EMSA. The Faculty was

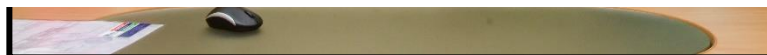
blessed with an even better team taking over the reins in 2016 and we are on a *rollercoaster that only goes up my friend*.

THE MOTIVATION

EMSA Ternopil has had outstanding growth and success. If you ask, *what is the motivation?* The answer is simple: BECAUSE IT'S WORTH IT. It is so worth it! BIGLY. Every single member is convinced of the importance of the work we do, for ourselves and for others. That is the Blue Spirit Of EMSA. #iLoveEMSA



EMSA Ternopil Executive Board 2015 – 2016 Term



By Donald Odion ORIAIFO,
LC1 EMSA Ternopil 2015 – 2016.



A REGULAR DAY

Being a medical student is mostly classes, books, countless exams, coffee, sleepless nights, sleepy days and so on. But it's not all drudgery, there is also considerable emotional trauma and free time is actually a myth. Yes, the life of a dedicated medical student is quite stressful.

And meaningful. You gain a priceless and unpurchaseable insight on life. The beauty of it, its simultaneous fragility and resilience. The journey to becoming a medical doctor helps you unlock the final level in people skills and connect at a very deep level. Life and death situations have a way of stripping away all our layers.

Medicine IS the noblest profession and there is so much to learn. But in all the struggle of just keeping it all together from one day to the next as a medical student, it is so easy to miss out on this. All too often we go through the motions without appreciating the experience. But some incidents in a student's life teach you life lessons. That is what happened to me that left a huge impact on my life.

As interesting as the pre-clinical years are, starting clinical rotations is a whole different ball game. Apart from the new challenges, it can get very personal.

July 2016, a boy, 6 years old; fair, cute enough to melt anyone's heart was lying on the bed in the cardiology department. I was told to get him ready for his heart surgery, his mitral valve had to be repaired. As it's a compulsion that patient should not eat anything prior to surgery a few hours... he was hungry. I started a conversation with him just to make him feel better.

- "Hey, can you get me cookies?"

- "I'm so sorry. You are not allowed to eat anything before surgery. But I promise when we are done I will buy you whatever you want to eat".

- "You promise? "

- "Yeah I do. Let's go".

He was brought to the operation theater. On his way down the corridor, lying on the stretcher he was staring at me. I smiled to assure him I remembered my promise. He was given anesthesia. He closed his eyes.

During surgery due to some complications, he died. Yeah just like that! I was shocked, a few minutes ago he asked me for cookies. I was thinking he will get a new life after the surgery



and I was not able to give him some comfort when he needed it, not able to keep my promise.

Needless to say, I was very shaken by the experience and it took some time to get over it. But I learned a very profound lesson in my life that day.

By Arshjot Kaur BRAR





FEAR OF THE UNKNOWN

WHAT IT ACTUALLY FEELS LIKE GRADUATING FROM MEDICAL SCHOOL

Beware of dreams coming true. Have you ever wanted something so much, you didn't just wish for it... you put in work and time and then YOU GET IT. Now you have it, you don't know what to do with it anymore.

They say the journey of a thousand miles begins with a single step... on the journey to becoming a physician, I gladly took that first step and went to med school.

And now I lay in bed at night with sleep nowhere in sight (even though I'm physically and mentally tired). Now that I'm at the end of my med school journey I keep asking myself so what now? Am I worthy of this noble profession? Do I know enough? If a person drops on the ground right in front of me this minute will I be able to help? To save their life?

It's a perpetual feeling of inadequacy. And fear. Fear of failure. Even after spending so many days and nights studying you always feel that you don't know enough.

Geez, and it doesn't even help when you ask your friends that have graduated how it is out there and they all say the same thing, "graduate and come see the real world". What?? What does that even mean?

Having studied medicine away from home, now I'm just torn between decisions,

Which external (international exam) to write? Do I want to go back home? Where do I want to do my internship? If one more person asks

me about my intended specialty I'll pull my hair out. All these questions just add to the anxiety and you never really know which way to go.

Ending on a good note, at least I AM graduating. I mean how many people started and dropped out? So I have this radiating hope in me that everything will work out. That is until I realize the phase just after graduation is joblessness and do you know the average time it takes to get a placement after school for doctors nowadays?

But we can't let the anxiety paralyze us, just have to keep putting in the best and placing one foot in front of the other. Make sure to learn something new every single day and hopefully when we start working we'll feel more confident and at peace. One thing is certain, the only direction to go is forward.

I will end with a quote from Game of Thrones

Bran Stark: *Can a man still be brave if he's afraid?*

Lord Eddard Stark: *That is the only time a man can be brave.*

By **Fatma Omar ABDALLA**



BE DURA-BLE!... *Ratatouille & Neuroprostheses*

Miracles, in today's world, have become quite a common word when it comes to the field of medicine.

It seems aberrant that it was only a few decades ago when Alexander Fleming was peering through his Petri dishes, not knowing that he would soon discover what is claimed to be one of the greatest advances in therapeutic medicine. Or when Christian Bernard said "*It works*", as he stood back and examined the first human heart he had transplanted. Gaps in the field of medicine have been almost magically disappearing and astonishing us in ways we had only read about



Photo: EPFL

in novels before. Of recent, technology has been merging hands with medicine at a swift pace. From robotic arms doing surgery on patients to 3-D printing organs, technology has bagged a crucial role in medicine, its different applications being discovered almost on a daily basis.

Among the numerous areas of medicine where technology has been branching out, helping to repair and accelerate the healing of tissues has been prime among them. Take the spinal cord for example. Until today, there's no way to reverse damage to the spinal cord, which usually results in paralysis, an unfortunate

outcome of spinal cord injury. But researchers are continually working on new treatments, including prostheses and medications that may promote nerve cell regeneration or improve the function of the nerves that remain after a spinal cord injury. Implants are an upcoming field of research in spinal cord injury, but the rigid designs of implants damage the surrounding tissue, which causes them to ultimately fail. However, an interdisciplinary research team in Lausanne, Switzerland, led by **Dr. Grégoire Courtine**, head of *Swiss Federal Institute of Technology Lausanne (EPFL)* and **Dr. Stéphanie P. Lacour**, a Neuroprosthetic Technologist at EPFL have developed an elastic implant, called the electronic Dura (or e-Dura) for the spinal cord, which moves with it and allows paralyzed rats to walk again. It is being labeled by experts as a groundbreaking achievement of technology.

Conventionally, chemically and electrically stimulating the spinal cord after injury led rats to sprint, climb and even pass obstacles. But this required wired electrodes going directly into the spinal cord, which was not a long-term option. Implants are the next option, although because they are inflexible and rigid, tend to cause rub and inflammation and do not work accurately. This latest innovation is an implant that moves with the body and provides both electrical and chemical stimulation, causing paralyzed rats to move again.

The drugs they used, monoamine agonists, bind to receptors and activate them in the same way that such neurotransmitters would in healthy subjects. When the spinal cord was exposed to these drugs plus mild electrical stimulation, the activated nerve cells in the spinal column produced movement in the

paralyzed animals. This movement, however, was largely involuntary, since the brain was not able to communicate with the area below the injured spinal cord. However, over time, as the animals trained and repeatedly walked in their harnesses which kept them safe from falling they became more confident in their ability to walk again. In fact, the team noticed a FOURFOLD growth of new nerves in the spinal cord. This new nerve growth eventually

restored communication between the brain and the injured area of the spine.

The implant is built from elastic silicone and the wiring from cracked gold. Normally wiring do not stretch, although these implants have tiny cuts in the surface making them flexible. The implant is already way into its testing phase, working for 2 months now in the animals, which researchers say makes it one of the longest lasting implants for spinal cord injury.

Dr. Dusko Ilic from King's College London said, "This is quite remarkable. Until now, the most advanced prostheses in intimate contact with the spinal cord caused quite substantial damage to tissue in just 1 week due to their stiffness. The work described here is a groundbreaking achievement of technology, which could open a door to a new era in the treatment of neuronal damage."

FOR HUMANS?

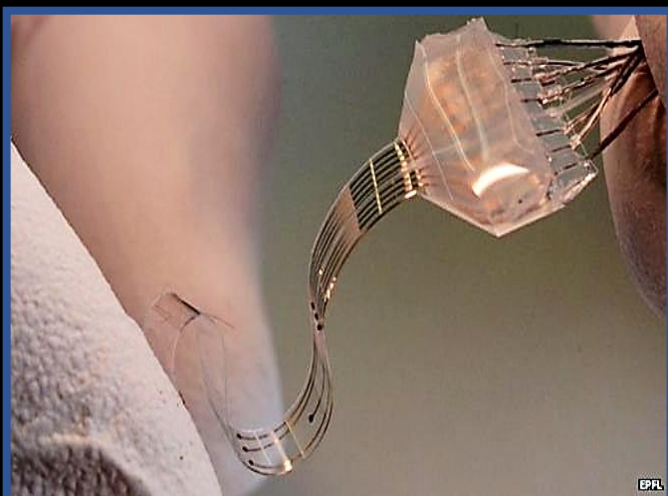


Photo: EPFL. The flexible "e-dura" developed by EPFL professor Stephanie Lacour is meant to interface safely with delicate neural tissue.

Indeed, this research is very exciting, however, it is still unclear how well it would work in humans. Some of the difficulties in this regard would be that doctors might need to use a different mixture of drugs or a distinct pattern of electrical stimulation for the spinal cord to heal itself. Advanced clinical trials should be able to uncover many of the peculiarities that characterize injuries of human spinal cord, and come up with many of the answers to questions these studies may raise. While other technologies like exoskeleton also continue to approach the field, it would always be better for people to have their natural ability to walk again. The expectations from these newer implants surely are high and would open a bright new door when it comes to dealing with spinal injuries.

By SYED Ahsan Ali, MD



MEET THE FACULTY

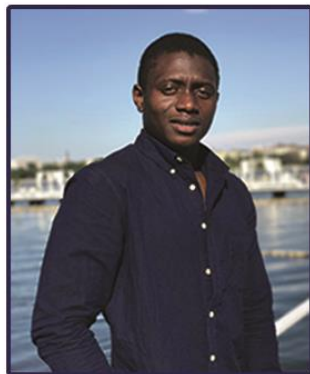


THE BOARD

To maximize productivity, all members are organized into Teams which approximately mirror the EMSA Pillars and the Faculty is run by an elected Executive Board, led by a President. Each Vice-President heads a Team, streamlining the objectives of the VPI and local needs/interests, in the content of projects.



Parth Sabya SACHI
Local Chapter President



Taye SALAUDEEN
*Vice President;
Administration*



Zuzanna BETKOWIAK
*Vice President;
External Relations*



Daniel OKECHUKWU
*Vice President;
Finance*



Arshjot BRAR
*Vice President;
Project Management*



Elizabeth IGHORODJE
*Vice President;
Human Resources*



Amos IGHORODJE
*Vice President;
Training & Research*

Executive Board 2016 - 2017 Term



PROJECTS

It is nothing short of remarkable, the number and scale of projects the Faculty has been able to carry out in the last 2 years. Aside from our usual Faculty meetings, training sessions, seminars and high-yield sessions (which are members-only), we wanted to organize bigger projects which will be open to all. 3 of them have been included in this magazine. First, we had:

STOP THE **STIGMA**
STOP THE **SPREAD**



WORLD AIDS DAY 2015

November 27 - December 1

The global epidemic of the HIV virus and AIDS disease, have been around for a little over 35 years now. A lot of progress has been made in tackling the problems the disease brings, but a certain complacency is seeping in and this is the last thing needed in the fight for an 'AIDS-free Generation'.

The Global Situation Snapshot

There are approximately 36.9 million people currently living with HIV and tens of millions of people have died of AIDS-related causes since the beginning of the epidemic. – **UNAIDS Report. *How AIDS Changed Everything, 2015.***

Between 2005 and 2013, AIDS-related deaths increased by 5% in Eastern Europe. The HIV epidemic in this region continues to grow, particularly in **Russia, Ukraine, and Uzbekistan.**

Stop the Stigma, Stop the Spread was a joint project with Medicare & Social Welfare Initiative (MEDCASOWI) to mark World AIDS Day in 2015. We were supported by Ternopil State Medical University especially the Students' Scientific Society (SSS). We received material from the Ukrainian Center for Control of Socially Dangerous Diseases.

Building up to the 1st of December, we had 3 days of street awareness... and we went to university hostels, shopping malls, the main market, and city center. Pamphlets with



Awareness in Shopping Center 'Podolyani'. Nov 29
information about HIV/AIDS were distributed in English and Ukrainian language.

To mark the World AIDS day proper, a Symposium was held on the 1st of December; with a Special Guest Speaker from TSMU Infectious Disease Department, Assoc. Professor **Natalya Zavidnyuk**. There were also very interesting presentations including:

- . All About AIDS by Representatives from **SSS, Ulyana Satursk**, and **Katerina Halei**.

- . Stigma and the Effects on Prevention and Treatment by **Solomon Akharia**, 6th-year Medical student from MEDCASOWI.



EMSA Volunteers at Symposium. Dec 1 2015

- . Safe Sex and Other Preventive Measures by **Amos Ighorodje**, 5th-year Medical student, and EMSA member, with demonstrations by volunteers on how to use a condom properly.

A Short Movie '**The Other Side**' by EMSA Projects Team. The short movie was by far the biggest coup. An 8-minute film shot by the Projects Team at the locations including the *Ternopil City Municipal Hospital of Emergency Aid*. The plot follows a young man recently diagnosed with HIV as his life falls apart due to the stigma of the infection.

Gratitude to everyone that participated and attended. May the efforts to fight HIV/AIDS not waver.

HYGIENE CAMPAIGN: BE CLEAN, BE HEALTHY

MARCH – APRIL 2016



After a deadly outbreak of swine flu in Ukraine early 2016, the Faculty wanted to organize a project that would have a direct effect on enlightening people on the ways to mitigate the spread of acute respiratory viruses. And so, the Project was born. It morphed into a general Hygiene Campaign that included awareness on personal and public hygiene.

Hand washing was the major focus of the Project Team. They purchased and distributed about 200 bottles of liquid soap to public buildings and hostels in the city. Concurrently, the PR Team was running an online campaign with really cool pictures and anecdotes.



TEDDY BEAR HOSPITAL

DECEMBER 2016



The famous writer **Mark Twain** wrote that, every time you need to use every opportunity to do good. This principle is followed by volunteers of **Ternopil branch of the European Association of Medical Students** together with their mentors - Associate Professor of Pediatrics **Natalia Haliyash** and **Svetlana Nykytyuk** – on December 6 this year visited the Ternopil regional specialized municipal orphanage for their event **Teddy Bear Hospital**.



The main purpose of the event - to form a favorable attitude of children without parental care to doctors and treatment. The students made it through games and training orphans in minimal medical procedures, including auscultation of heart and lungs.

It should be noted that this action pleased, both children and teachers. All received a lot of positive emotions. In addition, future doctors gave toys to orphans and children.

As noted by the supervisors, it was an initiative of the students that would help them in their practice and they were glad to help.

By Janina Chaikivska, for Press service of the Ternopil State Medical University I. Horbachevsky.

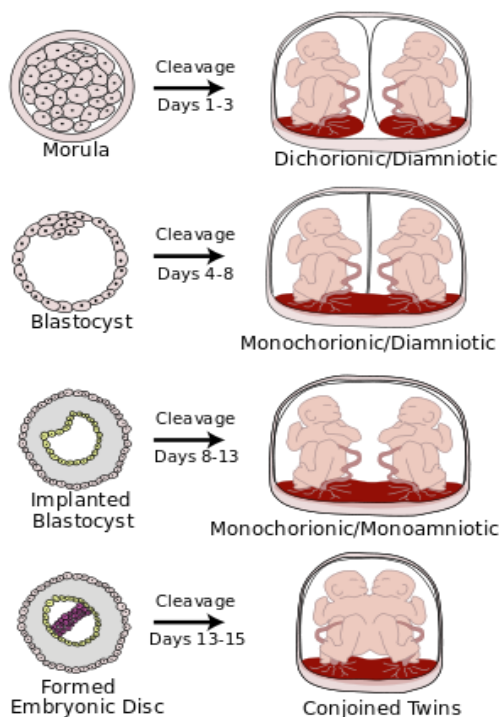
CASE REPORT: TWIN TO TWIN TRANSFUSION SYNDROME

Department of Obstetrics and Gynecology. Supervisor: **Ass Prof I. KORDA**

I. Ya. Horbachevsky Ternopil State Medical University. Ternopil Ukraine

Background: TTTS is an uncommon and serious complication of multiple pregnancies that affects monochorionic, monoamniotic/diamniotic twins. It occurs due to abnormal placental vessel anastomoses. It results in blood shift from the donor to the recipient twin leading to multi-system organ impairments in both fetuses. It is associated with high risk of intranatal fetal mortality.

Case Report: 27 years old pregnant lady with twins G1/P0/A1, came to antenatal care at the 17th week of Gestation complaining of rapid abdominal growth. She had a surgical abortion at 19 years of age. She had a history of infertility for 5 years, she conceived on the 3rd attempt of ovulation induction with CLOMIPHENE CITRATE. On examination, she tested positive for TORCH infections. USD examination performed at 17th week (25/11/16) showed Monochorionic, Monoamniotic fetuses with Polyhydramnios (amniotic fluid volume: 12L). Fetus 1: 17-18th week of Gestation; Fetus 2: 15-16th week.



Conclusion: Intrauterine growth restriction of 2nd Fetus with the pathological attachment of the umbilical cord to the placenta. She was given antibiotics and a 2nd USD was done at the 19th week of gestation (09/12/16) the results were the same as the 1st USD with no positive changes. She was advised to perform a surgical treatment called “Fetoscopic Laser Ablation of placenta vessels” but at the 20th



week of Gestation, she had a miscarriage of both fetuses due to a preterm rupture of the membrane. On the instrumental revision of the uterus, the placenta was infected and difficult to remove, a hysteroscopy was done, Placenta Accreta was found and removed with coagulation at the place of insertion. She was put on antibiotics (cefazolin, rovamycin) contractile drugs (oxytocin).

Discussion: TTTS is a rare pathology diagnosed on USD, maternal clinical presentation (abnormal fast abdominal growth) may help in early diagnosis. It can be complicated by other placenta abnormalities such as Placenta Accreta described in this case. Early diagnosis and prompt surgical interventions play a major role in TTTS outcomes.

BY KETSIA M. KABEMBA; MYRIAM KAYUMBA; THAKER NIYATI RAJU

5

STEPS TO CHOOSING YOUR MEDICAL SPECIALTY

For some of us medical students, we do not realize early how broad medicine is and the task of picking a specialty becomes a rollercoaster. You go from wanting to be a general practitioner to a pediatrician, because of the joy children bring, a surgeon for the money they earn, dermatologist... and with each clinical rotation, the cycle continues.

How does one go about choosing a specialty?

1. ELIMINATION

Are there areas of medical practice (*particular situations, types of patients, etc.*) which you have difficulty handling or which make you feel uncomfortable?

The first step is to Cross off the ones you definitely don't want. You don't need a reason beyond the fact that you simply can't see yourself doing it long term.

2. PREFERENCES

. Consider the aspects of medicine you find most appealing and your areas of scientific/clinical interest.

. Stress management – how do you cope with stress? Could you work in the high-pressure environment of acute medicine? Do you prefer a surgical, medical, or a diagnostic specialty?

. Patients – will you want to develop patient relationships, or would you prefer to see many patients in a day? What kind of patients do you want to treat?

. Training schedule and time taken to reach consultant level – how long do you need to train for, what hours are you required to work?

. Career progression – how far can you go in each specialty, and how far do you want to climb in your career?

3. RESEARCH

. As the list narrows, research the different medical specialties with the subspecialties you find interest in.

. Seek out shadowing experiences in related departments and engage in clinical research in your areas of interest. Ask questions!

4. SKILL SET

Be honest with yourself. What are you good at?

You're not a "people person"? maybe you shouldn't go into a predominate clinic setting. With that said, just because you hate one clinic setting doesn't mean you do not like clinic at all.

If you're clumsy with your hands, maybe you shouldn't go into a surgical or procedural specialty. **'I have been explicitly asked, "are you good with your hands?" during an interview.'**

5. MAKING A DECISION

Don't pick a specialty based on family ties, what piques your interest at the moment or talk of which is more lucrative. Although you should take other people's views of your strengths and weaknesses into account, it is not necessary to follow their advice. The final decision should be yours, informed by some actual data that help you determine "the best fit" between you and your specialty-to-be.

In conclusion, be honest with yourself, can you picture yourself being happy with your chosen specialty in 10 years?

By **Ayomikun Adedoyin AKINADE**



MEDICAL LIABILITY

ON THE DEATH OF TRUST



The medical profession is extremely broad and branched into many areas of specialty. It is however unique in its dealing with saving lives, human or animal. The oath most doctors take on graduation from medical school is to save lives, or at least *'primum non nocere'* (*first, do no harm*).

The relationship between physician and their patients is special and has been defined by a sacred trust since the time of Hippocrates. Or at least it used to be. A 2010 American Medical Association (AMA) survey reported that among all physicians, 61% had been sued by late career¹. Medscape surveyed nearly 4000 primary care physicians on medical malpractice suits and 59% of respondents had been named in at least 1 malpractice suit.

There has undoubtedly been a rise in medical litigation in modern medicine. Patients and family members are increasingly taking their nurses, dentists, doctors, and hospitals to court. Does this point to a breakdown of that sacred trust in the medical field? Some have blamed incentives. In America for example, the legal system awards huge payments to patients with successful negligence claims. **There were median damages of \$400,000 for U.S. medical liability cases in 2005**, with 21% of awards topping \$1 million a 2008 US Justice

Dept. report showed. Compare that with Sweden, where average awards were \$22,000 in 2004². You can guess which country has more lawsuits against physicians.

As medical students, it is scary to imagine that one could lose one's license and have to pay hundreds of thousands of dollars in compensation for an honest mistake. But being a medical doctor doesn't guarantee being able to save lives. There have been times when a medical doctor; or other medical personnel failed to preserve the life of a patient, but not from lack of trying.

Risk of Lawsuits According to Specialty³

Specialty	%
Ob/Gyn & Women's Health	85%
Surgery	83%
Orthopedics	79%
Radiology	72%
Anesthesiology	58%
Internal Medicine/Family Medicine	46%
Oncology	34%

The patients and their loved ones who bear the loss sometimes, unfortunately, make the medical personnel bear the brunt of their pain. They become angered - why wasn't their loved one saved? Why can't the doctor do his thing and cure everything?

Doctors are human too. We are the ones who will see the life leave a patient's eyes. We are the ones who will stay up at all hours of the night even though we have family waiting at home. We will miss the birthdays, cancel dinners and most importantly venture into the profession knowing full well. And then to add to all this, the emotional and financial implications of being sued. Most doctors will tell you it was the worst point of their careers and led to disillusionment with the medical profession and legal system.



One might say not all medical personnel are faultless. There are doctors who will specialize in helping to carry out illegal activities or make fatal mistakes that will lead to the death of the patient. Who else heard of the Dutch sperm bank director accused of replacing donors' sperms with his? Or the case in Italy where a woman diagnosed with breast cancer was given treatment on the wrong breast!

But truth be told, there are always bad eggs in every profession. Some people in my country have taken to calling lawyers "liars". And they feel lawyers defend even those who they know are guilty. Let not the errors of a few

mar the honest efforts of the most. We're learning to become specialists in different areas of our profession. We'll make mistakes because we are human. Can we maybe not sue doctors so much?

*Let not the errors of a few
mar the honest efforts of the
most*

In the meantime, as a medical doctor or professional in any healthcare field, make sure to have liability insurance and a good lawyer.

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By Tejumade Simbiat **BALOGUN**



WE CAN DO IT

Feminism, Making a Case

My view on feminism is not just equality of the sexes, but the freedom to be you.

A Little History

Firstly, we HAVE come a long way in terms of women's rights (in the majority of countries). Women have a lot more rights and freedom now than they did 100 years ago for example. In 1917 Britain, women had to protest for the right to vote, now they have a woman Prime Minister. Women across the world are breaking glass ceilings in fields that were closed to the whole gender not so long ago. So, is everything fine now?

The Problem

According to UNICEF, there are twice as many girl children as boys out of school. This is not an innocent statistic. In many cases, little girls are denied even primary education because it is seen as a wasted investment. Why send a girl child to school when she can get married at 10? Forced early marriage is a very real and present problem with all its attendant problems. These girls are not given the right to choose what they want or who they want to be. Some will argue that practices like female genital mutilation, 'dowry death' and honor killings only occur in a

By Samira HAYATULLAH



a handful of countries nowadays. So, let us say a woman is fortunate enough to live in a country where she is surely able to have a complete childhood, quality education and a good career of her choice. Here is where I tell you that the average gender pay gap in the European Union is 16.3% (*EU Factsheet on the Gender Pay Gap - European Commission*). Imagine earning less than your co-worker with the same qualifications working the same hours just because you are a woman!

The Movement

The heart of the matter is that a great part of society has seen fit to deny women their rights for whatever reasons. Feminism is saying; Women are whole human beings with all the potential, abilities and rights of everyone else. We should not be oppressed or abused, we do not want to be patronized or put on false pedestals. We want access and opportunities

We have come a long way. There is still a great deal to do and no time to be lost. Now, if you do not see the importance and absolute necessity of this movement to promote the welfare and rights of women (who have been systemically oppressed), that is too bad. But it's fine. Just do not attack or rubbish the efforts of those who do.



*"Feminism isn't about making women stronger.
Women are already strong.
It's about changing the way the world perceives that strength."*
- G.D Anderson.

ON EUROPEAN IDENTITY

When asked, 'who are you?' what is the first reply that comes to mind, your name? your nationality? your occupation?

It is always safe to start with definitions. So, what is Europe? Well for sure it is not a continent. One starts to appreciate the power of identity when one realizes that Europe is regarded by many as a separate continent even though it is on the same mass of land with Asia. We had a lot more questions than answers so we sat down with one of the biggest stakeholders – a young student in Europe. The Interview follows:



PROFILE: Christina Sira-Husak/ Христина Сіра-Гусак, 24
Medical Student

Spark: Can you give us some background?

Christina: I am a 5th year medical student at Ternopil State Medical University. I was born in Zbarazh, a small wonderful town in the Ternopil Region. When I was 4, my family moved to Long Island, New York. I basically grew up in America but I always came back home every summer and 5 years ago, I moved back to Ukraine for medical school. In a twist, now I go to the USA for summers.

S: Would you say a distinct European Identity exists right now?

C: That is quite a technical question. I would say that Europe as an idea has come to mean something. There is a lot of history here, a lot of culture. Now Europe has come to represent values like freedom, modernization, economic growth...

S: Where do young people fit in this picture?

C: Well, young people are concerned about the future; the opportunities available to us

and the freedom to make our dreams come true. Now it seems there are different levels of progress in different European countries. Policy makers need to think of the young people, major key.

S: Before we move on, do you have pineapple topping with your pizza? *pin-drop silence*

C: Yes!

S: EMSA's vision is a united and solidary Europe where medical students actively promote health. How do we do this better?

C: First of all, EMSA is doing a great job. The inclusion and scope of activity is very impressive. To realize this vision, medical students need to keep stepping up to be part of policy making. We need to have a say. I would recommend an inside-out approach, where students start from their local faculties and schools to the national ministries and then the European-wide level.

Spark Team

DRUG-INDUCED BRUGADA

2nd Department of Internal Medicine

Scientific Supervisor: Assoc. Prof. Dr. R. Komorovsky

I. Horbachevsky Ternopil State Medical University. Ternopil, Ukraine.

Introduction: Brugada syndrome is a disorder characterized by sudden death associated with one of several ECG patterns characterized by incomplete right bundle-branch block and ST-segment elevations.

COOL HISTORY: First described in 1992 by the Brugada brothers, its incidence seems to be particularly high in Southeast Asia where it had been described as Sudden Unexplained Nocturnal Death Syndrome (*SUNDS*). Known colloquially in the Philippines as *bangungot* (“to rise and moan in sleep”), and in Thailand as *Lai Tai* (“death during sleep”). The mean age of sudden death is 41.

Edward Burns MD, LITFL ECG Library

Brugada Type 1 ECG pattern was previously described in patients after the use of various drugs, particularly, sodium channel blockers (class IA and IC antiarrhythmic agents). On the other hand, Brugada-type ECG was observed in thyroid disease, but only when thyroid function was low.

Case Description: TYPE 1 ECG PATTERN IN A PATIENT WITH HYPOTHYROIDISM

A 39-year-old female was undergoing treatment with 25 mcg of L-thyroxine qd for previously diagnosed hypothyroidism. During the course of treatment, she presented with complaints of irregular heartbeats. An ECG revealed ventricular bigeminy. An echocardiogram was normal. Her TSH level was 6.4 mIU/L (N: 0.27-4.2 mIU/L), free T4 0.83 ng/dL (N: 0.93-1.7 ng/dL). A class IC antiarrhythmic agent (ethacizine 50 mg bid) was prescribed and L-thyroxine dosage was increased to 50 mcg qd. A follow-up ECG revealed a Brugada type 1 pattern on the 6th day after modification of treatment. Ethacizine was discontinued and the control ECG performed a day after resulted normal. After a month, the patient's TSH level decreased to 1.6 mIU/L. Neither arrhythmia nor Brugada-type ECG was observed during further follow-up.

Discussion: The case shows the importance of a careful follow-up examination with the introduction of some therapeutic regimens and also the possibility of unmasking hidden pathologies whilst trying to treat another. Brugada type 1 pattern may be associated with an increased risk of sudden cardiac death and so shouldn't be taken lightly when observed. All drugs that may induce a Brugada type 1 ECG pattern should probably be avoided or used with extreme care in patients with hypothyroidism.

Acknowledgment: We thank the attending physician Dr. I. Kyrychok for her assistance.

By Prince Chukwuma AZUH and Amin MUDASSAR, MD

Presented at the 2nd EMSA Ukraine National Assembly April 2017.

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