

From Images to IMAJ

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➤ Only by looking back can we see how far we've come. As I celebrate, together with the editors of the *Israel Medical Association Journal* and Israeli physicians, the tenth anniversary of *IMAJ*, I cannot help but look back upon the last 10 years of my presidency in the IMA with a measure of pride and nostalgia.

When I first started at the IMA, I had images of where I wanted to take this organization, but the road ahead of me was uncertain and indeterminate. Over the past 10 years, I have seen the IMA grow from a professional union to a leading player in the health care system, one whose views are considered in relation to almost every topic affecting health care in Israel today [1].

One area in which I have been very involved is that of expanding the basket of services and the accessibility of all to these services. The National Health Insurance Law that took effect in 1995 guaranteed every citizen the right to health care. The downside of this overall positive change was the increased power and influence of the Treasury on health policy. This led to an expansion of private medicine, relatively unheard of until then and a threat to public medicine in Israel.

Since the IMA represents not only the income of its individual members but the state of public health in Israel and the well-being of its citizens, we saw this area as one in which we needed to take up the gauntlet. Our first front involved the annual committee to determine the basket of services. Each year since its inception in 1998 the IMA was represented by myself as IMA president, Leah Wapner, IMA secretary general, and a third physician member who represented the professional/scientific considerations. Most of the others were government representatives, a situation that led to an inherent conflict of interest. The IMA's position, and that of most of the public representatives on the committee, was that our mandate was to rank the drugs in order of importance. The government came from an opposite starting point; first

they considered the amount of money budgeted by the Treasury and then decided which drugs could fit into the list. We managed, despite opposition, to significantly increase the budget for the basket of services. However, the situation grew more dire in 2006, when the Treasury tried to force the Health Ministry to form a new committee that would not include IMA representatives; then-Minister Benizri fought to include at least one. However, we felt that was not enough and in 2007 I withdrew from the committee and we formed an alternate committee led by Supreme Court Justice Emeritus Dalia Dorner and constituting representatives from across the medical, academic, religious and public spectrum. This bold move resulted in an agreement on the part of the government to update the basket over the next few years and to rely heavily on the professional opinions of the IMA scientific associations, but this is a battle that has yet to be decisively won.

Another, related, issue that I took upon myself out of recognition of a great need as yet untackled was that of health disparities in Israel. The issue of inequalities in health among different population groups – whether based on ethnic background, socioeconomic differences or geographic location – is gaining recognition all over the world. Various surveys conducted on behalf of the IMA show an increasing inability on the part of different segments of the population to access and/or pay for health services, causing them to forego these often essential services. In order to combat this problem, the IMA set up a committee to study the issue and formulate a series of recommendations. Although clearly, like so many other matters, a true solution can be found only in the additional financing of necessary services, we felt that an important component in combating this problem was first and foremost giving doctors the tools to identify and deal with these inequalities.

Perhaps the greatest achievement in my term of office on the unionistic front is the outcome

of the mandatory arbitration agreement that started with the doctors' strike in 2000 and ended with the decision handed down in 2008. The very decision to go to arbitration was not self-evident in a country in which bargaining power is best achieved through "force." However, rules of medical ethics make it difficult for us to strike with no thought to the effect it has on our patients or the doctor-patient relationship in general. The years of arbitration were pivotal for the IMA but also for the entire history of labor relations in this country. The arbitration dealt not only with the physicians' salary but called for the establishment of a parallel committee that would study the entire health care system in Israel, including comprehensive issues of great import to the system. In the end, the doctors received an unprecedented 24.2% salary raise, recognition of several fields as needing extra incentives, recognition by objective parties of the unique status of the physician, and the publication of a series of recommendations for the public health system.

Besides the domestic issues of which I have named only a select few, I viewed the international arena as an essential forum for both learning and presenting the positive side of Israeli medicine. Our membership in international organizations such as the World Medical Association (WMA), the European Forum of Medical Associations and WHO (EFMA/WHO), the Comité Permanent Des Médecins Européens (CPME) and the Union of European Medical Societies (UEMS) gave us the opportunity to discuss domestic issues that were no less troublesome in other countries – issues such as task shifting, violence against physicians, the relationship between physicians and commercial enterprises, and others. From the start, we took an active role, attending meetings, participating and leading workgroups and committees, drafting and responding to documents, providing informal legal assistance. Our contribution was formally recognized with my election as Chair of Council (twice) and President of the WMA, with the election of Leah Wapner, IMA secretary general, as executive director of EFMA, with the updating of our status in the CPME from observer status to associate members, and with the inclusion of several of our scientific associations as members in the UEMS. Our international presence also gave

us an opportunity to present a different side of Israeli medicine and politics than that usually displayed on the pages of the international press, and to defend Israeli physicians against anti-Israel and antisemitic attacks and threats of boycotts [3-7].

My recognition of the importance of the international arena led me to one accomplishment in which I take great pride, and that is the establishment of *IMAJ* in 1999. Although *IMAJ* began as a successor to the *Israel Journal of Medical Sciences*, its three editors, Prof. Shoenfeld, Prof. Shemer and Prof. Keren, essentially launched it from scratch. It is not easy for a new journal to attain international recognition, but *IMAJ* has succeeded, as evidenced by its inclusion in PubMed and its acquisition of the much sought-after Impact Factor.

The publication of an IMA English-language journal complete with impact factor puts us on the world map of respected, scholarly medical journalism and it appears as though the impact factor will continue to grow and bring much honor to the physicians of Israel. The past decade has repeatedly underscored the approbation accorded this fine journal. I look back on its start and revel in its place today, and I wish it, like the IMA itself, many more years of success and advancement.

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