

The LIGHTHOUSE

A NEWSLETTER BY IRAQI HEALTH PROFESSIONAL ASSOCIATION AUSTRALIA



Photo by Dr. Faiq Issa



Lighthouse Reserve, Vaucluse, NSW

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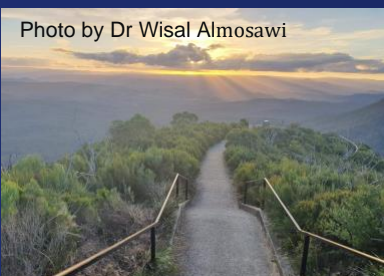
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Photo by Dr Wisal Almosawi



Welcome to our Newsletter. IHPAA is a not-for-profit, non-governmental professional organization concerned with social and professional networking for Australian-Iraqi health professionals. IHPAA was established to encourage and facilitate scientific, educational and social activities among its members.

Message from the president

Saif Hayek BDS, Grad Dip Ortho (Lond), MBA, Fellow of IADFE and ICCDE

Dear colleagues,

I hope that this new year brings happiness, peace and health to you and your loved ones. Over the past few years our association has been growing and working hard in bringing together all the different sectors of Iraqi health professionals. This year will witness an increase in our social and academic programs, and I look forward to seeing you in one of our events.

This is our first newsletter for 2023, I would like to thank the editors and contributors, I hope you will enjoy the information and topics provided.

Our new website is now ready, and we welcome you all to join as active members of the association, just visit www.iraqihealth.com.au and hit the 'Register now' button.

Membership fees help us cover the costs of the association, we at the board are all volunteers but we still have website, legislative and tax costs that we need to cover. And as you might remember, during COVID we did not charge fees as most of the activities were conducted online. This year's introductory membership fee is capped at \$50 per member to entice you all to take advantage of our upcoming members only events. We appreciate your interest and support.

Just a reminder to email us your interest in our upcoming social events (Arabian night in April, City2Surf charity run in August, Glamping in September and Annual Gala in October).

We appreciate the confidence that all our members and readers have placed in us and our work. We will strive to be better each day and look forward to seeing you in 2023.

Sincerely,

Saif Hayek



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Important events

Our program this year is very special, please express your interest by emailing:

secretary@iraqihealth.com.au



ARABIAN NIGHT* -April

PROFESSIONAL INTERVIEW SKILLS TRAINING-May**

CITY2SURF CHARITY RUN- August**

GLAMPING WEEKEND* - September

ANNUAL GALA LUXURY CRUISE-October**

*Members only activity

**By subscription

A memorable end of 2022 for IHPAA

On Friday 14th October, IHPAA hosted its annual and most awaited event of the year: the Gala Dinner. The event was held in the stylish venue of Doltone House Sylvania Waters. It was well attended by members from our community of Iraqi health professionals and their families.

The night started with refreshing canapes and drinks as our guests started to gather at the reception hall with its vibrant ambience inspired by the charm of the surrounding Bay. After that lovely opportunity to mix and mingle, all members and their guests headed to the main hall to sit and relax in their designated tables.

‘IHPAA Gala Dinner was a night where beauty, art, and joy competed.’



The night unfolded into a packed program starting with a spectacular and energizing performance by Latin Dance Australia. Dancers performed vivacious and engaging dance numbers as our guests started to enjoy their 3-course dinner from Doltone’s renowned event menu. The second performance was conducted by the unique trio Ozkhan, Yara and Zaran of ‘The Voyage’! We were taken by their tuneful music to the beautiful Mediterranean region with its mixed and exotic culture. The final show for the night was a live band performance with Martin Al-Somery featuring dazzling two hours of Arabic and Iraqi music-hits of all time. His voice and music brought nostalgic fun to our soles and bodies.

IHPAA Gala dinner 2022 was indeed an outstanding success. Planning for it extended over months of dedicated work and meticulous attention to details by our Gala committee. Original preparations for the Gala started in 2020 and were interrupted by the COVID pandemic, followed by further challenges caused by the moving landscape in the entertainment industry post COVID. So, it was great to see it come to fruition.

Perspective

EMBRACING THE FUTURE IN HEALTHCARE

Last month we were startled by an opinion article in an Arabic magazine. The article advocated for stopping the phenomenon of what was described as ‘the engineer doctor’. The author -a medical practitioner- stated that the years he spent studying the Science of Medicine were being wasted by chores irrelevant to clinical practice and medical sciences, like setting budgets and planning hospital workspaces. The physician argued that a medical professional’s job has drifted to involve engineering and human resources. That article shed light into the very special issue of modern healthcare delivery beyond the traditional specialist knowledge and core clinical competencies, an issue that requires radical adaptations in educational and training curricula.

Over the last two decades, skills in communication, leadership, and advocacy have been added as areas requiring mastery in many formal specialist training programs alongside core clinical skills. Educational frameworks like CanMEDS emerged as structured approaches in training physicians and psychiatrists in Canada and Australia, for example. Such skills were believed to be essential in preparing specialists to master resource management and acquire skills on critical appraisal of clinical practice and treatment plans, in addition to routine daily clinical care, whether in private or in public health systems. In this regard, it is not uncommon at present to see the ‘accountant health professional’, the ‘engineer health professional’ and the ‘leader health professional’ complimenting sound clinical and specialist competencies of health professionals.

In many countries where education is based on rote learning and accumulation of knowledge,

graduate healthcare professionals emerge from universities or specialty training with a degree that sets them short for what is required. It takes people years to understand where they sit in a career with so much communication, leadership and advocacy involved in everyday work. This is most relevant for those coming from an International Medical Graduate (IMG) background. Attaining recognition to work in modern healthcare systems like the Australian system involves developing entry knowledge in many areas like performance management, conflict resolution, critical appraisal, and so on. Skills that were never considered significant to be taught in countries still relying on traditional education.

Attaining recognition to work in modern healthcare systems like the Australian system involves developing entry knowledge in many areas like performance management, conflict resolution, critical appraisal, and so on.

Value based healthcare and multimodal expertise are likely to continue to shape training and education considering the growing complexity of modern society. It is therefore important to ride the wave of change. Educational stakeholders need to consider foundational bases for incorporating those skills into their curricula together with modernizing textbooks. Moreover, drawing from theorists in education such as the social learning theory by Lev Vygotsky in setting mentorship programs, group supervision, near peer teaching are some examples of modern educational shift to embrace the change in preparing future healthcare providers for the life ahead.

The editing team

Series: Blasts from the Iraqi medical heritage

Dina Mahmood | MBChB, FRANZCP, CertCAP | Sydney Children's Hospital Network



A series of articles placing spotlights on the Iraqi medical culture in its wild, weird and wonderful aspects across history. The article references published materials and firsthand testimonials.

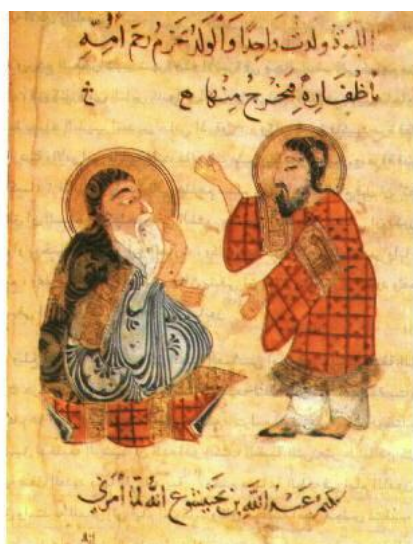
EPISODE ONE: THE ESTABLISHMENT OF MEDICAL SCIENCES IN IRAQ, *THE START*

Medical sciences in Iraq and surrounding countries originated from Greek Medicine that was set and purified from myths and magic by Hippocrates and Galen. The science of Medicine together with other sciences were carried into Iraq by the Nestorians -followers of Nestorius the Archbishop of Constantinople- 428 A.C. Nestorius was sent to exile in Antakya along with some of his followers for opposing religious ideologies. They moved around the area until his death in Egypt 540 A.C. During that period Nestorius established two schools of medical sciences: one 'The school of Nisibis' in Nusaybin -a Turkish province bordering Iraq, and the other in the city of 'Edessa', also known as Al-Ruhaa- a city located somewhere between Mosul and Damascus. It was there where the philosophy of medicine was first taught and practiced in the Mesopotamia. Al-Ruhaa blossomed to become a major academy for medical studies towards the end of the 5th century. However, conflict between sectors of Christianity resulted in displacement of most practitioners to Persia seeking shelter from persecution. There they established the famous school of 'Jundi-Shapur': the cradle of Islamic Medicine according to historians. The school of Jundi-Shapur, located in Khuzestan, at the southeastern borders of Iraq, taught medicine and other sciences in Syriac language (Aramaic dialect). It was operated by the Nestorians who carried Greek writings in medicine and philosophy and had them translated to Syriac. Jundi-Shapur gained a great deal of popularity and managed to integrate Indian sciences into its Latin heritage.

Arabs were much aware of the significance of Jundi-Shapur through some of their doctor pioneers, like Al-Harith Ibn Kilda. Therefore, when Arabs took on Persia during Islamic expansions, the school of Jundi-Shapur was well protected. Thereafter during the Abbasi ruling era, when Baghdad (the city of peace) rose to become the centre of Khilafa, medical practitioners gained power, and influenced Khalifas and their court members. The start was right when the first Khalifa Abu Jafaar Al-Mansour developed an illness that affected his stomach and appetite. He asked his ministers to look for a good physician and soon, Jirjis the

chief physician of Jundi-Shapur was nominated. Jirjis was brought to Baghdad entrusting his duties to his son Bakhtyshu. In Baghdad, having achieved his mission, Jirjis was met with much warmth and generosity and had all his wants and wishes granted. Jirjis made polite attempts to decline Al-Mansour's request to bring his son Bakhtyshu to Baghdad so Jundi-Shapur could maintain its status, but he was eventually summoned to Baghdad when the next Khalifa Harun Al-Rasheed developed an excruciating headache. Bakhtyshu was appointed chief physician of Baghdad and awarded with plenty of wealth.

The positive attitude of the Abbasi Khalifas towards physicians plus the influence exerted by Bakhtyshu upon medical sciences in Baghdad were perhaps the main motivating factors behind the increased temptation for a lot of medical practitioners from Jundi-Shapur to re-settle in Baghdad. At the time of Jabrael, son of Bakhtyshu, his power and influence reached the point of being Al-Rasheed's first advisor. Jabrael was said to have the charisma, wisdom and ability to cure, these abilities helped him maintain his position as Al Rasheed's private physician for 15 years of health and wellbeing.



Ibn Bakhtyshu: stock photo

The proximity of physicians and scientists to the ruling system at the apex of Abbasi era led to a progressive shift in the centres of science from Jundi-Shapur to Baghdad the city of peace. Subsequently medical schools, such as the one in Al-Madrasah Al-Mustansiriya, and several bimaristans (houses for healing) were established. The estimated number of practitioners of medical sciences is considered to have reached 860 in Baghdad alone. Additionally, hundreds of manuscripts were translated by dedicated scholars in medicine from Latin and other languages into Arabic and Syriac. Their achievements and publications are well preserved in literature in addition to mentions for the ethical conduct of people working in the industry of medicine. For instance, it was said that Kalifa Al-Mamoun tested the integrity of the well-known physician and pharmacist, Hunayn Ibn Ishaq by asking him to prepare a lethal medicine that kills an enemy for a wealth of money, or he would be killed. The latter apologised stating he was only taught the healing medicine and he later clarified that the code of ethics in medicine as well as his religious values were reasons for his commitment to doing no harm. The influence of the prosperous medical sciences in Baghdad extended to the whole world and impacted our practice to current days.

Next episode: The state of medical sciences in Iraq upon the dark eras following the fall of Baghdad on the hands of Hulagu 1258 A.C. Highlights of that period including the practice of prominent swindlers of the era will be mentioned.

Reference: *History of Medicine in Iraq with the establishment and progress of the Iraqi Royal School of Medicine*. Dr Hashim Al-Witri; Dr Muamar Khalid Al-Shabandar, Government printing press-Baghdad 1939

Shining stars: Getting to know our members.



Congratulations Dr Leena Majeed for new Medical Practice in Guilford NSW.

Dr Majeed is FRACGP with 24 year of clinical expertise. She holds a special interest in Antenatal care, chronic patients management and children's health and development. Her aspiration is to provide holistic multidisciplinary care to improve health and wellbeing of her patients.



Congratulations Dr Marwah Yousif on the completion of FRACGP. Originally a resident of Perth WA, Dr Yousif is practicing in Sydney NSW this year. She has a special interest in women's and children's health.



The Educational Corner

SELECTED TOPICS FOR THIS ISSUE:

1.Sci **Forschen** Open HUB for Scientific Research

LETTER TO EDITOR

Journal of Surgery: Open Access ISSN 2470-0991 | Open Access



Social Media Body Image Disorder-A New Diagnosis Facing Surgeons

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Abstract

Body image disorders can have crippling effects on the physical and mental health of a person and their support networks. These disorders are common in younger generations and can lead to serious impact on their daily life. As global communities come together with the internet and social media, we are seeing their impacts on perceptions of appearance and body image. Younger generations are susceptible to these influences from social media, with mental health issues arising from appearance and body dissatisfaction. The Diagnostic and Statistical Manual of Mental Disorders V (DSM-V) assists clinicians with understanding and defining many mental health disorders, however we believe that the influence of social media on body image disorders warrants its own diagnosis. We propose a new disorder termed Social Media Body Image Disorder (SMBID). Awareness of this disorder may help clinicians identify patients that have unrealistic expectations from cosmetic procedures.

Introduction

Body Dysmorphic Disorder (BDD) can have crippling effects on the physical and mental health of a person and their support networks. BDD is a psychological disorder of body image recognised by the Diagnostic and Statistical Manual of Mental Disorders V (DSM-V) [1]. It is as an obsessive-compulsive and related disorder with impairment in a person's thoughts regarding their appearance. To make a diagnosis, a person has (1) a preoccupation with one or more perceived defects or flaws

in physical appearance that are not observable or appear slight to others, (2) at some point during the course of the disorder, the individual performs repetitive behaviors (for example, mirror checking, excessive grooming, reassurance seeking) or mental acts (for example, comparing their appearance with that of others) in response to the appearance concerns, (3) the preoccupation causes clinically significant distress or impairment in social, occupation or other areas of functioning and (4) the preoccupation is not better explained by concerns with body fat or weight whose symptoms meet eating disorder diagnostic criteria [1- 3]. BDD was first described in 1891 by Italian

psychiatrist, Enrico Morselli as dysmorphophobia [2,4]. It was not until 1987 when the term BDD was first used as a diagnosis. The latest edition of the DSM has retained the diagnosis, although variations in the defining features of the disorder have ensued.

BDD is more common in younger generations and can lead to serious impact on their daily life. The disorder affects around 1 in 50 worldwide [2] and is difficult to diagnose because people often do not think what they see is a delusion. The aetiology of BDD is complex and to the most part, unclear. Current theories suggest elements of genetic susceptibility, neurochemical imbalances and development.

factors such as sexual, emotional and physical abuse during childhood contribute to the development of BDD [5]. Regardless of the aetiology, it is widely accepted that persistent negative thoughts about physical appearance can lead to depression, self-harm and suicide if not managed promptly. These negative thoughts may be confounded by social media and cultural trends on the expected standards of appearance. The mainstay of treatment for BDD is cognitive behavioural therapy and medications such as antidepressants. These therapies aim to reorganise the thought patterns and neurochemical imbalances [5,6].

An increasing number of people are presenting to cosmetic practices with body dissatisfaction. Many of these presentations are influenced by social media and do not conform to BDD criteria. This review proposes a new disorder termed Social Media Body Image Disorder (SMBID). It aims to provide a framework for clinicians to recognize SMBID and explore factors leading to its development.

Social Media Body Image Disorder

Social media has a profound influence on the mental health of the community. Those most influenced are generation Y and Z. These generations have greater exposure to peer appearance-related feedback from their social media use than the previous generations. With advances in technology and the development of an online global community, it has become easy to post images of oneself, see images of others and compare one's body image through various social media platforms. Studies show that "selfies" can lead to overvaluation of size and shape and body dissatisfaction [7,8]. Those vulnerable to this influence, may not develop true BDD, however may develop a body image disorder.

SMBID is a combination of negative thoughts and feeling about one's own body directly influenced by engagement with social media. We propose signs of SMBID to include:

1. Repetitive, obsessive examination of body areas through zooming in and out on images of self.
2. Taking photos from different angles with the aim to minimize self-perceived "flaws" in appearance.
3. Taking photos from different angles of body areas to assess self-perceived "flaws".
4. Digital modification of the photo taken, for example using filters and editing tools, to improve the "flaw".
5. Publishing photos on social media that have the "flaw" hidden or disguised.

6. Feeling self-conscious, anxious, or depressed about photos which reveal the body area of concern.

Social Media Influence

Pressures from social media influence the signs of SMBID and body dissatisfaction. The consequences of body dissatisfaction can lead to low self-esteem and mental health issues such as anxiety and depression. Holland G, et al. [9] found that the use of social media focusing on body shape and beauty was associated with greater body-image dissatisfaction and more disordered eating behaviors [9]. Furthermore, specific social media activities, for example viewing and uploading photos, seeking feedback *via* status updates, appearance-based social comparison appeared to be associated with body image dissatisfaction and eating-disordered behavior [10].

A Sociocultural Model

A sociocultural model suggests that body dissatisfaction occurs as a response to varying sources influencing the perception of the ideal body. Social media influences social and community norms on how one should look. Subsequently, dissatisfaction occurs when people view themselves not matching the "ideal". This puts further pressure on the individual to make changes to meet the "ideal" body or appearance. Media is a powerful tool which can adjust community and societal norms. Becker found that the introduction of television in Fiji led local adolescents to become preoccupied with weight and body shape, performing purging behaviors to control weight as well as body disparagement. The response to images and values imported with media appeared to be shaped by a desire for competitive social positioning during a period of rapid social transition [11].

Influence of Marketing

The social pressure on the ideal physical appearance sets unrealistic standards that may be exploited by marketing strategies. The use of filters has also been a factor in making people focus on their body image as it conceals perceived "flaws" and allows people to experience "improvements" in appearance. Exposure to these edited images enables people to have an unrealistic expectation of their body to make it "perfect" and increases their focus on their self-perceived "flaws".

Tools to Recognise SMBID

Questionnaires can be used to assess patients that present for cosmetic surgery for signs of SMBID. For example, the Sociocultural Attitudes towards Appearance Questionnaire (SATAQ) is one of the most widely used measures to assess the role of inter- and intra-personal factors in the onset and maintenance of body image disturbance [12].

Although not yet validated, adapting such questionnaires can assist in assessing SMBID by including items such as:

- I regularly use filters or touch up photos prior to publication.
- I feel ashamed or embarrassed when photos of me, which capture

my “flaws”, are published.

- I often compare my appearance to others on social media.
- I take multiple photos, deleting those that are not “perfect”.
- I feel better about myself when I receive “likes” or positive comments on my posted photos.
- I regularly check social media platforms to see if people have commented on or “liked” my photos.

Conclusion

This review highlights the impacts that social media has on body image dissatisfaction. As society becomes more connected *via* social media and the internet, greater pressures are being exerted on adolescents and young adults to appear in a certain way. Unrealistic expectations on appearance and body image are leading to the development of psychological disorders such as BDD. The authors believe that the coupling of the effects of social media and BDD can be made, creating a new diagnosis of SMBID. Although yet to be validated, we propose items which can be incorporated into questionnaires to assist clinicians in the recognition of this diagnosis.

Disclosure

The authors have no financial interest to declare in relation to the content of this article.

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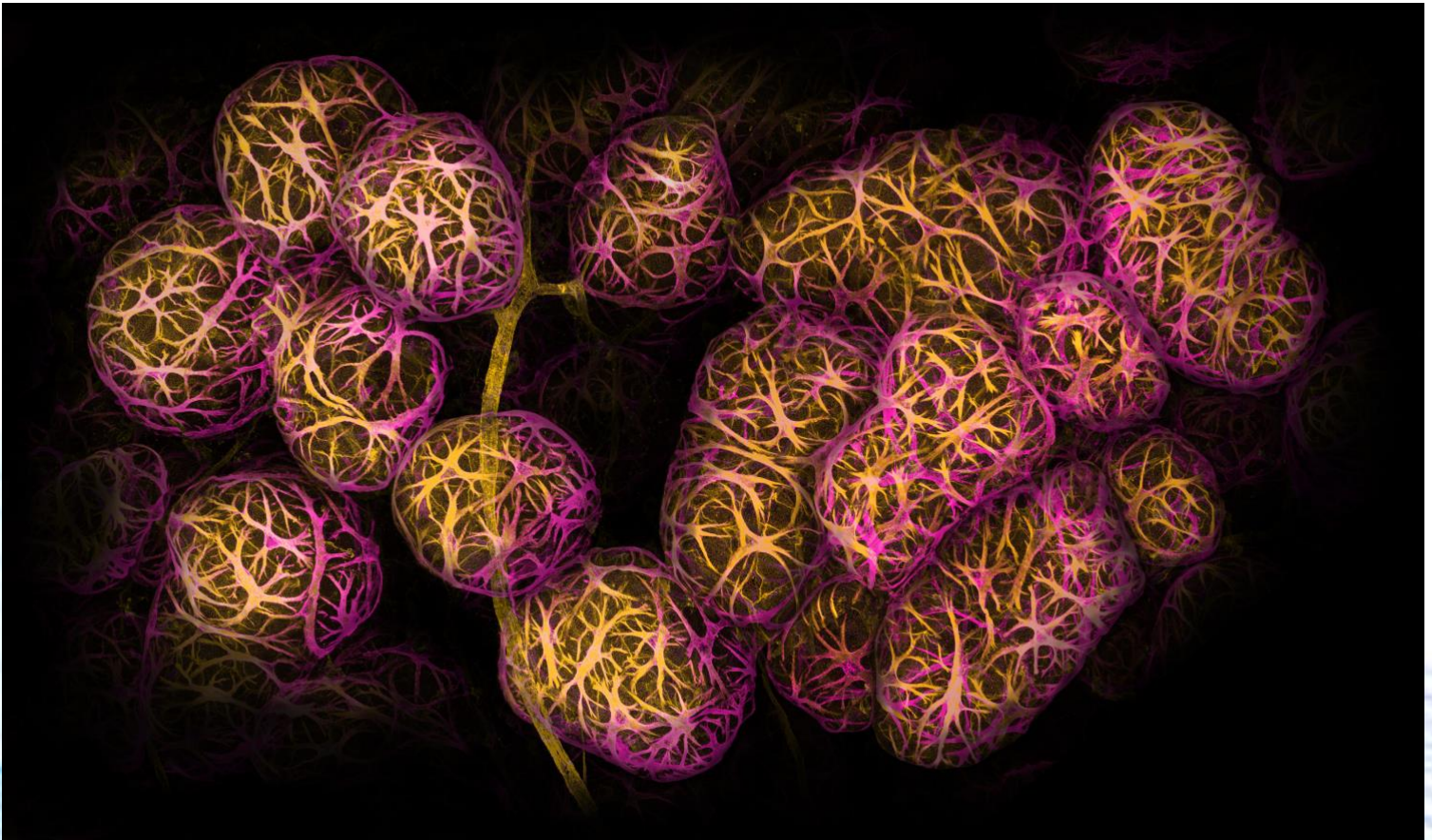
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2. BEAUTIFUL SCIENCE: PHOTOS FROM NIKON 2022 PHOTOMICROGRAPHY COMPETITION

2ND PLACE



BREAST TISSUE SHOWING CONTRACTILE MYOEPITHELIAL CELLS WRAPPED AROUND MILK-PRODUCING ALVEOLI

CALEB DAWSON

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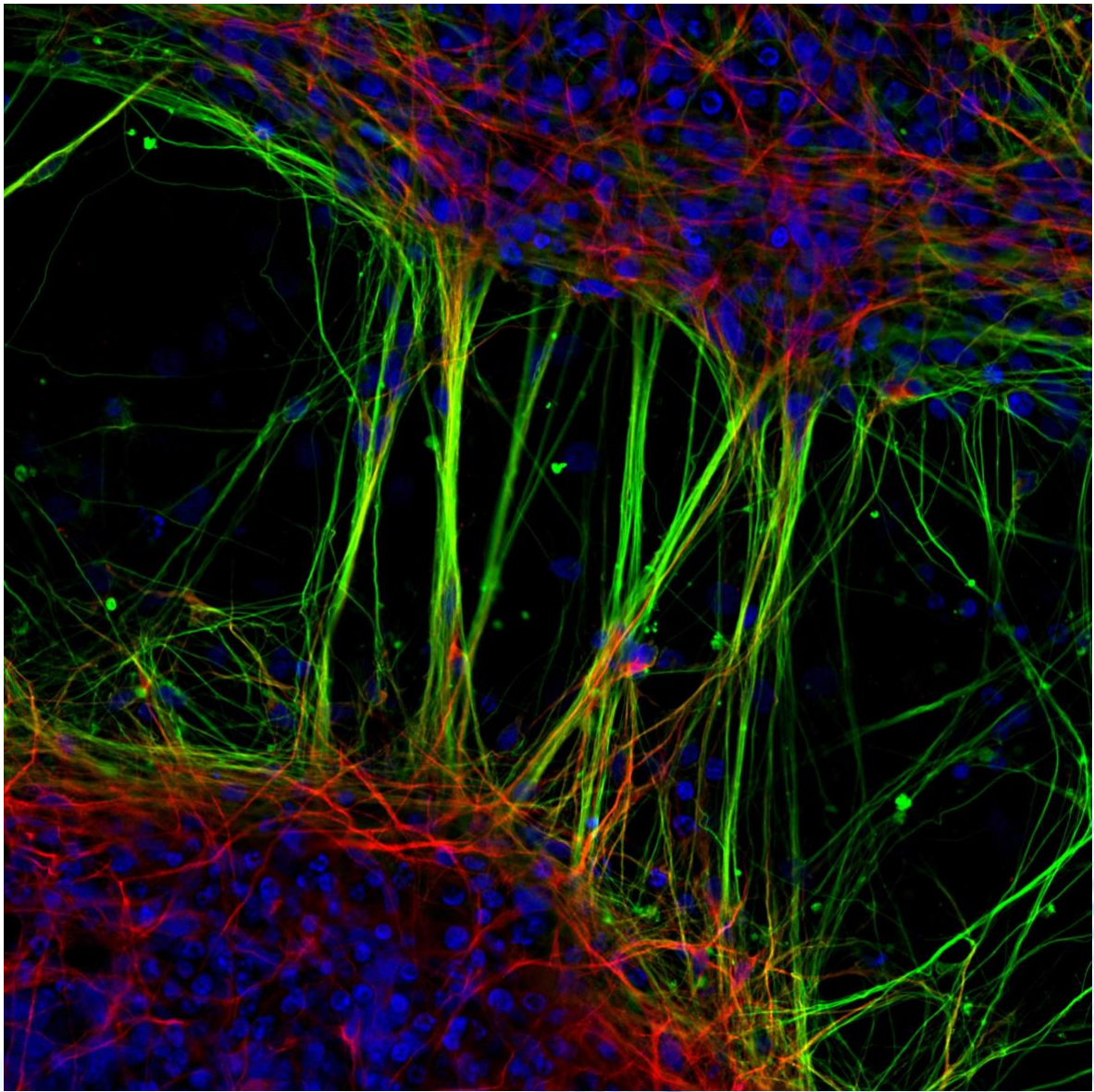
Technique

Confocal

Magnification

40X (Objective Lens Magnification)

WWW.NIKONSMALLWORLD.COM/GALLERIES/2022-PHOTOMICROGRAPHY-COMPETITION

7TH PLACE

Human neurons derived from neural stem cells (NSCs)

DR. JIANQUN GAOPROF. GLENDA HALLIDAY

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Technique

Confocal, Fluorescence

Magnification

20X (Objective Lens Magnification)

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