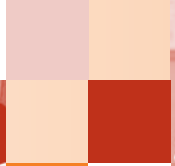




# Newsletter

Federation of Medical Women of Canada  
Fédération des femmes médecins du Canada



Spring 2008 • Vol 21 • No 2

## So now women physicians are to blame for the doctor shortage? Really now...Says who?

By Andrée Poirier, Executive coordinator

On January 14, of this year, MacLeans magazine featured an article entitled "Adding Fuel to the Doctor Crisis". The author of this article Kate Lunau extrapolates on the fact that women physicians leave their practice to have children, diminish their hours to take care of these children, or work less hours even when they practice full time. Based on a survey done by CMA in 2003, women physicians worked 48 hours compared to 56 hours by their male counterparts.<sup>1</sup>

This opinion was then reinforced with Dr. Brian Day, President of the CMA saying that "It's been proven repeatedly – female doctors "will not work the same hours or have the same lifespan of contribution to the medical system as males".<sup>2</sup> Later on in the article, Dr. Day admits to the fact that there is a greater demand for women physicians because of their attentiveness to their patients.

Luckily the FMWC president, Dr. Janet Dollin was also interviewed and made it very clear that female doctors should not be blamed for what's happening. She was also adamant about reiterating the fact that women physicians like many other career women are still given the greater proportion of child care, housekeeping and elder care. As for Dr. Day's comment about women physician being in greater demand, Dr. Dollin explained this quite simply by the fact that women physicians listen differently and

take a more holistic, prevention approach to treating a patient. The longer period of time they spend with their patients leads to a stronger bond with their patients and therefore leads to greater patient satisfaction.<sup>3</sup>

It seems the problem is not going to go away or improve anytime soon as the number of female medical students is now greater in a large number of the medical schools than male medical students. It is said that by 2015, female physicians will make up 40% of the physician workforce. According to Peter Coyte, a professor of health economics at the University of

Toronto, this is not a good thing. "It's going to have a profound impact on the gap between supply and demand" he cautions. "It will get worse before it gets better."<sup>4</sup>

What I find interesting is how it is only mentioned at the end of the article that between 1993 and 2004 roughly 4,000 Canadian physicians went to the U.S. to practice and that this threat is not necessarily going away. What I would like to know is how many of those 4000 physicians are male physicians?

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### Needed! Eager and enthusiastic women physicians interested in a board position.

The Federation of Medical Women of Canada is a small organization that is growing steadily. With its strategic plan calling for the FMWC to **speak up**, **speak out** and **speak together**, we are making headway in being recognized as advocates for women, improving women's health and supporting Canadian women physicians.

One of the most important prerequisites for any and all of the 3 priorities of

speaking up, speaking out and speaking together is that we have a sustainable national organization that communicates well with its members. **Sustainability** and **Continuity** requires an energized Board of Directors that represents its members. In particular, we are looking for members who would like to "make a difference". We currently have vacant positions that we hope we'll be able to

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## FMWC Mission Statement

The Federation of Medical Women of Canada (FMWC) is committed to the development of women physicians and to the promotion of the well-being of all women.

La Fédération des femmes médecins du Canada est vouée à l'épanouissement des femmes médecins ainsi qu'à la promotion du bien-être des femmes en général.



## FMWC Executive Committee 2007-2008

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### FMWC Newsletter

**Editor:** Dr. Nahid Azad

The FMWC Newsletter is published three times a year and sent to members as a perk of membership. Next deadline March 1, 2008.

Views and reports appearing in the Newsletter are not necessarily endorsed by the FMWC. Contributions of articles, reports, letters, notices, resource information and photographs are encouraged.

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## Now Available!

The National Office has recently purchased two very interesting DVDs that will be available for branches to borrow and show at a branch event.



**Women: The Face of AIDS** is a half-hour documentary that traces the stories of five courageous HIV-positive women in sub-Saharan Africa and the tremendous grassroots organizations that support them. This is the third film in a trilogy about the Stephen Lewis Foundation's work to support grandmothers, orphans and women in sub-Saharan Africa.



**The Secret Pain** is a powerful documentary about an African woman now living in Denmark. It is a true documentary in the very sense of the word: a personal tale, an existential quest and a human story filled with drama. The Secret Pain also provides the new and much needed information on the mental consequences of circumcision for grown women.

To borrow either or both films, contact the national office either by email ([fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca)) or by phone 1-877-771-3777. Specify when you require the film and for how long you will be having it on loan. Please note that the DVDs must be returned within 10 days of showing.

## Calgary Welcomes You!

*Kathleen Gartke, Chair of planning committee*

Our AGM and advocacy workshops for this June in Calgary have come together nicely thanks to all the hard work on the part of all the Planning Committee members. The program (preliminary) is included in the centre of this newsletter. In fact, most of you should have received your copy in the mail.

I'm sure your interest will be piqued by the topics and you will agree that our faculty is stellar! The Fairmont Palliser Hotel (meeting venue) boasts outstanding facilities and Calgary in June is exciting as it gears up for the Stampede. The Calgary Branch is very excited in hosting this year's meeting. They hope that many of you will take the time to come to their wonderful city and maybe even take a tiny bit of extra time to visit beautiful Banff in the Rocky Mountains and other great sites.

Put on your cowgirl attire and get ready to party! On Monday, June 23, in the evening, we are holding our social event at the Rotary House at Stampede Park. We are planning a buffet BBQ and lots of laughter and fun.

Hope to see you all there!

### Calgary Chapter FMWC 19th Annual Emerald Lake Retreat OCTOBER 18<sup>TH</sup> AND 19<sup>TH</sup>, 2008

Enjoy a luxurious weekend with colleagues. Hike around the lake, relax in the hot tub and have yummy chocolate desert!

Saturday evening speakers will be someone famous (not yet confirmed)  
Sunday morning enjoy meditation and yoga with "Ray - Straight From India with long blonde hair"

Registration includes:  
One night accommodation (Oct 18th)  
All meals, coffee break goodies & gratuities at beautiful Emerald Lake Lodge  
(in the Rockies just west of the BC/Alta border)

- Bus transportation to and from Calgary and Emerald Lake

all women MDs and students welcome

Early Bird rates (Before August 1, 2008)

\$295 double occupancy, \$395 single occupancy

We are working on sponsorship for reduced rate for students

For more information call:  
Ellie Stein (403) 287-9941,  
Muriel Solomon (403) 252-1908 or  
Anne Marie Crawford (403) 265-5944



## A Way to a Women's Heart

By Editor, Dr. Nahid Azad



We tend to think that heart disease is primarily a man's disease and we forget that it is the #1 killer for women. We tend to be more afraid of breast cancer but in fact 38% of us will die within one year after

a heart attack and younger women post MI have even higher 1-year mortality than men. For women in midlife, taking action is particularly important. Once a woman reaches menopause, her risk of heart disease jumps dramatically, from 1 in 8 to 1 in 3 by age 65.

Women's cardiovascular death rates have been climbing steadily for decades while men's have declined. For those of us who work in hospitals, we see by far more older women disabled with heart failure than older men.

The problem is that not only are there biological differences between men and women that increase the risk of cardiovascular disease (CVD), there are also care

gaps that have been well documented. For example, women receive less angioplasty, less thrombolysis, and less lipid lowering drugs for secondary prevention.

Chances are, you have been seeing and hearing a lot of information lately on women and heart disease. A new public awareness campaign is underway by the Canadian Cardiovascular Society. This national public health education is designed to highlight CVD risk factor recognition; to promote preventative action amongst women; and to encourage women to talk openly with physicians about their heart health. Check out [www.thehearttruth.ca](http://www.thehearttruth.ca) for heart health information - patient assessment tools and educational materials. These include methods to evaluate your CVD risk and tips on how to reduce your risk.

FMWC can play an effective role in joining the campaign to improve women's CVD knowledge and empowering women to take charge of their heart health and seeking services if symptoms occur. We are already well aware of the importance of understanding Canadian women's attitudes towards risk factors and their per-

ceptions about cardiovascular health, from prevention to management.

To that end, FMWC has planned LIPSTICK an online survey of 2000 women across Canada age 40 years and older. The objective of this 50 question survey is to provide a better understanding of women's knowledge about cardiovascular disease, signs of heart attack, strokes, and the vascular risk factors. We will report the statistically significant results to the media, as well as communicating survey results to stakeholders, government, and physicians. The cost to conduct this survey is being supported by an unrestricted educational grant from Pfizer Canada.

Information from LIPSTICK survey will provide the foundation for messaging and material development for a proactive media relations campaign. It will be launched on Mother's Day in 2008 aimed at improving Canadian women's knowledge about the risk factors for cardiovascular disease, their impact on quality of life, and the treatment options in Canada.

Stay tuned on the result of the lipstick survey!!



The Vancouver Branch of FMWC met on February 21st at Inspire Health. Dr. Vivian Polok discussed how she made it through psychiatry residency while having three children. Dr. Teresa Clarke of Inspire Health spoke about the role of vitamins and other supplements in healthy living. Dr. Shelley Ross spoke about the Federation. Inspire Health is a government funded facility addressing complementary health care for patients with cancer.



The Vancouver Branch met March 13th to hear Dr. Michelle Withers speak on dermatology.





## President's Message

### Spring 2008



**FMWC: What's in it for ME? Make your voice heard.**

**Why should you become a member of FMWC, or renew your membership?**

One of the first issues that was presented to me as I was choosing to accept the position of National President of FMWC, was that the "federation" was looking at ways to increase its membership base across the country. My initial reaction was - that it was not yet clear to me that the federation's vision and mission were visible or that these were perceived by Canadian women physicians as relevant anymore. It was also not so clear to me what our priority issues actually were. It seemed that the perception was that the issues we had stood for and fought for over the years had all been solved, that women were now making their way into medicine in droves, and that any barriers no longer were a problem. Women were choosing to work in their chosen primary care fields, not choosing specific "macho" fields and choosing to not advance academically. Women's health issues were also no longer invisible, since the issues had already been made public for so many years.

What I have experienced since accepting this position, is that the reality of what I am hearing from women physicians in Canada is actually very different from that imagined perception. While younger women felt that the barriers were now gone, it wasn't until they began to take parental leaves and try to re-enter careers, or try to find flexible yet meaningful work, or try to present their gap-filled CVs for promotion or try

to balance the "double shift" that the realities hit home. Here was a suffering health care system that would blame the systemic shortfalls on women's "selfish" decisions to try and do it all. While women physicians appear to be trusted resources to our communities locally, we don't appear to know our own collective strength.

This is one reason why FMWC has embarked on a plan to clarify the priority issues of our members and to reflect these priorities within our newly developed website. That plan is to try and get a sense of how we, the women physicians of Canada, see these issues and what is most important to us. We then want to cre-

Gender and health has become a core curriculum topic in a few Canadian schools, and poverty's impact on health is best exemplified by its impacts on women. I have witnessed HPV vaccination be implemented across the country with great resistance and misinformation, at the cost of hijacking what could have been (or perhaps still is) an excellent opportunity to shore up an overall screening and prevention program with a national screening registry that would allow us to eliminate HPV disease and cervical cancer deaths. I have witnessed the 20 year anniversary of Morgentaler and the 2nd reading of Bill C484 in Parliament this March. This Bill, if allowed to pass, will quietly instill chaos into the pro choice

rights that women have valiantly fought for over the years. While we agree that women have the right to be protected from violence, and in particular from the scourge of violence against women who are pregnant, nonetheless, the term "unborn victims" is a thin wedge at risk of opening pro life floodgates, and at risk of criminalizing the acts of those physicians named as "criminals" for their decision to support women's right to choice.

Again, these musings aside, FMWC needs to base its actions on the opinions of our members, and we look forward to hearing from you in our upcoming Needs Assessment survey. Please respond when you see it.

So, why join FMWC or renew your membership? The reasons are many. The Federation of Medical Women of Canada is a national organization committed to the professional, social and personal advancement of women physicians and to the promotion of the well-being of women both in the medical profession and in society

*(Continued on page 5)*

#### **FMWC Wish List Priorities for Canadian Women's Health**

- ☐ Eliminate poverty and gendered wage gaps
- ☐ Eliminate all forms of violence against women,
- ☐ Assure equal access to reproductive choice and safe motherhood across Canada
- ☐ Improve our ability to prevent disease using a gendered awareness, whether that means immunization strategies, PAP registries, smoking cessation, HIV/AIDS initiatives or Environmental Health
- ☐ Improve access to mental health services, and strive for gender equity in access to all health care services
- ☐ Involve men in improving understanding of gender and its impact on health.

#### **FMWC Wish List Priorities for Canadian Health Care System For Women Physicians**

- ☐ Increase total Canadian physician resources and stop blaming women in medicine for human health resource problems.
- ☐ More trainees will require more faculty and more women in higher leadership positions. Help our younger physicians advance.
- ☐ Expose and eliminate any gender pay gaps.
- ☐ Improve workplace flexibility, job sharing, part time work, etc. Distribute this flexibility equitably across specialties.
- ☐ Improve childcare programs, parental leave and re-entry after leaves
- ☐ Involve men in improving understanding of gender and its impact on careers.

ate a responsive website that we can use to our best advantage. We are half way there and are in need of your feedback at this point. We will be sending you a Needs Assessment Survey in the near future and kindly request that you respond.

What I have also seen since accepting this position is that violence still remains a significant issue for Canadian women, and Canadian aboriginal women all the more so.



## Women Behind the Mask



Despite increasing enrolment of women in medical schools, the national proportion of female doctors in surgical specialties currently hovers below 10% (CMA Statistics).

The proportion of female residents in neurosurgery is just 18%, orthopedic surgery 15%, and 11% in cardiac surgery and general surgery (CME 2007 Statistics). A recent U.S. study found that, despite a 40% rise in female medical students since 1970, the proportion of female orthopaedic surgeons, for example, has risen by only 8%<sup>1</sup>. In the U.S., only 28% of general surgery residents are women (AAMC data).

What are the reasons for this disparity? Do women lack sufficient mentors and role models to feel supported and capable of pursuing a surgical career? Is there sufficient misconception that surgical specialties require physical labour that exceeds the capacity of women? Or are women just disinterested in surgical specialties?

A British survey of 300 first year medical students suggested that female medical students simply aren't interested in surgery as a career<sup>2</sup>. In this study, only 18% of female students entering medical school wished to pursue a surgical career, compared to over 50% of male students at the same stage. The authors concluded that some views held prior to entering medical

school led some women to believe that surgery is an unsuitable career for them. So what are these preconceptions or beliefs? It seems that concern about lifestyle is not the answer, as only 2 out of nearly 200 female medical students expressed lifestyle factors as contributory<sup>2</sup>.

In support of this, a study as far back as 1993 found that "Women surgeons practicing in Canada are able to combine productive careers with rewarding family lives and are satisfied with their decision to do so despite the compromises involved<sup>3</sup>." Overall, 88.3% of women surgeons in Canada were happy with their decision to pursue a career in surgery<sup>3</sup>.

Again, I am forced to ask, why are women still underrepresented in surgical specialties?

A 2001 study suggested that childbearing and child care may have an enormous impact on the decision to pursue a career in surgery<sup>4</sup>. Female surgeons tend to delay child bearing, often until completion of their residency program. In 1993, time allotted for maternity leave for staff surgeons was around 8 weeks<sup>3</sup>. Today, all residency programs have provincially standardized maternity leave for around 16-18 weeks. It is only our Maritime Provinces that allow up to 1 year. What determines the balance between necessary time off for childbearing and early newborn care with the demanding requirements of surgical training? It is evident that these topics are deserving

of ongoing debate and discussion in hopes of formulating a balanced solution.

More importantly than determining exact causality, I'd like to suggest that we look forward. It is evident that more women are gradually entering Canadian surgical residency programs. For example, in speaking to my colleagues, I am happy to report that there are at least 15 women entering Orthopaedic residency programs this July, some of which are the first females in their respective training programs. I propose we congratulate those women pursuing less commonly sought after roles in medicine, support them in their endeavors and encourage them to mentor the "women behind the mask" to come.

I look forward to discussing this topic and many more at the AGM in Calgary on June 22 & 23. I hope to see you all there!

Prism Schneider  
FMWC National Student Representative

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2. THS Fysh, G Thomas, H Ellis. Who wants to be a surgeon? A study of 300 first year medical students. *BMC Medical Education*. 7:2, 2007.
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### Resources:

J.R. Gladden Orthopaedic Society - a multicultural society for orthopaedic surgeons of all genders, races, religions and nationalities. <http://www.gladdensociety.org>

Ruth Jackson Orthopaedic Society (RJOS) - founded in 1983 as a support and networking group for the growing number of women orthopaedic surgeons. Resources range from sharing technical solutions for practice problems to how to survive motherhood and orthopaedic practice/residency at the same time. <http://www.rjos.org/>

Canadian Orthopedics Association - Women in Orthopaedics Fifth Annual Luncheon - <http://www.coa-aco.org/>

*God Spare Life: An Autobiography* by Dr. Claudia Lynn Thomas, the first African American female orthopedic surgeon.

### President's Message.... (Continued from page 4)

at large. The vision of FMWC includes among other things, to provide a unified public voice for women physicians, to advance women within the profession, to improve management of women's health issues and to influence health care policies pertaining to women and the general population. These are laudable if lofty goals.

This is indeed no small task to be undertaken without your input! Help the FMWC to make your voice heard. Be prepared to speak up about the issues that matter to us. Be prepared to

speak out when change is needed. Be prepared to speak together because we will be far stronger as a unified voice. The FMWC have begun the process by drafting a core wish list of priority issues for women physicians and a core wish list of priority issues for women's health. Let us know where you stand on these issues by replying to our Needs Assessment Survey. Support the FMWC by renewing your memberships and by encouraging your colleagues to join. Make the best use of your membership by enjoying your local branch activities and friendships.



## ***So now women physicians are to blame for the doctor shortage?*** ***(Continued from page 1)***

How about the fact that we don't have enough medical schools or entry positions in medical schools here in Canada? Many students go out of the country to study. Enrolment has steadily increased since 2000, but Dr. Nick Busing (President of AFMC) says "We need to be talking about a target minimum of 3,000 entry-level positions for Canadians, and get there as quickly as possible". Dr. Day raises the other issue of the number of Canadian students who must study abroad because they are unable to get a spot in a Canadian Medical School. Day suggests that Canada should accredit foreign medical schools in order to help ease the return of these graduates back to Canada to practise.<sup>5</sup> The same can be said for the lack of residency positions.

We must find a creative and innovative solution that is going to 1) produce physicians here in Canada and 2) keep them here. We definitely need a broad policy decision to be able to reintegrate student that are trained out of the country. We also have to consider the bureaucratic hoops that physicians need to go through in order to practice in another province. Those obstacles need to be eliminated. How about physicians who wish to return to the country? Their reintegration is not made smoothly or easily.

This story has certainly caused uproar amongst female physicians. Comments made by Dr. Day, President of the CMA has raised eyebrows and has instigated a response from the President of the Federation of Medical Women of Canada. On behalf of all female physicians, Dr. Dollin has expressed her disappointment at the CMA president's opinions. A letter was sent in late January in which she expressed our dismay at having him add fuel to the fire created by the media in their spin about the physician crisis in Canada. "As CMA president, you clearly know that Canada has put in force a series of unwise cost-saving decisions over time that had cut back training spots leading to this crisis. ....We look forward to a rapid clarification of your position, and would like to move forward together with a medical association that supports us"<sup>6</sup>

Dr. Day was certainly apologetic explaining that indeed he made the comments, but they were taken out of context.

Dr. Day offered to write an OpEd piece in cooperation with Dr. Dollin, hoping to clarify his position. This OpEd was sent to the media in March and appeared in the Toronto Star on Thursday March 20, 2008.

In this Op Ed the important message was that it was wrong to "... oversimplify Canada's shortage of physicians by reducing it to a battle of the sexes. The fact that more women are becoming physicians can only be seen as a positive factor enhancing the quality of our health system...some of the confusion arises when we measure productivity. We do not have the data to measure improvements that might result from more time spent per patient or from more preventive services being performed..."<sup>7</sup>

This argument is not in Canada alone. In the April 5<sup>th</sup> issue of the British Medical Journal, the debate is taken up by Dr. Jane Dacre, Vice Dean, Academic vice President of the University College in London, England and Dr. Brian McKinstry, Senior Research Fellow at the University of Edinburgh. It was also taken up in the April issue of Business Week. The links for these three articles are as follows

"Head to Head" BMJ 2008;336:749 (5 April), *Are there too many women doctors?: NO Jane Dacre vice dean, academic vice president* <http://www.bmj.com/cgi/content/full/336/7647/749>

Are there too many women doctors?: YES Brian McKinstry, senior research fellow <http://www.bmj.com/cgi/content/short/336/7647/748>

As a result of this latest publication, journalist Cathy Arnst posted a blog in Business Week on April 4, 2008 that highlights the main comments on both Dr. McKinstry's article and Dr. Day's comments from the MacLean magazine. She concludes that Dr. McKinstry is correct when he says: "For years women have been unfairly discriminated against in medicine. I fully support their role and the strengths they bring to modern medicine. However, in the absence of a profound change in our society in terms of responsibility for child care, we need to take a balanced approach to recruitment in the interests of both equity and future delivery of services."<sup>8</sup>

Dr. Dollin's comment on this latest statement is very clear. "Why is the absence of a

profound change in our society in terms of responsibility for child care a given? Indeed a change in our society in terms of responsibility for child care is essential."<sup>9</sup>

Blame should start with the short sightedness of our various levels of governments. Within the next 40 years we predict that the shortage will only be getting worse rather than better with our aging population and the new generation of doctors unwilling to put in the long hours from the previous generation.

Why indeed! Ending the sexist blame game, an editorial which appeared in the CMAJ on March 11, 2008 probably sums it best. "All doctors have a reasonable expectation of family life outside of work. A reasonable health human resources strategy should accept that reality. Preventing burnout and keeping our health care workforce active and motivated are crucial. Paying attention to personal and family responsibilities is a good thing for male and female doctors, their families and ultimately their patients.....The blame game gets us no closer to achieving what Canadians expect from us – a health care system that provides quality and timely access to well-trained, well-equipped, compassionate health care providers."<sup>10</sup>

This is a hot topic and it does not seem to be ready to die a quick death. It is critical to have women physician express their concerns over this perspective and we will be offering our members this opportunity very soon. This discussion will in fact move very soon to our online blog as part of our new website. In the meantime, you can send you comments for our President through the national office email at [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca).

## **References**

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4. Ibid, p.62
5. Ibid, pp. 66-67
6. Letter to Dr. Day, president of the CMA from Dr. Janet Dollin, President of FMWC
7. The Toronto Star, *Patients like a woman's touch*, March 20, 2008, page AA05
8. "Head to Head" BMJ 2008;336:749 (5 April); *Are there too many women doctors?*
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10. CMAJ, *Ending the sexist blame game*, March 11, 2008, .178(6) page 659





# Honour FMWC's past heroes for reproductive choice and help defeat Bill C484"

**FMWC urges you to take action against the "Unborn Victims of Crime Act", Bill C-484!**

Make sure Canadian politicians hear your voice about women's rights!

A private member's bill called The "Unborn Victims of Crime Act" (C-484), introduced by Conservative MP Ken Epp (Edmonton Sherwood Park) last fall, passed Second Reading in Parliament on March 5, 2008. It will now go to the Standing Committee on Justice and Human Rights for review.

[http://cmte.parl.gc.ca/cmte/CommitteeList.aspx?Lang=1&PARLSES=392&JNT=0&SELID=e18\\_&COM=13192](http://cmte.parl.gc.ca/cmte/CommitteeList.aspx?Lang=1&PARLSES=392&JNT=0&SELID=e18_&COM=13192)

The text of the bill is here: <http://www2.parl.gc.ca/HousePublications/Publication.aspx?Docid=3127600&file=4>

This bill, if passed, would amend the Criminal Code to allow separate homicide charges to be laid in the death of a foetus when a pregnant woman is attacked. This reverses current gains made over the years to protect women's reproductive health rights, and risks potential harmful outcomes for pregnant women.

The Federation of Medical Women of Canada (FMWC) would like to alert the public to its opposition to Bill C-484 within the Canadian government. We would like to inform you so that you can make your voice heard and stop this Bill from being passed. You can help us do this in 4 ways, and it should take you only 4 minutes!

## 4 Actions = 4 Minutes

We feel that any participation you put into this action will have a great impact on the next reading of Bill C-484. Please take the time to look through 4 ways you can take action:

1) **Contact your Member of Parliament**, and express your concern for the bill. Phone, fax, email or meet with them. To locate the email address and phone number of your MP, visit this governmental website: [www2.parl.gc.ca/Parlinfo/Compilations/HouseOfCommons/MemberByPostalCode.aspx?Menu=HOC](http://www2.parl.gc.ca/Parlinfo/Compilations/HouseOfCommons/MemberByPostalCode.aspx?Menu=HOC)

2) Use the sample letter provided and the information here to help you write a letter to your MP and/or **to your choice of member of the Standing Committee on Justice and Human Rights**. Please feel free to personalize your letter. To locate name and contact info for this committee, see this link: [www.parl.gc.ca/common/Committee\\_SenMembers.asp?Language=E&Parl=39&Ses=2&comm\\_id=77](http://www.parl.gc.ca/common/Committee_SenMembers.asp?Language=E&Parl=39&Ses=2&comm_id=77)

Dear [insert MP's or Standing Committee member's name]

I am opposed to Bill C-484, a private member's bill by MP Ken Epp, entitled, the "Unborn Victims of Crime Act." I urge you to please oppose this bill in Parliament. Rather than passing a law that protects the foetus and ignores the mother, we need to concentrate on laws that protect women from domestic violence and mandate more serious penalties for perpetrators of violence against pregnant women.

This bill will give fetuses a form of legal personhood, opening the door to re-criminalizing abortion and taking away a woman's freedom of choice. I urge you to defeat this bill. Thank you.  
Sign \_\_\_\_\_

3) **Sign a petition** against Bill C-484 published by the Abortion Rights Coalition of Canada: [www.gopetition.com/petitions/oppose-bill-c-484.html](http://www.gopetition.com/petitions/oppose-bill-c-484.html) or by the Fédération des médecins spécialistes du Québec [www.fmsq.org/c-484/e/anglais.html](http://www.fmsq.org/c-484/e/anglais.html)

4) Share this and the following background information with your colleagues.

## Background Information on Bill C-484

The "Unborn Victims of Crime Act" has passed its second reading in the House of Commons. This bill introduces the idea of "fetal rights," which intends to allow charges to be laid against the 'killer' of a pregnant woman and the related death

of her unborn child. While purporting to protect women and their unborn children from harm, this bill also raises a number of ethical and legal problems. It is felt by both pro choice and anti choice groups to be a key step towards re-criminalizing abortion. It could also criminalize pregnant women for behaviours perceived to harm their fetuses.

We join with others in the community who would like to see women's autonomy and choice protected. We are concerned that this may also open the door for the fetus to be considered as a "person" with "rights" and that charges could then be laid against the pregnant mother (or her physician in the case of an abortion) in the event of the death of this unborn child. If passed, Bill C-484 would be an unconstitutional infringement on women's rights, and could likely result in harms against pregnant women

Although Section 7 of Bill C-484 claims that abortion is exempt from the bill, the assignment of rights to a fetus completely contradicts this assertion. It is seen as a thin edge of a wedge, allowing the targeting of a woman for any harmful behaviour to the fetus, whether it is intentional or not. Women have struggled hard for their guaranteed rights and for equality under our Charter of Rights and Freedoms. The Criminal Code gives legal status and rights to a person only after they are born. Bill C-484 conflicts with the current status of a fetus in the Canadian judicial system, where, to a degree, this status of the fetus protects women from being accused of murder in the event of having an abortion.

It is laudable to try and protect women from harm, in particular from domestic violence during pregnancy. However, Bill C-484 does nothing to prevent the cause of domestic violence; therefore, it does not protect women. Rather, it is a step back for a woman's reproductive rights! Instead of this bill, we need better measures to reduce violence against pregnant women.

Further excellent information can be found at the Abortion Rights Coalition of Canada website: [www.arcc-cdac.ca](http://www.arcc-cdac.ca)



# Preliminary program

***Inspiring and Creating Change AGM Leadership and Advocacy Workshops***

**June 22-23, 2008**

**Palliser Fairmont**

**Calgary, AB**

## **President-elect's message**

Our AGM and advocacy workshops for this June in Calgary have come together nicely thanks to all the hard work on the part of all the Planning Committee members. The program (preliminary) is included below. I'm sure your interest will be piqued by the topics and you will agree that our faculty is stellar! The Fairmont Palliser Hotel (meeting venue) boasts outstanding facilities and Calgary in June is exciting as it gears up for the Stampede. If anyone has a tiny bit of extra time, remember that beautiful Banff in the Rocky Mountains is an easy side trip.

Hope to see you all there!

Kathleen Gartke

## **Target Audience**

All concerned physicians, women who are members and nonmembers of the Federation of Medical Women of Canada, and men who want to mentor women (students, friends, wives and daughters)

## **Objectives**

1. To provide strategies and tools to female physicians to empower them to become leaders in their home communities. There will be opportunity for reflection and discussion with leaders who in their own ways have changed the world of medicine and women's health.
2. To provide a unified public voice for women physicians. Facilitate networking between women physicians at the local, national and international levels.
3. To build relationships that will allow us to better meet our mission in the future. Strategies to better communicate with others in our community will be explored. An outcome of the workshops will be that communication tools will be added to the ongoing development of the Toolkit for Leadership and Advocacy for women leaders.

## **Programme**

### **Sunday, June 22, 2008 — Alberta Room**

11:00 – 12:30	Student workshop – Theme: Tools for the future
12:30 – 1:00	Lunch – Marquis Room
1:00 – 2:30	Communicating about complex medical issues: Lessons learned from the HPV Vaccine. Speaker: Dr. Jennifer Blake
2:30 – 2:45	BREAK
2:45 – 3:25	Needs Assessment Results – presentation by Janet Dollin
3:30 – 4:25	Advancing Vaccines Through Immunology. Speaker: TBD
5:00 – 10:00 pm	Board meeting including dinner.

### **Monday, June 23, 2008 — Alberta Room**

7:30 – 8:15 am	Continental Breakfast
8:15 – 9:30 am	Annual General Meeting
9:30 – 9:50 am	BREAK
9:50 – 11:25 am	Raising Conflict Productively, Dr. Rose Goldstein
11:25 – 12:25	Painless Pearls to get your message across, Dr. Cathy Younger-Lewis
12:30 – 2:00	AWARDS LUNCHEON
2:15 – 4:15	Preparing Today's Physician Leaders to Tell Medicine's Story (media training), Pat Clark, Eve Elman, Lucie Boileau.
6:00	BBQ at Rotary House, Stampede Park

**“Being the Change We Want to see in the World”**

**—Gandhi**





## ***Inspiring and Creating Change AGM Leadership and Advocacy Workshops***

**June 22-23, 2008**

**Palliser Fairmont**

**Calgary, AB**

### **Faculty**

**Jennifer Blake**, MD, Ob/Gyn, Women's College Hospital, Toronto; **Lucie Boileau**, Media Relations Manager, CMA; **Patricia Clark**, Media trainer, speech coach and Message developer; **Eve Elman**, Director Public Affairs, CMA; **Rose Goldstein**, MD, Vice- President Research, U of Calgary; **Cathy Younger Lewis**, MD, Family Physician and Past President of FMWC (2004-05), past editor FMWC newsletter.

### **Organizing Committee**

**Chair**, Dr. Kathleen Gartke, President-elect, Dr. Betty Cowie, Dr. Janet Dollin, Dr. Rose Goldstein, Dr. Shirley Hovan, Andrée Poirier, Dr. Pat Mousmanis, Dr. Charmaine Roye, Ms Prism Schneider, Dr. Muriel Solomon, Dr. Susan Wilkinson

### **Accreditation:**

The FMWC has applied to both the Royal College of Physicians and Surgeons and the Alberta College of Family Physicians for accreditation for this program. This program meets the accreditation criteria of the College of Family Physicians of Canada and has been accredited for up to 7.5 MAINPRO-M1 credits.

### **Reserve your hotel now!**

**Hotel:** Our meeting will be held at the **Palliser Fairmont Hotel**, 133 9<sup>th</sup> Avenue S.W. in Calgary, Alberta. We have a block of rooms reserved at **\$209.00 single** occupancy. You can reserve under our block until **May 22, 2008**. Simply call the reservation number at **1-800-441-1414** and ask for your reservation to go under the following code name: **RESID: JYL041**.

**The FMWC would like to thank its sponsors for their continuous support.**

(confirmed at time of print)

#### **Diamond:**



GlaxoSmithKline



#### **Platinum:**



**MERCK FROSST**

#### **Silver:**

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OBSTETRICIANS AND  
GYNAECOLOGISTS  
OF CANADA

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#### **Bronze:**





# Registration Form

***Inspiring and Creating Change AGM Leadership and Advocacy Workshops***

**Delegate Information**  
(Please print)

**June 22-23, 2008**  
**Palliser Fairmont, Calgary, AB**

Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Salutation: \_\_\_\_\_

Add: (☐home ☐office) \_\_\_\_\_ City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip/Postal code: \_\_\_\_\_ Country: \_\_\_\_\_ Tel: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_ Indicate any food allergies or special requirements: \_\_\_\_\_

For FMWC members who are not members of the SOGC who wish to participate at the International Women's Health Symposium may do so by paying an additional \$100.00

☐ **Yes!** I wish to participate to the SOGC Int'l Women's Health Symposium on Wed., June 25, 2008.

**Social Evening June 23, 2008!**

Join the fun on Monday, June 23, 2008 when we take part in an evening of great food and lots of fun at the Rotary House at Stampede Park. A BBQ buffet will be served. Excellent opportunity to mingle and network with colleagues from across the country and to enjoy the wonderful cowboy fare provided by the excellent chefs at Stampede Park.

☐ **Yes!** Social Evening: BBQ at Rotary House, Stampede Park, Mon. June 23, 2008

**Register according to appropriate category & rate**

Category	Registration Fee	SOGC Int'l
Full /Associate	<input type="checkbox"/> \$175	<input type="checkbox"/> \$100
1 <sup>st</sup> /2 <sup>nd</sup> yr pract./Ret/Senior	<input type="checkbox"/> \$125	
Student/Resident	<input type="checkbox"/> \$50	
Student/Resident non-members	<input type="checkbox"/> \$100	
Non-members	<input type="checkbox"/> \$350	

Become a member a save! (Full membership 135.00, 1<sup>st</sup>/2<sup>nd</sup> year practice \$75, associate \$50, resident \$50, student \$25- download a membership form from our website at [www.fmwc.ca](http://www.fmwc.ca))

**Method of Payment**

AGM & workshops \$ \_\_\_\_\_  
SOGC Int'l Women's Symposium \$ \_\_\_\_\_  
Social evening \_\_\_\_\_ x \$70 \$ \_\_\_\_\_  
Optional student sponsorship \$ \_\_\_\_\_  
Total \$ \_\_\_\_\_

**Method of Payment**

☐ cheque (payable to FMWC) ☐ VISA ☐ MC

Card #: \_\_\_\_\_

Exp. \_\_\_\_/\_\_\_\_ Signature: \_\_\_\_\_

**Please return this form to FMWC by fax or mail to 780 Echo Drive, Ottawa, ON K1S 5R7  
fax: 613-569-4432 or toll free 1-877-772-5777**



## Elective in International Women's Health; A developing country experience

By Setorme Tsikata, Ottawa

I had the opportunity last summer to attend the 27<sup>th</sup> MWIA congress in Accra, Ghana before embarking on a 2 week elective in Women's Health at the Korle-bu Teaching Hospital, the largest tertiary hospital in the country where I was born. Highlights of the congress have been shared in a previous edition of this newsletter. Following are a few facts about the state of women's health in a typical developing country such as Ghana.

Ghana has a population of 22million. Life expectancy is 55.4 years for men and 59.6 years for women. Neonatal, infant and under five mortality rates are 43 per 1000 live births, 64 per 1000 live births and 111 per 1000 births respectively. Main causes of neonatal mortality are infections, complications of prematurity, birth asphyxia and congenital malformations. Maternal mortality rate is 205 per 100,000 births, mainly from post-partum hemorrhage, sepsis, eclampsia, obstructed labor and complications from illegal and unsafe abortions.

There is decreased access and delivery of health services in general, women's health services in particular among the lowest socio-economic group which happens to be about 90-95% of the population.

Unlike in Canada where basic healthcare is covered by provincial insurance plans, healthcare in Ghana is essentially fee-for-service. A recent development is a new national health insurance scheme which covers healthcare costs up to 3 visits annually, so during pregnancy, one visit is covered per trimester.

There is a huge disparity in the delivery of health care between government run hospitals versus those that are privately run. Private hospitals such as Lister Hospital are well equipped with up to date laboratory facilities and technology, ORs and adequate healthcare personnel comparable to Canadian hospitals, unlike Government health institutions such as Korle-bu.

In Korle-bu, the maternity block has 3 ORs but only one was operational during my elective period. There was no functioning cardiotocograph and in order to determine fetal well-being, physicians would listen to the fetal heart rate with a fetoscope while palpating the abdomen for uterine contractions simultaneously. In addition, shortage of beds means patients have to make do with sleeping on bare mattresses on the floor on extremely busy days.

Basic supplies such as gloves, surgical sutures, gauzes, etc. are in short supply. This often results in emergency c-sections being put on hold for supplies to be obtained from other departments notably the surgical block.

On another front, the number of people living with HIV at the beginning of 2008 was 268,134; males- 111,629; females- 156,505. Prevalence between ages 15-49 years is 1.9%. The annual number of HIV related deaths is approximately 2,519 and annual number of adult AIDS deaths is 19,128 despite having over 90 sites where ARVs are given out for a cost of \$5 a month. Treatment is free for pregnant women and those unable to afford

it. There are probably many more HIV positive people out in the country who for various reasons such as fear of stigmatization coupled with the fact that there are only 3 PCR machines in the whole country fall through the cracks and hence are unaccounted for. Because access to PCR machines is limited, wait times for diagnosis of babies born to infected mothers is 18 months on average.

The few doctors and residents in particular who I met went about their work diligently despite being constantly sleep deprived with the enormous work load and the lack of resources.

I had the opportunity to share more details about this elective experience with a few members of the Ottawa Local branch of the FMWC. There's already a discussion for ideas to contribute in anyway possible, no matter how small it may seem, such as donating used equipment, medication samples with short shelf lives, or even monetary contributions to a fund to help procure beds, linen, gowns for laboring women and babies, or reliable generators to ensure constant power supply. Courses such as ALARM and MORE OB can be tailored to local practice to help improve perinatal outcomes and instructors can volunteer their time and expertise to a great cause.

### References:

Demographic Health Survey 2003, 2006 HIV Sentinel Surveillance, Dr. Alberta Nyarko, Head of HIV program, Kumasi South Hospital, Ghana.

*Please send correspondence relating to this article to [setorme@yahoo.com](mailto:setorme@yahoo.com)*

## CPAR Challenge – FMWC beats last year's total!

Thank you to everyone who joined the FMWC CPAR team this year by sponsoring our President or by donating. The FMWC beat last year's total. We collected \$3745.00. We hope to participate as a team again next year and reach the \$4000 mark. Thank you to everyone

who participated for your great generosity.

CPAR's Annual World Health Day Challenge is organized by Canadian Physicians for Aid & Relief (CPAR). CPAR extends a challenge to physicians

and health care professionals all across Canada to donate part of their day's income that day to CPAR, in support of its health and development projects in rural African communities.

Be part of the team next year.





## Membership Renewal and Recruitment



Your membership fees support many FMWC activities including a home office and executive coordinator position, direct financial support for branch activities, Medical Women's International Association (MWIA) membership, FMWC newsletter and maintenance and upgrades on the [www.fmwc.ca](http://www.fmwc.ca) website (which we hope to soon make bilingual).

We need to not only keep all our present members but to grow those numbers. We challenge each of you to at least pass the FMWC information on to one fellow physician or allied health care professional. Remember, you can also gift a year's membership to a medical student. Membership forms available from [www.fmwc.ca](http://www.fmwc.ca)

As a thank you to anyone identified as sponsoring a new FMWC member before Dec. 31, 2008, we will mail you one copy of the book *Honour Due: The Story of Dr. Leonora Howard King*, by Margaret Negodaef-Tomsik (value of \$24.95).

If you wish to have extra application forms on hand, do not hesitate to contact the National Office by email [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca) or by phone at 1-877-771-3777 toll free or in the Ottawa area at 613-569-5881 or simply go online at [www.fmwc.ca](http://www.fmwc.ca) and click on How to Join and you should be able to click on membership dues application to download and copy the membership form.

## FMWC Membership Application Form

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Province: \_\_\_\_\_ Country: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Tel (Office): \_\_\_\_\_ Tel (Home): \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_

☐ Yes, you may share my coordinates (name, address, email, phone number, fax number) with other FMWC members as required for completion of FMWC business.

### Membership Categories:

<input type="radio"/> Full Membership: \$135.00	<input type="radio"/> Associate: \$50.00	<input type="radio"/> Resident: \$50.00
<input type="radio"/> Retired: \$50.00	<input type="radio"/> 1st/2nd Year in Practice: \$75.00	<input type="radio"/> Medical Student: \$25.00
<input type="radio"/> Out-of-country: \$50.00		

How did you hear about the FMWC? \_\_\_\_\_

A member suggested I join (member's name): \_\_\_\_\_

Would you be willing to be interviewed by the media on behalf of the FMWC?	<input type="radio"/> Yes	<input type="radio"/> No
Would you be interested in receiving media training?	<input type="radio"/> Yes	<input type="radio"/> No

**Membership Dues** (*A tax deductible receipt will be sent*) \$ \_\_\_\_\_

**Maude Abbott Scholarship Fund Donation** (*A tax deductible charitable donation receipt will be sent*) \$ \_\_\_\_\_

**Maude Abbott Research Fund Donation** (*A tax deductible charitable donation receipt will be sent*) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**Method of Payment:** ☐ Cheque (Payable to "FMWC") ☐ Visa ☐ Master Card

Card Number: \_\_\_\_\_ Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_

***Fax to FMWC 1-877-772-5777 or (613) 569-4432 or mail to 780 Echo Drive, Ottawa, ON, K1S 5R7.***

***\*Membership is renewed on an annual basis (each January).***



## Congratulations to our medical students!

The month of May is quickly approaching and this means more of our medical students will be graduating and moving forward to take up their residency in various specialties. Thank you to all of our medical student members who responded to my call for more information on their residency program.

### Congratulations to our following graduates

- Dr. Prism Schneider – University of Calgary- will be doing her residency in Orthopaedic surgery at the University of Calgary
- Dr. Nili Kaplan-Myrth – University of Ottawa- will be doing her residency in Family medicine at the University of Ottawa
- Dr. Sheila Jessa – University of Alberta – will be training in Diagnostic Radiology at the University of Alberta
- Dr. Michelle Cunningham – Memorial University – will be completing her family medicine residency in Fredericton, NB through the Dalhousie program
- Dr. Sita Devi Bhella- University of Western Ontario- will be doing her residency in Internal Medicine in Toronto
- Dr. Elizabeth Gottman- University of Ottawa- will be doing her residency in Family Medicine at the University of Ottawa
- Dr. Rachel Schachar- University of Calgary – will be doing her residency in Orthopaedic Surgery at the University of Calgary
- Dr. Christina Verenka- University of Calgary – will be doing her residency in Orthopaedic Surgery at the University of Calgary.
- Dr. Meghan Daly – University of Ottawa- will be doing her residency in Family medicine at the University of Ottawa

We wish all of you our best wishes and best of luck in your residency programs. For those of you who did not respond on time or who did not see my email on time, we wish you our best wishes.

## Congratulations!

**Dr. Mamta Gautam-** members would like to congratulate Dr. Gautam for her inspiring articles in the Medical Post and the MD Financial magazine. Dr. Gautam has also been contracted as an Expert Adviser by the CMA for the Centre for Physician Health and Well-Being. Wonderful news for all physicians!

**Dr. Sajni Thomas** – congratulations to Dr. Sajni Thomas who was selected as the 2008 FMWC May Cohen Award recipient. A long-time member of the FMWC and past-president (2002-03), Dr. Thomas is a very passionate and dedicated advocate for women's health in the Saint John New Brunswick area. Her achievements are numerous and her level of care exceptional. She is an inspiration and an excellent role model to other physicians in Saint John. Dr. Thomas will be receiving her award at the Annual Awards Luncheon on June 23 at the Palliser Fairmont in Calgary as part of the AGM Leadership and Advocacy Workshop activities.

The FMWC May Cohen Award recognize a member of the Federation for her role in the promotion of women's health.

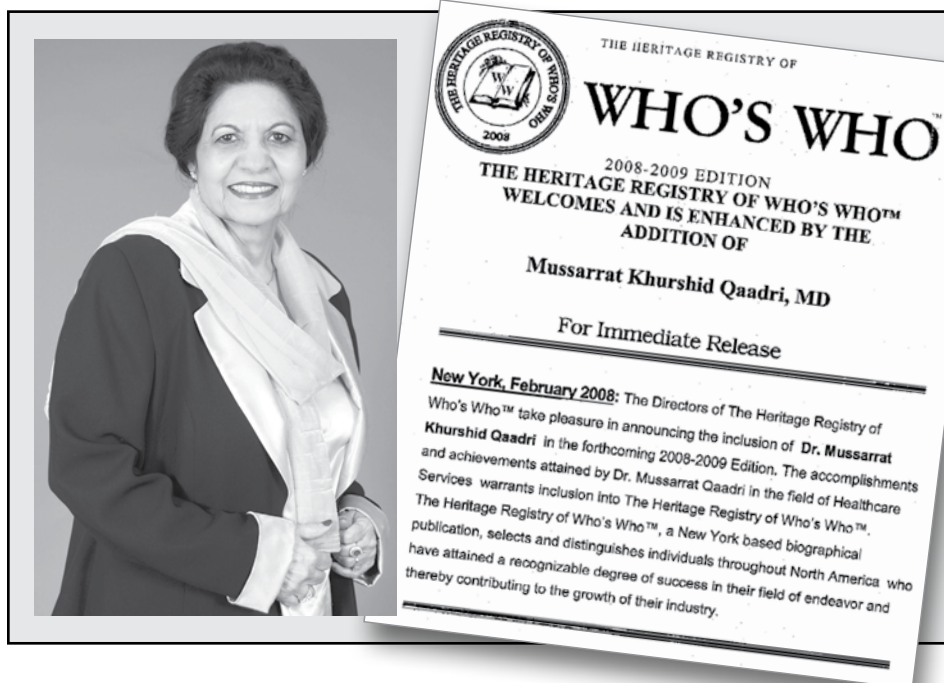
**Dr. Paula Tippet-** Dr. Paula Tippet was one of the first female physicians to practice in Saint John. She's been a mem-

ber of FMWC since early in her career. She has been a family doctor until her retirement this year, as well as a past Medical Officer of Health, she has run for political office and been an active protector of the environment before it was the popular thing to do. We wish to honour Dr. Tippet for her long-time dedication to the FMWC with a Senior Membership.

**Dr Cheryl Levitt-** Dr. Cheryl Levitt has been nominated for the Enid Johnson Macleod Award. Dr. Levitt is a hard-working, committed, passionate family physician who has contributed significantly to improving women's health as a clinician, researcher, educator, and leader within various medical organizations.

The Enid Johnson Macleod Award recognizes either a woman physician or non-physician for the promotion of women's health research and/or women's health education. The award was established to honour Dr. Enid Johnson MacLeod, a long-time member of the FMWC, known internationally for her research into the use of curare for anaesthesia, and remembered for her generosity and warmth of spirit.

We hope to present Dr. Levitt her award at the Awards Luncheon on June 23.





## Calendar of Forthcoming Events

### MWIA AND INTERNATIONAL ORGANIZATIONS - CONGRESSES AND MEETINGS

#### 2008

##### June 22-23, 2008

Federation of Medical Women of Canada Annual General Meeting and Leadership & Advocacy Workshops Inspiring and Creating Change Fairmont Palliser Hotel, Calgary, Alberta. More information available on [www.fmwc.ca](http://www.fmwc.ca)

##### June 25-29, 2008

Society of Obstetricians and Gynaecologists of Canada Annual Clinical Meeting Calgary, Alberta, [www.sogc.org](http://www.sogc.org).

##### July 9-13, 2008 - Puerto Rico

MWIA Latin American Regional Meeting Holiday Inn Isla Verde in Puerto Rico For further information contact [mirepint@yahoo.com.mx](mailto:mirepint@yahoo.com.mx)

##### September 3-6, 2008 - Malmö, Sweden

MWIA Northern European Regional Congress Theme: "Bridge the Gender Gap." Contact [robert@malmokon-gressbyra.se](mailto:robert@malmokon-gressbyra.se)

##### September 12-14, 2008 – Stockholm, Sweden

3rd International Congress of Gender Medicine Contact [gim-office@charite.de](mailto:gim-office@charite.de)

##### October 17-19, 2008 - Melbourne, Australia

MWIA Western Pacific Regional Meeting For further information, visit the website [www.wafmw.org.au](http://www.wafmw.org.au)

##### October, 2008 – Seoul, Korea

World Medical Association For further information contact [www.wma.org](http://www.wma.org)

##### November 27-29, 2008

Family Medicine Forum 2008 Sheraton Centre Hotel, [www.cfcp.ca](http://www.cfcp.ca)

#### 2009

**July 13-17, 2009** - Dar Es Salaam, Tanzania  
MWIA Near East & Africa Regional Meeting  
Health and the Developing World; Towards the 2015  
Millennium Development Goals

**September 19-26, 2009** – North American Regional Meeting  
Cruise from Boston, Massachusetts, U.S.A. to Montreal, Quebec, Canada  
Theme: Taking Care of the Caregiver.

**Central European Regional Meeting, Vienna, Austria**

#### 2010

**May 7-9, 2010** – Paris, France  
Southern European Regional Meeting

**July 27-31, 2010** The Residence in Munster, Germany  
28th International Congress of MWIA  
Theme is Networking in changing Times/World

## Obituaries

**Dr. Shirley Hazell**, long time member from Vancouver, BC has passed away January 17<sup>th</sup>, 2008. We wish to pass along our sincere condolences to Dr. Hazell's husband Dennis Loader, family and friends.

**Dr. Beryl Oblasi (Bici) Taylor-Lewis**, passed away of ovarian cancer at the end of January 2008. She was an anaesthetist and a single mother of 3. She worked in Saint John New Brunswick for many years. She was a long-time mem-

ber of FMWC until she retired and moved to British Columbia. Many of you who attended the MWIA meeting in China would remember Dr. Taylor-Lewis. We wish to pass along our sincere condolences to Dr. Taylor-Lewis' family and friends.

**Dr. Julia Van Norden**, passed away February 26, 2008 at the age of 89. Dr. Van Norden was a long-time member of the FMWC in Vancouver. We wish to pass along our sincere condolences to Dr. Van Norden's family and friends.

## MEDICAL SUPPLIES SALVAGE PROJECT – GHANA

A few FMWC members have just began discussions on how best to contribute towards improving healthcare access and delivery in Ghana, especially at the Korle-bu Teaching Hospital Maternity Block. We are encouraging all members nationwide to help us mobilize basic medical supplies such as gloves, gauzes, syringes, needles, and equipment that are in good working condition but have been discarded. This invitation is also extended to medical supply companies, NGOs, private corporations and pharmaceutical companies to donate products, services or cash to cover the cost of shipping.

There are many other ways members can contribute and your services and ideas are welcome in making this project a success.

Please visit [www.fmwc.ca](http://www.fmwc.ca) for further details in the coming weeks on how to help and a comprehensive list of medical supplies needed. You can also email me at [setorme@yahoo.com](mailto:setorme@yahoo.com) if you have any suggestions. Thank you.





## Needed! Eager and enthusiastic women physicians interested in a board position.

(Continued from page 1)

fill at the AGM on June 23, 2008 in Calgary. We currently have filled positions that will be turning over to new hands.

The current vacant positions we need to fill are as follows:

**President-elect**

**National Student representative**

**Regional Directors- Region II (AB, NWT, Nunavut, SK, MB)** This is a vital position for someone interested in communications

**Branch Presidents- Halifax, Hamilton, London, Cowichan Valley**

Many other positions will become open as well, as terms come to an end and Board members move to new positions. Committees always need fresh energy and ideas. Committees are a great way to begin your involvement in your Federation.

We are seeking members for:

**Nomination Committee-** 1 member,

**Finance Committee** – 2 members

**Website committee** is a new position

**Awards Committee**, Newsletter Committee, and ad hoc committee positions arise as well.

Please consider yourself or someone you know. Help keep FMWC sustainable and vibrant. Please communicate with Andree if you are not sure what role suits you best.

**Please send all nominations to the National Office by fax (1-877-772-5777) or by email at [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca) before June 13, 2008.**

Candidate	
Mr. / Mrs. / Ms. / Miss	Full Name:
Home Address/Postal Code:	
Board Position:	
Telephone:	Email:
Nominator	
Mr. / Mrs. / Ms. / Miss	Name:
Address/Postal code:	
Telephone:	Email:
	Signature:
Supporters of this nomination	
Mr. / Mrs. / Ms. / Miss	Full Name:
Home Address /Postal Code:	
Email:	Signature:
Mr. / Mrs. / Ms. / Miss	Full Name:
Home Address /Postal Code:	
Email:	Signature:



## Board of Directors 2007–2008

### **President**

Dr. Janet Dollin, Ottawa, ON

### **President –elect**

Dr. Kathleen Gartke, Ottawa, ON

### **Past-president**

Dr. Gail Beck, Ottawa, ON

### **Treasurer**

Dr. Susan Wilkinson, Ottawa, ON

### **Honorary Secretary**

Dr. Cathy Wilkie, Winnipeg, MB

### **MWIA National Coordinator**

Dr. Zohra Docrat, Brantford ON

### **Editor, ex-officio**

Dr. Nahid Azad, Ottawa, ON

### **National Student Representative**

Prism Schneider, Calgary AB

### **National Resident Representative**

Ashley Waddington, Halifax, NS

### **CMA Affiliate Society**

#### **Representative**

Dr. Sajni Thomas, Saint John NB

### **CMA Education Representative**

Dr. Nahid Azad, Ottawa, ON

### **Regional Directors**

#### **Region I (British Columbia, Yukon)**

Dr. Lianne Lacroix, Kelowna BC

#### **Region II (Alberta, NWT, SK, MB, Nunavut)**

**VACANT**

#### **Region III (Ontario, Quebec)**

Dr. Charmaine Royce, Brantford, ON

#### **Region IV (NB, NS, PEI, NL& Labrador)**

Dr. Sajni Thomas, Saint John NB

### **Branch Presidents**

Cowichan Valley –**VACANT**

Okanagan – Dr. Lianne Lacroix

Vancouver – Dr. Beverley Tamboline (interim)

Victoria –Dr. Kathy Dabrus

Calgary – Dr. Muriel Solomon

Central Alberta – Dr. Shirley Hovan

Edmonton – Dr. Pat Simpson

Saskatoon – Dr. Alanna Danilkewich

Winnipeg – Dr. Elizabeth Watson

Kingston – Dr. Merrill Harmsen

Janet Hall Branch – Dr. Zohra Docrat

London –**VACANT**

Hamilton – **VACANT**

Toronto – Dr. Mussarat Qaadri

Peel Region – Dr. Yasmin Rehemtula

Ottawa/Hull – Dr. Mamta Gautem

Moncton – **VACANT**

Saint John – Dr. Andrea Canty

Halifax – **VACANT**

Thunder Bay - Dr. Crystal Cannon

### **Standing Committees**

#### **Awards Committee**

**Chair** – Dr. Cathy Younger-Lewis

**Members** – Dr. Patricia Warshawski, Dr. Lesley Pinder, Dr. Pat Mousmanis, Dr. Karen Breeck

#### **Nominating Committee**

**Chair** – Dr. Gail Beck

**Members** – Dr. Andrea Canty, **VACANCY**

#### **Finance Committee**

**Chair** – Dr. Shajia Khan

**Members** – Dr. Susan Wilkinson  
**2 VACANCIES**

#### **Maude Abbott Fund Committee**

**Chair** – Dr. Shajia Khan

**Members** – Dr. Shirley Hovan, Dr. Jeanne McNeill

To reach one of the Board members, simply email [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca) or call the National Office and your message will be forwarded to them (1-877-771-3777 –toll free or 613-569-5881 in Ottawa)