Newsletter
Federation of Medical Women of Canada
Fédération des femmes médecins du Canada
Fall 2009 · Vol 22 · No 3

AGM, Leadership & Advocacy Workshops 09

By President-Elect & AGM Chair: Dr. Andrea Canty

Montréal seemed to smile on the FMWC as we held our annual AGM, Leadership and Advocacy Workshops on September 26-27. The Inter-Continental Hotel provided us with luxurious rooms, delicious food and comfortable (if somewhat chilly) meeting spaces while the Pointe-à-Callière gave us a fascinating glimpse of old Montréal. Throughout the weekend we convened, we conversed and we coffee'd, we found our voice in jazz improv, we yoga'd, we listened...but what did we learn? Here are just some of the inspiring, empowering, innovative messages we received.

- We were inspired by the successes of our colleagues (Drs. Vivien Brown, Janet Philpott and Charmaine Roye)
- We have stories to tell (Dr. Janet Dollin)
- We need to self-train for resilience
- The "Manpower" issue is a generational issue, not a gender issue (Dr. Yolande Leduc)
- It is important to take risks (Dr. Betsy Hall-Findlay)
- We need a national policy to prevent abuse of physicians of both genders (Dr. Bo Miedema)
- The HPV vaccine is the "greatest breakthrough" since the Pap Test (Dr. Alex Ferenczy)
- Find your niche, your passion and pursue it (Dr. Betsy Hall-Findlay)
- We define by our actions and our inaction what is and what is not acceptable behaviour (Dr. Nahid Azad)
- Mindfulness training can help prevent Compassion Fatigue...and we're prone to Compassion Fatigue (Dr. Tara Tucker)
- The negative way that people react to women engaging in assertive behaviour is the "Backlash Effect". Women anticipate this Backlash and therefore inhibit themselves from asserting their needs and assuming leadership (Dr. Janice Stein)

Items of interest from our ABM and AGM:

- There will be a modest increase in fees to reflect the real costs of doing business; $25 increase for Associate members (to $75), $10 increase for those in their 1st and 2nd year of practice (to $85), and a $15 increase for Full members (to $150).
- We have devised a new Communications Special Committee, to be Chaired by Dr. Deborah Hellyer, to provide oversight, support and continuity for our Website Chair and Newsletter Editor.
- We also have a new Pap Test Campaign Committee to develop an ongoing strategy and Terms of Reference.
- Our members prefer meetings to be held on Saturday/Sunday.
- We have each been tasked to bring in ONE NEW MEMBER for 2010! Please commit to this very important task.

Thanks are offered to our Conference Planning Committee whose talents and wisdom allowed us to stage a very successful meeting. Kathleen Gartke, Janet Dollin, Susan Wilkinson, Pat Mousmanis, Yolande Leduc, Rachel Ptashny and, last but not least, Susan Dallin O'Grady all deserve a huge round of applause. Thank you so very much!

Our gratitude goes to our Conference Sponsors; Merck Frosst, GlaxoSmithKline, CMA, Duchesnay, Pfizer, SOGC, and Wyeth as well as our Friends; Avenue Medical Centre, Bowser Technical, Goodlife Fitness, Novo Nordisk, OMA, MD Financial, and the QMA. Without your support this conference would not happen. And let's not forget those members who made it possible for our student members to attend - thank you.

New President, Dr. Andrea Canty; Award Winners - Drs. Roye, Brown & Philpott, & Awards Chair, Dr. Breeck.

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'avancement des femmes médecins ainsi qu'à la promotion du bien-être des femmes en général.

FMWC Executive Committee 2009–2010

FMWC Newsletter

Editor: Dr. Nahid Azad

The FMWC Newsletter is published three times a year and sent to members as a perquisite of membership. Next deadline is December 1, 2009.

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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Unconscious Bias in Faculty and Leadership Recruitment

By Newsletter Editor: Dr. Nahid Azad

ALAS, we have an evidence-based literature to back up our suspicions!!

The issue of under-representation of women and minority groups both in the workplace and in the upper strata of organizations has been of ongoing concern. Within the last decade, social science researchers have pursued the theory of "unconscious bias" as one of the barriers to workplace equality, despite the general commitment across all organizations to increase diversity - including the academic medicine organizations. In a recent study published in August 2009 by the Association of American Medical Colleges, scientific literature explores the role of unconscious bias in job recruitment and evaluations, and offers suggestions to search committees and others involved in hiring decisions at medical schools and teaching hospitals.

In this literature review, based on experimental studies and real-life examinations of career-related unconscious bias, both males and females were more likely to hire the male applicant than the female applicant and both were four-times more likely to express concerns in the margins of their questionnaires for female tenure candidates than male tenure candidates. Female managers were rated as less likeable, less competent, and less desirable as bosses than were male managers. Letters of recommendations for female candidates were shorter, were more likely to be "letters of minimal assurance", and were more likely to include more "doubt raisers". For peer-reviewers, women applicants needed to have about 3 - 20 more publications to be considered. Resumes with white names had a 50 percent greater chance of receiving a call-back than those with other names (10.08% vs. 6.70% respectively).

In order to address unconscious bias, one needs to raise awareness of the problem to the conscious level. It is recommended for individuals involved in hiring processes reflect by taking the online version of IAT (https://implicit.harvard.edu/). Moreover, we need more structured interview processes with objective measures to assess skills; we need to use performance satisfaction and turn-over rates of new hires to measure the effectiveness of the interview process. Finally, we need to mitigate cultural differences which can affect first impressions of candidates.

As a critical first step, we need to reserve ample time for the interviews and evaluations of candidates - sex bias emerges more frequently when evaluators are under time pressure.

Share Your Story!

The deadline for the **Winter 2010** newsletter is **December 1, 2009**. The newsletter will come out in early January. Please forward submissions to the National Office at: fmwcmain@fmwc.ca. Please send us submissions/news about:

- ☑ **Achievements**, awards, announcements and congratulations as it pertains to yourself or another FMWC member. Relevant pictures (please include captions) are welcome.
- ☑ **Creative Corner:** We know that doctors have many other talents and we want to showcase them. We invite creative types to submit poems, drawings, cartoons or a humorous column.
- ☑ **"Letter to the Editor":** Please submit your comments to the editor on your experiences/concerns on health care, on women's health, or on your practices.

The newsletter is for your benefit and enjoyment – so please feel free to contribute!

Correction! Spring edition, pg 10: the photo is of UBC students, Mary Metrie and George Francis and not Ms. Verma and Mr. Malbranche.

Letter to the Editor:

Better physician efficiency is the real key to better productivity

By Iva Vukin, Class of 2010; Farah Manji, Class of 2010; Dr. Barbara Lent, Associate Dean, Equity and Professionalism; Dr. Carol P. Herbert, Dean, Schulich School of Medicine & Dentistry, The University of Western Ontario

The article "The feminisation of Canadian medicine and its impact upon doctor productivity"[1] focuses attention again on the "issue" of women in medicine. Particular attention should be paid to the title's last word—productivity. The authors measure productivity by calculating the number of hours doctors spend providing direct patient care. Using this definition, several assumptions are made which result in the ultimate conclusion that physician productivity in Canada is sub-optimal due to the increasing number of female doctors. However, is productivity, as defined in this article, really the best way to measure provision of medical care in Canada? We believe the answer is no; by assuming the one-dimensional view that number of hours worked equals productivity, the authors fail to consider the significance of quality, efficiency, and effectiveness in health care delivery.

The cause of Canada's doctor shortage will not be found in its gender demographic, nor will the solution be achieved by simply increasing medical school enrolment to accommodate the difference in hours spent on patient care by men and women physicians. Rather, we need to reorganize the way in which we deliver health care on a systemic level to improve overall physician efficiency. Interprofessional collaboration is key to providing optimal medical care, both for physicians and patients. For example, integrated family medicine practices that feature a group of physicians working together with nurse practitioners, nurses, pharmacists, social workers, and other allied health professionals provide faster, more efficient and continuous care. If we are to improve patient accessibility to physicians in Canada, we need to transform the ways in which we spend our work hours, not simply the number of hours spent working.

Instead of segregating women in the medical profession and scapegoating them for inefficiencies in the Canadian health care system, the medical community should be conscientious enough to recognize that *all physicians* are realizing the importance of achieving a balanced lifestyle. Over the last two years, both male and female physicians have reduced their weekly work hours to avoid 'burnout' in our over-stretched system[2]. It is time for the medical community to leave behind the traditional model of health care which is only sustainable by overworked and overstressed physicians, and instead invest time in helping to create a healthy and integrated population of physicians so that they can offer high quality patient-centred care.

1. *Weizblit N, Noble J, Baerlocher B. The feminisation of Canadian medicine and its impact upon doctor productivity. Medical Education 2009; 43:442-8.*
2. *National Physician Survey Group. Comparison of demographic distributions in the 2007 NPS database and the total physician population. http://www.nationalphysiciansurvey.ca/nps/2007_Survey/pdf/Comparison.of.Demographic.Distributions-e.pdf.*

The POWER to Improve Women's Health

By: Dr. Arlene Bierman

The Project for an Ontario Women's Health Evidence-Based Report (POWER Study) is producing a comprehensive provincial report on women's health. The POWER Study is designed to serve as an evidence-based tool to help policy makers, providers, and consumers improve the health of and reduce inequities among the women of Ontario. Dr. Arlene Bierman, a general internist and geriatrician who holds Echo's OWHC Chair in Women's Health at the University of Toronto and is a Senior Scientist in the Li Ka Shing Knowledge Institute at St. Michael's Hospital, is the study's Principal Investigator.

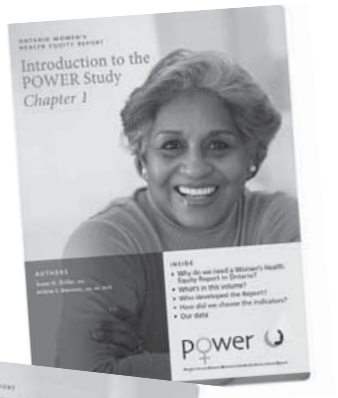
The POWER Study is examining gender differences on a comprehensive set of evidence-based indicators on the leading causes of morbidity and mortality among women as well as differences among women associated with socioeconomic status, ethnicity, and geography. Using a rigorous modified Delphi process, a series of technical expert panels identified reliable and valid health indicators that are amenable to action, comparable, and address equity issues - and assess both population health and clinical care. In reporting these indicators the study has identified many opportunities for improvement, presents objective evidence to inform priority setting, and provides a baseline from which to measure progress.

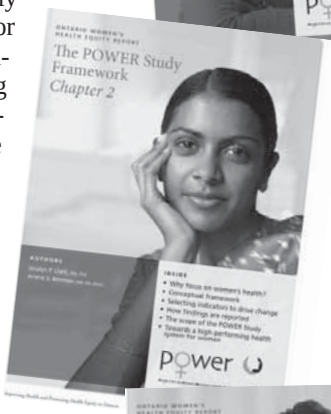
Stakeholders from a range of community organizations, government, and health care settings across the province were instrumental in shaping the indicator selection and in helping to define priority reporting areas. The products of the POWER Study are designed as tools for knowledge translation to increase the uptake of evidence-based practice and policy in women's health.

The **Burden of Illness** Chapter was released in June 2009. This chapter reported on the health and functional status Ontarians and how it differs by sex, socioeconomic status, ethnicity and geographical area of residence. The study found sizable and modifiable health inequities on multiple measures. For example, while rates of smoking have decreased over time, 28 per cent of women with less than a high school education report smoking compared to eight per cent of women who had a university degree or higher. Thirty-five per cent of low income women age 65 and older say their activities are limited by pain compared to 18 per cent of higher income women in this age group. Low income women were particularly at risk for disability and chronic pain whereas low income men were particularly at risk for early death.

Much of the morbidity and premature mortality reported is preventable through public health and clinical interventions; health system redesign aimed at chronic disease prevention and management; community engagement and empowerment; and social policy aimed at addressing the social determinants of health.

The **Cancer** Chapter released in August 2009 focused on the two most common cancers affecting both sexes; lung and colorectal as well as the common cancers that occur only in women; breast, cervical, ovarian and uterine. The indicators we included explore the continuum of cancer care from screening, through treatment, surveillance and end of life care. It found that less than half of Ontario women with abnormal Pap tests receive recommended and potentially life-saving follow-up care. The study also found screening rates in Ontario for both breast and cervical cancers remain below provincial targets, despite the existence of long-standing screening programs for both cancers. Women from lower-income neighbourhoods were at risk with consistently lower rates of screening for breast, colorectal and cervical cancer than women living in higher-income neighbourhoods. While the overall rate of cervical cancer screening in Ontario women was 69 per cent in the study, only 61 per cent of low-income women were screened compared to 75 per cent of high-income women.





The **Depression** chapter examining gender differences in patterns of care for depression will be released on September 30, 2009 identifies many opportunity to improve depression care.

Available for download at www.powerstudy.ca are Chapter 1, *Introduction to the POWER Study*; Chapter 2, *The POWER Study Framework*; Chapter 3, *The Burden of Illness*; Chapter 4, *Cancer*; and Chapter 5, *Depression* (to be released September 30, 2009) and accompanying highlights documents.

The POWER Study is funded by Echo: Improving Women's Health in Ontario, an agency of the Ministry of Health and Long-Term Care. This report does not necessarily reflect the views of Echo or the Ministry.

The POWER Study is a partnership between the Keenan Research Centre in the Li Ka Shing Knowledge Institute of St. Michael's Hospital and the Institute for Clinical Evaluative Sciences (ICES) in Toronto.

May Cohen's Vision of the FMWC

By: Dr. May Cohen (excerpt from her Awards Luncheon Speech)

I first joined the Federation as a medical student. At that time the enrolment of women medical students was restricted by quota to 10% of the class. There were few, if any role models of women doctors and certainly none as leaders in medicine. The Federation provided fellowship and support.

Currently the number of women in medicine exceeds 50% in most first year medical classes and women constitute 33% of physicians in our country- 50% if you look at physicians under the age of 35. So many are asking "Do we still need a Federation of Medical Women? My answer to this is an unequivocal "YES". Let me tell you why.

In its mission statement, the Federation states that it is committed to the development of women physicians and to the promotion of the well-being of all women. Although there are no longer overt barriers to the admission of women to medical school, women in medicine still face significant barriers in career development and in the achievement of leadership positions. This is not to say that more and more women are now playing leadership roles in our profession, both in academia and in medical politics. The current president of the Canadian Medical Association is a woman. It is noteworthy that the previous three women presidents of the CMA were all Federation members.

However, women physicians still face barriers with respect to work-life balance, adequate maternity leave in some jurisdictions, the paucity of role-models in leadership positions and representation in some specialties. Women also face issues which may be different from those of their male colleagues in the transition phases of their careers - from student to resident, resident to practice and/or an academic career, reaching leadership positions and into retirement. And now, women are being blamed for the physician shortage in Canada - presumably because they don't work hard enough. To me, the Federation is crucial in dealing with these issues. As one example it recently published, under the leadership of Janet Dollin, a workbook called: "The Top Ten Skills I Need to Save the World", whose objectives are to understand how gender influences career choice and leadership, and the barriers, both individual and systemic, that women physicians may encounter and to help women effect necessary changes so that they may achieve their goals.

This then is my vision of the FMWC- a sprightly 85 year old who can and must play an ongoing role in promoting equitable health and health care for all, provided by a workforce free of all traces of gender bias.

Dr. May Cohen presenting the May Cohen Award to Dr. Charmaine Roye

The FMWC would like to thank its Sponsors for their support and unrestricted educational grants:

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FMWC Medical Student News

By National Student Representative: Rachel Ptashny

The student FMWC branches across the country continue to organize exciting events and to do activism for issues of relevance to women. One highlight from last year was a well attended event at the **University of Toronto** entitled "Women Without Borders: A new vision for women in medicine." Opening remarks were made by Dr. Vivien Brown, family physician, who shared her experience as a longstanding FMWC member. Attendees were inspired by keynote speaker, Dr. Marla Shapiro, who shared stories from her life experience about work/life balance and roles and opportunities for women in medicine. Dr. Shapiro is a family physician, medical consultant for CTV News, and author of national bestselling book, "Life in the Balance: My Journey with Breast Cancer". The U of T FMWC branch led by student rep Grace Yeung would like to recognize and thank the FMWC Toronto branch for their generous financial support for the event. The FMWC branch at the **University of British Columbia** will be working on a project in the coming year entitled "Medical Students Tackling Violence Against Women." One aspect of the project will include producing clinical guidelines for medical students on the topic of intimate partner violence. The student rep at UBC is Pamela Verma (see their detailed report below).

The **University of Manitoba** (reps Jessica Wong and Catherine Wach) held a panel discussion with well known local physicians about work life balance: "A Balancing Act: Life and Medicine" This is their report: On September 23rd, the Winnipeg branch held a student recruitment event for the first time in several years. Over 80 medical students attended a dinner including current FMWC physician members, to listen to stories of 5 well-respected female physicians from various specialties. We discussed work/life balance, relationships, family planning, and surviving medical school and residency. We recruited an astounding 28 members through the event alone! We will keep you posted as the Winnipeg branch stages its revival. Anyone interested in helping out our future events should contact us at fmwcwinnipeg@gmail.com. Our special thanks to the University of Manitoba's Office of Student Affairs and Moksha Yoga Winnipeg for their generous donations.

Lissa Cohen and Crystal Cheung at the **University of Ottawa** will be kicking off the academic year with a meet and greet for female students, residents and physicians.

Finally, a warm welcome to our new national student rep alternate Christa Preuss at the **University of Alberta**.

UBC Students Release New Guidelines for Domestic Violence

The University of British Columbia Student Branch has been working to create a set of evidence-based, peer-reviewed guidelines that will help medical students identify and support women facing domestic violence. As students often have more time to spend with individual patients than many other members of the health care team, they may be the first to be trusted with information about violence perpetrated by domestic partners. At the same time, many medical students have identified domestic violence issues in general, and student-specific ethical and legal questions in particular, as an area in which they lack expertise. The guidelines will be a one-page, double-sided document: the front side will have quick facts about domestic violence prevalence and risk factors, screening questions, and suggestions for navigating clinical encounters; the back of the page will list local resources that can provide support to women facing or fleeing domestic abuse and to students needing advice on providing care to such patients. The UBC Student Branch hopes to distribute these guidelines nationally and is currently inviting student representatives across Canada to become involved. Participating student representatives will be invited to access to the guidelines and adapt the resources section to include organizations and services specific to their communities. Together, we can take a stand against domestic violence and equip medical students to provide care and support to vulnerable women. For more information, please contact: Alexis Crabtree, Domestic Violence Project Coordinator, UBC Student Branch: alexiscr@interchange.ubc.ca.

Regional News

Celebrating with Dr. Shelley Ross

Dr. Teresa Clarke: **The Vancouver Branch** had a ladies night out in June to celebrate Dr. Shelley Ross's recent election to the board of the BCMA as the Honourary Secretary-Treasurer. The FMWC members who met to toast Shelley at Joey's Restaurant are from left to right Drs. Eileen Cambon, Beverley Tamboline, Rozmin Kamani, Mary Alice Sutter, Shelley Ross, Teresa Clarke (Vancouver Branch President) and Patricia Warshawski. The event was enjoyed by all who attended and regular evenings out were planned for the future."

Toronto Branch: Dr. Mussarrat Qaadri, Toronto Branch President, with Dr. Roberta Bondar.

Dr. Radka Lenz, **Ottawa Branch:** Draggin' Docs (Avid readers of the Federation of Medical Women of Canada might recall a story in last fall's edition of this publication about the Draggin' Docs, an all female physician Dragon Boat Racing team from the Ottawa Region. In their inaugural year the Draggin' Docs raised over $16,000.00 and raced respectably.

This year we are pleased to report that the Draggin' Docs not only repeated the feat but improved upon their previous record. The Ottawa Dragon Boat festival is the largest of its type in North America and men's, women's and mixed teams compete for glory and also the opportunity to raise money for local charities.

Draggin' Docs

Dragon Boat racing is first and foremost about teamwork which, in turn, entails practice. The Draggin' Docs met after work and after call, in often inhospitable conditions, so they could put their best paddle forward on the day of the race. They were coached by two non-doctors, L.A. and Scott, who gently kept their charges on the straight and narrow. The power of female physicians paddling together was overwhelming! Just imagine what a federation of such powerful female physicians could accomplish!

All of the hard work paid off in the end. The 2009 edition of the Draggin' Docs raised over $25,000.00 in donations and placed 4th in the Women's B final race – both significant improvements over last year. The 24 members of the team all had a great time captained by Dr. Gail White and, of course, decked out in fashionable sporty outfits designed by Dr. Anik Vanderwaetere. Thanks to all the participants and, of course, all of the colleagues, family and friends who were kind enough to donate to this worthwhile endeavour.

Dr. Kerry Jo Parker, **Saint John Branch:** We are in the early planning phase for this year's activities and focused on welcoming new members to the community and maintaining connections with existing members. I am particularly pleased that Dr. Sajni Thomas is active chief of the department of family medicine. In Saint John, currently our MSO president (Dr. Andrea Garland) and the Saint John Medical Society president (Dr. Mary Jarrett) are both women. This type of prominence in leadership positions plays an important role model for students and peers and is to be celebrated locally.

MWIA News

North American Regional Meeting of the Medical Women's International Association *By: Dr. Shelley Ross*

Participants from nine different countries boarded the Massdam of the Holland America Line to sail from Boston through the Maritimes to Montreal from September 19-26, 2009, to help celebrate the 90th anniversary of the Medical Women's International Association.

Many thanks to Dr. Shirley Hovan for her excellent organization of the meeting.

Ottawa's Dr. Mamta Gautam was the keynote speaker in the theme of *Taking Care of the Caregiver*, speaking specifically on resilience and a fine balance to life. Dr. Claudia Morrissey, Immediate Past President of the American Medical Women's Association, spoke on *Gender Based Violence* from her experience working at the Headquarters of the World Health Organization. Dr. Carole Williams of Victoria showed participants the world of aesthetic medicine, while Dr. Gail Beck spoke on developing an exercise program and Dr. Shelley Ross spoke on *Traveling Well*.

The cruise allowed time for informal networking, renewing of old friendships and meeting new people. A favourite activity was a tour of the ship's infirmary to see the set-up and hear a few stories from the ship's doctor.

No cruise would be complete without a misadventure and the prize for this trip was when one of the participants saw her suitcase floating between the dock and the ship. Alerting crew members, she managed to get it on board and the crew was gracious enough to wash all the water-logged clothes for her. The dockhands thought it was a left over suitcase from the previous week's sailing, so losing suitcases into the ocean must be a common occurrence.

Everyone had a very enjoyable time and is looking forward to the MWIA International Congress in Munster, Germany, from July 27-31, 2010. Please mark your calendars and plan to join us.

Are *YOU* vaccinating your young adult female patients with GARDASIL®?

RECOMMENDED BY NACI
(NATIONAL ADVISORY COMMITTEE ON IMMUNIZATION) FOR GIRLS AND WOMEN 9 TO 26 YEARS OF AGE*

GARDASIL® - the quadrivalent HPV vaccine that helps prevent HPV types 6, 11, 16 and 18 and the diseases associated with these types[2]:

Cervical Cancer + Genital Warts + Vulvar Cancer + Vaginal Cancer + Cervical dysplasia

HPV=Human Papillomavirus

GARDASIL® is a vaccine indicated in girls and women 9-26 years of age, for the prevention of infection caused by the Human Papillomavirus (HPV) types 6,11,16, and 18 and the following diseases associated with these HPV types: cervical, vulvar and vaginal cancers genital warts, cervical adenocarcinoma *in situ* (AIS), cervical intraepithelial neoplasia (CIN) grades 1, 2 and 3, and vulvar and vaginal intraepithelial neoplasia (VIN/VaIN) grades 2 and 3. The most commonly reported vaccine-related injection-site adverse experiences in clinical trials with GARDASIL® in females (n=5,088), aluminum-containing placebo (n=3,470) and saline placebo (n=320), respectively, were pain (83.9%, 75.4%, 48.6%), swelling (25.4%, 15.8%, 7.3%), erythema (24.6%, 18.4%, 12.1%), and pruritus (3.1%, 2.8%, 0.6%). The most commonly reported vaccine-related systemic adverse experience in females was fever: 10.3% for GARDASIL® (n=5,088) vs 8.6% for aluminum and non-aluminum containing placebo (n=3,790). This vaccine is not intended to be used for treatment of active genital warts; cervical, vulvar, or vaginal cancers; CIN, VIN, or VaIN.

This vaccine will not protect against diseases that are not caused by HPV.

Duration of protection over the long term has not yet been established. Regular Pap testing should continue even after vaccination with GARDASIL®. Pregnancy should be avoided during the vaccination regimen for GARDASIL®.

As for any vaccine, vaccination with GARDASIL® may not result in protection in all vaccine recipients.

PLEASE CONSULT THE ENCLOSED PRESCRIBING INFORMATION FOR INDICATIONS, CONTRAINDICATIONS, WARNINGS, PRECAUTIONS AND DOSING GUIDELINES.

*NACI recommends GARDASIL® for females 9-13 years of age, as this is generally before the onset of sexual intercourse, and females 14 to 26 years of age even if they are already sexually active, have had previous Pap abnormalities, cervical cancer, genital warts or HPV infection.

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[Quadrivalent Human Papillomavirus (Types 6,11,16,18) Recombinant Vaccine]

Prescribing Summary

Patient Selection Criteria

THERAPEUTIC CLASSIFICATION

Active Immunizing Agent (Suspension for injection)

INDICATIONS AND CLINICAL USE

GARDASIL® is a vaccine indicated in girls and women 9 through 26 years of age for the prevention of infection caused by the Human Papillomavirus (HPV) types 6, 11, 16, and 18 and the following diseases associated with these HPV types:

- Cervical cancer
- Vulvar and vaginal cancers
- Genital warts (condyloma acuminata)
- Cervical adenocarcinoma *in situ* (AIS)
- Cervical intraepithelial neoplasia (CIN) grade 2 and grade 3
- Vulvar intraepithelial neoplasia (VIN) grade 2 and grade 3
- Vaginal intraepithelial neoplasia (VaIN) grade 2 and grade 3
- Cervical intraepithelial neoplasia (CIN) grade 1

Pediatrics (<9 years of age) / Geriatrics (>65 years of age)

The safety and efficacy of GARDASIL® have not been evaluated in children younger than 9 years and in adults above the age of 26 years.

CONTRAINDICATIONS

- Patients who are hypersensitive to the active substances or to any of the excipients of the vaccine. For a complete listing, see the DOSAGE FORMS, COMPOSITION AND PACKAGING in the Supplemental Product Information.
- Individuals who develop symptoms indicative of hypersensitivity after receiving a dose of GARDASIL® should not receive further doses of GARDASIL®.

SPECIAL POPULATIONS

For use in special populations, see WARNINGS AND PRECAUTIONS, Special Populations.

Safety Information

WARNINGS AND PRECAUTIONS

General

As for any vaccine, vaccination with GARDASIL® may not result in protection in all vaccine recipients.

This vaccine is not intended to be used for treatment of active genital warts; cervical, vulvar, and vaginal cancers; CIN; VIN; or VaIN.

This vaccine will not protect against diseases that are not caused by HPV.

GARDASIL® has not been shown to protect against diseases due to all HPV types.

As with all injectable vaccines, appropriate medical treatment should always be readily available in case of rare anaphylactic reactions following the administration of the vaccine.

Routine monitoring and Pap test should continue to be performed as indicated, regardless of GARDASIL® administration.

Febrile Illness

The decision to administer or delay vaccination because of a current or recent febrile illness depends largely on the severity of the symptoms and their etiology. Low-grade fever itself and mild upper respiratory infection are not generally contraindications to vaccination.

Immunocompromised individuals

Individuals with impaired immune responsiveness, whether due to the use of immunosuppressive therapy, a genetic defect, Human Immunodeficiency Virus (HIV) infection, or other causes, may have reduced antibody response to active immunization (see DRUG INTERACTIONS in the Supplemental Product Information). No specific data are available from the use of GARDASIL® in these individuals.

Individuals with Bleeding Disorders

This vaccine should be given with caution to individuals with thrombocytopenia or any coagulation disorder only if the benefit clearly outweighs the risk of bleeding following an intramuscular administration in these individuals.

Special Populations

The safety, immunogenicity, and efficacy of GARDASIL® have not been evaluated in HIV-infected individuals.

Pregnant Women: There are no adequate and well-controlled studies in pregnant women. Because animal reproduction studies are not always predictive of human response, pregnancy should be avoided during the vaccination regimen for GARDASIL®. For more details see WARNINGS AND PRECAUTIONS, Special Populations in the product monograph.

Merck Frosst Canada Ltd. maintains a Pregnancy Registry to monitor fetal outcomes of pregnant women exposed to GARDASIL® vaccine. Patients and health-care providers are encouraged to report any exposure to GARDASIL® vaccine during pregnancy by calling 1-800-567-2594.

Nursing Women: It is not known whether vaccine antigens or antibodies induced by the vaccine are excreted in human milk. GARDASIL® may be administered to lactating women. For more details see WARNINGS AND PRECAUTIONS, Special Populations in the product monograph.

ADVERSE REACTIONS

(see Supplemental Product Information for full listing)

Adverse Drug Reaction Overview

In clinical trials, GARDASIL® was generally well tolerated when compared to placebo (Amorphous Aluminum Hydroxyphosphate Sulfate (AAHS) Adjuvant or saline).

Clinical Trial Adverse Drug Reactions

The most commonly reported vaccine-related injection-site adverse experiences (reported at a greater frequency than that observed among placebo recipients) 1 to 5 days postvaccination, in females 9 through 26 years of age in clinical trials with GARDASIL® (n=5088), AAHS Adjuvant-containing placebo (n=3470) and saline placebo (n=320), respectively, were pain (83.9%, 75.4%, 48.6%), swelling (25.4%, 15.8%, 7.3%), erythema (24.6%, 18.4%, 12.1%), pruritus (3.1%, 2.8%, 0.6%) and bruising (2.8%, 3.2%, 1.6%). The most commonly reported vaccine-related systemic adverse experiences (reported at a greater frequency than that observed among placebo recipients) 1 to 15 days postvaccination, in females in clinical trials with GARDASIL® (n=5088) and for AAHS Adjuvant and non-AAHS Adjuvant-containing placebo (n=3790), respectively, were fever (10.3%, 8.6%), nausea (4.2%, 4.1%), dizziness (2.8%, 2.6%) and diarrhea (1.2%, 1.5%).

For more details on adverse events reported during clinical trials, see ADVERSE REACTIONS in the Supplemental Product Information.

To report a suspected adverse reaction,
please contact Merck Frosst Canada Ltd. by:
Toll-free telephone: 1-800-567-2594
Toll-free fax: 1-877-428-8675
By regular mail: Merck Frosst Canada Ltd., P.O. Box 1005, Pointe-Claire – Dorval, QC H9R 4P8

Administration

DOSAGE AND ADMINISTRATION

Recommended Dose and Dosage Adjustment

GARDASIL® should be administered intramuscularly as 3 separate 0.5 mL-doses according to the following schedule:

- First dose: at elected date
- Second dose: 2 months after the first dose
- Third dose: 6 months after the first dose

Individuals are encouraged to adhere to the 0, 2, and 6 months vaccination schedule. However, in clinical studies, efficacy has been demonstrated in individuals who received all 3 doses within a 1-year period. If an alternate vaccination schedule is necessary, the second dose should be administered at least 1 month after the first dose, and the third dose should be administered at least 3 months after the second dose (see CLINICAL TRIALS, Schedule flexibility in the product monograph).

Administration

GARDASIL® should be administered intramuscularly in the deltoid region of the upper arm or in the higher anterolateral area of the thigh.

GARDASIL® must not be injected intravascularly. Neither subcutaneous nor intradermal administration has been studied. These methods of administration are not recommended.

Syncope (fainting) may follow any vaccination, especially in adolescents and young adults. Syncope, sometimes associated with falling, has occurred after vaccination with GARDASIL®. Therefore, vaccinees should be carefully observed for approximately 15 minutes after administration of GARDASIL® (See ADVERSE REACTIONS, Post-Market Adverse Drug Reactions).

The prefilled syringe is for single use only and should not be used for more than one individual. For single-use vials, a separate sterile syringe and needle must be used for each individual.

The vaccine should be used as supplied; no dilution or reconstitution is necessary. The full recommended dose of the vaccine should be used.

Shake well before use. Thorough agitation immediately before administration is necessary to maintain suspension of the vaccine. After thorough agitation, GARDASIL® is a white, cloudy liquid. Parenteral drug products should be inspected visually for particulate matter and discoloration prior to administration. Discard the product if particulates are present or if it appears discolored.

Instructions for Use

Single-dose Vial Use: Withdraw the 0.5 mL dose of vaccine from the single-dose vial using a sterile needle and syringe free of preservatives, antiseptics, and detergents. Once the single-dose vial has been penetrated, the withdrawn vaccine should be used promptly, and the vial must be discarded.

Prefilled Syringe Use: Inject the entire contents of the syringe.

For instructions for using the prefilled single-dose syringes preassembled with needle guard (safety) device, see DOSAGE AND ADMINISTRATION, Administration in the product monograph.

STORAGE AND STABILITY

Store refrigerated at 2°C to 8°C. Do not freeze. Protect from light. GARDASIL® should be administered as soon as possible after being removed from refrigeration. GARDASIL® can be administered provided total time out of refrigeration (at temperatures at or below 25°C) does not exceed 72 hours.

Study References

1. National Advisory Committee on Immunization. Statement on human papillomavirus vaccine. Available at: http://www.phac-aspc.gc.ca. Accessed February 15, 2007.
2. Data on file, Merck Frosst Canada Ltd.: Product Monograph— GARDASIL®, April 16, 2009.

Supplemental Product Information

DESCRIPTION

GARDASIL® [Quadrivalent Human Papillomavirus (Types 6, 11, 16, 18) Recombinant Vaccine] is a recombinant, quadrivalent vaccine that protects against Human Papillomavirus (HPV). It is a sterile liquid suspension prepared from the highly purified virus-like particles (VLPs) of the recombinant major capsid (L1) protein of HPV Types 6, 11, 16, and 18. The L1 proteins are produced by separate fermentations in recombinant *Saccharomyces cerevisiae* (yeast) CANADE 3C-5 (Strain 1895) and self-assembled into VLPs.

ADVERSE REACTIONS

Clinical Trial Adverse Drug Reactions

In 5 clinical trials (4 placebo-controlled), subjects were administered GARDASIL® (n=11,778) or placebo (n=9698) on the day of enrollment, and approximately 2 and 6 months thereafter. GARDASIL® demonstrated a favorable safety profile when compared with placebo (AAHS adjuvant or saline). Few subjects (0.2%) discontinued due to adverse experiences. In all except one of the clinical trials, safety was evaluated using vaccination report card (VRC)-aided surveillance for 14 days after each injection of GARDASIL® or placebo.

The vaccine-related adverse experiences that were observed among recipients of GARDASIL® at a frequency of at least 1.0% and also at a greater frequency than that observed among placebo recipients, in the male and/or female population, are shown in Table 1 and Table 2 of the product monograph.

Overall, 94.4% of subjects who received GARDASIL® judged their injection-site adverse experience to be mild or moderate in intensity.

(Continued on page 10)

GOALS, PLAN, HOPES

Poem by: Dr Eva B. Furesz

Getting old is slow and humiliating
With the havoc one's body is creating.
Aches are the theme of everyday,
Main struggle is to keep illness away.
Yet the mind runs on a mile a minute,
Goals, plans, hopes are not diminished.
Wondering about places, adventures unknown
Is the only way for one's own life to own.
It is not fear of death occupying the mind,
To run out of one's time would be unkind.
To have duties, creations not yet done,
Not to have lived as fully as one can.
Fear that goals set cannot be filled.
Fear not to be able to depart without guilt.
Fear not living one's destiny, one's desires,
Trying not to wander about time, this requires.

On-Call

Poem by: Dr. Nadia Kucherepa (Resident)

Thank God for home by 10:00.
Stroke codes, door codes, consult woes.
Where's my cheat sheet, where's my pen.
Stat EKG, loosen clothes.
No line, flat line, off to heaven.
Pager goes, no repose.
Thank God for home by 10:00.

This poem was inspired by a weekend shift on-call. My on-call team got nailed with 16 consults that day/night. All of us, (including staff), worked straight through from 8am to 4am. I had never been so busy. I experienced my first witnessed death during that call. This poem is a tribute to that death, which was a short but memorable moment in a busy night.

Being an FMWC member

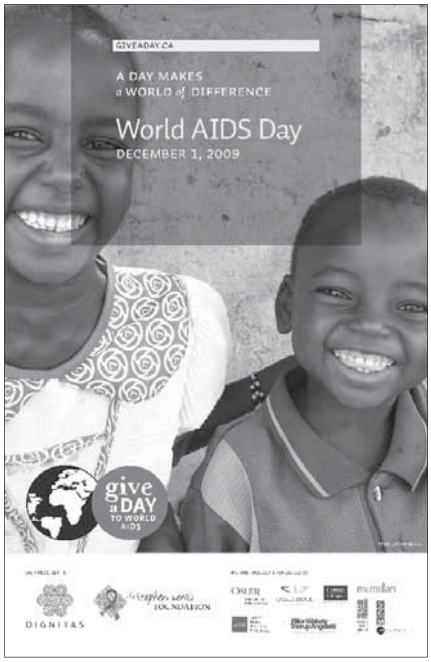
"I have found value at both the local level and nationally. Getting women physicians together is always inspirational. This is a venue that helps us develop our leadership skills and to be a part of something that can help shape the future of medicine for women and issues relevant to women's health. We also are connected globally to similar organizations. We can celebrate all that women physicians contribute to medicine and nurture our next generation of women to continue on."

Dr. Cathy MacLean (Calgary, AB)

Give A Day To World AIDS

By: Julie Weiss

Dr Jane Philpott has a passion for social justice and for sharing with people that the needs of those affected by HIV around the world are as great as ever. She also wants people to know that there is a simple action we can all take which will have a significant impact on those living with HIV in Africa. From her passion and commitment the Give a Day movement was born and now moves into its fifth year, with campaigns being run in hospitals, law firms, faith communities and businesses. Now it can even take place in your living room!



This year Give a Day has introduced a way to hold a Harambee – a party with a purpose – that makes sharing the message and the solution to the question "What can I do?" easy, fun and very meaningful. The Harambee Kit provides everything you would need to hold a Harambee in honour of World AIDS Day, December 1, at home, in a restaurant, a coffee shop or even your neighbourhood pub. Invitations are available free online, and can easily be sent out by email to your guests. You can find a great list of African music to help set the mood, lists and letters to make party planning simple, get films to help you share the story, and even video greetings from Jane Philpott, Stephen Lewis and Dr James Orbinski about why giving a day's pay can be such an effective solution. Please have a look at the Give a Day website for more information. www.giveaday.ca For more information about Give a Day please contact coordinator@giveaday.ca .

FMWC Impacting International Health

By: Dr. Setorme Tsikata

Summer 2009 was a productive one on the international health front. For members who have followed updates on the Korle-bu project, the shipment of medical supplies and equipment from Canada to Ghana finally arrived and officially handed over to the hospital administration on 9th September, 2009.

It all begun a little over a year ago at one of the Ottawa branch meetings in Dr. Dollin's home, not long after the MWIA conference in Accra, Ghana, during which we shared our experiences and exchanged ideas with other branch members on how we can help improve perinatal healthcare in Ghana. Present at that meeting was Dr. M.J. Duncan, a pediatric plastic surgeon who brought along her friend, Heather Johnston, wife of the current Canadian High Commissioner in Ghana. The Korle-bu project evolved out of that meeting. Since then, there has been successful collaboration with several volunteers and groups such as "Not just tourists" and Canadian Food for the Hungry International (CFHI), who put together the container full of medical equipment and supplies worth a million dollars shipped to Korle-bu Teaching Hospital. The equipment will make it possible to add up to 2 additional operating rooms to the only one currently functioning in order to provide timely surgical intervention for obstetric and gynecologic care among other crucial needed equipment and services in other departments of the hospital such as urology, pediatrics, general and plastic surgery.

There were many individuals and groups who contributed immensely in diverse ways to the success of the project. Appreciation goes to Dr. Duncan who made a return trip to Ghana with her husband, an adult plastic surgeon to volunteer their services at the Burn Unit of the Korle-bu Teaching Hospital; Ms. Shirley Greenberg, a great champion of women's health care both in Canada and abroad, who donated $15,000 to cover shipment costs; Ms. Maureen McTeer who led and coordinated fundraising efforts to make the project a reality; Prof. E.Y. Kwawukume, Head of Dept. of Obstetrics and Gynecology at Korle-bu , who's insight and direction was most valuable and Ms. Heather Johnston who worked tirelessly to coordinate the project from Accra, despite some of the glitches that we encountered along the way but never gave up. Final thanks goes to the CFHI, "Not just tourists", members of the Ottawa branch of Church of Pentecost, and the remarkable men and women who's input has been invaluable.

Link to media release about the donation: http://www.ghanaweb.com/GhanaHomePage/NewsArchive/artikel.php?ID=168385

Awards Update: 2009 Enid Johnson MacLeod Award winner, Dr. Vivien Brown!

The Enid Johnson MacLeod award recognizes either a physician or non-physician for the promotion of women's health research and/or women's health education. This award was established to honour Dr. Enid MacLeod, a long-time member of the Federation from Nova Scotia. Dr. Vivien Brown received this award at the FMWC's 2009 Award luncheon which is part of its annual conference held this year in Montreal. Vivien is a family physician, educated at McGill University, where she studied internal medicine as well as family medicine. She has a well-established community based practice in Toronto. Certified by the College of Family Physicians in 1986, she has served as an examiner for the College, helping to maintain a high academic standard of care and is now a Fellow of the College of Family Physicians.

Previously a staff physician at the University of Toronto Health Service, she supervised residents for The Toronto Hospital. Currently she teaches medical students at all levels at Mount Sinai Hospital. Dr. Brown specializes in issues of Women's Health, Adult Immunization and is recognized as a certified menopause clinician, by the North American Menopause Society (NAMS). She serves on the NAMS Consumer Education Committee, promoting and teaching Women's Health.

Appointed to the Department of Family and Community Medicine at the University of Toronto, and at McMaster University, Dr. Brown received the Community Development Award from the University of Toronto for Excellence in Professional Development. Most recently she received the award from the University of Toronto for Teaching at the Clerkship level. Active in efforts to raise awareness for Women's Health, she is an expert in implementation issues around HPV vaccination and the importance of immunization in preventative medicine. Dr. Brown maintains her commitment to continuing education for family physicians by frequently lecturing nationally and internationally on preventative medicine. Dr. Brown is on staff at Mount Sinai Hospital, The University Health Network and North York General Hospital in Toronto, Ontario, Canada. She also is the National Director for Women's Health at Medisys Health Group Inc.

Call for Nominations

Call for Nominations for the **2010 May Cohen Award**, Enid Johnson MacLeod Award, Reproductive Health Award, Margaret Owens-Waite Memorial Fund and Maude Abbott Loan Fund.

Deadline for all is December 31, 2009

Please go to the "Awards" section of www.fmwc.ca for more information and nomination/application forms. *If you do not have access to the internet, please contact the National office (see pg 2 for coordinates) to mail you the forms/information.

Congratulations to:

- **Dr. Shelley Ross** (Vancouver) for her recent election to the board of the BCMA as the Honourary Secretary-Treasurer
- **Dr. Jan Christilaw** (Vancouver) for her new position as President to the BC Women's Hospital and Health Centre.
- **Dr. Darlene Hammell** (Victoria) for her new position as President, of the College of Physicians and Surgeons of British Columbia and also to **Dr. Marjorie Docherty** (Kelowna), the Vice President.
- **Dr. Andrea Symon** (Saskatoon) for receiving the Jessie McGeachy Award. This award is presented every year by the FMWC to the woman graduating medical school at University of Saskatchewan with the best academic standing.
- **Ms. Katrina Piggott** (Toronto) who presented her research and paper at the European Respiratory Society conference in Vienna, Austria this past September.
- **Dr. Marla Shapiro** (Toronto) for receiving the 2008 Excellence in Creative Professional Activity award. This award recognizes outstanding contributions to the Department of Family and Community Medicine at the University of Toronto.
- **Dr. Nahid Azad** (Ottawa) who received the Teaching Skills Excellence Award – from the Faculty of Medicine – University of Ottawa.

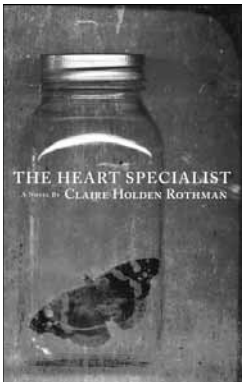
Dr. Darlene Hammell

Dr. Andrea Symon

In Memoriam:

We recognize **Dr. Hanna Binder** from Maple Ridge BC, who died tragically in a car crash this past summer.

Book Review: The Heart Specialist



Author: Claire Holden Rothman, Canada: Cormarant Books 2009

Review By: Susan Kelen, Ph.D.,C.Psych., Clinical psychologist from Ottawa

Claire Holden Rothman's book, *The Heart Specialist*, has an afterword. The author writes that while she has used Maude Abbott's life and work as the inspiration for her novel, she says that her book is not a biography. This book has made "the best seller list" in the Montreal Gazette.

The real Maude E. Abbott was an eminent Canadian physician who worked as a pathologist at McGill's museum. She organized the classification of congenital heart disease into cyanotic and acyanotic categories. She studied the circulation patterns and provided a format for surgical repair, long before any repair was possible.

While Rothman has changed the names of her characters, she used every element of Abbott's life story. This includes the people, the place names, addresses of significance and also the three chambered heart which she re-discovered. Rothman has made some additions to her novel, to create turning points and tension for the reader. The story reads well and it is fast paced. She captures Montreal life in the early 20th century well with horse drawn street cars and the Victorian formality.

Here are some of the parallels in the between the novel and reality. Rothman's character, Dr. Agnes White, like Dr. Maude Abbott, has a mother who dies of tuberculosis and a father who abandons the family after being acquitted of a murder charge. Like the real life person, Rothman's protagonist is sponsored by Lord Strathcona for an undergraduate degree at McGill, she tries to get into medical school at McGill but is accepted at Bishop's Medical School without even applying. Like Maude Abbott, Rothman's character organizes the McGill Medical Museum of Pathology and she finds a forgotten three chambered heart which foreshadows her life's work. Like Maude Abbott, she finds support in a world renowned physician who lives exactly where Sir William Osler lived in Baltimore, only he is named William Howlett. And the Dr. Osler character is familiar with the three chambered heart - which in reality dates back to 1823 and to the first Dean of McGill`s Medical School. In the novel as in life, the fictional heroine finds her father but she does not reconcile with him. Unlike the life of Maude Abbott, the fictional laboratory assistant is a badly groomed, impoverished, uneducated cynic who makes advances at the Maude Abbott fictional character. In reality, her assistant, Lionel Judah, was a cultured and artistic man who was well established in life.

My objection to this novel is the degree to which the author has used Maude Abbott's life. Using Maude Abbott's interesting and complicated life as a foundation for a novel is one thing but using almost every aspect of her life makes it an easy first novel. It is identity theft in the truest sense of the word.

While I am ambivalent to see Maude Abbott's life in fiction, I am happy to see her the focus of a book. Maude Abbott was a Canadian woman who received such little recognition until her postage stamp appeared in 2000. If Rothman's book, *The Heart Specialist*, increases interest in Maude Abbott and her work, then more power to this novel. While the novel is interesting, the real facts are better than fiction. And that is not such a big surprise.

THANK YOU TO OUR DONORS!

Your generosity to the Maude Abbott Loan Fund and to the Maude Abbott Research Fund is appreciated. A special thank you goes out to all donors who contributed to MARF at the AGM

(Names will be listed in the next issue)

Anonymous, Dr. Helga K Ehrlich, Dr. Shirley Hovan, Dr. Leslie Leach, Dr. Susan Livergant, Dr. Suzanne Roberts, Dr. Susan E. Wilkinson

Maude Abbott Research Fund

This year we are making a concerted effort at fundraising for the Maude Abbott Research Fund (MARF). Some of you have contributed to the fund when you renew your membership; FMWC sincerely thanks you for your support.

FMWC wants to build on this generosity by requesting **all members** to contribute to the fund. We need income from a base of $100,000 to start granting research awards annually.

Some facts about the MARF:

- Started in 2000, now approved for charitable status as an endowment fund
- Research grants to be given to women physicians in Canada for topics in Women's Health and Health Issues
- Fundraising initial target for this year is $100,000

Donate:

- By sending a cheque now
- By pledging an annual amount
- By making a planned gift
- By fundraising through your local branch

For further information contact Dr. Shajia Khan, Chair, MARF (Maude Abbott Research Fund) Committee, (613) 234-2594, shajia.khan@sympatico.ca

Calendar of Upcoming Events 2009-2010

November 2009 – November 2010
Physician Manager Institute Workshops, CMA
Various Cities www.cma.ca/pmi

December 3-5, 2009
The SOGC's 29th Ontario CME
Toronto, Ontario www.sogc.org/cme/

April 22-24, 2010
The Canadian Conference on Physician Leadership
Toronto, Ontario www.2010leadership.ca/

June 9- 13, 2010
The SOGC's 66th Annual Clinical Meeting (ACM)
Montréal, Québec www.sogc.org/cme/

July 15-18, 2010
Canadian Federation of University Women's AGM
Ottawa, Ontario www.cfuw-ottawa.org

July 27-31, 2010
28th International Congress MWIA
Munster, Germany www.mwia2010.net/

SOGC's Annual Clinical Meeting 2009

By: Dr. Kerry Parker

I had the pleasure of attending the SOGC annual general meeting in Halifax (June 17-21) as the FMWC representative. A conference that is focused on women's health has a diverse range of attendees and topics. I enjoyed sessions on reproductive mental health, libido, osteoporosis, new contraceptive approaches and adult learning. The most enthusiasm and "buzz" was found at the session discussing the return of vaginal breech delivery and demonstration of a new technique for breech delivery developed in Germany.

The business section of the meeting included recognition of many inspiring medical women as well as interesting research focused on women's health.

As usual, the meeting provided an energizing and motivating perspective on my day-to-day practice. As the FMWC representative I was aware and appreciative of how generously the SOGC has shared their resources and influence with us to further our common goals.

Dr. Sima Samar Is Coming To Ottawa

By: Dianne Rummery

Dr. Sima Samar, a physician and activist known internationally for her steadfast courage in demanding basic human rights for girls and women in Afghanistan, will be visiting Ottawa July 13 to 17, 2010. **She was recognized in 2002 in two resolutions by the FMWC**, one, supporting her work and the second, naming her an Honorary Member of the Federation.

In Pakistan, she has created the Shuhada organization which provides clinics and schools for Afghan refugees. In Afghanistan she seeks to heal and educate Afghan women. Currently she is the Chair of the Afghan Independent Human Rights Commission and in July was named Honorary Officer, Order of Canada.

In July 2010 she will be speaking at the national Annual General Meeting and Conference of the Canadian Federation of University Women (CFUW). The theme of the Conference is "Value our Past: Shape the Future" with a focus on "women helping women". Dr. Samar will be participating in a panel discussion on the main issues in Afghanistan today. She has also agreed to present a workshop on health needs of Afghan women as well as give the keynote address focusing on her work in both medicine and human rights.

Ticket information to attend the CFUW Conference will be available in early 2010. Contact information will be available at that time. Meanwhile plans are being made to identify groups who would be interested in meeting with Dr. Samar when she is here in order to discuss and work on matters of mutual interest. Contact: Hally Siddons, Hally@Siddons.ca

" J'aime l'idée de partager, d'échanger et de travailler, dans une communauté de destin, avec les meilleures éléments de la profession, la crème des docteures. Celles qui, au quotidien de leur pratique, soignent, écoutent, prennent le temps d'agir conformément à leur valeur pour le bien-être des patientes. Celles qui, en plus, sont engagées, presque partout, dans les instances qui nous représentent et qui agissent et réfléchissent pour le développement de meilleures pratiques dans le domaine de la santé des femmes. Celles qui sont aussi créatives, imaginatives et qui savent mettre de l'avant de formidables idées pour mobiliser les femmes, les docteurs, les institutions, les gouvernements, autour d'un projet dont l'écho se fait entendre partout à travers le monde."

Dr. Yolande Leduc
(Longueuil, Québec)

FMWC Membership Application Form

We encourage you to register on-line at: www.fmwc.ca

First Name: _____

Last Name: _____

Address: _____

City: _____ Province: _____

Country: _____ Postal Code: _____

Tel (Office): _____ Tel (Home): _____

Fax: _____ E-mail Address: _____

Specialization: _____

Privacy Choices/Media:

- ❍ **Yes**, you may share my coordinates (name, address, email, phone number, fax number) with other FMWC members as required for completion of FMWC business.
- ❍ **No**, I do not want to share my coordinates with other FMWC members.
- ❍ **Yes**, I would be willing to be interviewed by the media on behalf of the FMWC.

Newsletter (delivery choices): the Newsletter will be delivered to your email inbox. Please be sure we have your current email address. If you do not want to have your newsletter emailed to you, please indicate below (if you do not have an email address - we will of course mail the newsletter to you).

- ❍ **No**, I really prefer to have a paper copy

Referral (for new members): How did you hear about the FMWC? _____

A member suggested I join (member's name): _____

Membership Categories:

❍ Full Membership:	$150.00	❍ 1st/2nd Year in Practice:	$85.00
❍ Retired:	$50.00	❍ Resident:	$50.00
❍ Out-of-country:	$50.00	❍ Medical Student:	$25.00
❍ Associate:	$75.00	❍ Associate Student:	$25.00

Membership Dues

(A tax deductible receipt will be sent) $ _____

Maude Abbott Loan 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") ❍ BCMA ❍ 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.

Call for Nominations – Honorary Member

We are seeking nominations for **Honorary Member for 2010**. Do you know a woman who has rendered outstanding service to one or more of the following: the Federation of Medical Women (FMWC), to medicine and particularly to women's health issues?

Honorary Members may or may not be members of the FMWC or the medical profession. Not more than one (1) Honorary Member may be elected in any one (1) year. Honorary Members may be nominated by any member of the FMWC and shall be elected only with the unanimous approval of the Board of Directors prior to FMWC's annual meeting and with majority approval at the annual meeting of FMWC members.

Deadline for nominations: Nominations must be received by the National Office in time for processing prior to the FMWC's Interim Board Meeting **(by December 31, 2009)**.

Nomination Form

I, _____,
(name of member)
wish to nominate _____
(name of person you wish to nominate)
as Honorary member for 2010. My reasons for suggesting this person are:

_____

_____

If you have a biography of your nominee, please provide a copy to the National Office.

Send this nomination form to the National office.

- Email: fmwcmain@fmwc.ca (this form is available on-line at: www.fmwc.ca)
- Fax: (613)569-4432 or toll free 1-877-772-5777.
- Mail: FMWC 780 Echo Dr. Ottawa ON K1S 5R7

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Special Committees

Communications Special Committee
Chair: Dr. Deborah Hellyer
Members: Dr. Nahid Azad, Dr. Janet Dollin, Dr. Andrea Canty, Dr. Kathleen Gartke

Website Special Committee
Chair: Dr. Janet Dollin
Members: Dr. Sheila Wijayasinghe, Ms. Grace Yeung, Ms. Pamela Verma, Ms. Elissa Cohen

Pap Test Campaign Special Committee
Chair: Dr. Sajni Thomas
Members: Dr. Sheila Wijayasinghe (ON/QC), Dr. Andrea Canty, Dr. Kerry Jo Parker, Dr. Oluwasayo Olatunde (Atlantic provinces)
Students: Grace Yeung, Kirsti Ziola, Kathryn Isaac
West: Vacancy

To reach one of the Board members, simply email 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)