



Newsletter

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



Fall 2010 • Vol 23 • No 3

AGM 2010: The Many Faces of Medical Women

By President & AGM Chair: Dr. Deborah Hellyer



Award Winners: Drs. Watson, Lent, Shapiro and Col. Habershtock.



The inauguration of President Dr. Hellyer by Past President Dr. Canty

The AGM 2010: The Many Faces of Medical Women which took place in Toronto promised education, entertainment and enlightenment and this was delivered! The conference was well attended, even for the early morning and afternoon sessions! It was a dedicated group of attendees. The weather cooperated. This year we attempt-

ed to provide increased opportunities for networking. Special thanks to the FMWC Toronto Branch for sponsoring the reception on Saturday and to the Ontario Medical Association sponsorship of the preconference reception which was well received.

At the Awards lunch, we were presented with four amazing women who exemplify and promote outstanding achievement and accomplishments. They included Drs. Marla Shapiro, Barbara Lent, Shayna Watson and Col. Maureen Habershtock. This definitely was a highlight of the AGM.

As part of Dr. Canty's mandate was the reconnection with medical students

and this was seen by their attendance and participation in the conference.

A conference often reflects the culture and vision of the sponsoring organization. This conference delivered a tapestry of music, arts, education, culinary delights and showcased the depth of talent and commitment of its members.

Thank you to all the attendees, sponsors, organizing committee and to our Executive Coordinator Susan who had the vision and the strength to persist and pull it off. I anticipate that the 2011 conference in Vancouver will again surpass all expectations.

See page 3 for more on the AGM

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.

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FMWC Newsletter

Editor: Dr. Crystal Cannon

The FMWC Newsletter is published three times a year and sent to members as a perk of membership. Next deadline is January 10, 2011.

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.

Submissions and membership inquiries to the National Office:

FMWC, 780 Echo Drive
Ottawa, ON K1S 5R7

Tel: 613-569-5881 or
Tel Toll free: 1-877-771-3777
Fax: 613-569-4432 or
Fax Toll free: 1-877-772-5777
Email: fmwcmain@fmwc.ca
Web: www.fmwc.ca

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Change

By Newsletter Editor: Dr. Crystal Cannon



Lately I have been thinking about change. Like many of our members, I am of the baby boomer age group and starting to look at retirement. Or maybe working less or even finding a different

path to follow when and if I retire. But I see other women in medicine making the choice to work part-time for family and other personal reasons. I see others finding focused practices, changing to more flexible work hours or leaving clinical medicine entirely for many reasons.

So what of leaving medicine forever or for a period of time? Who are we if we are not physicians at least part of the time? How do we manage that sort of change in role and lifestyle?

I have changed the focus of my clinical practice several times. I have taken time off entirely to travel, to stay home with my children and then to work part time for almost a decade before returning to full time practice. I switched to hospitalist work after 25 years as a family doctor. Lately in my career, I have become

more involved with academic medicine and several leadership roles. I have made mistakes during these times of change and wish I had sought advice before embarking on a new direction.

I would like to ask all of you to consider submitting your ideas on professional change or even how you have managed quitting medicine entirely. How or why did it happen and what advice can you give to those of us who may be looking at the necessity or the reality very soon. Or just tell your story. Is there life after medicine?

Please share your stories, or guide us to the stories of others or even research or publications on the topic. For those of you who chose to work part-time (as Jillian Schwartz discusses in her article this month) or stop working for awhile, how did you manage this? Have you volunteered overseas and been changed (see Carol White's article in this newsletter)? For those who are planning to retire from a medical career or have already done so, what do you suggest are the best ways to do so? Some of you may have had to leave medicine for reasons beyond your control. What about the fact that financial pressures make it hard for some to have any choice at all? I look forward to hearing from many of you.

Share Your Story!

The deadline for the **Winter 2011** newsletter is **January 10, 2011**

The newsletter will come out in mid-February 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!

Highlights from the Annual Business Meeting & AGM:

By Past President: Dr. Andrea Canty

Branch Rebates are going up! FMWC branches will be pleased to learn that branch rebates will increase in the new year. Calgary Branch President, Dr. Elu Thompson, presented a motion for the board meeting, requesting an increase in branch rebates from the current 10% to 25%. Our National Treasurer, Dr. Susan Wilkinson, assured the Board that the FMWC, thanks to a more robust financial statement, could entertain this motion. A second motion to rescind the previous rebate was discussed. Both motions were passed unanimously by the Board and presented to the membership at the Annual General Meeting where they were passed.

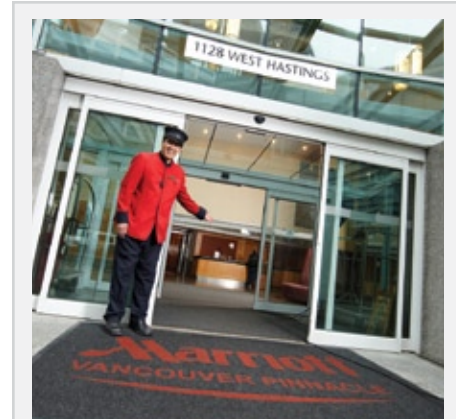
Honorary Member 2010-2011: Avis Favaro was selected as the FMWC Honorary Member for 2010-2011.

Motion/Advocacy: In February 2010 the FMWC congratulated Health Canada

for expanding its indication for the HPV vaccine, GARDASIL, to include males. The FMWC recognizes the importance of advocacy so it has passed a significant resolution; to urge Canadian ministers of health to fund and implement a school vaccination program for boys similar to the program for girls.

New Board Members: FMWC welcomes its new board members – Dr. Vyta Senikas as National Treasurer and 3 new Branch Presidents: Drs. Marlene Lidkea (Edmonton), Monique Bertrand (London) and Carol White (Kingston).

New Service: In the coming month, FMWC will be developing a membership directory on the website. This will facilitate networking and mentoring among FMWC members. Members who do not wish to participate will be able to opt out. More details to come!



AGM 2011: Save-the-Date!
September 17-18, 2011
Marriott Vancouver
Pinnacle Hotel
Join us in Vancouver!

Recognition goes to our 2010 Conference Chair, Dr. Deborah Hellyer and Toronto Branch President Dr. Vivien Brown as well as Executive Coordinator Susan Dallin O'Grady for their efforts in making the meeting such a financial success!

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The Part-time Stigma: A Perspective from a Thirty-Something Female Resident Physician

By: Dr. Jillian Schwartz



Consider the following true scenario: a medical student on her anaesthesia rotation strikes up a conversation with the surgeon across the drape. When she tells him that she is interested in obstetrics and gynaecology, he disparagingly replies: “Well, that will make a nice part-time job for you, won’t it?” She is speechless. What can she say? Ironically, in this particular circumstance, the surgeon was talking to a woman who had always planned to work a traditional full-time schedule. Nevertheless, in that moment she found herself subject to a criticism that is faced by a growing number of physicians: that part-time choices show lack of commitment and contribute to the doctor shortage.

Hearing this anecdote prompted me to investigate some of the debates about part-time work, female physicians, and the doctor shortage. My quick Google search turned up a number of recent articles, both academic and non-academic, around the work-hours issue. One can always count on the Internet for sensationalism. I certainly discovered plenty of hostile message boards with blatantly sexist “Get back in the kitchen” comments, but these comments were far from the mainstream sentiment. The most widely quoted article that came up in my search was written by Dr. Brian McKinstry in April 2008’s edition of the *British Medical Journal* (BMJ). McKinstry argued that society needs to ensure an equal number of men and women enter medical schools to meet future health-care demands because women simply work fewer hours over the

course of their careers¹. In the same issue, Dr. Jane Dacre argued the counterpoint: if women are the most capable candidates for medical school entrance, then they should be admitted and no limitations should be implemented based on gender². Instead, she argued that more should be done to encourage women to take on leadership roles given that there are still few women in these positions.

All of this research has made me sit back and think: am I doing something detrimental to my profession or my society by choosing to work part-time hours? Following much reflection on my priorities, I took the unusual step this year of requesting a part-time residency arrangement. I will be working sequences of two blocks in training followed by one block free of duties until I complete my program, about 6 months later than I would have otherwise. Will I continue to work part-time after I complete my residency? Most likely. Is this choice wrong? I don’t think so.

In all this discourse, there exists the implied assertion, shared by a number of my colleagues, that I should not have entered the medical profession unless I was willing to put the rest of my life’s aspirations aside. This perspective saddens me, because I have much to offer the profession, even working only a portion of the “full-time” hours resident physicians often work—an average of 75 hours per week (before studying).

True, I will serve fewer patients in my career, but I believe I will serve them better and I will serve them longer. I know I am fallible and I have limits; the responsible solution for me is to pace myself throughout my career. If I decide to have a family, I accept that my net contribution to society working part-time as a physician serving patients and part-time within the home will equal or exceed even the hardest working physician. My role in society will be different, not reduced.

I do not argue that this is the path for everyone. Those individuals in medicine who are keen to put their passion and talents exclusively into their careers should

be acknowledged, validated, and celebrated on their own terms. In turn, those who chose to direct those same passions and talents into more than just their careers should also be acknowledged, validated, and celebrated. Neither women nor men in medicine should be lumped together as a homogeneous entity around their opinions on these issues. We are a widely disparate group of people with diverse interests and priorities that do not fall easily along gender lines.

In terms of the doctor shortage, it is too simplistic to blame it on part-timers, as there are a multitude of reasons that we do not have enough doctors to go around. For example, the historic cut back in the training of medical professionals is a significant contributor to this shortage. Whether we approve or not, the trend in medicine is toward alternative ways of practicing. Collectively, the profession will need to find ways to allow for part-time employment. It will do us no good to disparage colleagues who make different choices or to lament the “good old days”. It is time to reshape our ideas about medical practice.

In the end, I agree with both Dr. Dacre and Dr. McKinstry. Dr. Dacre is right that we need to be more flexible in the way we practice medicine, On-site child care, easily accessible part-time training, and practice options would go a long way in this respect. We must also ensure equal numbers of men and women in the profession, as Dr. McKinstry argues. However, the reason for this is not only to ensure adequate human resources, but also to ensure diverse perspectives that reflect the population that we serve. A completely feminized version of medicine would have its own limitations.

Overall, this discussion does not need be one of “either, or.” With a bit of out-of-the-box thinking, we should be able to provide career flexibility for those who seek it, all the while valuing the many physicians who want nothing more than to dedicate the entirety of their lives to their job. There is room for us all in medicine.

¹ McKinstry, Dr. Brian. “Are there too many female medical graduates? Yes.” *British Medical Journal*: 2008 (336), 748.

² Dacre, Dr. Jane. “Are there too many female medical graduates? No.” *British Medical Journal*: 2008 (336), 749.

Sexuality Beyond Menopause

By: Dr. Nathalie Gamache



Menopausal women commonly experience a dramatic decline in sexual interest. Regret over this loss is frequent and often troubling. Discussion with a partner can be challenging and may lead to isolation and culpability. Commonly, women feel uncomfortable addressing sexual concerns with their doctor, believing that solutions are non-existent.

Symptoms such as hot flashes, night sweats, insomnia, mood changes, joint pain, weight gain, bladder dysfunction and vaginal dryness may greatly influence wellbeing. If persistent, fatigue, low energy and depression may result. Chronic illnesses such as heart disease, thyroid disorder, diabetes, arthritis and cancer may impair one's ability to respond or fully participate in sexual activity. Furthermore, medications to treat such conditions may have negative side-effects on sexual health.

For moderate to severe menopausal symptoms, including loss of libido, safe and effective hormonal and non-hormonal treatments can be prescribed. Ultimately, a healthy and active lifestyle is necessary to perpetuate healthy sexuality.

Lubricants and moisturizers are non-hormonal products which greatly increase comfort during intercourse and may enhance sensory response to stimulation. If dryness is severe, a local estrogen preparation may re-establish vaginal health.

Nowadays, women often experience social changes which place unexpected demands on personal resources. Professional and financial insecurity, ill parents or partner, divorce, and grown children struggling to succeed may place a toll on women who find little time to nurture themselves or their couple. The challenges encountered beyond menopause commonly trigger a strong need to focus on personal growth, achieve self-realization and redefine sexuality, leading to a deeper experience of sensuality and intimacy which transcends intercourse. The comfortable routine may yield to new, creative ways to explore and reignite sexuality.

It has been clearly established that self-esteem and good communication with a partner are the hallmarks of sexual satisfaction beyond menopause. If psychological challenges are negatively affecting sexuality, personal, couple or sexual counselling is available.

Age should never be a limiting factor to a healthy sexual life. After all, people who maintain an active sex life have been found to live longer, healthier and happier lives.

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Regional News

Dr. Vivien Brown, Toronto Branch: since the AGM last October 2009, Toronto has become a more active, more involved branch of the FMWC. In general, the focus of all events has been on Women's Health, oncology and cancer prevention. Partially energized and stimulated by our student membership, we were involved with the Pap test campaign in October and were able to show the campaign to others as a tangible example of the kind of work the FMWC has been doing.

One of their most successful endeavors has been initiating a mentorship program, linking students with appropriate mentors for an ongoing relationship, as they navigate this medical and academic world. There have been other initiatives including a local newsletter and work on the AGM, so that those of us in Toronto are able to take advantage of the proximity and attend the conference. The spring event for June was a luncheon with the internationally known speaker and researcher, Dr. Mark Einstein, discussing the two vaccines available for prevention of cervical cancer. This was an excellent academic opportunity to learn about the research, to understand the issues, and to have many different specialties interact with the FMWC. From Public Health to researchers from HSC, from pharmaceutical science experts to the medical students, there was great interest and support. This talk is available online through

<http://coposis.ca> (Merck), for those that would like to access the information. I think one of the most important learning initiatives from this event was how important it was to cross all the usual lines and access financial/academic/technical support for the event from various sources.

Recently, Dr. Sheila Wijayasinghe, and I were registrants at the International Papilloma Conference held this past July in Montreal. We were excited about the clinical research in Women's Health and cognizant of many of the areas in our own part of the world that need attention.... changing PAP test guidelines, poor vaccine uptake, etc. We were energized and stimulated!

As we plan our fall season, we are meeting with our student representatives, working on increasing membership, which

strengthens our voice, and looking forward to a dynamic year. We were able to meet many of you in person at the AGM, held at The Intercontinental Hotel on Bloor Street, September 25 and 26, 2010. As this is our city, the Toronto Branch felt it was appropriate to be hospitable and welcoming to all members and guests. We chose to hold an informal networking cocktail party, Saturday afternoon, just at the end of the afternoon session. It was a special time to interact and meet face to face, and was open to all members, guests and students.

Save the date as we are planning a cocktail/networking event at Hart House, University of Toronto, **November 30th, 2010**.....a nice way to see old friends, new faces and connect with the many female students who are most interested in meeting us!



Dr. Janet Dollin, Ottawa Branch: Draggin Docs are back - members of the Ottawa Branch of FMWC were thrilled to be a part of the Ottawa Dragon Boat Festival once again this year. Through sun and rain, we paddled and cheered our hearts out, coming in second place for fundraising, with over \$32,000 raised by the Draggin Docs for 7 local Ottawa charities. Funds raised through the Ottawa Dragonboat Foundation this year went to CHEO Foundation, Bruyère Foundation, ArtsSmarts, Ottawa Humane Society, Sens Foundation/Project S.T.E.P., University of Ottawa Institute of Mental Health Research and Debra Dynes Family House. To date over \$2,150,000 has been raised through the annual Ottawa Dragonboat festival and those funds have benefited over 28 Ottawa area charities.

In July, the Ottawa Branch had an opportunity of a lifetime with FMWC Honorary Member Dr. Sima Samar as their guest for breakfast. Dr. Samar is currently the Chairwoman of the Independent Afghanistan Human Rights Commission.



Dr. Dollin and Dr. Samar

In this position, she oversees the conduct of human rights education programs across Afghanistan, the implementation of a nationwide women's rights education program, and monitoring and investigation of human rights abuses across the country. Dr. Samar convened the Commission, which is the first Human Rights Commission in Afghanistan's history. She has been recognized for her leadership and courage by dozens of human and women's rights organizations globally, and continues her work in Afghanistan and also, since 2005 as the United Nations special envoy to Darfur, Sudan.

Members who attended the breakfast heard about Dr. Samar's perspectives on where a female physician in a climate of true adversity finds the courage, resilience and leadership when change is so badly needed. All were inspired by her amazing stories of transformation. For more information on Dr. Samar and her inspiring work, see: <http://simasamar.com>

Thank you to Sheila White of Thyme & Again Creative Catering for supporting FMWC with this breakfast!

Dr. Kerry Jo Parker, Saint John: In June, together with Sajni Thomas and Andrea Canty (past National President, the branch coordinated a Clinical Day in Women's Health. We had great support from Merck to set our own agenda (picking topics and speakers that we felt reflected the local needs and interests of FMWC members). It was a great opportunity to focus on local and national

(continued on page 6)

Message from the National Student Representative

By: Christa Preuss

Hello student FMWC members! I was unable to participate in the AGM a few weeks ago, but I have heard it was a wonderful experience. I hope that the year will be filled with new and exciting FMWC events and to aid this I have put together a Student Representative Handbook, that will be available online on the FMWC website as well as emailed out to the local student representatives. However, I would appreciate feedback and additions to the handbook from student representatives, so please take a look through it and email me with your additions and comments!

I am looking forward to acting as your National Student Representative for the remainder of the year alongside Pamela Verma, the new Alternate National Student Representative. Please do not hesitate to contact me with any questions, comments or concerns you may have, and I look forward to hearing about all the events you have planned!

(continued from page 6)

experts. Dr. Elaine Jolly, a member of FMWC, gave a menopause update. The turnout was phenomenal with over 60 women from around the province attending. We invited physicians and nurse practitioners (the latter group were very positive about FMWC and at least one new member joined at that event). This event will, hopefully, be repeated in future years as it was a marked success.

Local members have been strong promoters of the National Pap day campaign and our local clinic was very busy last year under the guidance of Sajni Thomas. This year will once again feature an open door and many women receiving necessary services.

Finally, we have great opportunity for growth with new members this year and the opening of the New Brunswick branch of Dalhousie medical school this month. We will be meeting with members of this new student body to welcome them to our profession and our organization. We expect to have even more fresh enthusiasm to add to our experienced and committed membership.



*Student Representatives & Students at the AGM 2010
This year, 12 Student Representatives attended the AGM!*

Welcome to the new FMWC student branches for Fall 2010:

Dalhousie Medicine New Brunswick
(Melanie Matheson-Orchard)

McGill (Elizabeth Chertko)

McMaster (Mariam Deria)

Memorial (Amy Colbourne,
Kathryn Wheeler)

Queen's (Sarah Kawaguchi and
Jacqui Willinsky)

The University of Western Ontario, Windsor chapter (Laura Allen & Lisa Gabrielli) sent its two student representatives to the AGM this fall. We hope that this event will be an excellent opportunity for us to learn from those clubs who are more established than we are and will help us to plan events for the coming months. The mentorship dinner we held in the spring was very well received and thus we hope to hold a similar event in the near future.

Queen's University: We are starting a Queen's FMWC chapter and looking forward to introducing our peers to this great organization. The FMWC will be represented at Kingston's Run for the Cure and its fundraising events. We are also very excited to host a "Women in Medicine" Night to discuss work and life with a panel

of female leaders and advocates from the Queen's medical community. We are planning to recruit new student members in order to raise awareness about issues affecting female physicians. We look forward to working with fellow FMWC members!

University of Toronto (Kathryn Isaac & Toni Burbidge): It has been a very exciting year for the student branch of the Toronto FMWC. Our membership has grown, and as such we have endeavoured to increase educational and networking events. A networking event in December with guest speaker Dr. Marla Shapiro brought the FMWC to the attention of female University of Toronto students. It was very well received and resulted in the enrolment of several new members.

This increase in membership allowed us to initiate two new endeavours, the first being an FMWC Mentorship program pairing medical student members with practicing physicians. The program has been a particular success, with positive feedback from the mentor-mentee pairs. Lastly, the student branch planned a workshop in January surrounding ovarian cancer awareness. The workshop featured a discussion led by gynecologist Dr. Stephanie Laframboise, and moving stories from ovarian cancer survivors.

With a new year beginning, we will strive to build on our successes and further promote women's health initiatives.



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SELECTED IMPORTANT SAFETY INFORMATION

The most commonly reported vaccine-related injection-site adverse experiences in clinical trials with GARDASIL® in females (n = 5,088), amorphous aluminum hydroxyphosphate sulfate (AAHS) adjuvant-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 (24.7%, 18.4%, 12.1%), and pruritus (3.2%, 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 AAHS adjuvant- and non-AAHS adjuvant-containing placebo (n = 3,790). The most commonly reported vaccine-related injection-site adverse experiences in clinical trials with GARDASIL® in males (n = 3,092), AAHS adjuvant-containing placebo (n = 2,029) and saline placebo (n = 274), respectively, were pain (61.5%, 50.8%, 41.6%), erythema (16.7%, 14.1%, 14.5%) and swelling (13.9%, 9.6%, 8.2%). The most commonly reported vaccine-related systemic adverse experience in males was headache: 7.5% for GARDASIL® (n = 3,092) vs 6.7% for AAHS adjuvant- and non-AAHS adjuvant-containing placebo (n = 2,303).

This vaccine is not intended to be used for treatment of active external genital lesions; cervical, vulvar or vaginal cancers; CIN, VIN, or VaIN. This vaccine will not protect against diseases that are not caused by HPV. Routine monitoring and Pap test should continue to be performed as indicated, regardless of GARDASIL® administration. 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. 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®.

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- GENITAL WARTS (only those
caused by HPV types 6 and 11 in males)



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MWIA's 28th International Congress

By: Dr. Shelley Ross

Globalization in Medicine Challenges and Opportunities was the theme of the 28th International Congress of the Medical Women's International Association, held in Munster, Germany, July 28-31, 2010. Many thanks go to Drs. Regina Rapp-Engels, Bettina Pfeiderer and Dr. Hedwig Wening who were the organizing committee for the congress, and to the entire German Medical Women's Association for their time and financial commitment to making the congress a success.

Representatives from over 48 countries made up the 650 attendees who enjoyed both the scientific and social aspects of the program. There was good attendance by younger members of the profession, including the medical students, Pamela Verma and Kristin DeGirolamo, from UBC. The Special Interest Group for Young Doctors and Medical Students that was started in Ghana gave the younger members a forum to discuss issues relevant to their stage of medical life.

Professor Dr. Ilona Kickbusch from the Graduate Institute Geneva and formerly from WHO Headquarters in Geneva gave a riveting keynote address, entitled "How Global is Health?"

The four major themes were gender strategies, addiction, epidemic plagues and nutrition.

The keynote speaker for the session on gender strategies was Dr. Monica Hauser, a German obstetrician and gynaecologist, who has spent her entire professional life working for the female victims of rape in war-torn countries. Her organization is entitled Medica Mondiale.

Gender and health, MWIA's flagship, was well addressed by Dr. Waltraud Diekhaus, past Secretary-General, in her keynote address during the plenary session on gender strategies. Dr. Diekhaus and Dr. Shelley Ross then conducted a workshop on gender and health. Dr. Claudia Morrissey, the new Vice President for North America, did a workshop on Saving Newborn Lives: Evidence from Low Resource Settings, where she elaborated on the use of Kangaroo Mother Care for preterm infants. Dr. Diana Galindo and Dr. Elena Dyer from Florida gave a workshop on Alzheimer's Dementia.



**MWIA Poster Award Winners:
Ms. Verma, Dr. Khan & Ms. DeGirolamo**

Canadian attendees won two of the four the poster prizes (see picture below). Dr. Shajia Khan won the award for a poster by a practicing physician with her poster on the survey she organized on screening for gestational diabetes. UBC medical students, Pamela Verma and Kristin DeGirolamo, won for their presentation of the FMWC poster on the Smear Campaign.

The social events gave participants a chance for the camaraderie for which MWIA is so well known. The Get Together Evening was held in the regional government building of Munster, known as the Regierungsprasidium. The Gala Banquet was held in the Broker Speichen Number 10. This historic site was the bakery for the German Armed Forces in World War II. MWIA's president, Dr. Atsuko Heshiki, entertained the delegates with her ballroom dancing, making us feel that we were on the set of Dancing with the Stars.

Thank you to all the Federation members who work so hard for medical women and women's health in Canada and, although not always able to attend the international congresses, are with us in spirit as we move that work into the international arena.

Please mark your calendars for 2013 when the 29th MWIA International Congress will be held in Seoul, Korea. Watch: www.mwia.net for details.

The Congress from a Student's Perspective

By: Kristin DeGirolamo & Pamela Verma, UBC FMWC Branch

The MWIA congress took place from July 28-31st in Munster Germany and was a great opportunity to bring students and young doctors from around the world together to discuss common issues. This was one of few international medical conferences that not only encouraged student delegates, but offered a specific forum for students and young doctors. After the 2007 congress meeting in Ghana, a group of new doctors and medical students decided that in Munster, a student group for the MWIA needed to be established. Many thanks go to Katharine Schutte-Nuttgen, Drs. Inke Donch, Bettina Pfeiderer, Anne Grund and Heiki Beckmann for organizing the student group.

The first part of the student forum included a discussion meeting in which a council for the students and young doctors was voted in. The members of the council are:

Chair: Ashley Styczynski (USA),
Co-Chair: Rosemary Ogu (Nigeria),
Secretary: Charlotte Roehrborn (Germany), Director of Communications: Pamela Verma (Canada),

Directors of Public Relations: Eva Roehrborn and Jasmin Nasri (Germany).

At this meeting an email list serve was established as well as email newsletter to be sent to all students twice yearly to keep students involved.

Next there was an entire day session for medical students and young doctors to give a unique platform for medical women to interact and present research findings. The program included a poster competition in which there were three prizes given out for best student posters, with the FMWC Poster on the Smear Campaign winning one of the prizes. Finally, a social evening to network with colleagues from all over the world and form lasting connections capped off a great 4 days in Munster. The next meeting is to take place in Seoul, Korea in 2013 and again will include a special forum for students and young doctors and hopefully will build on what has been established in Munster.

A Medical Volunteer in Tanzania

By: Dr. Carol White,

2010 Margaret Owens-Waite Memorial Fund recipient



Tanzania is the land of “Karibu”, Swahili for welcome, in the widest sense of the word.

I began going to Tanzania with Canada Africa Community Health Alliance, a small but growing NGO based in Ottawa, in early 2008. I was immediately entranced by the country and its people and will embark on my fifth trip in November this year.

CACHA's core activity is medical “caravans”: two week missions providing free primary medical care, dental and eye services, HIV testing and counseling, some surgical services, and medications to a different village each day. There

are three project sites in Tanzania and others in Uganda, Benin and Gabon with usually two missions a year to each site.

Our newest site, Ukerewe Island, has become special to me. Three hours by boat north of Mwanza, on Lake Victoria, it takes us almost 3 days to get there. Its 200,000 people live rurally, on their small farms or “shambas”, a subsistence living at best. Many of the adults have rarely or never seen a medical practitioner because of the cost, so our clinics provide the first time many of their conditions have been assessed. Hundreds show up each day. We see everything from mild respiratory infections to severe chronic osteomyelitis to malaria in all its manifestations.

Needless to say, this is outside the usual range of practice for most of us. CACHA is in the community at the request of local medical and municipal organizations. Each day, as we set up our mobile “clinic”, our staff includes almost as many local clinical officers, nurses, HIV counselors and triage staff as Canadian volunteers. We work side by side, learning and teaching as we go.

Each day we pack up our bins of supplies and medications and head out to the village chosen by our local partners. We set up in dispensaries or a school, often partially outside. Every location has its challenges; and then it rains!

We have stations for general medicine, gynecology (the only one with any privacy, often very makeshift), dentistry, ophthalmology and HIV testing. Patients can access several of the services and then go to pharmacy as their final stop. We will see, on average, 500 people a day and go to a different village each day.

As we establish relationships in the areas we serve, CACHA has helped with other projects such as the building of a floating clinic in Gabon, and a large HIV clinic, vocational school and a women's clinic in other areas of Tanzania.

Further information on these projects can be found at www.cacha.ca. Interest in volunteering is welcome.

The hardest part is coming home; to a world familiar, yet not. It is the same, but I have been changed.

TWO ACCREDITED CONTINUING MEDICAL EDUCATION (CME) PROGRAMS BY THE SOGC

In association with Ontario Society of Obstetricians and Gynaecologists (OSOG)

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UPDATE IN OBSTETRICS AND GYNAECOLOGY

December 2–4, 2010

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Congratulations to:

Ms. Marisa Azad (Dundas) who was recently accepted into McMaster University's prestigious joint MD/PhD program where her research will focus on bioengineering and the design of novel pharmaceuticals. She was recently named a Canadian Rhodes Scholar finalist, and was awarded the NSERC Julie Payette scholarship – an award that is given to Canada's top twenty-four graduate students. In addition, Marisa is a nationally ranked athlete, and has received several national awards recognizing her dedication to volunteerism, learning, and art.



Dr. Connie Lebrun (Edmonton) Medical Director, Canadian Snowboard team, and member of the Canadian Health and Science Team, Vancouver Olympics (3 medals for our athletes!!) Dr. Lebrun was also awarded a Citation Award (one of 5) from the American College of Sports Medicine (ACSM), presented at their 2010 AGM. This award is granted to an individual or group who has made significant contributions to sports medicine and/or the exercise sciences.



Dr. Nahid Azad (Ottawa) who will be one of 16 women featured on the University of Ottawa's Extraordinary Women website. The women were chosen for their contribution to making the University of Ottawa a great institution. www.uottawa.ca/extraordinarywomen



Dr. Cheryl Levitt (Hamilton) for being honored with the WONCA Fellowship Award - WONCA's most prestigious award. Dr. Levitt has provided tremendous leadership in advancing gender and equity issues within WONCA.

Call for Nominations

For the 2011 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, 2010. 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.

Dr. Marla Shapiro (Toronto) who won the North York General Hospital's 2010 Peter R. Newman Humanitarian Award. This award is given to individuals who exemplify commitment to the welfare of individuals or the community at home or abroad.



FMWC Student Awards



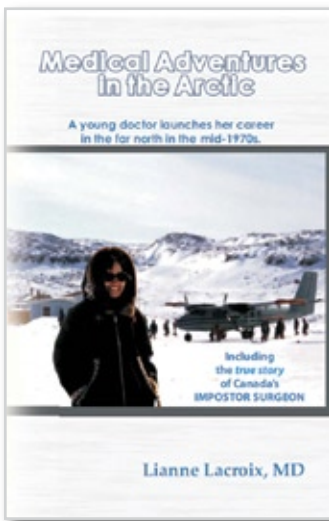
Dr. Rachel Talavlikar (Calgary) for being awarded the Shelagh Lindsay Award which is specifically for FMWC Calgary students who demonstrate an outstanding commitment to their community, their patients and to medicine. Her Bio: After several years of volunteering and working overseas, mostly in India, with the World Association

of Girl Guides and Girl Scouts, I realized that I wanted to work with people and am a clinician at heart. I therefore moved back to Canada to pursue medicine and am now thrilled to be in my first months of Family Medicine Residency. I am very passionate about primary care, especially for marginalized patients including immigrants, refugees, and the homeless. Other interests include running, Bollywood dance and learning Hindi. I was honored to receive this award and will work to follow Dr. Lindsay's example of being an outstanding community physician.

Dr. Caroline Hart (Saskatoon) for receiving the Jessie McGeachy Award (pictured here with Saskatoon Branch President, Dr. Danilkewich).



Creative Corner



Book Review: Medical Adventures in the Arctic

Author: Lianne Lacroix, MD, Kelowna, BC

Webb Publishing, ISBN 978-0-9812945-3-7

Available for purchase @: HYPERLINK “<http://www.arcticmedicaladventures.com/>” www.arcticmedicaladventures.com

Review By: Dr. Cathy Younger-Lewis,
former FMWC President.

“I had always been fascinated by fate - how a series of seemingly trivial events totally change a person’s life one way or the other. Many details in our life make no difference at all, yet a few crucial details here and there can change everything forever. Every so often we are faced with a choice, a decision about which road to take, that will make all the difference - although we can only pick these important events and decisions in retrospect.”
- Lianne Lacroix

On the surface, this book looks like another narrative of a newly graduated doctor’s first years in practice in a harsh environment. But as the excerpt above illustrates, this book is much more than that. Lianne Lacroix’s writing is deceptive in its simplicity – clear, easy to read, but giving the reader wonderful insights into the struggles that we all deal with: career choices, diagnostic choices, treatment choices and personal choices related to partners, friends and family.

In chronological order, Dr. Lacroix relates her life experiences from first deciding to go into medicine, summer jobs working as a lab technician in Fort George, Quebec, and her first job as a qualified physician, working at Inuvik General Hospital from 1973-77. Her love of people, place and medicine is evident in her descriptions of the Inuit community, her medical colleagues and her enthusiasm for making medical visits to remote communities. It is hard to believe that new

family doctors in the ‘70s had only 1 year of a rotating internship and then were sent out to work in remote communities such as Inuvik, delivering babies, handling emergencies by themselves, even being Chief of Staff within a few years! But they were (I was one of them!) and this book documents how the support of more experienced colleagues was so critical to gaining confidence and clinical judgments.

One of Dr. Lacroix’s senior colleagues was general surgeon Dr. Angelo DiStefano, who made headlines in 1976 as “the imposter surgeon”. One of the reasons for Dr. Lacroix writing this book is to present the experiences of the physicians who worked with Dr. DiStefano. In describing Dr. DiStefano’s departure under the suspicion of being an imposter, Dr. Lacroix writes: “I watched him walk away wearing his heavy parka and embroidered mittens, and felt that a golden age of medicine at Inuvik General Hospital was suddenly coming to a close. We would never see again such a wonderful competent colourful surgeon.” This episode marks a “coming of age” as a young physician, when you realize that many of the best mentors of our early years in practice are not recognized by the bigger community. In Dr. Lacroix’s case, she had to deal with an extreme case, where her mentor’s very credentials being called into question.

This is an excellent book, which has value to readers of all ages and stages of practice. I highly recommend it!

THANK YOU TO OUR DONORS!

**These individuals
donated to either the
Maude Abbott Loan
Fund, Maude Abbott
Research Fund or both:**

Marisa Ann Azad, Julia Curtis,
Dr. Janet Dollin, Dr. E. Jean
Gibson, Dr. Raji Menon and
Dr. Clara Tan-Tam

Maude Abbott Research Fund (MARF)

This year FMWC is making a concerted effort at fundraising for the Maude Abbott Research Fund. Some of you have contributed to the fund when you renewed your membership; FMWC sincerely thanks you for your support. We want to build on this generosity by requesting all members to contribute to the fund. We need 200 members to contribute \$100 each to reach our target of \$100,000 in order to start granting research awards annually.

Facts about the Maude Abbott Research Fund:

It is approved for charitable status as an endowment fund

The research fund was started in 2000 to complement the Maude Abbott Student Loan Fund and the Margaret Owens-Waite Memorial Fund with the intention of promoting an interest in women’s health research.

Research grants will be given to Federation members for research in Women’s Health and Health Issues.

Please donate generously by: sending a cheque now to MARF or pledging an annual amount to MARF, or making a planned gift to MARF, or fundraising through your local branch.

For further information please contact Dr. Shajia Khan,
Chair, MARF committee,
613- 234- 2594,
shajia.khan@sympatico.ca

Calendar of Upcoming Events 2010-2011

November 2010-November 2011

PMI: Leadership development for physicians (CMA)

Various cities across Canada

On-line registration now open: www.cma.ca/pmi

December 2-4, 2010

SOGC's Ontario CME

Toronto, ON www.sogc.org/cme/

March 16-19, 2011

4th World Congress on Women's Mental Health

International Association For Women's Mental Health

Madrid, Spain www.iawmh.org

June 21-25, 2011

SOGC's Annual Clinical Meeting (ACM)

Westin Bayshore, Vancouver, BC

www.sogc.org/cme/

July 3-7, 2011

Women's Worlds

Ottawa-Gatineau www.womensworlds.ca/

September 17-18, 2011

FMWC's AGM, Leadership & Advocacy Workshops 2011

Marriott Pinnacle, Vancouver, BC

Recognition for Referrals

Thank you to the following FMWC members who have recruited at least one new member for 2010!

Vivien Brown, Crystal Cannon, Andrea Canty, Lissa Cohen, Elaine Davies, Kristin DeGirolamo, Sarah Kawaguchi, Cheryl Levitt, Heather Lochnan, Carmen McCaffrey, Ontario Medical Association, Dr. Janette Milne, Renuka Nandadasa, Lesley Pinder, Zlatica Ristic, Catherine Wach, Joy Weisbloom, Kathryn Wheeler, Cathy Wilkie



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AMGEN

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Call for Nominations – Honorary Member 2011

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 are usually not FMWC members and may or may not be physicians. Honorary Members may be nominated by any member of the FMWC. **Deadline for nominations: by December 31, 2010**

Nomination Form

I, _____, wish
to
(name of member)

nominate _____
(name of person you wish
to nominate)

as Honorary member for 2011.
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](http://www.fmwc.ca))

Fax: (613)569-4432
or toll-free 1-877-772-5777.

Mail: FMWC 780 Echo Dr.
Ottawa ON K1S 5R7

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: _____ Email Address: _____
Specialty: _____ Areas of Interest: _____

Privacy Choices/Directory:

- ☐ No, I do not want to share my coordinates
- ☐ Yes, you may share my coordinates (name, address, email, phone#, fax#, specialization/interests) with other FMWC members. I understand that this information will be included in the Membership Directory (accessible only to viewing by current FMWC members).
- ☐ Yes, I am willing to be contacted for mentoring (check all those below that apply):
- ☐ Avail. for students ☐ Avail. for colleagues
 - ☐ By Email ☐ By Phone ☐ In Person Meeting
 - ☐ For Electives ☐ Preceptorship

Media:

- ☐ 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 all members with email addresses (this is the default) unless you sign up for mail:

- ☐ No, I really prefer to have a paper copy

New Members: How did you hear about the FMWC?

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

Membership Categories:

- | | |
|--|---|
| <input type="checkbox"/> Full Membership: \$150.00 | <input type="checkbox"/> Resident: \$50.00 |
| <input type="checkbox"/> Associate: \$75.00 | <input type="checkbox"/> Retired: \$50.00 |
| <input type="checkbox"/> 1st/2nd Year in Practice: \$85.00 | <input type="checkbox"/> Out-of-country: \$50.00 |
| <input type="checkbox"/> Medical Student: \$25.00 | <input type="checkbox"/> Associate Student: \$25.00 |

Membership Dues:

\$ _____
A tax deductible receipt will be sent.

Maude Abbott Loan Fund Donation: \$ _____
A tax deductible receipt will be sent.

Maude Abbott Research Fund Donation: \$ _____
A tax deductible receipt will be sent.

TOTAL: \$ _____

Method of Payment: ☐ Cheque (Payable to "FMWC")
☐ BCMA ☐ Visa /MasterCard

Credit Card Number: _____ Expiry date: _____ / _____

Signature: _____

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