



# Newsletter

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



Winter 2009 • Vol 22 • No 1

## www.fmwc.ca Your New Home Page

By the Chair of the Website Special Committee: Dr. Janet Dollin

Well, here we are in December 2008, and we have finally launched the new website! What an experience! Thank you all for your contributions and for your patience in seeing us through the inevitable initial glitches, which I am hoping, by the time this newsletter is printed, are all solved. Susan Dallin O'Grady is to be congratulated for her perseverance, and Joe Bongiorno at MEDIAFORCE must be thanked for the hard work of his design team.

Earlier this year, members were asked to prioritize their issues and give us feedback to guide this new website development. I will tell you just a bit about the 2008 Needs Assessment results and ask you to check out the full summary online under "Special Projects". We learned some very interesting things which will guide our priority planning over the next few years. It turns out our members are a passionately opinionated group (no surprise there), and our strong feelings are aligned on a number of topics. Thank you for the feedback!

Our members told us they were happy with our new website planning directions, and expressed interest in electronically discussing some of these issues across the country. Well, we can now share our experiences. We want to begin to do that through collecting your stories, as well as through our website's capacity to hold member discussions.

We are working on archiving past award winners, past presidents, and past resolutions. This will make the website work as our collec-



### 10 Things your New FMWC Website has for you!

- 1) Convenient, secure online member registration
- 2) Convenient, secure online donation
- 3) A discussion forum that allows you to connect to other female doctors across the country on topics of interest
- 4) Access to the latest FMWC newsletters
- 5) An easy-to-use events calendar to keep you in the loop!
- 6) Branch and Student information and events
- 7) Information on FMWC history, bylaws and special projects of interest
- 8) Useful links and resources that you can download
- 9) Coming soon- convenient, secure on-line registration for the 2009 AGM
- 10) Coming soon – an online "Leadership and Advocacy Toolkit"

tive memory. You will find a record of past special projects and can read about recent and current ones by clicking that tab. We are posting events, of FMWC, of MWIA and of related organizations, and we have added an advocacy calendar of women's health national days. We hope that this can help you with branch event planning.

Regional Representatives and Branch Presidents can easily make changes to the branch calendars, and we hope you will use this to keep track of local events. (Have patience as we all learn the ropes). And join us at AGM in September 2009 where we are sure to talk more about website development, and our future online advocacy and leadership resource "The Top 10 Skills".

As for our strong opinions, with regards to women in medicine in Canada, we feel most strongly that we need to improve workplace flexibility, job sharing, less than full time work opportunities and ensure that this kind of flexibility is equitably available across all specialties. Please respond to the call for papers, under "Special Projects", and share your experience.

In relation to women's health topics, we are split evenly between wanting to assure equal access to reproductive choice and safe motherhood across Canada and wanting to promote the elimination of violence against women.

*(Continued on page 2)*

## 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 2008–2009

**President:** Dr. Kathleen Gartke

**President-elect:** Dr. Andrea Canty

**Past-President:**  
Dr. Janet Dollin

**Honorary Secretary:**  
Dr. Cathy Wilkie

**National Treasurer:**  
Dr. Susan Wilkinson

**MWIA National Coordinator:**  
Dr. Zohra Docrat

### FMWC Newsletter

**Editor:** Dr. Nahid Azad

The FMWC Newsletter is published three times a year and sent to members as a perk of membership. Next deadline March 1, 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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## Bridging the Gender Gap – the Swedish Way

*By Newsletter Editor: Dr. Nahid Azad*



This year, the Northern European Regional Congress of the MWIA was hosted by the Swedish Association of Medical Women in Malmö. The focus was on gender in working life and gender biases in medicine. The Swedish gender equality policy acknowledges that for a country to grow and develop, it is necessary to take advantage of the knowledge and competence of the entire population. In this congress, I learned about the Swedish legislative model- the Equal Opportunity Act in 1991 – and the history of gender statistics in Sweden. The purpose of this Act was to promote equal rights for women and men in matters relating to work, the terms and conditions of employment, working conditions, and opportunities for personal development at work.

Statistics Sweden has published a booklet on quantitative trends every year since 1970 regarding gender equality in all spheres of society, such as education, work, recreation and positions of power. Facts and figures tell the story of the direction the country is taking. To my astonishment, in public life, women and men have reached equality in employment and pay. In 2007, there was 87% employment for each sex. Men are increasingly choosing part-time jobs so they can be involved in child raising activities. The visitors to Sweden can see many fathers in the streets pushing baby carriages.

In Canada, there is a different story. The Globe and Mail newspaper on Nov. 13<sup>th</sup>,

2008 published the rankings on gains individual countries have made in closing their gender gaps. The survey from the World Economic Forum showed that Canada plunged by 13 spots in the Gender Gap index: that is Canada has lost significant ground in key areas of gender equality, dropping the country's overall global ranking by 13 places in terms of closing its gender gap! Out of 130 countries, Canada ranked 31, behind Namibia, Sri Lanka, Mozambique, Cuba and Trinidad, among other countries. This is the third year Canada's ranking has continued its downward slide in the areas of gender-specific economic participation and opportunity; educational attainment; political empowerment; and health and survival. These changes are the outcomes of efforts many countries are making and Norway, Finland and Sweden topped the list in gap-closing countries.

We can only hope that the recent increase to 29% of women in Federal Cabinet Ministerial positions in our country will steer the wheels in the right direction!



***[www.fmwc.ca](http://www.fmwc.ca) Your New Home Page....***  
***(Continued from page 1)***

We also felt strongly that as women physicians we must speak up about our own aboriginal women's dismal experience, where rates of domestic violence are 5 times the national average. Please respond so we can learn what you are up to and link to other organizations that you may work with who are fighting against these same issues.

By exploring the new FMWC website, and adding your voice to these discussions, you can help FMWC to be a unified voice for women physicians across Canada. We look forward to hearing from you.





### FMWC Pap Test Campaign A Smear Campaign Against Cervical Cancer

By President: Dr. Kathleen Gartke



Cervical Cancer Awareness Week is the last week of October (in at least 4 Canadian provinces). A resolution was passed unanimously at the FMWC AGM in June that members would mark that week by opening their offices for a walk-in Pap test campaign. While our preparation time was short, the response was something to be proud of.

We had - 15 clinics / offices

- 11 cities
- 5 provinces

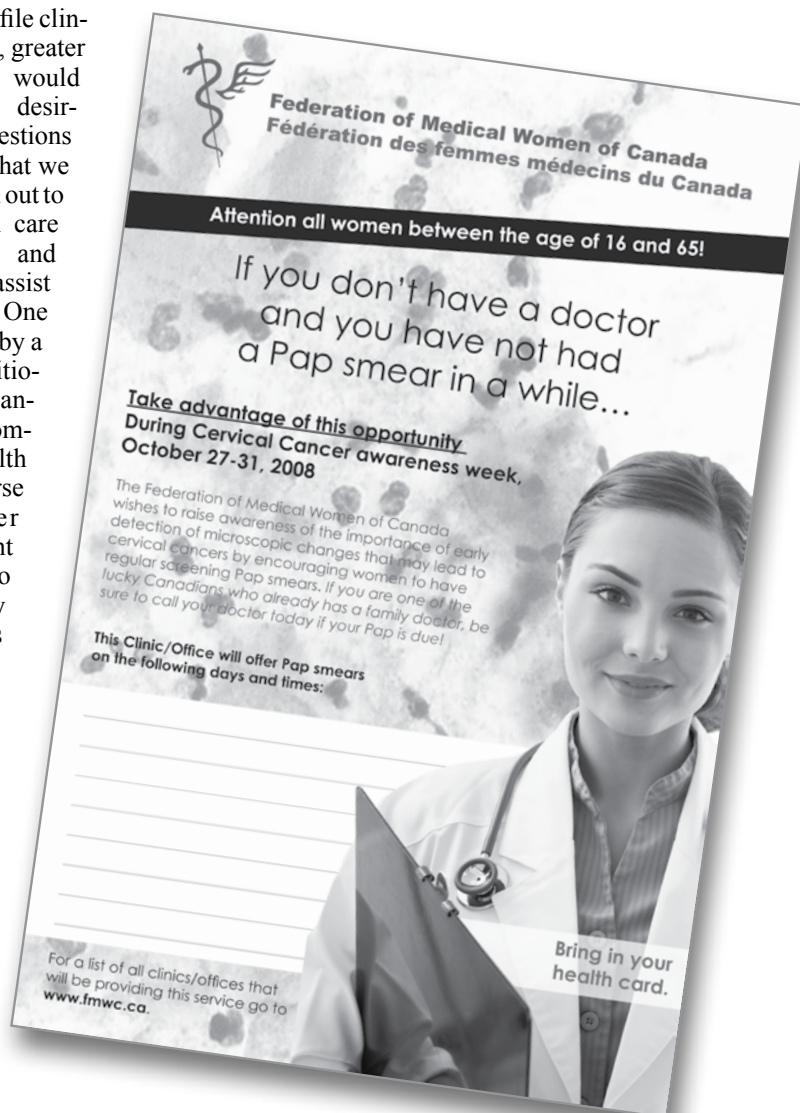
Almost 500 women attended and while not all of them were orphan patients (without a family doctor), most had not gotten around to having a Pap test for far too long – 15 years in one instance. The wonderful part of all this is that women most in need of this opportunity were reached. One clinic reported 10% abnormal test results, while another reported 13%. All of these women were referred on for appropriate follow up care / treatment. Several clinics took the opportunity to reach out to these women on other health issues. One doctor did breast cancer screening at the same visit and another did counseling surrounding HPV issues.

The Canadian Cancer Society predicts that 1300 women will be diagnosed with cervical cancer in 2008 and estimates that 380 women will die as a result of this disease during the year. The tragedy is that these deaths are virtually all preventable by early diagnosis through screening (Pap test). In the future, HPV vaccines may prevent up to 70% of cases of cervical cancer, but screening Pap tests are the best early diagnosis tool for the remaining 30%. According to the CMA, 5 million Canadians are without a family physician. It's no wonder, that up to 35% of women who should have Pap tests do not. Access to a FP is only one of many barriers that prevent women from obtaining their tests when they should.

Our campaign was positively viewed by most. There was excellent feedback from participants with suggestions for improvement. A longer lead in would be helpful, allowing for more publicity. The Medical Post included a write up on it in their September 16<sup>th</sup> issue and followed up with another reminder in mid October. Articles appeared in SOGC and CMA publications and there was coverage on local radio stations in at least one of the cities plus TV coverage in two. Other opportunities for publicity were missed when no one was either available or could speak French adequately. The poster campaign was helpful, accounting for 50% of attendees at one high profile clinic, but again, greater visibility would have been desirable. Suggestions were made that we should reach out to other health care providers and agencies to assist and expand. One site was run by a nurse practitioner and at another, a women's health clinic, a nurse practitioner was brought in for two days to carry out the tests and provide analysis of the event. This is certainly a promising avenue to pursue.

A decision will have to be made as to whether or not we repeat this initiative or even possibly turn it into an annual event. It may grow with increased numbers of physicians, allied healthcare professionals, clinics and private offices involved, or remain a relatively small program. One thing is irrefutable – it is quite likely that this effort, lead by The Federation of Medical Women of Canada has already saved lives.

Thank you to all participating clinics / offices!





### Women Physicians as Leaders

By Past President: Dr. Janet Dollin



Working as a clinician in medicine, it becomes second nature to identify and solve the

problems of our patients using the skills we learned in medical school. Most often, the solution requires the patient make some change in their life. With our patients we build relationships that are designed to generate healthy change. We have learned about change theory, and have techniques to encourage our patients to change. We work as their advocates to encourage them through the process and anticipate the barriers they will face. We are using learned skills to do this.

Yet these days we work in an unhealthy climate for medical services, and we will

need to be able to translate our skills of encouraging needed change from the one-on-one with patients to the health care systems and organizations within which we work. There are some clear barriers that prevent us from being able to lead these kinds of changes. These barriers can be addressed through other learned skills.

For starters, we need to pick our heads up from the daily grind long enough to notice that there are problems that need fixing. We would need to stop feeling overwhelmed by all of the problems long enough to prioritize a starting place. We would need to make the time, and most of all would need to fight apolitical leanings and believe that women physicians can and should be responsible for leading such change. Then we would need to stop procrastinating and

learn how to make our voices heard. We would need to learn more about change theories and power dynamics of organizations, rather than of individuals, and how governments develop policies and distribute money. All this would need to happen while we continue to live true to our own values, care for our families and our selves. We need to be centred and know ourselves in order to do this. This summarizes the top 10 barriers we face and the subsequent skills we need to learn.

Leadership is the ability to motivate others to influence healthy change, at a systems level. In our daily work with individuals, there is no doubt that we have witnessed sick systems and the need for change. These skill sets of leadership are learnable, yet are usually not taught in medical school. FMWC has been

looking at how our own women physician leaders have built and demonstrated these skills, with the goal of developing new leaders.

While patient care may be our priority, we have to see ourselves as responsible for more than helping our individual patients, because the help we can give individuals is dependant on the healthy functioning of the whole system. We are the stewards of our profession, making it a safe and healthy place for men and women to work. We are stewards of the healthcare system, making it effectively care for vulnerable Canadians. This effectively summarizes the mission of the FMWC.

FMWC members are advocates for more than individual patients and amongst us are some truly amazing leaders. Look at other contributors to this newsletter, or at our award winners and honorary members for some examples. Attending FMWC AGMs over the last few years has also demonstrated this. Attending the next AGM in September 2009 will continue the development of leaders who are seeking healthy workplaces.

The leadership skills we need to build are outlined in our upcoming FMWC online toolkit. The wisdom of some of our leaders will be collected there. We hope it will lead to online discussions and to the building of a community of leadership skills development for medical women. The new FMWC website will be the home of this online resource. Watch for "The Top 10 Skills I Need to Save the World" coming soon to [www.fmwc.ca](http://www.fmwc.ca). Join the discussions and help shape the FMWC community.

#### ACCREDITED CONTINUING MEDICAL EDUCATION (CME) PROGRAMS FOR 2009 / PROGRAMMES AGRÉÉS DE FORMATION MÉDICALE CONTINUE (FMC) POUR 2009



##### 22<sup>nd</sup> International CME, March 2-6

Paradus Riviera Cancun Resort, Mexico (Program offered in English)



##### 19<sup>th</sup> West/Central CME, March 26-28

Fairmont Banff Springs, Banff, Alberta (Program offered in English)



##### 5<sup>th</sup> Ontario Gynaecology CME, April 24-25

Marriott Downtown Eaton Centre, Toronto, Ontario (Program offered in English)



##### 21<sup>e</sup> FMC du Québec, du 17 au 19 septembre

Fairmont Le Manoir Richelieu, Charlevoix (Québec) (Programme offert en français)



##### 5<sup>e</sup> FMC du Québec en obstétrique, les 19 et 20 novembre

Fairmont Le Reine Elizabeth, Montréal (Québec) (Programme offert en français)



##### 28<sup>th</sup> Ontario CME, December 3-5

Marriott Downtown Eaton Centre, Toronto, Ontario (Program offered in English)



THE SOCIETY OF OBSTETRICIANS AND GYNAECOLOGISTS OF CANADA

LA SOCIÉTÉ DES OBSTÉTRICIENS ET GYNÉCOLOGUES DU CANADA

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## FMWC AGM 2009

By President-Elect: Dr. Andrea Canty



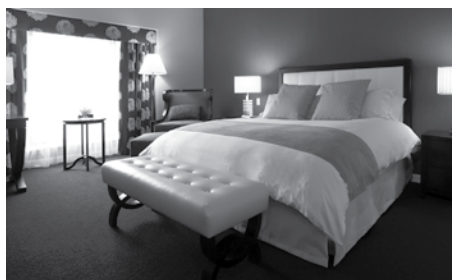
Even though we're in the midst of winter, it's not too early to plan a visit to Montréal in September 2009! The InterContinental Hotel is the site of our annual AGM and Advocacy

and Leadership Workshops.

As a direct result of our timely FMWC Needs Assessment, this year's conference will provide sessions on vital workplace issues...issues that you, the members, identified as requiring immediate attention.

The Conference Committee is proud to confirm that Janice Stein will lead a workshop on "Gender and Conflict Resolution". Dr. Bo Miedema will discuss her original research with survey results on "The Struggle between the Professional and the Personal Lives of Physicians" as well as "Disrespect, Harassment and Abuse: All in a day's work of a family physician". In addition, we will welcome our Honourary Member, Dr. Jane Philpott, to inspire us with her "Give a Day" to World AIDS initiative.

I hope this glimpse of our conference highlights will inspire you to join us on September 26-27, 2009 in Montréal!



## Dr. Deborah Hellyer is running for CMA President

Experienced leader, physician advocate, committed to change



I will: promote physicians as clinicians and leaders, improve member outreach by making the Canadian Medical Association relevant to all physicians, promote a healthy medical profession and improve

physician human resources.

Every five to six years Ontario selects the next CMA president. This term starts in 2010. The voting commences end of January 2009 for four weeks. I am committed to raising physician issues. As a Board member of the OMA and CMA, addressing physician shortages has been my priority. I chaired the OHRC and was Co-Chair of the Physician Human Resources Committee. In those capacities, I called for an independent and permanent Office for Physicians Workforce Policy and

Planning in Ontario to coordinate system planning. I have championed the introduction of Physician Assistants provincially and nationally, promoting interprofessional solutions to the physician shortage, that do not compromise patient safety. I will not support extending the roles of other health care professionals in clinical situations where the physician is not the leader of the team. My experience and background demonstrate my commitment in this regard.

I have been an advocate for physicians through the **elimination of the Medical Audit Review (MRC)**, **advancing physician human resources**, **medical and resident debt relief** and through the implementation of the **Physician Assistants** project both provincially and nationally.

The Canadian Medical Association is at a crossroads. It is committed to renewal,

having completed a five year strategic plan, implementation of the 2008 governance review and entering a search for a new CEO. The strategic plan addressed the need for a strong and effective CMA as the foundation for the goals of a healthy population, healthy patients, healthy profession and healthy physicians. The implementation of the governance review will improve efficiency of the organization and outreach to the membership. The CMA direction and goals resonate strongly with my personal philosophy.

**Je m'engage à promouvoir les intérêts des médecins en tant que cliniciens et leaders, à améliorer les relations avec les membres en rendant l'Association médicale canadienne pertinente pour tous les médecins, à promouvoir une profession médicale saine et à améliorer les effectifs médicaux.**



## Region 1- British Columbia & Yukon

By: Dr. Shelly Ross

The Vancouver Branch had a meeting on October 29th at Inspire Health. Dr. Lisa Polinsky, a naturopath, spoke about the naturopathic treatment of women in the childbearing years and the treatment of children. In addition to FMWC members, many of the event's attendees were medical students from UBC.

**Other Vancouver Branch news:** Dr. Heidi Oetter is the first woman to be



Dr. Eileen Cambon

Registrar of the College of Physicians and Surgeons of BC. She is a past president of the BCMA. Dr. Eileen Cambon has written a book about a hundred years of women doctors in BC.



Dr. Polinsky and Dr. Clarke

## Region 2 – Alberta, Saskatchewan, Manitoba, NWT & Nunavut

### Emerald Lake: an opportunity for a relaxing weekend

By: Dr. Elu Thompson (Calgary Branch President) and Behirokh Raissi (Calgary Branch Secretary)

In October 2008, the Calgary chapter held its annual retreat at Emerald Lake with thirty participants, who restored mind, body and soul with relaxing activities as well as stimulating lectures.

The group, travelling together by chartered bus, was served continental breakfast en route by the executive, minus the champagne of earlier days and better economic times. Lunch awaited our arrival, and this was followed by free time. As has become tradition, this time was spent by some walking along the beautiful and untouched nature trail around the lake. More adventurous participants challenged higher elevations on a hike guided by Dr. Bonnie Skov.

We reconvened in the afternoon for a continuing education component led by Dr. Muriel Solomon. We heard the first part of a very well received talk by Dr. Mamta Gautam on balancing life and work. This was continued in the evening following an excellent gourmet dinner.

The evening ended for a few hardy souls with another tradition, continuing the fun and fellowship in the outdoor hot tub, braced by a brisk October night, under a clear sky with a rising moon.

The next day started with yoga and meditation in front of a burning fireplace with instruction by Ray. It was difficult to tell from some of the evaluations whether

the enthusiasm was for the yoga, or the handsome yoga instructor!

This was a smart start for the day, followed by a delicious breakfast. (Yes. Food does seem to figure prominently, and the resort is renowned for its cuisine.) Marilyn Elliot of MD Management delivered an information packed presentation on "Risk Management".

This was a very timely topic, given the current economic situation, and generated a very lively discussion.

To conclude our sojourn, we had a business meeting in which the outgoing president Dr. Muriel Solomon reviewed the past year and the challenges in the future. Dr. Elu Thompson was elected as the new president for the Calgary branch. The rest of the executive stayed on, with the addition of a new member at large. Membership challenges were discussed and a decision made to undertake a survey of Calgary female physicians and medical students. Preliminary plans were laid for the coming year.

Evaluation responses indicate that the weekend is welcomed not only as a retreat for restoration, but also as a valuable opportunity for medical students, as well as their role model physicians, to interact and network socially. We look forward to the twentieth anniversary next year.



Emerald Lake Lodge, Field, BC



Group at departure



Dr. Elu Thompson and outgoing Branch President, Dr. Muriel Solomon





## FMWC Medical Student News

By National Student Representative: Rachel Ptashny



The FMWC chapters at medical schools across Canada have been organizing events promoting leadership among women in medicine, raising awareness of issues pertinent to women's health, and recruiting new members.

In Vancouver, FMWC student members recently announced their collaborative effort with the Faculty of Medicine at the University of British Columbia to develop a training resource on working with women facing violence designed specifically for clinicians-in-training. To broadcast this project, students screened a short film produced by UNIFEM on their work to improve women's health through anti-violence initiatives, particularly in the context of HIV/AIDS. The film was screened for the medical and dental student classes to raise awareness for three major events: the International Day for the Elimination of Violence against Women (Nov. 25<sup>th</sup>), International World AIDS Day (Dec. 1<sup>st</sup>), and the National Day of Remembrance and Action on Violence against Women (Dec. 6<sup>th</sup>). For more information about the project contact: FMWC Junior Representative: Pamela Verma at: [pamverma@interchange.ubc.ca](mailto:pamverma@interchange.ubc.ca)

Also in Vancouver, in October, all medical students, residents and their significant others were invited to a wine and cheese to celebrate women's achievements in medi-

cine. The event, titled "Women in Medicine Mentorship Night: Striking a Balance", was sponsored by the Equity Office at UBC and the FMWC. It included a wide range of accomplished female physicians working in areas from plastic surgery to refugee medicine.

In Calgary, FMWC student members organized a networking event at the home of the FMWC Calgary Chapter President, Dr. Muriel Solomon (now Regional Representative). First and second year medical students were invited to meet female physicians, residents and other students. University of Calgary students also attended the FMWC Annual Retreat at Emerald Lake. At the end of November, as part of their obstetrics/gynecology course, students hosted a session to provide more information on the role of midwifery. This event was especially pertinent since Alberta has passed legislation offering the free support of a midwife during birth, starting in 2009. A sponsored lunch was included for the attendees.

The University of Alberta FMWC division has brought in speakers on topics surrounding maternity/paternity issues, women's international health and women's role in medicine.

The University of Toronto is excited to join the FMWC network. They will be initiating a membership recruitment drive for medical students in the coming weeks. Look forward to upcoming events involving our strong network of leading female physicians in Toronto. For more information contact: [fmwc.toronto@gmail.com](mailto:fmwc.toronto@gmail.com)

## MARF - Maude Abbott Research Fund

This year we are making a concerted effort at fundraising for the Maude Abbott Research Fund. 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](mailto:shajia.khan@sympatico.ca)



## The Medical Women's International Association Cruise

By MWIA Secretary-General:  
Dr. Shelley Ross

The North American Region of the Medical Women's International Association is holding their triennial meeting aboard the Maasdam of the Holland America Line from September 19-26, 2009. Please plan to be part of this event and meet physicians from various parts of the world.

The theme is "Caring for the Caregiver", which refers to you—the physician. We are pleased to have Dr. Mamta Gautam as the keynote speaker. For any of you who have heard Mamta speak, you know that you are in for an interesting time.

Dr. Claudia Morrissey, currently President of the American Medical Women's Association, is working in Geneva in the Department of Gender Women and Health and will speak about Gender and Health.

Dr. Carole Williams from Victoria will talk about the medical spa and can give you some good advice about those marionette lines and other wrinkles.

There are many other interesting topics about how women in medicine should take care of themselves.

The cruise has lots of land time. Passengers will board in Boston, and work their way through stops in the Maritimes, Québec City and the cruise will end up in Montréal. Sessions will not interfere with land time.

Although the cruise is not until September 2009, the good cabins go quickly and so I urge you to book early. Visit [www.seacourses.com](http://www.seacourses.com) to book.



### Shafeena Premji, Henna/Mendhi Artist



Shafeena is currently a 2nd year medical student at the University of Calgary and the Student representative for the FMWC. In addition to her deep passion and love for medicine, Shafeena also has a very artistic side as a professional henna/mendhi artist for the last 11 years. As part of her South Asian background, mendhi/henna is an ancient Indian body art that arose hundreds of years ago where women decorated their hands and/or feet for weddings and religious celebrations.

Mendhi comes from a henna plant that has natural dying properties. The leaves of the plant are dried and then grinded into a powder. From there, eucalyptus oils and tea water is added and mixed to create a paste. The paste is then placed into a tube which can then be applied onto the skin like an icing cone. Mendhi

is generally applied 2 days before the wedding day. It is kept on overnight and then scraped off the next morning. It then takes up to 48 hours for the colour to really set in and become dark in time for the wedding day.

The significance of mendhi in an Indian wedding are many:

- 1) It has been said that the cooling effect when mendhi is applied on the hands helps to calm the nerves of an anxious bride.
- 2) The hands/feet specifically are decorated as those were historically the only areas of the body that were exposed on a bride.
- 3) The darker the colour of the mendhi suggests the more your mother-in-law loves you.
- 4) On the night of the wedding, the husband is asked to look into his bride's mendhi to find his initials. Only after he has found the initials can they consummate their marriage.



Shafeena has had many opportunities over the last 11 years having done bridal mendhi for over 200 brides and has attended many fundraisers offering her services as a way to support a worthy cause. She was recently featured on City TV's Breakfast Show to share her talent as part of the OMNI TV Launch in Calgary, Alberta.

### Kiss me – 'K'

Poem by: Dr. Lana Dymant, Burnaby B.C

#### Lana Dymant, April 22, 2005 – for David

When you come home,  
kiss me 'K'.  
I'll be sleeping.  
I'll pretend not to notice.

When you come home,  
kiss me 'K'.  
I'll be waiting,  
but I won't look like it.

I'll be curled up,  
protected by sleep.  
Soundly,  
I'll be dreaming.

Don't wake me.  
If it's good,  
I don't want to be disturbed;  
if it's bad,  
I don't want to remember,  
lest it's true.

When you come home,  
wake me 'K'.  
But don't let me know.  
Let me just think I woke and found you.

Kiss me – gently.  
Hold me – soundly.  
Love me – loudly.  
Love me – save me.

When you come home,  
kiss me 'K'

### Share Your Story!

The FMWC Newsletter wants to hear from you – our members. Please send us news about achievements, awards, and accolades as it pertains to yourself or another FMWC member. Relevant pictures (please include captions) are also welcome.

**NEW!** We have added a new section called: **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 (tasteful of course). We will try to incorporate as many of these as we can.

The newsletter is for everyone's benefit and enjoyment – so please contribute!

The deadline for the Spring 2009 newsletter is **March 1, 2009**. The newsletter typically comes out in early April. Please forward submissions to the National Office at: [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca)





# GlaxoSmithKline Canadian Vaccines Leader

GlaxoSmithKline is one of the world's leading vaccine manufacturers supplying more than a quarter of the global vaccine market.

Our vaccines development portfolio includes candidates for meningitis, HIV/AIDS, seasonal and pandemic influenza, malaria, hepatitis B and E, *Streptococcus pneumoniae*, melanoma, and a vaccine to protect against cervical cancer.

[www.gsk.ca](http://www.gsk.ca)

Do more, feel better, live longer





### M.O.W.\* Funds Visit to the Likulezi Project in Malawi

(\*Margaret Owens-Waite Memorial Fund, see page 13 for more information)

By: Dr. Cathy Younger-Lewis

In 1997, an FMWC Margaret Owens-Waite bursary enabled me to visit the Likulezi Project, an AIDS-related Community Care Project in Malawi, Africa. Although I was only there for 3 weeks, the knowledge gained and contacts made has enriched my life ever since. I have had endless opportunities to do talks to schools, churches and community groups, meet others who have worked in Africa and also do fundraising for the Project.

This past July (2008) my husband and I, along with our daughter, a nurse, re-visited the care project. Again, the trip proved to be one of those defining times of my life. Not only were we able to celebrate with the Project's local volunteers their many



*As a health care professional, you will find that "doors open". Here Deborah Younger-Lewis (right) is guest on rounds at the local community hospital.*

accomplishments in caring for AIDS patients, families and orphans, but we were able to connect a new generation of our

family with the complexities and rewards of work in Africa.

I often hear medical colleagues wish for the opportunity to work in a developing country, but imply that they don't have the time or funding. My experience has shown me that you can have a great experience in just a few weeks. On a short visit, it is unlikely that you can work as a physician, but as a physician, you have great credibility as a witness when you return to Canada. You also have great credibility in your role of educating people in your community about the problems faced in other parts of the world, and you can be

*(Continued on page 11)*

## Donate a Day for Africa Make a Real Difference



Last year, hundreds of physicians and health care professionals joined the partnership for health in Africa and donated part or all of their day's income on April 7<sup>th</sup>, World Health Day, to support vulnerable communities in Africa.



*Students at Haraa Primary School in Tanzania carrying water*

This year, one of the supported projects will help provide clean water and safe sanitation to school children in rural Tanzania by constructing rainwater harvesting tanks, ventilated improved pit latrines and hand washing stands.

**Clean water saves lives. In sub-Saharan Africa, 58% of people still live without it.**

**This World Health Day, on April 7<sup>th</sup>, you can donate part or all of your day's income and help bring clean water to teachers and young students at Haraa Primary School in rural Tanzania.**

Sign up now and donate a day for Africa on World Health Day, April 7<sup>th</sup>.

*(Not working on April 7<sup>th</sup>? Pick a day that works for you and let us know)*

**Register today at: [www.donateaday.ca](http://www.donateaday.ca) or contact us at: 1-800-263-2727 or by email: [whdc@cpar.ca](mailto:whdc@cpar.ca) To receive your participant package on time – please register by March 21, 2009**

**This year, you too can be a part of real change...**

When you sign up for CPAR's 4<sup>th</sup> Annual World Health Day Challenge and **donate a day for Africa** you will demonstrate your commitment to health **beyond** the boundaries of your community.

**Support rural African communities and you will:**

- Improve maternal and child health
- Reduce the burden of HIV & AIDS
- Prevent the spread of common diseases
- Reduce waterborne diseases by providing clean and safe water and sanitation

**[www.donateaday.ca](http://www.donateaday.ca)**





## International Seminar on Breast Cancer, Mexico

By: Dr. Marla Shapiro (Board member, Canadian Partnership Against Cancer and Medical Consultant, CTV)



I recently had the pleasure of being invited to Mexico to participate in *Tómatelo a Pecho: International Seminar on Breast Cancer*. In Mexico, breast cancer is the second most common cause of death in women between the ages of 30-54. Alarming, the breast cancer mortality rate is increasing with an estimated one death occurring every two hours. It is also true that breast cancer occurs a decade earlier there than women from Europe and the United States.

Unfortunately, only 5 to 10% of women are diagnosed in the early stages whereas in developed countries as many as 50% of cases are diagnosed at stage 0 or stage 1. Preventive services such as exams and mammograms are only 20% at the ages of 40 through 69, which is an improvement over the 12% quoted in 2000.

A Ministry of Health study in Mexico revealed that up to two thirds of breast cancer deaths could be prevented in women under 75 with early detection and the application of treatments. I also found it startling that at a global level, developing countries account for 45% of new cases and 55% of breast cancer deaths.

Since 2006, breast cancer in Mexico claims more lives each year than cervical cancer whereas in 1980 the risk of dying of cervical cancer was double that of breast cancer.

As I prepared my talk for the International Seminar, I wondered how we as a country, with accessible medical care were doing.

In Canada, breast cancer is the most common diagnosed form of cancer in women. It is second only to lung cancer as the most common cause of cancer deaths. While figures vary, it is safe to say that approximately 22,000 or more women will be diagnosed on an annual basis with a predicted annual mortality of 5,300 women. Unlike Mexico, just over 50% of all breast cancer cases are in the age group 50-69. Screening in Canada is intended to detect cancer or precancerous conditions



Dr. Shapiro during her chemotherapy for breast cancer.

in asymptomatic individuals with the goal clearly intended to reduce the death rate and detect early enough to improve the likelihood of successful treatment.

Our screening is either opportunistic or organized. For example in Ontario, screening under age 50 is opportunistic. If a patient does not request it or a doctor does not recommend it, a mammogram will not be undertaken. Over 50 women have the opportunity to enter organized screening. As a result of entry into a program, an automatic call back ensues increasing the

likelihood that women will continue to be screened.

In 2007, a report tabled called "Toward Kinder Care" asked women in Ontario about their beliefs concerning breast cancer. While 40% believed that breast cancer was the most important health issue facing women today, only 27% of women surveyed were screened regularly. Data has shown that breast cancer mortality could be decreased by as much as 30% through screening mammography.

In the same study, just over 50% could name one symptom and that was a lump whereas 11% could not name a symptom at all. It was somewhat reassuring to note that 61% had had a clinical exam within the last year. 34% of the population identified 50 as a target for a mammogram.

As clinicians, it is important to arm our patients with the information they need to best protect themselves. When we look at our rates of overweight and obesity, it speaks to the fact that women ignore that 30% to 40% of all cancer cases could be prevented by attending to our diets and physical inactivity. Alcohol, another modifiable risk factor, can increase the relative risk of breast cancer by as much as 51% of you drink >4 drinks per day. Even so called modest alcohol intake at 1-2 drinks per day can lead to a 32% increase relative risk.

I often tell my patients that it is not my job to keep them well, but to build a partnership between patient and health provider, translating knowledge and attitude into sustainable behavioral changes. We are a nation with access, but access without uptake cannot lead to improved outcomes.

### ***M.O.W.\* Funds Visit to the Likulezi Project in Malawi (Continued from page 10)***

part of fundraising and awareness here in Canada. As well, as a physician, you will find that doors open for you in the developing country, such that you are welcomed in to view medical facilities and visit patients' homes.

The FMWC Margaret Owens-Waite Memorial Fund is ideal for the "office-bound" member, who dreams of connecting to an international health project. Check out the criteria on the FMWC website and in this newsletter

(see page 13)! Then watch for connections in your own community that might take you to a developing country. If the two match up, then it is often the help with funding that gives you that final confidence to set off – you won't regret it!



## Awards Update

By Awards Committee Chair: Dr. Karen Breeck



The Awards Committee encourages you to review the newly updated FMWC website ([www.fmwc.ca](http://www.fmwc.ca)). There is a specific link off the homepage to "Awards/Loans". There you can learn more about awards available from the FMWC and other organizations along with application forms and deadlines.

The **May Cohen Award** is presented every year at the Annual General Meeting to a FMWC full member in recognition of her role in the promotion of women's health. A list of past winners is also now available online.

The **Margaret Owens-Waite Memorial Fund** awards \$1,000 to FMWC full members that wish to further their medical education. This has been defined to include higher medical education training, rural or international locums in support of women's health or to attend and present an original paper at a medical meeting, particularly a Medical Women's International Association (MWIA) Congress.

The **Maude Abbott Loan Fund** is available to FMWC medical student members and under exceptional circumstances, medical residents. It provides loans of up to \$1,000/year to a maximum of \$4,000 per person. This loan is to be repaid at the end of medical training.

The Awards Committee has also compiled a list of various awards offered by **other agencies** that might be of specific interest to our membership. Please feel free to notify the National Office if you are aware of any other available awards suitable for addition to this list. Likewise, please pass on to FMWC National Office if you are aware of any FMWC members receiving outside awards/recognition. If you are a FMWC member that would like to be considered for an award committee nomination, especially to an external award, please ensure a copy of your latest resume/curriculum vitae has been made available for review at the National Office.

If you require any further information or assistance on awards, their application or nomination, please contact the National Office directly (see page 2 for coordinates). Hope to see you at the next Awards Luncheon in Montréal on September 26, 2009!

## Accolades & Announcements

### Congratulations to these FMWC members for their accomplishments:

- New FMWC member, **Dr. Unjali Malhotra**, was recently named the Medical Director of Options British Columbia. Options is a registered charity offering 47 years of complete primary reproductive health care to tens of thousands of women per year in over 50 clinics throughout the province. Options offers care through education and ongoing support/advocacy of the public. Care for reproductive issues, contraception, and public health services are offered at Options in a high quality, non judgmental method. It is now aiming to increase its services to include resident education, increased physician training, and further increases to demographics and populations targeted. For further information visit: [www.optionsforsexualhealth.org](http://www.optionsforsexualhealth.org)
- **Pamela Verma**, Junior Reprehensive for FMWC-UBC, is the recipient of the UBC Medical Undergraduate Society Research Forum Poster Prize for the Class of 2012.
- **Dr. Carolyn Rosenczweig** recently joined the Department of Emergency Medicine at Surrey Memorial Hospital which is the busiest ER in Western Canada. Dr. Carolyn Rosenczweig comments that surprisingly, she is the only woman ER doctor on staff. She encourages other women to join the team in Surrey and hopes that more women who are in medical school will consider emergency medicine as a career option.

## Call for Nominations – Honourary Member

We are currently seeking nominations from you, the membership, for the Honourary Member for 2009. 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 Honorary Member may be elected in any one 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 Interim Board Meeting (**January 24th, 2009**). Send this nomination form to the National office (see page 2 for coordinates)

### Nomination Form

I, \_\_\_\_\_, wish to nominate \_\_\_\_\_  
(name of FMWC member) (name of the person you wish to nominate)

as Honourary Member for 2009. My reasons for suggesting this person are:

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





## Margaret Owens-Waite Memorial Fund

The Margaret Owens-Waite Memorial Fund was established in 1986. Dr. Margaret Owens-Waite bequested monies to the Federation, her only restriction being that the monies are used for the purpose of education. In 1991, the criteria were broadened. Today, the applicant must be a full member of the Federation in good standing, and meet one of the following three criteria:

1. a practicing female physician, wishing to further her medical education;
2. a female physician taking time from her practice to work temporarily in a rural area, including a developing country; or
3. a female physician presenting an original paper at a recognized medical meeting, particularly at a MWIA Congress.

Three \$1,000.00 bursaries are available annually. Please fax (613) 569-4432 or 1-877-772-5777 or **mail** your application to the National Office (780 Echo Drive Ottawa ON K1S 5R7). **The winter deadline for applications is December 31st and the summer deadline is June 30th.**

<b>Margaret Owens-Waite Memorial Fund APPLICATION FORM</b>		Date of Application:
Name:		
Address:		
City:	Province:	Postal Code:
Tel (Work):	Tel (Home):	Fax:
E-mail:		
Type and Location of Practice:		
University:	Degrees:	Year of Graduation:
Brief Description of your Proposed Medical Education:		

## New Executive Coordinator and her Role

*By FMWC Executive Coordinator: Susan Dallin O'Grady*

Hello FMWC members,

As many of have already heard, Andrée Poirier (the previous Coordinator) left the FMWC this September after three years of dedicated service, due to health reasons. She thanks everyone for their well wishes.

I am the new Coordinator at FMWC and will proceed to tell you a little bit about myself. I am returning to work after a fun 2 year absence with my children. See attached photo of myself and Annela (4.5 years old) and Bryan (2 years). I also have a husband Richard, but he is the chief photo-taker! I have an MSW from Carleton University and have lived in Ottawa for most of my adult life. I am originally from Peterborough, near Toronto. In my free time, I like to ski and engage in other outdoor pursuits and I also love movies.

I have worked for 8 years in the non-profit sector in fundraising (Easter Seals), child care services and also worked with New Canadians connecting them with employers and organizing job fairs. My closest childhood friend works as a Dr. in Emergency so I appreciate the hard and important work that you do. I was very excited and impressed with the FMWC for initiating a Pap test campaign as I see it as a practical way to make a difference.



This is a great time to work for the FMWC as it moves forward with new ventures like this campaign and of course the new interactive website.

I look forward to working on your behalf and for women's health issues. The phone and email box are always open (and I hope to meet many of you in person at this year's AGM in Montréal!)

### Executive Coordinator's Role (in brief)

- Promote and process memberships
- Connect members to one another and their branch via phone and email (respecting privacy choices)
- Further to above, help to share information (about events and other issues of interest) among members via email, the website and newsletters
- Customer service; respond to your requests for information in a timely manner
- Coordinate any campaigns or advocacy projects
- Update information on the website
- Coordinate submissions and production of the newsletters
- Coordinate logistics and promotion for the AGM
- Promotion and administrative support for awards and loans
- Office administrative duties including finances



### Calendar of Upcoming Events 2009

**March 1, 2009 to November 28, 2009**  
**Physician Manager Institute Workshops, CMA**  
Various Cities (BC, AB, ON, QC)  
[www.cma.ca/pmi](http://www.cma.ca/pmi)

**March 2-6, 2009 - 22nd International CME (ICME), SOGC**  
Cancun, Mexico  
[www.sogc.org/cme/](http://www.sogc.org/cme/)

**March 26-28, 2009 - 19th West/Central CME, SOGC**  
Banff, Alberta  
[www.sogc.org/cme/](http://www.sogc.org/cme/)

**April 24-25, 2009 - 5th Gynaecology Ontario CME, SOGC**  
Toronto, Ontario  
[www.sogc.org/cme/](http://www.sogc.org/cme/)

**June 17- 21, 2009 - Annual Clinical Meeting (ACM), SOGC**  
Halifax, Nova Scotia  
[www.sogc.org/cme/](http://www.sogc.org/cme/)

**September 17-19, 2009 - 21st Quebec CME, SOGC**  
Charlevoix, Québec  
[www.sogc.org/cme/](http://www.sogc.org/cme/)

**September 19-26, 2009 - MWIA North American Meeting**  
Theme: "Caring for the Caregiver"  
Cruise from Boston to Montréal  
[www.seacourses.com](http://www.seacourses.com)

**September 26-27, 2009 - FMWC AGM, Leadership & Advocacy Workshops**  
Theme: Workplace Issues  
Montréal, Québec  
[www.fmwc.ca](http://www.fmwc.ca)

**July 27-31, 2010 - 28th International Congress MWIA**  
Munster, Germany  
[www.mwia2010.net/](http://www.mwia2010.net/)

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## Membership Renewal & Recruitment Challenge



**Membership Renewal:** Thank you to our FMWC members who have already renewed! We encourage all members to take advantage of our new website to register this year.

This way you can ensure your profile is how you want it and you can make secure payments as well. Even if you would prefer to pay by cheque or BCMA, you can still input your information on-line. How to register on-line: simply go to [www.fmwca.ca](http://www.fmwca.ca) and click on Membership Renewal. If you are unsure of your userid or password – please contact the National Office via email: [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca) or phone: 1-877-771-3777 (local: 613-569-5881).

**Membership Recruitment Challenge:** We want you to help us to grow! As a thank you for recruiting new members, the FMWC has initiated two rewards:

- 1) Your local FMWC branch will receive an extra rebate of 50% for any increase in full members from the previous year's number of full members. This money will help fund local events.
- 2) The member who recruits the most members by **March 31, 2009** will get their 2010 membership for free. There will be a prize for a medical student and a prize for other members. In the case of a tie, a name will be drawn. Make sure to tell the person you recruit, to write your name on their membership application as the person who suggested that they join. **Why not send out an email to colleagues with a link to our website, inviting them to join you as a FMWC member? FMWC memberships make excellent gifts for students and residents as well.**

## FMWC Membership Application Form

We encourage you to register on-line at: [www.fmwca.ca](http://www.fmwca.ca)

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

### Privacy Choices:

- ☐ **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:** the Newsletter will be delivered to your email inbox. Please be sure we have your current email address.

If you would like to receive a paper copy please indicate here:

- ☐ **Yes**, I really prefer to have a paper copy
- ☐ **No**, I would like to help FMWC save expenses and trees

**Referral:** How did you hear about the FMWC? \_\_\_\_\_

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

### Membership Categories:

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

**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") ☐ 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.**



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613-569-5881 (in Ottawa)*