Newsletter
Federation of Medical Women of Canada
Fédération des femmes médecins du Canada
Winter 2011 · Vol 24 · No 1

New Membership Directory – Coming Soon!

Say Yes!

By President: Dr. Deborah Hellyer

As part of membership renewal, additional information is being requested. Say **yes** to have contact information available to other members on our private membership site. This allows increased networking opportunities and as our technical expertise improves we can expand services to allow enhanced interaction. Say **yes** to mentoring! Mentoring can occur in various ways. We are hoping to expand opportunities for medical students to interact with practicing physicians. Mentoring can and should expand outside of the traditional definitions by covering non-medical topics. Mentoring can also be between colleagues. We all have hidden talents/interests outside of medicine just waiting to be tapped. Why not share?

I had the wonderful opportunity of meeting with the UBC medical students in October. What an impressive group of young colleagues. They provided input into the upcoming AGM 2011 putting a British Columbia flavour to the meeting. In addition, they supervised an educational session on technology including Facebook and Twitter usage. It provided significant conversation and comedic entertainment as some of the more mature physicians tackled social media. I would encourage other branches to utilize the opportunity to learn from our medical student colleagues.

Membership outreach remains a priority to the FMWC. Feedback is critical. I would encourage members to provide information. Are there any areas that we should pursue? What support systems should be in place? How can we attract new members?

☑ **Yes, I am willing to be contacted for mentoring**

I have been so fortunate in meeting so many wonderful, enthusiastic and committed women physicians. This organization is so blessed to have access to such talent. Take the opportunity to network and mentor.

HPV Immunization for Men and Boys

By: Dr. Vivien Brown

At the AGM in September, a motion was introduced and passed, encouraging provincial governments and territories to include boys in the school based programs to receive publically funded vaccine. This was followed by a press release in November, making the position of the FMWC well known to the public. The vaccine has been approved in Canada for men and boys since February 2010. Our motion was for equitable access and gender equality as this is not merely a woman's disease. There was a lot of interest across Canada and a number of physicians spoke for the FMWC, explaining about the disease, the virus and the vaccine. The FMWC has been seen as a forward thinking national organization and dedicated to education. This was and continues to be an important opportunity to engage our members and the public about preventative health and our role as women physicians, caring about the public. Furthermore, the FDA has recently approved the change in indication of the Quadrivalent vaccine to include the **prevention of anal cancers and precancerous lesions in both men and women.** So ongoing interest and increasing evidence for far reaching preventative benefits!

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 perquisite of membership. Next deadline is April 1, 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.

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Welcome to the Winter Newsletter

By Newsletter Editor: Dr. Crystal Cannon

In my last message I asked for articles or **stories on Change** and there are two for you to read and contemplate. Sheila Fergusson writes of her personal journey which could well echo that of many of us. Mamta Gautam helps us map out change and avoid mistakes along the way. Thanks to both of you.

Our **Honorary Member for 2011**, journalist Avis Favaro, outlines her own career change in her compelling story of how she became a medical journalist.

The article on **medical school enrolment** will likely spark some comments from members. Please feel free to write to me or present your own views on the topic of gender balance issues in medical school admission. This article discusses the fact that there is more than gender involved in enrolment and bias can take many forms. Please comment.

All the best for 2011 and keep in touch.

Share Your Story!

The deadline for the **Spring 2011 newsletter** is **April 1, 2011**

The newsletter will come out in early May. 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!

Membership 2011

Renew your membership today buy renewing on-line at: www.fmwc.ca or you can contact head office for a membership form (coordinates on pg 2)

Members get access to branch events, the FMWC newsletter, awards and scholarships and a reduced rate for the AGM!

Trailblazers: Catching Our Dreams

By: Dr. Nahid Azad (AGM Chair/President-Elect)

Join us in beautiful Vancouver, British Columbia on September 17-18, 2011 at the Vancouver Marriott Pinnacle hotel for our Annual General Meeting entitled:

Trailblazers: Catching Our Dreams.

This year, we celebrate the outstanding medical women who have blazed trails within our profession, achieved their dreams and inspire us all.

The efforts of these amazing medical women along with ground-breaking advancements in women's health care will be showcased to more than 150 physicians expected to attend this exciting event.

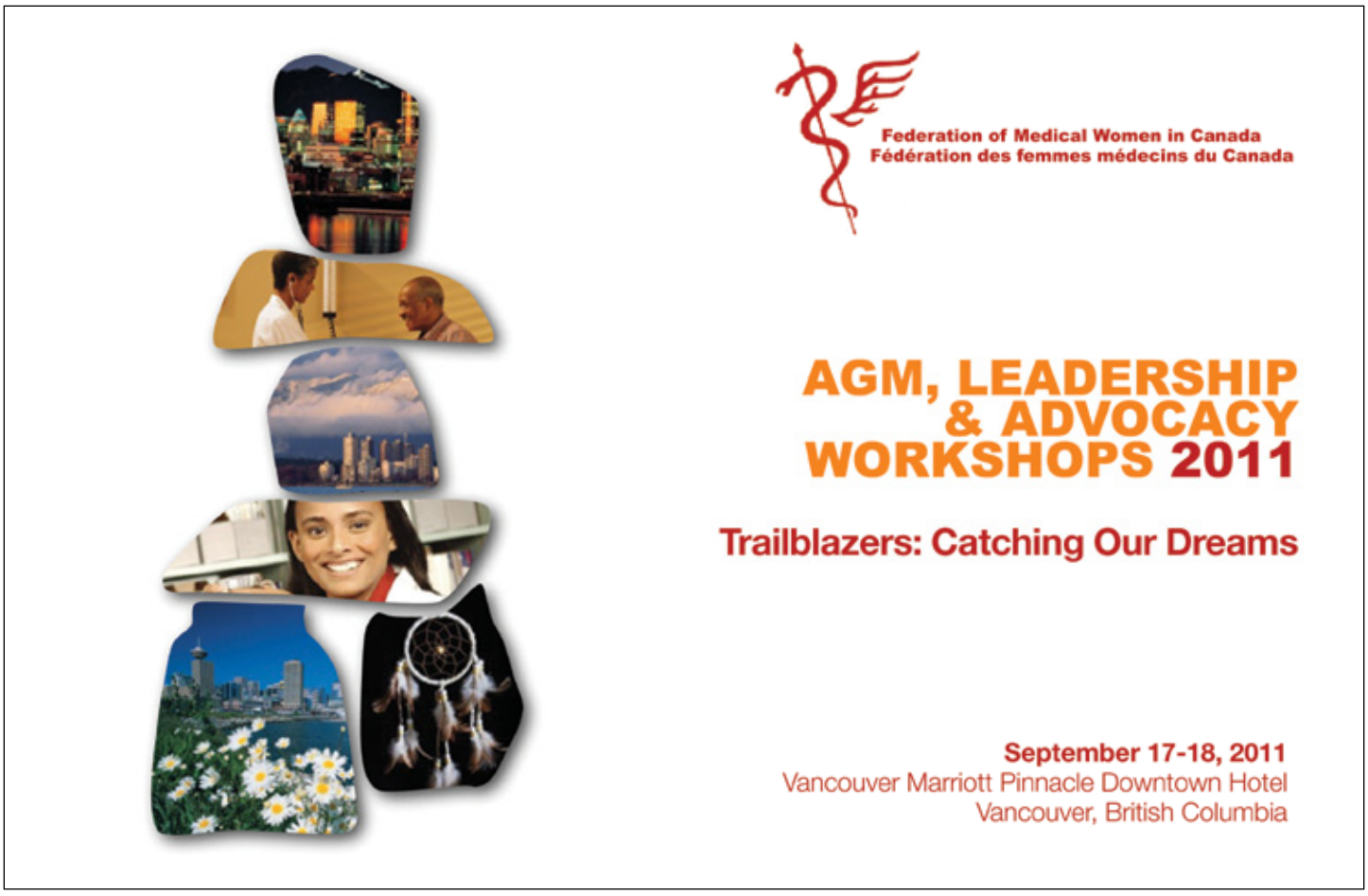
As a delegate, you can expect to gain insight and tools that will help you achieve your personal and professional dreams and improve the quality of life of your patients.

Event Highlights include:

- 2 Networking Receptions and Saturday Soiree
- Registration will include 2 receptions, 2 breakfasts, 2 lunches (including the Awards Lunch) and 3 breaks
- Topics include: Made in BC Healthcare Solutions, Engaging Others, Optimizing Work-Life Balance, Physician Health, Media and Women's Perspective, Career Advancement and Career Change and Preventative/ Holistic Care
- Confirmed Speakers: Monica Olsen, Drs. Dorothy Shaw and Teresa Clarke
- Interactive Discussions With Multiple Viewpoints
- Tai Chi and Yoga Break Sessions

AGM information will be posted on the FMWC website and registration will open in April.

I hope that this glimpse of our conference highlights will inspire you to save-the-date and join us in Vancouver!



Choice, Safety and the Future, for Better or Worse: Hormonal Contraception 1961-2011 and Beyond

By: Dr. Janet Dollin

The year 2011 marks the 50th anniversary that the birth control pill (BCP) was available in Canada for contraception. This launch was of significant importance to our members at the time and continues to leave its legacy and its cautionary tales today.

Women have the luxury of great contraception choices today, but it has not always been so. Choice, however, without full awareness of risk, is not informed choice at all. The history of the BCP suffers from a lack of full disclosure, a lack of true informed choice and a paucity of clinically relevant research as to risk. These constitute its cautionary tales.

Safety concerns for contraceptive methods are not unique to hormonal contraception. Almost immediately after its release on the market in 1970, the Dalkon Shield IUD was taking its toll on users. The device was causing pelvic inflammatory disease, septic abortions and infertility; thus was removed from the market in 1974. Repercussions led to one of the largest legal liabilities of its time, as well as new labeling requirements for medical devices. Safety concerns for hormones are not limited to contraceptives either. We have a long and storied past when it comes to trial and error with such products as Thalidomide and DES. We tell women their hormones need "replacement" and then we tell them they need hormones for PMDD or sexual dysfunction. Then we change our minds, and change them back again.

To be fair, the safety or risks of any contraceptive method to body, spirit or society have to be put into context with the risks of no contraception. Risks within pregnancy itself such as venous thromboembolism (VTE), or complications of pregnancy and birth are real and significant. In particular, unplanned or unintended pregnancy costs lives, and impacts women's lives, family dysfunction and increased abortion rates among other morbidities. So we are happy for the choice to use hormonal contraception, but we should be aware of the history.

The 1950's was a time of very little choice for women. If a woman was fortunate enough to make it to university, the MRS. degree was her aspiration. These women had 3 decades of childbearing ahead of them. Public discussion as well as research about contraception was actually illegal and the initial market for the Pill was for "cycle control" and even then, only for married women. In fact the use of BCP was a civic and religious crime and physicians prescribing hormones for reasons other than cycle control were breaking the law.

Developing contraception was both a tempting and terrifying opportunity for pharmaceutical companies. The BCP that was released in 1960 in the US and 1961 in Canada, had hormone doses very different from today. Safety concerns regarding VTE had been raised as early as 1934, but by 1967, side effects were now being experienced. The sexual revolution had been launched. The BCP created fears of "sexual anarchy", and of encouraging female promiscuity. The reality however, was that finally women could space families and start careers such as medicine or law.

In the 70's, the women's movement was in full swing. "The Birth Control Handbook" and "Our Bodies Ourselves" empowered women to take charge of their health needs. Informed and 'demanding' patients and protests by activist women helped to drop initial BCP estrogen doses and initiated requirements for package labeling.

However, it was not until the 80's that we began to have real choice. New doses, new progestins and new multiphasics became available. Birth Control clinics were abundant, staffed by the increasing number of women physicians. Dr. Marion Powell, named "the mother of birth control in Canada" headed up the Bay Centre for Birth Control.

In the 1990's, there was steady demand for the BCP and we began to see new hormone delivery systems implants, Intra Uterine Systems, injectables and rings.

The 2000's brought patches to Canada, and sprays and gels were being launched worldwide. Unfortunately, it also brought concerns about bone density (BMD) side effects of injectables and fears of VTE with patches. Stringent labeling laws required package warnings without proper clinically relevant outcomes evidence. In 2004 a black box warning on Depo-Provera re bone loss with extended use of the product was required. Subsequent statements from the WHO, SOGC and ACOG advised us that concerns about BMD loss should not prevent the extended use of Depo-Provera. The 2006 VTE black box label for patches turns out to be theoretical risk based on presumed transdermal blood estrogen levels, without clinical correlation. We now know that hormonal contraceptives for women reduce the risk of ovarian and uterine cancer while slightly increasing the risk for cervical cancer and premenopausal breast cancer. There are some important non-contraceptive advantages as well. The contraceptive advantage is significant and is considered to far outweigh the risks for the majority of women.

Perhaps discussions of risk fuel delays in seeing male hormonal contraception come to market.

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Questions for Discussion

Please send your answers to: jdollin@uottawa.ca

1. What role did women in medicine of the 1950's and 1960's play in contraception education and access? What role did you play, if any?
2. What role do/could women in medicine play now, in 2011?
3. What has the BCP done for women? Do you believe in your heart that the benefit is greater than the risk?
4. What's taking so long for male contraception?
5. What novel contraceptive method could you imagine for the future?

2010 Pap Test Campaign

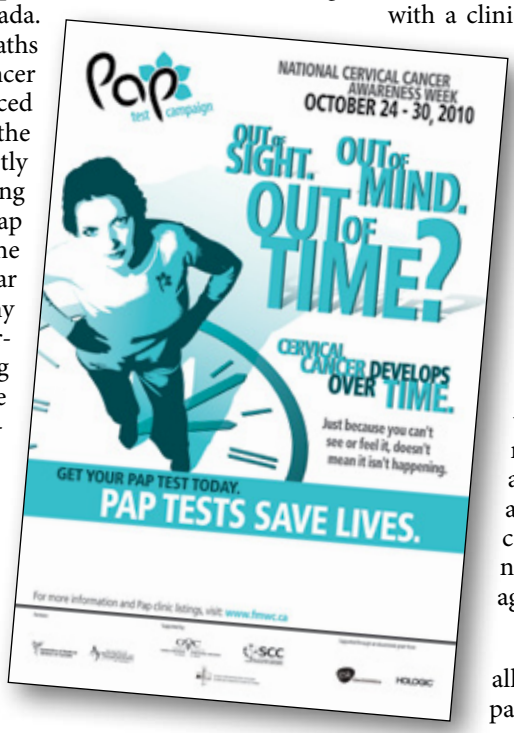
By: Dr. Sheila Wijayasinghe

The 2010 Pap Test Campaign was a success in large part due to the wonderful support of our members at the FMWC, and the collaborative partnership with the Society of Obstetricians and Gynaecologists of Canada. The campaign was also supported by the Society of Canadian Colposcopists, Society of Gynecologic Oncology of Canada, Society of Rural Physicians of Canada, GlaxoSmithKline, and Hologic.

2010 was a foundation building year for our campaign, with a focus on strengthening our partnerships, increasing awareness of our campaign to the public and to healthcare providers, and increasing access to cervical cancer screening to women across Canada. Our primary goal of increasing the scope of the campaign was successfully reached by tripling our numbers from previous years to include 153 clinics in 91 cities in 10 provinces and 1 territory. This translated into 2,155 Pap tests reported across Canada during the campaign!

The primary objective of the Pap Test Campaign remains the same as it was in 2008: to increase access for women who face barriers in accessing cervical cancer screening in Canada. During Cervical Cancer Awareness Week, which took place from October 24-30, 2010, women were able to drop-in or book an appointment for a Pap test with participating clinics across Canada. The theme of 2010's campaign "Out of Sight, Out of Mind, Out of Time?" helped to emphasize the importance of timely cervical cancer screening and was well received by the public and by our participating clinics.

Cervical cancer is diagnosed in 1,300 to 1,500 women and 350 to 400 women die of this largely preventable disease yearly in Canada. Cases of and deaths from cervical cancer have been reduced by over 60% in the last 30 years, mostly due to screening using regular Pap tests. Despite the successes of regular Pap testing, many women face barriers in accessing screening because they may not realize the importance of this test, they do not have a family doctor, or they are embarrassed to get a Pap test done.



This year's feedback from clinics was positive with the majority stating that they would participate again. Their feedback provides us with excellent suggestions to build upon for next year's campaign. When asked if the campaign was valuable, the responses were unanimously positive with comments such as:

"Yes, because even if we brought in only 10 patients, this may have saved 10 lives!"

"Yes it was. My patients were mostly immigrant women speaking English as a second language – they have only been in Canada for a few months and had not yet connected with a primary care provider. Not only was I able to provide screening for them, but also put them in touch with a clinic that would help address their ongoing health needs."

Areas identified to improve upon for next year include earlier media blitzes; building upon existing partnerships; increasing communication with clinics to support advertising and spreading the word in their communities; and increasing access to marginalized and underserviced communities by partnering with community agencies.

Thank you again to all our members and partners for making our campaign a success. With the lessons learned from 2010, the 2011 Pap Test Campaign promises to bring even more access and awareness to cervical cancer screening to women across Canada and hopefully help to decrease the burden of this largely preventable disease.

Hormonal Contraception (continued from page 4)

There are ongoing international studies, however. One version close to commercial reality combines an implant of progestin and shots of androgen. The implant would last for a year; men would need to get the shots every three months. Other methods are being explored. With Reversible Inhibition of Sperm Under Guidance (RISUG) an injected gel blocks sperm, and the Intra Vas Device (IVD), which has been available worldwide since 2005, has two implanted (removable) plugs which block sperm.

For better or worse, we need better, safer hormonal contraceptive methods and devices for women and men for the future. Men and women need choice, access and safety. As we celebrate the 50th anniversary of the launch of the Pill, we can reflect on its history and legacy for us, its importance for our careers, for our patients, and the cautionary tales it told. What role will women in medicine have in future iterations?

Medical School "Enrolment Woes": There is More at Play than Gender

By: Dr. Anne Niec (Director, Gender and Health Education Initiative, McMaster University) and Margaret Shkimba (Project Coordinator Gender and Health Education Initiative, McMaster University

The Globe and Mail ran a series of articles in October 2010, entitled "Failing Boys" that examined the phenomenon of the decline in scholastic achievement for boys. Part 5 of the series asked the question: Is affirmative action for men the answer to enrolment woes in medical school? "Enrolment woes" refers to the growing discrepancy between the number of men and women in medical schools.

The article raises a number of interesting points. The authors adopt the attitude that women in medicine pose a problem; that their entry into the field is predictive of future labour shortages as women continue to put family before career with the result they work less hours or leave medicine completely.

The times, however, they are a-changing, as the song goes. More and more, men are accepting and embracing the variety open to them through their domestic roles. Today's families are more apt to review their resources with a pragmatic eye regarding who stays home with the kids and runs the house. More women in medicine means more women in medicine, not a lesser quality medicine.

The authors make the point that over the last decade, male interest in medicine has remained stable whereas women's interest has exploded, yet they fail to dig deeper to discover why. The roots of this interest should not be too difficult to discover.

Today's women enjoy the legacy of a feminist movement that advocated for women's access to education and the pursuit of equity in all professions, not just medicine. The rise of women in medicine means that women have been listening, learning, and living their dreams while affecting change.

The question that remains unasked is: how do we ensure we enroll the right person in medical school, regardless of their sex/gender? And more importantly, what else are we discriminating against when we focus solely on gender disparities?

Application to medical school is not for the faint of heart and many qualified people apply who are turned away. Culture is a major factor in the decision to be a doctor, as is socio-economic status. The se-

(continued on page 7)

Dr. Teresa Clarke, Vancouver Branch: In November, the FMWC Vancouver branch sponsored 2 great events. The event of November 2nd was our first group mentor/mentee evening with the medical students taking the lead in mentoring. The senior physicians became more tech savvy learning about Facebook, Twitter and the differences between a Blackberry and iPhone. We were happy that Dr. Deborah Hellyer was in town and able to join us as our guest. The event of November 23rd was a *Women-in-Medicine* wine and cheese evening with 2 speakers - Dr. Cynthia Verchere, a plastic surgeon and Dr. Ashley Roberts, an infectious disease pediatrician. Both events were held at the Medical Student/Alumni Centre.


Nov. 2nd


Nov. 23rd

Dr. Vivien Brown, Regional Representative (Region III, ON/QC): The **McGill** students led by Elizabeth Chertkow planned a meet and greet event, at McGill in early November. Despite significant interest by a number of physicians, the turnout was low, partially due to timing. The meeting was enjoyable, however limited, and a good first step in starting a chapter locally.

In **Windsor**, the students, led by Lisa Gabrielli, held a wonderful lunchtime session with a psychologist, discussing partner aggression, both on a personal level and in practice. This was well attended and well appreciated!

If others in the region have initiatives they would like to work on, as a regional representative, we have some funds and lots of support to hopefully introduce the FMWC to doctors and students. Our goals are to increase awareness of the organization and hopefully increase membership in underrepresented areas.

Dr. Vivien Brown, Toronto Branch: In October, a large number of our members were active in the Pap Test Campaign and we look forward to hearing some of the results of that work.

Our main event for all members and guests was a networking cocktail party at the end of November. This took place at U of T, Hart House and we had Professor Janice Stein discuss the need to be vocal about our interests. Given the issues in health care and health care spending, she emphasized the importance of active participation in the process of decision making. And Janice has graciously offered to help our branch become more adept at public speaking, with a spring workshop planned.

Upcoming on February 15, 2011, during Heart Month, we are holding a wine and cheese event with the cardiologist Dr. Beth Abramson. Dr. Abramson is an academic cardiologist at St Michael's Hospital, specializing in gender issues in cardiology and she often speaks for the Heart and Stroke Foundation. Her topic is focused on being a woman in a man's world and some of the difficult issues in this arena. We are looking forward to an active spring, with networking and with personal growth in skills! Join us!

Dr. Crystal Cannon, Thunder Bay: Several local members attended an evening dinner meeting on December 16th with Dr. Wendy Levinson titled "One Woman's Journey - mistakes included". Dr. Levinson is the recipient of the KJR Wightman visiting fellowship and is the Sir John and Lady Eaton Professor and Chair of the Department of Medicine at the University of Toronto. In addition, Dr. Levinson is a national and international expert in the field of physician- patient communication. Wendy had requested a meeting with a small group of local female physicians. I had the honour of arranging the guest list as requested by Kim Ferris of the Continuing Education and Professional Development office at NOSM.

We had an informal, relaxing and informative evening with Wendy - discussing all aspects of our lives as female physicians including leadership, work-life balance and career choices (mistakes too!). Many thanks to Wendy for spending the evening with us and to Kim Ferris and the CEPD office at NOSM.

We are hoping for a winter or spring meet-up - not sure we can manage a winter camping expedition like last February.

Dr. Kerry Jo Parker, Saint John: For the third year in a row, Dr. Sajni Thomas and our local women's wellness clinic coordinated a drop-in Pap day that was very successful.

We had a meeting in November to hear local gynecologist, Dr. Suma Satya, talk about endometriosis. This was well attended by local FMWC members and a large contingent of medical students from our brand-new student branch. We were thrilled to welcome these female doctors-to-be into our ranks.

We will have a meeting on January 13th with a focus on mentoring (obviously inspired by the opportunity to interact with and support these new colleagues).

"Enrolment Woes" (continued from page 6)

lection process is one which strives for impartiality, but is skewed toward bias at every turn, from GPA scores to letters of reference.

The typical medical school applicant is an excellent student, volunteers in the community, is well traveled with international experience, and is connected to their community. Class and culture determine these factors, not sex or gender. Medicine remains a dream for students who are unable to focus all their attention on school or engage in community service because they have to work to support themselves or their families, or who are unable to travel because they can't afford it, or who have no connections in the community to provide a stellar letter of recommendation on their behalf.

There is more at play than gender in understanding the demographics of medical school enrolment patterns and we do a disservice to the significance of gender inequities when culture and class considerations are absent from the discussion.

There Was No Blueprint...

By: Dr. Sheila Fergusson

I wanted to respond to Dr. Crystal Cannon's request for relating my experience of career and life change. My career has gone through many changes and my story may help someone in their decision making.

I was young starting medical school and finished my Family Practice Residency at the age of 25. I started out in a Community Health Center for six months, followed by a locum tenens which evolved into my own full service Family Practice. I had six very busy and enjoyable years, and during that time met and married my husband. When he finished specialty training, there were no job options for him in Calgary where I was working, but there was a promising practice for him in Kelowna, B.C. At the time, there was a restriction in B.C. on new billing licenses, but I was confident I would find something to do. I was able to sell my practice, but it was difficult to leave the patients.

We were newly married and hoping to start a family, so after leaving a busy full-time practice I was reluctant to start another one. I was also planning for future parenting – my husband worked long hours, lots of on-call, and was not reliably around for parenting on a day to day basis. I did locums for a few months, and then took a position as Medical Director of a long term care facility. This would require 18 – 20 hours per week. I enjoyed geriatrics and long term care and this worked well for our lifestyle.

As Medical Director, my hours were regular and manageable through 2 pregnancies and raising young children. I expanded my knowledge and skills in geriatrics and was able to develop new programs. I believed my future would be in geriatrics. The work increased to full-time for a few years, and overall I was there for 9 years. Towards the end of that time the health care administration changed dramatically which made the job much more frustrating and less enjoyable. I reached a point where I felt I could not do the job I had loved, so I gave my resignation. There was nothing else available locally for me in geriatrics.

My children were ages 7 and 9. My husband was still working long, unpredictable hours. I loved being home with my girls. I was a Girl Guide Leader, coached basketball, was soccer Mom, did tons of driving and lots of home, school and community activities. I loved the years I was able to spend with my daughters, especially over the teen years when you need to be present in their lives. I did not miss medicine, but did miss some of the daily contact with my colleagues.

Fortunately this did not present a problem financially. My husband continued to work, and we had always lived quite a modest lifestyle so this did not change with the reduction in income.

Nine years went by in a flash. As my girls were nearing the end of high school, I got the desire to return to work and wanted to return to my roots of family practice. Through the years I had maintained my CME, licenses, memberships, and had done a few locums. There was no blueprint for return to work - where do you start?

After a few phone calls, I found the College of Physicians and Surgeons is the first step. Through one of our Registrars I was directed to the UBC Department of Family Practice Enhanced Skills Program. I was able to obtain a 6 month FP Residency. This was completed in Kelowna, with a local preceptor and the support of many physicians I had worked with through the years. It was a wonderful experience. I was able to dedicate six months to learning, an incredible privilege in our busy lives.

After completion, I had enough confidence to re-enter the work force, initially in locum positions. I had lots of questions, lots of looking things up and asking for support when needed. I eventually found a part-time position with another FP in solo practice. He is very flexible and we cover each other for time off. I have been back working for almost two years and get more comfortable by the day, though some days still feel like that first year or two out of residency.

What lessons have I learned? The first lesson is that it is important to determine what is right for you and your family. Lots of people will have opinions about your choices, positive and negative. They are not living your life. Find your own path. You will never get a second chance to raise your children, to maintain your marriage and to enjoy life. The second lesson is to maintain contact with medicine even when you are not working. Keep up with your learning, your CME and your medical friends and colleagues. Maintaining your memberships and licenses costs you financially but makes things easier when you return. If I did it again, I would find a way to keep working a small amount through the years rather than being completely off for the period that I did. Last but not least, ask for help. I do not know what is available across the country, but I believe there are many opportunities if you seek them out. It is probably easier to train for a more narrow scope of practice than family medicine, but you have to do something you love. We have been given a valuable gift as physicians and there are many different ways we can use these gifts and give back. I am happy to be once again using my skills and knowledge.

Successfully Managing Your Career in Medicine

By: Dr. Mamta Gautam

Growing up, I had always wanted to be a doctor. I don't know if I thought much about the details of it all. If anything, I guess that I assumed that I would work hard, be successful, practice medicine, love what I was doing, and then one day retire and live happily ever after. I was thrilled to finish medical school and start in earnest. In the first few years, I was full of excitement and enthusiasm, had a lot of energy and drive, felt ready to set and achieve goals. The possibilities seemed endless. Then, the reality set in, and I realized I may not be able to do it all, and it became harder to remain focused on the original goals. At some point, I was able to redefine my priorities and reconcile choices; and I can see new goals and challenges ahead and work towards these. Ultimately, I came to realize that it was up to *me* to develop my career actively, that it was not just something that happened to me.

The average physician graduates from medical school in their mid-20's and retires in their mid-60's. Thus, we have about 40 working years to fill, and enjoy. One can only do and enjoy what they are doing for about 7 years at a time; then one should stop and reassess and modify as needed to continue enjoying their work. *The key to career satisfaction is to actively shape your own career path.* While there can be many reasons to consider a change in what you are currently doing, there are also many barriers to such a change. This is not an easy thing to do.

If you are feeling that your work is not as fulfilling as it used to be, I offer my Three-Step Rule. In many situations, things can improve by modifying the current practice – reassessing working hours, location, scope of practice, or balance with non-medical activity. If this is insufficient, then next consider defining a new focus within medicine. Such career diversification can include teaching, leadership, administration, and research. Finally, we can explore roles outside of medicine where our medical skills and knowledge will be welcomed and appreciated.

There is no perfect or quick solution. The process starts with review, reflection, and identification of what you currently like and dislike about your work, your future goals, elements you would like to have at work, your strengths and weaknesses, your interests and fears, what you are deeply passionate about, and at what you can be the best. One can then explore what is available, and approach potential options to make a decision. Set a realistic timeline for this, planning for 2-3 years for the transition. It helps to have an 80-20 overlap, where the next step should overlap this one by 80%, allowing for 20% of your work to be new, fun, different.

Changing or closing a practice is truly difficult and we always underestimate this. Change, even by choice, always involves a loss. Anticipate the stages of grief – in yourself, your colleagues and in your patients. This can be physically and emotionally exhausting. Regularly remind yourself why you are choosing to do it.

If the change involves retirement from clinical practice, how does one manage to 'no longer be a doctor'? Being a doctor is such a huge part of our sense of identity, and many of us feel is brings us status, prestige, and respect. It is helpful to ask the question "Who am I if I am not a doctor?" because it leads us to the answers. We will always be a doctor, practicing or not; no one can take that away from us. We are also much more than that – we are women, mothers, daughters, wives, partners, friends, thinkers, achievers. Our skills, talents, and expertise, and experience will always help us cope with challenges and see them as new opportunities to enjoy.

For more stories on change, go to the www.fmwc.ca website and click on "Special Projects" then "Customizing personal balance".

Becoming a Physician Lactation Consultant

2010 MOWMF grant in support of female physicians' education (see pg 13 for others)

By: Dr. Kara Jansen

Thank you to the FMWC for awarding me a Margaret Owens-Waite Memorial Fund (MOWMF) grant. This grant allowed me to complete my training as a Physician Lactation Consultant.

I am a family physician in Vancouver. In 2009, my husband, 5 month old son, and I moved to Melbourne, Australia for a year while my husband completed a fellowship. With a new baby I was consumed with my new role as a mother and with mastering the art of breastfeeding. With the change of scenery in Australia I began to think about new educational pursuits, and turned to breastfeeding medicine as a natural fit.

I was fortunate to be in Melbourne just as a new program began at a local university in Professional Lactation Consultancy. The program was a combination of online coursework and clinical observation/work. Melbourne is a very pro-breastfeeding city, and it was a great place to be able to be immersed in breastfeeding medicine.

Since returning to Vancouver in early 2010, I have had another baby, successfully written the IBCLC exam and have begun working at a local referral-based breastfeeding clinic, which I am really enjoying. This training has helped me to gain expertise in an important area of women's health, and will, hopefully, continue to benefit my community for years to come.

National Student Representative: Christa Preuss

National Student Representative (Alternate): Pamela Verma

UBC (Kristin DeGirolamo & Pamela Verma): see the Vancouver branch report on pg 7

University of Alberta (Courtney Spelliscy): Another successful Maternity/ Paternity in Residency talk was held this year! It included a very informative discussion led by the Professional Association of Resident Physicians of Alberta (PARA) Executive Director. Talks are in the works for an ongoing speakers' series looking at the balancing family and work life: *Kids in Residency and Staff Physicians & Families.*

University of Calgary (Carmen McCaffrey): In November, an ovarian cancer survivor (sponsored by Ovarian Cancer Canada) came into speak to our class over a lunch hour about her personal experiences with the disease. The event was well-attended with 45 students!

In December, we held a very successful *Women in Medicine Lunch* with 6 female physicians (3 family docs, 1 Ob/Gyn, 1 Ortho surgeon, 1 Pediatrician) and around 120 female students

The physicians spoke about balancing career with personal life, having a family, surviving residency in a surgical specialty, etc. In addition to being very well attended we received great feedback. Most students said it was the most useful event of the year.

The University of Western Ontario, Windsor chapter (Lisa Gabrielli & Laura Allen):

This December, the FMWC student branch in Windsor held a talk to commemorate the "National Day of Remembrance and Action on Violence Against Women in Canada". Dr. Patti Fritz, a psychologist at the University of Windsor who specializes in partner aggression, gave a lecture on the topic, which included the various etiologies of partner aggression as well as potential strategies we as students can employ if ever we encounter this issue in our future practices. The talk was very well received and we look forward to holding our upcoming mentorship event early in the new year.

Queen's University (Sarah Kawaguchi & Jacqui Willinsky):

Queen's student branch hosts first annual Women-in-Medicine Evening

On October 27th, 2010, 100 female medical students and residents attended the Women in Medicine Evening, hosted by Queen's Medicine and the Federation of Medical Women of Canada (FMWC). The panel discussion involved twelve female physicians from various specialties who have acted as leaders, researchers and/or educators in the Kingston community. Panelists shared their strategies for achieving work-life balance, their experiences with gender-based discrimination, and their thoughts on recent increases in female enrollment in medical schools. A captive audience filled the room to capacity and many lingered after the discussion to mingle and chat with panelists. Organizers Sarah Kawaguchi and Jacqui Willinsky, both third year medical students at Queen's, hope to see this become an annual event. Funding for the evening was generously provided by the Queen's Faculty of Health Sciences and by the Kingston branch of the FMWC.

Dalhousie Medicine New Brunswick (Melanie Matheson-Orchard)

In addition to the Dalhousie's new distributed learning site and a new curriculum, a new Federation of Medical Women of Canada student chapter was formed. The student chapter began in early October with a few eager and interested members. The group's membership has since increased to over half of the ladies in the class.

In October, the group arranged a talk at Saint John High School with a focus on women's health. Dr. Suma Satya, an Obstetrician and Gynecologist practicing in Saint John joined the group to field specific medical questions from the students. This event was a huge success with over 60 students in attendance.

In December, our group organized a collection campaign for a local woman's shelter. We collected funds and items from their wish list from the students, faculty, and staff at Dalhousie Medicine New Brunswick. We raised over seven hundred dollars and gathered an abundance of items from the wish list. The items were presented to the house on the National Day of Remembrance and Action on Violence Against Women.

As a new chapter, we hope to continue to develop and grow. As a group we are very interested in community outreach and hope to strengthen our connections with the community.

(continued on page 11)

Queen's student branch hosts first annual Women-in-Medicine Evening

(continued from page 10)

Memorial University of Newfoundland (Kathryn Wheeler & Amy Colbourne): While just a little too late to attend the 2010 AGM, since its birth in September , the MUN chapter of the FMWC has been highly active in promoting both women in medicine and women's health issues. After forming a small, seven person committee representative of all four years of medical women, we decided that a monthly "lunch and learn" would be the most effective method of promoting the FMWC at MUN.

In keeping with the spirit of the National Pap Test Campaign, the very first **"Wednesdays with Women"** session took place on October 13, with a one hour presentation on the provincial Cervical Screening Initiatives Program by the Provincial Director, Joanne Rose. With over 40 medical students in attendance - including alumna, Dr. Dawn Howse, who spent 20 years of her career practicing in Zimbabwe, our first event was a huge success!

For our next session we teamed up with the MUN Family Medicine Interest Group to provide a session with family physician, Dr. Roxanne Cooper, complete with a guided tour of her 31-foot Mobile Pap Clinic. This session received rave reviews with nearly all of our first and second year classes in attendance.

Our final session for the year was a fabulous presentation on iron deficiency anemia provided by Hematologist Dr. Mary-Frances Scully.

Of course the MUN FMWC has many more such events on the horizon including a January session on the changing role of women in medicine with professor of history and medicine, Dr. Jennifer Connor, and a special "Ask a Female Physician" session at our upcoming *Career and Residency Night.*

Maude Abbott Research Fund

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 **150 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
- ☑ Pledging an annual amount to MARF
- ☑ Making a planned gift to MARF
- ☑ Fundraising through your local branch

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

THANK YOU TO OUR DONORS!

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

Anonymous, Dr. Nahid Azad, Dr. Christina Bakir,
Dr. Monique Bertrand, Mr. Dara Bowser, Dr. Karen Breeck,
Dr. Beverly Brilz, Dr. Crystal Cannon, Dr. Andrea Canty,
Dr. Nancy L. Chipman, Dr. Sy-Hua Chiu, Dr. May Cohen,
Dr. Rebecca Dobson, Dr. Elizabeth J Hall-Findlay, Dr. Mary Hallowell,
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Dr. Charmaine Roye, Dr. Nita Scherer, Dr. Elizabeth Schneider,
Dr. Shirley Shebbeare, Dr. Anathalie W Taylor Lee, Dr. Sajni Thomas,
Dr. Ellen Wiebe, Dr. Susan Wilkinson and Dr. Julie Williams

Congratulations to:

Dr Vivien Brown (Toronto) has been appointed by the Chief Medical Office of Health of Ontario **to represent Family Medicine on PIDAC**, the Provincial Infectious Disease Advisory Committee. Specifically, she is on the Provincial Subcommittee on Immunization, helping to advise on provincial schedules and implementation.

Dr. Marla Shapiro (Toronto) for being named a **Woman of Action Honouree** for 2011 by the Israeli Cancer Research Foundation. Specifically, she is being awarded as the **Inspirational Story Honouree**.

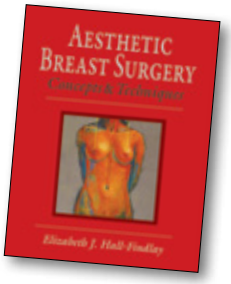
Dr. Ruth Wilson (Kingston) for being named one of **Canada's Top 100 Women**. Dr. Wilson was presented with the award by the Women's Executive Network last November

Dr. Rose Goldstein (Calgary/Montreal) for being appointed to **Vice-Principal (Research and International Relations)** at McGill University.

Dr. Cheryl Levitt (Hamilton) for her book (with Linda Hilts): ***Quality in family practice Book of Tools.*** Canada's first ever ***Quality*** **Book of Tools** is a comprehensive set of primary care indicators for family practices. This web based instrument is intended to help family doctors to assess and evaluate the complex nature of primary care. **To order a copy or view a PDF version, go to: www.qualityinfamilypractice.com**

Dr. Elizabeth J. Hall-Findlay (Banff) for being awarded the **Board of Trustees Special Achievement Award** by the American Society of Plastic Surgeons for her contribution to plastic surgery, her academic achievements and her committee work.

Dr. Hall-Findlay also currently the **President** of the Canadian Society for Aesthetic Plastic Surgery and recently published a book on ***Aesthetic Breast Surgery, Concepts and Techniques***.



Dr. Pat Mousmanis (Richmond Hill) whose clinical practice guidelines: **Reducing the Pain of Childhood Vaccination**, were published in the CMAJ (Dec. 14, 2010). The HELPinKIDs team's guidelines can be accessed at: www.sickkids.ca/learning/spotlightonlearning/profiles-in-learning/help-eliminate-pain-in-kids Dr. Mousmanis was an active founding member of the HELPinKIDS team. Dr. Mousmanis has also been the Coordinator of the Healthy Child Development Program for the Ontario College of Family Physicians since 1999 and developed a variety of resources for Primary Care Clinicians. These educational resources can be accessed at: <www.ocfp.on.ca> <www.addictionpregnancy.ca> and <www.beststart.org>. For further information, please contact Dr Mousmanis directly at: drpart@rogers.com

In Memoriam

Dr. Kersti Covert (Saint John branch) It is with great sadness that we let you know of the death of member Kersti Covert on November 17, 2010. Dr. Covert was a psychiatrist in Saint John until she had to retire due to illness a few years ago. Kersti was a longtime (over 20 years) and enthusiastic member of the Saint John FMWC branch who rarely missed a meeting or get-together until her illness. She attended a lot of overseas international conferences including the Alaskan cruise a few years ago. The Saint John branch has made a donation to the local Palliative Care Unit in memory of Kersti Covert.

~Kerry Jo Parker MD

James Mah Ming (Red Deer) The Federation would like to extend condolences to Dr. Shirley Hovan on the passing of her husband, James Mah Ming. Shirley served the Federation as President in 1989 and served the Medical Women´s International Association as Vice President for North America from 2007-2010. James was always at her side and was considered to be our unofficial photographer.

James was everyone's friend and was known for his happy disposition and contagious smile. Despite his many accomplishments, he was unassuming. James took his law degree in Vancouver and returned to Red Deer, to be the first Chinese lawyer admitted to the Bar in Alberta. He went on to become a member of the Queen's Council. James' first priority was his family. He was an avid sportsman and conservationist, but the ducks were not safe when it was duck-hunting season! He believed in volunteerism and gave time to such organizations as Ducks Unlimited, Pheasants Forever and Trout Unlimited, to name but a few. James always made time for others.

It was an honour and a privilege to have had the opportunity to know James. We all were touched by his kindness and we shall miss him.

~Shelley Ross MD

2010 MOWMF grants in support of female physicians' education

Reproductive Health Research

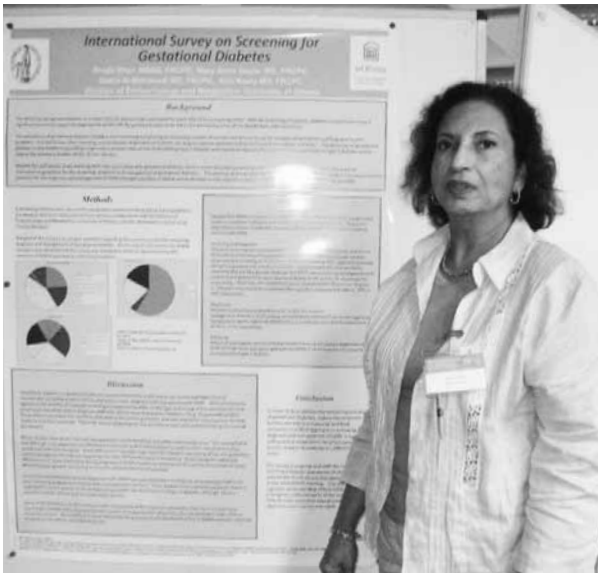
By: Dr. Christina Ames

The FMWC generously gave a MOWMF grant in support of presenting original research conducted by myself and my mentor, Dr. Wendy Norman at a medical conference. Dr. Norman and I co-authored an abstract published in the August edition of *Contraception* entitled: *Preventing repeat abortion: Is the immediate insertion of intrauterine devices post-abortion a cost-effective option associated with fewer repeat abortions?* Despite a smaller than expected sample size, our research results approached significance in demonstrating that the immediate insertion of intrauterine devices (IUDs) post-abortion is associated with a lower rate of repeat abortion in a Canadian population. We also demonstrated that provision of IUDs post-abortion is more cost-effective than provision of equivalent durations of either oral contraceptives (OCPs) or depo-medroxyprogesterone acetate (DMPA).

With the support of the MOWMF, we were able to present these findings in poster form at both the Family Medicine Forum 2010 in Vancouver, British Columbia and the Reproductive Health 2010 conference in Atlanta, Georgia. Additionally, I gave an oral presentation at the North American Primary Care Research Group 2010 conference in Seattle, Washington. The FMWC's support of these original research efforts helped tremendously in making our attendance at these conferences possible. I am grateful for the FWMC's ongoing support of women physicians who wish to contribute research findings to the broader community.

International Survey on Gestational Diabetes

By: Dr. Shajia Khan



I am deeply honoured to receive a MOWMF grant for 2010. I used the award to attend the Medical Women's International Association (MWIA) meeting in Munster, Germany (July 2010) to present a poster regarding the international survey on gestational diabetes.

The MWIA in collaboration with the Division of Endocrinology and Metabolism, University of Ottawa, Canada, prepared a survey to answer questions regarding the current practice for screening, diagnosis and management of gestational diabetes (GDM). Co-investigators were Shajia Khan, Mary Ann Doyle, Dabia Al Mohanadi and Erin Keely.

Of interest is the area of gestational diabetes (GDM), which lacks consensus and international guidelines for diagnosis and management.

The purpose of this project was to review current guidelines, conduct a survey of current practice for diagnosis and management of GDM amongst members of MWIA and to develop an educational module for physicians and for women with a high risk for GDM. The survey was sent to approximately 400 members of MWIA who had an email address. **Results:** the majority of respondents were obstetricians/gynecologists and family physicians from urban or university centers; most risk factors were identified; the majority recommended universal screening and they used WHO guidelines for diagnosis. **Screening and diagnosis:** Approximately 1/3 of respondents recommended the 50-g glucose challenge test, whereas fasting blood glucose and random blood glucose tests were recommended by 1/5 of participants. Comments included the need to modify guidelines depending on economic issues and delivery of healthcare. **Treatment:** in addition to lifestyle changes, insulin was recommended as first line medical management followed by a small portion of respondents who suggested biguanide or a sulfonylurea as first line treatment. **Follow-up:** almost all participants recommended postnatal follow-up for women diagnosed with GDM, although there was variability in terms how best to screen for the development of type 2 diabetes. **Interpretation:** *the survey* identified gaps in knowledge and practice, and highlighted the need to develop an educational tool to improve management and outcomes for women with gestational diabetes. Guidelines and recommendations for management of GDM need to be adapted for socioeconomic reasons in developing countries. The next phase of the project will be to develop an educational module for physicians and for women with a high risk for GDM.

I am proud to add that I am one of the three Canadian physicians who won a prize for their posters at MWIA. As a long time member of FMWC, I understand and appreciate the wisdom and forethought that went in to the setting up of awards such as this one, which encourages women to attend meetings and present their research.

Honorary Member 2011 – Avis Favaro!

It was a gruesome site - a double murder suicide in Guelph Ontario in the late 1980's.

As I stood in the snow outside the home – where a young man had killed an older couple and then turned the gun on himself, I asked myself a very pivotal question – am I helping anyone by telling this sad, tragic story?

In the back of my mind was a recent, very different story I had worked on involving an experimental treatment for brain tumours at St. Michael's hospital in Toronto. The feedback from the doctors and from viewers was positive and hopeful. That juxtaposition became the genesis of my career in medical journalism.

I have been immersed in a world of journalism with a purpose - connecting health science with those who might benefit.

Since 1988, I have been a witness to many developments in science and medicine, from the birth of genetic testing, to the growing fascination of stem cells to repair and regenerate. I've watched the rise of AIDS and HIV and the explosion of research into immunology and virology. I've watched surgeons attempt to "cure" depression with deep brain stimulation - implanting a pacemaker and electrodes into the brains of those with a chronic and untreatable form of the condition.

A powerful new trend in medicine - patient advocates, fuelled by the internet and social media, are becoming increasingly influential. My colleague, Elizabeth St. Philip and I have had front row seats to the latest medical revolution, after producing a story for CTV's W5. It documented the preliminary work of Dr. Paolo Zamboni and his radical new ideas on how a vascular condition might be linked to MS. MS patients are not only internet savvy, they are hungry for new theories and new directions in research and are pushing both testing and treatment. Physicians need to be aware that the internet is leading to what some call the "democratization of medicine" as patients become empowered and demand a say in the direction of research.

Looking forward at health care in Canada, I worry most about two key stories, often on the news agenda. Ever growing numbers of seniors are being diagnosed with dementia. We are unprepared for this, as we are for the rising rates of type 2 diabetes. Both conditions were rarely discussed when I first entered medical journalist and are now among the most pressing health concerns around the world.

Despite all its failings, I remain a staunch defender of the Canadian health care system. It is filled with far more success stories than failures. And it is populated with doctors, nurses, health care workers and scientists who try to do what's best for the patients they serve. It is a privilege to have the role of reporting on health developments for CTV, and I sincerely thank the FMWC for recognition as an honorary member of your association.

Avis Favaro,
Medical/Health Correspondent,
CTV News with Lloyd Robertson

From a ground-breaking series on Trans-fats in our foods, to experimental surgery for Asthma, CTV's Medical/Health Correspondent Avis Favaro is always looking for health information that can make a difference in the lives of Canadians. In fact, she jokes that she has become the "network hypochondriac".

Avis joined the CTV news team in 1992 and since then has been nominated for an impressive 13 Gemini's, with one win for her unique story on an experimental cancer treatment developed in Winnipeg in the 1940's. Most recently, she and producer Elizabeth St. Philip received an honourable mention at the RTNDA award for a W5 episode called "The Liberation Treatment" on a novel theory of how blocked veins may play a role in Multiple Sclerosis that has set off a firestorm of debate across Canada.

Her stories have also received recognition from the Canadian Medical Association and Canadian Nurses Association – most recently for items documenting new treatments for depression, and how the chemical BPA is found in Canadian food cans.

She is a graduate of the University of Western Ontario, where she majored in History and obtained a Masters Degree in Arts – Journalism.

She lives Toronto with her husband and teenage son.

MWIA Update and Upcoming Events

By: Dr. Shelley Ross

The Medical Women's International Association is divided into eight regions. Each triennium, each region holds a regional meeting, with an international meeting being held every three years. In August, 2010, the international meeting was in Munster, Germany, and the next one will be in Seoul, Korea, in 2013.

The two regional meetings held so far are the Latin American Regional Meeting in Guayaquil, Ecuador in October and the Southern European Regional meeting in Paris, France in November. The Southern European Regional Meeting was held at the St James and Albany Hotel in downtown Paris from November 19-20, 2010. The meeting was divided into a first morning devoted to Gender Based Violence and the remainder of the meeting discussing a variety of women's health issues.

There will be two regional meetings in May 2011. The first will be the Northern European Regional Meeting in Breukelen, The Netherlands from May 19-21, 2011. It is entitled Women on the Move. Registration is at www.vnva.nl. The second is the Western Pacific Regional Meeting in Tokyo, Japan. To register, visit www.mwia2011jp.org.

The World Health Assembly holds in annual meeting in Geneva each May. This will be just before The Netherlands meeting. If anyone wishes to be registered to attend, please let the MWIA Secretariat know at secretariat@mwia.net.

All members of the Federation of Medical Women of Canada are members of MWIA, so come out and enjoy the activities of your association.

Calendar of Upcoming Events 2011

February - November 2011
PMI: Leadership development for physicians (CMA)
Various cities across Canada
On-line registration now open:
www.cma.ca/pmi

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/

August 21-24, 2011
Annual meeting of the Canadian Medical Association
St. John's, Newfoundland,
www.cma.ca

September 17-18, 2011
FMWC's AGM, Leadership & Advocacy Workshops
Trailblazers: Catching Our Dreams
Vancouver Marriott Pinnacle Downtown, Vancouver, BC
www.fmwc.ca

October 28-29, 2011
Canadian Conference on Physician Health
Toronto, Ontario
www.cma.ca/physicianhealth

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