



# Newsletter

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



Summer 2012 • Vol 25 • No 2

## 2012 AGM has LEADERSHIP OPPORTUNITIES for YOU Halifax debut of new PMI course: Female Leadership in Medicine

By President-Elect: Dr. Nahid Azad



The executive and the national office staff have been quite busy with the ongoing administrative development of the national office. These productivity improvements will enable better services to our membership and increased support for

FMWC projects. In addition, the office staff is preparing to move to our new office at the Royal College main building on Echo Drive, Ottawa.

Communication with the CRA concerning our charitable status is ongoing under the direction of Dr. Shajia Khan. The draft constitution with clarifications as suggested by the CRA was submitted earlier this month and again we will await their response. Once our proposed constitution is accepted, the membership will be consulted and the process of severing our charities from the main Federation will begin. All possible attempts are being made to preserve & strengthen an accountability link with the Federation so that the members will have strong input in how funds that they raised are disbursed. This should dovetail nicely with the activities of the Bylaw Committee (under Dr. Charmaine Royce),

who will be bringing us into compliance with the new "Not For Profit" legislation over the coming 2 years.

The executive continues to ensure that we are in close communication with our members and remain responsive to pressing social and health care issues. Following the FMWC general membership survey in 2008, we learned that our members are passionate about issues impacting both women in medicine and women's health. The members resoundingly supported the vision of the organization: Top priorities being that the FMWC be a unified voice for women physicians across Canada advocating workplace flexibility, equal access to reproductive choice and safe motherhood, and the elimination of violence against women. The FMWC wants to work towards solutions at all governance levels to ensure that structures are created and strengthened to enable physicians to support and promote this FMWC mission. Our website will offer the opportunity for discussion of issues important to the members under direction of Dr. Janet Dollin.

With the above mandate, the recent private member's bill before the House of Commons questioning when human life begins required an urgent response. The Federation executive and the Board members (which includes all branch presidents) were asked on April 25th

for their input on how to respond. A draft letter was circulated to the Board members for comments. There was an overwhelming response that the Federation should send a letter to the PMO and ask NOT to allow the motion to go any further. The parliamentarians and the Prime Minister also did not support the motion – and the debate was deferred.

Leadership development and the improvement of medical women's status is one of our core values. We were able to provide highly successful pre-conference PMI and Team Leader Effectiveness courses that were highly successful in 2011. This year a 2-day PMI: **Female Leadership in Medicine** debuts in Halifax prior to our AGM. I am looking forward to seeing as many of you as possible during this event. We need to enhance these development opportunities through further partnership with both the CMA leadership office and the Canadian Society of Physician Executives.

Finally, as many of you will know, CMA has been strongly advocating changes to the delivery of health care system for many years and has released its recommendations. The FMWC has gladly endorsed these Principles offered by CMA to guide the Health Care Transformation in Canada.

*Stay committed to your organization.*

## 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 2011-2012

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Dr. Nahid Azad

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### MWIA National Coordinator:

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### FMWC Newsletter

**Editor:** Dr. Crystal Cannon

### Committee Members:

Dr. Pat Mousmanis, Dr. Pamela Verma, Ms. Kimberley Hogan

The FMWC Newsletter is published three times a year and sent to members as a perquisite of membership. Next deadline is **October 14, 2012**.

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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## Editorial

By Newsletter Editor Dr. Crystal Cannon

Plan to join us in Halifax in September !



Summer will fly by and it will be time to come to the Annual General Meeting in Halifax September 21- 23 .

Registration information can be found in the newsletter along with the preliminary program.

Please try to come a little early for the CMA's pre conference workshops. There will be plenty of time for networking and socializing with old and new friends. Looking forward to seeing you there.

This newsletter includes a mix of topics that will be of interest to all of you. Although summer is often a busy time it is also a time that I manage to catch up on my reading . Please read at your leisure and feel free to share your feedback with us at the main office of FMWC. Also, please take the time to participate in our Membership Survey - your input and feedback is very important to the Federation.

Consider contributing for the next newsletter either individually or via your local branch. Plan to share our news with non members and use it as a tool for recruiting. Speaking of recruiting, this newsletter includes an article by Dr. Mamta Gautam on why we still need our Federation and includes examples that ring true for many of us. There is strength in numbers but never forget that the decisions made that rule your current practice were made years ago when men were in the majority .

If you believe there should be change to improve the lives of women in medicine belonging to the Federation is one means to that end.

Enjoy the summer and see you in the fall.

Crystal

## Send us your news!

The deadline for the **Fall 2012 newsletter** is **October 14, 2012**

The newsletter will be released in late June. Please forward submissions to the National Office at: [fmwcmain@fmwc.ca](mailto: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!*



## It's 2012: Why Do Women in Medicine Still Need a Federation?

By Dr. Mamta Gautam



The first female physician in Canada, Emily Stowe, opened her practice in 1867. She had to go to the United States to train, because, as the Vice-President of the University of Toronto told her:

*“The doors of the University are not open to women, and I trust they never will be.”*

The pioneering spirit runs in her family. Her daughter, Augusta Stowe-Gullen, was the first woman to earn a medical degree in Kuwait. By the 1970's, about a quarter of the typical Canadian medical school class was female. In 1985, 39% of my graduating class were women. For the past 14 years, female medical students have outnumbered males in medical schools. The database from the CMA in February 2012 shows that we have just reached long-anticipated tipping point in family medicine! The majority of that profession is now women (10481 women: 10242 men FP's). Female doctors now outnumber males in 4 specialties – endocrinology, geriatric medicine, medical genetics, and pediatrics. We are no longer a minority...So why do we still have a federation? The short answer is: We are not there yet!

While we have arrived at gender equity in the workplace in terms of numbers, we still have far to go regarding issues of gender stereotyping, gender bias, sexual harassment, gender discrepancy with respect to salary, discrepancy with respect to leadership positions, and work-life balance.

A 2009 study by Babaria et al, in Academic Medicine addressed gender stereotyping. They studied the effect of gender on clerkship experiences,

and found that female clerks behave in stereotypical ways – helping nurses and support staff, nurturing patients, apologizing even when not at fault. Who among us has not done that? Clerks in this study also felt unable to manage difficult situations with supervisors and attending physicians, and often internalized sexist attitudes regarding teaching.

*We are no longer a minority...So why do we still have a Federation? The short answer is: We are not there yet!*

There is strong evidence that gender biases persist in medicine. In my training in medicine, I lacked female role models and mentors. Women physicians are still receiving pay or benefits not equivalent to their male peers at same level, are not being included in administrative decision making, are not being fairly considered for promotions or senior management positions, and are 5 times as likely to experience career advancement obstacles. They are more than three times as likely to experience disrespectful or punitive actions, and are treated with disrespect by nurses and support staff. 27% of male colleagues acknowledge this gender bias. Most instances go unreported.

Data from US academic medicine shows gender discrepancy. For every \$1 that a male physician earns, a female earns 63 cents (US Census Bureau). In the past ten years, 59% of female physicians and 83% of male physicians were promoted. Women received fewer academic resources, less lab space, and less grant money. There were fewer women in medical leadership positions.

A survey of Internal Medicine residents was conducted by Komaromy et al, and reported in the NEJM in 1993. They found that 73% women physicians reported having been sexually harassed at least once in their training, 22% of

men had similar experiences. Only 2 of the women reported this sexual harassment. This finding was further supported in 2000, by Carr et al, in their study reported in the Annals of Internal Medicine. Their survey of 3000+ faculty at 24 US medical schools showed that about 50% of the women physicians reported sexual harassment; 48% were recipients of sexist comments or behavior (versus 1% of males); and 30% experienced severe harassment, including sexual solicitation, threats, coercive advances (versus 3% of males).

Work-life balance continues to be an issue for women physicians today. When I had my children about 20 years ago, there was no maternity leave and I was back to work after 6 weeks juggling the needs of my family and patients. Even when women work outside the home, they still retain the majority of the responsibility for the family and household duties. There is role strain, and women find themselves dealing with different issues at different life stages.

In the 2008 FMWC Member Survey, respondents stated that they agreed that 'gender still limits my career'. They felt there was a need to improve workplace flexibility, job sharing, and allow part-time work in more medical workplaces. They recognized a need for more women faculty, with more trainees, especially women, advancing to leadership positions. There were strong recommendations to increase physician resources, and to stop identifying women in medicine as cause of the health human resources problems.

In 2012, groups of women in medicine are thriving. The FMWC is stronger than ever, and we have witnessed a

*...continued on page 4*





## Registration for the 2012 National Pap Test Campaign opens June 27th!

By: FMWC National Office

This year we will be working in partnership again with the Society of Obstetricians and Gynaecologists of Canada as well as several other medical associations and provincial partners to strengthen our campaign and to increase awareness and access to cervical cancer screening. Our ultimate goal in 2012 remains the same: to reach out to women across Canada, increasing awareness, encouraging women to get their Pap test done and providing access to health care services.

In 2012, we intend to build on the success of the 2010 & 2011 campaigns by recruiting more partners, more clinics and ultimately more patients having Pap tests. A key area of focus, as requested by our clinics, is more public promotion in order to encourage more patients to attend the clinics. We would also like to promote these clinics in underserved areas and try to encourage more immigrant women to get their Paps.

The theme for the 2012 campaign will be a continuation of the 2011 theme:

### "What are the odds?"

Think getting cervical cancer won't happen to you?

You need to know that each year in Canada:

- 400,000 women receive an abnormal Pap test result
- Of these, 1,300 to 1,500 are diagnosed with cervical cancer
- Of these, almost 400 will die of the disease

**Because odds are ... it might happen to you.**

*Don't count on luck to save you from cervical cancer.*



### Get your Pap test today. Pap tests save lives.

This messaging is based on the feedback from the patient survey. The respondents told us that a key message they felt would motivate others to have a Pap test done was that over 400,000 women have abnormal Paps each year. Please see the poster above!

### Registration 2012

On-line registration for Pap test clinics will be available June 27th (registration will also be possible by fax). We would ask all FMWC members to consider participating and supporting this worthwhile campaign whether they host a clinic or help to spread the word! Together, we can improve access to health care services, increase the number of Pap tests and prevent cervical cancer!

**October 22-28, 2012**

## Still need a Federation?

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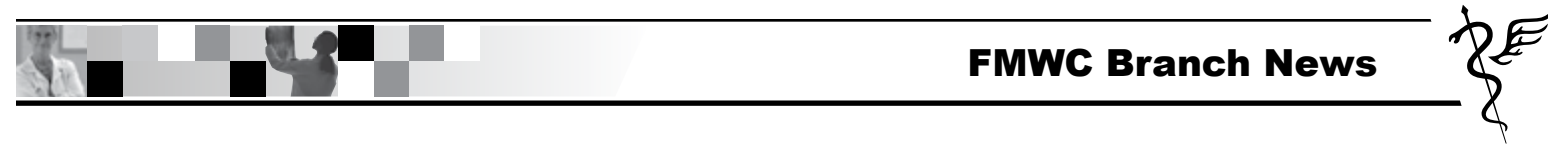
recent growth of new groups. I have helped to launch groups of women in Hematology, Anaesthesia, Psychiatry, Cancer (WinC) across Canada. These are cherished sources of mentorship, support, and networking for women physicians. Women need women. A 2002 landmark study by Laura Klein and her associates at UCLA showed how women respond to stress with a cascade of brain chemicals that cause us to make and maintain friendships with other women, which in turn, re-establishes equilibrium of the neurotransmitter levels. This behavior, referred to as 'Tend and befriend' has an actual biochemical basis.

*The practice of medicine is changing as more women enter the profession.*

Women tend to choose specialties that are more 'plannable' or more people oriented. Thanks mostly to the efforts of women physicians, there is a greater focus on women's health, greater advocacy for women's reproductive rights, and prevention of violence against women. There is now more support for qualitative research, improved communication, and greater patient satisfaction. There is more attention to work-life balance in medicine for both gender, with new generations seeking better work-life balance.

*The value of groups for women in medicine is huge. Women still lack role models, feel the double bind of choosing between family and careers, seek to start their family and have the primary responsibility for caregiving.*

These groups promote the growth and development of women in medicine, provide access to mentors and advisors, and help to identify role models. They offer opportunities for networking, workshops and seminars on professional development and leadership development, and a chance for mutual support. Women learn from each other, as they seek and share best practices. The progress of women in medicine is a long and continuing journey. There are many pioneering women physicians to thank, and many accomplishments to celebrate. There are many more milestones ahead.



## London Branch

The London Branch had successful events in both the fall and spring this year.

In the fall we recruited local clinics to participate in the National Pap Smear Campaign Week. We also had an education event featuring HPV-related cancers and vaccines with talks given by local experts to go along with it. It was well attended and very educational!

In the spring we held a networking and personal health event at a local restaurant which was attended by local physicians, residents and medical students. We had three key speakers who discussed some of the mental health issues and challenges facing women physicians and shared personal stories about their own journeys. It was also a successful event that received good feedback.

*Kim Thomson*

## U of Alberta Branch

We've had a great year at the University of Alberta branch. We set out a goal at the beginning of the year to increase involvement, to get the Federation more visible and known to the medical classes and to recruit new reps in the 1st or 2nd year classes. I'm happy to report that we have succeeded on all accounts!

First, I recruited two new reps in the 1st year class (Danielle and Sarah) to help promote and represent the Federation, and to ease the transfer of responsibility once I step down from my position and they take over. They have been working with me diligently to help raise awareness of the Federation in the pre-clinical classes.

Together with Danielle, Sarah and Dr. Lidkea (our physician rep), we hosted an evening to celebrate International Women's Day. We had Mary Pinkoski, who was named "Most Valuable Poet" at this year's Canadian Festival of Spoken Word competition, perform some amazing and inspiring poetry celebrating the strengths and struggles of women across the globe. We finished off the evening with a "Speed Meet" - a spin off of Speed Dating wherein students were matched with physicians for 7 mins intervals for an opportunity to mix, mingle and find mentorship. The idea was brought up by one of the other Student Reps at the ACM last year so I thought we'd give it a try. It was a huge success!! We had record

attendance by both physicians and students, and we've already had numerous requests to repeat the event next year.

It's been a great year and with Danielle and Sarah on board, we look forward to another successful year next year.

*Kimberley Kruger*

## Windsor Branch

The Windsor branch of FMWC recently held a mentorship event for Schulich Windsor's female students. Several local physicians attended this informal gathering and discussed their careers and personal lives with our group. The event was very well attended and was enjoyed by all who participated. We are very much looking forward to more gatherings in the coming fall.

*Lisa Gabrielle*

## Calgary Branch

FMWC Calgary Branch Rejuvenates! – Thanks to Medical Students

It has been said that east is east and west is west and never the twain shall meet...

In 2008 following the realization that National Office of FMWC was not meeting our membership needs in the Calgary Branch we deviated from the National path. Four years later the west made overtures to the east ignited by students' wishes. In January 2012 we began exploring a new model of sharing the responsibilities of running our Calgary Branch by having two individuals sharing each position on the executive. Our executive members are working in collaboration to make us a vibrant branch that is attractive to medical students and new members.

We had a successful mix, mingle and cook on May 11, 2012. It was well attended by University of Calgary medical students and physicians. On September 22-23, 2012 our Emerald Lake retreat will be celebrating its 25th year. Our theme this year is Physician Wellness. We invite any members from across the country to join us for this idyllic experience at Emerald Lake nestled in the beautiful Rocky Mountains.

*Dr. Muriel Solomon (& Maya)*

## Toronto Branch

The FMWC, Toronto Chapter is doing well. After making a strategic decision to expand

our small planning group, we held a collegial, working dinner and shared ideas. Our organizing committee is comprised of 3 students, (2 from U of T downtown and 1 from U of T, Mississauga campus.) We are reached out to a number of physicians, from different areas of the city and at different stages of their careers and we were delighted to get together and brainstorm programming ideas.

Given the NACI guidelines, and following up on the initiative to speak out about HPV vaccine access, the Toronto branch sent out a letter to the Minister of Health about the need for equitable access to vaccine for boys and men.

After diligent efforts, our students obtained status for us as a student group at U of T. This allows us the opportunity to participate on campus in various ways and we are excited to have a table at Frosh week in September. We also now have reduced costs for events held at U of T.

The FMWC held a major spring event on work life balance with a guest speaker, Dr. Mamta Gautam. She was in town for the OMA Women's Physicians' Day and graciously donated some time to our group, sharing some of her knowledge and skills with us. We held the event at Hart House, U of T campus and had our best attendance, over 50 attendees, students, residents and physicians. I think we were all inspired, connected and enlightened!!!

For September, our kick off fall event, we are having a BBQ the Mississauga campus of U of T, encouraging those in the suburbs of TO to attend.

A brief "tea time" is planned for mid-August for our group to further connect and organize...though face to face meetings are indeed more challenging, as we connect and get to know each other, the chapter becomes much stronger.

Finally, we have capitalized on the CaRMS match and encouraged/invited new residents moving to Toronto to continue their involvement with the FMWC and stay connected...maybe a new city, and a new chapter for the residents, but the same goals and interest and dedication in our branch. So the welcome mat is out and we are excited with your upcoming arrival.

Best wishes to all and please don't hesitate to join our events!

*Dr. Vivien Brown*





## Incoming National Student Rep

By Dr. Pamela Verma

Please join me in welcoming our 2012-2013 National Student Representative.

**Ms. Kristin DeGirolamo** is a third year medical student at the University of British Columbia. Since entering medicine, Kristin has had a keen interest in General Surgery.

In her spare time, she likes to do “anything outside” such as biking, walking the seawall, or playing golf. She also loves yoga, and would do yoga “everyday if I could”!

Her interest in the FMWC started in first year, as I wanted to meet other female physicians and establish strong, positive mentors. Since then, she has been actively involved as President of the UBC Student Branch

If you have any questions or ideas for ways to engage student members, please contact her: [kdegir@interchange.ubc.ca](mailto:kdegir@interchange.ubc.ca)



*“My goals for myself as the incoming National Student Representative are therefore to continue to assist other schools in developing strong FMWC student groups and mentorship programs.”*

## Calgary Students Mix, Mingle and Cook Event

By Christine East, Calgary Student

On the evening of May 11, 2012 - 17 students and 6 physicians came together to share a meal and many laughs at Sunterra Market in downtown Calgary.

We prepared 5 courses of delicious Italian cuisine with the assistance of a fantastic Sunterra chef. The event was made possible through the combined efforts of the FMWC Calgary Branch Executive, the University of Calgary student representatives (Christine East, 2014 and Michelle Chan, 2013), and generous support from MD Management.

The event on Friday marked the continued rejuvenation of the Calgary Branch. Students and physicians alike are keen to connect and share, and we look forward to more events this year, including our Emerald Lake Lodge Retreat in September.

A few of the student attendees sent along their thoughts about the event:

*“Not only was it a delicious experience but I gained a true appreciation for what the FMWC is all about via discussions with the physicians there, and it made me more excited about the future relationships and learning that will be gained through participation with this wonderful group.”*  
Lynn Peterson, Class of 2014”



## Top 30 under 30 in Alberta

The FMWC is proud to announce that one of our student members, Rita Watterson has made a very prestigious list in Calgary: The top 30 Under 30 by the Alberta Council for Global Cooperation.

Individuals from across Alberta and the global south were nominated for this prestigious yearly celebration of outstanding work within the Global Health field.



*“Meeting with medical women from a variety of backgrounds and generations was inspiring and exciting! I was able to connect with a resident in my chosen field, students from years ahead of me, several specialists, and even one of the founding members of the FMWC Calgary Branch! The food was great and so was the company!”*  
Christine East, Class of 2014”



## Branch Updates

...continued

### Vancouver Branch

On Oct. 17 the FMWC Vancouver branch along with the UBC Medical Undergraduate Society sponsored the annual “Women in Medicine” evening with the following presenters: Dr. Shelley Ross, president-elect of the BCMA, Dr. Joanne Young, president of the Society of General Practitioners of BC, and Dr. Romina Reyes, a medical microbiologist at LifeLabs. The speakers addressed their respective career paths and the balance between career and family. UBC student members organized the wine and cheese event which was very successful and attracted over 30 student and physician members.

On December 11 several current and retired FMWC members attended a high tea hosted by Dr. Shelley Ross in her home which was exquisitely decorated in festive cheer. **Teresa Clarke**

### Thunder Bay Branch

It has been a pleasure to be the local Thunder Bay Branch President these past few years. With help from our local Primary Care Lead for Cancer Care, Dr. Heather McLean of Thunder Bay, north western Ontario took part in a successful Pap campaign in October of 2011.

A Women Physician's Meetup was held at my home on May 11, 2012. Dr. Heather McLean led a discussion about integrating mindfulness into our daily lives, as women and practitioners. She shared several of her books on the topic to aid in further education on the topic. There was also ample time for networking for all.

During the meetup members were informed that I am leaving Thunder Bay in early June and will be resigning as Branch President. The call is out for another member to consider taking over as Branch President – hopefully local members can find a replacement before too long. Many thanks to local women doctors and students for their support and friendship over the years. Hoping to see many of you at FMWC events in the future.

**Dr. Crystal Cannon**

### Maude Abbott Research Fund (MARF) Now open for applications!

MARF complements the existing Maude Abbott Grant Fund and other awards that are given to members of the FMWC. The research grant offered by MARF enhances the mandate of the FMWC to promote the well being of women and women physicians. Research grants of **\$1,000 to \$2,000** will be given to Federation members for a research in the areas of Women's Health, Education and Promotion. **The application form and details can be found on the website @ [www.fmwc.ca](http://www.fmwc.ca)** Please contact the national office if you have any questions about MARF or require a paper copy of the application form. The deadline for applications is **June 30, 2012**.

#### Information regarding the application for the MARF grant:

1. All active members, resident and student members of FMWC may apply for a grant for clinical research, education and promotion of women's health.
2. Topics for research, education and promotion of women's health should be consistent with the goals and objectives of FMWC
3. Applications will be reviewed and grants (\$1,000 to \$2,000) will be awarded by the MARF committee. The number of grants will be subject to the availability of funds
4. Ethics approval will be the responsibility of the applicant. Funds will not be released until FMWC receives written confirmation of research ethics approval.
5. Recipients of the award will present their research findings, or description of educational or health promotion project, at the scientific session of the Annual Meeting of FMWC and/or publish the results in the FMWC Newsletter.

## THANK YOU TO OUR DONORS!

In 2011, the following donors generously donated funds to help support either the Maude Abbott Grant Fund, Maude Abbott Research Fund or both:

**Alice P. Suiker \* Anna Reid \* Anne Lloyd \* Barbara Allan \* Barbara Grueger \* Barbara Robinson \* Beverly Brilz \* Caitlin Symonette \* Cathy Wilkie \* Charmaine Royce \* Christina Bakir \* Donna Loughheed \* Eileen Cambon \* Elaine Mah \* Elizabeth J Hall-Findlay \* Elizabeth Schneider \* Erzsebet Kiss Frances Forrest-Richards \* Janice Heard \* Jean Gibson \* Julie Williams \* Karen Breeck \* Karen Mandel \* Laurel Smith \* Leslie Rourke \* Linda Sandercock \* Lorna Sent \* Lynette J Margesson \* Lynn Pratt \* Mary Laurie-Pile \* Mary-Frances Scully \* Maureen McCall \* Monique Bertrand \* Nahid Azad \* Nahid Azad \* Oluwasayo Olatunde \* Ophelia Lynn MacDonald \* Phoebe Pereira \* Rebecca Dobson \* Roberta C Ongley \* Sajni Thomas \* Shajia Khan \* Shirley Hovan \* Susan Wilkinson \* Susan Livergant \* Sy-Hua Chiu \* Vivien Brown \* Wendy Norman**





### Sex Selection

By Dr. Shelley Ross



The Federation of Medical Women of Canada is firmly against sex selection and firmly in favour of women having control over their bodies.

Lately, there has been a great deal of media attention around the topic of a woman knowing the sex of her unborn baby. There have been two reasons for this interest, the first being an editorial by the acting editor of the Canadian Medical Journal recommending that information regarding sex of the fetus not be disclosed until 30 weeks.

The second was the publication of a study showing that certain cultures prefer a son to a daughter. I was able to express the Federation's thoughts on sex selection on

Global TV which was aired across the country and was interviewed shortly after by the Globe and Mail.

***The Federation of Medical Women of Canada is firmly against sex selection and firmly in favour of women having control over their bodies.***

With detailed ultrasound between 18-22 weeks being the standard of care, not to mention the commercialization of 3D ultrasound, it is a pregnant woman's expectation that she can choose whether or not to find out the sex of her baby. Before the decision to implant the embryo occurs, in the labs of the fertility clinics it can be determined whether the embryo is male or female. There is now talk of a pregnancy test that can tell the sex. Physicians must realize that the day of

telling the patient what she will do is long over. Our job is to educate and advise, with the hope that our advice will help the patient make an informed decision.

Physicians also have an advocacy role, both in educating the public on the worth of the girl child and in empowering women. It is through education and empowerment that thoughts of sex selection will disappear as the boy child will no longer be felt to be of more worth than the girl child.

***There is no better advocate for a woman's right to have control over her body than the Federation.***

***Do not be afraid to speak up!***

### HPV Vaccine: An Opportunity for Prevention

By Dr. Vivien Brown



Since 2007 Canada has had HPV vaccine on the market and quickly instituted a school based program to offer vaccine to young women. While uptake

and age groups is variable in different provinces, the fundamental principle that all young women have the opportunity to be vaccinated is paramount.

In 2011, Health Canada approval for use of quadrivalent HPV vaccine for use in boys and men aged nine through 26. Then in May 2011, Health Canada extended its approval for quadrivalent HPV vaccine to include the prevention of anal cancer in both men and women caused by HPV types 16 and 18 and anal precancerous lesions caused by HPV types 6, 11, 16 and 18.

Finally in February 2012, The National Advisory Committee on Immunization, our national body advising Public Health Canada, recommended the vaccine for routine immunization for all boys and men age 9 to 26.

The impact of a NACI recommendation is significant. It confirms the value of the vaccine and gives the primary care provider clear guidelines. Our role is to implement the guidelines. Our obligation is not to simply follow a provincial schedule as that often lags years behind what the guidelines have recommended. As a reminder, when varicella vaccine was recommended by NACI, it took 7 years for all the provinces and territories to update their provincial schedule and add the vaccine as required.

Over the last 2 years we have remained committed to the issue of equitable access for men and boys. In February 2012,

***At the Federation we have been vocal about vaccine and accessibility. Initially Dr. Gail Beck spoke, making the FMWC one of the first organizations to call for fair access to this lifesaving vaccine.***

again we called attention to this issue. Again we were the first organization to step forward.

We now have other organizations, joining us in calling for equitable access: the SOGC, the Cancer Advocacy Coalition of Canada, the Canadian Dermatology Association to name a few. But again, we were first and maintained our commitment to this issue.

As health care costs rise and governments review budgets, let's keep our focus and remember that this is about cancer prevention. When we are challenged as to the cost of vaccine, our answer is what is the cost of NOT being vaccinated!



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

### 2012 FMWC Annual General Meeting Pre-AGM PMI Course Offering

*The FMWC is proud to be debut the following PMI course at our 2012 AGM in Halifax, NS*

#### Strengthen Your Leadership Capacity: A Leadership Course Designed for Women Physician Leaders

Faculty: Dr. Merrilee Fulton and Ms. Monica Olsen

**Thursday September 20 & Friday September 21 in Halifax, NS**

#### Course Objectives

- Explore the leadership direction that resonates most strongly with your life purpose.
- Leverage your natural strengths to more effectively engage others and address possible factors that may be limiting your success.
- Identify opportunities to drive and support female physician leadership in our current and emerging complex health care system.

#### THURSDAY, SEPTEMBER 20

8:00 a.m.	Registration and breakfast
8:30 a.m.	Welcome, Introductions and Alignment with <i>LEADS Leadership Framework</i>
9:45 a.m.	Explore, Engage, and Empower: Women's Leadership in Context
10:15 a.m.	Health & Networking Break
10:30 a.m.	Impact of Perceptions, Beliefs, and Culture on Women Physician Leaders
12:00 p.m.	Lunch
1:00 p.m.	Passion, Purpose, and Progression: Your Life's Intention and Its Expression
2:30 p.m.	Health & Networking Break
2:45 p.m.	Courage, Compassion, Connections: Creating Resilient Leadership from Strengths and Meaningful Networks
4:30 p.m.	Session Adjourns

#### FRIDAY, SEPTEMBER 21

8:00 a.m.	Breakfast
8:30 a.m.	Women's Leadership Styles - How to Make Them Work and When to Adapt
10:15 a.m.	Health & Networking Break
10:30 a.m.	Accountability, Assertiveness, Achievement: Building Resources & Networks for Success
12:00 p.m.	Lunch
1:00 p.m.	Building Agreement for Commitment
2:30 p.m.	Health & Networking Break
2:45 p.m.	Panel of Women Physician Leaders - How Do They Do It?
3:45 p.m.	Putting It All Together
4:30 p.m.	Course adjourns

**Registration Fees:** FMWC, CMA and CSPE Members – \$1350 + gst (\$1525.50) Non-members – \$1600 + gst (\$1808)

To register on-line or obtain a faxable registration form, please visit [www.fmwc.ca](http://www.fmwc.ca)

**FMWC** 780 Echo Drive Ottawa, ON K1R5 5R7 613-569-5881 [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca) | [www.fmwc.ca](http://www.fmwc.ca)



# 2012 ANNUAL GENERAL MEETING

## Women & Success: What is holding you back?

### HALIFAX, NOVA SCOTIA

**September 22–23, 2012**

*Program objectives: to allow physicians in practice and in training to:*

Acquire strategies and tools that empower and encourage women physicians to become leaders in their communities and identify possible leadership career paths • Gain insight into personal and professional roadblocks hindering success and the development of leadership abilities and how to overcome them • Improve clinical expertise through understanding of gender related differences in disease patterns and in treatment options • Discuss changes in the approach to conflict of interest in health care and in medicine • Develop networks between physicians and to foster mentoring between physicians and medical students.

#### Preliminary Program (accreditation pending)

##### Friday September 21, 2012

17:00 to 21:00 Annual Board Meeting  
19:00 to 22:00 Delegate Meet & Greet

##### Saturday, September 22, 2012

7:00 to 8:15 **Registration and Breakfast**  
8:00 to 8:15 Delegate Welcome  
8:15 to 9:45 **Don't be Good, be "GREAT"**  
*Presenter: Dr. Mamta Gautam*  
9:45 to 10:15 Health Break  
10:15 to 11:00 **The "Posse": The people a leader needs to be effective**  
*Presenter: Dr. Louise Cloutier*  
11:00 to 12 noon: **Keynote Session: Women and Success**  
*Speaker: The Honourable Mayann Francis*  
*Former Lieutenant Governor of Nova Scotia*  
12 noon to 13:30 Awards Luncheon  
13:30 to 14:30 **Managing our Inner Critic: Discovering and understanding our vulnerabilities**  
*Presenter: Ms. Monica Olsen*  
14:30 to 15:00 Health Break

15:00 to 15:45 **Pharmacology & Medication:**  
**"Why can't a woman be more like a man? Pharmacology and sex differences"**  
*Presenter: Dr. Jean Gray*

15:45 to 17:00 **Medical Topics Update: Panel Discussion**  
*Presenters: Dr. Sarah Shea (Paediatrics)*  
*Dr. Lori Wood (Medical Oncology)*  
*Dr. Katharina Kiessler (Gynaecologic Oncology)*

17:00 to 17:30 **Women in the Boardroom**  
*Presenter: Dr. Karen Breeck*

17:30 to 18:00 Networking Break  
19:00 to 22:00 Saturday Evening Event

##### Sunday, September 23, 2012

7:30 to 8:00 Breakfast  
8:00 to 10:30 **FMWC Annual General Meeting 2012 & COI Guidelines**  
10:30 to 11:00 Health Break, Check-out and Networking  
11:00 to 12:00 **Lost in Translation: Communication challenges in a clinical practice**  
*Presenter: Dr. Sue Swiggum*  
12 noon to 13:00 Networking Lunch (Bag lunches for travel)  
12:30 to 13:30 **Board Orientation 2012–2013** (Board Members)

### FMWC AGM REGISTRATION


**Register on-line: [www.fmwc.ca](http://www.fmwc.ca) FAX Form To: 1-613-249-3906**  
**Mail to: FMWC 780 Echo Drive, Ottawa, ON K1R 5S7**

First Name:		Last Name:	
Address:			
City:	Province:	PC:	Country:
Tel (Home):	Tel (Office):		Fax:
Email:			
Special requirements including dietary:			
<b>REGISTRATION CATEGORIES</b>	<input type="checkbox"/> \$375 Non-Member <input type="checkbox"/> \$300 <i>one day (Sat)</i>	<input type="checkbox"/> \$225 Full/Associate <input type="checkbox"/> \$175 <i>one day (Sat)</i>	<input type="checkbox"/> \$200 Retired/1~2 Practice or Honorary Senior <input type="checkbox"/> \$150 <i>one day (Sat)</i>
	<input type="checkbox"/> \$100 Resident <input type="checkbox"/> \$75 <i>one day (Sat)</i>	<input type="checkbox"/> \$50 Student	
<b>EXTRAS</b>	<input type="checkbox"/> Student Sponsorship: \$_____ (optional, <i>with thanks</i> )		
	<input type="checkbox"/> \$100 Saturday Evening Event x _____ ticket(s) = \$_____		
	<input type="checkbox"/> \$50 Saturday Evening Event (student) x _____ ticket(s) = \$_____		
	<input type="checkbox"/> \$1350 Pre-conference PMI + gst (FMWC, CMA, CSPE member rate) = <b>\$1525.50</b>		
	<input type="checkbox"/> \$1600 Pre-conference PMI+ gst (Regular Registration) = <b>\$1808.00</b>		
<b>PAYMENT</b>			
Registration Fee:	\$_____	Method of Payment	
Pre-conference PMI:	\$_____	<input type="checkbox"/> Cheque (payable to FMWC)	
Saturday Evening:	\$_____	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard	
Student Sponsorship:	\$_____	Card Number: _____ Exp: ____/____	
<b>TOTAL:</b>	\$_____	Signature: _____	

**Pre-Conference PMI** *(accreditation pending)*  
*Thursday September 20 and Friday September 21, 2012*

Strengthen Your Leadership Capacity: A Leadership Course Designed for Women Physician Leaders  
*...program available on [www.fmwc.ca](http://www.fmwc.ca)*

Member Registration Fee: \$1350 + *gst* for FMWC, CMA and CSPE members  
Regular Registration Fee: \$1600 + *gst*



<p><b>2012 AGM Organizing Committee</b></p> <p>Dr. Alexandra Greenhill, Chair Dr. Kathleen Gartke, FMWC National Treasurer Dr. Karen Breeck, Member Ms. Kimberley Hogan, National Office Ms. Gillian MacMullin, Student Representative</p>	<p><b>Reserve your Hotel Now!</b></p> <p><a href="http://www.thewestinnovascotian.com/">www.thewestinnovascotian.com/</a> or visit <a href="http://www.fmwc.ca">www.fmwc.ca</a></p>
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Conflict of Interest - the next FMWC “HOT TOPIC”

By Dr. Karen Breeck

**Conflict of Interest.** Three simple words that we all know and understand... or do we?



Many may associate conflict of interest (or COI) with the act of speakers self-identifying their own COI prior to giving an accredited medical talk. But COI is actually much more than just this example. In the medical environment COI is all around us. COI can occur at the CME dinner event to industry sponsorship of annual organizational awards, to medical school curriculum, to medical supplies reps being allowed in the operating room, to the process used to pick your hospital’s grand rounds speaker.

These type of issues have long been a hot topic in the US and that heat is now being felt more and more in Canada. Part of the issue is because there is no agreement on what COI is (and is not) yet. One commonly used definition is, “A conflict of interest is a set of circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary

interest.” To read more of what has been happening in the US go to [www.iom.edu](http://www.iom.edu) (“reports” and then “conflict of interest”) to read the 2009 Institute of Medicine Report on COI in medicine yourself.

*“A conflict of interest is a set of circumstances that creates a risk that professional judgment or actions regarding a primary interest will be unduly influenced by a secondary interest.”*

In Canada, the CMA has written “Guidelines for Physicians in Interactions with Industry” (google “CMA” + “conflict of interest”). Implementation strategies remain elusive as there is no way to monitor, investigate or respond to COI cases without a policy document.

The provincial medical colleges would seem a natural source of COI leadership but to date they have largely ignored this topic area. Without any national or provincial strategic COI oversight bodies, every medical group, association, school and institution are left to fill in this policy void themselves. FMWC being no exception.

*FMWC must now consider its own stance on is COI in the “learning environment”.*

FMWC National Office

By Kimberley Hogan, FMWC Executive Coordinator

I must admit, that this past six months has passed very quickly for me here at FMWC. Promised an interesting job when I was interviewed – I must say that reality has lived up to expectations!

Initially, there was a lot of organization and year end tidying to accomplish – and then the IBM and audit preparation to pull together.

There has been board support through teleconferences, membership analysis, financial reporting, newsletter design, liaising with branches and a consolidated

effort to communicate more with the membership.

With a big **Woo Hoo** I press the button on Friday June 22 – and all the work we have done so far on the AGM culminates in your ability to register on-line for both the AGM and the PMI course.

On the horizon for the office is the delivery of the AGM, the PMI and the ABM... a move to a permanent office , and planning for the 2012 – 2017 period – to provide direction and to help with FMWC “asks” to sponsors and partners.

To give but one example of the type of area FMWC must now consider its own stance on is COI in the “learning environment”. American medical students have long demanded their training experience be “pharmafree” in content and influence ([www.pharmafree.org](http://www.pharmafree.org)). The Canadian Federation of Medical Students (CFMS) followed suit September 2011 publishing on [cfms.org](http://cfms.org) an 18 page guideline recommendation on industry funding in medical schools (link to “advocacy” and then “position papers”). CFMS recommendations include that all student educational and extra-curricular activities (such as FMWC student activities) be held in accordance with the principles of their document and for students to not accept gifts nor funding for any events from pharmaceutical companies.

COI is clearly a more complicated and wide ranging issue then first meets the eye. If you are aware of another organization or workplace with COI guidelines in place, please send them into the main office. In the meantime, the FMWC board continues to define and develop its own COI guidelines.

Membership Recruitment and Renewal will be a priority – and I will be looking for feedback to help develop Membership Recruitment Toolkits for the Branches.

Overall – the office has been a busy place and we excited to be moving all these projects forward with the help of our committees and board. I believe that we will be able to accomplish a great many things – all to the benefit and sustainability of the Federation.

Please don’t hesitate to contact the main office if you have any questions or concerns. Have a lovely summer and see you in September!

K ;)



10 Rules for Brilliant Women in Healthcare

By Dr. Carolyn Anderson

I recently encountered a great blog post entitled “10 rules for Brilliant Women” by Tara Sophia Mohr. This list is so applicable to women in general the world over that I felt compelled to tweet about it and share it with the many brilliant women that I am fortunate to have reading my blog.

As physician, I thought it would be interesting to see how this empowering and insightful list would apply specifically to women in health care. I shared it with some of my female colleagues (other doctors, nurses and technicians) to get their take on how this list would apply to us and here is what we came up with.... You will note that so many brilliant women in all fields of medicine, business, fine arts and media have similar concerns and a similar inability to realize and appreciate their brilliance.

1) **Make a pact** – In so many careers we can get so busy that we don’t take the time to really build the life we want. Make sure you are taking time for yourself and striving to be the best YOU you can be. In medicine, we are often dealing with stress filled life and death situations. As doctors, we have the stress of making decisions that impact the care, wellbeing and lives of our patients.

When we go into medicine we make a pact to do the best we can for our patients. We must also make a pact to do the best we can for ourselves. It is the old oxygen in the airplane scenario. When the oxygen mask comes put your mask on before trying to assist others. If you are not making a pact to take good care of yourself how can you possibly have the energy to take care of your patients?

2) **Imagine it** – Remember why you did this to begin with and never lose sight of your dreams. What really matters to you? What resonates in your soul? Maybe you love helping people, but your specific job is too draining for you. In medicine

we are often dealing with emotionally charged situations. Try to find a way to tailor your schedule to follow the dreams you have for your life and your career.

3) **Gasp** – Start doing the things that take your breath away. I think if we all made sure that in every week of our lives there was some encounter or event that truly amazed us and took our breath away it would recharge us to face the challenges of any job. Seek out these experiences, people and events.

4) **Get a Thick Skin** – For success in any profession it is imperative that you listen to your own voice. As women in medicine (considered to traditionally be the “old boys club”) this can become even more important. There are people that may not agree with the career path you have chosen but what matters is that it is right for you. There will always be naysayers to discourage you from any endeavor. Do not ever let someone else derail your dreams and ambitions. Follow your heart.

5) **Be Bold, Be Confident** – We all spend so much of our early years searching for the validation of others. As we mature and become more self-assured we hope that this need to please diminishes. I read an interesting study out of the Harvard that looked at how many more men in the professional schools like medicine would ask questions than women. It seems that if men have an idea they voice it, if women have an idea we play it out in our brains over and over again, afraid to say it for fear that we may look stupid. Usually we wait so long someone else (usually a man) brings up the point or asks the question and it is received very positively. Don’t over analyze. It is important to put yourself out there and take a risk for what you want and what you believe in.

6) **Question the voice that says “I’m not ready yet”** – If we wait to be 100% sure before we make a move we will never do

anything. It is very important especially in the medical field to be competent and knowledgeable. Yet if you have trained and studied hard, at some point, even if your knees are knocking, you have to take the plunge and actually do it.

7) **Don’t wait for the Oscar** – This point is so important. I think so many of us wait for the accolades or at least the validation before we really know we are taking the right path. In life, as well as the medical profession, you can’t always wait to be invited to the table.

You have to prepare yourself a seat and step up to the table with confidence. I remember a political issue at the society of specialists that I felt passionate about. I forced myself to go to the board meeting, speak up and volunteer myself to be on a committee to address the issue. I remember feeling so nervous and worried that I spoke up without being asked. Now I know if I waited to be asked it may not have happened and I would not have been heard. Use your voice. Approach with confidence. You have the power.

8 ) **Filter Advice** – Stand guard at the entrance to your mind and never let negative people or comments derail you from your dreams. Some may feel threatened if you decide to pursue a career plan that does not fit into the mould they have created for you. Maybe you want to be a neurosurgeon when others see you as a nurse or maybe a pediatrician. Know what is right for you. Brilliant women in all careers, not just medicine must listen to the whispers of the soul and know and do what is right for them.

9) **Stretch out of your comfort zone** – Practice constant and never ending improvement whether in your medical career or your personal life.

... continued on page 14





# 10 Rules

... continued from page 13

Feel the fear and do it anyway because on the other side of your fears lies your greatest growth.

10) **Let other women know they are brilliant** – This point cannot be over emphasized. The nurses are great at supporting each other and connecting. The female physicians could do a better job of this.

*I think it would be wonderful if we all made it our mandate to mentor another woman trying to pursue the area of medicine that we practice in. It is so important that women support other women to step into their power and impact the world.*

# In Memoriam: Ms. Amanda Berger

By Dr. Vivien Brown

On April 14, 2012, after a brief and sudden illness, Amanda Berger, the lovely, bright and accomplished daughter of our member, Dr. Marla Shapiro and her husband Robert Berger, passed away of viral sepsis in Cambridge, England.

Amanda, at 25, was pursuing her Masters degree at the London School of Hygiene and Tropical Medicine. True to her nature and her passion, with tremendous dedication to the cause of global health and social equity, Amanda devoted herself to her studies. Amanda's thesis was designed to focus on improving the capacity of Mexican nursing and medical students in early detection of breast cancer and promoting breast health.

Previously as a Research Assistant at Harvard, she worked with the Harvard Global Equity Initiative, helping to navigate a major international report to fruition and publication - "The Global Task Force on Cancer Care and Control in Developing Countries." Most recently, she co-authored a paper on childhood cancer which will soon be published. She had been recruited to participate in an internship at WHO in

# In Memorium: Margarete Fischer

*We are sad to announce the passing of Ursel Bond's mother. Please see obituary below. Our sincere condolences to you Ursel and to your family.*

FISCHER, Margarete Mathilde Born Schakat in Königsberg, East Prussia (Germany) March 14, 1923 – May 3, 2012

Peacefully at home with her family by her side. Wife of the late Arno Fischer. She will be forever missed by her children, Klaus (Bobbi), Hans (Wendy), Heide Lavier (Randy), Rosie MacLean (Dan), and Ursel Bond (Trevor). No more card games with her grandchildren, who would gladly lose just one more hand of Rummy so they could play with their Omi again. Her great-grandchildren,

Kayla, Patrick and Carter, blow Omi kisses in heaven. Mutti will be missed by her entire family and many dear friends.

Margarete was a strong and courageous woman who cherished family life. After fleeing East Prussia in 1945, she came to Canada with her husband and three children in 1953. They settled in Ottawa and began the process of building a new life and a much larger family. We will be forever grateful that Mutti captured our family history in East Prussia by writing her memoirs...

*"Jedes Wort eine einsame Stunde, jeder Gedanke eine Erinnerung!" "Every word a lonely hour, every thought a memory!"*



career to global health - lost unexpectedly and prematurely. Amanda demonstrated a maturity unusual at such a young age and she continually sought further knowledge to guide her on her quest to help those in need. Her energetic spirit and genuine compassion touched many on a daily basis. It was rare to not be uplifted by her presence. Even those who interacted with her only briefly would say that she possessed an incredible light, brilliance and much kindness.

Amanda would undoubtedly have made tremendous contributions to global health and tragically we have lost a most valued colleague and a special friend.

*For those individuals, as FMWC members who wish to do so, memorial donations are being accepted by UJA (416-631-5685) for The Amanda Jaclyn Berger Fund, to support a scholarship for a Canadian to continue her important work at the London School of Hygiene and Tropical Medicine.*

Geneva, and was excited about the work and the opportunity to make a significant impact in global health. In tribute, Harvard is dedicating the upcoming book version of the GTFCCC report to Amanda. She was one of the persons who most dedicated themselves - working tirelessly and through challenging times - to making this Report a reality. There is so much to say about Amanda - about an uncommonly gifted soul dedicating her



# May Cohen Award

It is the pleasure of the FMWC Board of Directors to announce the 2012 winner of the May Cohen Award as Dr. Susan Wilkinson.

This award is given to an FMWC member that best personifies the legacy of Dr. May Cohen and her unique ability to transfer the FMWC vision into living action in support of physicians and women's health.

Dr. Susan Wilkinson graduated from the University of Saskatchewan Medical School in 1979. After her

training in Family Practice and obtaining certification by College of Family Practice, she established her practice in Ottawa.

A long standing member of the FMWC, Dr. Wilkinson has filled many roles in the organization, including Ottawa Branch President, National FMWC President, and most notably, National Treasurer for almost a decade. She was a steady hand in that role and kept careful oversight of the operations of the National Office in Ottawa. Always clear and precise, her financial reports and annual budgets were much appreciated.

She has now stepped forward as Chair of the Finance Committee.

For her organizational skills, clarity of thought and dedication to the well-being of the Federation of Medical Women of Canada, Dr. Wilkinson would indeed be a worthy recipient of the 2012 May Cohen Award.



# Enid Johnson MacLeod Award

It is the pleasure of the FMWC Board of Directors to announce the 2012 winner of the Enid Johnson MacLeod Award as Dr. Guylaine Lefebvre.

Dr Lefebvre is presently Chief of the Department of Obstetrics and Gynecology at St Michael's Hospital in Toronto and a Professor at the U of Toronto. She graduated from medical school in Ottawa in 1985.

She completed her residency in Obstetrics and gynecology at the U of Ottawa, followed by a fellowship in advanced gynecologic surgery at the Mayo Clinic in Rochester, Minnesota.

On her return to Ottawa in 1991, she implemented a fellowship program in advanced pelvic surgery. She now heads a hospital - funded fellowship in advanced gynecologic surgery at St Michaels Hospital, and is one of the pioneers in robotic surgery in Canada.

She has played many roles at the SOGC, having chaired almost every committee in the organization, including Membership and Clinical Practice. She has been on SOGC Council, Executive Committee and was National President in 2007.

Dr. Lefebvre has been on the Board of Directors of the Canadian Foundation for Women's Health.

She is an examiner for the Royal College of Physicians and Surgeons of Canada, Division of Obstetrics and Gynecology

Provincially, she is the Lead Gynecologist for the Ontario Wait Times Info System in the Ministry of Health's Access to Services Program.

Congratulations Dr. Lefebvre for being a most worthy recipient of the 2012 Enid Johnson MacLeod Award.

# Maude Abbott Loan (Grant) Fund

It is the pleasure of the FMWC Board of Directors to announce the 2012 winner of the Enid Johnson MacLeod Award as **Ms. Natalie Wright**. MALF Grants are designed to provide support to female medical students. Natalie is from Alberta, and is attending the University of Calgary Medical School. She is expected to graduate in 2013. She has an undergraduate degree in Biological Sciences.



# Upcomming Award Deadline - June 30

## Student Members

- **Student Leadership Award:** award for leadership
- **Maude Abbott Loan Fund:** \$1,000 student loans

## Physician Members

- **Margaret Owens-Waite Memorial Fund:** \$1,000 grants to support continuing education

For more information, please visit [www.fmwc.ca](http://www.fmwc.ca)





## MWIA News

By MWIA Secretary General:  
Dr. Shelley Ross



The Commission on the Status of Women at the UN in New York took place February 27 to March 9, 2012. The priority theme was The Empowerment of rural women

and their role in poverty and hunger eradication, development and current challenges. The MWIA held a parallel event, entitled Role of Medical Women in Providing Access to Medical Care to Rural Women. We were honoured to have as our keynote speaker, His Excellency Brian G. Bowler Ambassador and Permanent Representative of the Republic of Malawi to the United Nations in New York. We were also honoured to hear words from Soon-Young Yoon, PhD, the Chair of this year's NGO/CSW/NY Executive Committee.

Dr. Padmini Murthy, MWIA's assistant representative to the UN in New York, is hosting a radio show throughout March and April to discuss the Millennium Development Goals. Tune in at 1200 Eastern Daylight Time each Thursday to [http://www.africanviews.org/av-radio/av-radio/av-radio/millennium-development-goals\\_c1068/](http://www.africanviews.org/av-radio/av-radio/av-radio/millennium-development-goals_c1068/)

MWIA appeared in the special blog for the 100th anniversary of International Women's Day on Reuters London. Visit <http://www.trust.org/trustlaw/blogs/100-years-of-international-womens-day/>

Drs. Cathie Wilkie, Janet Dollin and Muriel Solomon attended the American Medical Women's Association 97th Annual Meeting in Miami, Florida, in April. The theme was Achieving Success as Women in Medicine: Strategic Career and Personal Development Conference. I hope other Federation members will attend the annual AMWA meetings as they are of excellent standard.

## Capacity Building in Spinal Cord Injury Care in Haiti

By: Dr. Colleen O'Connell

The philosophy of Team Canada Healings Hands (TCHH), a Canadian non-profit medical charity, is to work towards sustainable development through education and training.

Over the past 10 years, our group has grown from an initial 17 rehabilitation volunteers, to a roster of over 250 volunteers who share the vision that the best way to improve health care in low resource regions is through mentoring and providing training opportunities for local health workers.



Photo 1 - the teaching faculty for the SCI Care Workshops February 2012 - Travelling to Les Cayes and Opening of the SCI workshop in Les Cayes, a city whose population surged following the earthquake, as citizens moved out of destroyed communities near Port au Prince. Pictured bottom row, L to R: Colleen O'Connell, MD PM&R Fredericton, Nadia Bernavil, nurse Haiti, Andrew Craik, Logistics, Fredericton; Back row L to R: Fiona Stephenson, nurse UK, Phil Menard, PT Montreal, Brenda MacAlpine, OT Fredericton. Nadia sustained a SCI in the earthquake, and works for Healing Hands for Haiti as a Rehab Support Worker and Nurse.

In response to the numbers of survivors with spinal cord injury (SCI) following the Haiti earthquake, and the associated heightened awareness of the rehabilitation needs of persons affected by such injuries, TCHH with support from the Canadian Medical Foundation, has been providing specialized SCI training workshops and clinical mentorships in Haiti. Our most recent project involved conducting one-day short courses in SCI care in three more remote regions of the country, in February 2012.

Designed to provide basic understanding of SCI and related rehabilitation for health care workers now seeing patients who have returned to their communities from larger centres, the team focused on the common challenges faced by patients,

families and their care providers, such as prevention of pressure ulcers, management of bowel and bladder, assessing and treating pain, and facilitating community reintegration.

Workshops were all conducted in French and Creole, and included Haitian faculty and person with spinal cord injury. Presented in Leogane, Les Cayes and Jacmel, the sessions were attended

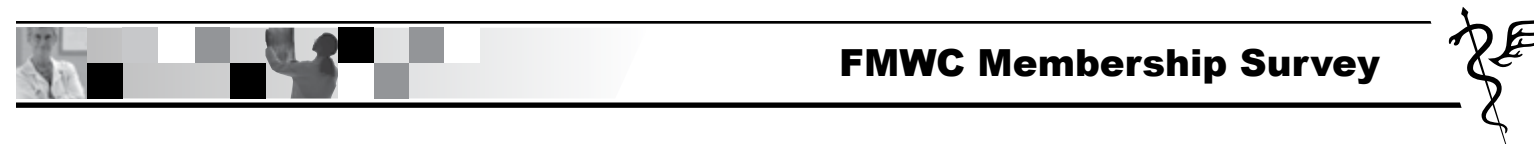


Graffiti artist Jerry, well recognized in Haiti, illustrates a heightened awareness of persons with disabilities following the Haiti earthquake (photo was taken January 2011 with our first SCI workshops held in Port au Prince)

by health care and hospital workers (nurses, therapy technicians, doctors, social worker and psychologists) from over 15 organizations.

Leogane was the community hardest hit by the Haiti earthquake, sustaining 80-90% destruction of infrastructure, and is the site of a MSF (Medicins Sans Frontiers) hospital, who hosted the training.

TCHH is grateful to the ongoing support and confidence of our many donors and volunteers, as well as partners in Haiti who continue to work towards ensuring access for all Haitians with disabilities to quality rehabilitation care, delivered by local citizens themselves.



## 2012 Membership Survey: The last 5 years and the next 5 years - member feedback required

By: Dr. Janet Dolin and FMWC National Office

FMWC Vision was ratified in 2007, and as an organization we sought to:

- Provide a unified public voice for women physicians;
- Facilitate networking between women physicians at the local, national and international levels;
- Promote interests of women physicians within medical organizations and with the government;
- Improve management of women's health issues;
- Aid and encourage on-going education of medical students and physicians; and
- Influence health care policies pertaining to women and the general population. (2007, 5 year Vision)

In 2008, FMWC surveyed its members with a Needs Assessment that had the following dual pronged results:

FMWC Wish List Priorities for Canadian Women's Health

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

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

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

This wish list was broad and the organization is small. FMWC felt a need to focus on something measurable. In 2009 the FMWC chose one of these priorities and we created the National Pap Test campaign. This has taken us in a wonderful direction for the past 3 years. FMWC also chose to include Leadership Development as a key component of our Annual General Meetings over the last 3 years. In addition we thank you for allowing your name to be included in our mentoring database and hope you will continue to do so.

So, here we are:

As an organization, we have many priorities competing for our attention, and in 2012 we faced a private members bill that threatened to reopen the debate on the right to choice. This touched a tender spot for the organization.

We responded with a letter to the PMO which you can find on the website, as well as a request for your opinion within the member survey.

***Equitable access to reproductive choice and safe motherhood have forever been top priority for FMWC.***

The National Pap test campaign has been a huge success and has been mostly taken over by the SOGC and so we will be in a position to watch it grow in their most capable hands. Pap guidelines are changing yet cervical cancer screening remains an important priority, and advocacy for HPV vaccination as well as testing access will remain important.

We want and need your feedback, to determine FMWC relevant issues and to gauge your perception of essential priorities for our organization. As individual members we NEED YOUR INPUT to guide the next 5 years for FMWC.

Please take the time to visit our website and let us know what you think. The survey is being distributed to our active membership and all responses will be anonymous.

Should you wish to have a printed copy of the survey - one will be sent out with printed versions of our newsletter and they can also be requested on-line via our National Office

**For your reference:**

*CMA Policy on Induced Abortion:*  
<http://policybase.cma.ca/dbtw-wpd/PolicyPDF/PD88-06.pdf>

*SOGC Induced Abortion Guidelines for Clinical Practice:*  
<http://www.sogc.org/guidelines/documents/gui184E0611.pdf>





## Trust

by Ms. Erin Sullivan

“So the patient has been temporarily paralyzed by the drugs, and you’re the one keeping them alive by squeezing air into their lungs...but...no pressure”.

Gulp.

I was holding the mask as tightly against her face as I could, sealing the rubber to her cheeks in the effort to keep highly oxygenated air from leaking out. Looking down at her from the head of the bed I saw the patient from a different vantage point, a place that made her look so vulnerable.

And she was vulnerable.

A few minutes prior to closing her eyes she had been nervously chatting and laughing away as we prepared her for surgery. The dose of propofol and the inhaled sedatives smoothed her face and left her body limp. Now we had injected

medication into her intravenous line to paralyze her. Once her muscles were relaxed we could slide a tube down her throat and into the trachea, providing the means to ensure that her airway would remain open and her lungs could be well ventilated with oxygen during the surgery.

I removed the mask to prepare for the intubation. Her skin was pale, the freckles standing out now that the nervous blush had faded from her cheeks and neck. She was perfectly still and we were moving into action.

It struck me then how explicitly patients trust their doctors and nurses. Of course I have always understood this as a general concept in healthcare but this was suddenly a much more concrete example. Patients literally put their lives in our hands on a daily basis.

Why have I never said to a patient,

“Thank you for trusting me with your most precious possession”? Why has a patient never said to me, “Please do not be hurried, or harried, distracted or inattentive, because today you are responsible for my survival”?

I suppose these are silent agreements and understandings that we have in all of our patient interactions. Yet the fact that we don’t outwardly acknowledge these understandings means that maybe we’ve forgotten that at the core, it is an honor to be in this role. I’m not so unrealistic to think that one is thankful when the bleep goes off for the 47th time on a Christmas eve night shift...but I hope that at the end of the day when I am bone tired and flopped-out on the couch in the call room I’ll remember this, and take even just a tiny measure of satisfaction from the honor of responsibility.

*No pressure.*

## Membership Announcements



Congratulations to **Dr. Charmaine Roye** for becoming the OMA Board member.

Well Done! to **Dr. Shelly Ross** for being elected President of BCMA on June 9, 2012

HUGE congratulations to **Dr. Pamela Verma** - who became a “Dr.” and begins her residency soon. All our best to you.

**Great news!** The SOGC has accepted The Bayer Webinar’s (**Dr. Vivien Brown**) abstract for an oral presentation on knowledge translation and collaboration!! Presentation at the annual meeting June 23 in Ottawa.

**Dr. Janet Dollin** has been recognized by the Department of Family Medicine, University of Ottawa for her research and her contributions to Cancer Care Ontario’s Program in Evidence-Based Care (PEBC)”

Double kudos to our President, **Dr. Nahid Azad** is now a full professor in the Department of Medicine at the Ottawa Civic Hospital. She also completed “The Champlain LHIN Senior Leadership Course” funded by the Ottawa Hospital - which she was nominated by the Ottawa Hospital CEO to attend.

Well Done! to **Dr. Alexandra Greenhill** who was a chosen participant for the Governor General’s Canadian Leadership Conference 2012

To all our other **GRADUATES**... have a great summer and congratulations to you all!



Hello FMWC community!

I enjoyed reading the briefs on people’s trailblazers past and present. In keeping with the theme of Physician Health and Well Being and in the spirit of continuing to acknowledge our role models I wanted to recognize another strong woman doctor and a mentor to many: Dr Ruth Wilson.

Ruth is deeply committed to her patients and to family medicine education, and has been involved with Queen’s University for many years; she is also strong, savvy, diplomatic and collected in the world of medical politics.

Madeleine Cole, Iqaluit



## “Women of Influence”: Dr. Eve Tsai

By Dr. Miriam Salamon

I rarely cancel and rebook patients’ appointments but when the FMWC asked me to report on Dr. Eve Tsai’s talk, a part of “Women of Influence,” series at Ottawa’s iconic Chateau Laurier, I couldn’t pass it up. This warm, engaging neurosurgeon and scientist has been called Ottawa’s best-kept secret. But the secret is no more; her achievements include Canada’s Top 40 under 40 Award and Canada’s Top 25 Women of Influence award among other prestigious accolades.

“Because of our strength in basic science research and clinical neurosurgery, we are poised to become the North American leader in bringing neurosurgery research to the clinical realm,” she says. Dr. Tsai is confident that she will discover a way to regenerate spinal cord and brain stem cells. So, what did your newbie reporter discover? Dr. Tsai is amazing!

This Saskatoon born woman, who commenced medical school at the age of 19, is appreciative and respectful of her family and mentors. Her immigrant Chinese grandparents, who fled hardship, worked very hard themselves, teaching the importance of education and the value of work. When she earned her PhD and MD simultaneously, at the University of Toronto, she learned to use her resources, manage her time and delegate appropriately.

What were Dr. Tsai’s take away messages?

1. **Nothing goes smoothly.** Therefore, you have to believe in what you do in order to overcome the inevitable obstacles.
2. **Passion is not enough.** You have to work hard.
3. **Be optimistic.** It is hard to succeed if you aren’t.
4. **Project self-confidence even if you feel nervous.** Do this by emulating someone that you admire ... Barak Obama, for example. (Forget about the fact that he gets to use teleprompters for his speeches.)

5. **Networking matters.** You need to go out. Decisions made at today’s boardroom meeting were actually made last night, at the bar.
6. **Women need to promote themselves.**
7. **Don’t get into arguments.** Find a win win solution by searching for a point of common agreement. This requires the herculean skill of listening.
8. **Dr. Tsai has a team and she credits them for her success.**

How does she balance her life? Dr. Tsai doesn’t have bad days. Her family and friends keep her grounded by saying things such as, “ That was stupid.”

Our colleague is grateful for the mentoring that she received and she in turn serves as a mentor for high school, undergraduate, graduate, and postdoctoral, medical students, residents and fellows. In fact, she managed to finagle a Chateau Laurier lunch for a tableful. I, however, in spite of having a ticket, had to get back to work before the main course was served.



*Thanks Miriam for attending on behalf of the FMWC!*

## Calendar of Upcoming Events 2012

There are a number of remaining regional meetings left for MWIA’s triennium.

### June 29-30, 2012

Batumi, Georgia  
Central European Regional Meeting  
<http://www.gmwa.org.ge>

### October 7-9, 2012

Chiang Mai, Thailand  
Central Asia Regional Meeting  
[www.tmwa-6carc.com](http://www.tmwa-6carc.com)

### October 17-20, 2012

Guadalajara Mexico  
XXXI PAMWA meeting  
Contact [www.pamwa2012.org](http://www.pamwa2012.org)

### November 20-22, 2012

Cairo, Egypt  
Near East and African Regional Meeting  
Email: [Emwa212@yahoo.com](mailto:Emwa212@yahoo.com)  
Website [www.emwa2012.com](http://www.emwa2012.com)

### July 31-August 3, 2013

29th International Congress of MWIA  
Seoul, Korea  
<http://www.mwiaseoul2013.org>

### ICRE 2012 October 18 - 20

Attending or working at the Royal College’s International Conference on Residency Education (ICRE) in Ottawa?  
Details about ICRE are available on the College’s website [royalcollege.ca/icre](http://royalcollege.ca/icre). Beginning in June, the program information will be updated regularly on the website.

Registration for ICRE is now open!  
Staff attending or working at the conference must register online at:

[http://RoyalCollege-web.ungerboeck.com/reg/reg\\_p1\\_form.aspx?oc=10&ct=ICRE-STAFF&eventid=5066](http://RoyalCollege-web.ungerboeck.com/reg/reg_p1_form.aspx?oc=10&ct=ICRE-STAFF&eventid=5066).





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

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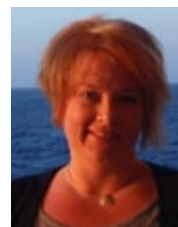
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Kimberley  
Hogan

Colby  
Williams

*Maternity leave  
started June 27,  
2012... Good Luck  
and safe delivery!*

