



Federation of Medical
Women of Canada

Fédération des femmes
médecins du Canada

Winter
2016

The

Voice

of Women in Medicine



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President's Update



Well the Holiday season is upon us! It has come up quickly, yet again.... Perhaps it is work or perhaps it is the daily angst of our multiple roles that keeps time flying.

Two months have pasted into my Presidency. Much is happening in our head office and within our executive. Like Santa's elves, everyone is committed, engaged, joyously invested in moving our organization forward. This is what women can do who see purpose and value in achievement of goals.

So what are these goals... first a stable work environment. FMWC has been blessed to have wonderful relations with our Medical Council of Canada partners and we have moved with them into their new building in Ottawa. This move we see as a permanent home (that is to say for the near future). You can now connect with us at our new address **FMWC 1021 Thomas Spratt Place, Ottawa, ON K1G 5L5** and if you are in the area, please stop by.

Next, the work... optimizing our communications as a start. Our communications group is working on improving our website, developing more interactive connections with our membership through various modes of social media, supporting more "e-blasts" with information regarding all the new initiatives we have moving forward. So stay tuned and check in frequently to catch the changes.

Our membership committee is interested in YOU and is driven to make you not only want to stay as a member, but bring along a new friend to the organization! Review the 10 reasons to belong found on p. 14. Belonging is important. As an organization that advocates for women's health and women physician issues we need to be visible. We want to represent your issues. We need your

support and investment to speak up and out about what is most important to you right now. We want to represent all women physicians in Canada, but can only do this with your ongoing decision to commit – come on board, pay your membership and bring a friend along. We're here to work for you. Find your passion and let's work together in bringing it forward.

Our advocacy work has been busy. We were published in the Medical Post on Mifegymiso, the new soon-to-be released abortion drug; through work with MD Management there has been support for branch initiatives; connections with Merck are going to bring HPV and cervical cancer to a different level of awareness (stay tuned more to come on this); collaborations have increased with partners such as the SOGC at the upcoming NAMS (North American Menopause Association) meeting and supporting initiative through SOGC such as their SexandU.ca educational site. You will be hearing about mdBriefCase and member involvement in educational material development for distribution.

So our organization has been busy and there is much more to come... become involved, become a leader for our organization, attend an event, a branch and plan now to attend our 2017 AGM taking place September 15-17, 2017 in Ottawa

Feel free to connect with me at any time,

Your President,

Anne
nieca@mcmaster.ca

WE'VE MOVED!



OUR NEW ADDRESS:
1021 Thomas Spratt Place
Ottawa, ON K1G 5L5

T: 613-569-5881
T-F: 1-877-771-3777
Fax: 613-249-3906
fmwcmain@fmwc.ca
fmwc.ca

TO: YOU!
FROM:
FEDERATION OF MEDICAL
WOMEN OF CANADA





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AGM 2016 Highlights

Sept. 23-25, 2016

Summary highlights from the 92nd FMWC Annual General Meeting (AGM) & Educational Sessions - Pride and Prejudice: Setting the Agenda for Women's Health, Hamilton, ON.

Advocacy for the 21st century guided the presentations and sparked lively discussion at the 92nd AGM of the Federation of Medical Women of Canada (FMWC) in Hamilton. Throughout the conference members were encouraged to consider opportunities to advocate for women's health and women physicians. Feedback from members was very positive.

Two pre-conference workshops on Friday, September 23, were offered. Dr. Mamta Gautam addressed the importance of mentoring, what it is and how to benefit from a mentoring relationship. This workshop was also a segue into the launch of the FMWC's new mentorship program. Ms. Bridget Paton from MD Financial Management presented a 5-step financial planning process and reviewed retirement planning and risk management.

A Reception was held on Friday evening in the new David Braley Health Sciences Centre. We thank the Ontario Medical Association for their sponsorship. The attendees met each other, some for the first time, and re-connected with others they had not seen since our last meeting. Welcoming remarks were given by FMWC President Dr. Vivien Brown; Dr. Nahid Azad

on behalf of the International Medical Women's Association; Dr. Crystal Cannon on behalf of the Ontario Medical Association; and Dr. Alan Neville, Associate Dean of the Faculty of Medicine at McMaster University.

At the Saturday breakfast symposium, Dr. Vivien Brown summarized the burden of HPV-related diseases and the resources needed to follow the large number of patients with abnormal screening results. Dr. Brown highlighted the importance of the physician's recommendation to vaccinate as it was found that patients (aged 18-26) who received a recommendation were over 35 times more likely to get vaccinated than those without a recommendation.

At the annual general meeting on September 24, Dr. Anne Niec, Hamilton Pediatrician and Professor, McMaster University was installed as President for the 2016-17 term. Dr. Niec opened her welcoming remarks by paying homage to the seven founding members, noting Dr. Elizabeth Bagshaw, who was medical advisor to Canada's first birth-control clinic in Hamilton. Reviewing the progress made since the 2008 Needs Assessment, Dr. Niec noted FMWC initiatives that are well underway: HPV advocacy, PAP campaign, improved communication tools and networking forums. Dr. Niec then gave an overview of the challenges in women's health that have emerged since 2008: gender bias in medicine and in research, women's mental health and addiction, women and medical marijuana, and pay equity.

Dr. Niec concluded by stating her vision and mission for 2016-17 term - to grow the FMWC's reputation as the voice of Canadian medical women and for increased advocacy around important issues for Canadian women.

Madame Sophie Gregoire-Trudeau sent video-taped greetings from Ottawa welcoming members and offered her deepest congratulations to the Federation on 92 years of being the voice of women doctors in Canada. She noted that networks such as the Federations are incredibly important systems of encouragement and support in helping women find balance between work and their personal life. We thank Madame Gregoire-Trudeau for her kind comments and continuing support.

Dr. Ellen Amster, Associate Professor, Departments of Clinical Epidemiology and Biostatistics, and Jason A. Hannah, Chair in the History of Medicine delivered the key note address: Mademoiselle le Docteur: A History of Women Physicians in Western Europe and North America. In her presentation, Dr. Amster explored the gendered nature of the professionalization of medicine, highlighting the barriers that women doctors faced and how they met those challenges. Despite women's many roles in the long history in healing practices, professionalization and the guild structure created the physician as a male and the field masculine. It was the perseverance and commitment of early women doctors, and their allies, that opened the field to women. Dr. Amster concluded by stating that as physicians, women have been strong advocates for women's health, women's rights, women's control over their own bodies, public health responsiveness to patients, and advocating for family/work balance for all doctors.

Dr. Shannon Bates, Professor, Department of Medicine and Eli Lilly Canada/May Cohen Chair in Women's Health at McMaster University addressed the progress and challenges facing women's health research. Using HRT, Aspirin, abnormal uterine as examples, Dr. Bates demonstrated the need for including women in research trials as there exists sex-differences in efficacy or outcome. Moving forward, Dr. Bates suggests advocating for the normalization of sex/gender differences through influencing funding agencies and research networks, encouraging more women to participate in research, focusing on research important to





women, and translating to frontline workers sex/gender differentiated research results.

Mr. Sandeep Prasad, Executive Director, Action Canada for Sexual Health and Rights, presented delegates with an overview of the introduction of mifepristone in Canada and its policy implications. Health Canada has approved mifegymiso (mifepristone/misoprostol) after a 3-year application process but has imposed restrictive practice guidelines that will pose a significant barrier to access. Mr. Prasad suggested that there is a role for the FMWC in promoting take-up among our membership and advocacy in easing restrictions and cost coverage. Post-presentation discussion generated much support for FMWC advocacy of this issue as a violation of women's human rights to accessible, available and good quality health care and members supported the drafting of a resolution to that effect.

The FMWC recognized and celebrated the contributions of 5 outstanding women physicians. They were Dr. Susan Phillips, who received the Honorary Member award; Dr. Ellen Wiebe, the FMWC's Enid Johnson Macleod Award recipient; Dr. Gail Beck, recipient of the May Cohen Award; Dr. Christine Palmay, who received the Reproductive Health Award; and Dr. Leema Dookhoo, the Student Leadership Award recipient.

The afternoon sessions began with three concurrent workshops: Dr. Clover Hemans: Sandwiched: What Your Mother Didn't Tell You; Dr. Shobana Ananth: My Body, My Rights: Sexuality and Reproductive Rights and the FMWC; and Ms. Margaret Shkimba: Win-Win: The New Art of Negotiation. Delegates appreciated the opportunity to select a sessions that was most relevant to them and valued the interactiveness that these small groups allowed.

Highlights from the afternoon sessions included a presentation from The Honorable, Dr. Carolyn Bennett, Minister of Indigenous Affairs and Northern Development, who spoke to delegates about the missing and murdered indigenous women and girls and explored the multi-factoral issues that have contributed to violence. Minister Bennett highlighted several authors who remind us that trauma informs much of the aboriginal existence: child abuse, anger, alcohol/drugs, violence, incarceration, healing. What was learned from the pre-inquiry into the missing and murdered women and girls is that hurt people hurt people. The cycle of hurt has to stop. Minister Bennett

outlined areas for advocacy including trafficking, sex education, pedophilia treatment, racism in health care and changes to the child welfare system.

Ms. Wendy Leaver, Retired Detective with the Toronto Police Force spoke on Sexual Human Trafficking: A Domestic Issue. Ms. Leaver noted that Ontario is the top receiving region in Canada with Toronto as a major destination or transit point. Victims are typically female Canadian Caucasian citizens, 13-22 years of age, from all economic and family situations, with an overrepresentation of Aboriginal women and girls. Abuse indicators include unexplained bruises, cuts, broken bones, black eye(s), grey marks on her skin, tattooing or branding symbols and cigarette burns on the body. Victims say they did not know how to get help, didn't trust the police, bonded with the trafficker, felt stuck and overall, shame. A counseled exit for the woman with an outreach worker providing support has a greater chance of success.

Saturday night's social event included a stop to view the Falls in Niagara Falls before heading to Trius Winery for dinner. The beautiful weather, intimacy of the setting, the award-winning dinner and extraordinary company made the night very special and as one attendee noted, the FMWC even arranged for a double rainbow over the Falls.

Dr. Vivien Brown began the final day with her presentation on strategies to prevent community-acquired pneumonia (CAP). Dr. Brown discussed the efficacy of PCV13 and concluded that it provides statistically significant reductions in the first episode of pneumococcal CAP. Pneumococcal vaccination rates are below desired targets for adults, with barriers to vaccination being a lack of awareness of the disease and lack of strong endorsement or recommendation by a health care provider being of particular note. In terms of strategies to improve vaccination rates, Dr. Brown noted that the use of physician extenders (ie: nurse-led programs), vaccination campaigns, patient outreach, screening for vaccines and EMR reminders are all techniques that can be used to improve vaccination rates.

From the many posters and abstracts submitted for consideration, six were selected to showcase their research at the AGM. They were: Ms. Sophia Dhalla, *A Randomized Controlled Trial Comparing Self-Collected HPV Testing to VIA for Cervical Cancer Screening in Uganda: Uptake and Preliminary Results*; Ms. Amanpreet Brar, *Gender*

Discrimination: Do Son-Biased Sex Ratios Among Indian Immigrants in Canada Diminish with Increasing Time Since Migration?. Unfortunately, the sixth student was unable to attend. New this year, the top three abstract authors were invited to present during the conference, they included Ms. Amrita Roy who



L to R: Dr. Niec, Amrita Roy, Lisa Yang, Carween Mui, Sophia Dhalla, Amanpreet Brar

presented her research on *Towards Barrier-Free and Culturally-Safe Services for Pregnant Aboriginal Women: Data from the Voices and PHACES Study*; Ms. Carween Mui spoke on *Rural Access to Abortion Services – Barriers and Potential Effect of Mifegymiso*; and Ms. Lisa Yang presented her research on *Evaluating the Effectiveness of a Brief Group Cognitive Behavioural Therapy Intervention for Perinatal Depression*.

Dr. Niec presented members with an overview of the life and influence of Dr. May Cohen, Professor Emeritus and co-founder of the Women's Health Office at McMaster University. Dr. Cohen was a trailblazer in women's health in Canada: graduating first in her class at the University of Toronto. Dr. Cohen practiced family medicine in Toronto before coming to the relatively new McMaster University medical school in 1979, where she served in various senior administrative positions, retiring from the University in 1997 as the Associate Dean, Health Services. Dr. Cohen was the driving force behind the Women's Health Office, the first of its kind in Canada; she spearheaded gender in the medical curriculum through the Women's Health Inter School Curriculum Committee; and she worked with Medical Women's International Association to create a Training Manual on Gender Mainstreaming in Health. Dr. Cohen has been a mentor to many, many young physicians, an eager and willing teacher to her students, a dedicated and committed physician to her patients, and a loyal and consistent colleague to her peers. We congratulate Dr. Cohen on her induction into the Canadian Medical Hall of Fame in 2016.

Dr. Neelum Aggarwal, Associate Professor, Departments of Neurological Sciences/ Rush Alzheimer's Disease Centre opened



her presentation with an overview of the demographic challenges facing North America, with an aging population living longer than ever before. The changing paradigm of cognitive function and dementia means that people will live for decades with some degree of cognitive impairment. Dr. Aggarwal encouraged us to advocate for greater awareness, especially regarding its effect on women, among government, medical, and policy people. As physicians, we can make appropriate use of the guidelines for clinical decision-making in the diagnosis and treatment of Alzheimer’s disease and other dementia; communicate effectively with patients and caregivers regarding the diagnosis; provide information about resources for patients and caregivers that can facilitate the creation of an appropriate care plan; and encourage patients diagnosed with Alzheimer’s to enroll in clinical trials.

Continuing with the topic of aging, Dr. Nahid Azad, Professor of Medicine, University of Ottawa asked members to Love Your Age... Really!! In her

presentation, Dr. Azad outlined the usual aging changes and what successful aging in men and women looks like. She pointed out that between 50-65% of the adult population aged 65+ are considered healthy and noted the influences of healthy behaviours (not smoking, moderate alcohol, physical activity, fruits/vegetables in diet) can triple your odds of aging successfully. The role of the primary care provider is to aid in promoting successful aging and well-being in all elderly patients. Dr. Azad reviewed the prognostic indices of older adults. She provided a list of evidence-based successful aging interventions targeting older patients in the primary care setting, including screening for conditions such as frailty, falls and HTN. Dr. Azad’s key message is that healthy muscles + healthy bones = decrease in frailty + increase in health span.

Our final presentation was by Dr. Carys Massarella, a Hamilton emergency physician, who shared with delegates the experiences of the transgender patient and the health care provider. Surveys show that the transgender population wants

safe, accessible care, they do not want to be “cured”. In terms of take away for our busy practices, Dr. Massarella states that LGBTQ awareness must start at the door of your practice and include staff, posters, brochures, gender neutral bathroom and using the proper pronouns, preferred names and terminology. It’s important to overcome your own fear and bias; if you don’t ask the question, you won’t get the answer. Most health issues that present in the hospital are no different than those in the cisgender populations and unless it’s relevant to the presenting complaint, transgender patients don’t need to disclose their surgery status.

The FMWC wishes to thank all our sponsors, and recognize the ongoing sponsorship and support provided by McMaster University and MD Financial Management.

Planning has already begun for next year’s Annual General Meeting which will take place in Ottawa from September 15-17, 2017.

FMWC In the News

Drug restrictions a violation of Canadian women’s human rights and freedoms

Dr. Anne Niec, MD, FRCPC
President, Federation of Medical Women of Canada

The Federation of Medical women of Canada (FMWC) believes safe and accessible abortion care is an integral part of a woman’s right to good health.

The current restrictions on the accessibility of the mifepristone/ misoprostol combination (Myfegymiso in Canada), the so-called “abortion pill”, are a violation of Canadian women’s right to good health care, a universal human right as identified by the United Nations and to which Canada is a signatory nation. This right to health requires that health services be accessible, available and of good quality.

Given that a mere 16% of hospitals in Canada allow access to abortion services, the arrival of a new abortion pill in Canada has great potential to

improve access for all Canadians, particularly women living in rural communities and where services are provided at a great distance.

The unusually rigorous practice guidelines surrounding the prescription of Myfegymiso, including the excessive training expectations of physicians, the requirement for physicians to register to prescribe, the restriction of access to physicians-only, and the requirement that physicians observe patient compliance will severely limit the availability of this therapy for Canadian women.

The mifepristone/misoprostol combination has been on the World Health Organization’s list of essential medicines since 2005 and is considered the “gold standard” for medical abortion globally. It has been in use in other countries since 1988, with very low rates of complications. The restrictions around the gestational age limit (7 weeks in Canada as opposed to the international standard of 10 weeks), and the requirement of an ultrasound, provide additional barriers to the provision of timely, quality health service. All of these restrictions, including the decision against Provincial funding of Myfegymiso,

as reported in The Globe and Mail on September 26, 2016, contribute to a discriminatory practice that will negatively affect access, availability and the quality of care for women across Canada.

This is unacceptable.

The FMWC supports all efforts to create equity of access to all forms of pregnancy planning, including personally appropriate birth control and access to the safest possible abortion when necessary. The introduction of Myfegymiso has the potential to address the current challenges of abortion access, availability, and inequality of abortion services in women’s reproductive health. The restrictions must to be removed and access must be increased to ensure the best care for all Canadian women.

These barriers need to be revealed and eliminated. They are over and above what is medically necessary and they appear to be a means of injecting opposing ethical debate into what is and should be a free and basic human right for women’s access to safe reproductive choices.



Medicine’s ‘invisible women’ problem

Written by Abigail Cukier on
October 25, 2016

OTTAWA | While almost 40% of doctors in Canada are women, this has not translated into enough female doctors in key leadership roles in academia, medical politics or medical organizations, says Dr. Mamta Gautam.

Dr. Gautam was responding to a STAT article by Dr. Julie K. Silver, associate chair for strategic initiatives in the department of physical medicine and rehabilitation at Harvard Medical School. Dr. Silver partly attributes the gap between the salaries of male and female physicians and scientists and between their levels of federal funding for research and their academic promotions to the “invisible women” problem. While she says women are represented in all areas of science and health care, they are often not seen or heard.

She cites the annually published “best healthcare quotes lists” including Becker’s Hospital Review’s *On the record: 50 best healthcare quotes of 2015*. “

In the list, which was compiled by a woman, almost three-quarters of the quotes by individuals were from men. Although they were listed ‘in no particular order,’ the top four quotes were from men. A similar list by *Forbes* in ‘The Most Important Healthcare Quotes of 2015,’ included entries from 10 men and two women. Interestingly, the two women were part of a three-person quote that included a man. Thus, no woman was quoted individually with her own voice,” Dr. Silver writes.

Dr. Anne Niec, national president of the Federation of Medical Women of Canada and a professor in the department of pediatrics at McMaster University, says the “invisible women” problem affects public perception. “The importance of invisibility affects public perception of roles, value of opinions and the issues women face,” she said. “In particular, women may be perceived as less able to inspire change. This influences how women must support each other, promote each other and continue to put themselves forward to increase visibility of their opinions, positions and needs.”

Dr. Gautam is a psychiatrist who treated physicians for two decades and is now a physician executive coach.

She remembers when an annual national conference on general surgery featured a woman on the cover. “There was a big stir about it,” she said. Dr. Gautam also recalls the *Medical Post’s* 2015 list of 30 most powerful doctors, which featured eight women (not including presidents of medical associations). Seven of the 20 “doctors to watch” were women.

“This is done without intention. It is not intended to maintain stereotypes, but this is unfortunately the effect,” she said. “I think the role of media can be very helpful in addressing these issues. To raise awareness and be more aware of some of the nuances of how we promote leadership roles.

“We need to have a multifaceted approach to correct this, helping women gain skills and increasing their level of confidence, and also having male colleagues appreciate what we need and support us more effectively,” said Dr. Gautam, who in addition to delivering leadership courses for female physicians, has given workshops to male physicians on how to support female colleagues. “I have seen some positive changes but I don’t think we are there yet. I am excited to continue trying to get there.”



Toronto Branch event – Oct 2016

On October 27th we had a Student appreciation night at the Toronto Branch with a Stylist presenting “How to dress for success “. This informal event gave medical students and residents the opportunity to hear advice from a professional on how to make the transition from student to working and leadership roles in terms of clothing choices.

It was a lot of fun and very informative!

Calgary Branch Retreat

By: Dr. Susan Poon

Our branch held its retreat in Canmore on Oct 22-23. We had 25 physicians participate in our retreat, which started with a hike to Grassi Lakes in the morning, followed by lunch at Elevation Place with a talk on breast imaging sponsored by Mayfair Radiology. Our dinner was sponsored by MD Financial Management and featured a talk on “Forward thinking”. We then held our Annual General Meeting followed by an Executive Meeting.





uOttawa medical student branch: "How's it going Dr. Mom?"

Danusha Jebanesan,
FMWC National Student Representative

The "How's it going Dr. Mom?" is an annual event held by the FMWC uOttawa medical student branch. It is one of the largest student run events and it attracts over 100 first, second, and third year medical students. Women physicians from different specialties who are also mothers, are invited to come and speak to students about how they have achieved work-life balance. The invited speakers openly discuss challenges of being a mom and a physician, the expectations that they set for themselves, share anecdotes about how it is indeed possible to have the best of both worlds - being both a clinician and the best mom one can be.

This year's event, held November 3, featured the following speakers: Dr. Irena Druce (PGY-4 Endocrinology); Dr. Rebekah Murphy (PGY-1 Family Medicine); Dr. Carolyn Nessim (Staff-General Surgery); Dr. Ayesha Zia (PGY-4 Emergency); and Dr. Susan Aubin (Staff- Obs/Gyn). MD Financial Management sponsored the event.

Once the official presentations concluded, the panel opens up to the floor where students have the unique opportunity to ask questions on a wide variety of topics such as: how starting a family at various points in training differ, realistic career goals with kids in the mix, what it's like being a mom and a woman in a traditionally male dominated specialty among many others!



Ask us how
you can sponsor
a student.

It only costs \$25 to
gift a FMWC student
membership.

Member Accomplishments

2016 HONORARY MEMBER

The Honorary Member Award is given to an individual for outstanding contribution to the FMWC, to Women's Health and/or to Women in Medicine. The 2016 recipient of this prestigious award was **Dr. Susan Phillips**. Throughout her career, Dr. Phillips has been involved in and led countless groups focused on women's health issues and also women in medicine. She has served on Gender and Equity Committees for many years at the local level, national level and internationally, and she has also done much research and has published extensively in this area.



"When I was a medical student at McMaster University, I was introduced to the Federation of Medical Women of Canada by Dr. May Cohen.

I was taken aback by the warm welcome we received and the support for us 'lowly' (as we saw ourselves) medical students by the inspirational and successful women present. Over the years I have had the pleasure of attending wonderful educational events that helped me grow both personally and professionally and to network with other like-minded women in my medical community. It is a gift I felt very strongly about passing on to the next generation of medical women. As I see the passion and keen intelligence in these young Women, I know that the profession will continue to be in good hands, and that the Federation will continue to grow."

*Dr. Claudia Hubbes, MD, FCFP
Proud sponsor of 5 medical students for FMWC
Family Physician at the Rosemount FHO
Assistant Professor, Dept of Family medicine
at the University of Ottawa.*



Visit our website for more testimonials!

REPRODUCTIVE HEALTH

Dr. Palmay was the recipient of the 2016 FMWC's Reproductive Health Award for her efforts in changing the landscape of education around women's health by reaching the younger generation through innovative means, talking and teaching on university campuses, doing a weekly radio/online call-in show, creating videos to help educate patients and working hard to reach patients in their world.





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My Three Guiding Principles

Dr. Susan Phillips,
2016 Honorary Award recipient

My upbringing was guided by three principles: always question, always treat people equally and with dignity, and if you work hard you can do anything. Tangled up in those principles is the reason for, and, I hope the summation of my life in medicine and my focus on women's health and gender.

Medical education circa 1978 was blind to, rather than prejudiced against women. However, the reality of practicing family medicine in a remote part of northwestern Ontario was an eye-opener. Among that First Nations population it was clear that health is determined, first and foremost by the opportunities and constraints of a person's social and economic circumstances. Among those social circumstances is gender, that is, being a man or a woman in a given setting. The people I have known as patients in northern Ontario, downtown Toronto, and Kingston ON are biologically very similar but their stories are remarkably different. And that difference arises from the outside world. The way it gets under the skin and shapes health is what I find intriguing. However, when I tried to uncover the research for what I was seeing – for why women are poorer than men, but outlive them or why social support seems to

improve health for women, but not men, I found almost nothing. And so I became a researcher as well as a teacher. There's a thrill in being published in big name journals, but for me the real excitements are the 'aha' moments when one figures out the answers embedded in research data, and the subsequent discussions with co-investigators about what those answers really mean. It's been particularly rewarding to work with colleagues around the world, to learn new perspectives from them and to visit places I would otherwise never have gone like Tajikistan, Georgia, Bosnia, Serbia, Albania, Sweden, or India.

As is true for many others, Dr. May Cohen has been a role model, a mentor and an inspiration. I have known her all my life. Our families share the same Jewish activist roots. She was an emergency room intern the night my father arrived there and then died. She was our family doctor when I was a teen and when her clinical skill likely saved the life of my other role model, my mother. And then she was a colleague when I became a medical educator. Thank you May – for being small but mighty, setting the bar so high, for everything.

Susan Phillips is a family physician and a Professor in the School of Medicine, Queen's University. She holds an Honorary Doctor Degree from Umea University in Sweden, has won numerous national awards and is the 2016 winner of the Honorary Member Award of the Federation of Medical Women of Canada.



STUDENT LEADERSHIP AWARD

Dr. Leema Dookhoo received the FMWC's 2016 Student Leadership Award, in recognition for her work in leading several initiatives, including a resident panel on work-life balance, a project on reintegration of residents after maternity leave and her efforts to have medical schools teach confidential interviewing of female patients. As well, she is also a past president of the University of Toronto's Women in Medicine group.



ENID JOHNSON M'LEOD AWARD

Dr. Ellen Wiebe, selected as the 2016 FMWC Enid Johnson McLeod Award recipient, has been involved in almost every aspect of women's health over her 30 years as a Family Physician. She has undertaken research into many aspects of contraceptive health, including IUDs and abortion; has helped various hospitals set up sexual assault teams and she continues to impart her skills and knowledge teaching and mentoring both physicians and physicians-in-training.



Dr. Hilary Jaeger, FMWC Honorary Member Hilary Jaeger appointed to the Health Technology Expert Review Panel of the Canadian Agency for Drugs and Technologies in Health.



Dr. Ruth Collins-Nakai, FMWC Honorary member, has been named Honorary Lieutenant Colonel 1 Field Ambulance, of the Royal Canadian Medical Services Association.



You are invited to
come celebrate our
2017 FMWC award
winners at the
Award luncheon
on Saturday,
September 16, 2017.



MAY COHEN AWARD

Dr. Gail Beck, the 2016 May Cohen Award winner, has built a career championing the health needs of women and children. When she was FMWC President in 2006-07, she led a successful campaign for implementing a school-based HPV vaccination program for girls. In her practice as an adolescent psychiatrist, Dr. Beck is empowering mentally ill young women to achieve a normal life.

She is also a true leader, having served on the Board and Executive of the Ontario Medical Association, on the Board of the Canadian Medical Association and as Past President of the Ottawa Academy of Medicine. Dr. Beck is still leading and serving women physicians as Treasurer of the Medical Women's International Association and represents that organization as a delegate to the World Health Assembly and the United Nations Commission on the Status of Women.

APPOINTMENT TO THE ORDER OF CANADA

Dr. Catharine Whiteside of Toronto was recognized for her leadership in academic medicine and nephrology, and for her scientific contributions to the understanding of the cellular mechanisms underlying kidney disorders. Dr. Whiteside was the University of Toronto's first female Dean of the Faculty of Medicine. As a medical researcher, Dr. Whiteside is a founding member and past president of the Canadian Academy of Health Sciences. She is currently Co-Chair of the Scientific Committee for the Canadian Society of Nephrology.



DR. JEFF TURNBULL HEALTHCARE ADVOCACY AWARD

Dr. Shajia Khan, FMWC Past President and current Chair of the Medical Women of Canada Foundation, received the 2016 Dr. Jeff Turnbull Healthcare Advocacy Award from the Department of Medicine, University of Ottawa, in recognition of her exemplary leadership, commitment and dedication to the cause of advancing health promotion at either the regional, national or international level.



IN MEMORIAM



*Dr. Eva Racine
passed away on
September 6, 2016 in
Montreal. She served
as president of the
FMWC in 1961-62.*



Going Part-Time: How To Make It Work For You



By Bridget Paton

Senior Financial Consultant, MD
Management Limited

If you're a practising physician with young children at home, chances are good you feel overwhelmed, desperately trying to juggle career and family life. For some physicians, the only way to achieve balance is to go part-time.

Research shows that among physicians, it is mostly females in early to mid-career who work part-time.¹ And as more women become physicians, going part-time may become a growing trend. Women began outnumbering men in medical school starting in 1996–97. In Canada today, females represent 55% of medical students (after reaching a peak of 59% in 2004–2005).²

If you're a physician who is considering going part-time, you will probably need to make adjustments to your financial plan. Here are some things, financial and otherwise, to think about.

Can you afford to go part-time?

Obviously, the number of hours you work will have a direct impact on your income. You will need to do the math to see where that leaves you.

- Determine how many hours a month you think you will work.
- Based on this, examine your monthly cash flow—i.e., your expected income working part-time minus

your expenses—to see if you can still meet your day-to-day needs and your savings goals.

- Look at the discretionary expenses in your budget and see what can be cut back (e.g., new car, vacation, dining out, entertainment).

Your financial consultant can help you figure out what's reasonable in order to achieve a balance between going part-time and having the financial resources you need.

After you've determined how many hours you will work, decide whether you will make a slow transition or a full change.

How will working part-time affect your retirement plans?

When creating any financial plan, one of the major components is retirement planning. This involves determining how much savings you need at retirement, and how to go about reaching this goal. Of course, cutting back on the hours you work is going to change things.

- **Reassess your existing retirement goals.** When you were planning on a full-time career, let's say you set a goal to generate a monthly income of \$10,000 in retirement. Do you still expect to do so working part-time? Or will you aim for a more modest retirement lifestyle?
- **Create new projections.** Your financial consultant can create new projections for your retirement income based on factors like the following:
 - » how much you can save working part-time
 - » the expected rates of return on your investments
 - » future government pensions
 - » the inflation rate
 - » your life expectancy
 - » the withdrawal rate (the rate money is drawn from the portfolio in order to make it last)

This exercise will help you see whether your retirement plan is on track—or whether you need to make changes to the things you can control: the rate at which you save; and the age at which you retire.

- **Revisit your risk profile.** Going part-time may change your risk profile, which looks at the following:

- » Your risk capacity, or the amount of risk you can afford to take. This depends on your age, time horizon and financial assets.
- » Your risk tolerance, or the amount of risk you prefer to take. This is your attitude toward losses—what is your comfort level and your willingness to accept them?

Once you have an idea of your part-time income and amount you can save and invest, you can go over your risk profile with your financial consultant to see if changes should be made to your portfolio.

How could going part-time affect your practice?

Your plan for part-time hours will depend on what's feasible within your practice. Before going part-time, do your homework and work out various issues regarding your practice:

- Think about how your current patients will be affected. You will need to find ways to manage the increase in patient handovers, as well as the timely handling of referrals and test results.
- Arrange for after-hours coverage for your practice, if necessary.
- Find out how your part-time status may affect your licensing and whether your disability insurance benefits will be compromised with the reduced income.

Once you've made a realistic assessment of the trade-offs of going part-time, work with your financial consultant to make it happen. Continue to check in and revise your financial plan as needed to ensure you're still on track to reach your long-term goals.

Bridget Paton, CFP®, FMA, is a Senior Financial Consultant with MD Management Limited. To learn more about MD, visit md.cma.ca.

¹ Hedden, Lindsay, Morris L. Barer, Karen Cardiff, Kimberlyn M. McGrail, Michael R. Law, and Ivy L. Bourgeault. "The Implications of the Feminization of the Primary Care Physician Workforce on Service Supply: A Systematic Review." *Human Resources for Health* 12.1 (2014).

² <https://www.afmc.ca/sites/default/files/CMES2015-Section2-Enrolment.pdf>

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Call Waiting, Voicemail, Call Display

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Picture and video text included
Call Waiting, Voicemail, Call Display
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Medical Women of Canada Foundation Update

The newly-minted Medical Women of Canada Foundation (MWCF) held its first AGM in conjunction with the FMWC's AGM in September 2016. Participants mainly consisted of the Foundation Board Members (Chair: Dr Shajia Khan) and members of the Awards and Finance Committees.

Policies and procedures for the functioning of the Foundation are being fine-tuned as you read this. Our work to support trainees with their debt load and our practising colleagues with their research has not missed a step along the way.

Please consider supporting, or continue to support, the work of your Foundation by donating your time, talent or funds to the Maude Abbott Student Scholarship Fund and the Maude Abbott Research Fund! Please consult the website for more information at fmwc.ca/awards.

The MWCF Board



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REPORT ON VIENNA 2016

MWIA held its very successful 30th International Congress in Vienna, Austria, from July 28-31, 2016, at the University of Vienna. A full congress report will be available on www.mwia.net by the end of the calendar year. The theme was Generation Y – Challenges of the Future for Female Medical Doctors. Thank you to the Austrian Medical Women's Association for a fantastic job in organizing the congress.



There were 586 persons from 34 countries plus 62 Austrian Medical Students as members of the organization. Canada was well represented.



Prevention & Awareness Program For Cervical Cancer

In conjunction with National Cervical Cancer Awareness Week, the FMWC runs its annual PAP Campaign. An initiative that began 9 years ago, its ultimate goals have remained unchanged since the program's inception - to reach out to women across Canada to increase awareness, to encourage women to have a Pap test and/or HPV vaccination done, and to provide access to health care services.

Our 2016 PAP Campaign ran from October 17-21, 2016. We are incredibly proud to share that 113 clinics from 74 cities, across 10 provinces had registered to provide service in 17 languages. The FMWC received 14 post-campaign questionnaires and out of those who could confirm the number of patients who visited their clinic, a total of **391** women were seen during our campaign week. Thank you to those clinics who participated and in helping us surpass last year's campaign totals!

As well, led by FMWC National Student Representative Danusha Jebanesan, a group of University of Ottawa medical students had a booth at the university enabling students to stop by and learn more about cervical cancer screening, HPV and the HPV vaccine. There was plenty of engagement with the students and a similar booth will be set up at Carleton University in early 2017.

Planning is already underway to make next year's campaign better and more successful than this year and we look forward to partnering with even more clinics and schools next year.



Upcoming Events

2017

March 13-24, 2017, United Nations, New York City

Priority theme: Women's economic empowerment in the changing world of work

Review theme: Challenges and achievements in the implementation of the Millennium Development Goals for women and girls (agreed conclusions of the fifty-eighth session)

March 30-April 2, 2017, San Francisco, USA

American Medical Women's Association annual meeting
www.amwa-doc.org

May 10-13, 2017, London, UK

Northern European Regional Meeting and Centennial Meeting of MWF

Theme: 100 years of Medical Women: Past, Present and Future.

In Celebration of 100th Anniversary of Medical Women's Federation

www.medicalwomensfederation.org.uk

May 17-20, 2017, Panama City, Panama

Latin American Regional Meeting of MWIA/Pan American Medical Women's Association Meeting
gy.moreno@yahoo.es

May 21-26, 2017, Geneva, Switzerland

World Health Assembly at WHO
Contact secretariat@mwia.net if you wish to be registered

May 26-28, 2017, Trieste, Italy

Annual meeting of the Italian Medical Women's Association
Contact vp_southerneurope@mwia.net

August 25-27, 2017, Hong Kong

Western Pacific Regional Meeting
Website under development
Contact vp_westernpacific@mwia.net

2018

August 23-25, 2018, Thailand

Central Asia Regional Meeting of MWIA
Website to follow in January 2017
Contact vp_centralasia@mwia.net

2019

April, 2019, Greater New York, USA

31st International Congress of MWIA celebrating 100th anniversary
Details to follow



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10 Reasons To Join the Federation of Medical Women of Canada

Whether you are a medical student, resident, physician, retired physician or an associate, FMWC provides many professional development and educational opportunities to complement your clinical expertise with practical leadership and networking platforms. We honour and celebrate women in medicine, and even provide you with fun discounts.

Awards & Grants

Get recognition. Fund your dreams.

All FMWC Student, Resident and Physician Members are invited to apply or nominate someone for renowned FMWC awards, as well as grants through the Canadian Medical Women's Foundation (CMWF). You know so many deserving women in medicine quietly revolutionizing our world. Let the rest of Canada and the world know! Contact the national office for more information.

Leadership Opportunities

Join a committee and gain nonprofit engagement experience and recognition in the healthcare workforce.

FMWC's commitment to the empowerment and professional, social and personal advancement of women in medicine includes both developing leaders and providing leadership opportunities within the organization. Volunteer opportunities exist for FMWC Members who would like to participate on one of the FMWC's committees. These committees focus on aspects ranging from communication (including subcommittees: newsletter, website, social media, advocacy), to membership, PAP campaign, nominations and awards. Becoming a FMWC Director, or even being involved with your local chapter, will provide amazing opportunities to strengthen your relationships with other women in medicine while working on a specific initiative.

Public Health Campaigns & Initiatives

Be heard.

FMWC initiates and participates in national campaigns on critical public health issues. Members get the opportunity to advocate via campaigns such as the Annual Cervical Cancer Prevention and Advocacy Program (PAP campaign), meant to increase awareness of the importance of prevention, vaccination and screening to help reduce the number of women dying needlessly from this largely preventable cancer. Consider gaining amplification for your own work to advance women's health through FMWC.

International Opportunities

Explore your interest in global health.

Become a FMWC physician member and you are automatically a member of an international network of women physicians called the Medical Women's International Association (MWIA.net). The MWIA is an international non-governmental organization representing women doctors from all five continents of the world. Understand Canadian issues in an International context, and expand your reach.

Networking

Take part in FMWC's extensive network of women in medicine both locally and nationally.

With these friends and professional contacts in FMWC, you will have a powerful local and national network for personal and professional growth. Connect online, locally, nationally or internationally to build relationships and strengthen your career. Find teachers and experienced practitioners in your field of interest.

Mentoring

Learn from the women who blazed trails before you.

Effective mentorship is likely one of the most important determinants of career success. FMWC realizes training women physician leaders requires communication of "unwritten rules" of successful career advancement. As a member of FMWC you have access to an extensive network of women physicians willing to offer more than career advice. Your FMWC relationships will lead to career advancement opportunities including public speaking engagements, author opportunities, residency positions and job opportunities.

Education & Expertise

Obtain the skills necessary to advance your career.

Whatever your vision is for your future we are here to support your efforts. FMWC connects women through national, regional and local conferences, seminars, lectures, networking/mentoring events, teleconferences and skills training workshops. Our emphasis on leadership training will help you to reach your own goals.

Advocacy

Let us be your microphone. Join our voices.

FMWC is an active participant in national and international health care discussions, and has always stood for advocacy for women in medicine, and health promotion for our women patients. Our members have been key leaders since FMWC's start. For example, we advocate to prevent violence against women and girls. We have a long track record of supporting equitable access to reproductive services across the country. FMWC provides you with the opportunity to support and learn about timely research and legislation on such issues and advocate for healthy change.

Publications

Stay informed

As an FMWC member, you receive a subscription to several publications, including the semi-annual FMWC Newsletter, monthly advocacy eBlasts, President's updates and regular events eBlasts. In addition, our Members also receive the MWIA Newsletter and are often forwarded other interesting topical news from the national office.

But that's not all...we're working hard to save you money too!

The new FMWC Affinity Program

Benefit from our partnerships.

Through corporate partnerships, FMWC Members are entitled to special benefits and discounts from select providers. FMWC has partnered with MD Financial Management, Flight Centre, Telus and PolyMed Chirurgical, and is negotiating many more to thank you for your loyalty. Tell us what else you would like to see included in our Affinity Program.



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Amnesty International



Each month Amnesty International Canada Health Network issues a newsletter drawing attention to health-related human rights issues. Previewed here is their December newsletter, which highlight a case regarding the Site C dam in Peace River BC, along with updates from news sources, doctors and AI on the Dakota Pipeline. As well, AI asks that you hold our government accountable and act to change the practice of arbitrary detention of immigrants and refugees in Canada, including children.

Always remember that you move spirits, hearts and lives with just a stroke of a pen and that is a powerful commodity to nurture and utilize for the most vulnerable in our community.



INDIGENOUS RIGHTS AND INFRASTRUCTURE PROJECTS

The \$8 billion Site C hydroelectric dam project will flood over a 100km of the area of Peace River, damaging wildlife, destroying historic and cultural sites, and creating [health concerns](#) for those Indigenous populations that live in the area.

Disregarding treaties, the Canadian Constitution and international law for the rights of Indigenous people, the provincial government has pushed ahead with construction.

There are many ways to help. Write a letter to Prime Minister Justin Trudeau to stop ignoring Indigenous rights in our [online action](#).

Stand with our Indigenous people by tweeting using #WithThePeaceRiver and #NoSiteC, and learn more about this [here](#).

Consider the impact a dam would have near your home, and take a photo at historic sights, cultural landmarks or any other impactful area and post it on Instagram or Twitter. You can download a [“flood level” sign here](#) and your solidarity message will be shared on [amnesty.ca/withthepeaceriver](#).

Read more about other actions that you can take on behalf of the Peace River Indigenous communities [here](#).

Our Indigenous communities south of the border are also in the news fighting the Dakota Pipeline. The excessive use of force by police and military on peaceful activists has been [documented by AI observers](#).

Physician volunteers have spoken out about the injuries sustained by the “water protectors”. Watch this [video](#) and take further action [here](#).



DETAINING CHILD IMMIGRANTS IN CANADA

In the last ten years, up to 800 children have been held in immigration detention in Canada. There has been harsh criticism from the United Nations and civil society organizations for Canada’s immigration detention regime, which deprives children of their fundamental human rights. Under current law and administrative procedures, children affected by the immigration detention regime have to endure prison like conditions, separation from parents, and uncertain lengths of confinement and detention. This type of arbitrary detention violates the UN Convention on the Rights of a Child.

For example, Alpha Anawa, a Canadian citizen, spent the first 2-½ years of his life in an immigration detention centre with his Cameroonian mother. As health professionals, we can attest to the impact that detention would have on the mental health of a child, particularly the use of solitary confinement. This includes deterioration of milestones, suicidal thoughts and ideation, anxiety, depression, and PTSD.

A 2015 report by the International Human Rights Program from the University of Toronto, Faculty of Law, [We Have No Rights](#), provides an alarming overview of the scope of Immigration detention in Canada which affects thousands of non-citizens every year – including those with mental health issues, torture victims, pregnant women, and children.

In July 2015 the UN Human Rights Committee called on Canada to ensure that immigration detention is used as a measure of last resort, that Canada set a reasonable time limit for detention and provide meaningful alternatives to detention. Other countries such as Belgium and Sweden have provided alternatives to detention and the separation of families and children.

Join our [e-action now](#) and let our government know that refugee children should be protected, not punished. Learn more about Canada’s “Black Hole” of immigration detention [here](#).



A Journey Worth Making

Reproduced with permission of the Alberta Medical Association

Calgary physician, Dr. Muriel Solomon travels the world to bring health and hope to those who are often overlooked.

As a volunteer with Medical Mercy Canada, Dr. Muriel Solomon has trekked through jungles, lugged bags of medical equipment up steep hills and treated patients in makeshift medical facilities. Yet when she recounts her experiences, it's the people she's met on her journeys and their humbling, trying and often terrifying experiences that have touched her most deeply.

"The people we have been able to help are so appreciative," explains Dr. Solomon, who notes that many of the patients the organization helps are those who live in areas not often served by other organizations.

"I've always been so grateful for the opportunity to come to Canada and go to medical school," she says. "And I've also always been bothered by inequality in the world."



In the photo, Dr. Solomon is teaching young novice monks how to measure a pulse. These kids are the poorest of the poor, orphaned or abandoned by their parents who can't afford to feed another mouth... Gillian Anderson, Dr. Solomon's travel partner, and I taught them first aid... they were so intrigued!

Credit: Dr. Gillian Anderson

When Dr. Solomon first attended a session on MMC in 1999, hosted by its founders, Dr. Myron and Elaine Semkuley, she knew she'd found the right way to give back. "It fit. I liked that they didn't proselytize, but were just there to help," says Dr. Solomon.

Her first trip in 2001 took her to India, where she and Dr. Semkuley set up clinics immediately upon landing. "We were jet-lagged and exhausted, but we got straight to work." She recalls that the people in the community, many of whom had walked for hours to reach the clinic, never complained and were immensely grateful for the chance to receive medical care.

Although she has been moved by all of the patients, it's the children she has met on her journeys that have inspired her most.

"We had one little boy in Thailand that we met who we thought was unable to hear or speak," she recounts. "After receiving some treatment, we learned that he had been traumatized by watching the military burn down his house with his parents inside. Meeting him and hearing his story convinced me that I would have to come back."

To date, Dr. Solomon has made three trips with the organization, one every five years for the last 15 years. Her most recent was this past spring, when she returned to Thailand and Myanmar to assist with medical care, community building and social action initiatives. "It's something I know I will continue doing as long as I am able."

Dr. Solomon is grateful for the support she's received at home from her family, her colleagues and her patients. "Nobody has ever complained about me being away because they understand the importance of the work I'm doing," she shares.

On June 12, Dr. Solomon will celebrate her "50 +/-10" birthday by hosting a party to raise funds to help build a clinic close to a monastery in Myanmar. "I can't imagine a better way to celebrate, or a better cause to support."



MacHealth DNA Hosts Free Family Portrait Day for Refugees

Christine MacCauley
Co-Chair, FMWC Hamilton Branch

The MacHealth Delivering Neighbourhood Advocacy (DNA) Clinic, a McMaster University medical student-run clinic that operates out of Urban Core, held a portrait event on November 19, 2016 for the families registered as clients at Urban Core. The majority of the families who are patients of the Urban Core Centre are from marginalized communities. For these families, having a family portrait is a luxury. The students who helped organize and run this event felt this was a special way to welcome these new families to Hamilton.

The event was volunteer run and organized – 10 medical students kept the portrait sessions on schedule and the other day's activities running smoothly, two local photographers donated their time to take the family portraits and a donation from MD Financial Management was used to buy photo paper and picture frames.

While families waited for their picture to be taken they were able to attend workshops on oral hygiene, have their blood pressure checked and grab a meal. Each participant also received a gift bag containing oral hygiene products, donated by local dentists. Seventeen families were photographed and took home with them their new family portraits.



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Dr. Sajni Thomas

The FMWC Newsletter Committee had worked hard on giving the newsletter a fresh new look. We want to know what you think! Give us your feedback; tell us your news and what matters to you.



Submissions for the next issue must be sent to the National Office via fmwcmain@fmwc.ca before Tuesday, May 5th, 2017

Visit <http://fmwc.ca/about-us/local-branches/> to get to know your local branch President & find out how you can get involved on a FMWC Committee (Newsletter, Website, Finance and Membership)