



Federation of Medical  
Women of Canada

Fédération des femmes  
médecins du Canada

Summer  
2017

The

Voice

of Women in Medicine



Page  
3

Conference  
Updates +  
see you in  
Ottawa for our  
2017 AGM



Page  
12

Congratulations  
to the 2017  
Award Winners!



Page  
7

Exciting HPV News



## Letter from the President



Hello everyone!

I hope you are enjoying the summer months, they slip by so quickly! And it seems even quicker as the days between now and the AGM fall away the closer September 15 appears. Ana has been busy behind the scenes, getting everything ready for both the AGM and the conference, this year themed: Women's Health and Well-being: Connected, Compassionate and Courageous. AGM Planning Committee Chair, Dr. Bev Johnston invites you all to come to Ottawa in September. We have a fabulous slate of compassionate and courageous women waiting to share with you the passion of their topics. We are so pleased to have as speakers Drs. Nadia Alam and Gigi Osler, both newly elected leaders in the Ontario Medical Association and the Canadian Medical Association, respectively, and both exemplars of courageous women. Check out the program at a glance on page 4.

Special congratulations to all the 2017 award winners. You can find out who they are and why they were chosen on page 8. We look forward to celebrating you and your achievements during the Conference.

Congratulations also to Dr. Unjali Molhatra on her Regional Achievement Award for Western Canada from the Society of Obstetricians and Gynecologists of Canada. We are so pleased to see your success as you pursue your career goals while serving the health needs of Canadians.

There has been major activity on the HPV front as the FMWC joined with members of Parliament, the Public Health Agency, the Society of Obstetricians and Gynaecologists of Canada, patient organizations and health care providers in announcing the world's first HPV Prevention Week, to be held October 1-7, 2017. The FMWC has championed HPV prevention and vaccination for years and we are excited to see our efforts gain greater traction through education events and prevention programming during this dedication awareness period. For updates on events, check out the Twitter feed under #CanadavsHPV

In this issue, you'll find a report by Dr. Karen Breeck who attended the Realizing Rights: Human Rights and Constitutionality Conference. Canadians are proud of our Charter of Human Rights; the conference asks the question, is that pride reflective of the lived experience of all Canadians. She has shared with us her observations and provides an overview of the conference organized by the Women's Peace and Security Network, who will be speaking at the Sunday plenary session. It sounds like a fascinating conference and we look forward to their session.

Drs. Vivien Brown, Shelley Ross, Gail Beck and I travelled to London, England in May to celebrate the 100th Anniversary of the Medical Women's International Association Centenary Event: Past, Present and Future was the theme. What an outstanding conference and opportunity to gather in the Elizabeth Garnett Anderson Building, a historical site of the first women's hospital in London; to hear from HRH The Princess Royal; to have dinner in the House of Lords; to hear from HRH The Duchess of Gloucester; and to share a cruise down the Thames to attend a lovely pub dinner. Certainly these were some of the highlights but I would be remiss not to touch upon the topics which were presented by established and engaged faculty covering leadership, global women's health, equity, brain health to give you a flavor of the days.

Drs. Shelly Ross and Gail Beck continue to represent Canadian women physicians in their work with the MWIA. The MWIA has sent out their June 2017 update. You can find it online at their website: [mwia.net](http://mwia.net).

Regarding the status of Myfegymiso availability, Ontario recently announced universal coverage of Myfegymiso, joining Alberta and New Brunswick, for all persons covered under provincial health care. It is still an uneven and rocky road for reproductive equality for all Canadian women.

A summary of the results of the 2017 Member Survey can be found on page 13. Advocacy for women physicians is the top reason many of you joined the FMWC, along with networking and connecting for professional support. We'll be posting the survey results on the website for your further information. Thank you to all who responded to our questions.

Interestingly, the MWIA surveyed their membership and found the top 5 issues requiring attention to be:

- Work life balance
- Violence against women and girls
- Leadership, mentoring and empowerment
- Career progression
- Sexual harassment of women doctors and medical students.

This is why organizations like the FMWC and the MWIA are still relevant, even after all these years, almost 100 for the FMWC. They continue to serve the needs of women physicians, specifically and apart from professional organizations, as those needs have evolved over time and situations. Where once women fought for access to education, now they fight for women to be included in health research, for women's health funding, and for recognition in leadership. In the time since the last newsletter, the FMWC has issued comment on the 2017 Federal budget, supported the actions of the women's marches and spoke out against discrimination, and, more recently, added our voice to the growing chorus protesting the new tax legislation as particularly harmful to women physicians.

We will continue to support the needs of women physicians and help them in their efforts to practice medicine,...

Anne Niec  
August 2017



# Women's Health and Well-being: Connected, Compassionate and Courageous



*An Invitation from the AGM  
Planning Committee Chair:  
Dr. Bev Johnson*

I am delighted to invite you to join us at the 93<sup>rd</sup> Annual Conference of the Federation of Medical Women of Canada (FMWC). This year's meeting will be held Sept 15-17, 2017 in Ottawa at the Sheraton Ottawa Hotel. It is a wonderful year to visit our Nation's Capital as there are many celebrations for our 150<sup>th</sup> Anniversary of Confederation.

Our annual theme is **Women's Health and Well-being: Connected, Compassionate and Courageous**. With burnout rates reported at 50% or higher in Medical Women and Residents, our conference will provide delegates with some tools to help during our Friday workshop as well as during our plenary presentations. There will be lots of opportunities for fun at our Welcome Reception and our Saturday Night Social event at the iconic Fairmont Chateau Laurier.

Our convention begins Friday with two workshops - the first given by members Drs. Mamta Gautam and Anne Hennessy: A Fine Balance: Achieving and Maintaining Work-Life Balance where specific strategies are offered to assist in achieving balance in our professional and personal lives. Dr. Hennessy will lead the group in meditation which we are all hearing so

much about and will help us all be mindful and engaged during our weekend event. Our exclusive financial partner, MD Financial Management, will then finish off the afternoon with our second workshop on Financial Planning. There will be one workshop held for women physicians, and another for students and residents. Our Welcome Reception theme is celebrating Canada's 150<sup>th</sup> Birthday, where we invite you to dress in red, white and black. There will be a photo booth where we can all get fun captured memories of our Canada's 150<sup>th</sup> Birthday party.

Have a look at the Plenary Program as there are too many great presenters and topics to mention. I am proud, as a FMWC member for over 25 years, to share that many of our speakers are members.

For those members interested, we will be fundraising for our charitable arm, the Medical Women Canada Foundation, as well as for our close partner, Amnesty International Canada at the Saturday Social, small silent auction and a artisan shopping hall.

The conference includes talks on resilience, courage and advocacy and an interesting talk on *Women Building Peace* which will provide a general understanding of the Women, Peace and Security Network agenda with discussion of opportunities for Canada. Speaking on courage and advocacy are Dr. Merrilee Fullerton, Dr. Nadia Alam, president elect of the OMA and Dr. Gigi Osler, president elect of the CMA. A great opportunity to hear and network with our leaders.

Anyone is welcome, you don't have to be a member of the FMWC to come. You can come to the workshop or the conference or both.

I hope to see you there,

Dr. Bev Johnson  
AGM Planning Chair Committee

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

**YOU'RE INVITED!**  
**FMWC 2017 AGM**

Celebrate Canada's 150<sup>th</sup> with  
your FMWC friends in Ottawa  
**SEPTEMBER 15-17, 2017**  
at the Sheraton Ottawa Hotel



**Federation of Medical  
Women of Canada**

**Fédération des femmes  
médecins du Canada**

# Women's Health and Well-being: Connected, Compassionate and Courageous

Sheraton Ottawa Hotel, Ottawa (ON)  
September 15-17, 2017

**CONFERENCE AT A GLANCE**

## FRIDAY, SEPTEMBER 15 | Sheraton Ottawa Hotel

8:30 - 12:30	<b>2017-18 Annual Board Breakfast Meeting</b> (Directors only - working lunch provided)	<b>Penthouse (17<sup>th</sup> floor)</b>
12:30 - 13:00	Registration	
13:00 - 17:00	<b>Pre-Conference Workshops</b> (Separate registration required) DRS. MAMTA GAUTAM & ANNE HENNESSY – <i>A Fine Balance: Achieving and Maintaining Work-Life Balance</i> MD FINANCIAL MANAGEMENT – <i>Financial Planning Seminar for Women</i>	<b>O'Connor Room (Ground floor)</b>
17:00 - 18:00	<b>Meet &amp; Greet for Trainees</b>	<b>Salon C (2<sup>nd</sup> floor)</b>
17:30 - 20:00	<b>Cocktail Reception &amp; Conference Welcome</b> (Open to all attendees - hors d'oeuvres & drinks provided) <i>*Please join us in celebrating Canada's 150<sup>th</sup> by dressing in white and/or red.</i>	<b>Penthouse (17<sup>th</sup> floor)</b>

## SATURDAY, SEPTEMBER 16 | Sheraton Ottawa Hotel

6:30 - 7:00	Registration	<b>Rideau Room (2<sup>nd</sup> floor)</b>
7:00 - 8:00	<b>Breakfast Symposium</b> DR. SUSAN GOLDSTEIN - <i>Current Perspectives on the Use of Menopausal Hormone Therapy</i>	
8:00 - 9:15	<b>Annual General Meeting</b>	<b>Rideau Room (2<sup>nd</sup> floor)</b>
9:15 - 9:30	General Greetings	
9:30 - 10:20	<b>Keynote Address</b> DR. MAMTA GAUTAM – <i>Enhancing Resilience: Moving from Surviving to Thriving</i>	<b>Rideau Room (2<sup>nd</sup> floor)</b>
10:20 - 10:30	Group Mindfulness	
10:30 - 11:00	Health Break / Tai Chi	<b>Penthouse (17<sup>th</sup> floor)</b>
11:00 - 12:00	<b>Plenary 1</b> DR. ANNE HENNESSY – <i>Mindfulness in Medicine: Improving Quality of Care, Reducing Burnout and Promoting Wellness</i>	<b>Rideau Room (2<sup>nd</sup> floor)</b>
12:00 - 13:30	<b>Awards Luncheon</b>	<b>Rideau Room (2<sup>nd</sup> floor)</b>
11:00 - 12:00	<b>Plenary 2 – Hot Medical Topics</b> DR. JODI HESHKA – <i>Our Hearts are Different</i> DR. SHAJIA KHAN – <i>A New Era in Diabetes</i> DR. TARA KEAYS – <i>COPD: Making the New COPD Inhalers Easy</i> DR. VIVIEN BROWN – <i>Vaccination during Pregnancy</i>	<b>Rideau Room (2<sup>nd</sup> floor)</b>
15:30 - 16:00	<b>FMWC: Women Physician March Against Tax Change: We Need Gender Neutral Legislation</b>	<b>Hotel Lobby</b>
17:30 - 20:00	<b>A fabulous night at the Chateau Laurier</b> <i>Refugee Rights: Local and Global Perspective by Amnesty Canada</i> (Separate registration required)	

## SUNDAY, SEPTEMBER 17 | Sheraton Ottawa Hotel

7:00 - 7:30	Registration	<b>Rideau Room (2<sup>nd</sup> floor)</b>
7:30 - 8:30	<b>Breakfast Symposium</b> DR. VIVIEN BROWN - <i>HPV: Setting the Standard</i>	
8:30 - 10:00	<b>Plenary 4 – Advocacy</b> DR. MERRILEE FULLERTON – <i>Finding Your Voice and Spreading Your Influence: Communication for Physician Advocacy</i> DR. LUCIE FILTEAU – <i>Medical Assistance in Dying: Moving from Talk to Reality</i> DR. GIGI OSLER – <i>Medical Women: Take Your Own Leadership Journey</i>	<b>Rideau Room (2<sup>nd</sup> floor)</b>
10:00 - 10:30	<b>Top Abstracts Research Presentations</b>	<b>Rideau Room (2<sup>nd</sup> floor)</b>
10:30 - 11:00	Health Break & <b>Student &amp; Resident Poster Session</b>	<b>Salon E&amp;F (2<sup>nd</sup> floor)</b>
8:30 - 10:00	<b>Plenary 5 – Social Issues</b> WOMEN'S PEACE AND SECURITY NETWORK – <i>Courage in the Face of Conflict: Women Building Peace</i> DR. NADIA ALAM – <i>Courage: Saddling Up Even When You're Scared to Death</i>	<b>Rideau Room (2<sup>nd</sup> floor)</b>
12:00 - 12:30	<b>Closing Remarks</b>	<b>Rideau Room (2<sup>nd</sup> floor)</b>
13:00 - 14:00	2017-2018 Board of Directors Meeting (Directors only - lunch provided)	<b>Rideau Room (2<sup>nd</sup> floor)</b>

**REGISTER NOW: [fmwc.ca/agm-registration/](http://fmwc.ca/agm-registration/)**

☎ T: 1.844.215.8455

✉ E: [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca)

🌐 W: [FMWC.ca](http://FMWC.ca)

# thank you

The Federation of Medical Women of Canada is grateful for its financial partners:

## Platinum Level Sponsor

Proud exclusive  
financial services partner



MD Financial  
Management  
CMA Companies

## Gold Level Sponsors



## Silver Level Sponsors



uOttawa



dialogue



Boehringer  
Ingelheim



aspen

Healthcare. We Care.



## Bronze Level Sponsor



## Friend Level Sponsor



ACADEMY OF MEDICINE OTTAWA



Canadian Society of  
Physician Leaders



SCLM  
Société canadienne  
des leaders médicaux

Federation of Medical Women of Canada  
2017 Annual General Meeting & Educational Sessions  
Women's Health & Well-Being:  
Connected, Compassionate and Courageous  
September 15-17, 2017 - Sheraton Ottawa Hotel  
Click here to  
**REGISTER**

STAY CONNECTED





Summer  
2017

# A FINE BALANCE: ACHIEVING AND MAINTAINING WORK-LIFE BALANCE

SEPTEMBER 15, 2017  
1:00 - 4:00 PM  
•  
SHERATON OTTAWA HOTEL



**Dr. Mamta Gautam**  
MD, MBA, FRCPC



**Dr. Anne Hennessy**  
MD, FRCPC

Women physicians play many different roles in their lives. They are physicians, spouses, parents, friends, siblings, caregivers of elderly relatives and volunteers in their communities. They must also make time to take care of their own physical and mental well-being. This presentation is designed to assist women physicians in developing an awareness of how vulnerable women are to feeling out of balance at multiple phases of their life, identifying their own current sources of stress, gaining acceptance, and learning how to offer self-compassion in successfully juggling the many roles they have. Balance in our personal and professional lives is about setting priorities and making choices. Specific strategies are offered to assist in achieving this balance. Methods are outlined for implementation and regular review. Numerous clinical vignettes are given throughout the presentation, and interactive participation is encouraged.

**\$ 150.00 CAD**

FMWC Student & Resident Members: **FREE**

**REGISTER NOW**

*\*Limited space available\**

Register today:  
Call 1-844-215-8455  
or email  
fmwcmain@gmail.com.

**Federation of Medical  
Women of Canada**

**Women's Health &  
Well-Being:  
Connected, Compassionate  
and Courageous**

This is a preconference  
workshop for the  
FMWC's 93rd AGM.



Federation of Medical Women of Canada  
2017 Annual General Meeting & Educational Sessions  
**Women's Health & Well-Being:  
Connected, Compassionate and Courageous**  
September 15-17, 2017 - Sheraton Ottawa Hotel



# NEWS RELEASE



## Canada Declares World's First HPV Prevention Week

Follow [#CanadavsHPV](#) for updates!

- Human papillomavirus (HPV) is currently the most common sexually transmitted infection in the world, and can lead to serious long-term health conditions.<sup>[1]</sup>
- Results from a retrospective study have shown that seven HPV types (16, 18, 31, 33, 45, 52, and 58) are responsible for 90% of invasive cervical cancer cases in the world.<sup>[2]</sup>
- Infection with high-risk HPV types is also linked to cancers of the penis, anus, vulva, vagina, as well as the mouth and throat.<sup>[3]</sup>

OTTAWA, Ontario, Canada  
May 30, 2017

The Federation of Medical Women of Canada (FMWC) today announced in Parliament that Canada will be the world's first country to declare a *HPV Prevention Week*. From October 1 to 7, 2017, a series of events and initiatives will educate Canadians about a condition that is estimated to affect as many as 75% of sexually active men and women in their lifetime.<sup>1</sup>

"Despite our clear understanding of the dangers of HPV, Canada's full public health potential as it relates to awareness and prevention has yet to be realized – a situation that is echoed on a global scale," said Dr. Vivien Brown, Past-President FMWC. "By hosting the world's first official HPV Prevention Week, Canada hopes to show leadership in how we – doctors, nurses, public health officials, NGOs, pharmacists and politicians – can work together to educate all Canadians, to close the preventative care gap, and encourage behaviour that could ultimately save lives."

Today's announcement took place on Parliament Hill in Ottawa, as part of a day-long program of events designed to rally government, patient groups and healthcare community participants to play an active role in the development of the inaugural HPV Prevention Week programming. Participants in today's Parliament Hill events included leading healthcare providers, patient organizations, Members of Parliament, the Public Health Agency of Canada, the Society

of Obstetricians and Gynaecologists of Canada (SOGC) and the FMWC.

"Prior to and ever since the Declaration on Prevention and Promotion from Canada's Ministers of Health in 2010, prevention has become recognized as a hallmark of high-quality healthcare systems," said Dr. Anne Niec, President of the FMWC. "We hope that HPV Prevention Week will stand as a symbol for health prevention in Canada and continued healthcare leadership."

"Merck is proud to be supporting the FMWC today," said Imraan Munshi, Executive Director, Global Vaccines Communications, Merck & Co. "It's this type of leadership that can have a real-world impact on population health. We are looking forward to seeing how Canadians will lead the way in sparking a global conversation on HPV disease prevention. Congratulations to all involved."

Volunteer opportunities are available to students. Contact your FMWC rep for more information.

[1] HPVinfo.ca: [hpvinfo.ca/what-is-hpv/](http://hpvinfo.ca/what-is-hpv/)

[2] Lancet Oncol 2010; 11: 1048-56 - Human papillomavirus genotype attribution in invasive cervical cancer: a retrospective cross-sectional worldwide study; October 18, 2010; DOI:10.1016/S1470-2045(10)70230-8

[3] Canadian Cancer Society: <http://www.cancer.ca/en/prevention-and-screening/be-aware/viruses-and-bacteria/human-papillomavirus-hpv/?region=on>

More under: [fmwc.ca/hpv-prevention-week-2017/](http://fmwc.ca/hpv-prevention-week-2017/)

*This announcement has been made possible through the support of the Federation of Medical Women of Canada and Merck Canada Inc.*

"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!



# Congratulations to the 2017 FMWC Award Winners!

## FMWC Honorary Member

This award is presented annually to a person who has rendered outstanding service to one or more of medicine, women's health, and/or women physician's fields.

This award is being presented to **Monica Olsen.**



Ms. Olsen is President of Olsen and Associates Consulting, and focuses on health education, facilitation and coaching. She is also Senior Faculty, Physician Manager Institute, Canadian Medical Association where she is engaged in various leadership programs; an External Educator, Facilitator and Coach with the University Health Network; and an Education Facilitator with the Physician Workplace Support Program, Ontario Medical Association; and a Facilitator/Instructor with the Schulich School of Business, Executive Education Centre, York University.

## May Cohen Award

The May Cohen Award is presented annually to the FMWC full 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 women physicians and women's health.

This award is being presented to **Dr. Janet Dollin.**



Dr. Dollin is a community physician who teaches and practices in Ottawa. Dr. Dollin is a past president of the FMWC and is on faculty as an associate professor in the Department of Family Medicine, University of Ottawa where she developed and chaired the Office of Gender & Equity. She sits on the CancerCare Ontario's cervical screening advisory group.

## The Margaret Owen-Waite Memorial Fund Award

This award provides a \$1,000 scholarship to a FMWC practicing physician full member wishing to further her medical education or complete temporary work in a rural or developing country or present an original paper at a medical meeting, with priority given to Medical Women's International Association (MWIA) meetings.

This award is being presented to **Dr. Pamela Liao.**



Dr. Liao is a Fellow in Palliative Care, North York General Hospital, University of Toronto. Dr. Liao completed residency training in Family and Community Medicine and Obstetrics and Gynaecology, University of Toronto and received her MD from the University of British Columbia. She is a delegate for the Ontario Medical Association and Co-Chief Resident in the Department of Family and Community Medicine, University of Toronto. Dr. Liao is the Chair, of the FMWC's National Pap Test Campaign and Vice President, Board of Directors, Canadian Association for Physicians with Disabilities. She is a member of the Canadian Diabetes Association, and the Canadian Association of Interns and Residents where she sits on the Resident Wellness Committee.

## The Reproductive Health Award

This award is presented annually to the FMWC full member seen to contribute the most to the field of reproductive health.

This award is being presented to **Dr. Jaelene Mannerfeldt.**




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



Dr. Mannerfeldt is a Clinical Assistant Professor and Director, Quality Enhancement and Safety in the Department of Obstetrics & Gynecology, University of Calgary. She is the Director of Medical Education at Rockyview General Hospital.

### The Enid Johnson MacLeod Award

This award recognizes any FMWC member involved in the promotion of women's health research and/or women's health education. This award was established to honour Dr. Enid MacLeod, a long-time member of the Federation from Nova Scotia. Dr MacLeod was known for her research into the use of curare for anaesthesia and remembered for her generosity and warmth of spirit.

This award is being presented to **Dr. Shaila Misri.**

Dr. Misri is the Founding Director, Reproductive Mental Health Program, BC Women's Hospital & Health Centre, St. Paul's Hospital. She is the Director



of Research and Continuing Medical Education, BC Reproductive Mental Health Program, BC Women's Hospital & Health Centre, BC Mental Health and Substance Use Services.

### The Student Leadership Award

This award, recognizing the FMWC medical student member showing the most potential in the realm of leadership, is being presented to **Ms. Danusha Jebanesan.**

Ms. Jebanesan is a MD candidate at the University of Ottawa, class of 2018, and completed her undergraduate in neuroscience and biology at the University of Toronto. She is a National Student Representative to the FMWC where she has been a significant contributor to a number of initiatives, including the PAP Campaign and the Dr Mom events at the University of Ottawa. Danusha has been involved in a number of student activities, demonstrating her strong commitment to medical student leadership and women's health.

Please join us in congratulating Ms. Olsen, Drs. Dollin, Liao, Mannerfeldt, and Misri, as well as Ms. Jebanesan. They will be honored by their peers at the Annual Awards Ceremony taking place on September 16, 2017 at the Sheraton Ottawa Hotel as part of the FMWC annual conference, **Women's Health & Well-Being: Connected, Compassionate and Courageous.**

Dr. Anne Wong,  
Chair, FMWC Award Committee



## Member Accomplishments



Congratulations to **Dr. Unjali Malhotra** on being awarded the Society of Obstetricians and Gynaecologists of Canada's Regional Achievenet Award for Western Canada, 2017. Dr. Malhotra is Program Director, Women's Health Residency Program UBC; Chair, Canadian Foundation for Women's Health; and Clinical Instructor, University of British Columbia. Well done, Unjali, and well deserved.

*"It's an honour and a privilege to serve women with far fewer opportunities than I have been given doing what I love. I hope through my work, and that of my mentors, to one day see women receive equitable care regardless of geography and circumstance."*

You can find out more about Dr. Malhotra at: [gracefulvitality.ca](http://gracefulvitality.ca)



**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.



## Not Just Any Village

Article by Dr. Beck

Originally posted on: [drgailbeck.com](http://drgailbeck.com)

In recent months, I have come to learn more and more about the difficulties Indigenous youth have in obtaining mental health services. In part, this is because local, provincial and federal news reports are calling attention to these difficulties, but I am also very much aware of the needs of these young people in my own community and practice.

It is especially distressing that, despite the goodwill of governments and their financial investment, all the measures that have been taken seem to have no impact. How can this be?

I have come to understand this only in the context of being a mother myself, and it is only using this reference point that I can make sense of why our efforts have been so ineffective. Let me see if this helps you to understand what is missing.

Imagine that your child has serious mental health problems. She is twelve years old and started using substances like cannabis, or alcohol, or solvents. (I have seen Indigenous youth who started using substances, especially solvents, as young as seven years old.) School is a struggle and because of this, the child feels hopeless about the future. Perhaps as a parent, you can understand this because you were in the same situation at her age. You are desperate for your child to get help and so you agree that she should travel hundreds of miles away from home to get that help. You agree to this even though you will miss her desperately, and worry about her all day, every day. You know she is anxious and will cry because she misses you and her family, but you know that you cannot travel with her because there are other children to care for, or your job, or even

because you yourself do not have the emotional strength to support her. Who cannot relate to the desperation of this situation? Of this parent? Of this child?

The research evidence is overwhelming that children's health depends on family support. It takes the first year of our life to be able to walk. It takes us until we are two to utter a few words. We begin to have the skills to read, and write, and do math around age five. The evidence says that our enormous brains can take until age 25 to fully develop. We clearly need personal support to grow and develop and every culture relies on families to provide that support. When we are unwell, we need that support even more.

How do we expect these children to heal when we send them away from their families? If we must do this, could we not at least set up those sophisticated telehealth networks and facetime for parents and children and grandparents and brothers and sisters to stay in touch?

"It takes a village to raise a child" is an African proverb that recognizes the universal truth that we need our families and kin – our village.

When I am having a hard day, I will often count my blessings and the blessings I remember first are the people of my personal village: my children and husband and family and friends.

Do we really believe that indigenous youth (or any youth) will become stronger mentally away from their families? Have we really learned nothing from the experience of those sent away to residential schools? Are we really not listening?

If those African philosophers will permit, I do have one slight modification to their proverb. I agree that it takes a village to raise a child, but not just any village will do. Each child deserves the support of their own village: their own family, their own friends, their own people.



(Photo credit: Family Ties sculpture by Kevin Barrett)



*Ask us how you can sponsor a student. It only costs \$25 to gift a FMWC student membership.*



# Realizing Rights - Human Rights and Constitutionality Conference

Ottawa, June 8-10, 2017

Sponsored by the Women, Peace and Security Network (WPSN)

Speakers included: Justice of the Supreme Court Hon Malcolm Rowe, Minister of Sport and Persons with Disabilities Hon Carla Qualtrough, Chief Assembly of First Nations Perry Bellegarde, and Senator Marilou McPhedran.

The conference was convened to address the juxtaposition found when, in public surveys, Canadians often cite a higher value in and national identification to the Canadian Charter of Human Rights than the flag or maple leaf or even hockey. Canada is a proud leader and signatory to many international human rights conventions, charters etc., but are all Canadians living these shared and valued human rights? If not, can we do better as a nation to ensure human rights at home, and, if so, how? The conference goal was to identify shortcomings in Canada's lived human rights and to discuss/propose ways to further ensure lived human rights for all Canadians. General information and speaker information is available at [realizingrights2017.com](http://realizingrights2017.com)

## Right to Environment.

Canada needs continued discussions about procedural rights, environmental degradation as a breach of human rights, the right to environment and the rights of environment. Should the constitution have a right to a healthy environment e.g. add an environment clause, or do we need a Bill of Environmental Rights? See: [BlueDot.ca](http://BlueDot.ca) for more information

## Rights of Indigenous People.

This was a predominant theme on several panels all noting that Canada has not yet lived up to its promises when we signed the UN Declaration of Rights of Indigenous People. Chief Bellegarde powerfully noted that over the years the relationship with the Crown has gone through four stages: 1) civilize the Indigenous 2) to assimilate them; to 3) terminate them; and 4) toward integration with them – with integration being a two way concept: Indigenous integrating with the crown and the crown integrating with Indigenous. With Indigenous at 4.5% of the Canadian population, they are not to be considered an ethnic minority. Health services must be available for prevention

and policies for children must consider their unique issues of geography, culture, historical needs and be child centric.

## Corporate Social Responsibility.

A growing body of evidence points to human rights abuses at the hands of Canadian businesses overseas especially in the extraction sector. There is a call to constitutionalize corporate social responsibility and accountability of corporations to follow human rights. This could be achieved through legal decisions and not require any constitutional amendments, or laws that presently mandate directors of companies in their fiduciary responsibilities amended to include the statement "only if and when not in conflict with human rights and environmental sustainability."

## Rights of Older People.

Canada hopes to spearhead a UN Convention on Older People. There are growing employment biases related to age and 1) entry/exit into work force, 2) performance reviews 3) advancement opportunities 4) training opportunities and 5) financial equity. Age-based biases and stereotypes have not yet been challenged or named/treated legally as discrimination. More information is available from [Global Alliance for the Rights of Older People](http://Global Alliance for the Rights of Older People).

This is an important up and coming topic area for Canada. In almost all categories, older women are essentially made invisible by being lumped into the same category as "Women"; for policy, research, representation, medical care, etc. As the size of this group expands with the growing life expectancy rates of almost every country, this is a cross cutting issue that demands awareness and discussion so the older woman and her needs are not made invisible by her lumping together with "Women."

## Right to essential public services of reasonable quality to all (water/sanitation).

Adopted by the UN General Assembly Resolution in 2010 and signed by Canada in 2013. Yet 20% of Indigenous reserves today are still under water advisories to boil or not to use at all. There are federal water standards for cruise ships and airlines but not for Indigenous reserves.

While legal academics argue whether Canada is in violation of the Resolution, what is clear is that there is an urgent real and present need for a National Water Plan.

## Right of the Child.

There is largely little progress on this topic for the last 25 years. One in five children in Canada live in poverty. Although children's rights are protected under the charter, much of the case law to date refers to children with disabilities vs the more generic all children. Courts are slow in addressing children's cases with the claimant child often too old to benefit from any decision. Katelynn's Principle holds that the child must be at the centre of all care decisions in which they are involved. In a case where doctors took the government to court, the court took the children's experiences seriously and was, in part, what led to the decision that government was in violation of the Charter.

## Rights for People with Disabilities.

50% of all human rights complaints in Canada involve disability. Canada needs legislation that will help prevent complaints before they happen and to ensure a consistent experience across the country. Once the federal government finishes its upcoming proposal it is hoped the provinces will mirror legislation across the nation. Existing templates are being used to develop the national strategy and the government will be offering opportunities for feedback.

## Justice System and Lawyers.

Current oversight regulation of lawyers requires a more complex framework to ensure impartiality and will necessitate a significant overhaul of the justice system including how to better address diversity. Ontario Law Society now mandates every law firm with more than 10 members must have a HR and diversity policy, self assessment quizzes, and continuing education courses on equality and diversity. Bill C-337 introduced May 15 mandates sexual assault education for judges BEFORE appointment and continuing education sessions after appointment. It is not clear if this will include military judges. CJC is reviewing its regulatory responsibilities and acknowledging a public dimension feedback to ensure judges education



and public accountability. A new report will be coming out regulating judges to address the recent hyperinflation of independence defences that are weakening the other values of the system. See [www.lcjcanada.org](http://www.lcjcanada.org) for more information.

### Human Rights Commissions and Tribunals.

Courts often still use “scope” as an excuse to not address some issues more fully and are often more comfortable with individual cases with narrow causality and simple fixes in the form of damages than in dealing with systemic issues. Unlike courts, tribunals do have a statutory mandate to deal with patterns of discrimination, not just individual cases, indeed, prevention of similar events in the future is part of a tribunals mandate. More tribunals need to implement this broader approach.

### UN Peacebuilding Support Office (Washington)

The UN was designed to respond to nation to nation or nation to internal rebel force conflict, which is rarely the situation in conflicts today. Over half of the UN’s budget goes to humanitarian missions and 16% to peacekeeping.

It is unsustainable to fund largely man made human crises that are totally avoidable/preventable situations. Prevention is therefore at the heart of the new Secretary General’s agenda as a UN priority. Peacebuilding focuses on sustaining peace. Women are recognized to be impacted negatively at higher rates than men during conflicts and sexual violence is still on the rise as a recognized war crime. Youth are also an important area to focus on as youth unemployment and disillusionment open them to recruitment to terrorist groups as in the need also to increase the youth inclusion in national political parties. A peacebuilding fund from this office is open to anyone and available directly to organizations under the Gender Empowerment Initiative. The office looks to begin documenting the best practices on their website in the near future.

[www.un.org/en/peacebuilding/pbso/](http://www.un.org/en/peacebuilding/pbso/)

### Global Persecution against Human Rights Defenders.

Three male Human Rights Defenders from Latin America presented through translators their stories of human rights violations. They had all testified the previous day to the Canadian parliament.

The first speaker told of how the private security forces of Canadian company, Tahoe Resources, shot peaceful protesters in 2013 at a silver mine in Guatemala. The Supreme Court of Canada has decided to hear their case. Another speaker, a journalist in Honduras requested political asylum in Canada last year after 2 attempts on his life while investigating into extractive industry issues. A particularly memorable quote from him was Canada’s interests have been part of the problem, so Canada needs to be part of the solution. The third human rights worker was a member of the Indigenous rights movement in Honduras where the UN has recently set up a human rights office specifically for monitoring Indigenous rights in the area. All were reminders of the importance for Canada to walk the walk and talk the talk on peace, security, and human rights at home and within its own domestic laws and corporate oversights. Its clear that there is a growing stain on the Canadian consciousness at the hands of Canadian businesses actions and priorities negatively impacting human rights while working overseas, especially in the extraction industry. #wedefend is a new global initiative from Amnesty International. More can be found at: [www.amnesty.ca/wedefend/](http://www.amnesty.ca/wedefend/).

# The Female Physician Leadership Committee at The Ottawa Hospital

Glara Gaeun Rhee; MD Candidate, Class of 2019 | University of Ottawa/Université d’Ottawa

Over the past years, there has been an increasing awareness of the gender imbalance at The Ottawa Hospital (TOH). According to a 2011 TOH survey, only 30 per cent of TOH’s physicians are female, while less than 20 per cent of them are division heads and less than 8 per cent of them are department heads. Today, the numbers don’t look very different. Many female physicians do not actively seek out leadership positions as it is often very challenging to find time and support. Their dilemmas are worsened by a lack of maternity leave policy in 8 out of 12 departments at TOH. Given that female physicians perceive the cost of leadership to outweigh its benefits, it is not surprising that this challenge will grow bigger and affect a greater number of female physicians in the near future. In order to remove barriers faced by female physicians wishing to take on leadership roles at TOH, a number of aspiring and passionate female doctors came together to form the “Female Physician Leadership Committee.”

Committee members include Dr. Lara Khoury and Dr. Jacqueline Parai as the co-chairs, Dr. Virginia Roth as the senior medical officer, Dr. Catherine Youngson as the manager of medical affairs, nine female physician representatives from Departments at TOH and three resident members. With the full support of TOH senior management, the committee has implemented several initiatives to help encourage more female physicians to take on leadership roles. The committee’s most recent events included their semi-annual networking event called “The Women’s Leadership: Benefits and Challenges” presented by Lynn Davies. This was a successful event with close to 50 members in attendance. It provided a great platform for all TOH women physicians and residents to network, meet new colleagues, and learn about leadership opportunities. Currently, they are recruiting committee representatives from different TOH departments, and are looking for 2-3 resident representatives to sit on the committee. They are also in the process of increasing their presence on social media, including Twitter. Please stay tuned for more updates from the Female Physician Leadership Committee at TOH.



## FMWC 2017 Member Survey

Thank you to all who responded to our survey request. The response rate was 44%, [not sure how many the survey was sent to] which indicates how involved members are in helping the FMWC achieve its goals. The survey was intended to gauge member engagement with the FMWC, as well as to solicit feedback regarding advocacy direction and around tools to facilitate and foster communication.

This is a brief summary of the survey results. A more detailed report will be available on the FMWC website.

Advocacy for women physicians and women's health emerged as the top two reasons respondents gave for being a member of the FMWC. Networking emerged as an important FMWC function, particularly at the chapter level. Respondents' commented with suggestions for improvements in communications, particularly regarding new member orientation.

E-blasts are the most popular method of communicating with FMWC members, followed by The Voice, the FMWC newsletter and the FMWC website. Social media, e.g.: Twitter and Facebook, engagement is low and emerges as an area where more attention could be directed as almost 80% of respondents indicated they are active on social media, with at least 25% of respondents saying they used it for professional use. Facebook, followed by Twitter are the more popular platforms. Members had lots to say about the President's video message, with many preferring a text version to scan without having to watch the video.

Respondents indicated many benefits for being a member, with almost 75% looking to the FMWC for information on emerging health trends for women both in Canada and internationally. Leadership training is another area where members say they have benefited from membership. The importance of networking emerges in the comments: "connecting", "community", "local community", "network", and the importance of mentoring are mentioned consistently by respondents.

We asked members how likely they would be to recommend membership to students and colleagues and we're pleased that the majority of respondents would (60-63%), but are more concerned about those who might, depending.... (30-33%). Comments indicate that more could be done to promote the FMWC.

In terms of women's health issues, women's mental health is a clear priority, along with gender-bias in treatment and education, geriatric/aging, Indigenous/immigrant and refugee women, pain management assisted dying/palliative care and integrated health. Members were generous with

suggestions in addition to those offered by the survey. Sexual health, sexual violence, LGBTQ health, emerged as topics, with respondents suggesting more opportunities for online education such as webinars.

Regarding issues in leadership, training, mentoring and self-care followed by leadership styles came out the top three among those selections offered. Members suggested possible areas to explore such as dealing with disruptive behaviour/conflict management, career advancement, glass ceiling in Academia, and career transitioning.

Member suggestions concerning how to grow FMWC as "The Voice" of Canadian medical women focused on increased media presence and more outreach to MD students and residents. Respondents would also like to see position statements on relevant topics. Nurturing partnerships with other organizations and associations; targeted promotions, increased online access re: education were all suggestions offered by respondents.

From the open-ended "what would you like to add" section, it's clear that respondents are looking for like-minded women physicians, particularly in Alberta and points outside Ontario. As well, respondents are looking for the FMWC in the media, whether mainstream or social; they recognize the need for The Voice to be heard by others outside the organization.

Again, thank you to everyone who took part in the survey. If you want to add any comments, we're always happy to have them. We'll keep you apprised of next steps and any initiatives that come out of the survey results.



IMPORTANT INFORMATION FOR HEALTHCARE PROFESSIONALS

**BOTOX<sup>®</sup>**  
(onabotulinumtoxinA for injection) is indicated for the **prophylaxis of headaches** in adult patients suffering from Chronic Migraine (≥15 days per month with headache lasting 4 hours a day or longer).<sup>1</sup>



**ALLERGAN**

© 2014 Allergan Inc., 85 Enterprise Blvd., Suite 500, Markham ON L6G 0B5  
© Registered trademark of Allergan Inc.

Neuro-CM-071  
APC80DW14

TO FIND A BOTOX<sup>®</sup> INJECTOR NEAR YOU:  
Visit [BOTOXinjector.ca](http://BOTOXinjector.ca) and use the physician locator tool.

**BOTOX<sup>®</sup>**  
onabotulinumtoxinA



Federation of Medical  
Women of Canada

Fédération des femmes  
médecins du Canada

# Ten Reasons to Join!



1. **Networking** – connect with other women in medicine, both locally and nationally.

*"I love the FMWC events, they are a ton of fun. Put a group of great women together in a room, add laughter, relaxation, support, throw in an activity...its magic."*

Dr. Mamta Gautam (Ottawa, ON)

2. **Mentoring** – learn from the women who blazed trails before you.

*"Joining the FMWC was a very important decision I made as a medical student. It has provided me with incredible opportunities to network and find mentorship and support. The role and status of women in medicine has changed dramatically over the generations and I'm very excited to be part of bringing women's health and medical education to the forefront."*

Dr. Pamela Liao (Toronto, ON)

3. **Advocacy** – participates in national and international women's health care discussions.

*"I joined the FMWC over 50 years ago as a medical student. I have been a member since then because it meant being part of the most powerful advocate on behalf of women physicians and an organization passionately committed to promoting women's health."*

Dr. May Cohen, 2016 Inductee, Canadian Medical Hall of Fame

4. **Volunteer opportunities on the Board of Directors and Committees** – a chance to develop skills and contribute!

*"I feel the FMWC has become a stepping stone in leadership development for women. Many opportunities are provided to practice skills necessary in mobilizing enthusiasm and actions towards effective goals for women's health and status of women."*

Dr. Nahid Azad (Ottawa, ON)

5. **Education and expertise** - Obtain the skills necessary to advance your career through local, regional and national conferences, seminars and workshops.

*"I became a FMWC member to learn from the inspiring female physicians that have paved the way for the rest of us in the field. We have those pioneers to thank for how much easier it is for us, and I am reminded of that every time I hear one of them speak at an FMWC event. They taught me that it is not only within my grasp, but within my rights to be all that I can be both as a doctor and as a woman."*

Dr. Sarah Warden (Toronto, ON)

6. **Participation and support of national women's health initiatives like the annual Cervical Cancer Awareness Week.**

*"Our interconnectedness can spread messages quickly and good things happen. Case in point: FMWC's Pap Smear campaign!"*

Dr. Caroline Kosmas, (Regina, SK)

7. **Publications** – you receive a subscription to several FMWC publications.

*"As female physicians we speak the same language - in a sense of short hand of shared issues that often are gender associated. Life balance and work satisfaction are both critical for success. Being a member of the FMWC has allowed me to tap into a wealth of shared experiences and excellent advice and support."*

Dr. Marla Shapiro (Toronto, ON)

8. **International opportunities** – as an FMWC member you are automatically a member of an international network of women physicians called the Medical Women's International Association (MWIA).

*"...this is a venue that helps us develop our leadership skills and to be a part of something that can help shape the future of medicine for women and issues relevant to women's health. We also are connected globally to similar organizations."*

Dr. Cathy MacLean (Calgary, AB)

9. **Recognition through our annual awards** (May Cohen, Honorary Member, Enid Johnson MacLeod, Reproductive Health and Student Leadership awards) and financial assistance for students and physicians through FMWC grants, loans and research funds.

10. **Affinity Program** – enjoy special benefits and discounts from select providers, such as MD Financial Management, Flight Centre, Telus, Dialogue.co and PolyMed Chirurgical.

A **strong** voice

for **women physicians**  
and for **women's health**

## Questions?

Call: 1-844-215-8455 or 613-569-5881

Email: [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca)

## Join us!

[fmwc.ca/membership/become-a-member](http://fmwc.ca/membership/become-a-member)



# A Visit to The Maude Abbott Medical Museum at McGill University



By: Susan Kelen

The Maude Abbott Medical Museum has been “resurrected” in one of its original rooms in the Strathcona Anatomy and Dentistry Building at McGill University. This pathological museum was the life work of Dr. Maude Abbott.

Maude Abbott (1869-1940) is one of the four founders of the Federation of Medical Women, an organization that was started to support the professional advancement and provide collegial support to women physicians. It was because of our Federation’s petition that Maude Abbott was honoured with a millennium stamp by Canada Post.

Maude Abbott was Curator of the McGill Medical Museum in 1901, having started working there in 1898. There was no doubt that she was in charge. She reorganized the collection and introduced a new classification system. She promoted the use of specimens for teaching medical students. At the time, there were few other teaching resources. By 1904, her museum demonstrations had become a compulsory part of the medical curriculum at McGill.

She became a leader in the field, co-founding The International Association of Medical Museums in 1906 with Sir William Osler. This organization was renamed in 1955 as The International Academy of Pathology and has divisions around the world.

The McGill Medical Museum started as a collection of specimens donated by physicians. Sir William Osler donated some of the specimens when he was teaching at McGill in the 1880’s.

The oldest and most famous of the specimens are the three-chambered Holmes Heart (1822) and the 200-year old Stephenson Skelton. These artifacts are on display at the “resurrected” museum.

The Museum has displays of specimens both wet and wax, photographs, skeletons, medical equipment and books. There are 3,500 artifacts documents in the museum database.

When I visited, I was impressed by a wall sized photograph of the exhibit on cardiac anomalies which Abbott sent to the 1931 meeting of The New York Academy of Medicine in New York and then, in 1932, to the meeting of The British Medical Association in London.

From the photograph, the size and complexity of the exhibit is evident. How she transported her materials must have been an undertaking as it included 50 anatomical specimens mounted in glass frames in jars and preserving fluid – as well as fragile wax models, photographs, posters, and books. The exhibit needed a table that was 32 feet long to display everything. It was in this exhibit that Abbott shared her statistics on her 1000 human cardiac cases detailing age of death, symptoms and observations on the autopsy. The material from this exhibit was used as the basis of her book, *The Atlas of Congenital Cardiac Disease* (published in 1936.) The Abbott Atlas stimulated advances in research in many spheres, including diagnostic and surgical techniques.

## Website and Newsletter

The Maude Abbott Medical Museum has a detailed website and has issued its first newsletter. The photographs of the historical specimens are remarkable for their detail and description. The Museum hosts occasional workshops. One Saturday workshop was titled, “The Heart in Science and Literature” and included the dissection of an animal heart.

The website has sections on the original Abbott collection of specimens as well as those that were donated by Sir William Osler. There are links to other medical personalities including Sir William Osler and Dr. John McCrae, who was a colleague of Maude Abbott.

There is even a link to purchase a reprint of Abbott’s *Atlas of Congenital Cardiac Disease*.

The Maude Abbott Museum is located in one of McGill’s oldest buildings and it is worth a visit just to see the venue. It’s on the second floor, Room 38E, Strathcona Anatomy and Dentistry Building, 3640 University Street, Montreal, Quebec. It’s only open Wednesday’s 13:00- 16:00 or appointment. Contact: [medicalmuseum.med@mcgill.ca](mailto:medicalmuseum.med@mcgill.ca)

Of note, in the stairwell of the Strathcona Building, which leads up to The Maude Abbott Medical Museum, is a large stained glass window dedicated to Dr. John McCrae.

The Maude Abbott Medical Museum is one of McGill’s secret places and deserves a visit for all interested in the history of medicine.

Membership to The Friends of The Maude Abbott Museum is open to all interested in the museum, medical history and Maude Abbott. Find out more at the Museum website: [www.mcgill.ca/medicalmuseum](http://www.mcgill.ca/medicalmuseum).



Summer  
2017

16

**Lolo** 

**Lolo**<sup>®</sup>  
A low-dose combined  
oral contraceptive with  
10 mcg of ethinyl estradiol<sup>1\*</sup>

\*Any benefits from the lower estrogen exposure provided by **Lolo**<sup>®</sup> have not been evaluated.

**Lolo**<sup>®</sup> offers the lowest ethinyl estradiol dose of any combined oral contraceptive in Canada<sup>2\*</sup>



Want to know more? Visit [lolocanada.ca](http://lolocanada.ca).

**Indication and clinical use:**

**Lolo**<sup>®</sup> is indicated for the prevention of pregnancy. The safety and efficacy of **Lolo**<sup>®</sup> have not been evaluated in women with a body mass index >35 kg/m<sup>2</sup> or in women <18 years of age. **Lolo**<sup>®</sup> is not indicated for use before menarche or postmenopause. Any benefits from the lower estrogen exposure provided by **Lolo**<sup>®</sup> have not been evaluated.

**Contraindications:**

Women with:

- History of (or actual) thrombophlebitis or thromboembolic disorders
- History of (or actual) cerebrovascular disorders
- History of (or actual) myocardial infarction or coronary artery disease
- Valvular heart disease with complications
- History of (or actual) prodromi of a thrombosis
- Active liver disease, or history of (or actual) benign or malignant liver tumours
- Known or suspected carcinoma of the breast
- Carcinoma of the endometrium or other known or suspected estrogen-dependent neoplasia
- Undiagnosed abnormal vaginal bleeding
- Steroid-dependent jaundice, cholestatic jaundice, history of jaundice of pregnancy
- Any ocular lesion arising from ophthalmic vascular disease
- Known or suspected pregnancy
- Current (or history of) migraine with focal aura
- History of (or actual) pancreatitis if associated with severe hypertriglyceridaemia
- Presence of severe/multiple risk factor(s) for arterial or venous thrombosis

**Most serious warnings and precautions:**

**Smoking:** Cigarette smoking increases the risk of serious cardiovascular events associated with the use of hormonal contraceptives. This risk increases with age, particularly in women over 35 years of age, and with the number of cigarettes smoked. For this reason, **Lolo**<sup>®</sup> should not be used by women over the age of 35 who smoke.

**Sexually Transmitted Infections (STIs):** Patients should be counselled that birth control pills DO NOT PROTECT against sexually transmitted infections (STIs) including HIV/AIDS. For protection against STIs, it is advisable to use latex or polyurethane condoms IN COMBINATION WITH birth control pills.

**General:** Patients should discontinue medication at the earliest manifestation of thromboembolic and cardiovascular disorders, conditions which predispose to venous stasis and vascular thrombosis, visual defects (partial or complete), papilledema or ophthalmic vascular lesions, severe headache of unknown etiology or worsening of pre-existing migraine headache, or increase in epileptic seizures.

**Other relevant warnings and precautions:**

- Potential increased risk of breast cancer, cervical cancer, hepatocellular carcinoma
- Predisposing factors for coronary artery disease
- Hypertension
- Diabetes
- Adverse lipid changes
- Crohn's disease, ulcerative colitis
- Vaginal bleeding
- Fibroids
- Increased risk of arterial and venous thrombotic and thromboembolic diseases
- Jaundice, gallbladder disease, hepatic nodules

- Angioedema, fluid retention
- Risk of thromboembolic complications after major surgery
- History of emotional disturbances
- Amenorrhea
- Reduced efficacy (due to missed dose, gastrointestinal disturbances or concomitant medication)
- Chloasma
- Pregnant or nursing women
- Physical examination and follow-up

**For more information:**

Consult the Product Monograph at [www.lolocanada.ca/lolo/pm](http://www.lolocanada.ca/lolo/pm) for important information regarding adverse reactions, drug interactions and dosing information (particularly in regards to dose intervals not exceeding 24 hours) not discussed in this piece. The Product Monograph is also available by calling 1-855-892-8766.

**References:** 1. **Lolo**<sup>®</sup> Product Monograph. Warner Chilcott Canada Co. December 10, 2013. 2. Data on file. 2012 Hormonal Contraception Available in Canada. The Society of Obstetricians and Gynaecologists of Canada.

**Lolo** 

ethinyl estradiol 10 mcg/  
norethindrone acetate 1 mg  
and ethinyl estradiol 10 mcg



LOLO<sup>®</sup> and its design are registered trademarks of Allergan Pharmaceuticals International Limited, used under license by Allergan Pharma Co. Allergan<sup>®</sup> and its design are trademarks of Allergan Inc., used under license by Allergan Pharma Co. © 2017 Allergan. All rights reserved.



# Women Deliver Conference

The Canadian government announced in June, 2017 that it will host the 2019 Women Deliver Conference to be held in Vancouver, B.C.

Canada will provide \$20 million from 2017-2020 to support Women Deliver in their global advocacy. These contributions will support programs promoting the health, rights, and wellbeing of women and girls, with a focus on their sexual and reproductive health and rights.

Every three years, the Women Deliver Conference brings together world leaders, activists, government officials, parliamentarians, NGO representatives, and business people to discuss gender equality and sexual reproductive health and rights. The last Women Deliver conference, held in Copenhagen, Denmark, in 2016, was the largest gathering on girls' and women's health, rights, and wellbeing in the last decade, bringing together 6,000 participants. The conference focused on how to implement the UN Sustainable Development Goals in a way that most benefits girls and women.

## Board of Directors 2016-2017

### EXECUTIVES

#### President

Dr. Anne Niec

#### Past President

Dr. Vivien Brown

#### President Elect

Dr. Bev Johnson

#### National Co-Treasurers

Dr. Kathleen Gartke

Dr. Susan Wilkinson

#### Honorary Secretary

Dr. Lucie Filteau

#### Communications Committee Chair

Dr. Leema Dookhoo

### NATIONAL REPRESENTATIVES

#### Student Co-Representatives

Amanpreet Brar

Danusha Jebanesan

Samarpita Das

#### Resident Co-Representatives

Dr. Roopinder (Robin) Kaloty

Dr. Brittany Dyer

#### Members-at-Large

Dr. Clover Hemans

Dr. Grace Yeung

#### MWIA National Representative

Dr. Nahid Azad

### REGIONAL REPRESENTATIVES

#### Region I – British Columbia & Yukon

Vacant

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

Dr. Setorme Tsikata

#### Region III – Ontario, Québec

Vacant

#### Region IV –Atlantic Provinces (NB,NS,PEI,NL & Labrador)

Dr. Sajni Thomas



## Upcoming Events

### 2017

#### September 5, 2017; Toronto, ON

Violence Against Women Awareness Evening  
[fmwc.ca/events/violence-against-women-awareness-evening/](http://fmwc.ca/events/violence-against-women-awareness-evening/)

Ontario Medical Association

#### September 14, 2017; Ottawa, ON

Mentorship in Medicine  
[oma-rsvp.formstack.com/forms/mentorship-in-medicine](http://oma-rsvp.formstack.com/forms/mentorship-in-medicine)

Ontario Medical Association and the Federation of Medical Women of Canada

#### September 15-17, 2017; Ottawa, ON

FMWC 2017 AGM and Conference  
[fmwc.ca/2017agm/](http://fmwc.ca/2017agm/)

#### September 15, 2017; Ottawa, ON

A Fine Balance: Achieving and Maintaining Work-Life Balance

[fmwc.ca/events/a-fine-balance-achieving-and-maintaining-work-life-balance/](http://fmwc.ca/events/a-fine-balance-achieving-and-maintaining-work-life-balance/)

FMWC National Conference

#### October 1-7, 2017

HPV Prevention Week 2017

Follow **#CanadavsHPV** for updates

#### October 16-20, 2017

2017 FMWC PAP Campaign

#### November 3, 2017; London, UK

Celebration and New Beginning: A Hundred Years Past and into the Digital Future

[www.medicalwomensfederation.org.uk](http://www.medicalwomensfederation.org.uk)

Fall meeting of the Medical Women's Federation

### 2018

#### March 12-23, 2018

Challenges and Opportunities in Achieving Gender Equality and the Empowerment of Rural Women and Girls

[www.unwomen.org](http://www.unwomen.org)

Commission on the Status of Women

#### April 5-6, 2018; Ottawa, ON

Canadian Women's Heart Health Summit

[cwhhc.ottawaheart.ca/summit](http://cwhhc.ottawaheart.ca/summit)

#### April 26, 2018; Toronto, ON

19<sup>th</sup> Annual Women's Health Care Seminar

[www.oma.org/sections/member-benefits/other-programs-initiatives/outreach-to-women-physicians/](http://www.oma.org/sections/member-benefits/other-programs-initiatives/outreach-to-women-physicians/)

Ontario Medical Association

#### June 3-6, 2018; New York City, NY, USA

Centennial Congress of the Medical Women's International Association

[www.mwia.net](http://www.mwia.net)

### 2019

#### June 3-6, 2019; Vancouver, BC

Women Deliver Conference

[wd2016.org/](http://wd2016.org/)

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)