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

Winter 2018

The Voice

of Women in Medicine

President's Update

Hello and Happy Holidays!

I can't believe winter is upon us! I hope everyone has had a relaxing and healthy holiday season. As they say, time flies when you're busy, and we have been busy!

Thank you, again, to all who were able to come and celebrate Canada's 150th anniversary with us in Ottawa at our AGM and Conference: Women's Health and Well-being: Connected, Compassionate and Courageous. It was a fabulous meeting. Members connected with each other, shared their stories and experiences with compassionate colleagues and celebrated the courageous efforts of their friends, colleagues and role models. The sessions provided lots of good information supported by solid research. There's a summary of the conference proceedings on page 3.

We are well underway planning the 94th National AGM and Conference and the theme for 2018 is Women in Medicine, Making a World of Difference. We will be meeting in Toronto at the InterContinental Hotel. The dates are September 21-23, 2018. Dr. Kathee Andrews, President-Elect is the Chair of the Planning Committee and everything is coming together nicely.

According to the 2017 Member Survey, advocacy is the top reason why many women physicians join the FMWC. We came out in full force during the AGM and Conference by calling for and leading a march to Parliament Hill in protest of the tax change legislation proposed by the federal government. The changes this legislation will bring about will affect women, particularly mothers, disproportionately to men and is not the sound policy of a feminist government.

In furthering our mission to promote women's health, the FMWC has become an Organizational member of the Women and Peace Security Network, with Dr. Nahid Azad as our liaison. We will keep you informed of what that means as we build that connection, so look forward to news from them in future newsletters. As part of our collaboration, we will host the WPSN at our National Conference where they will present an annual lecture on women and peace. You can find out more about the WSPN and the 4 Pillars of the Women, Peace and Security Agenda on page 23.

It was the inaugural HPV Prevention Week in 2017, and I want to highlight the work of Dr. Vivien Brown, past FMWC president and Chair of the HPV PW committee, in bringing awareness to HPV and for her support for HPV immunization for all Canadians. The FMWC collaborated with 13 partners in a media campaign to bring awareness to HPV and the role immunization plays in 6 cancers, including cervical cancer. Funding from Merck allowed us to hire the services of a project coordinator, Mary Appleton, as well as hire professional public relations support through Duet PR. The week was a huge success and we have included a summary of Mary's report on page 15.

The Canadian Medical Association met in Ottawa for their 150th General Council and Annual Meeting in October and I was there, meeting up with fellow FMWC members and continuing the conversations left off when we last spoke. Here I am with Dr. Shelly Ross, past-president of both the FWMC and MWIA and new FMWC member Dr. Setareh Ziai. The far-flung nature of our organization presents challenges to maintaining connections across the country and every opportunity to meet up with a FMWC member is a welcome one. I encourage members to take advantage of the annual meetings and conferences of your professional disciplines to connect with your FMWC colleagues during those meetings, or, introduce your non-member colleagues to the FMWC and share with them your reason, or reasons (there's usually more than one) for why you joined.

The Canadian Association of Professors of Medicine invited the FMWC to speak at their annual meeting at the end of October. I attended the meeting and spoke to the members about the FMWC, a little bit of our history and who we serve Canadian women physicians, at all stages

of their medical career, MD students, residents and practicing physicians.

I was delighted to attend the popular Dr. Mom event at the University of Ottawa along with 160 medical students. Student FMWC members participated in organizing this annual event, an opportunity for both female and male students ask our 4 Dr. Moms how they find the balance between their medical careers ad having a family.

Whew – lots on the go.

Which is why we started a blog: WoMED and hired a social media manager, Margaret Shkimba. Communications are an integral part not only of how we maintain connections with our members but also how we practice our advocacy in speaking up and out for Canadian women physicians and women's health issues. We will continue to produce The Voice as the newsletter of the FMWC. The blog, WoMED, provides timely access to current topics as they emerge. Dedicating time to social media allows us to promote the work of the FMWC to members and advocate for women physicians and women's health issues without the barriers of traditional media gatekeeping. We can decide what's important; we can initiate the conversations. Margaret introduces herself and says a few words about how you can get involved on page 14.

And last, but certainly not least, I want to extend congratulations on behalf of the FMWC to Dr. May Cohen on being honoured as an Officer of the Order of Canada. Dr. Cohen adds this distinction to her long list of achievements.

I am grateful and honoured for the opportunity to be National President and I look forward to our exciting and busy agenda for 2018.

Best Wishes for a happy and healthy 2018!

Your President,

Bev
BevJohnson2929@gmail.com

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

Annual General Meeting and National Conference

Sept 15-17 2017
Sheraton Ottawa Hotel
Ottawa, Canada

The theme for the 2017 AGM and National Conference focused on women's health and well-being with speakers and presentations selected to educate women physicians on clinical advancements and to encourage members to be courageous, compassionate and connected to their vision of success in leadership, clinical care and personal fulfillment.

Dr. Anne Niec, 2017 President, noted that the theme exemplifies what we are as an organization: *connected to our vision for women and women physicians, compassionate about our members and courageous in facing the challenges of a 93-year old organization in an ever-changing environment.*

The conference theme is timely given 2017 media reports regarding the prevalence of physician suicide and mental illness in Canada and the US. Strikingly, 2-3 times more women doctors die by suicide than the average woman and in Ontario today, 300 doctors are on disability with many suffering from poor mental health. These are troubling statistics for the health care profession.

Our focus on women's health and well-being includes women's physical as well as emotional health; the conference program included sessions on MHT, HPV, heart disease, diabetes and COPD, as well as finding balance, enhancing resilience and using mindfulness to reduce burnout and promote wellness. Advocacy is a major function of the work of the FMWC and workshops and sessions on achieving balance, finding your voice, the leadership journey and stepping up into advocacy were given by women physician clinicians and leaders at the top of Canadian medical politics, Dr. Gigi Osler, President-Elect, CMA, Dr. Nadia Alam, President-Elect, OMA, as well as Dr. Merrillee Fullerton, Ontario PC candidate for Kanata-Carleton.

An unexpected programme change provided an opportunity for us to organize a March to Parliament Hill in protest of the proposed tax reform legislation. This legislation will affect women disproportionately. Dr. Niec and President-Elect, Dr. Beverly Johnson were invited to speak at a town hall meeting on the Thursday prior to AGM. You can find her speech as well as a gallery of photographs on the WoMED blog at www.FMWC.ca

The weekend began with the Friday afternoon pre-conference workshop. This year Drs Mamta Gautam and Anne Hennessy tackled the challenge of achieving and maintaining work-life balance. Through their workshop, they helped participants develop an awareness of how vulnerable women are to feeling out of balance at multiple phases of their life. Balance is about

setting priorities and making choices. "It's not enough to prioritize. You have to protect that time", said Dr. Gautam.

The workshop was highly rated by participants who commented on the excellence of the experience and the desire for more opportunities to explore these issues.

The AGM and National Conference officially began with a cocktail reception and conference welcome. Members were encouraged to dress in red and white to commemorate Canada's 150th birthday. There was lots of excitement as old members reconnected and new members found new friends.
A photo booth captured the fun for many, marking the celebrations of the sesquicentennial.

Dr. Beverly Johnson, President-Elect and Chair of the AGM Planning Committee welcomed members to Ottawa during the nation's 150th birthday celebrations. President Dr. Niec, in her welcome to the 93rd meeting, noted the accomplishments of the FMWC in approaching 100 years of advocacy on behalf of, and support for, Canadian women physicians.

The Saturday sessions began early with a presentation by Dr. Susan Goldstein on Current Perspectives on the Use of Menopausal Hormone Therapy. This is an issue that women don't often raise so she encouraged members to be proactive, start the conversation early and provide information about hormone changes and expected symptoms, treatment options, preventative care and lifestyle modifications. Menopausal hormone therapy (MHT), either as estrogen alone or combined with a progestin for women with a uterus, or as a tissue selective estrogen complex (TSEC), is the most effective treatment for moderate to severe vasomotor symptoms, vulvo-vaginal atrophy/ genitourinary syndrome of menopause. The Society for Obstetricians and Gynecologists of Canada updated the guidelines in 2014 to acknowledge the role of TSEC in the management of VMS, VVA, and the prevention of postmenopausal osteoporosis. Current recommendations from the International Menopause Society state that MHT should be part of an overall strategy that includes lifestyle and behaviour change.

Dr. Goldstein reviewed the relationship between MHT and bone health, and breast cancer, and demonstrated the Menopause Quick 6 Screen which can help determine treatment strategies and future planning.

Dr. Goldstein offered the following pearls for practice:

- Systematically assess perimenopausal women (the MQ-6 may be helpful)
- Address relevant lifestyle factors
- Individualize treatment based on all currently available options (non-hormonal & MHT)
- Reassess risk-benefit of MHT on an annual basis.

You can access Dr. Goldstein's presentation at the WoMED blog.

The Annual General Meeting followed the breakfast symposium. Look for the minutes of the AGM which will be available on the FMWC website soon.

Highlights:

- a vibrant discussion and passage of motion to support effort to remove the barriers that continue to limit access to Mifegymiso.
- a motion was adopted to address child marriage by vehemently opposing coerced marriages.

At the conclusion of the AGM, President Anne Niec was pleased to pass over the President's Medal to President-Elect Dr. Beverly Johnson, welcoming her as the 94th President of the FMWC. Dr. Niec received a standing ovation from members for her hard work and commitment throughout her term as President.

After the general meeting
Dr. Mamta Gautam presented the keynote address - Enhancing Resilience: Moving from Surviving to Thriving.
The key to physician resilience is primary prevention rather than waiting for burnout and she noted the 5 C's of resilience: control, commitment, connection, calmness, care for self.
It's important to know who we are.
We know what makes good doctors; we know the warning signs that need to be paid attention to:

- increase in physical problems and illnesses
- more problems with relationships
- increase in negative thoughts and feelings
- significant increase in bad habits
- exhaustion

Dr. Gautam suggests that you know what your early warning signs are for exhaustion and burnout and pay attention to them. Three signs of burnout are emotional exhaustion, depersonalization and reduced personal accomplishment

We can't afford to lose even 1 doctor to burnout, and we have half of Canadian doctors heading this way with serious consequences. Even the healthiest and strongest of us can become unhealthy in an unhealthy environment; none of us are immune. The main reason people feel stress or overwhelmed is the perception that they have no choice. The solution to that is to challenge that feeling.

This was Dr. Gautam's key message: challenge the perception of no choice, no control. You have more control than you think you do. Focus on what you can control. Review your commitment. Ask yourself: Why did I become a doctor? How is my work meaningful to me? What are my best moments at work? Tell yourself your good stories, keep the messages and gifts from patients. Review them when feeling burnout. Remember the good. Connections are important and can carry you through a difficult time. Create a "holding environment" like the one we create for children. Dr. Gautam advises members to remember ABC: Allow it, Burn it off, Calm down. Many relaxation techniques, spiritual, meditation can be used and she suggests doctors rehearse their performance for the day they become stressed.

Care for self is paramount. You must put yourself first. Make time for you. Exercise, nutrition, taking care of yourself is an investment in you. Exercise is the best medicine and is a really positive thing to do. This can't emphasize this too much. Be realistic in goals, but remember that 45-50 minutes of daily exercise is equal to taking a SSRI. Dr. Gautam concluded by saying:

> ***"Self care is the most selfless thing you can do… Don't just try to make changes. Make them."***

Dr. Anne Hennessy led the group in a 10-minute mindfulness exercise before the morning break. After the gong sounded to mark the end of the meditation, members departed, either for the Tai Chi health break in the Penthouse or for the exhibitor displays in the adjacent room.

After the break, Dr. Anne Hennessy, again took the podium to talk about Mindfulness in Medicine: Improving Quality of Care, Reducing Burnout and Promoting Wellness. Dr. Hennessy posed the question to the group: If you can't take care of yourself, how can you take care of anyone else? She acknowledged that doctors are trained to not put themselves first, but to put their patients first; physicians are entrained to this thinking. Although physicians deal with suffering all the time, people go to the doctor because they are in pain; we are not taught to balance our needs effectively. Dr. Hennessy suggested that what is missing in the hospital setting is collegiality: no time to have coffee, always dealing with problems, rarely a chance to stop. The nature of medicine is that physicians deal in suffering and are under constant public scrutiny by regulatory bodies and a media that mocks physicians for their concerns.

Give yourselves a break, she said and be true to yourself. Burn out hits the best of us, and it's important to ask for help; don't fall for self-stigmatization. Caring is undervalued in our society. The mitigation, prevention of burnout is rest, recovery, resilience and recalibration. We're taught to think, to judge, to memorize, but it's important to just be aware. She advised to drive where your headlights are not ahead of them, not behind. We can only see so far ahead and there little point in looking behind.

> ***"The mitigation, prevention of burnout is rest, recovery, resilience and recalibration"***

Our bodies respond immediately to mindfulness techniques, and it's important to pre-practice as Dr. Gautam suggested, rehearse so you're ready when you need it.

Dr. Hennesssy pointed out the benefits of mindfulness: we grow better brain cells, amygdala, hippocampus. It does have an impact. Mindfulness/meditation allows less attachment to the judgmental mind, restores compassion, and grows or re-grows empathy.

"It's about setting up the circumstances where you can succeed"

Dr. Anne Wong, Chair of the Awards committee, welcomed members back from the lunch to attend the announcement and presentation of the awards, a highlight of the AGM weekend.

Honorary Member
Ms. Monica Olsen

May Cohen Award
Dr. Janet Dollin

Reproductive Health Award
Dr. Jaelene Mannerfeldt

Margaret Owen-Waite Memorial Fund
Dr. Pamela Liao

Student Leadership Award
Danusha Jebanesan

You can find out more about the winners in the Summer 2017 Newsletter or on the WoMED blog.

The second plenary session of the day addressed hot medical topics and began with Dr. Jodi Heshka whose presentation Our Hearts are Different addressed the #1 killer of women: cardiovascular disease.

She began with the sobering facts. Women are:

- more likely to than men to die of heart attack, stroke or CHF (50.5% vs 49.55%)
- 10x more likely to die from CVD than from any other disease
- 6x more likely to die from CVD than breast cancer
- more likely to die of CVD than all cancers combined
- more likely to have worse outcome (<45 yrs)

While women and men share common risk factors, women have unique risk factors: family history has more influence for women and Diabetes impacts women differently. Metabolic syndrome is 30% more common in women and doubles the risk of MI & stroke. Alcohol and binge drinking increase risk significantly; women don't metabolize alcohol the same as men and this has a huge impact on heart health.

For women unique risk factors include early menarche and natural menopause occurring <44 years of age; both have been associated with an increased risk of CVD. Doctors need to have a discussion with patients regarding HRT.

Pregnancy complications increase CVD risk factors, preeclampsia increased CVD risk and there are no guidelines that incorporate these risks. Miscarriage can increase risk of CVD with the greatest risk among women with recurrent (3 or more) miscarriages. Miscarriage, early menarche & early menopause

increase risk of heart disease. No scoring incorporates these female specific risks.

When women do present they are treated less aggressively than their male counterparts. Women tend to have higher false positive rates on standard treadmill testing, women have different physiological changes and the tests for men do not reflect this. There are multiple clinical challenges for treating women presenting with possible cardiac symptoms in emergency. Syndrome x and congestive heart failure is more common in women.

Physicians need to talk to female patients about heart disease, and Dr. Heshka suggested that the Reynolds Risk Score is more accurate for women who are under investigated and under-treated. Dr. Heshka reviewed the management of CVD in women, including aspirin use, Syndrome X, diastolic dysfunction and heart failure in women and noted as the first risk factor: female sex. Hypertension causes diastolic dysfunction and the research has shown that early, aggressive treatment has been shown to reduce heart failure by up to 50%.

A copy of the presentation is available on the WoMED blog.

Dr. Tara Keays took the podium to talk about COPD: Making the New COPD Inhalers Easy. COPD is becoming increasingly more prevalent among women. Women present differently with less pack years of smoking and are younger. The key gender differences in COPD are, in clinical presentation:

- women more likely to report dyspnea
- less likely to report phlegm production
- higher intensity of dyspnea despite fewer pack years of smoking
- lower health-related quality of life related to COPD

And comorbidities:

- cardiovascular comorbidity less prevalent in females
- osteoporosis, reflux, chronic heart failure more prevalent in females
- higher levels of depression and anxiety in women.

Doctors are more likely to think of COPD in men than women. Unfortunately, women have lower success in smoking cessation.

Dr. Keays reviewed the current selection of inhalers.

Dr. Vivien Brown followed with a presentation on Vaccination During Pregnancy. Influenza is among the top 10 leading causes of death in Canada and every season, 10% of pregnant women diagnosed with influenza. Influenza vaccine is recommended for all pregnant women for the benefit of the infant and mother. Important to recognize the implications of influenza in pregnancy:

- increase in stillbirth and neonatal death
- increase in preterm birth
- increase in low birth weight infants
- increase in spontaneous abortion
- 51% reduction in rate of stillbirth among women who received the influenza vaccine

Pertussis is one of the top causes of infant mortality with 294,00 pediatric deaths per year globally. In Canada there's been a seven-fold increase in the incidence of pertussis. We have to remember to immunize women in each pregnancy for pertussis for protection of their newborns.

> ***"The question is often asked - Is it safe in pregnancy? The answer is: yes - it is safe in pregnancy and will get the baby over their infant time until the infant's own immune system kicks in."***

It's important to remember that it's not just you, the doctor giving information on immunization, it's everyone in your office and they need to understand how important this is and maintain a positive attitude toward influenza vaccination. It's cost effective to immunize in terms of keeping people out of emergency. There's been an app developed by Immunize Canada for patients to keep track of their own immunizations.

On the horizon, group B strep is coming down the pipeline in order to prevent this infection in mother and respiratory syncytial virus immunizations in pregnancy.

Quick Facts:

Vaccines are safe, inactivated viral, bacterial and toxoid vaccines can be used safely in pregnancy. The most common reactions are local erythema or swelling. If a woman receives the live or live-attenuated vaccination or otherwise in pregnancy, they should not be counseled to terminate the pregnancy. Live vaccines in pregnancy only present a theoretical risk to the fetus. They are not contraindicated if a woman is at high risk of exposure. A discussion of the risk and benefit should occur. Women who are immunized can still breastfeed. If a non-pregnant woman receives a live or live-attenuated vaccination, she should delay pregnancy for 4 weeks. Household and family members can be safely vaccinated and, in fact, should be encouraged to be vaccinated to create a "cocoon" immunization effect, similar to herd immunity.

The following are not contraindications to vaccination:

- Breastfeeding
- Low grade fever
- Autoimmune disorder
- Household contact with pregnant women
- Prior reaction to immunization
- Personal history of allergies or anaphylaxis to egg protein/neomycin/ streptomycin, positive TB skin test.

You can access a Dr. Brown's presentation on the WoMED blog.

March to Parliament Hill

Excitement mounted out front of the Sheraton Ottawa as march marshals gathered people together to the march to Parliament Hill in protest of the unfair tax changes proposed by the federal government. These changes will affect

women disproportionately, particularly mothers and women who wish to become one. Signs were distributated and many people brought their own. The march had been promoted on social media. Whole families turned out to march in support of the FMWC position. Chanting "Hey, Hey, ho, ho, these tax changes have to go", we marched the short distance to Parliament Hill. Dr. Niec shared a letter with the marchers that was sent to her by a woman small business owner in Alberta who feared she would have to close her business due to these changes. Despite the somber reality of the proposed changes, the air on the Hill remained upbeat and positive. The beautiful weather may have had a hand in that.

The AGM social event was held on Saturday night at the Chateau Laurier, a grand and majestic fixture in Ottawa since the 19th century. The FMWC partnered with Amnesty International Canada to raise funds and awareness about Canada's treatment of refugees. Dr. Shobana Ananth from Amnesty International Canada presented a talk, Migrant and Refugee Rights: Local and Global Perspectives. The detention of refugees is in contravention of so many international conventions and is a blot on our reputation. There is a huge gap in health services for refugees, and it is very scary for these people, especially for children who are not only traumatized by the war and conflict they are escaping, but also by the "criminalization" of their status by housing refugees in detention centres. The second speaker was Dr. Parisa Rezaiefar, who shared her personal story on fleeing the Middle East as a young refugee woman to her new life in Canada. It was an inspiring, if not harrowing tale of survival that highlighted the particular dangers women refugees face.

The Sunday sessions began with Dr. Vivien Brown again taking the podium, this time to talk about HPV: Setting the Standard. There is lots of good news to share:

- girls and boys will be offered HPV immunization in every province and
- Canada is leading the world with the first HPV Prevention week happening in October with support from all 4 Canadian political parties.
- there is no age limit to get the HPV vaccination

Cervical cancer is the second most common malignancy in women worldwide. HPV is the number one STI, more than all the other ones combined. Research shows that people are 35x more likely to accept vaccinations if they are talked about. If women are going to be exposed to HPV they should consider taking the vaccine. This is the same with men, no matter what age.

For every 100 girls vaccinated, one cancer, ten hybrid lesions and untold suffering from the girls in the study is prevented. Japan, who had the data evaluated, found that there is autoimmune disease in this age group but absolutely no evidence of vaccination cause and effect. We need to be aware of media hype; 10 years of data and 50 million doses of this vaccination provide lots of data. Dr. Brown suggested that physicians communicate about vaccination as a healthy default, focus on the disease and prevention. If patients decline, they should sign a form declining the shot. Remember to recommend the HPV vaccine to anyone, at any age, who is dating or contemplating new relationships. For women after 26, they should consider the HPC 9 for the additional protection it offers, 90% reduction from 70%.

> ***"The key message is: if you're sexually active you're being exposed."***

The rest of the world is watching us. We are setting the standard for HPV education internationally.

Dr. Brown's parting advice: Be a team. Be verbal, be a scientist and advocate. Be visible. Canada is the leading light in vaccine work.

After the breakfast symposium, the attention focused to advocacy. Dr. Merrillee Fullerton, Ontario Progressive Conservative candidate for Kanata-Carleton, who spoke on Finding Your Voice and Spreading Your Influence: Communication for Physician Advocacy. Dr. Fullerton noted the interconnectedness of health care advocacy: physicians can't advocate for patients without advocating for physicians and she explored the why, what and how of advocacy.

In committing to advocacy, it's important to know your "why?" – Why is this meaningful, why engage others, why will this advocacy make a difference? Next, consider what are your strengths, your areas of influence, and what connections will help you. Some advocacy ingredients include

- Congruency (Authenticity)
- Character including Grit
- Courage vs Confidence
- Resilience

The three staying powers for positive advocacy include:

- Resilience
- "Three moments of joy" (Sheryl Sandberg)
- Gratitude and appreciation

Finally, in considering How, Dr. Fullerton recommends that you understand the different forms of advocacy and their potential impact, consider how integrity and trust are foundational for advocacy

and, importantly, consider the pitfalls surrounding being "Right". Advocacy must balance what we believe to be "right" with critical thinking, humility, respect for different perspective and opinions.

"Good leaders provide sense of safety, allowing for different views; that is how we bring new ideas in. Organizations like the FMWC give women an opportunity to grow and provide women with valuable leadership opportunities."

Dr. Fullerton suggests:

Start With Why---Simon Sinek

Integrity: The Courage to Meet the Demands of Reality---Dr. Henry Cloud

Leading Change---John P. Kotter

A Sense of Urgency---John P. Kotter

"The Confidence Gap", The Atlantic---Katty Kay and Claire Shipman

The Tarzan Rule---Dr. Mamta Gautam

Confidence---Rosabeth Moss Kanter

The Leadership Gap---Lolly Daskal

Grit: The Power of Passion and Perseverance---Angela Duckworth

Quiet: The Power of Introverts in a World That Can't Stop Talking---Susan Cain

The FMWC was pleased to present next Dr. Gigi Osler, CMA President Elect, the first female surgeon to serve as CMA President, who presented on the topic: Medical Women: Take Your Own Leadership Journey.

Dr. Osler noted that 41% of Canadian doctors are women, with 2/3 are under 35 years of age. In the pipeline, 56% of medical students are women, but these stats are not reflected in leadership roles. We need to empower more MD women for leadership.

Results coming from the Canadian National Physician Health Survey 2017, found 29.4% of Canadian physicians experience HIGH levels of burnout, with 37.5% being residents and 28.3% practicing physicians. In addition, 34.5% screened positive for depression (residents 48.5%, practicing physicians 32.5%) and 8.5% reported suicidal ideation within year.

CMA acknowledges the challenges to physician health and well-being, especially in in the face of high rates of burnout. The current challenges are many:

- Medical culture
- Disruptive work environments
- Restricted autonomy
- Heavy workloads
- Long work hours and fatigue
- Work-life balance challenges
- High expectations

Dr. Osler highlighted the advocacy activities of the CMA around a number of issues:

- Medical Assistance in Dying
- Opioid crisis
- Demand a Plan: national strategy for senior care
- Taxation – case in point, the current tax changes
- Outreach to members, Federal government other organizations, media
- MD-MP Contact Program – Get matched with your MP
- Advocacy skills training

Dr. Osler began her presentation with the declaration that she is an imposter – a familiar feeling for many in the room. She ended it with suggestions on how to overcome imposter syndrome:

- Recognize your voice
- Remember what you do well
- Reframe your thinking
- Realize no one is perfect
- Talk to your mentors

Student presentations are an important part of the National Conference and this year we were pleased to hear from two of the five poster presentations that were submitted this year. The full abstracts follow the AGM summary. MD student, Tika Okude, presented her research leveraging technology to take care of patients undergoing medical abortion. Dr. Donna Lee examined the career progress of women in the public health faculties in North America.

You can view the posters on the here.

The fourth and final section of the conference addressed the concepts of social issues and courage. The FMWC invited the Women Security and Peace Network to present on Courage in the Face of Conflict: Women Building Peace followed by Dr. Nadia Alam whose presentation Courage: Standing Up Even When You're Scared to Death, can be found on her website.

Beth Woroniuk, from the WSPN, highlighted the work of women in such conflict areas as Sri Lanka, Democratic Republic of the Congo, South Sudan and Sudan, Syria.

She noted that a predictor of the peacefulness of a state is how well its women are treated; the higher the level of violence against women the more belligerent countries are against their neighbours. When peacekeeping missions consist of personnel from member states with better records of gender equality, sexual exploitation and abuse allegations are fewer. Women represent only 4% of the United Nations military and civilian peacekeepers.

Governments talk about increasing women's participation, but money and resources rarely follow, and despite positive words little action is seen. Women continue to be excluded or under-represented in peace negotiations and peace-building actions and women organizations remain underfunded. When women are involved, peace is more likely to be reached and maintained.

Security Council Resolution 1325 was unanimously adopted in October 2000 with key provisions to:

- increase participation and representation of women,
- attend to specific protection needs of women and girls in conflict,
- adopt a gender perspective in post-conflict processes, UN programming, reporting and in Security Council missions, and training in UN peace support operations.

UN Resolution 2242, unanimously adopted October 2015, encourages assessment of strategies and resources in regards to the implementation of the WPS Agenda, highlights the importance of collaboration with Civil Society; calls for increased funding for gender-responsive training, analysis and programmes; recognizes the importance of integrating WPS across all country situations, and urges gender as a cross-cutting issue within the CVE/CT Agenda. Track the hashtag **#hervoiceherchoice** on Twitter to follow the conversation.

Canada has adopted a feminist international assistance policy that encourages the greater participation of women in peace building and in advancing the global women, peace and security agenda. Federal government policies are slower to follow the government's lead.

The WSPN-C members are seeking:

- Funding and support for women peacebuilders
- Invest in conflict prevention by addressing root causes
- Transform Canadian security institutions by addressing sexual abuse, etc
- Use feminist/gender analysis across all foreign policy issues: migration/ refugees, weapons, etc.
- Build and implement a high-impact national action plan – budget, leadership etc.

It is more dangerous to be a woman than a soldier in international conflict and it's much more expensive to recover from a crisis than to prevent it.

Our final speaker of the weekend was Dr. Nadia Alam, President-Elect of the Ontario Medical Association who spoke on: Courage. Dr. Alam spoke about the importance of speaking up even when fear might hold you back. She traced her involvement in medical politics to 2015 and the impasse in negotiations between the Ontario government and doctors. As she used up the last of her savings for maternity leave and faced an empty bank account. After years of working and doing all the right things, the struggle was not over. Her husband encouraged her to take up the fight for a more fair agreement with the province and she learned how to be an advocate.

Dr. Alam concluded by saying:
Courage is a decision. It is a decision that we make every day. It is a decision that you as women, as moms, as daughters, as wives, as doctors, as humans make every single day.

"Courage cannot exist without fear."

WOMEN IN MEDICINE

You are invited to join the Canadian Women in Medicine Wellness Conference. This exciting inaugural event will be held June 8-10th at the Westin Hotel, downtown Ottawa. The event will kick off with a wine and cheese event on Friday evening, June 8th, with Dr. Gigi Osler giving her talk "Live, Love, Heal: This is how we do it". Saturday and Sunday will be chock-full of amazing talks by expert speakers, enlightening us on all things wellness, relating to work, home and self, including our very own Dr. Mamta Gautam, who will be speaking on "Beyond Burnout: From Surviving to Thriving".

Please visit **www.wimwellness.ca** to register.

You're Invited!

2017 Poster Presentations – Abstracts

Influences Behind Gender Disparity in Academic Rank and Leadership in Physical Medicine and Rehabilitation in the United States and Canada

Authors: Hsin Yun Yang, Jessica Bui, Gaeun Rhee, Lisa Xuan

Gender disparities in academic medicine have a long and persistent history. In the field of physical medicine and rehabilitation (PM&R), there have been several reports highlighting gender disparities in the academic physician workforce. A significantly greater number of men make up PM&R faculties across all academic ranks and leadership positions in North America compared to women. Gender disparity is most prominent among professors and faculty members holding first-in-command leadership positions, where men hold a significant majority of positions. Men were also found to have higher academic productivity, with a greater number of citations and publications as well as a higher h-index compared to their female counterparts across all academic ranks. However, h-index is not significantly different between men and women physiatrists overall, suggesting that more complex and multifactorial issues are likely influencing the existing gender disparity.

Email follow-up after first trimester medical abortion: adherence and staff effort

Authors: ***Tika Okuda****, University of British Columbia, Faculty of Medicine: Island Medical Program &* ***Dr. Kirsten Duckitt,*** *Clinical Associate Professor, Department of Obstetrics and Gynecology, University of British Columbia*

In 2016, medical abortions made up 3.8% of Canadian first trimester abortions. With the recent approval of Mifegymiso in Canada, this number will likely increase. Of note, in a Canadian 2016 survey, 37.1% of physicians providing medical abortion served patients who live more than two hours away and 6.5% provided services via telemedicine. This study looked at the number of first trimester medical abortion patients that were lost to email follow-up and staff effort. Data is from one clinic on Northern Vancouver Island. We conclude that email communication is an effective method for follow-up post first trimester medical abortion. The legal risks of email communications are outlined by the Canadian Medical Protective Associate and a consent form is available. Physicians must refer to the email communication statement from their governing College of Physicians and Surgeons. Abortion is a sensitive matter and this clinician ensures the email message only has meaning to the woman who attended the initial counseling session to ensure privacy is protected.

Females are Not Moving up Academic Ranks Amongst Public Health Physician Faculty in North America

Authors: ***Donna Lee****, MD;* ***Sabeena Jalal****, MD, PhD;* ***Faisal Khosa****, MD, MBA, FFRRCSI, FRCPC, DABR. School of Population and Public Health, University of British Columbia Vancouver General Hospital, University of British Columbia*

Studies continue to show that women are under-represented in academic research and higher-level ranks and leadership positions. The issue of gender disparity is particularly important in the domain of Public Health where the tone of its leadership is important in bringing about meaningful and impactful change to research, policies, and the wellbeing of our various populations. Our aim was to gain insight into the gender status of author metrics and academic rankings of Canadian and American Public Health physician faculty. Our cross-sectional study illustrated that males generally were higher in all academic measures across all appointments. Comparable to other specialties, gender disparity continues to exist within the Public Health and Preventive Medicine discipline. Factors that require further exploration include: whether specific programs and policies exist to recruit, promote and retain women in Public Health; whether such policies are enforced; the presence of flexibility in work arrangements; and the presence or availability of female mentors.

The Maternal Microbiome: What We Know We Don't Know

Author: ***Anna Whalen-Browne****, BSc, Faculty of Medicine, University of Alberta, Edmonton, AB*

The human microbiome consists of the trillions of microbial communities found within and around the human body. It has recently been suggested that the peri-pregnancy period represents an important time of microbiotal rearrangement, and that such adaptations influence health and disease. However, the evidence to support these hypotheses remains largely unclear. Systematic review of multiple databases was performed to identify current literature on the topic. The extracted body of literature was then qualitatively analyzed for methodological discrepancies or content gaps, specifically as pertaining to their epidemiology, microbiology, and clinical applicability. Results failed to reveal sufficient epidemiologic (small studies, little Canadian data), microbiologic (conflicting reports of the microbiotal composition and fluidity), or clinical (few suggestions of clinical applications) data to conclusively shape clinical decision-making in this field moving forward. Further research is required in order to shape clinical practice in this field.

Introducing a "Same Day Referral" Program for Post-Coital IUD Insertion in Ontario: A Mixed-Methods Study with Pharmacists

Anthor: ***Andréanne Chaumont****, MSc;* ***Angel M. Foster****, DPhil, MD, AM*

Post-coital insertion of the Copper-T intrauterine device (IUD) is the most effective method of emergency contraception (EC). However, few women use this method of pregnancy prevention in Canada. Our study aimed to explore Ontario pharmacists' knowledge of the IUD as EC and interest in a hypothetical "same day referral" program that would provide women seeking progestin - only EC with information about and a timely referral for post-coital IUD insertion. Our results suggest support for a "same day referral" program in Ontario and believe more effective methods of EC should be easily accessible. Interviewees discussed current barriers to the use of IUDs as EC, including the up-front costs associated with insertion and a general lack of awareness about ED among health professionals and communities.

Acceptance speech from Dr. Janet Dollin, recipient of the 2017 May Cohen Award

My first and last words are simply thank you for this incredible honour of receiving the May Cohen award of the FMWC. I will tell you a 5 minute story about Dr. Cohen, beginning and ending with some quotes.

I begin with a quote from Sir William Osler (1849-1919). He is important to my story because I am a McGill grad, and he was a McGill star, and there was an exhibit dedicated to him at the school when I was a student that I can remember.

In 1880 Osler was teaching pathology at the MGH, and collecting and documenting hundreds of pathological specimens in journals, some of which I saw at the med school library. Fast forward 100 years later, I graduated medicine at McGill in 1980.

Back to Osler's quote. He said,

"There are three classes of human beings: men, women and women physicians."

In 1885, when Osler expressed his opposition to allowing women into medicine, describing women as ill suited for most medical fields, he was just reflecting the current thought of his generation.

It was around this time that Maude Abbott couldn't get in to McGill as a woman, graduating in 1894 from Bishop's. She ultimately fought her way in to McGill as faculty though, and was offered a position in 1898. Ironically, it was as the curator of these same pathology specimens which now make up the McGill Medical Museum. Osler had long since left Montreal, but in her travels to find a new way of organizing these path specimens, Maude met him personally in 1898 at Johns Hopkins. Osler became her mentor and lifelong inspiration.

(So men can be great mentors too, even ones with bad initial attitude!)

So how was the climate of medical education for May Cohen, the namesake of my award? In the early 1950's a young woman named May entered U of T Medical School, going a route not typical of her generation classmates. Life was not easy for women in medicine in the 1950's. She faced first hand this Oslerian belief, receiving discouragement from all her teachers about her idea to become a doctor. (Her mother was her only encourager, according to her bio on the Canadian Medical Hall of fame where she is an inductee) She graduated at the top of her class, with the gold medal, in 1955. All I did in that 1950-55 time frame was get born to a mother who also encouraged me to get a good career. Mothers know best.

And now a quote from Dr. Cohen you'll love:

"On the first day of medical school the Dean of Medicine there at the time, Joseph Arthur MacFarlane came to welcome us and in part of his address he said, "you will wear a tie and shave every day.' So I said, 'the fourteen girls in the room could only look at their legs'.

And so it began for May as an outspoken advocate and leader who spoke her mind in clear words, spoke truth to power. And 25 years later when I went to medical school, I got the immense privilege of riding on the significant waves that she and her women in medicine colleagues were creating.

In 1990-91, after 10 years in family practice and wanting to branch out to teach, I returned to McGill in a postgrad program in epidemiology and public health. I was looking specifically at the work of women in medicine, reading May Cohen's research on how we were changing the face of medicine, on how we were seeing more women patients, spending more time listening in different ways to our patients, spending more time doing preventive work, Pap tests, etc. May Cohen defined women in medicine, and she defined the entire women's Health field, using the phrase "gender as a determinant of health" long before it became fashionable.

That same year she was National President of FMWC. She also chaired the Women's Health Interschool Curriculum Committee- WHISCC- that was where I first met Dr. Cohen- when I joined that Ontario committee representing McGill, to discuss and learn about curriculum change that had begun in Ontario schools. That committee evolved into the Gender

Issues Committee for the Council of Ontario Faculties of Medicine, later to grow to a national level at AFMC.

I went on to move to Ottawa in 1996 and this same group of strong women, all advocates for women's health, became my incredible network in developing the first cross disciplinary Fellowship in Women's Health at U of O. Networking was vital for me along my own pretzel shaped career trajectory!

Fast forward some 10 years later, I became national president of FMWC! May went on to become an associate dean in the faculty of health sciences at McMaster University and to win numerous awards and honours, from the Governor General to OMA to CMA to AAMC to local Hamilton awards, most recently capped by her induction into the Canadian Medical Hall of Fame in 2016. One of her legacies was to highlight and define the concept of ""women's health", way beyond the organs of reproduction as it had been defined before. Dr. Cohen also named and framed the discussion of barriers to equity for women in medicine that is still extremely relevant to this day.

Fortunately for me she has numerous named awards through CMA and FMWC in her honour and I am the very grateful recipient of the 2017 FMWC May Cohen award.

Simply- thank you for this incredible honour. And simple sincere wishes go out to May, who could not be here today because she is healing from knee surgery at this time. Speedy recovery!

I will end with 2 final quotes; a final Osler quote that describes May, to redeem the great man:

"No bubble is so iridescent or floats longer than that blown by the successful teacher."

William Osler and a May Cohen quote to live by and leave you dreaming big:

"Above all enjoy what you're doing because you're in the best profession in the world as a doctor. You can do anything. You can even fly to the moon, as Dr. Bondar did."

PS. My sincere congratulations to May on her most recent well deserved honor of appointment as an officer of Order of Canada in December 2017.

FMWC on #SocialMedia

Drum roll please……

The FMWC is pleased to announce the launch of our newest communication tool, WoMED, the Women in Medicine blog.

In September, the FMWC hired Margaret Shkimba on a contract to create and serve as blog editor and social media manager. Margaret comes to us from McMaster University where she was the coordinator of the Gender and Health Education Initiative. She also holds a diploma in Public Relations and a BA in History with a focus on the history of women and health care. We hope to see some of our history bloom into the present, with features on notable Canadian women physicians, among other timely and interesting topics.

A blog was decided upon in order to amplify the voice of the FMWC. Advocacy remains a key reason why members join the FMWC. WoMED adds another channel to our advocacy, another platform from which to speak our voice. It is a vehicle we can use to augment our arguments for reproductive health, physician well-being, women in leadership, and women's health issues which are among some of the many topics we will be tackling. Check out the Call for Contributors and Advisors for ways on how you can be involved in this exciting new communications venture. The Voice, our newsletter, is published 2/3x a year, and will continue to appear with news and information regarding the FMWC, branches and national and international partnerships. The blog will address current issues as they appear and topics will be more timely with a publishing schedule of 2/3 posts per week.

As Social Media Manager, Margaret has been updating our Facebook page with links to articles of interest to our members, sharing news about the FMWC and participating in HPV Prevention Week and Cervical Cancer Week. She has been busy on Twitter, finding and following Canadian women physicians across the country. In the weeks before Christmas, the FMWC broke 1500 followers on Twitter, an increase of almost 300 new followers since September.

Are you on Twitter? Facebook? Do you have a LinkedIn account? Make sure you connect with the FMWC.

If you're not, you might want to take the leap and sign up for Twitter. Lurk for a while until you feel comfortable to communicate, but there's lots of conversation around relevant issues. Follow the hashtags **#unfairtaxchanges**, **#lookslikeasurgeon #LikeaLadyDoctor** or **#womeninmedicine** for examples of how physicians are using social media – particularly Twitter – to connect and discuss issues of the day.

If you find something you'd like to share, don't hesitate to connect with **@FMWCanada** and we'll retweet it out to our followers on both Facebook and Twitter.

So subscribe to the blog, share content where you feel appropriate and consider contributing if you have a topic you would like to explore. We encourage you to use this resource to amplify your voice.

Call for Contributors

Are you interested in exercising your voice? Do you want to improve your publication prospects? Do you have a topic you feel passionate about or that isn't getting the attention it needs?

WoMED, the official blog of the Federation of Medical Women of Canada is seeking contributions by FMWC members for publication on the blog.

Topics include, but are not limited to:

- women physicians and women in medicine
- women's health, domestic and international
- women in leadership, healthcare, academia

Blog posts are between 500-800 words, and include images where ever possible. A picture of the author will accompany the post.

Submissions are accepted at any time. Please allow for 24 hours for response.

Submissions will be subject to copy editing for clarity and consistency.

If you're interested in submitting a contribution, please contact: Margaret Shkimba margaretshkimba@gmail.com

Call for Advisors

WoMED, the official blog of the Federation of Medical Women of Canada is seeking FMWC members to serve as Advisors who will fact checker or act as content experts for health related blog posts.

Advisors are expected to read and comment on relevant women's health blog posts in order to ensure correct medical information and processes are presented. The turnaround time is variable depending on the timeliness of the topic.

If you're interested in helping out with this new initiative, please contact Margaret Shkimba: margaretshkimba@gmail.com

HPV Prevention Week

The Federation of Medical Women of Canada held a successful inaugural HPV Prevention Week, which ran from October 1-7, 2017.

Planning for the week began in 2016. In May 2017, an announcement was made in the House of Commons where the FMWC received the support of all parties in the House of Commons. The 2017 inaugural week was made possible thanks to the unrestricted support of Merck Canada as well as the fabulous work of Immunize Canada, Duet PR alongside the FMWC Planning Committee and staff.

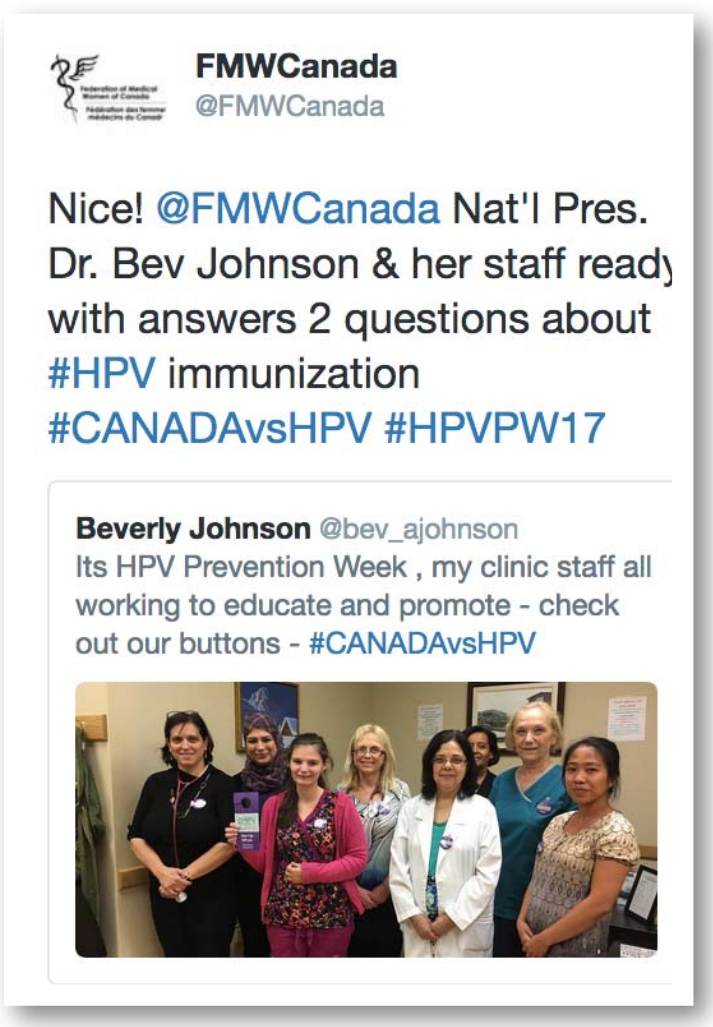
We collaborated with dozens of organizations, and surveyed them on their pre- and post- campaign experience and input. 86% indicated they promoted **#HPVPW17** through social media channels such as Facebook, Twitter, and blogs. An overwhelming 93% felt the week was a worthwhile initiative to raise awareness about HPV and indicated they would likely be interested in participating in HPV Prevention Week 2018.

We encouraged sharing of information between collaborators as well as creation of their own online resources, under the hashtags **#CANADAvsHPV** and **#HPVPW17** / **#SDPVPH17** and **#CANADAvsHPV**. We made available on our website a poster, fact sheets, key messages, social media images and video ads as well as a signature video explaining the virus.

Social media metrics show increased engagement over Twitter and Facebook attributable to HPV Prevention Week. Immunize Canada created French and English ads. The metrics from Duet PR note that the Media Ratings Points, an industry-standard measurement and analysis tool generated a score of 100% regarding coverage that they consider "balanced" in nature and that the overall quality score of the coverage earned was 93.28%.

The FMWC was pleased with the quality of the messaging and execution of the campaign. We are already starting the planning of the 2018 campaign. If you'd like to be involved with the planning committee, please contact us here.

Link 1: https://www.youtube.com/watch?v=1YfXteJaoi8&feature=youtu.be
Link 2: https://www.youtube.com/watch?v=4okDUjsCzyA&feature=youtu.be
Link 3: https://fmwc.ca/contact-us/



Dr. Mamta Gautam

Dear colleagues,

I am writing to seek your support to elect me to the position of 2018 President Elect for the CMA. I am passionate about our Canadian health care system, and want to work with you to protect it, improve it, and ensure its sustainability. I will promote the health of our physicians and patients, advocate for a high-functioning health care system, and sustain the future of our profession and the system through high-level support for change.

Physicians are human too. As a pioneer in physician health, I expanded the field from treating colleagues with addictions, devoting over a quarter of a century to increasing awareness of, and treating, burnout, depression, and anxiety, addressing suicide, and building resilience. Known as the Doctor's Doctor, I founded the world's first Faculty Wellness Program at the University of Ottawa Faculty of Medicine. This became the template for the CMA's Centre for Health and Wellbeing, where I served as the Expert Advisor. I was the Founding Chair of the International Alliance for Physician Health, bringing together global experts to collaborate and innovate in this field. Burnout levels remain high, and continued efforts to address individual and organizational changes are required. **Physician Health is critical to the health of the healthcare system. There is NO health without physician health.**

I would like to advocate for you in these key areas of focus:

1. Taking Care of the Self — One in two physicians are experiencing burnout. Burnout is an epidemic hiding in plain sight. We need to stop blaming physicians, recognize it as a systems issue, and embrace a model of shared responsibility between the individual physicians and their workplace. I will support our needs at each stage of our career from training to retirement, as well as the specific needs of populations such as women, rural, LGBTQ and indigenous physicians. Robust advocacy for issues impacting physicians, such as fair taxes, fee negotiations and remuneration, will help in recruitment and retention. **I will work to promote a national physician health policy, and identify concrete personal and organizational strategies to promote and maintain the wellbeing and resiliency of all Canadian members in training and physicians, and bring back the joy in medicine.**

2. Taking Care of the System — I am concerned that our health care system is in decline. While we are proud of our universal health care system, we are frustrated by its delivery, gaps and limitations such as access to primary and specialist care, wait lists and ER crowding. I will help to advocate for key medical issues in society, and for the special health care needs related to seniors, the mentally ill and chronically ill, opioid dependency and our indigenous community. Physician leadership, as outlined in the CSPL's White Paper, is needed at multiple levels to achieve effective health care reform. **Developing and supporting physician leaders will help create the culture in which physicians become engaged, and take ownership to build trust and collaborate with other members of the health care team to address current issues in medicine, advocate for vulnerable members of our society, and improve health care for all Canadians.**

3. Taking Care of the Future — Authentic leadership is required to ensure that our profession is ready for what lies ahead. We want to support our learners, the future of our profession, to make sure they are not overburdened by debt in training, succeed in the CaRMS match, have jobs after graduation and receive the mentoring they need. Medicine must be ready to deal with technology-enabled clinical environments that embed electronic health records, virtual care, artificial intelligence, and robotics; and adapt how we currently practice to remain relevant. **I will help to support our future physicians, and encourage members in training and current physicians to embrace research, new technologies and population health to move towards a successful future in a new health care system.**

I am an experienced leader, work nationally and internationally to train other physician leaders, and want to leverage this expertise on your behalf. If you give me the opportunity, I will continue to do what I do each day of my practice with each patient. **I listen. I care. I act.**

Sincerely
Mamta Gautam. MD, MBA, FRCPC, CCPE

Care • Courage • Commitment

Please feel free to contact me with your thoughts and comments.
mgautam@rogers.com

Find me on Facebook: drmamtagautam
Follow me on Twitter @PEAKMD
LinkedIn: Mamta Gautam, MD, MBA, FRCPC, CCPE

Voting is open February 15 to March 7, 2018.

All CMA and OMA members — medical students, residents and physicians —are eligible to vote. Look for your Voting PINS from the CMA on February 15, 2018.

www.VoteMamtaCMA.ca

The Latest Word on Mifegymiso in Canada

Frédéruque Chabot

Health Information Officer, Action Canada for Sexual Health and Rights

In July of 2015, after one of its lengthiest drug approval processes on record, Health Canada approved the abortion pill Mifegymiso, the Canadian brand name for the combination of Mifepristone and Misoprostol.

Mifegymiso is the Canadian brand name for the combination of the medications Mifepristone and Misoprostol. This combination of medications is set to replace the regimen that has been used in Canada up until now to provide a medical abortion.

The combination of Mifepristone and Misoprostol is the World Health Organization's recommended method for medical abortion and has been on its list of essential drugs since 2005. Mifepristone has been used for close to 30 years with an outstanding safety and efficacy record and is available in over 60 countries around the world. Making it available to people in Canada is an important step in ensuring access to the best possible care when it comes to sexual and reproductive health services

Is Mifegymiso available in Canada? The short answer is yes as the medication hit the shelves in January 2017 but it has been a long windy road and many unnecessary barriers continue to make it difficult for the public to access the medical abortion drug.

Mifegymiso can be prescribed by health care professionals such as physicians and nurse practitioners and many pharmacies stock it. In principle, everyone who wants to access medical abortion care to terminate a pregnancy and who has access to a primary health care provider should be able to obtain a prescription for Mifegymiso. That said, the reality is that access is still compromised; how easy it is to get Mifegymiso depends on where you are.

For one, the price tag for Mifegymiso hovers between $300 and $450. For many patients who must pay out of pocket, this continues to put it out of reach. Following pressure from health care advocates, five provinces have now pledged universal cost coverage for the medication: New Brunswick, Alberta, Ontario, Quebec and Nova Scotia. In all of those except for Quebec, the medication can now be accessed free of charge by residents of these provinces. Quebec patients are expected to see coverage begin early in 2018. Two federal programs, NIHB and IFHP, have also followed suit, adding Mifegymiso to their formularies.

Currently, in British Columbia, Saskatchewan, Manitoba, PEI or Newfoundland and Labrador, universal cost coverage is not in place. While partial coverage is in place for some residents in British Columbia and Saskatchewan, or offered free of charge in limited locations in Manitoba, the PEI and in Newfoundland and Labrador governments have yet to announce any coverage at all. The same is true for many Federal patients.

Accessibility to Mifegymiso also depends on health care professionals incorporating medical abortion care into their practice as currently, surgical abortion services are few and far between and the vast majority of them are in urban centers. No special training to prescribe Mifegymiso is required though one is available and offered through the Society of Obstetricians and Gynaecologists of Canada (SOGC). Find this training here: https://sogc.org/online-courses/courses.html/event-info/details/id/229

Making medical abortion more easily available is an important way to expand choice when it comes to terminating a pregnancy and could have an important impact on the accessibility of abortion care in Canada, especially for people in rural and remote areas. Therefore, it is important for health care providers to get informed about Mifegymiso to be ready to offer it to those in their communities who need it. The SOGC training is a great first step in getting acquainted with what goes on during a medical abortion appointment.

Health care providers can also join communities of practice where they can get direct support from colleagues who prescribe Mifegymiso, including peer to peer workshops from local physicians. https://www.caps-cpca.ubc.ca/index.php/Main_Page

Action Canada for Sexual Health and Rights also offers up to date information on Mifegymiso at www.Mifegymiso.com

MWCF UPDATE: Logo Design Competition

The Medical Women of Canada Foundation (MWCF) is not a new entity, but is the newly blended MARF and MASF! The Maude Abbott Scholarship Fund (MASF) is a scholarship grant to provide assistance to financially-deserving female medical student members. The Maude Abbott Research Fund (MARF) is a research grant to female physician members who wish to complete research in women's health, education and promotion.

The MWCF is a CRA approved Canadian charity founded by, but legally independent from the FMWC. To that end, we are announcing a logo-design competition for the "new" Foundation, open to all members of the FMWC, including trainees. Watch the FMWC blog and eblasts for the criteria and application procedure coming early in the New Year!

Please consider donating today to receive a 2017 tax receipt!

DONATE HERE

If You're Incorporated...

The Impact of the Proposed Tax Changes on Female Physicians

By Sally McRae, CFP®, FMA, FCSI

This past September, I had the honour of speaking at the annual general meeting (AGM) of the Federation of Medical Women of Canada (FMWC) and, as always, I was inspired by the passion and dedication of Canada's women physicians.

As a Financial Consultant at MD Management Limited, I'm fully aware of the financial challenges facing female physicians, so it was with great interest that I watched the FMWC's public protest during the AGM against the federal government's proposed tax changes. Female physicians are rightly concerned about the impact that these proposed changes will have on them and their families, whether it's providing for maternity leave, having the option of being a stay-at-home parent, or saving for retirement at a time when people have a longer life expectancy.

Here's a recap of the proposed changes that are of concern. The federal government is targeting two tax strategies that are relevant to incorporated physicians: income sprinkling and passive investments in private corporations. (The government announced on October 19 that it would not move forward with changes to the third tax strategy: the ability to convert income such as dividends into capital gains.)

Income sprinkling

Currently, incorporated physicians can reduce their family's overall tax bill by splitting their income with family members. The family members—a spouse or adult children—would need to be in a lower personal tax bracket for this to be beneficial. They would also need to be a shareholder in the corporation so that they can receive dividends.

The proposed tax change will impose a "reasonableness" test that would take into consideration, among other factors, the family member shareholders' actual financial contribution to, or time spent working for, the corporation. If the new reasonableness test is not met, the family members could be taxed on their dividend income at the highest marginal personal tax rate.

Here's an example of how the proposed change could affect a family's finances. If a female physician wants to start a family and has a spouse who earns less than she does, it may make sense for her spouse to take parental leave. The female physician could then pay a dividend to her spouse (who is in a lower tax bracket), thereby reducing the family's overall tax bill.

If this proposed change is enacted as drafted, a female physician's ability to split income with her spouse through her corporation would be constrained or eliminated starting January 1, 2018.

Until the final legislation is announced, remember that these changes are not law yet and could be subject to further changes.

Passive investments in a corporation

Incorporated physicians have generally been able to defer about 35% of income tax on their medical practice income by earning it through a corporation instead of earning it personally. Because the 35% difference in tax doesn't need to be paid until a future date, the money that is left in the corporation, when invested, can compound on a tax-deferred basis.

Physicians can use this surplus to smooth their income between high-earning and low-earning years, such as those during maternity or parental leave, a period of disability or a sabbatical. In high-earning years, they can retain the excess income in their corporation and it can be taxed at the small business tax rate. Then they can pay themselves from this surplus during low-earning years, while they are in a lower personal tax bracket.

When the proposed tax changes were originally announced in July, the government wanted to introduce a new framework for the taxation of passive income earned in private corporations. At the time, the government committed to applying this new framework on a "go-forward" basis.

In October 2017, the government recommitted to "grandfathering" existing passive investments and also announced that the new framework would include an annual passive income threshold of $50,000 before any proposed tax changes would take effect. In a nutshell, these provisions mean that the consequences of any proposed changes may now be less immediate.

If you're a newly incorporated physician, you probably still have the opportunity to build a level of passive investments. An annual passive income threshold of $50,000 suggests that you can have $1 million in passive investments* before any proposed changes would take effect.

If you've been incorporated for many years, the grandfathering rules should protect your current passive investments—subject to the go-forward date, when established. Your future passive investment assets may be impacted if they exceed the proposed threshold, but there's still a lot of time for tax planning. The Canadian Medical Association is currently advocating for the threshold to be increased.

Your financial advisor and tax advisor can help you understand the potential consequences of these changes on your financial plan. At MD, we are continuing to monitor the situation closely and work with our clients as we learn more.

Sally McRae, CFP®, FMA, FCSI, is a senior Financial Consultant with MD Management Limited. To learn more about MD, visit md.cma.ca.

*The government's October 18, 2017, announcement assumed a 5% return on investment. A $50,000 threshold in annual passive income would require $1 million in passive investments.

FMWC In The News

Our actions on Parliament Hill were covered in DocToc

A·M·O

DocToc

Issue 3 | Newsletter for AMO members | Fall 2017

FMWC marches to Parliament Hill against unfair tax changes

The Federation of Medical Women of Canada (FWMC) used the opportunity of their annual general meeting, held in Ottawa during September 14-17, 2017, to mount the first public protest of the tax changes proposed by the federal government. They were joined in their protest by local doctors and small business owners who are concerned about the impact these changes will have on their families.

Under a bright blue sky day, doctors, their families and other small business owners took their message to Parliament Hill that they were not happy with either the legislation or the discourse labeling them as “tax cheats.”

Chanting, “Trudeau, Morneau, tax changes must go,” the crowd, made up of families, mothers, fathers, grandparents and kids in strollers, and many wearing scrubs, marched to the Hill, carrying signs and placards.

Speakers – Dr. Bev Johnson, President, FMWC, Dr. Nadia Alam, President-Elect, Ontario Medical Association and Dr. Anne Niec, Past-President, FMWC – spoke to the crowd that gathered on Parliament Hill about the impact these changes will have on the families of small businesses all over the country, and in particular, how they will affect women small business owners. Shadow Finance Minister, Pierre Poilivre, addressed the crowd concerning the implications for small businesses, particularly farmers.

The message was clear from all who spoke: these tax changes will cause middle-class Canadian families, many of whom are small business owners, undue and unfair financial uncertainty, particularly for women, who are not eligible for maternity leave under the rules of incorporation and therefore must provide for their own maternity leave. Doctors also use incorporation to plan for retirement. This legislation, it was pointed out, will drastically change the way families plan for their future. Speakers called for a pause on the process and a wider consultation on the impact of these changes for all small-business owners, not just doctors, who are feeling uncertainty for their financial future.

Congratulations!

Congratulations to **Ruth Collins-Nakai, C.M.**, FMWC Honorary Member, on becoming a Member of the Order of Canada. Ruth Collins-Nakai is a cardiologist and physician leader. While at the University of Alberta, she created its Congenital Heart Program and played a key role in establishing satellite cardiology clinics across the prairies. A staunch advocate of public health, she highlighted the need for more research into early childhood development and led efforts to introduce airline smoking restrictions. A former president of the Canadian Medical Association, she also influenced research and clinical practices worldwide as the first Canadian to head two of the leading bodies in her field: the American College of Cardiology and the Inter-American Society of Cardiology.

Congratulations to the recipient of the 2017 National Child Day Award, **Dr. Noni MacDonald**, for her tireless advocacy and ground-breaking efforts to improve the health and well-being of children and youth, especially in preventing infectious diseases. Dr. MacDonald was honoured in Ottawa on November 13, 2017 at the Canadian Institute of Child Health's 2017 *Crayons & Cravats Fundraising Gala*, celebrating children and those who care about them.

Congratulations to **Dr. Marc Steben** on his excellent presentation and on winning Best Member/Fellow Presentation award for his presentation *Vaginal and Vulvar Intra-epithelial Neoplasia in Young Women Attributed to 14 Human Papillomavirus Genotypes* at the 24th World Congress & Postgraduate Course organized by the International Society for the Study of Vulvovaginal Disease (ISSVD), held during Sep 11 - 15, 2017, in Mendoza, Argentina.

And, finally, the late **Dr. Emily Stowe**, the first Canadian woman to practice medicine in Canada, is being inducted into the Canadian Medical Hall of Fame at a ceremony in London, Ontario next spring (April 12, 2018).

In Memorium

Dr. Eileen Cambon

March 22, 1926 - August 8, 2017

With the passing of Dr. Eileen Cambon, British Columbia has lost one of its pioneer female physicians.

In 1958, Dr. Cambon arrived in Vancouver to become the first female ophthalmologist to practice in BC, and went on to practice for 44 years. She was a great role model for women in medicine and was adored by her patients.

Her roots were in New Brunswick. She obtained her BSc at the University of NB as preparation for studying medicine at McGill. Competing with many war vets, as well as the quota on female students, resulted in her not being successful on her first application. That year of waiting did not go to waste as she did an MSc in Biology at Vassar in Poughkeepsie, NY. Being accepted to McGill's class of '51 must have been serendipity as her future husband, Dr. Ken Cambon, was in the same class. They married at the end of their second year of medical school, making them the first married couple to graduate together from Medicine at McGill.

Upon graduation, Eileen and Ken needed to find a residency in the same hospital. The Royal Jubilee in Victoria would take Ken but not Eileen as they had taken a female the year before and she left after getting pregnant. Dr. Harold Griffith of curare fame took pity on them and offered them internships at the Queen Elizabeth Hospital in Montreal. The plan was to do general practice in a small town in Quebec, but Alcan was looking for two doctors to provide medical care for two years to their subsidiary, the Demerara Bauxite Company in Mackenzie, British Guiana. The company wanted to pay Ken $200 more a month than Eileen for the same job. Eileen dug in her heels and they agreed to equal pay for equal work! This was two years of fabulous experience. Word got out to the East Indian mothers that there was a female doctor who would circumcise their sons and Eileen became known as the local Rabbi.

In preparation for general practice, they decided to go to London and do a year of specialty training to augment their general practice. Eileen chose Ophthalmology and fell in love with the specialty.

The next challenge was finding specialty training and as there were no change rooms for women surgeons, Eileen was turned down by many hospitals. The head of Ophthalmology at Galveston, Texas, was a woman and agreed to take Eileen as well as Ken. By her second year in Texas, Eileen was Chief Resident.

Following residency, the Cambons set up practice in Vancouver. The Alcan connection remained as Eileen and Ken would do outreach clinics at Alcan Aluminum in Kitimat and surrounding towns.

She was a long time member of the Federation of Medical Women of Canada (FMWC) and was BC Branch president in 1964 and national president from 1973-1974, the year the Federation was celebrating its 50 th anniversary. From 1977 to 1987, she was the National Coordinator for Canada to the Medical Women's International Association (MWIA).

If you have not had the opportunity to read the book she wrote, entitled "Uppity Women We Are," you will find it an entertaining chronicle of female physicians in British Columbia from 1892 to 1993.

Eileen received many awards including an Honorary Doctor of Science degree at her alma mater, the University of NB, in celebration of the 100 th anniversary of the first woman admitted to that university. She was made a senior member of the FMWC and the CMA, and received an Honorary Alumnus Reward from the Medical Alumni Division of the University of British Columbia. She received the Queens Silver Jubilee Medal in 1977.

Dr. Eileen Cambon led a full and varied life, was a trailblazer for women in medicine, a well-respected ophthalmologist and a compassionate human being. She felt that general practice was the backbone of medicine and felt that all graduates would benefit from a year or two in this area. She told future women in medicine that you can have it all and still have worklife balance but you need to make sure you map your course early and most importantly choose a supportive partner.

She was predeceased by her husband, Ken, and leaves two daughters, two grandchildren and one great-grandchild.

We shall miss you, Eileen. Thank you for providing the shoulders that other women in medicine have been able to stand on. Thank you for all you did in leading the way for women in medicine!

Submitted by: Dr. Beverley Tamboline and Dr. Shelley Ross

Dr. Gerald (Gerry) Cohen

It with great sadness that the FMWC extends its sympathy to Dr. May Cohen and her family on the passing of her husband, Dr. Gerald (Gerry) Cohen.

May and Gerry were married for more 65 years. He was her best friend, wonderful life partner and medical colleague. Gerry was an outstanding and highly respected family physician, who, with May, left their family practice in Toronto to join the faculty at McMaster University in Hamilton. His warmth and compassion made him much adored by patients, colleagues, students and friends. Gerry was a friend to many FMWC members and we are saddened at his passing.

Rest in Peace.

An update from our mother organization, the MWIA.

The Medical Women's International Association (MWIA) has finalized the date for what is shaping up to be an exciting and memorable Centennial Anniversary Congress in New York. It will be July 25-28, 2019. We want to thank our hosts, the American Medical Women's Association for all the work they are doing in preparation for the congress. The website for registration will be available in the next few months. Please plan to join us in New York for this once in a lifetime celebration.

MWIA is pursuing an international mentoring program. Please let the Secretariat know if you have interest or expertise in this area at secretariat@mwia.net.

MWIA is working with the World Health Organization on a variety of projects. One of those is to find out the barriers to care for migrant women, particularly those working in the home-based care sector. If you encounter this population in your practice and would like to participate, please contact secretariat@mwia.net.

MWIA would like to congratulate the FMWC on a fantastic first HPV Prevention Week. MWIA will work with the FMWC to help spread this among our national organizations around the world. MWIA has made the World Health Organization (WHO) aware of this project and will discuss it further during the World Health Assembly in Geneva in May 2018.

There are several regional meetings this coming 2018 year:

- The North American Regional Meeting for Canada and the US is being held in Philadelphia from March 22-25, 2018, at the Doubletree by Hilton in Philadelphia, Pennsylvania. Registration is now open at www.amwa-doc.org.
- The Southern European Regional Meeting is being held in Palermo, Sicily, from April 27-28th. Contact VP-southerneurope@mwia.net for registration.
- The Central Asia Regional meeting is being held in Bangkok, Thailand. Visit www.carc2018.com to register.

We hope to see you at these events.

Shelley Ross, MD
Secretary General, MWIA

CALL FOR ACTION:

MWIA's Sexual Harassment Survey

Dr. Bettina Pfleiderer,
MWIA President

Sexual harassment is widespread. The topic came lately into the limelight after various reports of sexual harassment cases in the movie industry. About 30% of members of the recent MWIA survey reported that they had experienced or experience some form of sexual harassment. The MWIA scientific committee has taken this up and a sexual harassment questionnaire was developed. The sexual harassment questionnaire is online and will be open till the end of December. We have already received about 500 responses, but we hope to receive many more.

The data obtained will provide MWIA and its members with descriptive data that can be used to sensitize the medical community to sexual harassment to reduce this form of violence. Also supportive measures for women doctors who experience sexual harassment will be suggested based on responses to the survey.

Please take part in this survey to support this important project. All data is completely anonymous and cannot be traced to any particular person.

Women, Peace and Security Network

Four Pillars of the Women Peace and Security Agenda

Diana Sarois, WSPN

Submitted as a contribution to the Canadian National Action Plan consultations, April 2017

The Security Council adopted resolution (S/RES/1325) on women and peace and security on 31 October 2000. The resolution reaffirms the important role of women in the prevention and resolution of conflicts, peace negotiations, peace-building, peacekeeping, humanitarian response and in post-conflict reconstruction and stresses the importance of their equal participation and full involvement in all efforts for the maintenance and promotion of peace and security. Resolution 1325 urges all actors to increase the participation of women and incorporate gender perspectives in all United Nations peace and security efforts. It also calls on all parties to conflict to take special measures to protect women and girls from gender-based violence, particularly rape and other forms of sexual abuse, in situations of armed conflict. The resolution provides a number of important operational mandates, with implications for Member States and the entities of the United Nations system.

UN Office of the Special Adviser on Gender Issues and Advancement of Women

The Women, Peace and Security agenda provides a holistic approach to security andpeace and is comprised of four main pillars: Participation, Conflict Prevention, Protection, and Relief and Recovery. Addressing all four pillars is critical to tackling the root causes of conflict and creating sustainable peace. National Action Plans on 1325 should reflect the holistic intention of the WPS agenda by addressing the four pillars. Many countries chose to organize their NAPs around the four pillars, as Canada did during the first C-NAP. But as the pillars are mutually reinforcing and overlapping, organizing the NAP around the pillars is not necessarily the most effective. For example, in Canada's first C-NAP, reporting was often confusing and repetitive as activities fit within several pillars. It is important to look for a different organizing principle for the new C-NAP.

Participation

Full and equal participation and representation of women at all levels of decision making, including peace processes, electoral processes, UN positions, and the broader social political sphere.

While it is well documented that women's participation results in better outcomes when it comes to peace processes and peace building efforts, women's participation continues to be contested and generally only achieved through concerted pressure and lobbying by women's organizations. Women have the skills and capacity to participate but face political, social, and logistical barriers that make it impossible. Political will and skill is key to integrating and amplifying women's voices and participation. The barriers to women's participation must be addressed with context-appropriate strategies, which require a deep understanding of the barriers as well as possible solutions. Countries like Canada can support and fund women's organizations as they are best suited to provide the analysis and solutions that will enable them to push for their right to participate and make their voices heard. While this area of the agenda has seen some concrete lessons learned and a few successes, more dedicated and coordinated actions are needed.

Conflict Prevention

Incorporation of a gender perspective and the participation of women in preventing the emergence, spread, and re-emergence of violent conflicts as well as addressing root causes including the need for disarmament.

The prevention of armed conflict and the reduction of ever escalating levels of militarization is the underlying objective of the women, peace and security agenda. Over the past decades, military responses to conflict have dominated international interventions. Little progress has been made to put in place effective early warning and prevention measures, including addressing the root causes of conflict. An attitudinal shift away from military responses towards peaceful conflict prevention strategies is needed.

Prevention strategies include early warning and response, preventive diplomacy, peacekeeping and the use of information and communication technology. These strategies must integrate gender analysis. Women-led or informed strategies to early warning and conflict resolution are proven tools to strengthen effectiveness of conflict prevention measures, but have rarely been incorporated. For example, evidence shows that rising levels of gendered violence is a predictor of insecurity in a society. Also, states that have higher levels of gender equality are less likely to use force and instead prioritize non-military options.

Protection

Specific protection rights and needs of women and girls in conflict and post-conflict settings, including reporting and prosecution of sexual and gender-based violence.

The Women, Peace and Security Agenda recognizes that the impacts of war on women and girls are compounded by pre-existing gender inequalities and discrimination. All forms of violence against women increase during war and leave women with a lack of access to the most fundamental rights, including health care, food, shelter, education or even nationality. These rights are closely linked to women's security and must be addressed in interventions holistically by recognizing the need for support for victims/ survivors, security sector reform, ending impunity, and building the capacity of women's groups. It is important that humanitarian work includes gender analysis to ensure women's needs, rights and security are

fully addressed. Women's leadership and gender equality is of highest importance in making humanitarian action effective and successful. Therefore, any programming in humanitarian settings must have women's leadership and the promotion of gender equality at its core.

Relief and recovery

Promoting and working to ensure women's equal access to humanitarian and development assistance, promoting aid services that support specific needs and capacities of women and girls in all relief and recovery efforts.

Despite the leadership roles women often play during conflict, they find themselves largely locked out of decision-making forums post-conflict. Women's needs are often swept aside and their concerns are not factored into the state-building enterprise. For example, a key issue in post-conflict settings is that sexual violence is seldom addressed as a security concern and continues unabated post-conflict. As a result women's security continues to be undermined and peace remains elusive.

The Women, Peace and Security Agenda reimagines peace building in way that leverages the capacity and contributions of women, and develops strategies for the inclusion of their roles and experiences. It is the women on the ground who are instrumental in stitching the fabric of society back together. Inclusive and transformative peace building is not only a series of activities, or checked boxes for women's participation. It is an approach that requires addressing systemic gender inequality, which is among the root causes of conflict. Peace building and reconstruction must empower women and girls economically, politically and socially and include long-term strategies that benefit women from the grassroots, building their capacity for individual and collective action to ensure their participation in elections, constitution writing, and economic recovery.

Conclusion

The Global Study on the implementation of the UNSCR 1325 provides further details of the gaps and successes under each pillar as well as a roadmap on moving ahead. What is clear is that implementation requires both a mainstreaming approach as well as specific targeted actions. It requires that a gender lens be applied across all programming and diplomacy in fragile and conflict-affected states. National Action Plans provide a pertinent opportunity to assess how this can be done successfully.

The Ottawa Hospital Female Physician Leadership Committee presents: #GoSponsorHer Campaign

By: Glara Gaeun Rhee,
MD Candidate, Class of 2019;
University of Ottawa/Université d'Ottawa;
Victoria Elvina Marie Gerber,
MD Candidate, Class of 2019;
University of Ottawa/Université d'Ottawa

The Female Physician Leadership Committee of The Ottawa Hospital (TOH) aims to encourage and support aspiring female physicians to expand their roles in leadership, by helping to remove barriers facing these physicians. One of their new initiatives includes a social media campaign, **#GoSponsorHer**, to support female physicians at TOH via their campaign. This initiative was initially started by McKinsey & Co. consultants Laura McGee and Megan Anderson to help more women find powerful sponsors who will support their advancement into senior leadership roles. The Female Physician Leadership Committee of TOH is proud to join this movement as an opportunity to highlight the incredible work of so many female physicians within the organization and to support those physicians who wish to take on leadership roles throughout their careers. It also aims to encourage leaders at TOH to go beyond mentorship and embrace sponsorship of female physicians within their departments.

What does Sponsorship mean?

A sponsor is a senior leader who is completely vested in your success and committed to supporting your progression. This includes creating step-up opportunities and actively helping you navigate through key transitions. It does not necessarily involve financial aid in an area of your career, but rather taking an active role in helping you identify and take on new opportunities throughout your career.

Kick off of the campaign

The campaign kicked off this past fall with Dr. Jeff Turnbull (chief of staff at TOH) who sponsored Dr. Virginia Roth (senior medical officer at TOH). They were the first nominees to set the example and build engagement in the project. To bring this campaign live, the Female Physician Leadership Committee actively collaborated with the 12 Department Heads at TOH and posted their female physician pledge on their social media. Currently, the committee is working closely with the Communication Department to promote **#GoSponsorHer** through various medium, including Twitter, Instagram, What's Happening, Facebook and The Stethoscope. Please visit The Female Physician Committee's social media space for more information about the campaign and stay tuned for more updates!

For more information:

#GoSponsorHer - Dr. Virginia Roth [Internet]. Theottawahospital.us.newsweaver.com. 2017 [cited 28 November 2017]. Available from: http://theottawahospital.us.newsweaver.com/thestethescope/1cjb502w2mb1ll8nfswhh6?email=true&a=1&p=1330925&t=131611

Home - Go Sponsor Her [Internet]. Go Sponsor Her. 2017 [cited 28 November 2017]. Available from: http://gosponsorher.com/

#GoSponsorHer social media campaign aims to put more women in senior roles [Internet]. The Globe and Mail. 2017 [cited 27 November 2017]. Available from: https://www.theglobeandmail.com/report-on-business/social-media-campaign-looks-to-promote-sponsorship-for-women-in-business/article33905895/

Are You Up For the Challenge?

Database aimed at amplifying women's voices in the media

Male doctors are still quoted more often than women in health and medical news, and that's a problem.

In a 2016 commentary, Dr. Julie Silver drew attention to what she calls "the invisible woman problem" with female physicians missing from annual quoted healthcare lists, websites and media.

In response to Dr. Silver's article, then National President of the Federation of Medical Women of Canada, Dr. Anne Niec said, "The importance of invisibility affects public perception of roles, value of opinions and the issues women face. In particular, women may be perceived as less able to inspire change."

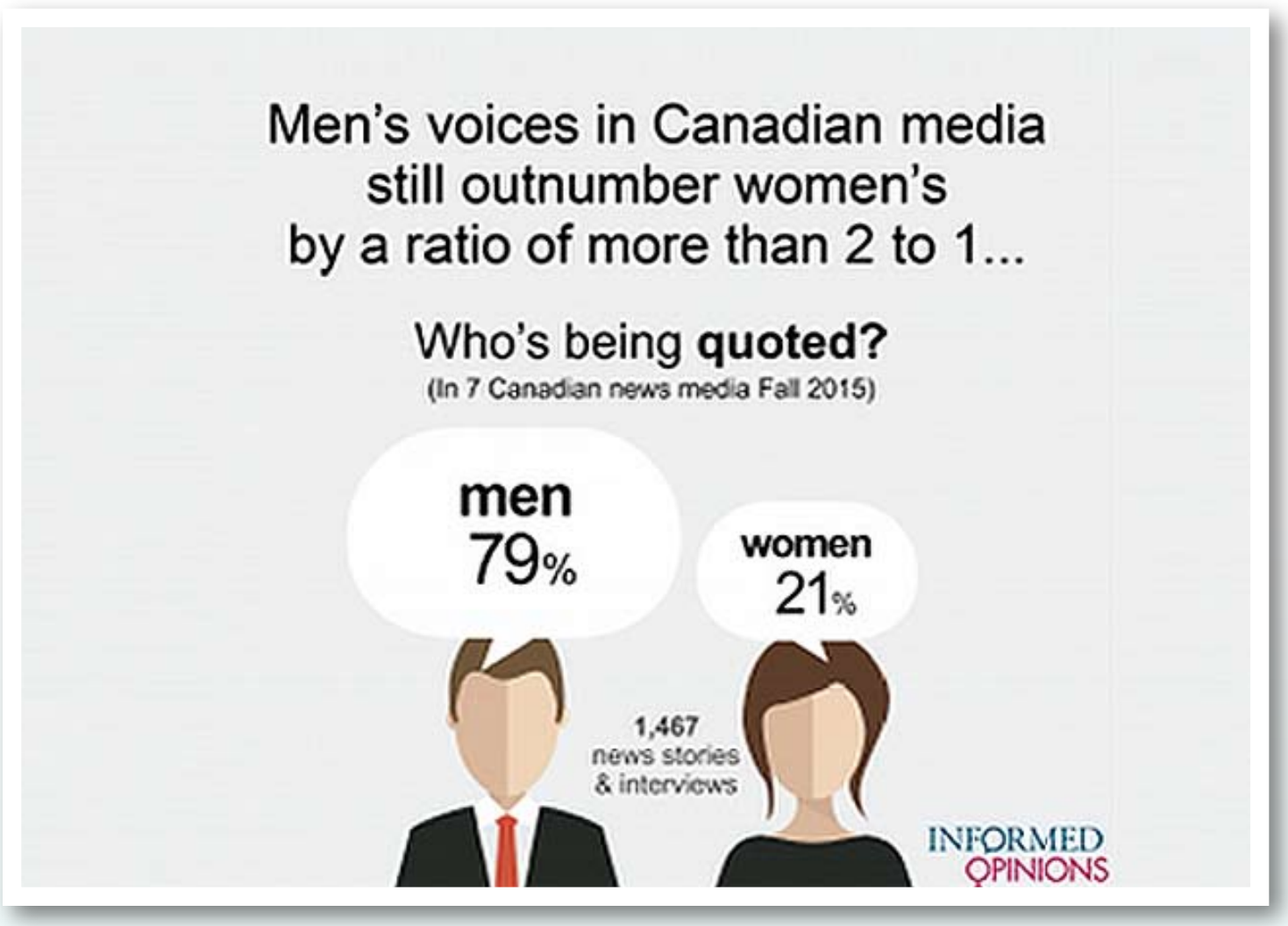
Many no longer accept the absence of women's insights and contributions as defensible. The *Globe and Mail's* health columnist, André Picard was recently inundated with appreciation on Twitter when he revealed he withdrew from being part of the 2017 Trottier Public Science Symposium at McGill University after learning it would only consist of men. "**#NoMoreManels** for me," he tweeted, referring to the popular hashtag calling for an end to panels made up only of men.

Despite this, in Canada, one of the most progressive countries in the world where more than 40% of physicians are female, women's voices in the public discourse remain outnumbered by a ratio of more than two to one.

The good news is that when Informed Opinions, a non-profit initiative, was launched in 2010, the ratio was actually four or five male voices to every female one. So our efforts between 2010 and 2015 — training, motivating and supporting hundreds of women in getting their commentaries published, and many hundreds more in saying "yes" to interviews — have made a difference.

But we're aiming to move from an average of 29% female sources, speakers and experts to 50% by 2025. That's where you come in.

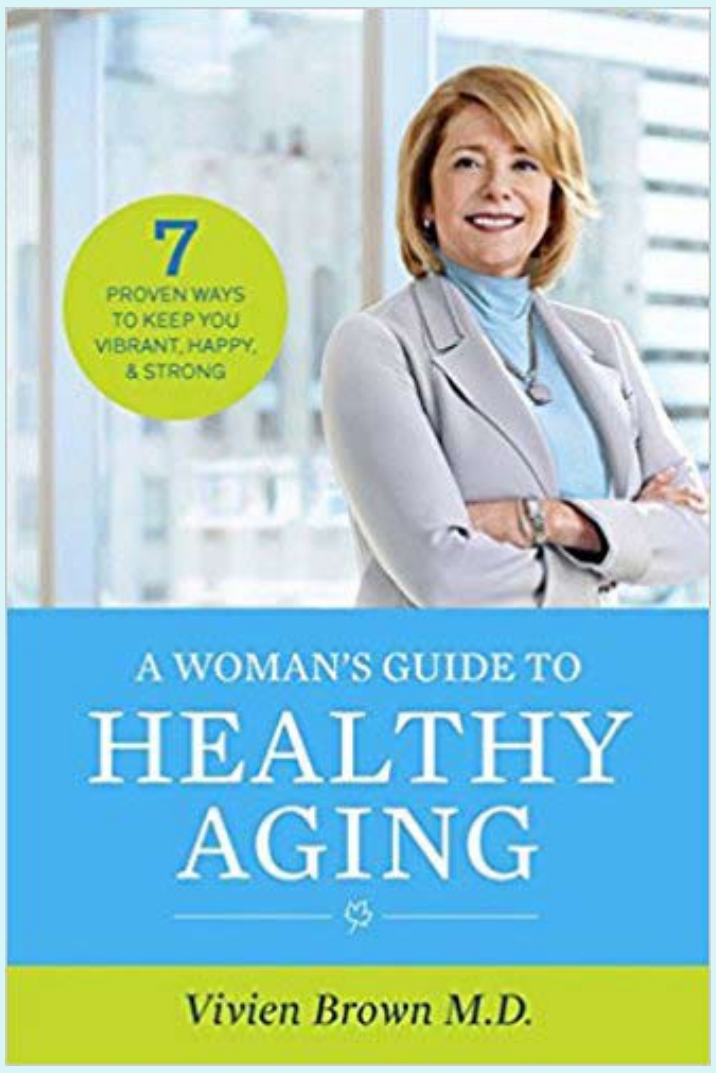
We've created a database designed to make it easier for journalists, conference programmers, recruiters and others to find qualified women to interview, consult and invite to participate on panels. We're now recruiting diverse women with formal qualifications and/or demonstrated personal experience who are ready to say "yes" to media interviews.



We recently welcomed Winnipeg Health Sciences Emergency Physician and Medical Director of Emergency Department Violence Intervention Program, Dr. Carolyn Snider to our growing database as well as Dr. Kari Sampsel, Medical Director of the Sexual Assault and Partner Abuse Care Program and attending staff emergency physician at The Ottawa Hospital.

Your knowledge and insight deserve to be shared. Let us amplify your voice and in the process, achieve gender balance in public discourse. Complete the online form here.

Just Released!



*Check out the **WoMED blog** for a review of Dr. Bown's new book.*
Have you authored a book, created a web resource? Our members want to know!
*Send info to: **MargaretShkimba@gmail.com***

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*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)*

Upcoming Events

2018

March 12-23, 2018
Challenges and Opportunities in Achieving Gender Equality and the Empowerment of Rural Women and Girls
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

April 26, 2018; Toronto, ON
19th Annual Women's Health Care Seminar
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

June 8-10, 2018; Ottawa, ON
Canadian Women in Medicine Wellness Conference
www.wimwellness.ca

2019

June 3-6, 2019; Vancouver, BC
Women Deliver Conference
wd2016.org/

June 25-28, 2019; New York City, NY
Centennial Congress of the Medical Women's International Association
www.mwia.net