



Federation of Medical  
Women of Canada

Fédération des femmes  
médecins du Canada

Winter  
2020

The

Voice

of Women in Medicine



Page  
4

2019 AGM  
Highlights and  
Recap



Page  
8

FMWC Awards  
Update!



Page  
24

Get involved!



# President's Update

---



Happy New Year Everyone and welcome to 2020!

This new decade brings with it an opportunity for optimism and growth.

I truly believe our future rests with collegial partnerships. There are many amazing and brilliant groups who have like-minded advocacy and feminist goals. Our sisterhood will be augmented, our human touch extended and together our ability

to reach and support a larger and more diverse population is greatly magnified. I also believe that it is vitally important to seek out and gain collaborative, constructive and synergistic relationships with our male champions (aka HE4SHE).

Our Federation has been very busy over the past year and plans to continue with this momentum. Branches have been busy advocating and mentoring.

Our President-Elect, Dr. Charissa Patricelli, presented at Medical Women International. She exhibited a partnership poster with Atira, a non-profit women's organization that runs many women's shelters in British Columbia. The presentation was entitled, **Courage & Resilience: A Photojournalism Project on Intimate Partner Violence**, the project provided an

opportunity for women to share stories of resilience, wisdom, courage and strength.

The student members in the British Columbia chapter have been very busy raising their profile by organizing mentorships, creating and revitalizing an all new website for the chapter and generally making fabulous waves in their neck of the woods. Take a look at the student update.

Our Women Peace and Security committee, lead by Dr. Nahid Azad continues to advocate for Gun control, safe accessible abortions as well as so many other worthwhile causes. You will hear more from Dr. Azad in the newsletter.

Dr. Karen Breeck continues to advocate for our vulnerable military veterans. Our Ottawa



Winter  
2020

3

branch will be hosting a yoga + evening called Rosé & Namaste.

There is renewed activity in our Atlantic provinces.

Many of our members are a part of larger organizations and are busy with work that showcase their innate talents. Stay tuned for further information on that front in our coming newsletter.

Until Next time,

Dr. Clover Hemans,  
President, FMWC

We are thrilled to present an amazing Conference and AGM 2020: "Empowering Justice Peace and Health 2020" on the ancestral, traditional, and unceded territory of the Coast Salish people, also known as Vancouver. This year's conference will bring together leaders of truth, justice and peace to be inspired. We will examine critically the challenges we face in a world with people exiled, displaced, colonized, lost, along with those suffering from trauma and marginalization. How do healers find hope, empower change, create resiliency and rise to action? Rest up for this conference! It will be jam-packed with workshops and speakers and will be vibrating energy. We are excited to bring together friends and colleagues from across the nation for celebration, inspiration, and just that good old-fashioned fill your soul wisdom.

Save the date for October 2-4, 2020.

*Charissa Patricelli, MD, President-Elect*





# AGM Review

---

This year our Annual General Meeting was held at the beautiful Ottawa Art Gallery, September 20-22<sup>nd</sup>, 2019. The theme was ***The Future Of Women In Medicine & Healthcare: Our Aptitude And Our Influence.***

The weekend began with the board of directors meeting on Friday morning for lively and powerful discussion regarding the direction of our organization. This was

followed by an offering of three very different pre-conference workshops. MD Financial Management sponsored a luncheon with terrific discussion on financial planning at any career stage. Dr. Harriet MacMillan introduced the group to the VEGA project, which is evidence-based education and support materials to help all practitioners manage victims of child maltreatment and IPV. Adelle Tevlin, a relationship and personal coach demonstrated some ways we can help ourselves alter our thought patterns to help change behaviours.

Saturday morning started with a delicious breakfast and our very own Dr Vivien Brown, Chair of HPV committee (also North American regional VP of MWIA) who updated us on HPV-related diseases in women. She reminded us that there really is no upper age limit on this

disease, that women are being diagnosed with cervical and vulvar cancers throughout their lifespan. In fact, worldwide, cervical cancer is the second most common malignancy in women. She asked that we all try to help spread the message during our annual HPV prevention week by sharing the movie "Lady Ganga "with our branch members.

Our Keynote address ***Empowering Women Leaders in Medicine*** was delivered by Dr. Ivy Bourgeault, who while appearing humble is very empowering herself! She discussed equity vs equality, particularly how women lead in health care but not in leadership roles. To change she says, we need a "combination of a strong supportive network of practicing and emerging women combined with implementation of evidence-informed tools to transform systemic







change. As she says,  
"Gender always Matters."

Dr Lisa Calder, emergency room physician, reflected on the advances women have made in the medical profession. She also reminded us about the importance of taking care of ourselves and each other.

Dr. Angel Arnaout, an oncoplastic breast surgeon oncologist introduced us

to a newer approach to breast cancer surgery that improves the cosmetic outcome, thereby helping lessen the emotional and psychological trauma of this potentially devastating disease.

Saturday afternoon sessions continued with the documentary **The Gender Lady** which highlights the career and life of FMWC-past president and women's

rights trailblazer, Dr. May Cohen. Filmmakers Dr. Barbara Lent and Dr. Cheryl Levitt were present to answer questions about the process of researching and producing the film.

The session ended with an inspiring and engaging panel discussion on Gender and Health lead by Dr. Anne Neic, Head of Gender Studies at McMaster University in Hamilton. She was joined by Drs. Charissa Patricelli, Sajini Thoas and Karen Breeck as well as student representative, Dalia Karol.

Saturday evening, we enjoyed an intimate social at the Jackson Cafe at the Art Gallery where we also honoured our award winners.

Sunday morning began with two fantastic presentations by winners of our Top Student Abstracts.





Ms Mirna Matta spoke about Cannabis Sales and Use During Pregnancy in Alberta, and Ms Kathryn LaRoche presented on How Did The Introduction of Mifepristone Impact Access To Abortion Care in Ottawa? Dr. Ally Crockford, from the Ottawa Rape Crises Centre spoke on supporting survivors through the use of trauma informed care.

Dr. Angel Foster, from both the University of Ottawa

and Harvard University, gave a historical review of the global journey of Myfepristone and the politics associated with it. She also talked about future goals including eventual demedicalization.

Our closing speaker was the CEO of Women's college Hospital and the recipient of our Honorary Member award this year, Dr. Danielle Martin.

Dr. Martin presented her ideas on how we can

address Canada's health care pressures and also discussed how virtual care will continue to have a greater impact on how we practice medicine.

This conference was a time for much camaraderie, networking and empowerment. There were early learners from the east coast who came full of enthusiasm to form new branches ... and found themselves warmly supported by practicing physicians. The story of May Cohen inspired us all with her wisdom and love for family and humankind.

....

It was a wonderful weekend. We look forward to seeing everyone again at future events!



# Thank you to our Partners and Friends

## PLATINUM SPONSOR



**MD Financial  
Management**

## GOLD SPONSOR



## SILVER SPONSORS



**BAUSCH** Health



## BRONZE SPONSORS & FRIENDS

**CMPA.**  
Empowering  
better healthcare



Ottawa Medical Society

Run Ottawa



# AWARDS UPDATE!

The very pleasant job of the Awards Committee is to review member-submitted nominations for a variety of awards. Of a total 7 possible awards, outlined below, nominees were advanced for 5 this year. We also had a new award, the Student Branch Award, proposed by student member Lily Park, University of Ottawa. This award was approved at the 2019 AGM. All awards were presented during a mingle and nibble at the 2019 AGM Awards Ceremony held at the Art Gallery of Ottawa on Saturday evening.

The following summarizes the 2019 awards and their recipients.

## MAY COHEN AWARD 2019

This year's recipient of the May Cohen Awards was **Dr. Anne Niec**. Dr. Niec's list of accomplishments is extensive and truly inspiring. She is a faculty member and Professor in the Dept of Pediatrics at McMaster University in

Hamilton, Ontario with a clinical specialty in Child Advocacy. She completed her Pediatric Residency Training at the Hospital for Sick Children, Toronto and holds a fellowship in Child/Adolescent Psychiatry from Harvard University. At McMaster she is director of the Child Advocacy and Assessment Program, and also the director of the



Dr. Anne Niec





Gender and Health Initiative which was established by the Faculty of Health Sciences to support the development of education resources that examine the impact of gender on health and healthcare delivery. Dr. Niec also holds an appointment as Faculty Lead, Professionalism for the Faculty of health Sciences at McMaster and is involved in undergraduate, postgraduate and interdisciplinary education both from the direction of student teaching and administration in addition to community, university and hospital education. She has been a dedicated member as well as past president of FMWC, and has been a mentor and sage advisor, and is truly deserving of this award.

## THE MARGARET OWEN-WAITE MEMORIAL FUND (MOWMF) AWARD 2019

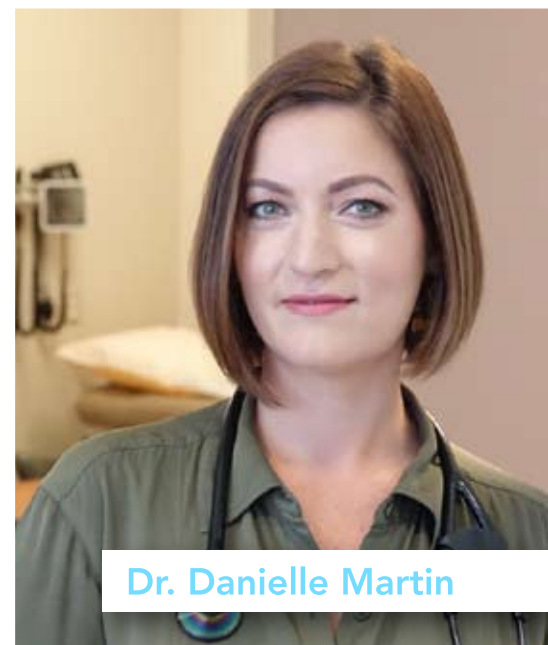
This year's winner of the MWOMF Award, which provides a **\$1,000**

scholarship to a FMWC practicing physician wishing to further her medical education or complete temporary work in an under-serviced rural location or developing country, or present an original paper at a medical meeting, was **Dr. Amy Gausvik**. Dr. Gausvik graduated in 2004 with an MD from the University of Calgary and went on to complete a Diploma in Tropical Medicine and Hygiene in 2011 from the London School of Hygiene and Tropical Medicine. She is a rural family physician who practices obstetrics in High River, Alberta; maternal-child health on the Eden Valley First Nation Reserve; and internationally in Tanzania and Laos through the University of Calgary. Since 2012, she has also been recognized as a Master Teacher in the Cumming School of Medicine. During 2019, her work and teaching led her to pursue a Masters in Tropical Medicine and International Health through the London School of Hygiene and Tropical

Medicine and this award supports that endeavour.

## FMWC HONORARY MEMBER 2019:

This is awarded to a woman who has rendered outstanding service to one or more of the following: the Federation of Medical Women of Canada, to medicine and particularly to women's health issues. The Honorary Member receives full lifetime membership in the FMWC without dues. This year's award went to **Dr. Danielle Martin**, Women's College Hospital. Dr. Martin



**Dr. Danielle Martin**



completed her bachelor's degree in science from [McGill University](#) and her M.D. at the [University of Western Ontario](#).

She also holds a master's degree in public policy from the School of Public Policy & Governance at the [University of Toronto](#).

Currently, she is the Vice President, Medical Affairs and Health System Solutions at Women's College Hospital (WCH), and the founder of the [WCH Institute for Health System Solutions and Virtual Care \(WIHV\)](#).

She is also a family physician and associate professor in the Departments of Family and Community Medicine and Health Policy, Management and Evaluation and School of Public Policy and Governance at the University of Toronto.

In 2006, Dr. Martin started the organization [Canadian Doctors for Medicare](#) and won the CMA award for young leaders. Dr. Martin is the author of the book

### ***Better Now: Six Big Ideas to Improve Health Care for All Canadians***

(Penguin Canada, 2017).

## **STUDENT LEADERSHIP AWARD**

Annually, the FMWC also recognizes the medical student member showing the most potential in the realm of leadership.

This year's recipient was **Ms. Lily Park**. Lily is a medical student in the class of 2020 at the University of Ottawa. She has held numerous leadership and volunteer roles over her 3 years. These include



**Ms Lily Park**

being a founder of the new uOttawa branch Association of Women Surgeons; developing a promotional video for Doctors of Ottawa, including the addition of actual physicians' stories; being co-lead of Dr. Mom, including leading their inaugural event in Toronto; and being the national Student Representative for FMWC in 2017. She was also instrumental in creating the #MeToo survey which provided suggestions for the CMA position paper. This past year she spearheaded the creation of our new FMWC Student Branch Award and facilitated the new "Gender equity and Diversity Essay contest". Lily has dedicated much time and effort toward furthering the mission statement of FMWC in support of medical women.



Winter  
2020

11

## STUDENT BRANCH AWARD 2019

This award recognizes the FMWC student branch that through ongoing events and member recruitment has helped promote the mission statement of FMWC by encouraging continued student involvement. The University of British Columbia FMWC Student Branch was the winning branch and they were awarded a \$500 prize award, where \$250 would be put towards providing 10 free memberships for students in the local region of the selected branch, with the remaining \$250 supporting funding of future branch endeavours.

We had two awards this year that we were unsuccessful in receiving nominations for-- Enid Johnson MacLeod Award and the Reproductive Health Award.

It was my first AGM as Awards Chair and it was inspiring to meet all the winners and to celebrate the diversity and positive power of everyone's work! Please get your nominations in by December 31<sup>st</sup> (details on the website) so that FMWC is able to recognize and honour more successes in women physicians and surgeons, and women overall.



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

OMA Ontario Medical Association

## Save the Date

21<sup>st</sup> Annual Women's Health Care Seminar:

**Moving the Dial on Gender Equity**

Thursday, April 30, 2020

0830-1630

**Featuring:**

Keynote Speaker Maydianne Andrade & OMATalks, a new thought leadership initiative, "Exposing and Closing the Gender Gap in Medicine."

**Location:**

Hilton Toronto Hotel  
145 Richmond St. W., Toronto, ON

Learn more at  
[oma.org/WHCS](http://oma.org/WHCS)



## ADVOCACY -

# Human Trafficking Workshop

---

On Wednesday, October 16<sup>th</sup>, the FMWC's Gender-Based and Family Violence Committee held their first workshop for healthcare professionals on Human Trafficking at the University of Toronto. Our speakers included former Detective Wendy Leaver of the Toronto Police Department Sex Crimes Unit, and Guido Guberman, MD/PhD Candidate from McGill University and Co-Founder of the Canadian Alliance of Medical Students Against Human Trafficking.

Human trafficking is the trade of humans for various purposes, including forced labour, sexual slavery, child marriage, and commercial sexual exploitation. It occurs frequently across international borders with young women and children from Asian and South Asian countries being frequent victims. Human sexual trafficking occurs within Canada at an alarming rate. The numbers, however,

are unclear as there is significant underreporting. Sadly, Toronto is a major centre for sex trafficking.

Ms. Leaver described the victims of sexual trafficking as usually Caucasian, young (possibly as young as 12 or 13), and having low self-confidence or self-worth. While often they may come from a home where there has been some conflict or stress, this is not necessarily the case. Indigenous individuals and those with mental health issues or drug problems are particularly at risk. These girls and women are usually quietly seduced into a relationship with their pimp, who then spends a period of time "grooming" her. This usually involves initially treating her extremely well and frequently buying her gifts. Subsequently, she becomes emotionally, and sexually dependent on him. Following this is a period of rejection and then verbal and physical and often sexual abuse. ALWAYS the

pimp remains in complete control of her life. She will be forced to turn tricks upwards of 25 times per day. She may be moved from one city to another and may eventually be sold to another pimp. This is a sad, but a typical story of a trafficked girl in Canada.

As medical professionals, it is imperative we are able to identify individuals being or at-risk of being trafficked; that we educate and support survivors and prevent human trafficking.

Mr. Guberman pointed out that physicians need to be aware that human trafficking exists in Canada so they should expect to be exposed to these victims in clinical settings. Human trafficking should be considered a medical diagnosis/formulation.

More than 80% of trafficked individuals will seek medical attention while in captivity. This places clinicians in a unique position to be able





to potentially help trafficked victims. A trauma informed approach to dealing with suspected victims is required. Ideally, the goal is to gain trust with the victim and provide a reason for the victim to return for a further visit with the health provider. Each contact is an opportunity to build trust and provide support for these severely traumatized individuals. The following information was shared to identify victims:

Asking screening questions of individuals who present as vulnerable to trafficking may help to identify victims. Five questions to pose include asking:

1. Did anyone arrange your travel to Canada/ your province/your city
2. Did anyone where you worked (or did other activities) ever make you feel unsafe or scared?
3. Have you ever felt you could not leave the place where you worked (or did other activities)?
4. Did anyone where you worked (or did other activities) ever trick

or pressure you to do something you were not comfortable doing?

5. Were you allowed to take breaks where you worked (or did other activities) for example, to eat, use the telephone or use the bathroom?

If these screening questions suggest human trafficking:

1. To provide comprehensive care (Physical health, mental health, safety and accommodation)
2. To be aware of resources available and have connections to them
3. With patient's consent:  
Refer to forensic nursing service if available  
Refer to social work  
Provide information on local anti-trafficking groups  
Report to authorities  
Set up opportunities to follow-up  
Important not to lose track of this patient

Remember the patient should be the decision maker of their care, including when to get others involved, to refer, and, for certain cases, consider the legal responsibility to report (under certain ages).

The Canadian Alliance of Medical Students Against Human Trafficking is an organization which promotes the education of medical students and health professionals about human trafficking. They are active in 7 provinces and 12 medical schools and have partnered with 20 community associations to support ongoing research and advocacy.

This event was a great success, with much thoughtful discussion and next steps generated. We hope to host further events to spread the word about human trafficking and inform medical professionals about possible intervention in the future. We also hope to engage University of Toronto Medical Students in the CAMSHT organization.



# Gun Control

The Women Peace and Security committee of the FMWC, as concerned physicians for public health and safety, in the context of increasing firearm-related homicides and injuries, supports the position of the Canadian Doctors for Protection from Guns, and calls for action from the Federal Government to:

- 1) Enforce stricter handgun-control,
- 2) Perform stronger handgun background checks,
- 3) Require comprehensive handgun record keeping requirements, and
- 4) Increase research into the epidemiological causes and impacts of gun violence.

The statistics are troubling. Within a context of decreasing crime in Canada, gun violence is increasing.<sup>[1]</sup> Of the 611 homicides in Canada in 2016, 223 involved

firearms, with 130 (58%) of these involving handguns. The problem worsened in 2017, with 660 homicides, 266 involving firearms, and 145 (55%) involving handguns. Handguns continue to be the most frequently used type of firearm for homicide. Sadly, this is the 4th consecutive year increase in these cases and Overall, there has been a 42% increase in gun violence since 2013 in Canada.<sup>[1][2]</sup>

Although, at 1.8 homicides per 100,000 of population, we compare favourably to the USA at 5.3, other western countries are doing much better (France at 1.3, Germany at 1.0, and UK at 1.0). Even in 2016 in the USA, 47% of firearm-related homicides involved handguns.<sup>[3][4]</sup>

In summer of 2018, physicians in Canada and the US engaged in an impromptu social media campaign against gun violence in response to a

tweet from the National Rifle Association in the United States telling them to “stay in their own lane” regarding gun control. In no time at all, heart-wrenching stories of gunshot injuries and deaths flooded the internet from physicians who have seen all they can take of the senseless gun violence sweeping North America. Check out the Twitter account [@ThisIsOurLane](#) and [#ThisIsOurLane](#) to keep up with the discussion.

And while gun-related crime has been dropping in Edmonton, Ottawa, and Vancouver, it is on the rise in Calgary and Toronto.<sup>[5]</sup> Regina has the highest gun-related crime at 59/100,000, while the rate of gun-related crime in northern communities is double that in southern communities.<sup>[1]</sup> The recently published report, Femicide in Canada 2018, found that 34% of femicides



were committed using a firearm.<sup>[6]</sup> The recent call by the United Nations for countries to create femicide observatories is a significant and urgent signal. Despite research done to date, and advances made, this issue remains a very serious and critical issue for women and girls in Canada and around the world.

Missing in the calls to restrict gun bans to cities is the reality gun violence, per capita, is higher in rural Canada than urban. Such measures are also strongly supported by medical research which consistently shows a clear correlation between restrictions on access to guns and improved public health and safety.

Gun control is a public health issue for individuals, their families, and the communities in which they live. Most gun-related injuries are entirely preventable with policies that restrict access to guns. Even though a growing majority (69%) of

Canadians support control of handguns and assault weapons legislation, it remains a contentious issue pitting gun enthusiasts and hunters against almost everyone else.<sup>[7]</sup>

Physician advocates have a role to play in effecting change.

Canadian Doctors for Protection from Guns (CDPFG) was formed in response to the summer [2018 Danforth](#) shooting in Toronto where two young people were killed, thirteen were wounded and an entire city horrified by the actions of a lone shooter who went on a rampage one warm summer night. CDPG is a grassroots organization concerned about the increasing public health impact of firearms.<sup>[8]</sup> They represent physicians working in collaboration with nurses, paramedics, rehabilitation specialists, psychologists, researchers and other front-line health care professionals. These physicians have all

witnessed first-hand the emotional and physical trauma and devastation caused by guns. CDPG calls for a comprehensive public policy in response to this crisis in our communities, including preventative tools to reduce gun use and its consequences on youth violence, domestic abuse, and suicide.

On April 3<sup>rd</sup> 2019, more than 1,000 health professionals and medical students in 16 cities participated in a National Day of Action in support of Bill C-71 and a ban on assault weapons and handguns. At the same time, the Canadian Medical Association Journal endorsed advocating for a public health approach to guns. The medical community is broadly united on this issue and Canadian Doctors for Protection from Guns intends to ensure gun control is an issue in the upcoming federal election through a variety of campaign interventions.



Winter  
2020

16

Canadians need action on gun control now. The new government cannot maintain inadequate compromise on effective gun control legislation. The FMWC demands tighter handgun control and regulations while representing Canadian women physicians and concerned with gun violence.

#### REFERENCES:

- [1] Statistics Canada, Canadian Centre for Justice Statistics, Uniform Crime Reporting Survey, Firearm-Related Violent Crime, 2009-2017. <https://www150.statcan.gc.ca/n1/en/pub/89-28-0001/2018001/article/00004-eng.pdf?st=u3slYnFM>
- [2] <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54980/tbl/tbl05-eng.htm>
- [3] [https://en.wikipedia.org/wiki/List\\_of\\_countries\\_by\\_intentional\\_homicide\\_rate](https://en.wikipedia.org/wiki/List_of_countries_by_intentional_homicide_rate)
- [4] <https://www150.statcan.gc.ca/n1/en/pub/89-28-0001/2018001/article/00004-eng.pdf?st=u3slYnFM>
- [5] Robison Fletcher. CBC Report on Gun Violence in Canada, August 30, 2018. <https://www.cbc.ca/news/canada/calgary/canada-gun-facts-crime-accidental-shootings-suicides-1.4803378>
- [6] Canadian Femicide Observatory for Justice and Accountability, #CallItFemicide: Understanding Gender-Related Killings of Women and Girls in Canada, 2018. <https://femicideincanada.ca/callitfemicide.pdf>
- [7] Ekos Politics. Here's a Simple Idea: Most Canadians Want a Strict Ban on Guns in Our Cities, December 4, 2017. <http://www.ekospolitics.com/index.php/2017/12/heres-a-simple-idea-most-canadians-want-a-strict-ban-on-guns-in-our-cities/>
- [8] <http://www.doctorsforprotectionfromguns.ca>



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

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

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

Visit our website for more testimonials!





# Myths and Stereotypes Induced Abortion and Medical Abortion

Canadian women facing an unplanned pregnancy may now obtain surgical or medical abortion. Since July 2015, Health Canada approved the use of the therapeutic combination of mifepristone and misoprostol for the medical termination of a pregnancy up to 63 days (up to 70 days according to evidence).

Several myths and stereotypes NOT supported by scientific evidence are transmitted in the population. This fact sheet aims to bring facts and put these myths and stereotypes in perspective. It is intended to assist health care professionals in their counseling of people who have concerns with induced abortion.

#	MYTHS AND STEREOTYPES	FACTS
1	"Abortion can lead to breast cancer."	Abortion does not increase a woman's subsequent risk of developing breast cancer.
2	"Abortion can lead to infertility. The risks of becoming infertile are greater with medical abortion."	Medical and surgical abortions have no impact on future fertility. Sexually transmitted diseases are the number one factor responsible for infertility and must be ruled out before any type of gynecological procedure.
3	"Abortion is more dangerous than childbirth."	Abortion is between 10 and 14 times safer than childbirth, regarding the risk of death and overall morbidity. Abortion is very safe when it is provided by registered health care professionals.
4	"Abortion causes emotional distress that leads to a mental illness such as post-abortion syndrome."	No such syndrome is scientifically or medically recognized. Since 1989, the psychological and medical communities have not found any evidence of the existence of a "post-abortion syndrome".
5	"Women use abortion as a contraceptive."	One in three Canadian women will have an abortion by the age of 45. You don't have to be "irresponsible" to need an abortion. The number of induced abortions performed yearly in Canada has been declining over the last 20 years. Studies show that better access to contraceptives and adequate sexual education are key factors in decreasing the number of unplanned pregnancies.
6	"Risks associated with medical abortion are significantly higher than those associated with surgical abortion."	First trimester medical abortion is as safe as first-trimester surgical abortion as shown by studies conducted over the last 30 years.
7	"Fetus feels pain during a medical or surgical abortion."	Studies show that the fetus is unable to feel pain before the third trimester of the pregnancy. Close to 90% of abortions are performed in the first trimester when the fetus is incapable of feeling pain.
8	"Medical abortion can be reversed."	Medical and surgical abortions are irreversible.
8	"Women can abort whenever they want and kill a perfectly healthy baby."	Late termination of pregnancy in the third trimester (28 weeks +) are performed for medical reasons (viability of the pregnancy or health risks for the woman).



While surgical abortion is performed with instruments in a specialized facility, medical abortion is induced by two medications. It is a process similar to a natural miscarriage that a woman experience in the discretion of her home. These medication are mifepristone and misoprostol. Mifepristone blocks progesterone which supports of the early pregnancy. It is taken first, orally. Then, 24 to 48 hours later, misoprostol is absorbed between the gum and the inner cheek. Misoprostol stimulates uterine contractions and expulsion of the products of conception.

This therapeutic combination has few contraindications that must be ruled out by a health professional before use. Its effectiveness is 95% to 98% up to 63 days of gestation. The most notable side-effects are short-lived bleeding and cramping. Complications, such as hemorrhage or infection, are rare. They may require emergency care. It can be provided in primary care and most provincial government insurance plans cover it.

More information on Induced Abortion, Medical Abortion and unplanned pregnancy can be obtained on:

<https://www.sexandu.ca/pregnancy/unplanned-pregnancy/>

<http://www.arcc-cdac.ca/publications.html>

## REFERENCES

Abortion Rights Coalition of Canada. "Statistics – Abortion in Canada", 2019, Online: <http://www.arcc-cdac.ca/backrounders/statistics-abortion-in-canada.pdf>

American Congress of Obstetricians and Gynecologists. "Facts Are Important: Medication Abortion 'Reversal' Is Not Supported by Science", Press Release, 2017, Online: <https://www.acog.org/-/media/Departments/Government-Relations-and-Outreach/FactsAreImportantMedicationAbortionReversal.pdf>

American College of Obstetricians and Gynecologists (ACOG) Committee on Gynecologic Practice. ACOG Committee Opinion, No. 434: "Induced Abortion and Breast Cancer Risk", *Obstet Gynecol*; 2009, 113: 1417-1418.

Major B, Appelbaum M, Beckman L, Dutton MA, Russo NF, West C. American Psychological Association Task Force on mental Health and Abortion. 1989. Retrieved from <http://www.apa.org/pi/wpo/mental-health-abortion-report.pdf>

Grossman D & al. "Continuing Pregnancy After Mifepristone and 'Reversal' of First-Trimester Medical Abortion: A Systematic Review," *Contraception*; 2015, 92 : 206–11.

HSia JK, Lohr PA, Taylor J, Creinin MD. Medical abortion with mifepristone and vaginal misoprostol between 64 and 70 days' gestation. *Contraception*; 2019;100 :178-81.

Raymond EG & Grimes DA. "The comparative safety of legal induced abortion and childbirth in the United States", *Obstetrics and Gynecology*; 2012, 119: 215-19.

Royal College of Obstetricians and Gynecologists. "Fetal Awareness: Review of Research and Recommendations for Practice", *Report of a Working Party*; 2010, Online: <https://www.rcog.org.uk/globalassets/documents/guidelines/rcogfetalawarenesswpr0610.pdf>

Lee SJ & al. "Fetal Pain: A Systematic Multidisciplinary Review of the Evidence", *Journal of American Medical Association*; 2005, 294 (8): 947-954.

Steinberg J.R., McCulloch C.E., & Adler N.E. "Abortion and Mental Health: Findings from the National Comorbidity Survey-Replication", *Obstetrics & Gynecology*; 2014, Volume 123: 263–270.

Virk J, Zhang J & Olsen J. "Medical Abortion and the Risk of Subsequent Adverse Pregnancy Outcomes", *The New England Journal of Medecine*; 2007, 357: 648-653.

## AUTHORSHIP :

On behalf of the Women, Peace, and Security Committee of the Federation of Medical Women of Canada:

Pronovost V, PhD Doctoral student in Sociology, University of Quebec in Montreal, Montreal, Quebec, Canada.

Guilbert E. Scientific medical advisor, National Institute of Public Health of Quebec, Quebec, Canada.



# CANADA ENCOURAGES WORLD PARTICIPATION IN EDUCATING AND RAISING AWARENESS OF HPV

October 1, 2019, marked the first day of our HPV Prevention Week. This annual campaign has garnered world-wide attention with numerous countries joining the movement to educate on HPV Prevention including understanding, screening and treatment. Launched in 2017 through the stewardship of The Federation of Medical Women of Canada (FMWC) and in collaboration with partners including the Society of Obstetricians and Gynecologists of Canada, Medical Women's International Association, Merck Canada, and regional partners, the campaign continues to grow in its reach and influence.

This year marked the third annual HPV Prevention Week bringing together health care providers and patients alike to raise awareness and educate on HPV immunization as the first step in prevention of HPV infection and six types of cancer caused by the virus.

This year's education campaign focussed on sharing the free documentary "Lady Ganga: Nilza's Story." This short film shares the story of Michele Baldwin. As Michele battled cervical cancer, she paddled the Ganga River in India sharing

her story and encouraging women to get screened for cervical cancer, as a means to prevent other women from experiencing HPV related cancers. Multiple screenings were scheduled for across Canada. This powerful video was extremely well received and was broadly shared.

HPV Prevention Week is helping to take Canada's leadership in this area to the global stage. HPV and its related cancers are preventable, and the FMWC is share this campaign, its message, and activities among other nations with HPV Prevention Weeks to be held in the United States, Taiwan, and India. We encourage everyone, regardless of age or gender, to talk with their healthcare provider about how they can prevent HPV.

As HPV Week 2019 coincided with our national election, we did not do an event on Parliament Hill this year, opting instead for locally organized events. We are, however, planning an event for 2020. We are looking to do "House Calls" on the House of Commons and the Senate of Canada discussing the need for vaccination. Stay tuned about how you can get involved!



Winter  
2020

20

# #HerHeartMatters

The FMWC/Women's Cardiac & Cerebrovascular Health Committee are whole "heart"edly supporting the [Wear Red Canada Campaign](#) on February 13, 2020, which is raising awareness about women's CV health.

Two members of our advocacy committee are active members of the Canadian Women's Heart Health Alliance (CWHHA): Dr. Rajni Nijhawan (Advocacy Working Group) and Dr. Shahin Jaffer (Knowledge Translation & Mobilization Working Group). Our committee's physicians and medical students from McMaster, University of Ottawa and UBC (Victoria/Island campus) are planning events to support this cause and we would like many more members from FMWC to join.

Here are some key messages:

- Heart disease and stroke are the number one cause of premature death in women in Canada and women have worse cardiovascular (CV) outcomes when compared to men.
- Throughout their lifespan, from puberty to pregnancy to menopause, hormonal influences are considered to play a large role in women's vascular health. In 2018 the Heart and Stroke Foundation (HSF) Stroke Report, "Lives disrupted: The Impact



of Stroke on Women", revealed that stroke in women during pregnancy is three times higher than stroke in non-pregnant women. Women have worse outcomes after stroke, in fact, one-third more women die of stroke than men. Women are 60% less likely to regain their independence and twice as many women as men go to long-term care.

- The 2018 HSF Heart Report "Ms. Understood" indicated that heart attack signs were missed in 78% of women. Women who had a heart attack were more likely to die or suffer a second heart attack when compared to men. Less than





one-third of women experiencing a heart attack received guideline-based care such as an electrocardiogram or thrombolytic therapy.

Evidence-based clinical care of women with CV disease is challenging. Sex and gender-unique disparities are prevalent. Women with CV conditions are under-diagnosed, under-treated and under-represented in clinical trials. Across Canada, CV institutions, heart health centres, advocacy bodies, and organizations such as the CWHHA, are working diligently to reduce knowledge gaps and ultimately improve CV treatments and outcomes in women.

Whether it's something simple like you and your family wearing red on February 13, 2020, or if you would like

to organize an information booth or education session at your workplace or in your community (key messages and resources were emailed out on January 6, 2020), we look forward to your support in raising awareness about women's CV health. Our goals are 1) to have at least one FMWC member in every province lead a learning session and 2) organize at least 12 events throughout the country. Email [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca) a summary of your event so we can post it on the Alliance tracker under a united FMWC banner. For social media fans, please tweet your heart out, post your pictures on the FMWC Facebook page and send out the key messages to your friends, family and colleagues all around the world; **the FMWC whole"heart"edly supports #HerHeartMatters.**



MD Financial  
Management

# 4 out of 5 physicians say they want to save more.<sup>1</sup>

## Do you?

Thoughtful planning  
and advice from MD  
can help you do it.



Contact an MD Advisor\* to optimize your RRSP and  
TFSA contributions and plan for a better tomorrow.

**[md.ca/peaceofmind](https://md.ca/peaceofmind) | 1 800 267-2332**

<sup>1</sup> Environics Research (2018), MD Physician Retirement Readiness Study.

\* MD Advisor refers to an MD Management Limited Financial Consultant or Investment Advisor (in Quebec), or an MD Private Investment Counsel Portfolio Manager.

MD Financial Management provides financial products and services, the MD Family of Funds and investment counselling services through the MD Group of Companies. For a detailed list of these companies, visit [md.ca](https://md.ca).



Winter  
2020

23

# Student Activity

.....

It's been a busy year for our students across the country. The Lady Ganga Movie was screened at multiple locations during HPV Prevention Week 2019. The UBC Branch held The X Factor: a panel featuring women physicians and residents in male-dominated specialties, as well as a Mentorship night. They are also planning a workshop on trauma informed care. The Victoria branch held a Women's Health Education Night and a Healthy Aging Workshop. The UBC student branch also launched a fantastic new website. [Check it out](#)

The Toronto student Branch has had the opportunity to celebrate the FMWC mission statement through an array of events, including a **How it's Going, Dr. Mom?** panel event in March and a charity bake sale event as part of a sanitary products and

personal hygiene drive for a women's shelter in downtown Toronto.

Ottawa Students are planning a major social media campaign for Women's Cardiac And Cerebrovascular Health awareness in February and March.

In Atlantic Canada, we have student-led branches starting up in Nova Scotia; New Brunswick; and St. John's; Newfoundland and Labrador.

These are just a sample of the student-led activities that are going on with our local and university branch members. Clearly, there are lots of fantastic things happening! This is a great time to get involved and stay involved with the FMWC. We are a sisterhood of women physicians who share common interests and support for each other.



Medical Women of  
Canada Foundation

The Medical Women of Canada Foundation is a registered charity was founded by, but is legally separate from, the Federation of Medical Women of Canada. Our charitable activities involve providing educational grants to female medical students (Maude Abbott Scholarship Fund) and research grants to practicing female physicians (Maude Abbott Research Fund) on an annual basis. More details about the awards can be found [here](#). This year's recipients will be announced in the spring of 2020.

There are active fundraising events at each FMWC annual meeting, but we are always delighted to accept donations at anytime during the year! Please either mail cheques c/o the National Office or click on the "donate" button on the FMWC website.

Submitted by:  
Dr. Charmaine Roye, Treasurer,  
Medical Women of Canada  
Foundation



# MENTORSHIP PROGRAM

Mentorship is one of the cornerstone activities of the Federation of Medical Women of Canada. We encourage informal mentorship at all our events and through our committees and advocacy groups. Our students are the life and new blood of our organization. Practicing physicians are happy to share experiences and advice be it in an informal or more structured setting. When a physician renews their membership, they are asked if they are interested in being a mentor. In 2019, we matched 41 mentees with 25 mentors. We will begin matching this year's mentors and mentees in the spring. We encourage anyone interested to become a mentor or receiving mentorship to contact national coordinator at [fmwcmain@fmwc.ca](mailto:fmwcmain@fmwc.ca).



## DONATIONS ALWAYS WELCOME

*Interested in supporting FMWC?  
To find out how, please visit  
us at [fmwc.ca](http://fmwc.ca)*



## WE'RE LOOKING FOR COMMITTEE CHAIRS!

*Interested in preventing and  
eliminating Cervical Cancer,  
or in Education broadly?  
Reach out today!*





# UPCOMING EVENTS

2020

**MARCH 6 & 7,  
HAMILTON, ON**

[Resilience: Equity in Gender, Health, and Water Conference](#)

The 2020 Resilience: Equity in Gender, Health & Water Conference will be held at the Art Gallery of Hamilton ([123 King St. West](#)) on March 6<sup>th</sup> and 7<sup>th</sup>, 2020.

The conference focuses on the intersections of gender, health and water in relation to resilience. The themes include: gender and health equality, holistic health (Indigenous perspectives), gender-based violence prevention, and responding to trauma (resilience interventions).

The Annual May Cohen Lecture, entitled **Child sex trafficking and exploitation: A pervasive form of sexual abuse**, will be given on the first day of the conference (March 6<sup>th</sup>) by world-renowned expert in combatting child exploitation, Dr. Jordan Greenbaum.

Please click [here](#) for more information and complete registration!

**AUGUST 17-28, 2020**

[MWIA North American Regional Meeting – 2020 Mediterranean Cruise](#)

Dear Members:

Our **MWIA** North American meeting through the Greek Islands on the beautiful Celebrity X, sailing **August 17-28<sup>th</sup> 2020** is rapidly approaching.

Currently enrollment has been slow. Our hosts, CME Away will open this to their general participants in the New Year. Once it fills, your opportunity to travel with our dynamic group is gone.

**BOOK NOW to reserve your spot!**

Why should you book?

You pay for a first class cruise and your guest sails free (other than taxes and tips).

1. **You get CME credits for this event (NOTE: it has been approved for credits from the College of Family Physicians of Canada; those with Royal College designations are eligible for small group learning**



Winter  
2020

26

**credits; our American colleagues can apply for the same).**

2. The trip is tax deductible as a business expense.
3. You will enjoy travelling and learning with your medical sisters from both your own country and around the world.
4. Our four dynamic and well known speakers will present engaging CME topics that will be of use to you both professionally and personally.
5. You will have the potential to visit fabulous sites in three different countries (nine different stops).
6. This will be an experience to remember and cherish!

Please if you have been thinking about attending, sign up now so you can be reassured about a spot with your colleagues!!!! Don't be disappointed.

Yours truly,

**Anne Niec, MD, FRCPC**

Past President, FMWC  
MWIA National Coordinator for the FMWC

PS - Feel free to contact me, Anne Niec – [nieca@mcmaster.ca](mailto:nieca@mcmaster.ca) for questions, or CMEAWAY [cruises@seacourses.com](mailto:cruises@seacourses.com) to sign up!

Western Canada Office: 604-684-7327  
or 1-888-647-7327

Eastern Canada Office: 905-845-6631  
or 1-800-268-327

**October 2-4, Vancouver, BC**

[FMWC Annual General Meeting & National Conference](#)

We are pleased to announce that the **FMWC AGM & National Conference 2020** is themed Empowering Justice, Peace & Health and will be held in beautiful **Vancouver from October 2 - 4, 2020** at the Coast Coal Harbour Hotel.

**Stay tuned for more details!**



Winter  
2020

27

## Board of Directors 2019–2020

### EXECUTIVES

#### President

Dr. Clover Hemans

#### Past President

Dr. Kathee Andrews

#### President Elect

Dr. Charissa Patricelli

#### National Co-Treasurers

Dr. Kathleen Gartke

Dr. Susan Wilkinson

#### Honorary Secretary

Dr. Penny Thompson

### BOARD MEMBERS

#### National Resident Representative

Dr. Lauren Kan

Dr. Alanna Roberts

#### National Student Representative

Dalia Karol, Maria Leis,  
Meera Mahendiran, Lily Park

#### MWIA National Coordinator

Dr. Anne Niec

#### FMWC Member At Large

Dr. Bev Johnson

### REGIONAL REPRESENTATIVES

#### Region I – British Columbia & Yukon

Dr. Shahin Jaffer

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

Dr. Setorme Tsikata

#### Region III – Ontario, Québec

VACANT

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

VACANT

### COMMITTEE CHAIRS

#### Chair of HPV and PAP

Dr. Vivien Brown

#### Chair of Women, Peace and Security

Dr. Nahid Azad

#### Chair of Women's Cardiac and Cerebrovascular Health

Dr. Shahin Jaffer

#### Chair of Gender Based Violence and Family Violence

Dr. Kathee Andrews

Dr. Anne Niec

#### Chair of Education

VACANT

#### Chair of Communications

Dr. Charissa Patricelli

Dr. Kathee Andrews

#### Chair of Awards

Dr. Penny Thompson

#### Chair of Membership

Dr. Bev Johnson