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

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

A Reception was held on Friday evening in the new David Braley Health Sciences Centre. We thank the Ontario Medical Association for their sponsorship. The attendees met each other, some for the first time, and re-connected with others they had not seen since our last meeting. Welcoming remarks were given by FMWC President Dr. Vivien Brown; Dr. Nahid Azad on behalf of the International Medical Women’s Association; Dr. Crystal Cannon on behalf of the Ontario Medical Association; and Dr. Alan Neville, Associate Dean of the Faculty of Medicine at McMaster University.

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

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

Madame Sophie Gregoire-Trudeau sent video-taped greetings from Ottawa welcoming members and offered her deepest congratulations to the Federation on 92 years of being the voice of women doctors in Canada. She noted that networks such as the Federations are incredibly important systems of encouragement and support in helping women find balance between work and their personal life. We thank Madame Gregoire-Trudeau for her kind comments and continuing support.
Mr. Sandeep Prasad, Executive Director, Action Canada for Sexual Health and Rights, presented delegates with an overview of the introduction of mifepristone in Canada and its policy implications. Health Canada has approved mifepristone (mifepristone/ misoprostol) after a 3-year application process but has imposed restrictive practice guidelines that will pose a significant barrier to access. Mr. Prasad suggested that there is a role for the FMWC in promoting take-up among our membership and advocacy in easing restrictions and cost coverage. Post-presentation discussion generated much support for FMWC advocacy of this issue as a violation of women’s human rights to accessible, available and good quality health care and members supported the drafting of a resolution to that effect.

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

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

Highlights from the afternoon sessions included a presentation from The Honorable, Dr. Carolyn Bennett, Minister of Indigenous Affairs and Northern Development, who spoke to delegates about the missing and murdered indigenous women and girls and explored the mult-factoreal issues that have contributed to violence. Minister Bennett highlighted several authors who remind us that trauma informs much of the aboriginal existence: child abuse, anger, alcohol/drugs, violence, incarceration, healing. What was learned from the pre-inquiry into the missing and murdered women and girls is that hurt people hurt people. The cycle of hurt has to stop. Minister Bennett outlined areas for advocacy including trafficking, sex education, pedophilia treatment, racism in health care and changes to the child welfare system.

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

From the many posters and abstracts submitted for considered, six were selected to showcase their research at the AGM. They were: Ms. Sophia Dhalla, A Randomized Controlled Trial Comparing Self-Collected HPV Testing to VIA for Cervical Cancer Screening in Uganda: Uptake and Preliminary Results; Ms. Amanpreet Brar, Gender Discrimination: Do Son-Biased Sex Ratios Among Indian Immigrants in Canada Diminish with Increasing Time Since Migration?; Ms. Carween Mui, Rural Access to Abortion Services – Barriers and Potential Effect of Mifegymiso; Ms. Amrita Roy who presented her research on Towards Barrier-Free and Culturally-Safe Services for Pregnant Aboriginal Women: Data from the Voices and PHACES Study; and Ms. Lisa Yang presented her research on Evaluating the Effectiveness of a Brief Group Cognitive Behavioural Therapy Intervention for Perinatal Depression. See page 3 for a group picture of our poster presenters.

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

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

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

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

Dr. Neelum Aggarwal

Dr. Nahid Azad

Dr. May Cohen

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

Dr. Carys Massarella

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

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