

# Victorian Medical Women's Society

## e-Newsletter

Founded 1896

Celebrating our history, advancing our future

April 2013

[www.vmws.org.au](http://www.vmws.org.au)

Volume 11 Issue 2



## President's Report

Dr Magdalena Simonis

It's been an eventful March with the United Nations 57<sup>th</sup> summit on the Status of Women, held in New York. The theme of this year's summit was to end all violence against women and girls. After nearly two weeks of high level discussions, a final policy was drafted and will be submitted to the United Nations for ratification.

The previous summit held for the same issue was held ten years ago and no agreement had been reached by the nations that attended. This year the outcome was quite different, pleasingly. But as our MWIA Secretary General, Shelley Ross wrote in her statement, 'it is time to turn words and policies into actions'. This year, the UN summit was attended by nearly six thousand delegates, the largest attendance to a United Nations summit of all time. More than double the previous years. I attended along with Raie Goodwach (VMWS), Carly Brazel (VMWS, medical student), Yolande Fogarty (VMWS, medical student), Caitlin Dallas (VMWS, medical student) and Victoria Harris (AFMW, medical student) along with Professor Gabrielle Casper (AFMW from NSW). We were hosted for welcome drinks, food and speeches by the Australian UN Ambassador, His Excellency Quinlan. We met and dined with Chief Commissioner Elizabeth Broderick, sex discrimination officer and the Australian delegation to the United Nations. All of us had presentations prepared for the summit and we each delivered them to rooms filled with members of other Not For Profit organisations, intent on eliminating all forms of violence against women and girls.

One of the highlights was the, "Girl Be Heard" ensemble. Check them out at [www.girlbeheard.com](http://www.girlbeheard.com). And follow them on twitter. They are a group of young women, who have turned their theatrical and musical skills into tools to spread the word about the trafficking of women and girls into the sex industry worldwide. They present the harsh reality of the desperate lives such poor women and girls are subjected to. It was the most moving presentation delivered in the form of a dance theatre performance to an audience of around eight hundred delegates. Michelle Bachelet, Secretary General to the United Nations was also in attendance. It is of note that Michelle Bachelet is not only a paediatrician, but also the former Prime Minister of Chile. A formidable woman who inspires and motivates. Her determination to make the voice of women heard in all countries regardless of race, religion and social status is being transformed into policy that is being transmitted to governments around the globe. She is a figure to be reckoned with and an exemplary role model for other women, medical women in particular to observe and learn from.

Of course, being in New York, we were all attracted to the Broadway shows by night. We saw Tom Hanks in a play, 'The Lucky Guy', Scarlet Johanssen in 'Cat on a Hot Tin Roof' and the AFMW delegates attended an avant garde dance theatre performance called Fuerza Bruta. The MWIA delegates from USA showed us their hospitality and hosted a wonderful dinner for the entire AFMW and the MWIA team from around the world. MWIA is a dynamic and inspirational group of medical women and one which I know we all came away feeling very privileged to be a part of.

A day after our return, VMWS hosted the "How We Do What We Do" night at St. Vincent's Hospital. Our three speakers were inspirational and honest about the need to be flexible with one's choices in one's career. The key points made were that one should follow their dreams in medicine, take risks and do what you are passionate about. Overseas work for each of them, whether for a term or more, had proved to be life changing. Their careers have benefited from the flexibility they have displayed in doing what was offered at times when jobs were sparse. No learning experience ever goes to waste, was another key message. In all, it was an eventful and enriching evening that followed on beautifully from the UN Summit discussion held in the month of March.

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## Upcoming Events:

**CV Writing/Interview Skills Workshop**  
Saturday 11th May

**Victorian Women Lawyers Drinks**  
June

**Lyceum Luncheon**  
Wednesday 17th July

## Committee Meetings:

**Monday 15th April**

**Monday 3rd June**

**Monday 12th August**

**AGM to be confirmed**

**Strategic Planning Meeting**  
Sunday 24th November

## VMWS Committee 2013

<b>Dr Magdalena Simonis</b>	President/AFMW Representative
<b>A/Professor Deborah Colville</b>	Vice President
<b>Dr Marissa Daniels</b>	Treasurer/IT Officer
<b>Dr Linny Kimly Phuong</b>	Secretary
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<b>Dr Sarah Heynemann</b>	Social Secretary
<b>Dr Natalie Marijanovic</b>	AMA Victoria Council Representative
<b>Dr Kate Duncan</b>	General Committee Member
<b>Dr Jill Tomlinson</b>	General Committee Member
<b>Ms Jane Doan</b>	Student Representative (Monash)
<b>Ms Sarah Grigg</b>	Student Representative (Melbourne)
<b>Ms Eden Cooper</b>	Student Representative (Melbourne)
<b>Ms Miriam Yassa</b>	Student Representative (Deakin)
<b>Ms Caitlin Dallas</b>	Student Representative (Notre Dame)

## Newsletter Editors 2013

Dr Claire Steiner  
Dr Skye Siskos

Please contact us if you  
have any feedback,  
articles, photos or  
advertisements you  
would like to contribute  
to the newsletter.

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# How we do what we do? Focus: Global Health

## Event Report Dr Claire Steiner

On Thursday the 14th of March we were treated to an exceptional evening with three inspiring medical women speaking from their varied experiences and backgrounds in global and developing world health. An unprecedented turn out meant we had to scabble for chairs in the back cupboards of the St Vincent's 11th Floor Boardroom but soon all were settled in, the sun setting in the west casting a golden glow over the room and the night got underway.

First to take the mic was Dr Amy Gray, Paediatrician and International Child Health Fellow at the Royal Children's Hospital. Having moved to Vietnam originally in support of her husband for his work she soon found herself heavily involved with the local children's hospital which sparked a love affair for South East Asia. After returning to Melbourne for a short while it wasn't long before she returned to South East Asia and Laos. There she worked with the University of Health Science to develop the a Laos translation for the WHO Paediatric Guidelines in an attempt to bridge the healthcare gap for the local community.

Following on Dr Ruth Grace, Obstetrics and Gynaecology Registrar, recounted her own unconventional way through developing world healthcare. After getting her foot in the global health door with Australian Volunteers International in a TB hospital in Papua New Guinea she spent her first few international placements primarily in treating TB with Medicins Sans Frontiers, all the while hoping to get her coveted O&G place. This wasn't to come until Ruth was already enrolled in her basic training when the call came for a placement with Médecins Sans Frontières Australia (MSF) in a fistula hospital in Northern Nigeria. Not for the faint hearted, the stories of trauma, abuse and maternal morbidity that are commonplace and accepted in the



Our inspiring speakers

*From left to Right: Dr Magdalena Simonis (VMWS President), Dr Ruth Grace (O&G Registrar), Dr Amy Gray (Paediatrician & ICH Fellow) and Dr Margaret Beavis (GP & VP for MAPW)*

community highlighted the need for action in equality of women's rights.

Back on home turf, Dr Margaret Beavis, local GP, Vice President for Medical Association for the Prevention of War, Volunteer at the Asylum Seeker Centre. Margaret has had a long and celebrated history in policy and academia at one time editing Australian Family Physician, sitting on committee for Environment Victoria. Having taken many paths throughout her career after getting a strong sense of needing to do more once she had her FRACGP Margaret has contributed to global health through Australian based organisations. Her advice for anyone wanting to contribute to public health, the global community or policy? Focus on your strengths, use your points of leverage (identify where you can make the most difference with the skills you have) and go where you heart is.

All three agree, don't be afraid to start small and get involved, play to your strengths, follow you passions and if it's in your heart, just go for it.



**29<sup>th</sup> International Congress of  
the Medical Women's International Association**

July 31-August 3, 2013  
Ewha Womans University, Seoul, Korea

# 2013 Victorian Honour Roll of Women

By Dr Skye Siskos

A big congratulations goes out to all the new inductees to the 2013 Victorian Honour Roll from everyone at the VMWS. The Victorian Honour Roll commemorates inspirational women and the work that they are achieving in the community within Victoria. The inductees were announced at Parliament House on International Women's Day.

The Minister of Women's Affairs, Heidi Victoria MP, stated, 'Our 2013 inductees have demonstrated exceptional leadership across a range of fields, including health, science, justice, community services, arts and media, aged care, disability, and social justice. Through their commitment, these women are role models for all women and have been a voice for some of our most at risk and marginalised people.'

'Through this public recognition, we acknowledge women's achievements, celebrate their commitment and dedication, and honour their lasting contribution.'

A special mention goes out to our own past VMWS member Professor Susan Sawyer.

Professor Sawyer, paediatrician by training, is the Chair of Adolescent Health in the Department of Paediatrics at University of Melbourne. As well as this, she is the Director of the Centre for Adolescent Health based at Royal Children's Hospital and Murdoch Children's Research Institute.

We commend her amazing work at developing "adolescent friendly" models of healthcare delivery in primary care and her contribution to teaching to ensure future generations will receive care from competent and skillful health professionals in adolescent medicine.

To view the list of all 2013 Victorian Honour Roll Inductees visit <http://www.dhs.vic.gov.au/about-the-department/news-and-events/news/general-news/victorian-honour-roll-of-women-2013>



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*"Your initial consultation is free and without obligation  
And as a member of VMWS you also receive 10% discount  
on our advice fees for yourself and any family member".*

# Concerns over female cosmetic genital surgery

By Naomi Selvaratnam



The United Nations General Assembly has approved a resolution to ban female genital mutilation (FGM) internationally.

The move has been welcomed by medical experts and human rights groups.

However the new resolution has raised questions about whether labiaplasty, another form of genital modification, should also be considered a form of mutilation.

"There's an extension to ask whether or not the genital surgery that's now being done in Western women, where surgery is being done to rearrange the appearance of the labia," said Associate Professor Sonia Grover, Director of the Department of Gynaecology at the Royal Children's Hospital in Melbourne.

"One would have to say that's being culturally-driven and one would have to ask whether that's also now a female genital surgery."

Female Genital Mutilation, or FGM, refers to procedures that involve partial or total removal of the external female genitalia for non-medical reasons.

"FGM involves a range of procedures that can be done from a very minor nicking or cutting of the skin over the clitoris or it can involve removal of the clitoris," said Associate Professor Grover.

"It can involve removal of the labia minora, it can involve sewing of the skin together so that there's only a small opening that allows only blood and urine to come out. So it's quite variable in what's being done."

She adds that labiaplasty can pose similar health risks to the FGM procedures being performed overseas.

FGM has been condemned by medical experts, who say the practice poses significant health risks including childbirth complications, painful sex, and potentially life-threatening infections.

The United Nations resolution, which was adopted by consensus, describes the practice of FGM as a serious threat to the psychological, sexual and reproductive health of women and girls.

The resolution calls upon the UN's 193 member states to condemn the practice while simultaneously conducting education programs to teach communities about the risks of the practice.

Australia's Campaigner on Gender at Amnesty

International, Ming Yu, says the move represents a positive step towards eliminating the practice.

"Finally the countries of the world have recognised that this harmful practice is basically violence against women, and particularly, girls," Yu said.

"We're really excited that this resolution will call for the ban of this practice."

FGM is still widely practiced in some communities, with the UN estimating about 70 million girls and women underwent an FGM procedure in 2010.

The World Health Organisation says about 6,000 girls are circumcised every day.

Associate Professor Grover recently completed a study into FGM in Australia.

She says cases of FGM being performed for cultural reasons in Australia are very rare, but that they are still commonly performed in communities including parts of the Horn of Africa and Indonesia.

"The elder women in the communities are doing it to the young girls to ensure that they are marriageable," she said.

Associate Professor Grover says while the medical risks associated with FGM seem to be less severe than in the past, the dangers still remain.

"There's evidence that many of those procedures are now being done in medical environments. Now that's got positives and negatives, it means that it's a safer procedure and the evidence would suggest that the procedures in that context are milder procedures," she said.

"At least it's reducing the risks to women if it's being done in that setting. But clearly it would be preferable if it was not happening at all."

Executive Director of the Multicultural Centre for Women's Health, Adele Murdolo says people do not understand the impact FGM has on women forced to undergo the procedure.

She says a combination of education programs and laws to ban FGM are needed to address the issue.

"I think there's not a lot of understanding about exactly what the impact of female circumcision is on girls," Murdolo told SBS.

"It's not something that's mandated by any religion or by any particular culture. It's a cultural practice that people within communities are working really hard to eliminate."

"I think that it's really important that people know that there are people within those cultural contexts and within those communities who are working against it."

As published by SBS at <http://www.sbs.com.au/news/article/1723160/Concerns-over-female-cosmetic-genital-surgery> on 27th of December 2012.

# VMWS Female Genital Cosmetic Surgery Position Statement



The Victorian Medical Women's Society (VMWS) supports the AFMW recommendations and adds that items (i) (j) (k) be included to reflect the Victorian position.

We have removed the word 'normal' from items (g) and (h), in the AFMW statement.

- a. VMWS recognises the autonomy of women and upholds the right of adult women to choose to undergo lawful medical and surgical treatments.
- b. VMWS advocates for the provision of informed consent for all patients undergoing medical and surgical procedures.
- c. VMWS opposes the advertising or promotion of regulated health services (eg those usually provided by a health care practitioner) in a way that directly or indirectly encourages their indiscriminate or unnecessary use.
- d. VMWS opposes the promotion of and use of surgical products and techniques that make unproven claims of enhancing female sexual satisfaction and/or attractiveness. VMWS believes that promoting and performing such surgery carries significant risks of physical and psychological harm to women and girls.
- e. VMWS supports the use of gynaecological and plastic surgical techniques where the primary aim is to repair or reconstruct normal female anatomy following trauma, harmful traditional practices, pathologic processes or congenital anomalies.
- f. VMWS opposes media depictions that directly or indirectly promote a prepubescent appearance of female genitalia as sexually desirable.
- g. VMWS opposes media images that directly or indirectly promote inaccurate or unrealistic perceptions of the appearance of female adult genitalia.
- h. VMWS supports education regarding the wide diversity of the appearance of female genitalia..
- i. VMWS recommends that women enquiring about or requesting this procedure, in the absence of the aforementioned exceptions as stated in item (e), be referred firstly to either Gynaecologist or specialist Women's Health General Practitioner and be referred to a psychosexual counsellor or psychologist, before being referred to a cosmetic surgeon.
- j. VMWS recommends that health professionals receive extensive education around the natural variability of female genital appearance and its sensory function.
- k. VMWS recommends that non-medical personnel that provide beauty and hair depilatory treatments such as 'Brazilian waxes', be educated around the variability of female genital appearance and the sensory nature of the genitalia.
- l.

## 57<sup>th</sup> United Nations Commission of the Status of Women - New York

By Caitlin Dallas, Carly Brazel, and Yolande Fogarty  
VMWS Medical Students



One in three females has been sexually abused by the age of 18 years. For women aged between 15 and 44 years, a history of violence is the highest risk factor for health;

higher than smoking, alcohol, hypertension and obesity. Violence against women is a prominent issue, and this year, the 57<sup>th</sup> United Nations Commission on the Status of Women marked a time for change, a time to say enough is enough; a time for governments and NGOs from across the globe to come together to actively end the cycle of violence against women.

We were lucky enough to attend this year's CSW, and we heard speakers from many different countries

highlight issues integral to sexual violence. Important reoccurring themes included the manifestation of sexual violence in negative societal values and norms; the acute and life-long impact of violence; the importance of men and boys in finding a solution; how far countries have come to ending discrimination, but how far we have still to go. We heard from prominent speakers such as Ban Ki-moon, United Nations Secretary-General; Michelle Bachelet, former Head of UN Women; Elizabeth Broderick, Australian Sexual Discrimination Commissioner; Ted Bunch, founder of A Call to Men; Lieutenant General David Morrison, Chief of Australian Army.

The chance to lecture to academics and students at Fordham University and also to speak at an event at the United Nations allowed us to actively become involved in the 57<sup>th</sup> UN CSW. We were given the chance to speak at an AFMW side event "Women doctors and the role of the healthcare system in response to violence against women". We were able to raise issues of violence that were close to each of our hearts, and to talk about the

necessity of education and training in preparing healthcare professionals to fully and sensitively deal with women who have a history of trauma. As Dr. Raie Goodwach has said, "doctors won't ask and survivors won't tell". We cannot tell which woman has a history of trauma anymore than we can guess her medical history by glancing at her. But with the right training and better education we can hope to give patients a safe and understanding forum from which they can tell their stories, and can seek healing.

### **From the Classroom to the Clinic: An evaluation of Medical Curriculum** **- Yolande Fogarty**

Doctors have a crucial role in identifying all forms of violence against women and we can be powerful advocates in preventing this crime. However for a doctor to be educated in the area of violence one must source the training out of personal interest. We just are not getting the adequate education as part of the core curriculum in medical school and many graduates are practicing with very little awareness of violence against women.

Medical schools are starting to establish some learning in the area of violence, my university Notre Dame has recently adopted tutorials and workshops to both 2<sup>nd</sup> year and final year students with cases of first presentation violence which can often occur in pregnancy, the required acute management and then the important long term care and secondary prevention. The aim is to mainstream this teaching across various departments.

We need to teach more at our medical schools from not just the presentation and management of acute violence but also the understanding of socialisation and culture as factors in the causation of violence and how this can be understood to aid in prevention. The education needs to be incorporated into a national framework with examinable components at an undergraduate and postgraduate program and then continued into fellowship training. Our doctors need to communicate sensitively, listen to our patients and help them to access the best services in conjunction with the legal system.

### **An Alternative Perspective: Aboriginal Women** **- Carly Brazel.**

Aboriginal people are four and a half times more likely to be victims of a violent crime (than their non-Aboriginal peers) and three quarters of those victims are women. Rural and remote Aboriginal women are forty-five times more likely to be the victim of violence; and in 53% of criminal cases the offender was known to the victim with 69% of those offenders assuming the role of the woman's partner. The reality is that indigenous Australians are over represented as victims of interpersonal violence in Australia. There is trend of non-

disclosure of violent victimization against women in Aboriginal communities with an astounding 90% of violence *not* being disclosed. A number of *barriers* can be identified as aiding in accounting for this non-disclosure and they are best split into the categories of personal barriers and justice system-related barriers. Fear is a crippling emotion and when coupled with distrust in the legal system, the reality is that the reporting, treatment and prevention of violence against women through the lens of healthcare is troublesome.

As healthcare professionals we must be aware, so we can in turn be sensitive and consequently competent in the realm of identifying and treating violence against women. Australia needs culturally sensitive, multi-modal management systems to effectively aid in advocating and consolidating change. We must provide culturally sensitive resources and education for empowerment. We need resources plunged into rural and remote services, rehabilitation centres, support groups and liaison officers that work in *parallel* with the healthcare system to ensure that there are no cracks in the system. From a jurisdiction stand point, we also need more female Indigenous police officers so that women feel comfortable in reporting violent victimization, and they then can be referred on appropriately to medical care as a beginning platform. We need facilitate an open dialogue about violence against women so as we can be informed and consequently respond effectively. This is a serious issue, and one that needs pertinent attention given to it.

### **Sexual Violence: In War and Peacekeeping** **- Caitlin Dallas**

Sexual violence in times of war and peacekeeping is an important human rights issue that directly violates the liberty, security and freedom of countless women and children. It is used deliberately as a tool of war: to inflict insults, as an act of genocide, to displace communities and to shame and humiliate the victim. Many acts constitute sexual violence, such as rape, sexual or domestic slavery, sexualized torture, genital and bodily mutilation, forced pregnancy, abortion and/or sterilization, purposeful infection with HIV and more. The impact of trauma on victims of violence is life-long; affecting the woman both physically and psychologically for the rest of her life.

As healthcare workers, we can use our positions to advocate to stop the cycle of sexual violence. However while it continues to occur, it is important that we are equipped to deal with the aftermath in our patients. It is important to educate ALL military, healthcare, government and non-government professionals who work with survivors of conflict, of the acute and long-term impacts of trauma. In understanding sexual violence and the associated trauma, we can understand and listen to patients who may otherwise go undetected. Further, we can avoid re-traumatisation and help them towards a path of healing.

## Secretary-General Welcomes Conclusion of ‘Historic’ Session of Women’s Commission, Urges Action to Prevent, End All Gender-Based Violence

The following statement was issued today by the Spokesperson for UN Secretary-General Ban Ki-moon:

The Secretary-General welcomes the outcome of the fifty-seventh session of the Commission on the Status of Women and the agreement reached on the prevention and elimination of all forms of violence against women and girls. He commends the leadership of United Nations Member States to take action to prevent violence and provide justice and services to survivors.

The Secretary-General thanks all participants, including representatives of Governments, intergovernmental organizations, civil society and colleagues of the United Nations. He expresses special appreciation to UN-Women and Executive Director Michelle Bachelet for their strong support to the Commission to ensure a successful outcome.

Violence against women is a heinous human rights violation, global menace, a public health threat and a moral outrage. No matter where she lives, no matter what her culture, no matter what her society, every woman and girl is entitled to live free of fear. She has the universal human right to be free from all forms of violence so as to fulfil her full potential and dreams for the future.

States have a corresponding responsibility to turn that right into reality. The Secretary-General hopes that all the partners who came together at this historic session and others around the world will now translate this agreement into concrete action to prevent and end violence against women and girls. The United Nations system is fully committed to leading this global effort.

Published 15th March 2013 at <http://www.un.org/News/Press/docs//2013/sgsm14874.doc.htm>

## UN Women Welcomes Agreed Conclusions at the Commission on the Status of Women

At the conclusion of the 57th session of the Commission on the Status of Women, UN Women welcomes the outcome of the meeting. The Agreed Conclusions are a testimony to the commitment of Member States to do the right thing, to prevent and eliminate violence against women and girls. In the last two weeks during the meeting in New York, and in the lead-up to this session, we witnessed global engagement and mobilization, high-profile advocacy by civil society, and determined leadership by many Member States. Expectations of the world’s women and girls were extremely high for this session of the Commission.

Violence against women is a universal problem that requires, and has now received, a universal response. Violence occurs in multiple forms in all countries and settings; it harms women and

their families and communities, impedes development, and costs countries billions of dollars annually in healthcare costs and lost productivity. In 2003, when the Commission took up violence against women and human rights, Member States were unable to reach agreement. Thus I am particularly heartened that agreement was reached this year to end violence against women and girls. This agreement comes in unison with rising voices worldwide saying enough is enough.

The document adopted by the Commission condemns in the strongest terms the pervasive violence against women and girls, and calls for increased attention and accelerated action for prevention and response. UN Women welcomes the important focus on prevention, including through education and awareness-raising, and addressing gender inequalities in the political, economic and social spheres. The best way to end violence against women is to stop it from happening in the first place.

The document highlights the importance of putting in place multi-sectoral services for survivors of violence, including for health, psychological support and counseling, social support in the short and long term. It draws attention to the need for services to protect the right to sexual and reproductive health. Punishment of perpetrators is also highlighted as a critical measure to end impunity, as is the need to improve the evidence base and availability of data to inform an effective response.

By adopting this document, governments have made clear that discrimination and violence against women and girls has no place in the 21st century. They have reaffirmed their commitment and responsibility to undertake concrete action to end violence against women and girls and promote and protect women’s human rights and fundamental freedoms.

The agreement is one step more for realizing the rights and dignity of women and girls. But we cannot stop here. We need to do so much more. Words now need to be matched with deeds, with action. Now is the time for implementation and accountability. We must continue moving forward with courage, conviction and commitment.

UN Women, together with our partners in the UN system, will continue to advance the rights of women and girls through strong and coordinated support. We will work with Member States to turn the Agreed Conclusions of the Commission on the Status of Women into concrete results for women and girls.

We will move forward and build on the basis of the international agreements on women’s rights reached over many years, as articulated in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), the Beijing Platform for Action, the Programme of Action of the International Conference on Population and Development, and other agreements and treaties.

There is no turning back. We will keep moving forward to the day when women and girls can live free of fear, violence and discrimination. The 21st century is the century of inclusion and women’s full and equal rights and participation

Press statement by Executive Director Michelle Bachelet. As published by UN Women at <http://www.unwomen.org/2013/03/un-women-welcomes-agreed-conclusions-at-the-commission-on-status-of-women/> on March 15 2013.



United Nations Entity for Gender Equality and the Empowerment of Women

## BUSY?

Take a look at our top 10 apps for the busy professional woman - a must have to get you through the day.



1. **Deckron the Fitness D** - \$2.99 - smartphone App- includes walking, running and fitness workouts which you can do to music of your choice. It even has boot camp workouts.

2. **Fitness Class for iPad** - free - iPod touch/ iPhone you can buy streaming exercise videos also.

3. **Family Doctor 1.0** - iPhone App - \$4.99. Home advisor. Based on book by the British Medical Association. Has 5 key areas:- Charts for children ( 0-1, 1-17, adolescents)

Charts for adults.  
Charts for men.  
Charts for women.  
Chart finder.

It should never replace the need for the use of your family doctor. It should never be used for self medicating.

4. **Pregnancy App for iPad** called My 9 Months - free - iPad App.

5. **Well frame App** - free- iPhone and Android App - provides heart disease risk assessment, preventive care alerts and educational resources. You can print personalised records for your doctor or even send them to your doctor.

6. **Allergy Tree iPad**- iPhone free also look at [Cookitallergyfree.com](http://Cookitallergyfree.com) - free - iPhone App and iPad App. Find a substitute for your recipe if you have a food allergy.

Meal plans around your food allergy.  
Food shopping lists.

7. **Glucose buddy** - free - iPhone App - allows diabetic users to monitor blood glucose levels, record when they take medications, track food intake and activity levels.

8. **Sad Scale** - \$ 0.99 - collection of 4 different depression questionnaires:-

- a) general depression scale
- b) depression scale for children
- c) post partum depression scale
- d) geriatric depression scale.

Results of each questionnaire can be stored for use by your physician and can be emailed.

9. **Calorieking** - free- smart phone App. Helps chart your food intake and activity level and gives you a calorie count as you go. Helps you determine energy needs according to ideal weight including sensible weight loss plan.

10. **Weight watchers mobile App.**

## VELLORE DINNER

**SATURDAY, 4 MAY 2013,  
JUNIOR COMMON ROOM  
QUEEN'S COLLEGE  
6pm MUSIC FOR 6:30.**

In 2012 a Memorandum of Understanding to promote student exchanges was established between the University of Melbourne and the Christian Medical College Vellore South India, founded in 1900 with the express purpose of training Indian Women Doctors. Over the years a number of medical students from Melbourne have gone to Vellore and spoken of their experiences at the Annual Fund Raising Vellore Dinners in Melbourne.



Welcome by Liz Guiver President Friends of Vellore Victoria to Fund Raising Dinner in aid of The Christian Medical College Vellore Tamil Nadu South India

Guest Speakers:

Dr. John Edward Gault, Queen's College Wyvern;  
Cardiologist and Physician in Bendigo for 50 years:  
"Medical Women in My Life"

"Reflections on CMC Vellore over coffee":

Dr. Helen McNamara, Intern St. Vincent's Hospital,  
Elective Medical Student at CMC Vellore 2012

Latin Grace: Professor David Runia The Master Queen's College University of Melbourne

Queen's College musicians:

Chris Litten LMusA (Piano), Alex Beath AMusA (Cello)

Raffle and Silent Auction of Kashmiri cloth donated by Professor Elliott Forsyth from his Mother

Ticket Price; \$110

Student and Clergy discount \$75

For more information see <http://australianfov.net.au/state-news-newsletters/victoria/>



## 2nd International Women's Day Forum 2013

By Ms Sarah Grigg

*"The story of women's struggle for equality belongs to no single feminist nor to any one organization but to the collective efforts of all who care about human rights"*

Gloria Steinem

International Women's Day, 8th March, was first celebrated in the early 1900's and has now become an important and poignant representation of women's rights and equality in over 100 countries. On Wednesday 13th March 2013, the 2nd International Women's Day Forum was held at University of Melbourne in conjunction with Médecins Sans Frontières Australia (MSF), University of Melbourne and University of Melbourne Medical Students Society (UMMSS). This forum was first designed to bring together three groups in their advocacy and support of women's health and social issues both locally and abroad. The topic of this year's forum was entitled "Integrating care in the perinatal period: Crucial to mother and child survival in resource-poor settings". In deference to the day, three female speakers discussed this topic from both practical and research-based approaches.

The first speaker was Abbey Byrne, the Senior Program Officer from the Nossal Institute. She spoke of how effective community-level actions for maternal and newborn health improved outcomes in low-resource countries. In conjunction with World Health Organization (WHO) findings, and research conducted in Nepal, she shared the four findings of her study that proved to be effective community based interventions. These included informal health workers, formal health workers, self-administered care and supportive community groups. An example of this was the training of local women in neonatal resuscitation and maternal transport to healthcare facilities. This significantly lowered the perinatal mortality rate in the region.

Following on from this, Kara Blackburn from Médecins Sans Frontières in her role as the Medical Advisor for Women's Health spoke on how MSF implements antenatal care in their regions of aid. This is particularly poignant in MSF's greatest areas of need and the natural disaster impact on women and children. Although WHO recommends 4 antenatal visits for women, in reality MSF findings show only 1-2 visits in their regions. Despite the low attendance, MSF is targeting pregnant women with multiple micronutrient supplementations, minimizing Vitamin D deficiency and widespread syphilis testing. Perhaps the most pertinent policy that MSF promotes is the "Helping Babies Breathe" initiative, which provides education and skills in neonatal resuscitation. This centers on the "golden" or first minute of a baby's life to reduce rates of asphyxia and improve outcomes.

Finally, Dr Kate Milner a PhD student and medical doctor from International Child Health in the University of Melbourne's Department of Paediatrics discussed improving quality of care for sick newborns at facility



level. She highlighted that the bulk of resources and research is aimed at the perinatal period but that care beyond survival is the ultimate goal. To achieve this goal it is hoped that stronger facility-based care and integration in the community will improve outcomes for sick newborns in Asia and the Pacific. She stressed the need for long term outcomes data in order to show what evidence-based practice is required.

Although this is only the 2<sup>nd</sup> International Women's Day forum held at University of Melbourne, it was a symbolic and important step towards future local collaboration on women's health topics with the aim of reaping global benefits.



## AFMW affirms its commitment to ending racism



AFMW is proud to affirm its commitment to ending racism on the International Day for the Elimination of Racial Discrimination. AFMW has joined forces with some of Australia's leading businesses, sporting bodies and NGO's to support the "Racism. It stops with me" campaign, which is being led by the Australian Human Rights Commission. The campaign emphasises the importance of taking a stand against racism whenever it happens. AFMW has pledged to undertake activities that aim to prevent racism in support of the campaign.

or background in 2011, a figure that has been increasing steadily in recent years. The International Day was proclaimed by the UN General Assembly in 1966, to coincide with the date in 1960 when police killed 69 people in Sharpeville, South Africa at a peaceful protest against apartheid laws. The theme for the International Day in 2013 is "Racism and Sport".

For more information about the 'Racism: It Stops with Me' campaign, or to find a range of anti-racism resources, go to: <http://itstopswithme.humanrights.gov.au/> or follow the campaign on Twitter @ItStopsWithMe.

One in seven Australians said they had experienced discrimination because of their colour

**RACISM. IT STOPS WITH ME**



## Global — to Local

Preventing men's violence against women.  
Research, policy and practice in one space.

White Ribbon International Conference  
Sydney, Australia, May 13 - 15 2013

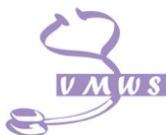
Call for Papers

Australia's campaign to  
stop violence against women

**White Ribbon**



# The Victorian Medical Women's Society



**Celebrating our history, advancing our future**

## Membership Invoice 1 July 2012 – 30 June 2013

ABN 67 120 250 797

(MEMBERSHIP PERIOD IS FROM 1 JULY TO 30<sup>TH</sup> JUNE)

**Membership Eligibility:** Full membership is open to registered female medical practitioners (FMP); non-registered FMPs can join as an associate member, and Student membership is open to female medical students.

**(NOTE: this invoice becomes a tax receipt upon payment, please retain the top section for your records)**

Full Membership	Senior Members (>65 years old)
<input checked="" type="checkbox"/> 1 year \$160	<input checked="" type="checkbox"/> 1 year \$120
<input checked="" type="checkbox"/> 3 years \$432	<input checked="" type="checkbox"/> 3 years \$324
<input checked="" type="checkbox"/> 5 years \$680	<input checked="" type="checkbox"/> 5 years \$510
Rural Members (>100km from GPO)	Student Members
<input checked="" type="checkbox"/> 1 year \$70	1 year \$35 (* only receive electronic corresp)
<input checked="" type="checkbox"/> 3 years \$189	Retired Members
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Please complete and send the bottom section of this form to the VMWS via email or mail so we can ensure your membership details and preferences are kept up to date

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