

Dear VMWS Colleagues

As in previous years, our annual Lyceum lunch was a bright spot on a cold, wintry Melbourne day. For the third year in a row we enjoyed a Medicine & the Arts theme, featuring medical oncologist, social commentator & award-winning author Dr Ranjana Srivastava. Ranjana is an engaging author and speaker – a full report of the event is inside.



Her book, *“tell me the truth” - conversations with my patients about life and death* is a must-read for all medical students and doctors. It’s a serious topic, but Ranjana engages us with a light touch.

The Lyceum lunch has traditionally been an event where we welcome outside guests and this year was no exception. They included two beautiful babies with their medical mums, and we look forward to this happening more often.

Our next meeting, *Canapes for a Cause: Refugee Health and Human Rights issues* will examine the plight of refugees in Australia from the legal and medical perspectives. Associate Professor Bebe Loff, Director Michael Kirby Centre for Public Health, Professor Louise Newman, Convener Alliance of Health Professionals for Asylum Seekers and Dr Mikhaila Lazanyi will be our guest speakers. We look forward to welcoming Human Rights lawyers and Women Lawyers to this Advocacy meeting.

Our final event for the year will be the AGM, preceded by a workshop on e-health led by Dr Magdalena Simonis. The AGM will bring a change of leadership following three years as President for me. I urge you to consider joining this vibrant committee and enjoying the collegiate atmosphere from medical students to senior clinicians. We are delighted to announce that Dr Kathleen Hayes will be our Constance Stone Award recipient for 2012.

Your committee is currently reviewing a range of issues that are relevant to incorporation of VMWS as well as constitutional changes that will be explained prior to the AGM when these matters will be put to the vote. The AGM will also provide an opportunity to meet colleagues from around Australia as the AFMW AGM will be held in Melbourne on the same weekend. All members are invited to attend the AFMW meeting as observers as well as to meet both local and interstate colleagues over dinner. I look forward to seeing you at our September meeting and AGM.

With warm regards

Raie Goodwach

President VMWS

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Events

Canapes for a Cause

Refugee and global health

Thursday, September 27th

Annual General Meeting and Seminar

eHealth: The next generation of health care

Saturday 17th November

Cabrini Hospital

VMWS Committee 2012

Dr Raie Goodwach	President
Dr Magdalena Simonis	Vice President
Associate Professor Jan Coles	Immediate Past President
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Dr Sarah Heynemann	Social Secretary
Dr Natalie Marijanovic	AMA Victoria Council Representative
Dr Desiree Yap	AFMW President/Representative
Dr Kate Duncan	General Committee member
Associate Professor Deborah Colville	General Committee member
Dr Jill Tomlinson	General Committee member
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Ms Natalie Kew	Student Representative (Melbourne)
Ms Zoë Dorevitch	Student Representative (Melbourne)
Ms Danielle Richmond	Student Representative (Deakin)
Ms Caitlin Dallas	Student Representative (Notre Dame)

Newsletter Editors 2012

Dr Claire Steiner

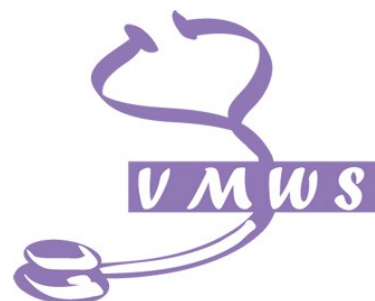
Dr Skye Siskos

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

PO Box 202

East Melbourne, Vic 3002

Email vic@afmw.org.au





CANAPES FOR A CAUSE REFUGEE HEALTH & HUMAN RIGHTS

The VICTORIAN MEDICAL WOMEN'S SOCIETY invites you to join us for canapés and to hear about the human rights, mental and physical health issues of refugees including asylum seekers from an expert panel of presenters. We will also be featuring a poster display of great local human rights projects led by women!

A/Prof Bebe Loff

Director of the Michael Kirby Centre for Public Health & Human Rights, Monash University

Prof Louise Newman AM

Convenor of the Alliance of Health Professionals for Asylum Seekers & Chairman of the Detention Expert Health Advisory Group

Dr Mikhaila Lazanyi

Obstetrics & Gynaecology trainee, Masters of Public Health student, recent internship at WHO, Geneva

VMWS members: Invite your mentor as a gesture of gratitude.

Email us your mentor's name & details with your RSVP!

Free for members | Free for VMWS mentors | \$35 for non-members

If you're not a member, join online at afmw.org.au/vic

RSVP essential by 21/09/12 to vicevents@afmw.org.au

Payment by EFT by 21/09/12: BSB 033 089 Account: 297664

Include initials and surname in transfer details & date of transfer in RSVP

date

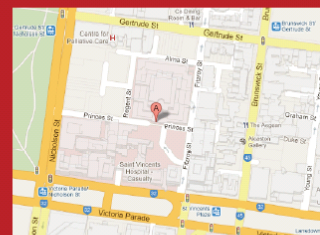
27/09/12

location

**ST VINCENT'S HOSPITAL
11TH FLOOR BOARDROOM
INPATIENT SERVICES BUILDING**

time

**6:30 FOR
7PM**



Why join the Victorian Medical Women's Society? There are many personal and professional benefits of belonging to a vibrant, active network of medical women! Regular networking and mentoring opportunities at meetings, clinical & medico-social guest speaker events & panel discussions. Receive a quarterly newsletter advertising events, scholarships and prizes, and updates on gendered socio-political issues. Be part of the Medical Women's International Association and have your say in the United Nations and other global forums. Receive assistance with applications to training programs and advice on career development.

VMWS endorses:

Summary and recommendations from the National Aboriginal and Torres Strait Islander Women's Alliance

NGOs' Follow-Up Report to the 2010 CEDAW Committee recommendations on addressing violence against women, and for action for Aboriginal and Torres Strait Islander Women.

NATSIWA aims to empower Aboriginal and Torres Strait Islander women to have a strong and effective voice in the domestic policy advocacy process. NATSIWA works to deepen the skills Aboriginal and Torres Strait Islander women have in telling their stories, identifying solutions for individuals and communities, and advocating for powerful and long-lasting change. It is an Alliance that brings Aboriginal women's voices to both priority issues for government, and to emerging

and hidden issues that Aboriginal and Torres Strait Islander women and communities are facing. NATSIWA fills a gap in the current political landscape, enabling Aboriginal and Torres Strait Islander women to bring the concerns and issues from their communities, in their own words, with their own agendas and their own solutions.

In its 2010 review of Australia the CEDAW Committee asked the Australian Government to report back in 2012 about actions taken to implement the Committee's recommendations on the violence against women, and Aboriginal and Torres Strait Islander women. This report, endorsed by the Victorian Medical Women's Society, was coordinated by the Australian Women Against Violence Alliance and the National Aboriginal and Torres Strait Islander Women's Alliance which are Commonwealth-funded National Women's Alliances.

Read the full report



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Business Succession Planning

- Protect your life's work in the event of Involuntary or Forced retirement through Illness or Injury

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- Temporary & Permanent Disablement
- Critical Illness or Trauma Insurance

Income Protection

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Business Expenses Insurance

- Insure your practice can continue even if you are unable to work because of Illness or Injury

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- Take control of your future with Self Managed Super.

LifeBequest®

"Leave a Legacy not just a donation". Through our unique LifeBequest® program you can make a bequest or an ongoing gift to your favourite charity and be certain your wishes will be respected.

"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".

VMWS Seminar and Annual General Meeting

AGM will be held at Cabrini Hospital

Location: 183 Wattletree Road, Malvern

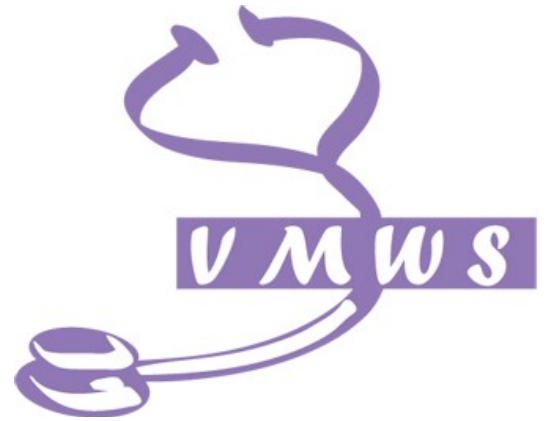
VMWS Seminar

“e-health and the Next Generation of Practice”

Date: Saturday 17 November

Time: 3.30 pm (registration) for a 4.00 pm start

Speakers: Dr Magdalena Simonis (National Standing Committee e- health RACGP)
Ms Mayada Dib (Barrister solicitor – medico legal perspective)
Ms Judy Evans (Manager e-health RACGP coordination , governance)



Permission to swear this November

The 2012 White Ribbon Day Luncheon

Date: 23rd November

Location: Melbourne Town Hall
Swanston St, Melbourne 3000

Contact: Katherine Newton, White Ribbon
events@whiteribbon.org.au

Details: <http://www.whiteribbon.org.au/events/the-2012-white-ribbon-day-luncheon>

White Ribbon

Australia's campaign to
stop violence against women

White Ribbon Day
25 November



Assuming the Doctor's a 'He'

Published in the New York Times

14th June, 2012

By DANIELLE OFRI, M.D.

The letter came from an English professor at a small Midwestern college. His freshman class had been assigned one of my essays, "Merced," a story about a young woman in the I.C.U. with a mysterious diagnosis. "More than half the students," the professor wrote, "assumed that you were a man — despite your name. When asked why, many said that your writerly voice was unmistakably masculine: logical, confident, secure, sometimes sarcastic...and, above all, that you are an M.D."

I found this astounding, especially when I learned that the English class consisted of students in the health sciences and was itself predominantly female. I'd thought all this male/female perception bias about physicians was a relic of the 1950s. Did people really still think that way?

A classic study of preschoolers in 1979 showed that even young children "knew" that doctors were men and nurses were female. If characters were shown in the non-stereotypical fashion, the children would promptly "correct" the picture, reversing the labels to fit their worldview.

But surely we've moved beyond these stereotypes in the past three decades, no? Medical schools report that women make up 50 percent of their students, though nursing still remains predominantly female. At faculty meetings of attending physicians in my medical clinic, women handily outnumber men, mirroring the national trend in primary care medicine. Of course, this is not (yet) reflected in the higher academic echelons, nor in the surgical specialties.

Perceptions, however, do lag behind reality, as these freshman English students demonstrated. When polled by their professor, they overwhelmingly considered doctors to be male. Then I wondered about the "writerly voice" that students believed was masculine. I certainly wasn't trying for a Hemingway effect, but perhaps the story itself really did sound "male."

The Gender Genie is a Web site that uses an algorithm from Israeli researchers to decide whether a writer of a passage submitted for review is male or female. I submitted the first four pages of "Merced." Answer: Male Writer. Then I submitted the entire story. Answer: Female Writer. Maybe the college students read only the first few pages. Wouldn't be the first time, I suppose.

The "feminine" key words that garnered the most weight were: with, if, not, where, be, were. The "masculine" key words were: around, what, more, are, has, who. None of these struck me as particularly gender-specific.

I had to conclude that it was the students' preconception that "physician" equals "male" that colored their interpretation of this story.

Part of me finds this entirely ridiculous and impossible to believe in this day and age — except that I've fallen into the

same trap. One of my patients recently saw a pulmonologist at another hospital. "Would you call Dr. Marcus about my X-ray results?" the patient asked.

"Sure," I replied. "I'll give him a call this afternoon."

"She," my patient gently chided.

Perhaps change simply takes longer than we expect. My own children were born almost two decades after those college freshmen were born. We've had three pediatricians over the years, and all were women. In their day care center — associated with the hospital — almost every child's mother was a doctor.

One day, my daughter came home reporting an amazing discovery. "Jacob's father is a doctor too," she exclaimed. "Just like Jacob's mother!" In her world, it simply had never dawned on her that "doctor" could equal "man." If that 1979 preschooler study were repeated on her generation, I suspect the results would be different.

In the end, though, I wonder how important it really is. After all, we have multitudes of preconceptions about doctors, writers — all people, in fact — and sex is only one of them.

The English professor, in his letter to me, invited me to speak to his students, and we arranged a conference call. The students were polite, nervously reading their prewritten questions, like "How do you not throw up when you see something gory?" and "How do you know what area of medicine you want to specialize in?"

I was struck more, however, by the students' questions and misconceptions about writers. For most of the students, a writer seemed to be a disembodied name printed on a book. A book itself was a random physical object that just somehow appeared on the library shelf. They seemed genuinely startled to comprehend that I was a real person, that I'd sweated for years to write my book, that every single word in the chapter they'd read was agonized over, edited, erased, rewritten, revised, that what they were reading was a palpable, breathing incarnation of a human being.

A doctor? Well, they knew how he — or she — got there; they'd watched enough medical shows on TV to know the basics of medical school and residency. But a writer? Writing an actual book? That was something they had no conception of.



Danielle Ofri is an associate professor of medicine at New York University School of Medicine and editor in chief of the *Bellevue Literary Review*. Her most recent book is "Medicine in Translation: Journeys With My Patients."

Doctors want extra cash to work in the bush

City doctors would need a salary increase of up to \$200,000 to entice them work in some country areas, a University of Melbourne study has determined.

The research, *Getting Doctors into the Bush: GP's Preferences for Rural Location*, investigated what incentives and compensation was needed to entice GPs to shift to rural locations.

Nearly 4,000 GPs were asked to choose between their current employment and two hypothetical job offers. The fictitious jobs included various working hours, town size and locations, overtime responsibilities, general staffing levels and levels of likely social interaction. Sixty five per cent of respondents said they wouldn't quit their current position for any of the country jobs.

The research found incentives equivalent to 130% of annual earnings — or about \$237,000 — would be required for GP's to accept a job in a remote, inland town with poor social interaction and a big workload. An increase of about 64% of a doctor's current average annual salary — or roughly \$116,000 — would be required to encourage them to a basic job in an inland town with less than 5,000 people. Moving to

an inland town with between 5,000 and 20,000 people would require incentives of at least 37% of current earnings, or roughly \$68,000.

Lead researcher Professor Tony Scott, from the Melbourne Institute of Applied Economic and Social Research, said the desired compensation varied according to the practice location and workplace conditions.

"If on-call is low and hours worked do not change, the job becomes more attractive and the compensation required is less," he said.

A Senate inquiry is currently investigating how existing incentive programs affect the recruitment and retention of country doctors. Professor Scott said governments should tailor incentive programs to specific regional areas.

"Designing schemes to encourage doctors to locate and remain in remote and rural areas requires an understanding of the various factors that motivate doctors' decisions."

"Incentive programs are currently based on the 'average GP' and the 'average rural area', but there is scope to make them more dependent on the type of area and population size," he said.

The research used data from the *Medicine in Australia: Balancing Employment and Life* longitudinal survey of doctors.

Book Review:

Tell Me The Truth

by Ranjana Srivastava

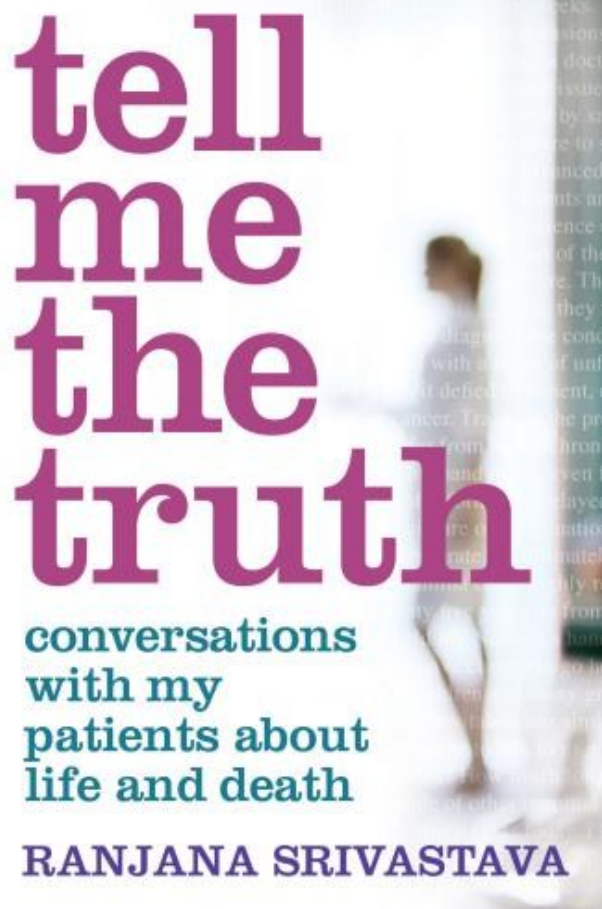
This book is a MUST read for every doctor no matter what their field of interest within medicine. The basic clarity and compassion of communication with the patient and their family, a sometimes neglected element, are mandatory to a successful doctor/patient relationship and this is reinforced time after time in Ranjana's case studies, one for each chapter.

The book is a wonderful catalogue of methods of communications, the reservations we all feel at times and the self re-priming for things left unsaid, or undone. It reads exactly as Ranjana presents herself caring, outgoing, vibrant and making the most of every opportunity.

Especially for women it is a great testament to the chaotic life we all lead at times with study, long work hours, family commitments and personal tragedy and shows these can be overcome and at times be a learning experience.

I cannot recommend too highly that everyone makes the time to read "tell me the truth" I certainly feel better for having read it.

By Dr Rosalind Terry



tell
me
the
truth

conversations
with my
patients about
life and death

RANJANA SRIVASTAVA

Dr Gytha Betheras well remembers the first six packets of the contraceptive pill that arrived in Melbourne.

Rare and full of mystique, the precious imports were locked away by her superiors.

In the late 1950s, when even married couples were denied effective contraception, Betheras glimpsed in the little pills the beginnings of a sexual revolution. The strictly governed field of obstetrics and gynaecology rarely offered reliable contraceptive advice — this was confined to those whose health would be endangered by pregnancy. Others relied on prayer, and techniques ranging from the rhythm method, abstinence and withdrawal, to condoms and sea sponges. Yet a decade or so later, Australians would be the world's highest per capita users of the Pill.

"When I was a medical student, sex was just the M or F box you ticked on a form," Betheras says. "There was such a lack of knowledge and anxiety about being safe. Many people thought the young shouldn't have contraception. They saw it as a license to misbehave." She thought otherwise. Her own study of 200 pregnant girls under 18 in the late '60s proved to herself and colleagues that the young women had no idea how to get advice. "It made me sympathetic to that age group," she says.

In the past 50 years, Betheras' career has spanned a huge moral, medical and ethical arc, from the days when husbands were banned from delivery rooms, to an era of birth centres with patients in control, and as many partners, mothers and doulas as they can muster.

A former president of the Royal Women's Hospital, she was a pioneer in family planning and sexual counseling. At 78, she still practices as a sexual counselor for a few long-term patients. And in a very proper eastern suburbs home, it's surprisingly easy — even for a visitor who would never dream of talking sex with her parents — to talk about positions and dangly bits with this grandmother who, frankly, has seen and heard it all.

Her greatest satisfaction was the couple she'd counseled after they'd not once had intercourse in their 11-year marriage. Bumping into them years later, Betheras found the wife now a mother, with two children conceived naturally.

Her greatest sadness: one of her earliest cases, at medical school in Queensland. A pregnant 13-year-old year had

been brought by her mother from Cairns to give birth in Brisbane, far from the locals' censure. "This girl was so brave, so good during the delivery of her baby, and I wondered how she could be. She told me, 'My mother said if there were other women in the ward and I cried out, I'd upset them'.

"This made me so angry, as the other women all bellowed, and she'd really been so brave. Afterwards, the baby was whipped away from her to be adopted. This had been agreed upon. But it was then that she cried. She told me, 'Mother said I'd want to keep my baby, and I do'.

"We all just wept, even a midwife who I'd thought was so tough. Of course when contraception came in and terminations became legal and accessible, these young women had a choice."

Deeply affected by such experiences, Betheras realised she could play a role in the huge social changes that must lie ahead. First, she had to carve her own path among predominantly male doctors. Betheras had arrived at medical school in Brisbane after a dramatic childhood of new frontiers, and secret voyages during World War II.

Her father, an oilfield geologist from Yorkshire, journeyed to Texas, where he met and married Betheras' mother. Their daughter was born in Mississippi, and given an old English name shared by King Canute's niece.

The Australian connection began when the well-known Durack clan invited her father to search for oil in the Kimberley. The family came out to Perth, then Canberra and Brisbane, but when Betheras' mother became ill during the war, they made a risky sea voyage back to the United States, "zigzagging across the Pacific in 1942," she remembers.



By 1947, she was back, and studying medicine at the University of Queensland. Women made up only about 10% of the group, as many ex-servicemen were encouraged to enroll. "The women's hospital in Brisbane didn't even have a bathroom for women," says Betheras. "But I was lucky, I got a post in gynaecology and was on my way."

Melbourne's Queen Victoria Hospital was a trailblazer for female doctors of the time, so Betheras came south to maximise her opportunities. In 1957, she moved to the Royal Women's Hospital. In her view, both institutions brought about some of the most brave and enlightened reforms in women's health.

For many Victorian women, however, advice still seemed hard to find, and the number of babies offered for adoption continued to grow. In 1971, the hospital board invited Betheras to head a Family Planning Clinic. Her staff of female doctors became known as Gytha's girls, according to Janet McCalman's history of the hospital, *Sex and Suffering*. The clinic very quickly had an impact; birth rates at the hospital plummeted.

Single women would perhaps benefit most. As young people travelled and attended university in ever greater numbers in the 1970s, sexual freedom blossomed. In the summer of love, many doctors and nurses realised they must risk controversy to meet their obligations to patients.

At first mention of the word feminist, Betheras frowns slightly, pauses to consider how, or if, a single label can properly describe 50 years of quiet determination. While she was at the eye of the storm when the hospital made its most audacious decisions — opening a sexual counseling



clinic, and making abortion available to public patients — Betheras says she was completely apolitical. She did not feel herself an activist fighting a public relations war. Her motivation was a slow burn. Practical, deeply ethical, she simply believed women should make their own decisions about their bodies. She might not care for the label, but like many

of her generation of strong-willed but modest professional women, she's probably best described as a proto-feminist. When she married Rex Betheras, a leading neo-natal specialist with a punishing work schedule, she decided to shape her own career around family planning and counseling, while raising her two children. "What I always wanted was for women to have an equal chance in this field, and to give women choices. Women have biological needs, that change your life."

The mid-'70s controversy over terminations riles her to this day. "It was a traumatic time, because there was so much opposition. The Right to Life people would come into the hospital's foyer, even up to theatre, and look at names on theatre lists. "No one is asked, invited, encouraged to have an abortion. My view was if women wanted to talk about it, they should have been able to. They saw a social worker as well as a doctor. They always had a choice."

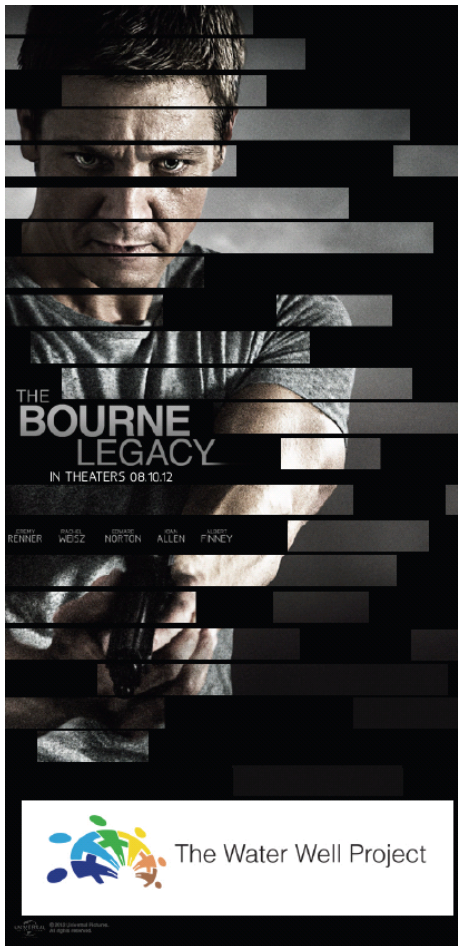
Much of the public, and some in the media weren't quite ready for women not just burning bras but popping the Pill, terminating their pregnancies and seeking help for problematic sex lives. It was a volatile time, when doctors who wanted to educate couples, single people, teachers, even school students about sex, scandalised conservatives in the community. Betheras and her ilk also faced some resistance within the hospital to progressive ideas. Nevertheless, in 1977, the mood went her way when the hospital opened a sexual counseling clinic.

"The first to come in were women who had no libido, or had had no orgasms. I would recommend a book then called *Becoming Orgasmic*. They could look for it in sex shops, but I told them they'd also find it in Myer."

Perhaps surprisingly, some difficulties for couples haven't changed at all. In our sex lives we were, and still are, simply too tired. The DINKS (double income no kids) have been joined by the DINS (double income no sex), she told McCalman; all "working like demons and suddenly the fun's gone out of the relationship — all pressure and no relaxation".

Women now easily access family planning advice by visiting their doctor. Betheras formally left the hospital in 1995, but as her 80s near, remains a demure but proud custodian of the sexual revolution.

Article posted on the Royal Womens' Hospital website
<http://www.thewomens.org.au/Gytha>



Thank you for supporting **The Water Well Project**, a not for profit organisation set up to enhance health literacy in migrant and refugee communities around Victoria.

Bring your friends, hear about the Project... and enjoy the new **"Bourne Legacy"** movie with a complimentary **choc top** or box of **popcorn**.

All profits will go towards **The Water Well Project**.

Friday 31st August
8:45pm for 9pm start
Palace Kino Cinema
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Melbourne, VIC 3000

Book tickets online
<http://www.trybooking.com/31351>

For more information www.thewaterwellproject.org
 Find us on Facebook!



PALACE CINEMAS
 CHASING DREAMS

HONDA

2012 Lyceum Luncheon

How I became a writer and other stories

Death, and more importantly dying would not be a typical 'dinner table' conversation for many in the general public. Nor does it seem much different for the medical profession. Albeit all hospitals have their various 'M & M' (morbidity and mortality) meetings, unit audits and the like, these focus, and appropriately so, on the medical stats and facts – what could have been done differently and what can be learnt medically for next time. But of course in practice, when the intricacies of humans with emotions and feelings are involved, it could easily be argued that medicine becomes more akin to an art than a science. However how often is dedicated attention paid to how we do as a profession at approaching difficult conversations, despite this often being the bread-and-butter of our day?

As an intern, I have not yet had to broach initially myself an end-of-life conversation with a patient. However, I have been involved in enough encounters with seniors, to perceive the myriad of delivery styles and reactions to such a conversation, and that this is a situation demanding something beyond the facts and figures drummed into me from medical school. It is therefore refreshing to read writing so candid, open and honest as that of Dr. Ranjana Srivastava, oncologist, award-



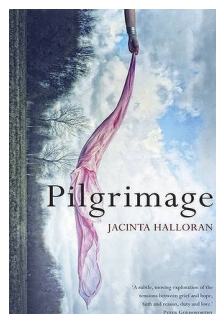
winning author and social commentator, whom VMWS had the pleasure of hosting for the 2012 Lyceum Luncheon.

Dr. Srivastava recounted how she had received her start in public writing – having an article that she had written about an elective experience published in a prominent journal, to now editing a weekly column as The Age Sunday Magazine's health columnist. Regarding her book *Tell me the truth: Conversations with my patients about life and death*, she spoke of her publisher's dilemma regarding a suitable publication release date given they perceived the subject matter to be too sad for a Mother's Day or Christmas gift. However it seems that their fears were un-necessary as the book has been successful regardless. It seems there are many stories to tell in medicine – and many are fascinated to hear them – medical and non-medical alike.

By Sarah Heynemann



Tell me the truth: Conversations with my patients about life and death can be purchased from Readings bookstores or online at www.booktopia.com.au. Read a review by our own Rosalind Terry on page 7.



Pilgrimage a new novel by Melbourne GP and author, Dr. Jacinta Halloran, the 2011 VMWS Lyceum Luncheon speaker is being released on August 16. Details can be found at <http://scribepublications.com.au/>.



29th International Congress of the Medical Women's International Association
JULY 31 ~ AUGUST 3, 2013
EWHA WOMANS UNIVERSITY, SEOUL, KOREA

INVITATION

It gives us tremendous pleasure to invite you to the 29th International Congress of the Medical Women's International Association which will be held in the beautiful and historic city of Seoul, Korea, from July 31st to August 3rd, 2013. This will be the second time Seoul hosts the International Congress of the MWIA, which was last held here more than 20 years ago in 1989. Those of you who attended that Congress and return again in 2013 may be shocked to see how much the city has transformed, yet Seoul remains a place where tradition and innovation meet in harmony.

The Congress will take place at Ewha Womans University, one of the top universities in Korea and currently the world's largest female educational institution. Ewha was chosen not only for its outstanding location and facilities, but also for symbolic reasons – the university has produced many of Korea's most successful and influential women including its first female doctor, Esther Park.

An international faculty of expert speakers will gather here to share their knowledge and experience under the theme "Medical Women Advance Global Health" This will be an unequalled opportunity for all women doctors to learn how they may strengthen the impact they have on global health and to interact with colleagues from every part of the world.

We look forward to greeting every one of you next year at this important international event.



A handwritten signature in black ink.

Bong Ok Kim
Chairperson
Organizing Committee



A handwritten signature in black ink.

In Sook Park
President
Korean Medical Women's Association

Call for abstracts:

The MWIA 2013 Organising Committee invites you to submit your abstract for inclusion in the scientific program.

The Congress is an outstanding opportunity to exchange scientific information and to improve cooperation amongst women in the interest of advancing global health. Your contribution will be highly regarded. See <http://www.mwiaseoul2013.org/index.php> for information on registration and abstract submission.



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 30TH 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 type="checkbox"/> 1 year \$160	<input type="checkbox"/> 1 year \$120
<input type="checkbox"/> 3 years \$432	<input type="checkbox"/> 3 years \$324
<input type="checkbox"/> 5 years \$680	<input type="checkbox"/> 5 years \$510
Rural Members (>100km from GPO)	Student Members
<input type="checkbox"/> 1 year \$70	1 year \$35 (* only receive electronic corresp)
<input type="checkbox"/> 3 years \$189	Retired Members
<input type="checkbox"/> 5 years \$297.50	<input type="checkbox"/> 1 year \$120
<input type="checkbox"/> Life member	<input type="checkbox"/> Donation

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

Payment Method:

CHQ/money order to Victorian Medical Women's Society. Post: VMWS Secretariat, PO Box 202, East Melb VIC 8002
Electronic Transfer to Victorian Medical Women's Society;
BSB: 033 089; Act No: 297664. Please **include your name** in the **transfer info** enter the transfer date here: _____

Membership Details:

Membership type:	Duration:	Amount: \$
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Personal Details:

First Name & Surname:	Date:
Mailing Address:	
Phone:	Fax:
Email:	
Specialty/Area of practice:	
Students: Yr of Graduation:	

- Tick here if you wish to continue receiving newsletters via mail
- Tick here if you do not wish to receive VMWS email correspondence
- Tick here if you do not wish other VMWS members to have access to your e-mail address
- Tick if you do not wish to receive email correspondence from the Australian Federation of Medical Women (AFMW)
- Tick here if you do not wish other AFMW members to have access to your e-mail address

Car-pooling: Potential driver: Potential passenger:

Donations are gratefully received. Please advise if you wish for your donation to be used for a specific purpose.

<http://www.afmw.org.au/vic>

PO Box 202, East Melbourne 8002

vic@afmw.org.au