

Victorian Medical Women's Society

e-Newsletter

Founded 1896

Celebrating our history, advancing our future

October 2013

www.vmws.org.au

Volume 11 Issue 5



President's Report

Dr Magdalena Simonis

Since our last newsletter, VMWS has been actively preparing for our Annual General meeting on November 16th which is to be held at Cabrini Hospital again this year. Following on from our 2012 AGM, where we voted unanimously in favour of incorporating VMWS and adapting our constitution to the Rules of Associations Incorporation Reform Act of Victoria 2012, we have been working closely with our lawyers at DLA Piper, who have the expertise and are guiding us through the process on a pro bono basis. It is exciting to be discussing our suitability for 'charitable status' and examining the benefits finally proffered to an organisation such as ours; after all, VMWS's legacy of community service is already embodied in the Queen Victoria Hospital, to name just one great achievement. At this AGM, we will be voting on the adapted constitution and to adopt the Model Rules, as we vote also to incorporate but this time, we must note the count of hands. Although last year we were unanimous in voting in favour of the above, we overlooked the hand count requirement. We have since discovered that having expert legal advice is very useful. I welcome you to attend this momentous AGM and have your vote counted as we guide our beloved organisation into its next phase.

The joint function held on 22nd August with the Victorian Women Lawyers on Female Genital Mutilation, was generously sponsored by DLA Piper also. The presenters Beth Wilson AM, Dr Susan Costello, sociologist from RMIT and Associate Professor Sonia Grover, gynaecologist, were tremendous. The room was filled beyond capacity with doctors, lawyers and other interested members of the community including representatives of the African community. The debates that ensued after the presentations were riveting. Many have networked and exchanged business cards with a view to furthering the discussions that were sparked off that evening.

We congratulate our friends at Women's Health Victoria who have successfully launched the Labia Library website. I'm proud to have contributed in part through participation in a working group, editing medical content and providing advice around the development of the website. Labia Library is aimed at providing honest, accurate information to young women and teenage girls about the diversity of female genitalia. A key concern is that the observed climb in requests for female genital cosmetic surgery (FGCS) is related to a lack of knowledge young women and indeed most women have regarding the varied female genital anatomy. This is primarily due to a lack of education during school years and the fact that the region is mostly hidden. Hopefully, the site will combat the artificially stylised portrayal of the female sex, as displayed through the media and pornography.

With the year coming to its close, nominations for committee positions are welcomed. Medical students are encouraged to participate on the committee and have the opportunity to 'shadow' the committee member, thereby learning about the role, whilst being mentored and 'groomed' into a position for the future, if they so wish. It is a wonderful learning experience, it looks terrific on a CV and our meetings are held at the illustrious Lyceum Club, in the city. I look forward to seeing as many of you as possible on the 16th of November for this very significant AGM as we enter our 119th year.

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Membership renewal

Upcoming Events

Annual General Meeting

Saturday 16th November

18:00 hrs-18:30 hrs

Cabrini Hospital

183 Wattletree Road

Malvern

VIC

RSVP

vicevents@afmw.org.au

by Monday 4th November 2013

Committee Meetings

Strategic Planning Meeting

Sunday 24th November

VMWS Committee 2013

Dr Magdalena Simonis

A/Professor Deborah Colville

Dr Marissa Daniels

Dr Raie Goodwach

Dr Desiree Yap

Dr Skye Siskos

Dr Rosalind Terry

Dr Sarah Lonie

Dr Zoe Dorevitch

Dr Sarah Heynemann

Dr Natalie Marijanovic

Dr Kate Duncan

Dr Jill Tomlinson

Dr Linny Kimly Phuong

Ms Jane Doan

Ms Sarah Grigg

Ms Eden Cooper

Ms Miriam Yassa

Ms Caitlin Dallas

President/AFMW Representative

Vice President

Treasurer/IT Officer

Immediate Past President/AFMW Rep.

AFMW President

Newsletter Editor/ Publicity Officer

Senior Members' Representative

Social Secretary

Social Secretary

Social Secretary

AMA Victoria Council Representative

General Committee Member

General Committee Member

General Committee Member

Student Representative (Monash)

Student Representative (Melbourne)

Student Representative (Melbourne)

Student Representative (Deakin)

Student Representative (Notre Dame)

Newsletter Editors
2013

Dr Skye Siskos
Ms Sarah Grigg

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

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East Melbourne
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Event Report: Victorian Medical Women's Society & Victorian Women Lawyers discuss FGM in Australia.

By Dr Magdalena Simonis

The seminar held jointly between the two professional groups on the topic of FGM in Australia, on 22nd August 2013, was the first of its kind. The conference room, refreshments and food were generously supplied by our hosts and sponsors, DLA Piper. Attendance was at maximum capacity and some managed to squeeze in and stood by the food and drinks tables at the back of the room, eagerly listening to and participating in the debates that ensued. Not only were members of the legal and medical profession present, but representatives of the police force, nurses, medical students, school teachers and a documentary producer.

Collaborating with our lawyer women friends was a wonderful opportunity to gain insight into the legal thinking around medical and ethical dilemmas that we face as doctors. The lawyers iterated that they found that being in a room with medical people who could explain the thinking behind approaches we might take when encountering girls and women who have fallen victim to this act, was enlightening. Meeting in a room with the freedom to ask each other professional questions directly, without the limitations of a contractual relationship connecting us, was refreshing and much enjoyed.

Our guest speakers included the former Health Services Commissioner of Victoria, Beth Wilson AM, who is also trained as a lawyer. Beth launched into the evening with the colourful and friendly manner she is known for. Beth undertook to entertain us with her harmonica as we awaited the I.T. support. The next speaker was Dr Susan Costello, an RMIT lecturer, in the school of Global Studies, Social Science and Planning. Susan talked



An attentive audience participating in discussion about FGM in Australia.



From Left: Dr Beth Wilson, Dr Susan Costello & Associate Professor Sonia Grover

from her experience as the key investigator in the Family Planning of Victoria (FPV) project investigating demographic data for populations in Victoria at risk of female genital mutilation/ cutting. She undertook a literature review of intervention programmes, called Female Genital Mutilation/Cutting – A Tradition in Transition, which was published in March 2013. Funding to FPV and RMIT has since been granted to expand the research to include all of Australia. Finally, Associate Professor Sonia Grover, who headed up the Royal Children's Hospital department of adolescent and paediatric gynaecology in 1991, presented in her empathic manner and expounded on her rich knowledge of the culture of FGM within the African population who settle in Victoria, through her many years of experience at the Royal Women's Hospital de-infibulation clinic. Some members of the African women's community attended also. These women work actively to educate women and girls around FGM, its potential harm and they work within their own culture to change attitudes to this practice, in the hope of eradicating it.

As the discussion evolved during question time, the prickly question asked was 'why, if FGM is illegal, is FGCS (female genital cosmetic surgery) not illegal?' Some say that the control of women through a culture that espouses that the 'tradition' of FGM is important for social inclusion, is not very different to the societal pressure women in western society succumb to through the control of women, via current media portrayals of an artificial aesthetic ideal - one which is far removed from the natural reality. One lawyer announced the opinion that the current law, if followed to the letter, forbids the practice of FGCS for purely cosmetic reasons, not only FGM. She added, that the law that criminalises the practice is there already, but that doctors choose not to enforce it.

Fascinating discussions followed from this point and well into the evening. We were eventually kindly ushered out of the conference room, by the overworked food and beverage coordinator, more than one hour post finishing time. We could have talked all night. Next year, we hope to coordinate another joint seminar over an equally complex issue. Make sure you book early, as this recent function, was a complete sell out.

Website Launched For Women Questioning Whether Their Vagina Looks Normal: The Labia Library

Press Release: Monday 16th September



Women's Health Victoria will today launch The Labia Library, a website for women questioning whether their genitals look normal.

'The Labia Library has been developed to provide women with information about the natural diversity of genitals. It's about showing women that, just like any other part of the

body, genitals come in all shapes and sizes,' said Rita Butera, Executive Director of Women's Health Victoria.

'Many people have no idea what healthy female genitals actually look like. Vulvas, often incorrectly referred to as vaginas, are hidden away and many women have never seen their own.'

'Many women are misinformed. They don't realise that the images they see in magazines and pornography are usually photoshopped,' Ms Butera said.

'The Labia Library busts a few myths about how normal genitals look. It addresses common concerns such as labia size and shape. It features a photo gallery that shows just how unique everyone's labia are. The gallery features unaltered images of twenty real vulvas from two different angles,' Ms Butera said.

'The website also provides advice to women who are worried about how their vulva looks and might be thinking about genital cosmetic surgery.'

The Labia Library is available from:
www.labialibrary.org.au

To celebrate the launch of The Labia Library, we'll be running a meme festival. For more information, visit our:



Facebook:
<https://www.facebook.com/WomensHealthVictoria>

Twitter: <https://twitter.com/whvictoria>

The Labia Library was developed by Women's Health Victoria with a grant from the Victorian Women's Benevolent Trust. Women's Health Victoria also acknowledges the funding support of the Victorian Government.

Reference:
Women's Health Victoria. (2013). Website launched for women questioning whether their vagina looks normal: The labia library [Press Release]. Retrieved from http://whv.org.au/static/files/assets/d64cf369/Media_release-The-Labia-Library-launch-16.09.2013.pdf



Vaginas And Art Go Hand in Hand to Educate in Victoria and Abroad.

By Dr Skye Siskos

Slowly but surely the ever relenting taboo associated with the vagina and labia are being destructed, this time through art.

101 Vagina

At this years Melbourne Fringe Festival displayed the *101 Vagina Exhibition*. The exhibition aimed to celebrate diversity while breaking down the taboo associated with vaginas and body-image shame. The exhibition presents the enlarged *101 Vagina Book*; a compilation of black and white photos of 101 women's vaginas together with a personal message from that woman to the viewers. For more information please visit www.101vagina.com.

The Great Wall Of Vagina

English artist, Jamie McCartney takes casts of women's vaginas with the hope to educate, address stigmas and dispel misconceptions. The website includes information, not only about the artist and his exhibitions, but also an "education" tab displaying casts such as, "before and after labiaplasty," "during and after pregnancy" and "gender reassignment." His motto, "Changing female body image through art." Have a browse at <http://www.greatwallofvagina.co.uk/education>.

If you have heard of any great initiatives working towards dispelling myths around women's labia and vaginas or surrounding women's body image we would love to hear about them. You can email us at vic@afmw.org.au

UN survey of 10,000 men in Asia and the Pacific reveals why some men use violence against women and girls

Press Release: 10 September 2013



Bangkok— A UN study of 10,000 men in Asia and the Pacific, released today, found that overall nearly half of those men interviewed reported using physical and/or sexual violence against a female partner, ranging from 26 percent to 80 percent across the sites studied. Nearly a quarter of men interviewed reported perpetrating rape against a woman or girl, ranging from 10 percent to 62 percent across the sites.

Men were interviewed across nine sites in Bangladesh, Cambodia, China, Indonesia, Sri Lanka and Papua New Guinea. The study, entitled 'Why Do Some Men Use Violence Against Women and How Can We Prevent It? Quantitative Findings from the UN Multi-country Study on Men and Violence in Asia and the Pacific' was conducted by Partners for Prevention, a regional joint programme of the UN Development Programme (UNDP), the UN Population Fund (UNFPA), UN Women and United Nations Volunteers (UNV) programme in Asia and the Pacific. It asked men about their use and experiences of violence, gendered attitudes and practices, childhood, sexuality, family life and health.

"This study reaffirms that violence against women is preventable, not inevitable," says James Lang, Programme Coordinator, Partners for Prevention. "Prevention is crucial because of the high prevalence of men's use of violence found across the study sites and it is achievable because the majority of the factors associated with men's use of violence *can be changed*." Regarding rape, the study found that in the sites where the survey was conducted:

- Men begin perpetrating violence at much younger ages than previously thought. Half of those who admitted to rape reported their first time was when they were teenagers; 23 percent of men who raped in Bougainville, Papua New Guinea, and 16 percent in Cambodia were 14 years or younger when they first committed this crime.
- Of those men who had admitted to rape, the vast majority (72-97 percent in most sites) did not experience any legal consequences, confirming that impunity remains a serious issue in the region.
- Across all sites, the most common motivation that men cited for rape was related to sexual entitlement - a belief that men have a right to sex with women regardless of consent. Over 80 percent of men who admitted to rape in sites in rural Bangladesh and China gave this response.

- Overall, 4 percent of respondents said they had perpetrated gang rape against a woman or girl, ranging from 1 to 14 percent across the various sites. This is the first time we have data from such a large sample of men on the perpetration of gang rape.

The study's findings reaffirm that violence against women is an expression of women's subordination and inequality in the private and public spheres. The findings show how men's use of violence against women is associated with men's personal histories and practices, within a broader context of structural inequalities.

For example, men who reported having perpetrated violence against a female partner were significantly more likely to:

- Have gender-inequitable attitudes and try to control their partners. For instance, in Bangladesh and Cambodia men who had highly controlling behaviour were more than twice as likely to perpetrate partner violence than those who did not use controlling behaviour.
- Have experienced physical, sexual or emotional abuse as a child, or witnessed the abuse of their mother. More than 65 percent of men in Bougainville, Papua New Guinea, and the site in China reported experiencing emotional abuse or neglect as children and these men were at least twice as likely to use violence against a female partner.
- Have practices that celebrate male toughness and sexual performance, such as being involved in fights and paying for sex. In Indonesia and Sri Lanka, men who reported having sex with a sex worker or transactional sex were two times more likely to use violence against a partner than those who had not.

To prevent violence against women, the study recommends we:

- Make violence against women unacceptable, for example through community mobilization programmes and engagement with people who influence culture;
- Promote non-violent and caring ways to be a man, for example through sustained school-based or sports-based education programmes;
- Address child abuse and promote healthy families, for example through parenting programmes, comprehensive child protection systems and policies to end corporal punishment;
- Work with young people, with a particular focus on boys and adolescents, to understand consent, and healthy sexuality, and to foster respectful relationships;
- End impunity for men who use violence against women, particularly marital rape, through criminalization of all forms of violence against women, and promote legal sector reform to ensure effective access to justice; and

- Ensure the full empowerment of women and girls and eliminate gender discrimination.

Emma Fulu, Research Specialist for Partners for Prevention says, “We hope to see this new knowledge used for more informed programmes and policies to end violence against women. Given the early age of violence perpetration we found among some men, we need to start working with younger boys and girls than we have in the past. We also need laws and policies that clearly express that violence against women is never acceptable, as well as policies and programmes to protect children and end the cycles of violence that extend across many people’s lives.”

Partners for Prevention is a regional joint programme of the UN Development Programme (UNDP), the UN Population Fund (UNFPA), UN Women and United Nations Volunteers (UNV) programme in Asia and the Pacific.

Reference:
United Nations Development Programme (2013). UN survey of 10,000 men in Asia and the Pacific reveals why some men use violence against women and girls [Press Release]. Retrieved from <http://asia-pacific.undp.org/content/rbap/en/home/presscenter/pressreleases/2013/09/10/un-survey-reveals-why-some-men-use-violence/>



Save the Date: Monday 25 November

The 2013 White Ribbon Day Luncheon

Lifting the embargo:
Media and the prevention of violence against women.

The media plays a pivotal role in uncovering Australia's ugly secret. Open a newspaper and you will almost certainly find yet another report of one woman dying every week as a result of intimate partner violence. We read each story individually and in isolation but do not realise it is all part of the same problem.

Find out more by joining media professionals and community leaders this White Ribbon Day at Melbourne Town Hall.

12 noon - 1.30pm.

Tickets will be on sale via the White Ribbon website in the coming weeks.

For enquiries, please contact Michelle Noon on (03) 9602 5160 or events@whiteribbon.org.au.

Australia's campaign to stop violence against women

White Ribbon



UN Women Committee calls on men to donate \$266 in support of Equal Pay Day

Press Release: September 3, 2013

The Australian National Committee for UN Women is calling on Australian men to donate \$266 to mark Equal Pay Day today.

Women make up 70% of the world’s poor. The reasons for this are complex, but it starts with an undervaluing of women’s contributions. One of the most ‘tell-tale’ examples of this undervaluing is the persistent pay gap between men and women’s wages. According to the Workplace Gender Equality Agency, in May 2013, the gender pay gap in Australia stood at 17.5 per cent.

The average weekly ordinary time earnings of women working full-time were \$1,252.20 per week, compared to men who earned an average weekly wage of \$1,518.40 per week, making women’s average earnings \$266.20 per week less than men.

The reasons for the gap include: women working in different industries to men, women being over represented in low paying occupations, the undervaluing of women’s skills and women taking career breaks more often than men.

The gap varied by sector with the health care and social assistance sector demonstrating the highest gender pay gap (32.3%), followed by the financial and insurances services sector (31.4%) and the professional, scientific and technical services sector (30.1%).

Donating the equivalent of 17% of your salary for a day, week or even a month will demonstrate that you acknowledge that women deserve equality and that you are committed to closing the gender pay gap.

The Australian National Committee for UN Women is calling attention to the pay gap between men and women in Australia as part of a broader campaign on the impacts of economic inequality on women and girls in the lead up to the International Day of a Girl Child on October 11, 2013.

The United Nations has declared October 11 as the International Day of the Girl Child, to recognise girls’ rights and the unique challenges girls face around the world.

“We’ve launched our campaign on Equal Pay Day because it serves to highlight the systemic inequality girls face from birth,” Executive Director of the Australian National Committee, Julie McKay said.

“Every day, girls across the world, including in Australia, experience gender discrimination and this continues into their adult lives. A gender pay gap reflects not only a lack of access to economic security, but broader issues around women’s role in society.

“Many girls never have the opportunity to participate in the workforce and those that do often experience inequality in pay, conditions and opportunities because of their gender.

“We are encouraging everyone, particularly men, to commit to donating 17 per cent of their earnings for the day, week or month before October 11 and help us reach our \$20,000 target before October 11.”

To make a contribution visit www.unwomen.org.au and donate today. Follow the conversation on Twitter @unwomenust using #equalpayday and #dayofgirlchild.

Where will your money go?

\$1040 can support girls who have been rescued from sex trafficking, giving them shelter, counselling, education and hope for the future.

\$520 can fund a community-wide education program to end the practice of female genital mutilation/ cutting.

\$125 can support school teachers to educate students about forced marriage and early pregnancies.

\$99 can provide a pregnant girl with medical care to ensure that she and her child are healthy and safe.

References:

UN Women (2013). UN women committee calls on men to donate \$266 in support of equal pay day. [Press Release]. Retrieved from <https://unwomen.org.au/news/media-release-un-women-committee-calls-men-donate-266-support-equal-pay-day>



Grattan Institute Report Offers Poorer Quality Health Care to Rural Australians

Press Release: 2nd October 2013



AMA President, Dr Steve Hambleton, said today that the rural health plan enunciated by Dr Stephen Duckett in the Grattan Institute report, *Access all areas: new solutions for GP shortages in rural Australia*, could result in rural Australians being consigned to poorer quality health care than the rest of the population.

Dr Duckett's proposals include having pharmacists take over some of the roles currently performed by GPs.

Dr Hambleton said that rural Australians should have access to the same high quality primary care as the rest of the population.

“When people are sick or injured or want advice about their health, they want to see a GP,” Dr Hambleton said.

“GPs are highly trained and skilled, they provide holistic care for their patients, and are uniquely placed to look after people throughout life, from birth to old age.

“GPs are the cornerstone of primary care for Australians, no matter where they live.

“The key to improving access to primary care for rural Australians is to provide greater support for GPs, not undermine them or have alternative health practitioners take over their specialised role.

“Providing prescriptions and vaccinations are key functions performed or directly supervised by GPs. It would be unwise to compromise the quality of health care by taking these functions away from general practice.

“The AMA is not opposed to the use of physician assistants who would work strictly under the direction and direct supervision of GPs, but the reality is that there will be no extra training capacity for any new health professional in Australia until at least 2025.

“The priority in medical training must remain with the medical students already in the training pipeline.”

Dr Hambleton said that the AMA has safer and more practical solutions to improve GP access for rural Australians.

In order to attract a medical workforce in adequate numbers and with the right skill mix to meet the primary health care needs of rural Australia, the AMA is calling on the new Government to:

- provide a dedicated quality training pathway with the right skill mix to ensure GPs are adequately trained to work in rural areas, and by developing and implementing, in consultation with the AMA and specialist colleges, a new funding program to support and encourage more ‘generalist’ training;
- provide financial incentives to ensure competitive remuneration for rural doctors by implementing the AMA/RDAA Rural Rescue Package (<https://ama.com.au/node/4136>), which would provide further enhancements to rural isolation payments and rural procedural and emergency/on-call loadings;
- extend the MBS video consultation items to GP consultations for remote Indigenous Australians, aged care residents, people with mobility problems, and rural people who live some distance from GPs. This will considerably improve access to medical care for these groups and improve health outcomes;
- replace the Australian Standard Geographical Classification (ASGC-RA) and the Districts of Workforce Shortage (DWS) system, which are so inequitable for many rural areas, with a more comprehensive model that provides a more

accurate picture of workforce conditions for administering relocation payments, and providing incentive and retention payments; and

- improve the effectiveness of the Bonded Medical Places Scheme by providing more flexibility for Bonded Medical Graduates to allow them to complete return of service obligations in any rural area, not just a DWS.

Dr Hambleton said that the AMA believes that pharmacists have a very important role to play in rural health – being pharmacists.

“The AMA has been working with the Pharmaceutical Society of Australia (PSA) on a plan that would allow general practices to employ pharmacists to work within the general practice alongside GPs and general practice nurses in a primary care team led by the GP,” Dr Hambleton said.

“This is a much safer and more practical primary health care model to serve the growing needs of rural Australians,” Dr Hambleton said.

Dr Hambleton said that the AMA would be lobbying the Government to provide more GP infrastructure grants for rural general practice on top of those already promised during the election campaign.

“We will also be urging the Government to scrap the former Government’s cap on tax deductions for work-related self-education expenses.

“The cap is bad policy that will have a devastating effect on the rural medical workforce,” Dr Hambleton said.

Reference:

Australian Medical Association (2013). Grattan institute report offers poorer quality health care to rural Australians. [Press Release]. Retrieved from <https://ama.com.au/media/grattan-institute-report-offers-poorer-quality-health-care-rural-australians>

Cancer risk greater for Indigenous Australians

Press Release: 3rd of October 2013

Aboriginal and Torres Strait Islander people have higher rates of new cancer cases and cancer deaths than non-Indigenous Australians, according to a report released today by the Australian Institute of Health and Welfare (AIHW) and Cancer Australia.

Cancer in Aboriginal and Torres Strait Islander peoples of Australia: an overview is the first comprehensive summary of cancer statistics for Indigenous Australians.

The report details the leading causes of cancer deaths for both Indigenous and non-Indigenous Australians.

AIHW spokesperson Justin Harvey said Indigenous Australians also had lower survival rates after a cancer diagnosis than non-Indigenous Australians.



'Aboriginal and Torres Strait Islander peoples diagnosed with cancer between 1999 and 2007 had a 40% chance of surviving for at least 5 years, compared with 52% for non-Indigenous Australians,' Mr Harvey said.

Cancer Australia CEO Professor Helen Zorbas said the report highlighted the significant impact that cancer had on the Indigenous population.

'Whilst incidence rates for cancer overall were marginally higher for Indigenous Australians, mortality and survival differences between the two population groups are far more striking with Indigenous Australians being approximately 50% more likely to die from cancer than non-Indigenous Australians,' Professor Zorbas said.

Mr Harvey said that while lung cancer was at the top of the rankings for both groups, differences emerged after that.

'After lung cancer, the two most common causes of cancer death among Indigenous Australians are cancer of the liver and breast cancer (in females). For non-Indigenous Australians, the most common causes are lung cancer, followed by bowel and prostate cancer (in males),' Mr Harvey said.

Professor Zorbas said the report emphasised the important work that needs to be undertaken to address the disparity between Indigenous and non-Indigenous Australians.

'The findings of this report underscore the continuing action needed in health promotion, research and health service delivery to best meet the cancer prevention and treatment needs of Indigenous Australians,' Professor Zorbas said.

The AIHW is a major national agency set up by the Australian Government to provide reliable, regular and relevant information and statistics on Australia's health and welfare.

Cancer Australia provides national leadership in cancer control to improve outcomes for those affected by cancer their families and carers.

Reference:

Australian Institute of Health and Welfare (2013). Cancer risk greater for Indigenous Australians. [Press Release]. Retrieved from <http://www.aihw.gov.au/media-release-detail/?id=60129544730>

Urgent action needed to improve the mental health and save the lives of Australian doctors and medical students

Press Release: October 2013

A world-first survey of thousands of Australian doctors and medical students has revealed they are burnt-out, more likely to experience psychological distress and suicidal thoughts than the general community and are drinking too much alcohol.

beyondblue's National Mental Health Survey of Doctors and Medical Students found that medical students and young or female doctors are most at risk and identified that significant levels of stigma towards people with mental health problems. Some respondents also reported that they were bullied or experienced racism.

beyondblue Chairman The Hon. Jeff Kennett AC said the findings revealed the extent of doctors' and medical students suffering and should act as an immediate rallying call for action.

"We conducted this survey because, given doctors and medical students are under immense pressure and deal regularly with pain and death, we know that the mental health of many of them is poor," he said.

"This survey builds on our previous work in this area and we hope it also serves as a wake-up call to the Australian medical community that more must be done to tackle things such as over-work and discriminatory attitudes."

beyondblue CEO Kate Carnell AO said more must be done not only to help doctors and students, but also patients.

"If doctors do not deal with the mental health issues they are experiencing, it can affect their ability to deliver the best care," she said.

"This survey identifies the challenges the medical community faces and outlines how they can be tackled.

"This includes initiatives such as the development of a mental health strategy for the Australian medical community to promote good mental health, the development of guidelines around working hours, better mental health education in universities to reduce stigma, and awareness campaigns.

"We know doctors are distressed and think a lot about suicide, yet this survey indicates they are diagnosed with depression and anxiety at equal or lesser rates than the community.

"Given the high levels of stigma among doctors revealed by this survey, we think doctors are reluctant to admit they have a mental health problem, further highlighting the need for action.

"The survey also shows some doctors experience bullying and racism, which is completely unacceptable.

"I encourage all medical workplaces to investigate how to create a mentally healthy workplace, starting with a visit to www.beyondblue.org.au/workplace."

The survey, which was conducted by Roy Morgan and completed by more than 14,000 doctors and medical students, is believed to be the first anywhere in the world to provide a mental health snapshot of such a large proportion of a country's medical community.

References:

Beyondblue (2013) Urgent action needed to improve the mental health and save the lives of Australian doctors and medical students. [Press Release]. Retrieved from <http://www.beyondblue.org.au/media/media-releases/media-releases/action-to-improve-the-mental-health-of-australian-doctors-and-medical-students>

Pink Lady Luncheon

15 Connections

Celebrate 15 incredible years
of Breast Cancer Network Australia
during our annual fundraising luncheon

Master of ceremonies
Beverley O'Connor,
journalist and broadcaster

Keynote speaker
Lesley Gillespie
Co-founder, Executive Director
& CEO, Bakers Delight

Entertainment
Amati String Quartet

Tickets
\$100 and \$50 is requested as a
tax-deductible donation (\$150)
Tables of 10 available

**To purchase tickets or
make a donation**
Credit card
www.bcna.org.au/events or
phone 1800 500 258
Cheque/money order
Breast Cancer Network Australia
293 Camberwell Rd
Camberwell Vic 3124
Tickets on sale until 4 October
unless sold out prior

ABN 16 087 937 531

Breast Cancer Network Australia

AGENDA



Notice of the 2013 VMWS Annual General Meeting, Workshop and Dinner

OFFICE BEARER Dr Magdalena Simonis, President
MEETING TOPIC VMWS Annual General Meeting
MEETING DATE Saturday 16th November 2013

This is to advise the **Annual General Meeting** of the **Victorian Medical Women's Society** will be held on **Saturday 16th November 2013**.

A workshop entitled "Pre- Incorporation/ Constitution review workshop" will be held prior to the AGM and Dinner.

The VMWS Annual General Meeting will commence at 1800hrs followed by the AFMW AGM at 1830hrs and dinner at 1900hrs, incorporating the Constance Stone Oration. This year's The Constance Stone Oration will be awarded to Dr Rosalind Terry.

<p>PRE INCORPORATION WORKSHOP</p> <p>Chair Dr Kate Duncan Head of Reference Group Dr Jenny Brown</p> <p>SEMINAR: 14:30 to 17:30 COST: NIL pp RSVP: vicevents@afmw.org.au by Mon 4th Nov 2013</p>	<p>AGM – Members only</p> <p>VMWS AGM: 18:00 (sharp) AFMW AGM: 18:30 (sharp)</p> <p>RSVP: vicevents@afmw.org.au by Mon 4th November 2012</p>	<p>Dinner at 19:00 - Celebrating the Constance Stone Oration Recipient: Dr Rosalind Terry</p> <p>COST: \$75 for guests (No cost for members)</p> <p>RSVP: vicevents@afmw.org.au by Mon 4th November 2012</p>
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**RSVP's are essential for all events to the Secretariat
at vicevents@afmw.org.au by Monday 4th November 2013**

VENUE: Cabrini Hospital,
183 Wattleree Road, Malvern VIC (report to main reception for directions)

The VMWS & AFMW AGMs are open to members only. There is no cost to members for the Dinner which follows the AGM. Guests are welcome at the dinner, at a cost of \$75 pp. Non-members can join online at <http://afmw.org.au/vic/vmws-membership> but RSVPs and prior payment are still essential.

AGM AGENDA

1. Welcome, In Attendance, Apologies, Honours, Deaths
2. Acceptance of Minutes of the VMWS 2012 Annual General Meeting
3. Business Arising from 2012 AGM
4. Executive Reports: President, MWIA, AFMW, Treasurer, Secretary
5. General Business
 - a) Progress on Incorporation & Constitution. Present and vote on itemised changes to and outcomes of the Pre AGM - Incorporation/Constitution review workshop.
 - b) Call for a Special General Meeting with a proposed date of early in 2014. The purpose of the meeting will be to i) vote on the final incorporation/articles of association document; and ii) vote to incorporate and apply for charitable status with lodgement of the necessary paperwork and associated fees.
6. Correspondence
7. Election of Office Bearers
8. Next meeting
9. Close

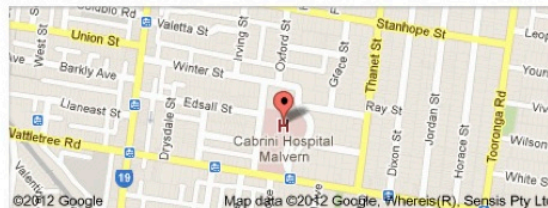
Dr Magdalena Simonis, President, VMWS Dated: 10 October 2013

NOTICE OF ANNUAL GENERAL MEETING & DINNER

Notice is hereby given that the **Annual General Meeting (AGM)** for
the Australian Federation of Medical Women (AFMW)
will be held on **Saturday 16th November 2013 at 1830 hrs**

All members are invited to attend the AFMW AGM. The Annual General Meeting will be held at:

CABRINI HOSPITAL, 183 WATTLETREE ROAD, MELBOURNE VIC



The VMWS AGM will start at 1800hrs, followed immediately by the AFMW AGM at 1830hrs, then pre dinner drinks followed by dinner, incorporating the VMWS's Constance Stone Oration.

Please **RSVP your attendance** for the AGMs & dinner to:

the AFMW Secretariat, Melissa Morey

by email to afmw@afmw.org.au **BY Monday 4TH November 2013**

AGENDA/BUSINESS

1. Welcome, Apologies, Honours, Deaths
2. Adoption of Minutes of the Annual General Meeting of the AFMW held on 18 November 2012
(reports can be accessed via: (<http://afmw.org.au/news/591-afmw-agm-2011->))
3. Receipt of Executive reports
4. Receipt of the Honorary Secretary's report
5. Receipt of Treasurer's Report and audited accounts
6. Receipt of State reports
7. Appointment of auditor for the ensuing period
8. Announcement of office bearers and AFMW representatives to other organizations and committees
9. Any other business

SUGGESTED ACCOMMODATION:

Armada Apartments: <http://www.armadaleapartments.com.au/Armadaale-Rooms.aspx>

They are located at 6 Williams Road, Prahran VIC 3181 (closer to the Malvern side of Prahran)

Yours sincerely

DR JILLIAN TOMLINSON

Secretary, The Australian Federation of Medical Women (AFMW)

Dated: 17 September 2013

The Victorian Medical Women's Society

Celebrating our history, advancing our future



Membership Invoice 1 July 2013 – 30 June 2014

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 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
<input checked="" type="checkbox"/> 5 years \$297.50	<input checked="" type="checkbox"/> 1 year \$120
<input checked="" type="checkbox"/> Life member	<input checked="" 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:
Date of Birth:	
Mailing Address:	
Phone:	Fax:
Email:	
Specialty/ Area of practice:	
Year 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