Victorian Medical Women's Society
Newsletter
Founded 1896
Celebrating our history, advancing our future
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President's Report – Dr Jan Coles

Dear Medical Women,

It has been an eventful last couple of months for VMWS and for me.

The VMWS hosted the Annual Lyceum Lunch in July with a wonderful turnout of members to hear Malalai Joya talk of her work as a female politician and vision for Afghanistan's future. Many of our members discussed the possibility of VMWS supporting a medical clinic for women in Afghanistan and plans for this are moving forward.

I have had a very busy month, attending and presenting at the Sexual Violence Research Forum in Johannesburg, South Africa. This was an amazing event with researchers and academics meeting from different communities across the world to discuss an evidence-based prevention and responses to sexual violence. It is hard to work clinically with sexually abused patients and even harder, in my experience, to do sexual violence research. Meeting with others who do similar work was both inspiring and reinvigorating. It has also helped me to develop new international networks and collaborations that are supportive and productive. Those of you who are interest can visit the Sexual Violence Research Initiative at http://www.svri.org/. Reports of the conference are available on http://svriforum2009.svri.org/. You can also be kept up to date through SVRI and have discussions with others through the SVRI facebook site accessed through the home page above.

Left on my office chair this week was a report from the United States of America, titled "Is a woman in Labor a "Person"? New Assaults on Pregnant Women's Civil Rights in a NJ Case". See http://www.huffingtonpost.com/louise-marie-roth/is-a-woman-in-labor-a-per_b_242307.html

It reports on the case of a mother being charged and being found guilty of child abuse and neglect for refusing a caesarean section and behaving erratically during labour. While one can think "only in America" could this happen, the case raises important issues that our organisation needs to consider and represent on behalf of women doctors, women patients and their children.

The principle of informed consent applies, women usually do not lose their capacity to make decisions about their body (and its integrity) when they are pregnant but it isn't that easy. What happens when the woman's decision puts her baby at risk? In this case, the baby was born vaginally and reportedly in good condition and appears to have suffered no harm. The child was removed from her care and placed with foster parents. I would be really interested to hear what our member and associate members think so VMWS can better represent the views of its membership. Perhaps it would make a good topic for our medical student essay prize this year!

Take care
Jan

In This Edition

VMWS Newsletter Co-editors:

Dr. Jenny Huang
Dr. Shueh-Hwuei Lim

Annual Lyceum Luncheon

By Linny Phuong (Publicity Officer), Mikhaila Lazanyi (Treasurer) and Laura Edwards (Social Secretary)

At this year's Lyceum Luncheon, we were graced by the presence of our passionate guest speaker Malalai Joya, a former Afghan parliamentarian. Joya is the director of the non-profit "Organisation of Promoting Afghan Women's Capabilities" and winner of and nominated for human rights awards around the world representing victims of violence in her home country. Labelled by the BBC as the "bravest woman in Afghanistan", she was dismissed from parliament after her defiant critique of her own government following which she has suffered constant death threats and survived four assassination attempts.

Joya articulated stories of the sad realities of women's rights in her home country, and how she had denounced the presence of warlords within her own parliament. She gave us examples of acts of violence against women and children in Afghanistan and showed us photos which depicted the violence and cruelty which she was describing. Her book which has recently been released- "Raising my voice" further depicts Joya's mission to bring peace and justice to her people in Afghanistan.

The luncheon was very well attended bringing together older and younger generations of doctors and medical students. In support of Joya's work a number of attendees to the Luncheon expressed interest in starting up a Womens' clinic in Afghanistan. This clinic will be jointly supported by VMWS and AFMW and discussions are currently underway on coordination of this project. We will keep you posted of its progress.

Joya's book is currently on sale and can be purchased through the Eltham book shop, who are donating 10% of every book sold directly to Joya. If you would like to purchase a copy, please send us your details and we can arrange this for you. Please Email or Mail to

VMWS Secretariat
vic@afmw.org.au
PO Box 202 East Melbourne VIC 3002

VMWS presents
"Think Pink" Breast Cancer Awareness Evening

Proudly supporting

Breast Cancer Network Australia

The Lyceum Club
Ridgeway Place, Melbourne, CBD
Friday 30th Oct 2009 at 7:30pm

Guest speakers: Dr Sandra Wilson & BCNA Speaker
Door prizes from Erase & Jan Marini Skin Care

Cost: $50 for 2 course dinner & drinks
($10 from every ticket sold donated to BCNA)
Dress: Smart Casual

RSVP Essential: vic@afmw.org.au or SMS 0415 187 297
by 19th Oct 2009

Payment Options

1. Pay online via Paypal at http://www.afmw.org.au/vic/vmws-events
2. Pay by cheque (made payable to Victorian Medical Women's Society and mail to PO Box 202, East Melbourne VIC 3002
3. Pay by electronic funds transfer (BSB: 033089 Account number: 297664) Please include your initials & surname in the transfer information and advise us of the transfer date in your RSVP

Note: Membership payments will be accepted on the day but advance payment is preferred.

The Vera Scantlebury Brown Child Welfare Memorial Trust Scholarship

Are you involved in prenatal, child and family health, development and well being? Would up to $7,000 for further studies or research overseas or in Australia help you make a difference? The closing date is **28th August 2009.**

Application details and further information can be found at: http://www.paediatrics.unimelb.edu.au/VSB_Scholarship/VSBmainpage.html

You can now find VMWS and AFMW on Facebook!

Visit Facebook.com to join the VMWS and AFMW Facebook groups and *network online with medical women just like you*

facebook

Sign up for your free AFMW e-newsletters!

Are you receiving e-newsletters from the Australian Federation of Medical Women (AFMW)? If not, visit the AFMW website at http://afmw.org.au to subscribe free of charge online! The AFMW website contains a wealth of information about activities and events relevant to you, so do yourself a favour and visit today!

28th Medical Women's International Association World Congress

Munster, Germany
27 - 31 July 2010
http://mwia2010.net

2009 VMWS Event Calendar

30 October 2009 — Breast & Ovarian Cancer Dinner
In 2009 our Breast and Ovarian Cancer fundraising dinner will be held on 30 October. Please mark this date in your diary and keep the evening free. by 19th October by emailing vic@afmw.org.au or sms: 0415 187 297

21 November 2009 — VMWS Annual General Meeting
Our Annual General Meeting is the blue ribbon event in the VMWS calendar. Join us on Saturday November 21 at 6:30pm and celebrate the passage of another year with your VMWS friends and mentors! Drinks and three course meal provided; members only.

Erasing the Stigma Attached to Ill Doctors

Dr Mamta Gautam, MD, FRACP(C)

Dr. Mamta Gautam is an internationally known expert and speaker on physician health who treats exclusively physicians in her clinical practice. Dr Gautam is also the current President of the Ottawa branch of the Federation of Medical Women of Canada and has an excellent website http://drgautam.com, that contains many resources for medical professionals on topics including physician health, mentoring and living a life of balance. Dr Gautam has given VMWS permission to include excerpts from her work in our newsletter; we share these with thanks and gratitude.

Nowhere is the stigma of illness greater than among medical professionals. The culture of medicine promotes setting very high expectations of oneself and others, and it rewards hard work, conscientiousness, perfectionism and thoroughness. The "ideal physician" is one who comes in early, leaves late, makes house calls and is always available. This responsible and reliable physician pays attention to every detail. He or she is tough, in control, can handle it all, takes care of others and helps whenever needed. This concept of the ideal physician is reinforced by our teachers, training, peers and our patients; a blemish on this image is considered unacceptable.

A stigma is a stain, a reproach, a characteristic mark of disgrace or defect. Given the expectations of an "ideal physician," when doctors are diagnosed with an illness they often feel stained, weaker or "less than," Such marks of disgrace lead to shame and fear of judgment by others, and foster several assumptions within the field of medicine that lead doctors to conceal ill health.

Stigma begets assumptions: it is wrong for you to become ill and need help.

Stories of doctors refusing to acknowledge illness-either their own or that of family members or colleagues-abound, For instance, one doctor waited until his child's eardrum perforated before acknowledging that the baby was really not well. An ER doctor worked a whole shift and admitted patients who were miscarrying, all while experiencing a miscarriage herself, A surgeon became so ill in the operating room that he started his own IV. A doctor who was diagnosed with cancer waited until it was staged before telling his colleagues so they would understand his need for time off.

Doctors often down play signs and symptoms of illness, deny a problem or wait until the illness is very severe or clearly evident before reaching for help.

Taking time off is a sign of weakness.

Doctors find it hard to take time off, go away on holidays, leave work early after call or stay home when they are sick.

Taking care of yourself is selfish.

Doctors become adept at delaying their own gratification and often put off taking care of themselves. Their needs are last on the priority list and are often lost.

It is wrong to admit you may need help.

Doctors do not want others to know if they require assistance. Many avoid calling provincial help lines for fear of exposure, and they do not attend workshops on physician health issues because they equate participation with admitting they need help. Doctors find it hard to see a colleague within the hospital for medical help and do not want to be seen leaving the office of another doctor-especially that of a psychiatrist.

Taking medication indicates that you are really sick.

While some doctors may seek advice from a colleague, accepting that they may need medication-especially psychotropic medication-is seen as much worse because it is tantamount to being "a real patient." Prescriptions are often met with denial and resistance, and doctors often drive miles to a pharmacy in another neighbourhood to fill their prescriptions to avoid being "found out."

Diagnosing a mental illness is a negative judgement.

While a sense of shame exists for physical problems, mental illness remains an even bigger disgrace in the eyes of many physicians. For example, one physician tells of having a heart attack and being admitted to hospital. His colleagues sent flowers and gifts, and visited him daily. Yet, a colleague in the same department was hospitalized with depression in the same hospital, but received no gifts or visitors.

Just as some doctors feel that diagnosing a patient with mental illness can have negative repercussions and avoid such diagnoses in their charting, doctors feel a similar sense of being judged when they are on the receiving end of such a diagnosis. They worry that colleagues will think less of them and their abilities and competency.

Intellectual defences

Stigma in medicine reinforces our use of intellectual defences to help us protect against others becoming aware of our illnesses. We deny, minimize or rationalize our difficulties in an attempt to avoid dealing with them, which can result in a serious delay in seeking treatment. Most doctors only come for help when the illness cannot be ignored anymore and has reached a crisis point. Examples of extreme illness prompting doctors to seek out treatment include severe depression, contemplation of suicide and paralyzing anxiety. These illnesses may result from the threat of a lawsuit, or difficulty coping with a patient's death or a marital breakdown.

Why caregivers don't want care but should

It is hard for doctors to reach out for help. The culture of medicine promotes the use of the intellectual defences described previously. Our illnesses tap into our personal insecurities and we fear judgment and exposure if we seek out help. As patients, we can experience a sense of shame, guilt, failure and weakness, and we fear a loss of control. As professionals, we are concerned about confidentiality and fear negative impacts on our ability to obtain insurance. While no formal statistics support this concern, anecdotal evidence shows that doctors who declare that they have sought psychiatric help are provided insurance at higher rates or containing an exclusion clause preventing them from claiming disability for mental illness, or are denied insurance altogether. Furthermore, as professional caregivers, we are not familiar or comfortable with the role reversal placing us on the receiving end of care.

Difficult as it is for doctors to seek out help, it is also hard for doctors to offer help to colleagues. Even if we see signs that cause us concern, we are reluctant to intrude and worry that we may be wrong to assume our colleagues are having troubles. Some of us may even fear anger or retaliation from colleagues if we suggest they are unwell.

Physician health and well-being is gaining much more prominence as an issue of concern among doctors and health care organizations alike. This increased recognition of the importance of physician health will hopefully lead to efforts to reduce the stigma of illness in medicine, A medical workplace with a proactive focus on the promotion of physician wellness is encouraged. Prevention of illness by encouraging healthy lifestyles, advocating for healthier workplaces, devising systems for colleague appreciation and fostering a sense of community and connection between colleagues is essential. The University of Ottawa Medical School Faculty Wellness Program advocates the Neighborhood Watch Program, which is a prevention initiative to guide faculty members in identifying signs of stress within themselves and colleagues. The program encourages doctors to improve their confidence in stating their own concerns and reinforces the positive aspects of expressing care and concern for a colleague.

Education must be offered to help doctors realize that stress is normal and that getting help when help is needed is healthy, but this process takes time. This education can come from many sources at different stages of doctors' careers, for example, some medical schools are modifying their curricula to include topics of health and wellness. Workshops on managing stress can be organized for residents, while Hospital Grand Rounds are an appropriate way to address these issues for staff. Furthermore, provincial and national medical specialty meetings can include presentations and workshops on health and well being in their respective programs. In recent years, the Canadian Medical Association's Centre for Physician Health and Well-being - a national clearinghouse of information on physician health - has created an innovative curriculum designed to educate medical leaders in specific areas of physician health and distress.

While doctors taking time to care for themselves were once seen as selfish and indulgent, colleagues can now benefit from the reassurance that investing time and energy into maintaining or improving their health and well-being allows them to be better physicians and have a more balanced life. Doctors need to appreciate the value of having hobbies, slowing down, pacing themselves, taking holidays and working fewer hours a week-all without feeling guilty.

Stigma can be lessened with open discussion. Positive and supportive media portrayal can help to diminish the stigma of illness. Doctors should write articles and share their stories, speak up and show that they are all in this together, dealing with the same struggles in similar ways.

Addressing and reducing the stigma of illness will help doctors realize that it is not wrong to seek out help. Physicians who are able to create a healthy work-life balance, identify signs of trouble early on and demonstrate a willingness to seek help will set an example that could erase the stigma of illness and change the culture of medicine to reduce vulnerability not only for themselves, but also for their colleagues.

From both sides now

Gynaecological cancer affects women all around the world but women in developing countries are hardest hit.

Nilmini Wijemunige
Med VI University of Melbourne

I did my elective in gynaecological oncology at the National Cancer Institute of Sri Lanka, in the outskirts of the capital Colombo. This hospital manages the majority of oncology in Sri Lanka, the population of which is similar to Australia's. Consistent with the country's public health policy, chemotherapy, radiotherapy and surgery is offered to cancer patients free of charge.

The gynaecology ward had many cases of endometrial cancer and the dreaded ovarian cancer. It also had many cases of cervical cancer which had progressed to stages rarely seen here. There were many cervical cancers palpable even to my inexperienced hand and many pyometra formed from stenosing cervical cancer, had to be drained.

Unfortunately for the women of Sri Lanka, like the majority of women in the world, there is no national program involving regular Pap smears. Coming from Australia, where advanced cervical cancer and death is now a rarity, it is almost hard to believe that cervical cancer is a leading cause of cancer deaths in the developing world. In fact the World Health Organization estimates that it is the fifth most common cause of cancer deaths in women and the most common cause of death from a gynaecological cancer in the developing world.

However, out of the large prolapsing cervical cancers and many hours of ovarian cancer surgery, there was one story that stands out the most to me. It was the case of a 43 year old lady affected by congenital rubella syndrome (CRS) with suspected ovarian cancer. Unfortunately for her, she had the textbook features of CRS with severe intellectual impairment, microcephaly, sensorineural deafness and most importantly, congenital heart disease. Following investigations for a loss in appetite and weight, it appeared that she had ovarian cancer.

Accompanying her was her mother, who had devoted her life to the care of her daughter for the past 43 years. She was the one who had to make the decisions for her daughter. It was a choice from two bad options. How can you tell a mother, who has spent her lifetime caring for her child, that her daughter could well die in several years from ovarian cancer or die on the operating table from surgery made risky because of congenital heart disease?

After many days of discussion with the family and they consulting their relatives, they decided that their daughter would undergo surgery. I could not imagine what those hours for her mother would have been like. The surgery proceeded rather smoothly and the relief on her mother's face when her daughter survived was something to behold.

Many thousands come to the Cancer Institute with the hope that the treatment they receive will slow, if not cure their cancer. It is the doctors' hope, that this mother, as well as many other mothers, fathers, husbands, wives and children will be with those dear to them for more years to come.

The Victorian Medical Women's Society

Celebrating our history, advancing our future

History

The Victorian Medical Women's Society (VMWS) was founded in 1896 with the aim to further the professional development of medical women by education, research and improvement of professional opportunities. It promotes the health and welfare of all Australians, particularly women and children.

Member Benefits

*** Free** attendance at meetings including networking dinners, mentoring, guest speakers on topics of clinical or medico-social importance, and panel discussions.
***** Circulation of a bimonthly newsletter with news about events, prizes and gendered socio-political issues.
***** Regular networking and mentoring opportunities.
* Advice and advocacy.
***** Access to members-only pages on our internet site and details of further net resources.
* Training program application assistance & career development advice.
* Be part of the Medical Women's International Association and have your say in the United Nations and other global forums.

Affiliations

Australian Federation of Medical Women

www.afmw.org.au

The AFMW represents all the Medical Women's Societies of Australia. AFMW arranges conventions and conferences, and is currently focused on developing leadership skills in medical women. AFMW is linked with the Medical Women's International Association.

Medical Women's International Association

MWIA is a United Nations Non-Government Organization. It maintains official working relations with the WHO, the UN Economic and Social Council, and UNICEF. MWIA provides its members with the opportunity to exchange ideas, medically and personally, with colleagues from other nations.

www.mwia.net

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Membership Application 2009/10

July 1 2009 to June 30 2010

Full Membership	**$140**
Student Members	**$ 35**
Retired Members	**$100**
Rural Members (>100km from GPO)	**$ 50**
Gift Membership	**$100**
Five Year Membership	**$595**

Membership fees are not tax deductible as charitable contributions. Membership fees may be deducted as ordinary and necessary business expenses. Please consult your accountant for further advice.

Send with a cheque or money order to:

VMWS Secretariat
PO Box 202
East Melbourne VIC 3002
E-mail: **vic@afmw.org.au**

Or direct transfer to VMWS:
BSB: 033 089
Account Number: 297664

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