

SOGC

NEWS

JUNE 2000

EDITORIAL

News from Uganda

By Dr. Ralph Cooke, Canadian Volunteer-Physician, FIGO Save the Mothers Uganda-Canada Project

The FIGO Save The Mothers Project began in February 1999. Since that time a year has passed and several Canadian volunteers have served in Kiboga where the project is located.

I was a volunteer for April, May and June of last year. I had a very interesting and informative stay and felt that I had accomplished very little as the needs were so great. I did not for one moment entertain the idea of returning to the project for another three months.

After being home in Canada, viewing the slides and pictures I had taken, talking to others about my experience I realized that I had become attached to the project and particularly the marvelous people of Uganda who were working hard to improve patient care and to reduce maternal mortality. I thus decided to return.

On April 5th 2000, I found myself with my daughter Barbara in Kiboga. Everything seemed the same except that a huge hole at the bottom of the road to our guest house had been filled in after some 4 months. The medical officers have changed and midwives have been transferred to other areas in

the hospital or to different dispensaries.

Very little has changed as far as equipment is concerned as the budget still has very little room to maneuver. Protocols which Dr. Jean Chamberlain and I introduced are partially implemented and the postoperative vital sign sheet is used faithfully. Toxemia protocol is of no real value as the hospital has not purchased either MgSO₄ or Hydralazine. The treatment for the severe toxic patient remains Diazepam. The postoperative order sheet is also used.

Money has been raised and an incubator has been purchased which will shortly be available for use. Equipment, much needed for the dispensaries, has also been obtained.

The truck still remains a major problem. There have been two problems so far and a third is imminent. All in all it is an experience.

There are many lessons to be learned. One cannot transpose Canada or Canadian values to Uganda. We can only hope to improve the way things are done, at the pace at which the people here feel comfortable with. I

must say that I have been a little disappointed with the progress that has been made since I was last here. But the positive aspect is that progress is being made no matter how slowly. More women are attending the dispensaries and more referrals are seen at the hospital.

In an editorial I wrote last year I quoted Louis Pasteur as saying "It is better to have traveled than to have arrived." As you can see I enjoyed the first journey so much I am here to relive it. I am sure that each Canadian Volunteer that has been in Kiboga and worked and lived with the generous, kind and helpful people of Uganda have had their lives enriched from this once in a lifetime experience. Yee Ssebo (Yes Sir!)

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Important Note Updating the List of Investigators in Reproduction

We thank the individuals who have responded to our request of April 2000. We wish to reiterate the need to identify Canadian investigators in reproduction and their area of interest. Kindly send the information as soon as possible to Danielle Bown, CIR Coordinator at the SOGC by E-mail at dbown@sogc.com or by fax (613) 730-4314. Many thanks for your collaboration.

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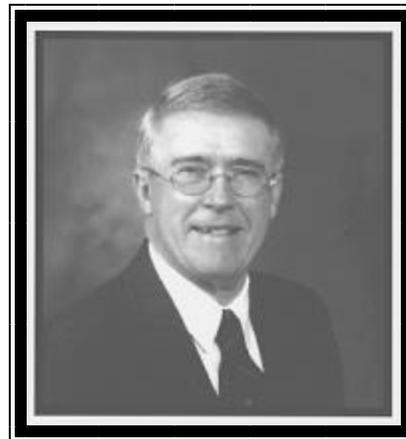
Income Inequality and Mortality Rates

It is well recognized in social science circles that income inequality is related to an increase in mortality rates.

However, the recent health reports issued by Statistics Canada, "How Healthy Are Canadians?", compares Canadian provinces and US states as well as Canadian and US urban centers in terms of income vs. mortality rates in individuals of working age, 25-64. The current thinking was that low income created adverse environment which led to an increase in ill health and mortality. However, the Statistics Canada reports point out that in comparing Canadian provinces and US states, there is no relationship between income inequality and mortality within Canada even though the association is very strong in the USA. The same difference was also seen when comparing Canadian and American cities.

It would appear that the explanation is to be found in the difference between Canada and the USA in terms of social programs in health care and education. These resources are distributed by the marketplace in the US and by their ability to pay whereas in Canada, these are publicly funded and universally available. When looking at the statistics for Canadian and American cities, it would appear that in the US there is a higher concentration of affluent areas vs. poor ones in the US vs. Canadian cities.

The results are intriguing for Canada and do not state that there is no



A. B. Lalonde, MD, MSc, FRCSC, FSOGC, FACOG

relationship between poverty and ill health but that the co-relation is not as straightforward as the experience in the US states and cities. At a time where globalization seems to be the fashion, ordinary Canadians are concerned that the fabric of Canadian society could be in jeopardy and that global trade could create more inequality between the rich and the poor in Canada. Concentrating on reducing waste and ineffective Canadian programs could lead to a more efficient government which would eliminate unnecessary spending, promote excellence in research and still maintain our free health and education services for all Canadians.

Ref: Health Reports, "How Healthy Are Canadians", cat Winter 1999, Vol 11:3

SOGC DELEGATION TO FIGO WORLD CONGRESS

The SOGC Council has voted support for Council members attending the FIGO meeting September 3-8, 2000. The SOGC Council felt that it was important to support ACOG who is hosting the World Congress since our colleagues in the USA had given tremendous support to the FIGO 1994 meeting held in Montreal. Council members will be eligible for a grant to cover travel, accommodation and registration. The SOGC is still seeking collaboration with various pharmaceutical firms to obtain a certain number of free rooms for the FIGO World Congress. If we are successful, this will decrease the cost for Council members who wish to attend. Please let the SOGC know if you have received support from a pharmaceutical firm or if you are interested in receiving support by communicating with the Executive Vice-President at the national office.

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ACM and the Grand Prix Problem

By Liette Philippe, CME Coordinator, SOGC

The 56th Annual Clinical Meeting (ACM) will commence in only a few short weeks. We anticipate another successful meeting despite our challenges with the accommodations in Montréal. As most of you know, The Montréal Grand Prix severely restricted the availability of hotel rooms for our delegates. The SOGC staff and its members have been dealing with this unfortunate circumstance for many months now.

Communications with our members indicate there are misconceptions as to how this could have happened. Some have expressed the belief that SOGC booked the ACM in Montréal during the Grand Prix week intentionally. Nothing could be further from the truth.

The destination for future meetings is typically confirmed by SOGC between three to five years in advance. In fact, the process of selecting the Queen Elizabeth Hotel began in 1995. Last summer

(1999), the Montréal Grand Prix announced that they were changing their dates to June 12-18. Being informed on this change, the SOGC instantly realized the potential problems and responded immediately to minimize the possible negative impact this could have on the ACM.

We contacted the Queen Elizabeth Hotel to investigate the possibilities of changing our ACM dates, as we needed their cooperation to alter a signed contract. A slight change in the dates was possible, so the ACM was officially changed to Saturday, June 17 to Wednesday, June 21 (the former dates were Friday, June 16 to Tuesday, June 20). We hoped this would resolve some of the problems. Next, we attempted to increase our block of rooms at the Queen Elizabeth Hotel, but were unable to do so.

Every year, a significant number of ACM participants reserve their room at a hotel that is not within the SOGC block. Because of the

Grand Prix, we knew hotel rooms would be at a premium and booking a room outside of our block would be virtually impossible. Additional rooms would be needed to accommodate all of our delegates. We attempted to get another block of rooms at other downtown hotels but we were not successful. Since last summer, the SOGC has continued to work diligently to rectify this situation. With perseverance and help from outside sources, we have obtained additional rooms at other properties, although the rates, location, terms and conditions are less than desirable.

We are fully aware that this situation has been difficult and frustrating. We appreciate the enormous effort some of you have made in order to attend this year's meeting. In fact, the patience, collaboration and understanding from our members have been outstanding. Thank you!

PROGRAMS

56th Annual Clinical Meeting
 Montréal, Québec
 June 17 to 21, 2000

13th Québec CME Program
 Magog-Orford, Québec
 September 28 to 30, 2000

18th Ontario CME Program
 Toronto, Ontario
 November 30 to December 2, 2000

14th International CME Program
 Costa Rica
 March 5 to 9, 2001

COURSES

ALARM Course
 Montréal, Québec
 June 15 and 16, 2000

ALARM Course
 London, Ontario
 September 23 and 24, 2000

GESTA Course
 Magog-Orford, Québec
 October 1st and 2, 2000

ALARM Course
 Toronto, Ontario
 November 18 and 19, 2000

ALARM Course
 Toronto, Ontario
 December 3 and 4, 2000

SOGC News

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The **SOGC NEWS** is published on a monthly basis. Comments and contributions are welcome and should be forwarded to :

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A Special Gift from the Stork for Mother's Day

By Christiane Ménard, Director, Communication and Partnerships, SOGC

On May 9th, just a few days before Mother's day, the SOGC officially launched the 2nd edition of **Healthy Beginnings**, its complete guide on pregnancy and childbirth. Launch events were held simultaneously in Montreal and in Toronto on Tuesday, May 9th where media were invited to an exclusive preview of the book. Dr. Robert Gauthier, the SOGC President, and Dr. Line Leduc greeted the media in Montreal while



Stork with expecting mother, Dominique Germain-Landry

Dr. Andrée Gruslin and Dr. Yvonne Gargill represented the SOGC at the Toronto event.

The media coverage resulting from these events will be ideal for the promotion of the book directly to consumers. **Healthy Beginnings** can be purchased directly from the SOGC Publication toll-free line at 1-877-519-7999 or by visiting the book's own Web site at: www.healthy-beginnings.com

As in the past, free copies of **Healthy Beginnings** will be distributed to SOGC members by Janssen-Ortho Inc. during the summer months. Further information on the distribution process and timing will be communicated to you in the near future.

COMMITTEE RECRUITMENT

The Public Education Committee of the SOGC is currently seeking a Member Ob/Gyn from the Ontario Region as well as an associate MD, Midwife and RN member to participate on the committee. The main responsibilities of this committee are to review and implement necessary changes to the SOGC's public education materials, to endorse brochures, pamphlets, booklets from other organizations, and, to participate in teleconferences every 1-2 months and in one face-to-face meeting.

Should serving on this committee be of any interest to you, please feel free to send your letter of interest along with your bio-profile to the attention of Chantal Cayer at the National Office and we will be in contact with you with further instructions. We would like to thank you in advance for your interest.

Statistics Canada Confirm Lack of Equal Access to Abortion Services Across Canada

The Canadian Abortion Rights Action League (CARAL) released a statement on April 11 concerning the 1996/97 therapeutic abortion rates released by Statistics Canada on Friday, April 7, 2000.

The 6.1% increase in the number of abortions performed in Canada since 1995 is largely attributable to the increase in the incidence of abortion in the 20-24 age group. The statistics also show that there is a growing trend towards women having to travel outside their home province or territory to receive abortion services.

Women in their 20's accounted for over half of all abortions in 1996 and 1997. The fact that the largest increases in abortions is occurring in the 20-24 year age range is undoubtedly linked to Canada's declining birth rate. "Women in this age group need to complete their post-secondary education, to be employed and financially secure before starting a family. As a result, they are delaying childbirth and are ultimately deciding to have fewer children overall." said Marilyn Wilson, Executive Director of CARAL.

The figures produced by Statistics Canada on abortions performed province by province confirm an alarming trend, already recognized by CARAL, which is that women are having to travel out of their home province or territory to access abortion services. With the current inequities in reciprocal billing between provinces, many of these women are having to cover the cost of this procedure out of their own pocket. These statistics show that in many areas of Canada, abortion services are neither portable or universally available to all women.

Statistics showing the breakdown between abortions provided in clinics and those performed in hospitals, confirms another alarming trend. In the 1990s, as the number of hospitals performing abortions dropped, a greater number of abortions have been performed in private clinics. In 1990, clinics accounted for 22 per cent of abortions. By 1995, this number had grown to 33 per cent and by 1997 it had reached an all time record of 36 per cent. "This is an upsetting trend because most clinics are located in urban areas and may have fees attached to the service. Women who can pay these fees as well as the cost of travel and accommodation have access to clinic abortions, while poorer women cannot afford this privilege." said Wilson. "Since these statistics are now three years old and there continues to be cuts to our healthcare system, we fully expect to see this percentage increase as more and more women are denied access to services within their communities."

CARAL is Canada's only national organization working full-time to ensure safe, accessible abortion services for Canadian women. For more information, contact: Marilyn Wilson, Executive Director (613) 789-9956

Source: CARAL

V European Congress on Menopause
July 1st to 5, 2000
Copenhagen, Denmark
Information:
International Congress Services
Phone: +45 39 460 500
Fax: +45 39 460 515
E-mail: emas2000@ics.dk
Website: www.emas2000.ics.dk

XVIIth Asian and Oceanic Congress of Obstetrics & Gynaecology
July 9 to 14, 2000
Singapore
Information:
AOCOG 2000 Secretariat
Phone: (65) 737 0275
Fax: (65)737 6439
E-mail: gmcs@parkway.com.sg

XVIth FIGO World Congress of Gynecology and Obstetrics
September 3 to 8, 2000
Washington, DC
Information:
Events International Meeting Planners Inc.
Phone: (514) 286-0855
Fax: (514) 286-6066
E-mail: info@eventsintl.com
Web site: www.figo2000.com

8th International Conference on Pelvic Floor
September 9 to 12, 2000
London, England
Information:
Conference Secretariat
Phone: + 44 (0) 208 725 1302
Fax: + 44 (0) 208 725 3611
E-mail: kdavis@sghms.ac.uk

Lamaze International 2000 Annual Conference
September 22-24, 2000
Memphis, Tennessee, USA
Information:
Phone: (202) 857-1128 / (800) 368-4404
E-mail: lamaze@dc.sba.com
Web Site: www.lamaze-childbirth.com

"When Pregnancy Becomes Complicated"
September 28, 2000
Hospital for Sick Children
Toronto, Ontario
Information:
Denise Avery
Maternal Infant and Reproductive Health Research Unit
University of Toronto
Phone: (416) 351-3781
Fax: (416) 351-3771
E-mail: miru@swchsc.on.ca

10th World Congress on Ultrasound in Obstetrics and Gynecology
October 4 to 7, 2000
Zagreb, Croatia
Information:
Congress Secretariat
Phone: + 385 1 3745537
Fax: + 385 1 3745534
E-mail: asim.kurjak@public.srce.hr

Britain to Allow Human Cloning: Potential Benefits Outweigh Ethical Fears, Experts Conclude

The cloning of human embryos for medical research, which could allow scientists to create spare parts for the body, is expected to be approved by the British government after an inquiry concluded that the potential benefits outweighed the ethical problems.

A panel of experts led by Dr. Liam Donaldson, the nation's chief medical officer, has agreed to recommend changes to the law to allow the use of cloned embryos to create tissue to treat the sick.

Sources say that ministers are almost certain to end the ban on the « therapeutic cloning » of embryos for research that could eventually cure kidney, liver or heart disease.

Ministers want to launch a public debate to try to persuade people that cloning embryos for research is not the same as creating a carbon copy of a human being. They want to emphasize the difference between the cloning used to create Dolly the sheep and using embryos for tissue engineering.

In Canada, that debate is well under way. Health Minister Allan

Rock plans to introduce legislation on the broad topic of new reproductive technologies in the current session of Parliament. Human cloning is expected to be one of the issues addressed.

Canadian scientists are calling for a ban on « reproductive cloning » to produce new human beings, yet some are ready to allow « therapeutic cloning », to produce things like tissues for transplant, or to treat diseases such as Parkinson's.

Source: Rachel Sylvester, The Daily Telegraph

56th Annual Clinical Meeting June 17-21, 2000 (Montreal)

International Women's Health Symposium Sunday, June 18, 2000 (14:00 - 17:00)

PROGRAM

1. **Opening Statement.** Shirish S. Sheth, MD, President Elect, International Federation of Gynaecology and Obstetrics (FIGO)
2. **Consideration for Formulating Reproductive Laws** Rebecca J. Cook, J.D., J.S.D.
3. **Relevance of International Human Rights Law to Practicing Obstetrician Gynaecologists: The Role of FIGO** Dorothy Shaw, MD
4. **SOGC's International Women's Health Project**
 - a) **FIGO Save the Mothers Uganda-Canada Project: One Year Report.** Jean Chamberlain, MD
 - b) **SOGC's Partnership Project 1999-2002** André B. Lalonde, MD
 - c) **New Initiatives : Haiti and Kosovo.** Liette Perron
5. **West African Maternal Health and Obstetric Fistula Project** Robert Walley, MD
6. **Dalhousie-Gambia Maternal Child Health Care Project** James Goodwin, MD

Following the symposium, join us for the film presentation of **'Dr. Lucille: The Lucille Teasdale Story'**. A television film written by Rob Forsyth, directed by George Mihalka and starring Marina Orsini, Massimo Ghini and Lou Gossett Jr.

For more information about the International Women's Health Symposium at the ACM, please contact Liette Perron, Program Officer at 1-800-561-2416 or by email at lperron@sogc.com.

Partner's Profile

Diane Gagné, Financial Security Consultant, Great West *

She is the Great West number one life and disability insurance broker. She is also the only women member of the Canadian Executive Club where only 2% of brokers qualify for. Furthermore, Diane Gagné, 38, has just been elected President of the Canadian Great West Agents Advisory Board. The Board meets one a year and talks to senior management on behalf of agents in the field to enhance the provision of services. "I am very flattered", says Mrs. Gagné. "A Francophone woman for Québec, elected by Anglophones... Something that does not happen to often."

And she knows the English-speaking community pretty well. In 1989, she left her native Beauce where she was



Diane Gagné (Great West)

working with French farmers to start up a new life in the Ottawa Valley. Today, 80% of her clientele is made of Anglophones. "My strength is specialisation. I have developed my own niche", says Mrs. Gagné. Her customers are healthcare professionals and she specialized in life and disability insurance. She has a reputation. Diane Gagné can practice in every province (except Prince Edward Island) where she develops agreements with national physician associations and has customers from coast to coast.

Source: *Affaires Plus*, April 2000

**Editor's Note: Diane Agné has been a SOGC partner since 1998. She offers great health and disability insurance plans to members.*

Financial Planning

Interest Rates and Equity Markets: A Stormy Relationship

Most of us understand that investors who purchase bonds or other fixed-income instruments need to pay close attention to shifts in interest rate policy, since rates play a major role in bond prices and yields. But John Ambrose, senior portfolio manager for MD Private Trust, says it's worthwhile for stock market investors to follow the direction of interest rates, which also have an impact upon stock prices.

"Simply put, both bonds and stocks become less valuable when interest rates go up," says Ambrose.

At the most basic level, interest rate changes affect the cost of borrowing by both businesses and consumers. Both the Bank of Canada and the US Federal Reserve Board raised their benchmark interest rates earlier this year to keep inflation in check by slowing down economic growth.

Higher interest rates make it more expensive for businesses to borrow money for expansion and for consumers to borrow to finance the purchase of "big-ticket" items like homes or cars.

Interest rate hikes can also affect a company's ability to meet its revenue targets because of higher borrowing costs and reduced consumer demand for products. This can have a negative effect on a company's stock price, particularly for growth-oriented companies such as tech and Internet firms.

Ambrose says different asset classes react in different ways to higher interest rates. Commonly accepted calculations used in the financial services industry show that ten-year bonds will decline in value by seven per cent if interest rate rise by one per cent.

The value of a growth stock relies on large cash flows in the far future

where interest rates are most influential. While it's impossible to isolate an interest rate change as the sole cause of a stock price decline, Ambrose's research indicates a growth-oriented company could see its stock price fall by about 28 per cent as a result of a one per cent increase in interest rates.

The bottom line? Ambrose says equity investors should consider interest rate trends when making portfolio decisions, but only as one of many factors that should be taken into account. For more information on interest rates and how they can affect your investment portfolio, contact your MD Financial Consultant.

Source: *MD Management*

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For further information contact or forward curriculum vitae to:

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