



SOGC

NEWS

SEPTEMBER 2000

EDITORIAL

The Society of Obstetricians and Gynaecologists of Canada Condemns Violence Against Physicians

By Christiane Ménard, Director, Communication and Partnership, SOGC

For several years there have been attacks and threats of violence against physicians who perform abortions. Most of these attacks have occurred during the month of November. However, only a few months ago, Dr. Garson Romalis of British Columbia was stabbed in the lobby of his clinic. This was the second attack on this physician.

As we enter the fall season, the SOGC would like to remind its members to take appropriate precautions and the following precautions have been suggested by various police forces:

- increase your awareness in your everyday surroundings, including your home. Watch for cars you do not recognize, parked in odd places, etc., and report all suspicious activity immediately;
- change your routine as much as possible, including the routes you drive and the time you enter and leave your home and office;
- wear your scrubs in the clinic only;
- consider wearing body armor, even at home;
- do not assume you are safe in your home - use window coverings to limit visibility into your home, keep your outside lights on all night;
- be sure to use your home security system, if you do not have one, have one installed;

- keep emergency numbers near all the phones in the house, and make sure everyone, including children, knows how to get immediate assistance in an emergency;
- keep a cell phone with you at all times, with emergency numbers programmed;
- use caller ID on your phone to track hang-up or crank calls.

The Society of Obstetricians and Gynaecologists of Canada will continue to publicly condemn any form of violence against all physicians, health professionals as well as the women who seek to terminate a pregnancy. The SOGC regularly releases statements to the press and the public outlining the Society's core beliefs and values in this matter. The SOGC believes that its members have the right to practice in a safe and supportive environment and that women have the equal right to safety in accessing any medical attention. Physicians must be able to exercise their professional judgement and should have the freedom to choose the most appropriate therapy for each individual patient.

The SOGC continues to support equitable access to optimal comprehensive health care provided with integrity and compassion and believes that women should be provided with the information they need in order to

make informed choices about their health. As the leading authority on reproductive health care, the SOGC promotes optimal women's health through leadership, collaboration, education, research and advocacy in the practice of obstetrics and gynaecology.

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APOG Representative	To be announced

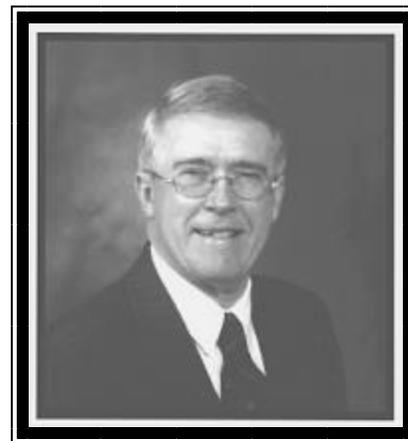
Emergency Contraception: a Time for Action

The SOGC passed a motion recommending that emergency contraception be made available for all women in Canada by providing access to emergency contraception without a prescription.

Council's decision rests on the fact that the number of therapeutic abortions has risen dramatically in Canada over the last ten years as well as the fact that 10-20% of pregnancies result from unprotected intercourse. The SOGC has formed a small working group that will start to look at the process and procedures to have an effective emergency contraceptive policy in Canada. The SOGC will meet with its partners at the provincial and federal level, with the Health Protection Branch and industry to map out a strategy.

The first strategy is to ask all our members to discuss this important issue with all of their patients and to provide them with a prescription for emergency contraception. That prescription could be undated and carried by patients so that in a time of need, they would simply have to put a date on the prescription and it could then be utilized. We will also follow up with some public education material to advise women that emergency contraception does exist and that it can be utilized.

We have obtained support for our position regarding emergency contraception from provincial medical



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

colleges such as the Quebec College of Physicians, the Canadian Paediatric Society, the Association of Emergency Room Physicians, Planned Parenthood, the national and provincial associations of Pharmacists and various other medical associations.

During the next few months, we will request your help in trying to promote this campaign by participating in education and public awareness programs in your region.

A very important step will be to meet with the Health Protection Branch to discuss how we can effect the change from a prescription item to a non-prescription item for emergency contraception. Although in the past this process was only initiated by pharmaceutical firms, this process will be initiated by a medical association.

78th Canadian Paediatric Society

Call for Abstracts
Deadline: December 1st, 2000
Information:
Chantal Pothier, Meeting Coordinator
Phone: (613) 526-9397, ext. 229
Fax: (613) 526-3332
E-mail: chantapl@cps.ca
Web Site: www.cps.ca

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Society Partners with Health Canada on Hepatitis C and STDs Projects!

By Susan Maskill, Government Affairs, SOGC

The Society will soon be publishing a guideline for the *Reproductive Care Of Women Living with the Hepatitis C Infection*. With funding support from Health Canada, the Society created a national Working Group to develop this guideline, which included members of the Society's Infectious Disease Committee, Dr. Marc Boucher, Chair, Drs. Andrée Gruslin, Deborah Money, Marc Steben and Tom Wong, as well as Gilles Delage, Chair of the Canadian Paediatric Society's Infectious Disease of Newborns Committee, Tim McClelland, Executive Director of the Hepatitis C Society of Canada, Dr. Bernard Willems, an hepatologist and Professor of Medicine at Université de Montréal, and Lesley Zinman, an infected patient. Drs. Marc Boucher and Andrée Gruslin are the lead authors of the guideline. The guideline, in draft form, was also

sent to key people within the Society as well as to outside expert reviewers. It was then reviewed and approved by Council and is now being translated for publication in the October issue of the Journal SOGC which will focus solely on hepatitis C.

The Society is also embarking on a new "Web site" professional development initiative with the Division of STD Prevention and Control, Health Canada. Dr. Tom Wong, Chief of this Division, will be Editor for this project. Self-directed learning modules for clinicians will be developed covering various STDs. These modules will be accessed through our Web site. Each will consist of learning objectives, case studies with visual slide material and quizzes. Dr. Wong will work with Dr. Milne, AEVP and Director of Professional Development, and other selected members of the Society in the

development of these educational modules.

When operational, physicians completing the quizzes will be linked to the pertinent guideline providing access to the Canadian STD Guidelines, 1998 edition, published by Health Canada, as well as those on Hepatitis C and other infections. Obstetricians/gynaecologists completing the quizzes on line will earn Royal College Maintenance of Certification credits. CME credits for family physicians are also being applied for. The first module to be developed will be on hepatitis C, and will be available online at www.sogc.org later this year!

PROGRAMS

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
London, Ontario
September 23 and 24, 2000

GESTA Course
Magog-Orford, Québec
October 1 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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sdumont@sogc.com

Congratulations to the Aboriginal Issues Committee!

By Susan Maskill, Government Affairs, SOGC

The Society's Aboriginal Health Issues Committee has been refining a comprehensive policy statement on *Building Bridges: A Guide for Health Professionals Working with Aboriginal Peoples*. Recently, fourteen outside experts, representing several Aboriginal organizations were asked to review the document. All have praised its comprehensive content and quality. This is a tribute to the enormous efforts of Dr. Janet Smylie, the principal author, and the rest of the Committee, who worked with her for several months to fine tune the document. The Committee, chaired by Dr. Pierre Lessard of Yellowknife until June 30th, and most recently by Dr. Janet Smylie, includes several Aboriginal health professionals whose expertise has been very valuable. Its members include four obstetricians/gynaecologists, Drs. Lessard and Ken Seethram of Yellowknife whose clientele is 60 % Aboriginal; Dr. Erica Eason, Ottawa and Dr. William Goldsmith, Montreal, both who have done locums in the North; an Aboriginal family physician, Dr. Janet Smylie; an Aboriginal midwife, Carol Couchie; representatives from two Aboriginal organizations - Roda Grey and Tracy O'Hen.

Building Bridges: A Guide for Health Professionals Working with Aboriginal Peoples provides a wealth of information on Aboriginal peoples in Canada, including demographics, cultural beliefs, history, health issues, health resources. Many expert reviewers told us they learned information that even they didn't know! This resource tool, approximately 26,000 words in length, is divided into four main sections: Sociodemographics, Aboriginal Health Issues, Cross Cultural Communications and Aboriginal Health Resources. It covers the full spectrum of Aboriginal health, not just Aboriginal women's health. The document has a unique

format - each section begins with a list of recommendations for health professionals working with Aboriginal peoples. To provide a framework for the recommendations, background information is then given for each recommendation. Since the document is so extensive, a detailed table of contents is provided which will enable the reader to easily discern what is covered in the document. The wonderful graphics have been done by an Aboriginal graphics specialist.

Dr. Smylie and I recently met with representatives from the (newly renamed) First Nations and Inuit Health Branch of Health Canada about this initiative, and its potential. Further meetings are planned to discuss distribution of the document and possible collaborative initiatives with Aboriginal groups. The Society has also recently sent letters to various medical/health organizations and Aboriginal organizations seeking their support for this policy statement. Those supporting the document will be listed as "supporting organizations" when it is published. Do look for this comprehensive resource to be published this coming December or January.

In closing, a special thank you from the Society to Dr. Pierre Lessard who insisted back in 1993 that the Society should form an Aboriginal Health Issues Committee, and who has worked for many years to lead the Committee to this great achievement. Congratulations Pierre, and thank you for agreeing to stay on the Committee, for at least a while, to lend your tremendous expertise in this area.

The New Face of Health Canada

By Susan Maskill, Government Affairs, SOGC

Effective July 1st, Health Canada is undergoing major structural changes. It now has seven branches, two agencies, and six regional operations. Each of the seven branches will be led by an Assistant Deputy Minister, and each regional offices by Regional Director Generals. There is an Associate Deputy Minister, Marie Fortier, who ranks above these Assistant Deputy Ministers, and is second in command to the Deputy Minister, David Dodge. You will recall that Marie Fortie was Executive Director of the National Forum on Health which held hearings across Canada four to five years ago. After her rank the Assistant Deputy Ministers, and the Regional Director Generals. David Dodge, the Deputy Minister, is known as an "evidence-based" decision maker, and expects the department to operate on this basis. He has been working closely with Ms. Fortier and a handful of other key staff to bring about this "realignment of Health Canada". They are dedicated to a regulatory system that is as transparent as possible; to priorities in public health programming that are based on the most evident needs of Canadians as reflected in the Canadian data gathered by their surveillance systems.

One of the major changes, and one which we are especially pleased about, is the new Population and Public Health Branch (PPHB). It brings together many of the promotion and prevention programs, formerly under the now defunct Health Promotion and Programs Branch (HPPB), with the surveillance and (risk) control programs of the Laboratory Centre for Disease Control (LCDC), which was within the former Health Protection Branch (HPB). This new Branch will be under the leadership of Dr. Robert Mc Murtry, as

Assistant Deputy Minister, and former Dean of Medicine at the University of Western Ontario. This Branch, of interest to all involved in reproductive health, will have five centres - the Centre for Infectious Disease Prevention & Control, the Centre for Healthy Human Development, the Centre for Chronic Disease Prevention and Control, the Centre for Surveillance Coordination and the Centre for Emergency Response. As well the Guelph and Winnipeg Laboratories will operate under this Branch. This new Branch should result in more efficient programming by Health Canada.

Another major change involves the regional offices. In the past health promotion programs delivered in the regions were managed centrally by HPPB, through a regional director reporting to the Assistant Deputy Minister of HPPB. Since the regions work closely with local community groups, and provincial and territorial governments, these programs will now be managed locally by the Regional Director Generals in the six regions: Atlantic, Quebec, Ontario and Nunavut, Manitoba and Saskatchewan, Alberta and NWT, and British Columbia and the Yukon.

It is interesting that in speaking to several civil servants who rank below the director level within Health Canada's national office, there seems to be a positive reaction to these changes in spite of the downsizing and budget cuts over the last few years. Most civil servants don't know the full extent of the reorganization as only the major components, and the most senior administrators of the "renewed" Health Canada, have been announced. It will be a few months before the full extent of the

(continued on page 8)

"Medical Problems Facing Obstetricians and Physicians in Pregnancy"

October 4 to 6, 2000
Imperial College School of Medicine
London, England
Information:
Imperial College School of Medicine
Phone: + 44 (0)20 8383 3904
Fax: + 44 (0)20 8383 8555
E-mail: sympreg@ic.ac.uk
Web Site: www.med.ic.ac.uk/dp/dpsh/

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

Practical Paediatrics CME Course A Joint AAP/CPS CME Program

October 13 to 15, 2000
Québec City, Québec
Information:
Jackie Millette
Manager, Education Department
Canadian Paediatric Society
Phone: (613) 526-9397, ext. 228
Fax: (613) 526-3332

A Global Gynecologic Endoscopic Society

November 15 to 19, 2000
Orlando, Florida
Information:
American Association
of Gynecologic Laparoscopists
Phone: 1-800-554-2245
Fax: (562) 946-0073
E-mail: generalmail@aagl.com
Web Site: www.aagl.com

Review Day in Paediatric and Adolescent Gynaecology

Saturday, November 18, 2000
Toronto, Ontario
Information:
Mary Coates
Hospital for Sick Children
Phone: (416) 813-6188
Fax: (416) 813-7935
E-mail: mary.coates@sickkids.on.ca

8th World Congress of Gynecological Endocrinology

International Society
of Gynecological Endocrinology
December 6 to 9, 2000
Florence, Italy
Information:
Organizing Secretariat
and Hotel Booking
Biomedical Technologies srl
Phone: 39 050 501934/502138
Fax: 39 050 501239
E-mail: biomedical@tin.it
Web Site:
www.biomedicaltechnologies.com

(continued from page 7 - Society News)

realignment is known.

Several months ago when Dr. Lalonde and I met with David Dodge, the (then new) Deputy

Minister, we were impressed by his interest in moving the department to evidence-based decision making, rather than continuing a program or direction because that's the way it has operated in the past.

The Society looks forward to

working with a refurbished Health Canada in advancing women's health issues in Canada. Stay tuned for further information on the realignment. Also check out Health Canada's Web site www.hc-sc.gc.ca for more information on their many programs and latest news.

National News



1st Canadian Conference on Hepatitis C

The Canadian Hemophilia Society would like to invite you to participate to the 1st Canadian Conference on Hepatitis C in Montreal in May 2001. This conference will be the converging point in year 2001 for hepatitis C researchers, care and treatment providers, and persons infected with and affected by hepatitis C. This educational event is an opportunity to present findings, share ideas and find solutions in the quest to end the Hepatitis C epidemic. Non-profit organizations representing the diverse face of community-based response to the disease are working together with Health Canada to make this conference a valuable experience for all concerned Canadians.

- These organisations are:
- The Canadian Association for the Study of the Liver
- The Hepatitis C Society of Canada
- The Canadian Liver Foundation
- The Canadian Public Health Association

- The Canadian Centre on Substance Abuse
- Prisoners with HIV/AIDS Support Action Network
- The Hepatitis C Division, Health Canada
- The Canadian Hemophilia Society (Host Organisation)

The conference will be community focussed and driven. Two key approaches will lead the way in developing and implementing the conference. The first is accessibility – to ensure the widest dissemination possible of the conference findings, activities and proceedings to the community of persons infected/affected by Hepatitis C in a accessible language. The second key approach is practicality – to ensure that all information shared includes implications and applications for those infected/affected by Hepatitis C.

The three-day conference will present

a four-track program that would include:

- Basic and Clinical Science;
- Public Health & Epidemiology
- Social Science and Community
- Alternative Medicine

If you have any questions, please do not hesitate to contact :
Robert St-Pierre, Hepatitis C Program Coordinator
Canadian Hemophilia Society, host organisation for the 1st Canadian Conference on Hepatitis C
625 President Kennedy Avenue
Suite 1210
Montreal, Quebec
H3A 1K2
Tel:514-848-0503,ext.225
Fax:514-848-9661
email: rstpierre@hemophilia.ca

Source: Canadian Hemophilia Society

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Creation of Thirteen Health Research Institutes!

By Susan Maskill, Government Affairs, SOGC

To some of you this will be old news by the time you read it. However, it is important news for all those involved in women's health in Canada. Why? The federal government seems to be listening to the outcry from those concerned about women's health research. All of the institutes named in July by the newly appointed Governing Council for CIHR (Canadian Institutes for Health Research) will be able to provide research initiatives focused on women's health issues. Several institutes, including Gender and Health, Human Development, Child and Youth Health, and Healthy Aging will provide leadership roles in women's health research. Some may ask why a women's health institute was not established. During a June CIHR brainstorming session with Canadian researchers, from a broad range of disciplines, part of the discussion concluded that "focusing on gender differences in health might be more effective than a focus restricted to women's health". The new Gender and Health Institute will fill this role. It will support research which addresses how biological factors (of sex) and socio-cultural

experiences for each gender interact with other factors that also influence health, resulting in conditions and problems that are unique when considering risk factors or effective interventions for both women and for men. This institute is good news for women's health research.

Other institutes named recently include Aboriginal Peoples' Health; Cancer Research; Circulatory and Respiratory Health; Genetics; Health Services and Policy Research; Infection and Immunity; Neurosciences, Mental Health and Addiction; Musculoskeletal Health and Arthritis; Nutrition, Metabolism and Diabetes; and Population and Public Health.

Each of these "virtual" institutes will encourage interdisciplinary, integrated health research and will be led by a Scientific Director with advice from an Institute Advisory Board. These boards will be made up of scientific researchers and other Canadian stakeholders with expertise in the scope of activity."Bringing an integrated, multidisciplinary approach to health problemswill fuel the engine of scientific discovery and

accelerate the transition of this new knowledge into better care and quality of life for Canadians" said Dr. Alan Bernstein, the Chair of CIHR. The intent is for flexibility for collaboration between institutes, and between institutes and other research partners so as to provide a comprehensive and integrated health research agenda that reflects the emerging health needs of Canadians, as well as the information needs of health policy administrators. As the institutes mature they will develop scientific leadership in their particular area, and will establish priorities for research in their area.

CIHR is now Canada's leading federal funding agency for health research with a current budget of \$365 million. It will grow to \$475 million in 2001 - 2002, double that for government funded health research back in 1997-1998.

For more information on the institutes, funding opportunities, CIHR's Governing Council and so forth, visit their Web site www.cihr.ca

Maximizing Your Office Space

There are three main areas within a medical office that must be considered during the design process: the patient reception and waiting area, the clinical area, and the business area.

The one common factor affecting all areas is confidentiality. Maintaining an appropriate distance between the reception desk and the seating area, installing glass partitions and sound-absorbing material at the reception desk and providing music from speakers above the seating area are all ways of deflecting conversation.

The design and layout of the clinical area is of utmost importance. In most practices, physicians spend the majority of their day going back and forth between examination rooms and it is essential that maximum efficiencies be achieved in these areas. Examination rooms must be designed to include computer equipment and telephone connections. As well, physicians

should carefully assess whether a private office is justified. Often we find these seldom-used offices are being maintained at the expense of crowded treatment rooms and staff workspace. At a minimum, physicians should be provided with two examination rooms for seeing patients.

The third area of a clinic is the business area. Too often, space allocated to administrative staff is very confined and does nothing to promote employee satisfaction or maximum productivity. In an ideal setting, medical records will be centrally located and easily accessible to all staff and physicians, but not to patients. The business area must also be designed for maximum implementation of appropriate technology, such as computers, fax machines, photocopiers and telephones.

Before finalizing their office space requirements, we encourage physicians to visit established

medical offices and clinics in their area. Design errors can often be avoided by speaking with colleagues and hearing what they wish they had done differently. When seeking an appropriate location, be sure to keep certain basic criteria in mind, including accessibility and convenience for patients as well as proximity to hospitals and nursing homes.

Some physicians tend to overlook the logistical factors of the site in favour of price. As proven from many of our on-site consulting reviews, what may have seemed like an attractive rental rate or purchase price may actually end up being very costly.

For more information, please call MD's Practice Management Hotline at 1 800 361-9151 to speak with a Practice Management Consultant or visit our Web site at www.cma.ca.

Source: MD Management

Calgary Regional Health Authority

**Department of Obstetrics & Gynaecology
Obstetricians/Gynaecologists
Peter Lougheed Hospital & Rockyview General Hospital**

The Department of Obstetrics & Gynaecology, Calgary Regional Health Authority (CRHA) is actively recruiting three Obstetricians/Gynaecologists. The positions will be available in the Fall of 2000 and the Spring of 2001 at the Peter Lougheed site and the Fall of 2001 at the Rockyview General Hospital site. Applicants must have obtained certification by the Royal College of Physicians and Surgeons of Canada in Obstetrics & Gynaecology. The preferred candidates will have additional training and/or a special interest in a subspecialty area of Obstetrics & Gynaecology. The mandate and educational mission of the Department of Obstetrics & Gynaecology is that all its members will participate in Postgraduate and Undergraduate education.

The Peter Lougheed Hospital and Rockyview General Hospital are a community hospitals with approximately 500 acute care beds. Both hospitals service a large catchment. The obstetrical unit has 30-35 beds with approximately 4000 deliveries per year. The PLC has recently renovated the Labour and Delivery suite to include (5) LDRP (Labour Birthing Recovery PostPartum). Both units have a close liaison with high risk obstetrics and a level II nursery.

The City of Calgary is located in southern Alberta and is one of the fastest growing cities in Alberta. The community offers excellent living, educational, entertainment and recreational facilities.

Please submit a curriculum vitae, a statement of clinical interests/goals and the names of three references, by October 15, 2000, to:

Dr. I.R. Lange
Clinical Regional Department Head
Department of Obstetrics & Gynaecology
Rockyview Hospital
7007 14 Street SW
Calgary AB T2V 1P9

ACM 2000 in Pictures

Here are pictures of some participants who won prizes at the last ACM meeting which took place in Montréal.



Dr. J. Crane, winner of the Best Obstetrics Poster with Carole Leduc from Duchesnay Inc.



Dr. B.C.-M. Wong, winner of the Best Gynaecology Junior Members Poster with Gilbert Fortin from Shire Canada Inc.



Dr. A. Saleh, winner of the Best Fellows Paper/Poster for AOGQ with Dr. Luc St-Pierre from AOGQ and Jean-Robert Marcotte from Organon Canada Inc.



Dr. J. Li, runner-up of the Best Gynaecology Junior Members Paper With Jean-Robert Marcotte from Berlex Canada Inc.



Dr. Glen A. Hunter, winner of the Stump the Professor - Best Obstetrics Case with Camille Bacchus from Organon Canada Inc.

Foundation News

By Robin Harris, Executive Director, Canadian Foundation for Women's Health

A Recap of the 56th Annual SOGC ACM: A Foundation Perspective



Participants visiting the Novo Nordisk *Wheel of HRT* helped to raise \$10,000 for research in women's health.



This year's Cannell Lecturer, Dr. Mary D'Alton, speaks on first trimester screening in aneuploidy.



The Foundation's successful gala evening featuring singer Isabelle Boulay on-stage at the Monument National.



Saying farewell to retiring Foundation Directors Dr Sydney Kronick and Morrie Gelfand.



Éric Gervais and Carole Boyer of Duchesnay were presented with a plaque for Duchesnay's ongoing support of the Foundation. They in turn presented Lynne Krepart with a bottle of champagne for her dedication as volunteer President of the Foundation.