

## Gender equity

### Canadian contribution to international initiative

Barbara Lent MA MD CCFP FCFP

on behalf of the Wonca Working Party on Women and Family Medicine



**Wonca Working Party on Women and Family Medicine in Hamilton, Ont, August 2006:** (fourth row) Susana Alvear, Ecuador; Anne D. Atai-Omoruto, Republic of Uganda; Flor Ledesma, Venezuela; Zorayda Leopando, Philippines; (third row) Jan Coles, Australia; Dorothy Pietersz-Janga, Netherlands Antilles; Liliana Arias-Castillo, Colombia; Ilse Hellemann, Austria; Sue Smith, Nepal; Marlene Joseph, Antigua and Barbuda; Kymm Feldman, Canada; (second row) Cheryl Levitt, Canada; Lucy Candib, United States; May Cohen, Canada; Michelle Howard, Canada; Barbara Lent, Canada; Sheila Dunn, Canada; Kate Anteyi, Nigeria; (first row) Sarah Strasser, Canada; Betsy Garrett, United States; Ruth Stewart, Australia; Linda French, United States; Marie Andrades, Pakistan; Somjit Prueksaritanond, Thailand; Nandani de Silva, Sri Lanka

Last summer, McMaster University in Hamilton, Ont, was the site of a unique and productive meeting of the Wonca Working Party on Women and Family Medicine (WWPWFM). The 25 participants, representing 16 different countries (Antigua and Barbuda, Australia, Austria, Canada, Colombia, Ecuador, Nepal, Nigeria, Netherlands Antilles, Pakistan, Philippines, Sri Lanka, Thailand, Uganda, United States of America, and Venezuela), and all 6 Wonca regions came together to further their discussions and activities on gender issues affecting both physicians and patients.

Gender is used throughout the article to mean a social construct concerning roles, expectations, and values in contrast to biological differences related to sex.

### Canadian involvement

Several Canadian family physicians contributed substantially to the success of the meeting. Dr Cheryl Levitt, former chair of McMaster's Department of Family Medicine and Past President of the Ontario College of Family Physicians, chaired the meeting, which Ms Michelle Howard, also from McMaster, and Dr Barbara Lent, from The University of Western Ontario, helped to plan. In addition, Dr May Cohen, Professor Emeritus from McMaster University, Drs Sheila Dunn and Kymm Feldman from the University of Toronto, and Dr Sarah Strasser from the Northern Ontario School of Medicine participated extensively.

### Accomplishments

The group accomplished several tasks fundamental to its strategic plan developed at the last Wonca Triennial

### Gender issues in family practice

- In 2004-2005, 60% of family physicians completing residency training were female (CAPER Quick Facts 2004-05, Canadian Post MD Education Registry).
- In 2004-2005, 58% of first-year medical students were female (Canadian Medical Education Statistics, 2004, Association of Faculties of Medicine of Canada).
- Women FPs on average work 44 h/wk and men 52 h/wk. These figures exclude on-call duty.
- Male FPs work more total weekly hours and more direct patient care hours than female FPs.
- If we look at total hours worked weekly by male and female FPs and whether they had children younger than 6, older than 6, or no dependents at all, we see that men who have dependents do in fact work longer hours than women who have dependents, but when no dependents are present, male and female FPs work pretty nearly the same total hours weekly (from National Physician Survey, 2004).
- A greater proportion of women family doctors than men family doctors provide care in the 10 components of comprehensive care.
- More men family doctors than women family doctors perform non-gynecologic procedures (from National Physician Survey, 2004).

meeting, held in Orlando, Fla, in 2004. These included the following:


- finalized recommendations for amendments to Wonca's bylaws and regulations to reflect a strong perspective on gender equity, following several months of intense deliberation and legal consultation. These amendments were subsequently proposed to the core Executive Council in Buenos Aires, Argentina, in October;
- developed a proposal for a "Women's Track" for the Wonca meeting in Singapore next July, with plans to offer a smorgasbord of activities including a WWPWFM pre-conference, symposia, and leadership workshops;
- made substantial progress in developing a statement urging Wonca to promote awareness of the vital effects of gender as a determinant of health; and
- put together a policy statement on gender equity for Wonca's endorsement. The *Hamilton Equity Recommendations* (The HER Statement) has been widely circulated by the meeting's participants to their home organizations and has already been endorsed by the Board of Directors for both

the Ontario College of Family Physicians and the College of Family Physicians of Canada. The Wonca Executive will be considering the statement at a future meeting.

Members of the WWPWFM look forward to working with family physician colleagues in future efforts to integrate gender equity into clinical practice, medical education, research development, and organizational activities.

### Resources

The WWPWFM website ([www.womenandfamilymedicine.com](http://www.womenandfamilymedicine.com)) contains information about the group's past activities and future plans, and copies of the group's numerous documents. You can subscribe to the WWPWFM's listserve by

sending a message to its coordinator, Dr Lucy Candib ([lcandib@massmed.org](mailto:lcandib@massmed.org)). 

*Dr Lent is an Associate Professor in the Department of Family Medicine and is Associate Dean of Equity and Gender Issues and Faculty Health at the Schulich School of Medicine and Dentistry in London, Ont.*

*continued on page 490*

**WWPWFM**  
**Wonca Working Party on**  
**Women and Family Medicine**



**THE HAMILTON EQUITY RECOMMENDATIONS**  
**THE HER STATEMENT**

24<sup>th</sup> AUGUST 2006

The Wonca Working Party on Women and Family Medicine (WWPWFM) was charged with the responsibility for developing recommendations on how to achieve and maintain gender equity within the World Organisation of Family Doctors (Wonca). Twenty-five leading women from 16 different countries and all six Wonca regions met in August 2006 at McMaster University, Hamilton, Canada.

The WWPWFm makes the following statement:

1. Cognizant of the fundamental aspiration of all individuals, families, communities and peoples to achieve and maintain the highest quality of life;
2. Recognizing the centrality of improved and optimal health to the achievement of the highest quality of life;
3. Recalling the important provisions of the charters, declarations and instruments of the United Nations, WHO, UNDP and other international organizations regarding human rights, equity, development, health and human dignity;
4. Convinced of the centrality of women's and girls' status as a determinant of the health of women and children, and of the families and communities of which they are part, throughout the world;
5. Recognizing that the elimination of gender inequality (as well as other violations of universal human rights) is an important prerequisite for development, including the improvement and achievement of optimal health;
6. Affirming that the improvement and achievement of optimal health is dependent on high standards and levels of health care provision, organization, teaching and research;
7. Convinced that general practice/family medicine is the cornerstone of the achievement of high standards and levels of health care provision, organization, teaching and research throughout the world;
8. Noting the global benefit of organization and knowledge exchange between general practice/family medicine organizations and practitioners, and between general practice/family medicine and other organizations concerned with health and medical care;

The WWPWFm urges the general practice/family medicine organizations of the world that are constituted as the World Organization of National Colleges, Academies and Academic Associations of General Practitioners/Family Physicians (Wonca) to adopt the following fundamental recommendations regarding gender equity:

1. Enshrine the principle of gender equity within Wonca governance by amending the Wonca By-laws and Regulations, as proposed by the WWPWFm.
2. Implement gender equity in all activities of Wonca, in particular the scientific programs of its triennial, regional, and rural meetings.
3. Promulgate the pivotal role of gender as a key determinant of health.
4. Promote the equitable inclusion and advancement of women general practitioners/family physicians in Wonca.