

Promoting gender equity in family medicine

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With their endorsement of the Hamilton Equity Recommendations¹ (the HER Statement), the College of Family Physicians of Canada (CFPC) and the Ontario College of Family Physicians have joined with their international colleagues in making a commitment to gender* equity. The HER Statement, which was developed at a unique meeting of the Wonca Working Party on Women and Family Medicine (WWPWFM) attended by 25 women family physicians from 16 countries and all 6 Wonca regions, emphasizes the critical importance of the empowerment of women and provides a framework for how to bring about sustainable gender equity within family medicine. At the same meeting, the group also developed an accompanying statement, *10 Steps to Gender Equity in Health* (Table 1²), which underscores the significance of gender as a key determinant of health.

Empowerment of women

It is widely accepted by international bodies, such as the United Nations and the World Health Organization, that the empowerment of women and the full and equitable participation of women in the workplace, in professions, and throughout society are critical to strengthening civil societies. Kofi Annan, the former Secretary-General of the United Nations, articulated this eloquently:

[S]tudy after study has taught us that there is no tool for development more effective than the empowerment of women. No other policy is as likely to raise economic productivity, or to reduce infant and maternal mortality. No other policy is as sure to improve nutrition and promote health—including the prevention of HIV/AIDS. No other policy is as powerful in increasing the chances of education for the next generation. And I would also venture that no policy is more important in preventing conflict, or in achieving reconciliation after a conflict has ended. But whatever the very real benefits of investing in women, the most important fact remains: Women themselves have the right to live in dignity, in freedom from want and from fear.³

*Gender is used throughout this article to mean a social construct that reflects the roles, expectations, behaviours, and values of men and women in contrast to biological differences related to sex.

Cet article se trouve aussi en français à la page 1426.

Women and girls frequently do not have the same opportunities to benefit and contribute to society that men and boys do. If they did, we would have much healthier and stronger societies worldwide. Culture, religion, traditions, law, history, and politics all influence the ways in which women do or do not participate in society. These factors also contribute to the differences between men and women, boys and girls, in the kinds of health problems experienced. Gender is a critical issue to address as a key determinant of health and a healthy society. This is not only a problem in developing countries. Every day, Canadian newspapers report stories of family violence, child poverty, and unintended pregnancies, all of which reflect the effects of gender.

Table 1. Wonca's 10 Steps to Gender Equity in Health²

As a worldwide organization of individuals, academic institutions, and organizations of general practitioners and family physicians, Wonca has a unique capacity to promote awareness of the vital effects of gender on health. The Wonca Working Party on Women and Family Medicine (WWPWFM) urges Wonca to adopt the following *10 Steps to Gender Equity in Health* and proposes that Wonca World and Wonca Regional Councils urge their members to:

1. Strive for gender equity in access to health services;
2. Work in all Wonca initiatives toward the elimination of gender-based violence;
3. Uphold the right of women to reproductive choice and safe motherhood;
4. Assert the right of women to safe sex and sexual choice;
5. Advocate for women's active participation in decision making and equitable distribution of resources (health services, income, education, housing, etc);
6. Integrate gender perspectives into medical curricula and education, residency training, professional development, and patient care throughout the life cycle;
7. Promote the integration and understanding of healthy human sexuality in medical curricula and education, residency training, professional development, and patient care throughout the life cycle;
8. Promote and support research on the impact of gender on health;
9. Encourage those individuals and groups in Wonca with special interests in issues, such as tobacco cessation and alcohol and drug misuse, to incorporate a gender perspective; and
10. Recognize that women's empowerment is a key factor in HIV/AIDS and take concrete action toward addressing this worldwide catastrophe.

Role of the CFPC

As Canadian members of the WWPWFM, we believe that the CFPC and the provincial Colleges can promote gender equity in various ways. Using the 4 principles espoused in the HER Statement as a framework, the following recommendations highlight the ways in which family medicine organizations can promote gender equity and a deeper recognition of gender as a fundamental determinant of health.

1. Enshrine the principle of gender equity within the CFPC's governance. A review of College bylaws, policies, and regulations would clarify ways to ensure that both men and women are given equitable opportunities to participate in all College activities. Moreover, the College's new strategic directions should be examined to ensure that they do not affect men and women physicians differently and that they do make a commitment to gender equity.

2. Endeavour to implement gender equity in all activities of the CFPC. At educational and scientific events, organizers could ensure that women and men physicians are well represented as workshop leaders, plenary speakers, and participants. In addition, all committees should ensure that meetings are family-centred and accommodate lifestyle issues and an appropriate balance between professional and personal responsibilities (eg, timing of meetings, provision of child care, allowances for restorative time).

3. Promulgate the pivotal role of gender as a key determinant of health. The College's principles of family medicine emphasize that "family physicians are skilled clinicians" and "resource[s] to a defined community." As leaders in promoting health in our communities, family physicians must incorporate into their clinical and professional work consideration of sex and gender as 2 critical interrelated determinants of health. In this context, sex refers to biological factors, while gender is a social construct that reflects the values, attitudes, and behaviour of men and women in society. Gender itself is not only a critical determinant of health; it also interacts with the other determinants of health, such as poverty, education, ethnic origin, and housing, to influence pathogenesis, management, and prognosis of illness. The College and its chapters should ensure that educational programs at the undergraduate, postgraduate, and continuing professional development levels incorporate these concepts. Canadian family physicians have participated in the development of several excellent educational resources—see the *Training Manual on Gender Mainstreaming in Health* (www.mwia.net/gmanual.pdf), developed by the Medical Women's International Association,

and the Gender and Health Collaborative Curriculum Project (www.genderandhealth.ca), developed by the Gender Issues Committee and the Committee on Undergraduate Education of the Council of Ontario Faculties of Medicine.

4. Promote the equitable inclusion and advancement of women family physicians in the CFPC and in academic medicine in Canada. With the ever increasing numbers of women in the profession, and the number of women who have held leadership positions in the College and in academia, many Canadians believe that gender *equality* has been achieved in family medicine. Women physicians' organizational leadership and academic progress and advancement, however, is slower than their numbers would suggest,^{4,5} reflecting personal, institutional, and societal barriers to women physicians' full participation in family medicine and in the CFPC. Women students and residents face barriers as well.⁶ Addressing these barriers by providing appropriate supports and mentoring programs, and by making institutional changes that will benefit all physicians, will help the College and its affiliates attain *equity*.[†]

A leader for change

With the high respect it has earned internationally, the CFPC has the opportunity to make a real difference. We can carefully assess the challenges posed by the changing physician work force and ensure equitable participation of women and men. To build an organizational and professional culture that understands and incorporates gender equity into all its activities will require knowledge, reflection, and firm commitment. Promoting equity might challenge our assumptions about what family medicine should look like. Our vision for family medicine reflects the principles of social justice. Family medicine will be a discipline where men and women can participate equally as physicians in practice, academia, and organized medicine and where our College advances the health of all Canadians by addressing gender inequities in health. ✿

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[†] Equity is not the same as equality. Equality speaks to sameness, the same numbers, identical rights. Equity is the principle and practice of fair allocation of resources, programs, and decision making to both women and men, and includes the redressing of identified imbalances in the benefits available.

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Competing interests

None declared

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