

ACT and Region Medical Women's Society Newsletter

Newsletter Number 37

<http://afmw.org.au/act>

June 2009

PRESIDENT'S MESSAGE: DR JULIE HEWITT

Our February cocktail party was again a successful and relaxing way to start the year. Attendance was better than ever and it is always a fantastic way to catch up with the 'older' ANU students, welcome the new ones and see colleagues we've misplaced over the summer. The event was again very kindly sponsored by Capital Pathology.

Next on our agenda was a new enterprise which we named "The Juggle". This was a fairly informal evening, held for the benefit of our local medical students, at Liz Gallagher's house. It was designed as a mentoring-type event and we invited several of our doctors, from a range of specialties, to give a brief rundown of how they got to be where they are today. The students were enthusiastic and appreciative and fielded a host of questions relevant to their own circumstances. They also had the opportunity to chat with our panel over supper provided by the committee.

Last month we held our Autumn dinner – a night to relax with friends and, this year, be delivered a most intriguing talk on opals and diamonds by local jeweller Robert Hunt, from Briolette Jewellers.

We are gearing up for our Fundraising dinner on 2 July, at Piallago Winery. With no drug company sponsorship we are relying on support from Rolfe Motors, who are subsidising the cost of the dinner. Richard also always donates memorabilia for us to auction and this year I am pushing for a pair of James O'Connor's footy boots – last year we got Matt Giteau's! Our committee are on the rampage for other items to snaffle up for auction and this year our proceeds will go to ZOPOM (the Zimbabwe orphanage organisation we support), the Mercy Ship for their fistula work and our ANU students' aid projects, especially the Fiji Village project.

We are still working on ways to increase our membership, especially amongst GPs. We will also be trying to make contact with doctors in the Northern Territory, the state we are 'buddying', this will happen after the next dinner.

With the Australasian Menopause Society Conference here in September, I would like to take this opportunity to extend an offer of accommodation from our committee members, should anyone be experiencing any difficulties. Please feel free to contact us. More news to follow after our Presentation Dinner in September...**Julie Hewitt**

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Membership Subscriptions now due

If you have not received your posted subscription notice, please contact Jane Twin at jane.mwsact@gmail.com

Please could you supply your updated email addresses as we are having many emails bounce, especially from organizations who restrict personal emails at work!

ACT and Region Medical Women's Society
PO Box 178, CAMPBELL 2612

**ACTMWS Committee
2009**

President
Julie Hewitt

Treasurer
Ann Hosking

Secretary
Jane Twin

Committee
Marjorie Close
Susie Close

Publicity Officer
Sue Packer

**AFMW
Representatives**
Julie Hewitt
Sue Packer
Marjorie Close

**Student
Representative**
Ying Soon



Australian Federation
of **Medical Women**
the voice of Australian medical women

*The voice of medical women advocating for,
and supporting, the health and welfare of our
local, national and international communities.*

Did you know that when you join the ACT and Region Medical Women's Society you become a member of the Australian Federation of Medical Women?

About AFMW

The AFMW offers our members, colleagues and the community access to the collective knowledge and experiences of medical women. The AFMW seeks to ensure equity and equality for women doctors, so as to achieve their potential throughout all stages of their professional and personal lives. AFMW also seeks to improve the health of all Australians, especially women and children.

In 1896 Australia's first medical women's society was formed by an inspiring group of ten Victorian female doctors, including Constance Stone. The AFMW was formed in 1927 and is a not for profit, politically neutral, non sectarian, non government organisation.

Today the AFMW offers an important network for female doctors in all regions of Australia. AFMW membership is automatic for doctors who are members of their affiliated state medical women's society; medical women can join AFMW directly where they have no active local State Society. Full membership is open to registered female medical practitioners of Australia. Associate membership includes non-registered female medical practitioners and medical students.

Membership Entitlements:

- Leadership development, networking and mentoring opportunities
- The opportunity to become actively involved in key issues surrounding the health and wellbeing of women and children, in Australia and globally
- Automatic membership of the Medical Women's International Association, an organization with United Nations representation
- Attend educational and social events
- Join the AFMW leadership skills database
- Receive updates and e-newsletters from AFMW

To ensure you receive emails from AFMW please visit <http://afmw.org.au> and subscribe to the AFMW quarterly e-newsletter. While you are there, check out the new and improved AFMW website!

To find out more about Medical Women's International visit <http://mwia.net>.

ACTMWS Annual Fundraising Dinner

Educational event: Gardasil comes of Age

With wine and cheese talk and tasting led by respected local winemaker Andrew McEwin

Thursday 2 July 2009 at 6.30pm

18 Kallaroo Road Pialligo

\$65 members, \$75 Guests, \$50 students

You and your partner are invited to join us at our annual fundraising event to raise money for our charities and student projects. We encourage partners to join us—they tend to spend more than we do!

This year we gave money to the Fiji Project (see report page 6). Through this project our medical students have an ongoing commitment to bettering the lot of children (and adults) on the Fijian Islands.

In the next year we also are looking at sponsoring Fistula repair projects on a Charity Ship off the African coast. Fistulas are all too common in this part of the world as the young age of marriage puts very young girls at risk of early adolescent pregnancy and difficult delivery. Once these girls develop a fistula they become outcasts.

This event will kindly be sponsored by Gardasil, allowing us to send more money to go to our charities.

*RSVP and payment must be received by 26th June **at the latest**, and cannot be made on the night without PRIOR arrangement.*

Payment:

Cheque payable to "Medical Women's Society of the ACT"
or **Internet transfer:**

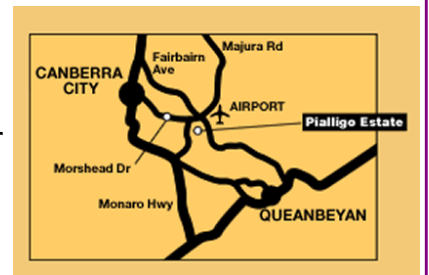
Bank: CBA
BSB: 062905
Account Name: Medical Women's Society of the ACT Inc.
Account No: 10052394

Please identify your payment with your name.

Name: _____

Contact details: _____

Special meal requirements (Vegetarian , Gluten free etc) _____



Images courtesy Pialligo Estate
Website www.pialligoestate.com.au

RSVPs & Payments

by 26th June to:
Dr Ann Hosking, 53 Cobby
St, Campbell, ACT, 2612
e-mail:
anngео@ozemail.com.au

Personal Safety for Doctors

It is totally unacceptable that any medical practitioner or support staff should be subject to verbal threats or physical violence, especially while looking after patients. It is important (but not always easy) not to over-react to patients with a genuine complaint who may be overly loud while being firm and consistent in dealing with unacceptable behaviour.

In order to reduce the risk of threats to a doctor's personal safety or that of staff it is important to assess the types of personal safety risks you or your staff could be exposed to in your practice. This assessment should include:

- Identifying the potential risks.
- Reviewing all reported incidents.
- Creating a register of the risks identified.
- Assessing the likelihood of risks occurring.
- Assessing the consequences of the risks.
- Assessing if existing controls can manage risks adequately.
- Identifying what other controls and resources should be implemented to manage personal safety.
- Assessing for each risk, whether you will:
 - Accept the risk, and continue with the activity that may contribute to the risk
 - Cease the activity
 - Transfer the risk.

Each workplace should have a policy on management of complaints and violence, actual or threatened.

Areas of risk

Areas of exposure or threats to a doctor's personal safety include:

- Consulting after hours, when there is minimal or no support staff in the practice.
- Making home visits without a support person.
- Seeing patients who are unstable or drug seekers who are demanding prescriptions.

- Conducting a consultation with an aggressive or unstable patient.
- Being stalked, which may involve a patient physically stalking, following a practitioner home, making nuisance phone calls or stalking via text messages or email.

Personal safety checklist

Ways to mitigate the risks your personal safety or that of staff:

- Install duress alarm buttons under each consultation desk in the practice. These can be monitored by the front desk staff and security alerted via on-line phone surveillance.
- Purchase a USB duress alarm that can be plugged into the computer.
- Wear a duress alarm on you when you are alone at all times and in situations where you believe your personal safety is at risk.
- Have protocols and action plans in place on how to manage a duress call from a consulting room. All staff should be trained in managing this scenario so to have a quick and automatic response happen instantly.
- Safety drills should be conducted regularly.
- Ensure all emergency numbers are programmed for speed dial in the practice and on your staff's mobile phones.
- Create a laminated list of emergency numbers and put copies near office phones.
- Link a speaker phone to a one dial automated process, triggered by the doctor, so that the receptionist is able to hear what is going on in the consultation room when the doctor is feeling threatened.
- If you are aware that a patient could prove to be difficult, prearrange a time plan with a staff member to knock and enter the consultation room after a specified period of time has passed.
- Develop a "zero tolerance" policy on abusive, aggressive and violent behaviour.
- Where possible do not consult in the practice when there is no other staff member present.
- Ensure there is adequate lighting when walking to your car after hours.
- If you are expecting to work late move your car closer to the building at the end of the day.

- Be mindful of patients seeking after hours pain relief without an appropriate assessment.
- If a patient is threatening suicide, seek additional professional support.
- Advise someone when you are attending a patient after work hours and advise them of your anticipated time of return.
- Provide an efficient and safe service to manage after hours calls or ensure a support person attends after hours calls with you. Have an agreed management plan in the event of a threat to your safety during a home visit.
- Consider purchasing a separate SIM card or a separate mobile phone for surgery related contacts so that patients do not have your personal mobile number and hence cannot stalk after hours..
- Ensure any SMS contact with the patient is documented in the patient's records.
- Program a 'caller number display' on your mobile and landline.
- Ensure a mobile phone charger is located at work, home and in the car to limit the opportunities of having a flat battery.
- Where possible use the answering machine to screen calls at home or mobile.
- Consider having your home phone number unlisted and do not give out personal email addresses.
- Consider withdrawing your name from the electoral roll thereby being registered as a postal voter.
- Identify items that can be used as weapons. Any items that could be thrown or used as weapons such as a computer monitor, printer etc should be secured. Items such as scissors, letter openers, etc should be stored away from view when not in use.
- Consult with a security expert or the Community Liaison Officer to assess if other measures can be taken to increase the security in your workplace.
- If an incident occurs, try to record everything that happened, including a profile of the offender i.e. general appearance, sex, age, voice, and what was said, as soon as possible.
- Create opportunities for brainstorming sessions in staff meetings to raise potential personal safety and security issues. Include this as a regular agenda item for

- Ensure appropriate de-briefing opportunities are provided to all staff when a personal safety issue has occurred.

The Avant Practitioner Indemnity Insurance Policy provides a member with legal defence costs (sub limit \$150k) in the defence or pursuit of an Apprehended Violence Order (AVO) in relation to a patient or former patient which relates to the member's practice as a healthcare professional and which affects the member or the personal safety of the member's family. To discuss or assess a legal option or for membership enquiries please contact Avant on 1800 128 268.

Other resources:

<http://www.ama.com.au/node/2182>

Personal Safety & Violence for Doctors – 2005
www.nhs.uk/zerotolerance/mental/.

We don't have to take this. In: UK Department of Health 2002.

RACGP – Safety for general Practitioners and their practice teams

R.A.C.G.P. publication: General Practice a safe place – Tips and Tools

This article is provided for ACTMWS members by Avant, Australia's largest MDO. For more information visit <http://avant.org.au>.

Hepatitis C e-learning package

Edith Cowan University and the WA Department of Health have developed a free online learning package for GPs and other health professionals interested in providing shared care and antiviral therapy for patients with Hepatitis C.

General Practitioners can gain CPD points from the RACGP for completing individual modules. For more information visit <http://hepc.ecu.edu.au> or contact hepc@ecu.edu.au

- Module 1: Overview of Hepatitis C, prevention and treatment strategies
- Module 2: Assessment and management of Hepatitis C along the continuum of care
- Module 3: Advanced management of Hepatitis C including antiviral therapy

Fiji Village Project

The Fiji Village Project is a student-based initiative developed by medical students from the Australian National University (ANU), Fiji School of Medicine (FSM) and University of Auckland. It now draws medical students from all over Australia and New Zealand.

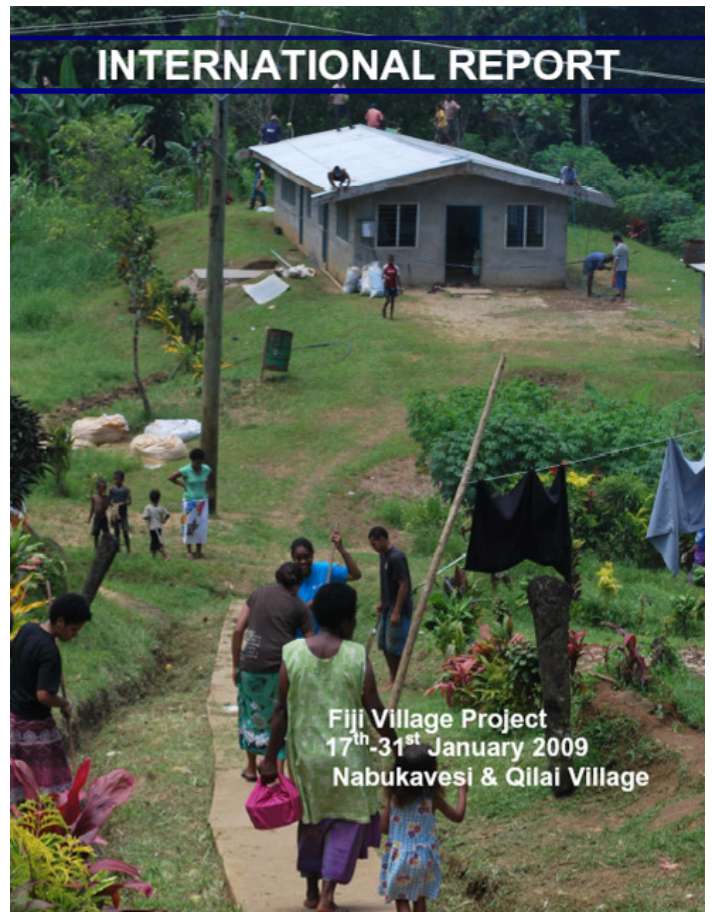
Our aim is to promote healthier communities for the people in the South Pacific region. The current focus project; Fiji Village Project (FVP), is working in the Veivatuloa tikina on Viti Levu in the Fiji Islands. Its focus is water and health.

The project involves the provision of water tank systems for selected villages to promote environmental sustainability through rain-water harvesting in the region. Baseline health screening for the entire village and education, which is delivered through focus groups, encompasses the project's main aims for health.

Fundraising for the project is carried out by both participants and individual committees at the primary universities, with the funds going directly into the project. The majority of the funds go towards purchasing the water tanks and installation, the expertise of which is provided through charitable organisations such as the Rotary Pacific Water for Life Foundation.

The remainder contributes towards the training and development of local Village Water Committees, Women's groups, and basic health screening equipment for both the project and to assist local health services.

Read the full project report online at <http://afmw.org.au>



This project is consistent with the aims of the United Nations International Decade for Action, Water for Life, 2005—2015.



Australian Youth Ambassadors for Development Program

The Australian Youth Ambassadors for Development (AYAD) Program is an Australian Government, AusAID initiative which supports skilled young Australians who want to live, work and make a difference in the Asia Pacific region. AYADs work with local Host Organisations and Australian Partners to achieve sustainable development through capacity building, skills exchange and institutional strengthening.

Working through the AYAD Program is inspiring, challenging and rewarding. There are assignments in health, gender, education, environment, governance, infrastructure and rural development. With over 400 assignments each year to 20 countries there's something to suit everyone. So if you're 18-30 and interested in a fully funded assignment to work in the Asia Pacific

region for 3-12 months, visit the AYAD website to find your inspiration!

AYAD sends volunteers to Bangladesh, Cambodia, China, East Timor, Fiji, Indonesia, Kiribati, Laos, Mongolia, Nepal, Philippines, PNG, Samoa, Solomon Islands, Sri Lanka*, Thailand, Tonga, Vanuatu and Vietnam.

You can read reports on previous assignments in the quarterly Exchange Magazine at the AYAD website—<http://ayad.com.au>.

* The AYAD Program is currently suspended in Sri Lanka due to security concerns.



Equal Opportunity for Women Review

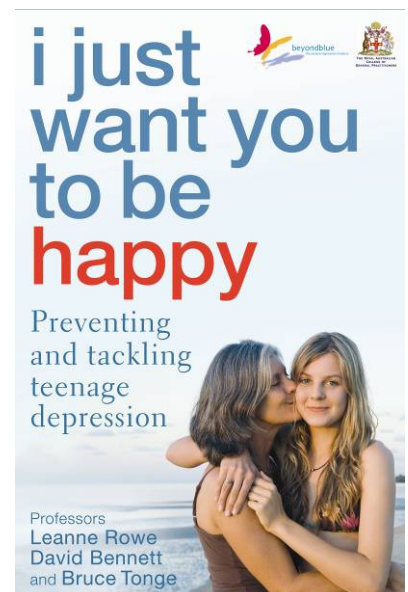
Minister for the Status of Women, Tanya Plibersek, has announced a review of the Equal Opportunity for Women in the Workplace and Agency (EOWA) and its underlying legislation (EOWW Act).

The review will examine the effectiveness and efficiency of the agency and the legislation in promoting equal opportunity for women in the workplace at a time when the pay gap between male and female full-time earnings is now 17.2% and parents are struggling with managing work and family responsibilities. Visit the Office for Women website for more information.

Book release: Teenage Depression—I just want you to be happy

One of the most challenging and problematic issues facing Australia today is the increasing rate of youth depression and the high suicide rates of our young people. When most parents only want their teenagers to be happy, it is distressing to know that one in five teenagers will experience major depression before they are 18 years of age

and that the chance of a child developing depression has tripled in the last 30 years; the increase has been more prominent in girls. Hundreds of thousands of prescriptions of antidepressants were written for young people under 18 in 2005.



Bridging Leadership Barriers Project

Jill Tomlinson, AFMW Project Manager

A 2008-09 project that engaged women from across Australia and allowed AFMW to establish a strong web presence.

Project Initiatives

- \$15,000 in leadership scholarships to assist medical women to attend the Medical Women's International Association Western Pacific Regional Congress (MWIA WPRC)
- leadership and website skills training workshops at the MWIA WPRC
- redeveloping the Australian Federation of Medical Women (AFMW) website, creating a more user-friendly, accessible website with up-to-date content, news and resources
- creating an online leadership portal, containing resources that enhance medical women's leadership skills
- developing a regular electronic AFMW newsletter, beginning January 2009
- creating a skills database of medical women who are willing to be consulted on issues of importance in their field(s) of interest.

Outcomes

The project met all objectives, including:

1. improved communication networks among Australian Federation of Medical Women and its members through effective use of internet technology
2. enhanced opportunities for women in remote areas to communicate with their peers and participate in internet-based training
3. enhanced access to medical expertise (via the leadership skills database) to assist AFMW to inform and drive health-policy development and service development

Highlights

1. Effective Use of Internet Technology

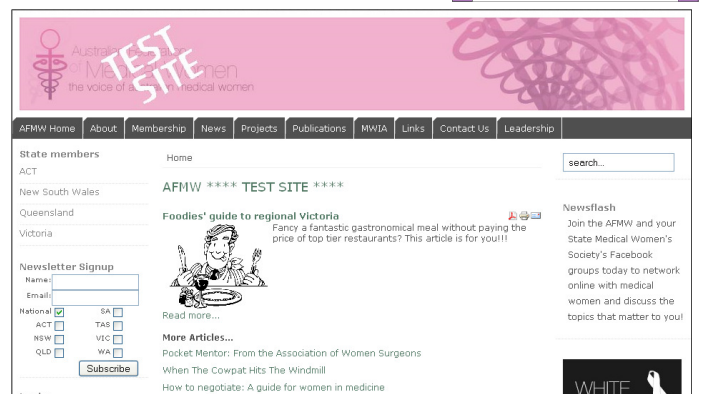


Highlights in the effective use of internet technology included redeveloping the AFMW website (<http://afmw.org.au>) and using of Web 2.0 strategies to build online networking and communication. The AFMW website now has a high profile, and is currently the number two Google-ranked website for the term "medical women". It receives a high volume of website traffic through search engine referrals on terms, including "women's health policy" and "effective communication". The latest figures indicate an increase in website traffic of more than 275% from August 2008 to April 2009.

2. Accessible Internet-Based Training

Highlights in accessible internet-based training included the development of a practice website (<http://test.afmw.org.au>), a training guide e-Book and delivery of website skills training in sessions specifically designed for medical women.

Top right: Website training at the MWIA WPRC. **Below left:** the AFMW website at <http://afmw.org.au>. **Right:** AFMW website training guide e-Book. **Below:** The AFMW Practice Website, at <http://test.afmw.org.au>



An invitation to provide your expertise to improve medicine and health in Australia

Do you want to improve medicine and health in Australia? The Australian Federation of Medical Women (AFMW) invites you to participate in an initiative that will enhance the opportunities for both individuals and AFMW to contribute to public health policy and service delivery.

Medical women have a wealth of expertise, experience and ideas on how to improve medicine in Australia. However, their voices often go unheard and they lack access to opportunities and forums that would allow them to foster change.

AFMW is often approached by government and non-government organisations to participate in debates and provide expert views on health and workforce issues. Often the time-frames are short, or the issue is an unexpected one. We currently have no systematic way of identifying medical women to consult with or to have attend meetings about these issues. Currently we are unable to access the vast wealth of expertise and experience that medical women possess.

To address these concerns AFMW is building a database of medical women who are willing to share their ideas in their areas of expertise, experience and interest. We will use the information obtained to offer interested doctors opportunities to provide their expertise and opinions to Health Policy Makers and other organisations that approach AFMW for advice. Participants will also have the opportunity to discuss their ideas and consult on the formulation of consensus opinions both for AFMW and the Medical Women's International Association (MWIA), our international parent organisation that is actively involved with the United Nations as a Non Governmental Organisation and has official working relations with the World Health Organisation (WHO), the Economic and Social Council (ECOSOC) and the United Nations Children's Fund (UNICEF).

We encourage all medical women to take part in this initiative - each medical woman has a wealth of expertise and experience to offer, and often from a different perspective. If you are interested in improving Australian medicine please register by completing the form overleaf and returning it to AFMW. AFMW will hold your details on file and will advise you when an issue of interest to you is raised, offering you the opportunity to participate in discussions. Your contact details will not be provided to a third party without your express consent. You can decline to participate or opt out at any time. You do not have to be a member of AFMW to join the database.

We hope to hear from you!

The Australian Federation of Medical Women aims to further the professional development of medical women through education and research and to improve the health and welfare of all persons, especially Australian women and children. The AFMW acts for and represents medical women in all matters of mutual interest at national and international levels.



The screenshot shows the HON website interface. At the top, it says "Health On the Net Foundation Non Governmental Organization Medical information you can trust!". Below that, there are navigation tabs for "PATIENT / INDIVIDUAL", "MEDICAL PROFESSIONAL", and "WEB PUBLISHER". The main content area shows a search for "afmw.org.au" under the "certified web sites" section. It lists categories like "For health professionals", "For patients", "For women", "For men", "For seniors", "For newborns", and "For children", "For teens". The search results show "Results 1 - 8 for afmw.org.au. (2.80 seconds)". At the bottom, there is a "Google Custom Search" button.

Above: AFMW website listing at the Health On the Net Foundation website
Right: The AFMW HON Code Badge
Left: The Leadership Skills Database Application form



3. Leadership Skills Database

The leadership skills database was launched online and at the Medical Women's International Association Western Pacific Regional Congress in October 2008. Medical women from across Australia have enlisted, providing AFMW with access to specialist medical expertise in a wide variety of areas from medical women with diverse backgrounds and practices. Application forms continue to be distributed and promoted across Australia, with continued growth projected for the database in future years.

Milestones

All project milestones were completed on time. Milestones included:

- delivery of the leadership and website skills training
- launch of the redeveloped AFMW website
- launch of the Leadership Skills Database at the MWIA WPRC in October 2008
- inaugural AFMW e-newsletter in January 2009
- gaining Health On The Net (HON) Foundation accreditation for the AFMW website in March 2009

Participant Satisfaction

Participants expressed high satisfaction levels in a web-based survey on the AFMW e-communication strategies, reflecting the interventions' appropriateness to the target group's needs. High satisfaction levels were also reported by project participants in the leadership skills training and website skills training, and recipients of the AFMW Leadership Scholarships.

Future Directions

AFMW will sustain all of these strategies and outcomes beyond 2008-09. The redeveloped website is an integral component of AFMW's e-communication policy, which includes the quarterly AFMW e-newsletter developed as part of this project and available by free subscription to all medical women and stakeholders. Ongoing training will be available through the practice website and instructional e-Book that AFMW developed as part of the project.

Project outcomes will be promoted in a comprehensive report that will be launched online at the AFMW website on June 30, 2009, and disseminated to members and stakeholders via the July 2009 AFMW e-newsletter.

The AFMW Bridging Leadership Barriers project was made possible by a \$89,000 grant from the Australian Government Office For Women's 2007-08 Leadership and Development Programme Grants. AFMW gratefully acknowledges this source of funding.

Climate Change Health Crisis

AFMW recognizes the severity of the impacts on global health as a result of escalating greenhouse gas emissions (GGE) causing climate change. Dr Liz Rickman, executive member of MWSNSW and AFMW, has given multiple talks in the community and presented at conferences on climate change and its effect on global and Australian populations.

At a recent MWSNSW dinner meeting, Dr Rickman spoke on 'Medicine, Activism and the Environment'. She expressed her deep concern that if GGE continue to rise by the current rate, there will be a devastating increase in Australia of bushfires, droughts, intense rain events leading to increased flooding, and an increase in vector born disease. Globally there will be an increase in refugee numbers as a result of climate change. Norman Myers from Oxford University estimates 200 million climate refugees as a result of environmental degradation by 2050 unless steps are taken to reverse the continuing rise in GGE.

Dr Rickman outlined many of the serious implications of environmental change on populations and called on the medical profession to support environmental reform. She urged for breaking denial and taking action.

"Each time I am asked to speak on this critical environmental health issue of our time, climate change, I am disturbed by the predictions being worse than last time." Dr Rickman used the analogy of the at-risk cardiac or pre diabetic patient, in denial of the health crisis that lay ahead of them, ignoring their doctor's preventative advice. She urged us not to make this same mistake as action was needed now to prevent catastrophic effects in a matter of decades.

"I think sometimes being an advocate is like being a doctor. The doctor can urge and educate the patient on taking their blood pressure medication, but if we as patients don't take the prescribed medication and lifestyle changes our risk of

a stroke remains the same despite everything the doctor does. We all know the power of denial, we see it our patients when they cannot deal with or bear to face what we see so clearly lies ahead for them. In some cases we could say it protects them from the pain of having to bear the unbearable. We understand the feelings of powerlessness, overwhelm, and fear. But in some cases denial prevents them taking the actions they need to, to prevent the stroke, the diabetes, the heart attack."

Dr Rickman believes most people are deeply concerned about the future of this planet, and what threatens our lives here. She believes that governments could be urged to take the risks to do what is needed and corporations would adapt faster if we the general public made it clear that this issue concerns us in every aspect of our life: "how we transport ourselves, what cars we buy, the way we shop, how we power our homes."

The good news is that each one of us can reduce our GGE by 50 % within the year by lifestyle changes. Dr Rickman quoted Dr David King: "I don't think we are looking at sandals and a hair shirt. For some reason energy consumption has become a status symbol, but if we invert that we are talking about culture change."

To avert the very serious climate effects 40 -50% reduction of GGE is required by 2020, and 90% or more by 2050. Australia is in a special position to act as a country with one of the highest per capita GGE rate in the world, mainly due to our heavy use of coal as our main energy source.

Dr Liz Rickman showed research that has shown that 2 similar homes can differ by up to 50% in their GGE, and that Australians can begin now to achieve a 50% reduction in GGE by implementing simple changes. Suggestions from choosing the green option with your energy supplier to source up to 100% renewable energy from the grid, to reviewing lighting and appliances were made.

DIY Guide to Reducing Greenhouse Gas Emissions by 50% by 2010

Use Renewable Energy

Contact your energy provider. Most energy providers provide a "green" option, which enables users to source renewable energy from the grid for only about \$1.00 a week extra. If your energy provider cannot source 100% renewable energy, consider changing your provider. This sends a strong message to industry and government to finance renewables and not coal.

It has been estimated that if 1% of the world's deserts were fitted with solar panels and linked to the world's energy grid it would be enough to supply the world's energy needs as forecast for 2030. There is a government rebate to source solar energy and water heating for individual homes. Some companies are doing this for the full rebate (\$8000) only, currently up to June 30 2009, after which there will be a different rebate system.

Avoid Standby, Use Energy Efficient Light Globes and Appliances

By using power boards where power points are inaccessible, and turning off appliances when not being used, a total of 1% of the world's GGE can be reduced, which has been estimated to be the same contribution from the aviation industry. Screen savers do not reduce energy use. Instead set the computer to "sleep" after 10 mins.

Insulate and Ventilate

For every 1 degree rise in heating there is a 10% increase in GGE. Keep central heating setting lower. Wear a jumper.

Reduce Waste

Waste has high rates of methane gas release which is a potent greenhouse gas and is responsible for a significant percentage of world's GGE.

Offset Air Travel

As yet there is not a "clean aviation fuel", so reduce where possible by using teleconferencing etc. Offsetting can assist in reducing the total of GGE released into the environment.

Transport

Use public transport when possible. Buy cars with good fuel efficiency.

Shopping

Reduce what is bought and avoid packaging and single use items so as to reduce waste. Vegetarian food items carry less GGE load.

Lobby

Lobby governments and industry to achieve 50% reduction in GGE nationwide by 2020, and 90% by 2050. Join a climate group, write to politicians.

Reducing GGE in these ways affects up to 50% of the sources of GGE, thereby having significant global impact.

Climate Change Across the Planet



While climate change affects everyone, it's having a bigger impact on people in developing countries, and it's hitting women hardest. Oxfam Australia and Make Poverty History are highlighting this issue

through a series of short films, *Sisters on the Planet*, in which six women from different parts of the globe (Australia, Papua New Guinea, Bangladesh, Uganda, England and Brazil) share their stories of climate change and what they are doing to deal with the challenge.

To view the short films or to take action visit <http://www.oxfam.org.au/sisters>

AFMW Members Take Action on Climate Change

Following on an inspiring opening session to Medical Women's International Association 2008 Melbourne conference addressing Health Impacts of Climate Change (Dr Linda Selvey) and Climate Justice issues (Dr Stephanie Long), a new action group formed within the Australian Federation of Medical Women.

This diverse group of doctors and students concerned about Climate Change will work on a Climate Change resolution to present at the next MWIA meeting in Munster, Germany in July 2010.

This resolution will build on the resolution on Climate Change proposed by Australian delegates at the MWIA conference in Ghana in 2007.

The 2007 MWIA resolution states:

WHEREAS climate change and environmental degradation is occurring as a result of human activity, and MWIA recognizes the reports of the United Nations' Intergovernmental Panel on Climate Change, including the resulting widespread negative health and social impacts on many people.

IT IS RESOLVED That Governments be held accountable for compliance with the Kyoto Protocol, and that industrialised countries have the responsibility to assist other nations, both financially and technically, in their response to climate change and environmental degradation.

The proposed resolution in 2007 by AFMW delegates had included:

MWIA supports that people who are displaced as a result of climate change be granted refugee status.

The Climate Group at the Western Pacific Regional Conference of MWIA in October 2008, recognized:

- the responsibility of industrialised countries to assist other nations, both financially and with technical assistance, in

their adapting and responding to the climate change that is already affecting them, as well as assisting these countries to reduce their contribution to further climate change.

- that Climate Change affects the health of all communities, especially those who are already vulnerable to reduced water, food, land and fishing resources.

- that Climate Change will result in many communities becoming displaced from their homes. As a result the definition of refugee needs to include those who become refugees as a result of Climate Change.

- that developed countries have contributed more per head of population to Climate Change than other countries.

- that Climate Change will have serious economic consequences.

The Climate Group proposed and urged:

- for developed countries to have a Greenhouse Gas Emission reduction of 90% on 1990 levels by 2050, and 50% by 2020.

- for all countries to increase in MRET and energy efficiency.

- that there be increased awareness that the sustainable level of GGE is 1.6 per person per year tonnes.

- the United Nations to include Climate Refugees in the definition of Refugee and for countries with the capacity to respond, especially developed countries to accept climate refugees as refugees.

- for increased awareness that there is synergy between Environment and Economic Sustainability.

To get involved in the AFMW Climate Group contact Dr Liz Rickman at edrickman@iprimus.com.au

6th Australian Women's Health Conference

The 6th Australian Women's Health Conference will be held in Tasmania, Australia, on 18 – 21 May 2010 at the Hotel Grand Chancellor located in Sullivans Cove - the heart of Hobart's beautiful waterfront precinct.

The major focus of the Conference, entitled *Women's Health: The New National Agenda*, will be to continue the work of getting women's health as a priority issue onto the public agenda. It will provide an opportunity for individuals, organisations and services involved and concerned with women's health to contribute to international dialogue, share ideas, knowledge and practice.



You can now find us on Facebook!

Join the Canberra Medical Women's Facebook Group and *network online with medical women just like you*



28th Medical Women's International Association World Congress

Munster, Germany
27 - 31 July 2010

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!

Let women's voices be heard!

Greetings from the global Gender Equality Architecture Reform (GEAR) Campaign, a coalition of over 300 organizations worldwide! This year, at the 53rd Session of the Commission on the Status of Women (CSW), the GEAR Campaign launched a global petition (for individuals) calling on UN Secretary-General Ban Ki-moon and Member States of the General Assembly to create a new, stronger women's entity that:

- is led by an Under Secretary-General in order to have the status and authority to be a driver on gender issues;
- combines policy making and country level operations to effectively deliver on women's rights on the ground;
- ensures meaningful involvement of civil society, especially women's organizations, at all levels.

Please sign the online GEAR Campaign petition at:

<http://www.thepetitionsite.com/1/GEAR>

GEAR
gender/equality/architecture/reform

If you wish to contribute to the next edition of our newsletter please email MWS ACT Secretary, Jane Twin at jane.mwsact@gmail.com