

The SOGC Has Reached Its Golden Age: 65 Years of Achievement

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This year, the SOGC celebrates its 65th year of existence. After its establishment by inspired pioneers, at a time when the world was waiting for the Normandy invasion that would put an end to the conflict raging in Europe, no one imagined that this society would ultimately reach—indeed, surpass—its goals of promoting, cultivating, and encouraging the art and science of obstetrics and gynaecology in Canada.

Canadians who reach 65 years of age become senior citizens. This title, while bringing with it certain privileges, mostly commands respect and recognition, as senior citizens are the ones who, through their wisdom, commitment, and hard work, contributed to the evolution of the living conditions we now enjoy in our great country; conditions that are the envy of many societies. The same can be said of the SOGC; the fact that it is celebrating its 65th anniversary proves that it has managed to overcome all the challenges, obstacles, and constraints in its path and to survive through all those years to achieve its mission goals. Thanks to the perseverance, wisdom, commitment, and motivation of its members, the SOGC is now a mature and respected society, known nationally and internationally as a leader in the field of women's health.

Like the stock market, the SOGC has gone through highs and lows, and has always been able to meet challenges to ensure a higher global performance. The recent recession, which has affected all of us, has brought with it new challenges in financing our programs. The SOGC's revenues come from various sources, including government grants, membership fees, our medical education programs, and unrestricted grants provided by industry, among others. The financial situation has had a serious impact on the budgets allocated to government departments, which might affect the implementation of some programs geared toward women's health. The SOGC's management team will use all

necessary means to neutralize adverse policies and raise elected officials' awareness of women's rights.

The strength of an organization stems from the number and quality of members involved in the activities that must be implemented in order to achieve its mission. That's why we need the individual help of every member in facilitating recruitment, so we can become stronger than ever. The mergers of many of our long-standing corporate partners will also make it challenging to keep a number of our programs afloat. However, our common objectives with regard to the promotion of women's health should help us overcome some of these obstacles and allow us to continue receiving the grants we need to achieve the objectives of our strategic mission.

Another important challenge is the future management of human resources. Recent surveys carried out by the SOGC regarding human resources in obstetrics and gynaecology show that 52% of obstetrician-gynaecologists currently in active practice are men and 48% are women, but that 84% of residents are women. In fact, in this year's residency program at Laval University, there will be 26 women and only one man. The feminization of the profession will bring about changes in practice, as trainees have told us that they prefer shorter shifts. Family life will also play a key role in the coordination of professional tasks.

Unless the situation changes drastically and there are major technological advances, women will continue to be solely responsible for pregnancy and birth and largely responsible for early child-rearing. This includes women who are physicians. When we analyze projections of births in Canada, it is easy to see that we will soon run out of staff as we try to provide obstetrical services to all Canadian women. That is why it is imperative that we form alliances with other health professionals. What is reassuring is that obstetrician-gynaecologists are indefatigable, working an average of 41 to 50 hours a week, on-call time notwithstanding. Moreover, they love their work: 76% of them said they were satisfied with their professional life. The SOGC will also need to

find new ways to allow women to contribute to the Society's activities while carrying out their responsibilities as physicians and mothers.

Regarding my plans as SOGC President, I have realized that the objectives of an incumbent president are actually those of a team, and that those objectives have to unfold over the course of a few years in order to be achieved. In her inaugural address, Dr. Guylaine Lefebvre said we had to "work together"¹; to do that, we must display "pragmatic altruism," as Dr. Scott Farrell so eloquently put it in his inaugural speech.² So there are four projects that I have proposed will continue or be launched in 2009–2010; all of these fit into our 2006–2011 strategic plan.

The first project deals with gynaecological surgery. Dr. Charles E. Miller, in his inaugural address as president of the AAGL,³ alluded to the fact that it is discomfiting to see general surgeons making minimally invasive surgery techniques their own, while gynaecologists have failed to do so. We gynaecologists were at the forefront of laparoscopy, both as initiators and as experts, yet we missed our chance to progress. In 2009, the number of hysterectomies performed by laparotomy remains much higher than the number performed by laparoscopy, and the number of urinary incontinence procedures using slings is lower than it should be. These techniques are part of the surgical arsenal that a general gynaecologist should master to ensure that patients receive quality care.

The French use the term "technicité" to compare the surgical performance between departments and institutions. With regard to hysterectomy, the term refers to the proportion of hysterectomies performed annually that are performed vaginally and laparoscopically in a given institution. Based on unpublished data, the higher the "technicité" within an institution, the better the care provided to patients. These data are defined by health determinants, such as the length of the surgery, the duration of the hospital stay, the rate of complications, the cost of the procedure, and the postoperative quality of life. In short, we must improve our rate of "technicité."

To do this, we plan to develop a teaching program based on the mentoring model to ensure the transmission of this knowledge in as many environments as possible throughout Canada. We are currently talking with our partners to ensure this program is financed, and we will work together with our colleagues at the Society of Minimally Invasive Gynaecology and the Association of Professors of

Obstetrics and Gynaecology of Canada, so that this project can be implemented as quickly as possible. Our hope is that within three years, all environments can improve their "technicité" rates by at least 50%.

The second project deals with health within Aboriginal communities. Aboriginal health is one of the cornerstones of the SOGC's strategic plan; after years of discussion and few tangible achievements, the time has come to take action and to try to implement a project in conjunction with the members of the Aboriginal community. The SOGC has recently hired two new staff members to take over the development of a support house project for Aboriginal women, focusing on the needs of mother and child. Initially, this project will be implemented in Ottawa, in collaboration with the Wabano Centre for Aboriginal Health. If financing permits, the project will then be expanded to other Canadian communities.

The third project deals with international health. Following a visit to Burkina Faso, my wife, Dr. Céline Bouchard, an active member of SOGC, has become involved in the promotion of another aspect of women's health: the screening and treatment of precancerous lesions of the uterine cervix. The pilot project will take place in both of Burkina Faso's university centres, located in Ouagadougou and Bobo Dioulasso. The Gynecologic Oncologists of Canada and the Society of Canadian Colposcopists will eventually be asked to participate.

The fourth project is the creation of a new SOGC Past Presidents Committee. The experience gained by these individuals through time spent within the Council and the Executive Committee of the SOGC has given them priceless expertise. The opinions of this "committee of elders," with their collective wisdom, will be an enormous asset whenever the Society is called upon to make strategic decisions.

I am proud to take on the role of SOGC President for 2009–10. I promise to work tirelessly, with rigour and honesty and with all members of the team, in order to achieve these objectives and to defend the interests of the Society, as well as to promote women's rights and health. I thank you for your trust.

REFERENCES

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