

# RESOLUTIONS FROM MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION CENTENNARY MEETING NEW YORK 2019

**These resolutions were passed.**

## **Internal resolutions**

- Dues and individual membership (Resolution 1)
- Timing of individual membership (Resolution 2)
- Timing of membership for national associations (Resolution 3)
- Timing of nominations for executive positions (Resolutions 11 and 12)

## **Other resolutions**

- #MeTooMedicine (Resolution 4)
- Women Peace and Security (Resolution 5)
- Implementation and dissemination of a sex and gender sensitive medicine (Resolution 6)
- Gender medicine (Resolution 7)
- Women doctors and health advocacy (Resolution 10)
- Maternity leave (Resolution 13)
- Sex and gender research (Resolution 14)
- Breastfeeding and healthcare professionals (Resolution 15)
- Work life balance (Resolution 16)
- Abortion – medication and aspiration (Resolution 17)
- Gender Parity in UN Leadership Positions (Resolution 18)

## **Resolution one: Dues for Individual MWIA membership**

**Proposer:** The Executive Committee of MWIA

Whereas, the current dues amount for individual membership is 25 CHF yearly, many women physicians find this fee a barrier to membership;

And whereas, MWIA encourages individual members to join with the potential that they may be the nidus for a national association in their country;

**MWIA resolves that** the yearly fee for Individual Membership in MWIA is reduced to 10 CHF.

## **Resolution 2: Timing of individual membership in MWIA**

**Proposer:** The Executive Committee of MWIA

Whereas, currently when a medical woman wishes to become an individual member of MWIA, she must wait until the next General Assembly to be accepted which does not allow timely involvement in MWIA;

**MWIA resolves that** once the application form of the individual member has been accepted by the Executive Committee and her dues have been paid, that her membership becomes active immediately. This membership will be formally ratified in the next General Assembly.

### **Resolution 3: Timing of membership of national associations in MWIA**

**Proposer:** The Executive Committee of MWIA

Whereas currently a National Association needs to wait until the next General Assembly to be granted MWIA membership, it is noted that this can be a lengthy period in which interest in membership may be lost and this forms a barrier to active involvement in MWIA by that National Association.

**MWIA resolves that** once the constitution and application of the National Association has MWIA Executive Committee approval, and other national associations and individual members are consulted, in the absence of opposing opinions the MWIA Executive will approve membership of the new Association. Membership will be activated once dues are paid and then formally ratified at the next General Assembly.

### **Resolution 4 - #MeToo Medicine - Physicians Can and Must Do better**

**Proposer:** Federation of Medical Women of Canada

Whereas #MeTooMedicine is raising awareness about how Bullying, Intimidation and Sexual Violence in Medicine against women physicians, residents and medical students impacts their mental and physical health and their ability to care for patients.

And whereas medical associations and institutions around the world are putting policies and procedures into place to raise awareness and educate about this

And whereas there needs to be a safe system in place for victims to report bullying, intimidation and sexual violence,

And whereas there needs to be commitment by these medical associations and institutions to act on this reporting

**MWIA resolves that**

1. Safe reporting mechanisms are developed for women physicians, residents and medical students who experience bullying, intimidation and sexual violence in all countries.
2. Policies and procedures are developed which go beyond the safe reporting systems to ensure mechanisms for follow-up and cultural change in behaviour for those perpetrating the bullying, intimidation and sexual violence.

## **Resolution 5 – Women Peace and Security**

**Proposer:** Federation of Medical Women of Canada

Whereas the United Nations Security Council Resolution 1325 on Women, Peace, and Security passed in October 2000 reaffirms the important role of women in the prevention and resolution of conflicts, peace negotiations, peace-building, peacekeeping, humanitarian response and in post-conflict reconstruction

And whereas the UN resolution 1325 stresses the importance of women's equal participation and full involvement in all efforts for the maintenance and promotion of peace and security

And Whereas women are under-represented both as official negotiators and as technical advisors, despite clear evidence that they have often been crucial in these roles

**MWIA resolves** that the national associations of the MWIA establish Women Peace and Security (WPS) committees to

- 1) Explore and educate members regarding UN Security Council Resolution 1325 and related resolutions on Women, Peace, and Security;
- 2) Communicate opportunities to members to promote the development and implementation of their nations Women, Peace and Security Agenda;
- 3) Promote peace through Women's Political and Economic Empowerment

**MWIA further resolves** that

- 1) A MWIA WPS committee is formed to act as a community of practice to collate and coordinate the activities of the various national WPS committees
- 2) All national WPS committees contribute, monitor and report to the MWIA WPS committee on all activities completed in support of the UN Security Council resolution 1325 and related resolutions

## **Resolution 6: Implementation and dissemination of a sex and gender sensitive medicine**

**Proposer:** AIDM (Associazione Italiana Donne Medico)

Whereas many international organizations such as the United Nations (UN) and the World Health Organization (WHO) recommend taking sex and gender aspects in medicine into account.

And whereas gender is one of the most significant social determinants of well-being for all people, gender inequalities are present in all societies in terms of power, resources, rights, norms and values, and the resulting social organizations are structured in ways that negatively affects especially the health of girls and women.

And whereas gender equality has seemingly been embraced as a priority in global health, the global health community remains largely gender-blind.

**MWIA resolves that**

- a) An interdisciplinary approach between medical and human sciences is followed which takes into account sex and gender differences as well as similarities
- b) Sex and gender sensitive medicine is taught, with adequate levels of training and updating of medical and health personnel
- c) Public information on health and disease management should have a focus on sex and gender aspects

### **Resolution 7: Gender in Medicine**

**Proposer:** The Western Pacific Medical Women's International Association Region

**Whereas** a sex and gender in medicine perspective has been included in many presentations at Medical Women's meetings,

**MWIA resolves that** a sex and gender in medicine perspective is formally included in the themes of Medical Women's meetings in all regions.

### **Resolution 10: Advocacy**

**Proposer:** Western Pacific Region

Whereas engagement with the mainstream government and advocacy processes makes links between women doctors internationally, and is highly effective in achieving health gains in our own countries,

**MWIA Resolves that** Women doctors' strong and extensive engagement in these processes is not only encouraged and supported by colleagues, but also recognized and affirmed by being published and included in nominations for awards.

### **Resolutions 11 and 12 were considered together Timing of nominations for executive committee positions**

#### **Resolution 11**

**Proposer:** Dr. Shelley Ross, MWIA Secretary General

Whereas in the 2019-2022 elections the deadline for MWIA Executive positions was extended despite there being candidates for all positions

**MWIA resolves that** for future elections to the Executive Committee the nomination period once in progress cannot be extended unless the current nomination period ends without candidates for all the positions, in which case the nomination period for the empty position(s) can then be extended.

## **Resolution 12**

**Proposer:** Dr. Cissy Yu, VP Western Pacific region

Whereas, it is important for national associations to know well in advance when the deadline for submitting the nomination for Executive Committee positions will be, it has been difficult to know the deadline in advance, because the date is not fixed and can change every triennium;

And whereas, VPs are elected at their regional meetings which must be held before the deadline of nomination ends;

**MWIA resolves that** for future elections a fixed date - exactly 12 months prior to the next General Assembly - will be set for nominations for Executive Committee positions so that everyone knows the dates well in advance and thereby avoiding any discussions about deadlines.

## **Resolution 13: Paid maternity leave for women doctors**

**Proposer:** Dr. Clarissa Fabre, President elect

Whereas women in medicine often struggle balancing the dual role of physician and mother and realize the value of maternity leave for both mother and baby, there is often pressure to return to work so as not to disadvantage other colleagues and patients by their absence. Only a few countries have adopted one year of paid parental leave.

And whereas the financial burden of taking maternity/parental leave is real;

**MWIA resolves that**

1. One year of paid maternity/parental leave with job protection should be available to all who would like this option. This leave should be able to be taken by the mother alone or shared between the parents
2. Adequate cover for absence due to maternity/parental leave should be in place

## **Resolution 14: Sex and Gender in Research**

**Proposer:** Australian Federation of Medical Women

**Whereas** sex and gender differences affect disease incidence, diagnosis and treatment, while recognizing the current low levels of female participation in research and cultural pressures on gender diversity recognition;

**MWIA resolves that:**

1. The definitions of sex and gender, according to the WHO, are adopted within the MWIA and that consistent definitions should be promoted in all academic writing.

2. Whenever planning research or publication the Sex and Gender Equity in Research (SAGER) guidelines should be followed; and that these guidelines, or similar be adopted by all journals.
3. Where data on sex and gender of participants is collected, that the methods should articulate how these demographics were identified.

### **Resolution 15: Breastfeeding**

**Proposer:** Australian Federation of Medical Women

**Whereas** many health care facilities, including hospitals, state they are breastfeeding friendly, there are many health workers who find on returning to work from maternity leave that they have nowhere to express breast milk, and are often left to do this in bathrooms or toilets.

**And whereas** breastfeeding mothers who return to paid work are still able to provide breast-milk safely for their children, the support of their workplace to maintain breastfeeding is required.

#### **MWIA resolves that**

1. Workplaces, particularly health care facilities and hospitals, provide support by the provision of Lactation Breaks each shift, together with, clean, hygienic and appropriate space for workers to express breast milk.
2. Medical conferences should consider if attendees are breastfeeding and allocate space that is clean, hygienic and appropriate for women to express breast milk.

### **Resolution 16: Work life balance**

**Proposer:** Western Pacific Medical Women's International Association Region

**Whereas** work life balance is crucial to all doctors' professional lives and careers, many Women Doctors are disproportionately affected by the greater time women currently spend in non-paid roles such as parenting, housekeeping, and as carers.

**MWIA resolves that:** Education about work life balance be included in all medical curricula, including undergraduate, postgraduate and continuing professional development educational activities.

### **Resolution 17: Abortion – medication and aspiration**

**Proposer:** Federation of Medical Women of Canada

**MWIA resolves that** the term "abortion" is specifically inclusive of both surgical/aspiration procedure abortion and medication abortion.

### **Resolution 18: Gender Parity in UN Leadership Positions**

**Proposer:** Medical Women's Association of Belgium (MWAB)

Whereas higher level UN leadership continues to be male dominated, MWIA resolves that the UN institute a policy that calls for gender parity in the higher leadership positions within the UN.

Dr Helen Goodyear  
Chair of Ethics and Resolutions committee 2013-2019