



Southern Europe Regional Business Meeting of MWIA

Date : 27 April 2018

Time : from 14:00 to 15:00

Venue: Palazzo dei Normanni - SALA MATTARELLA

Agenda

1) Welcome by Vice President of Southern Europe < Dr. Antonella Vezzani>

I welcome you to the 1st business meeting in Southern Europe

As I said this morning, taking part in the MWIA means participating in a broader intellectual exchange on health questions affecting women but also medical women's obstacles advancing on career

The southern European region is made up of 5 nations. Italy is the one with the highest number of members, followed by France and then we have individual registrations in the other states.

Since 2016 I'm vice president of Southern Europe and chair of Scientific and research committee.

And in these two years we have continued our commitment in the implementation of the manual against gender violence, participating in the survey on MWIA and on Survey on sexual harassment in the workplace. But there are new themes that we should deal with in the Southern European region and which concern women doctors:

First of all, the topic of migrant and political refugees. It seems that once again it is women who pay the highest price: often experienced by physical and psychological trauma they do not find sanitary services able to guarantee adequate health and psychological care for them and their children.

We will then talk about the proposal by Carol Mann and women on war to which we ask you to participate

Finally, I would like to raise the question of the safety of women doctors working on the territory. This year in Italy there have been episodes of violence suffered by medical women who perform night and holiday medical service on the territory. The medical service is almost always kept by the doctor alone who is called home by the patients or receives the patient alone in desert ambulatory.

The risk of being subjected to aggression is for everyone, men and women, but it is certainly greater for women physicians. We have to claim that health services be organized in such a way to guarantee the safety of doctors. I would like to invite AIDM to present posters on this topic in NY in order to highlight this phenomenon and push the institutions to work and ensure the safety of all doctors.

2) Plans and Achievements of MWIA <Prof. Dr. Dr. Bettina Pfliederer, President of MWIA>

The MWIA president invited all members to take part in the MWIA projects. She introduced the collaboration project with the NGO "Women on war" for the evaluation of health care to refugee women reaching the countries of southern Europe. This project is of particular interest for Southern Europe in consideration of their experience on the reception of migrants.

The president presented the online platform "GenderMed-Wiki" on gender medicine inviting all members to give their contribution to provide the latest results on gender medicine. She thanked the VP of Southern Europe and AIDM for their active participation in MWIA projects and their good work. MWIA is highly appreciating this!

3) Annual Reports from Associations – National Coordinators

3.1 Belgium: none

3.2 France: none

3.3 Greece: none

3.4 Israel: none

3.5 Italy:

AIDM is working hard to spread and implement gender-oriented medical culture: national and regional meetings in all provincial sections, university training courses, educational activities for medical students and so on..

Together with the other Italian scientific societies, AIDM takes part on the activities of the National Health



Department - Coordination for gender medicine.
And now, in Italy, gender medicine has become law.
These are the salient points of the law:

- interdisciplinary approach between medical areas and the human sciences that takes into account the differences deriving from gender
- promotion and support of biomedical, pharmacological and psycho-social research based on gender differences;
- Teaching the gender medicine, guaranteeing adequate levels of training and updating of medical and health personnel;
- promotion and support of public information on health and disease management, with a view to gender difference.

At the end of 2017, the Italian national GLs against gender violence were published. AIDM contributed to the creation of national guidelines by making available the plans adopted in some provincial territories (one of this is my city – Parma that received in 2012 a grant from the equal opportunities department for an educational project for healthcare professionals)

These guidelines contain instructions for an adequate hospital treatment for the victims. All public health facilities will have to realize within 1 year. This is a great result. As Claudia Garcia Moreno of WHO stressed at the Vienna Congress, it is very important that public health structures deal with gender-based violence, because the response of health services also plays a role in primary prevention and transmits a message against violence by the mere fact that it deals with it.

Last year in some Italian universities AIDM members took part in the implementation of training courses of a day addressed to medical students on the domestic violence. This is the first experiment to include the theme of gender violence in the educational activity in the Italian University.

3.6 Spain: none

4) Nomination of next Vice President of MWIA (Southern Europe Region) for 2019-2022:

Dr. Antonella Vezzani has been nominated for the Vice President of MWIA Southern Europe
Nomination of next Southern Europe Regional Meeting Venue of MWIA for 2019-2022: this has not been decided yet

5) Participation in MWIA projects and 2016-2019 Theme “Medical Women : Ambassadors of Change”

- Sexual harassment and extortion for the profession
- Educational exchange platform on topics relating to sex and gender aspects in medicine “GenderMed-Wiki”.
- Health Issues in Southern Europe Region to be presented to MWIA
- Project “Women in War”

6) Resolutions to be presented at the General Assembly of MWIA 2019

The resolution titled: Implementation and Dissemination of a Sex and Gender Sensitive Medicine (attached document).

The resolution was presented, discussed and approved unanimously; It will be presented at the MWIA meeting in NY.

7) Date of next meeting: to be defined.

Palermo April 27,2018

MWIA Southern Europe Vice President
Antonella Vezzani

APPENDIX IV

MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION TO THE MWIA GENERAL ASSEMBLY IN NEW YORK CITY

Name of the National Association/Individual Member proposing the resolution/motion:
Associazione Italiana Donne Medico (AIDM)

E-mail address for ongoing contact prior to the General Assembly: vezzanto@gmail.com

Signature of the President/Individual Member: **Caterina Ermio (AIDM President)**

Theme of the resolution/motion:

Implementation and dissemination of a sex and gender sensitive medicine

Text of the resolution/motion:

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. Also, gender is one of the most significant social determinants of well-being for all people. Unfortunately, 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.

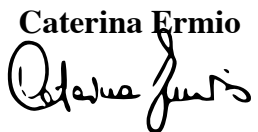
But even though gender equality has seemingly been embraced as a priority in global health, the global health community remains largely gender-blind.

Aims of the resolution:

MWIA resolves to promote:

- a) an interdisciplinary approach between medical and human sciences that take into account gender differences as well as similarities
- b) biomedical, pharmacological and psycho-social research which takes sex and gender aspects into account;
- c) the teaching of gender medicine, with adequate levels of training and updating of medical and health personnel;
- d) public information on health and disease management with a focus on sex and gender aspects

Palermo 27 aprile 2018

Caterina Ermio


Please return by **January 1, 2019**, by email to secretariat@mwia.net.



**MWIA Southern European Regional
&
AIMD (Associazione Italiana Donne Medico) Meeting**

MULTIDISCIPLINARY APPROACH TO CHRONIC DISEASE AND GENDER DIFFERENCES

Palermo 27-28 April 2018

Summary Document

In this two meeting organized by XXXVIII National Congress of the Italian Women's Medical Association in Palermo (Italy), from 27 to 28th April, about three hundred Italian women doctors with the participation of medical women from various parts of the world, had been lectured on a "multidisciplinary approach to chronic diseases and gender differences." . The theme of the conference was a topic of great relevance that involves physicians from various medical disciplines.

The perception of the state of health is becoming increasingly important: e.g. the assessment of the impact that a given pathology has on the life quality, on the therapeutic goals and on the effectiveness of a given treatment. Chronic diseases can reduce the quality of life of the individual subject for almost the entire duration of his/her life as well as being an important cause of death.

Prevention and control of chronic diseases occurs primarily through the reduction of common and modifiable risk factors. However, chronic diseases are also a reflection of the main forces that drive social, economic and cultural changes: globalization, urbanization, progressive aging of the population, environmental policies and poverty.

An integrated approach to chronic diseases cannot ignore sex/gender differences: the impacts of implicit health determinants are different for men and women as well as different behaviour and risk factors. Women live longer than men but they experience more chronic diseases, higher stress, more depression, and more anxiety and are more likely to be victims of violence. In this context, it is important to identify what are the sex/gender differences in prevention, diagnosis and therapy for "Earning Health", improving the Quality of Life both at individual and social Level.

The Vice-President of Southern Europe, Dr. Antonella Vezzani, highlighted in her opening remarks the commitment of the Italian association of medical women in the international field. Although AIMD has been a member of MWIA for many years, our participation in international events has been sporadic. Only Claudia Di Nicola, our honorary president, took part in a MWIA world congress and this was a thrilling experience for her. When in 2015 I suggested a more active participation in the MWIA events, our current AIMD president, Dr. Caterina Ermio, was immediately enthusiastic and together with Dr. Laura Lanza, our current Meeting national coordinator, they supported me in the path that finally led Italy to obtain the Southern Europe vice presidency.

Being a MWIA member means taking part in a broader intellectual exchange on professional and medical women's obstacles, counteract gender violence, maintaining a high interest in gender medicine and more.



AIDM has been working on Gender Medicine for several years and for this reason, as Vice-President of Southern Europe, I decided to submit to the MWIA assembly to be held in NY in 2019, a resolution entitled “Implementation and dissemination of a Sex and Gender Sensitive Medicine”.

In a series of lectures from MWIA leaders, MWIA’s President-Elect, Dr. Clarissa Fabre, started by showing results from the MWIA online survey conducted last year to assess its members’ views on a variety of subjects to determine its future priorities. Results were presented on job satisfaction, discrimination on grounds of sex/gender, sexual harassment and bullying, work-related stress and burnout, and were broken down by age, and by region (e.g. Europe vs North America). Information was sought on paid/unpaid maternity and parental leave. Work-life balance emerged as the top priority along with violence against women and girls, closely followed by leadership and mentoring. Excellent networking opportunities emerged as MWIA’s greatest strength. MWIA’s partnerships with the WHO and the UN were discussed as well as internships, the Safe Childbirth Checklist and the Hamlin Fistula hospital in Ethiopia

Prof. Jan Coles from Australia, lead of the Survey Sexual Harassment of MWIA Women showed the results of the Survey Sexual Harassment of MWIA Women in Medicine Today: #medtoo. The online survey was developed with 19 questions in English. It was later translated into Japanese, Spanish and Italian with over 1,200 responses. Participants were recruited through the Medical Women’s International Association via newsletters, website posts, Facebook links and snowballing with a direct link to the electronic Qualtrics survey. Participants described a spectrum of experiences that seemed strongly rooted in the cultural fabric of their community, organisations and of the profession. Sexual harassment was gendered and participants identified patients and senior colleagues as common perpetrators. While their perpetrators often evaded punishment, participants faced enduring consequences in their personal and professional lives. In conclusion this international study of sexual harassment in the medical workplace confirms its gendered nature and its pervasiveness in current medical practice.

“Violence and harassment in the workplace: How to defend our self and overcome the barriers of revelation” was the title of the lecture presented by dr. Chiarioni. She underlined the importance to understand that for victims of violence and mobbing, as for those living in these traumatic situations, there are vulnerable elements concerning their own personal and family history. Some of these are:

- They have suffered in childhood similar situations never revealed and not been protected by the care givers.
- They have been living in a relationship not good and safe.

Why are important to have specialized therapies? The classic psychotherapy is not enough:

- For a good support of the victims of violence a complex and structured protocol is necessary that includes: stabilisation of post-traumatic symptoms and EMDR approach. It’s very important that psychologists, doctors and lawyers work well together to make a difference in the life of the victims.

MWIA president, Prof. Dr. Dr. Bettina Pfliegerer opened the AIDM Congress officially and gave an overview on sex/gender sensitive medicine and how this will change the face of medicine in the future.



For a long time, the consensus within biomedical research and clinical medicine was that disease processes do not require the consideration of sex and gender aspects and studies including male subjects only allowed for the generalization of both sexes. Recent studies have shown that the incidence, symptoms and progression of many diseases differ between sexes, rendering this perspective obsolete and resulting in an increasing amount of interest in the role of biological and sociocultural factors in medicine. Patients are no longer to be perceived as a homogenous population and biological and social factors are to be taken into account in order to allow for a better individual diagnosis, treatment and outcome.

Unfortunately, knowledge on sex and gender aspects has still not been integrated in the treatment of patients or in clinical trials- therefore disadvantage patients and in particular women. For instance, it was reported recently that out of 10 drugs that were withdrawn from the US market because of “life-threatening health effects” – eight of which posed greater threats for women than men. These had not been picked up on in trials because scientists had not taken into account the possibility that the drugs might react differently in men and women.

To facilitate knowledge transfer and stimulate research this needs to be integrated at the medical curriculum at med schools as well. She and her team at the medical faculty in Münster, Germany developed an educational exchange platform on topics relating to sex and gender aspects in medicine “GenderMed-Wiki”. Expert knowledge on the impact of sex and gender in diseases and their treatments is gathered and expanded upon through interaction with the scientific community to obtain the latest information on gender medicine, receive answers to related questions and converse with colleagues. The English version of the platform was officially launched in Palermo.

“Stress management of women doctors” was the title of the lecture presented by immediate MWIA past president, Prof. Kyung Ah Park from Korea.

The suicidal rate of Korean women doctors are 4 times higher than average. Women doctors have roles as a doctor, mother, wife, daughter and daughter in law and she should perform all these roles through her life. She is likely to juggle five glass balls, that is, the work ball, the family & home management ball, the friendship ball, the relationships ball and the self-care ball. If one falls down and breaks apart, she cannot restore it. From this, stress comes to the life of women doctors and she needs to manage it. Kyung Ah Park suggested some solutions or tips for stress management of women doctors.

The Mattarella hall of the Palazzo dei Normanni, Unesco heritage, was the setting for the first day of the conference, which continued with interventions on the relationship between patient and female doctors, the quality of life of women beyond the advantage of survival, gender differences in learning and memory and gender differences in neurosciences.

The second day took place in the heart of historic Palermo, in the hall of honor and in the hall of mirrors of the Circolo dell’Esercito. The meeting continued by addressing the issue of gender medicine in various fields of medicine: from heart disease to oncology, from rheumatic diseases to gynaecology,



XXXVIII Congresso Nazionale **AIDM**
MWIA Southern Europe Regional Meeting
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to pharmacology and to new strategies for widespread well-being that comes from the approach that takes into account the gender difference as an important element in determining the health of men and women

Palermo April 28, 2018

MWIA Southern Europe Vice President
Antonella Vezzani
