



Inaugural speech

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Canada (SOGC)**

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The SOGC and its membership, as they strive to fulfill their stated mission “to advance the health of women through leadership, advocacy, collaboration, outreach and education”, are facing daunting challenges. While the SOGC has demonstrated by its impressive record that it is up to the challenge, the way forward requires effort and is not always clear.

There is a fundamental principle which underlies the workings of any organization of people who come together for a common purpose – this principle is a combination of altruism and pragmatism. Altruism is defined as “the belief in or practice of disinterested and self-less concern for the well-being of others.” Pragmatism is defined as “dealing with things sensibly and realistically in a way that is based on practical rather than theoretical considerations”. The principle of “Pragmatic altruism” I would define as the recognition that to achieve our personal goals, whatever they may be, we must foster the environment in which we find ourselves, whether that environment is a country, a cultural group or a medical society such as the SOGC.

But, how do we practice pragmatic altruism?

As healthcare professionals we are equipped at the time of our training with the tools, the knowledge and skills, to provide excellent care to women. But many of us find it challenging to maintain those tools over time and to acquire the skills we need to meet the political and administrative challenges of the environments in which we work. The modern practice of healthcare takes place in a complex environment that is composed of federal, provincial and local hospital regulatory authorities who oversee the day to day practice of medicine. Superimposed on this environment is the professional certification and re-certification process; the Royal College Maincert program, which is based to an increasing extent on the CanMeds roles, is most familiar to the Obstetricians and Gynaecologists in the audience. Other professions have similar regulatory bodies.

The challenge for each of us is to maintain competence and respond to the needs and demands of our patients, not just within the confines of our private practices, but also within the public domain. This is a bit like asking a turtle to not only stick his head out of his shell but also to speak up and draw potentially unfriendly attention to himself. Many of us would rather hide quietly in our shells.

I had a recent conversation with a colleague which highlighted part of the problem we face. He has been in practice as a generalist in a medium sized town in Canada for more than 20 years. He professed to feeling as though he had lost a great deal of self-confidence and self-respect. He attributed this feeling to the fact that despite his best efforts he found it almost impossible to upgrade his skills in a meaningful way. He believed strongly that we academicians and subspecialists had failed to meet his needs and were rather complacently satisfied to sit in our ivory towers training people to replace ourselves and participating in CME events where we trot out our expertise. He yearned for the opportunity to upgrade his skills and regain some sense of pride and accomplishment. He suggested that the SOGC is often perceived to be somewhat remote from the frontlines of medical practice.

I am compelled to acknowledge that there is some truth to this indictment. In response I argued that the SOGC, to my knowledge, is the best professional specialty organization in this country-an organization which sets the standard for other specialties by meeting the needs of its members and for setting an agenda for the specialty; but I believe we can do more to meet the specific needs of our front-line members.

First, let's consider what the SOGC does for its membership as of today. If I may be permitted to persist with my use of animals as symbols, then in the past 18 years the SOGC has not only stuck its head out of the shell, it has metamorphosed into a lion whose roar is widely heard and respected.

The Royal College of Physicians and Surgeons of Canada, with the development of the CanMeds roles, provided us with a measuring stick to gauge our success as healthcare professionals in a number of domains. Most of this audience is, by this time, quite familiar with the titles of these roles: medical expert, communicator, collaborator, manager, health advocate, scholar and professional. How does our professional organization measure up under the scrutiny of the CanMeds lens.

The domain of Medical expert requires that a healthcare professional acquire and maintain a body of knowledge and skills sufficient to a practice which is up to date. The SOGC through its national and regional CME events provides the venues for both teaching and learning the new information which keeps us current. This is an example of pragmatic altruism at work; the SOGC provides the venue and its membership provides the content and expertise.

The domain of Communicator emphasizes the provision of care which is patient-centered and which fosters shared decision-making. The SOGC sets an example by engaging consumer input at all levels and in most if not all of its initiatives.

The domain of Collaborator focuses on work in partnership with others. The SOGC, through the composition of its board of directors "The SOGC Council",

includes and encourages a broad range of participation in its governance from all groups involved in the delivery of care to women and their babies. As one of a number of specialty organizations in Canada we seek to collaborate with other specialty societies in the development of clinical practice guidelines and in public education initiatives.

The domain of Manager emphasizes the importance of participation in healthcare organizations. On the national stage, the SOGC endeavours to educate Health Canada and to offer to participate in its decision making process. An offer seldom accepted with open arms.

The domain of Health Advocate calls upon healthcare professionals to use their expertise to advance the health and well-being of patients, communities and populations. Three of the SOGC's strategic directions, Advocacy, Aboriginal health and International Women's health, are focused on this domain. One of the current SOGC government advocacy activities is the National Birthing Initiative which highlights the critical state of current health human resources available to care for pregnant women in Canada. Since recently identifying Aboriginal health as a priority, the SOGC has made significant strides towards a better understanding of the culture and needs of our aboriginal communities. Outside the boundaries of our own country the efforts of Andre Lalonde and the dedicated membership of the International Women's Health division have resulted in a portfolio of projects in developing countries from Central America to Europe and Africa which is widely admired.

The domain of scholar focuses on a personal continuing education strategy, critical appraisal, facilitating learning and on-going development of new knowledge. The SOGC, through the activities of its many committees which review the medical literature and develop guidelines which inform best practices fulfills its obligation to facilitate and promote scholarship. The committees foster critical evaluation of the medical literature and teach the skill of medical writing. The SOGC has also developed two outstanding self-assessment programs, The More OB and Scope programs.

The domain of Professional focuses on ethical practice and high personal standards of practice. The SOGC has accepted its responsibility to its membership to lead by example, demonstrating high ethical standards, honesty, integrity, commitment, compassion, respect and altruism

If the SOGC is doing so much already, is it fair to expect more? We are all familiar with the expression “Give a man an inch and he will ask for a mile”, I guess I am that man.

There is always room for improvement.

It occurred to me after the conversation, mentioned earlier, with my colleague that his plight reflected very well what the Royal College has identified as the short-comings of our current processes of CME. While traditional CME activities are undoubtedly valuable as a means of updating us on the latest information, they do not provide a mechanism for examination of our own practices and the means to acquire new skills.

The SOGC recognizes this deficiency. The recent Education Summit which was conducted by the SOGC in Toronto has identified new strategies to help our members to become more involved in practice assessment and to use information technology effectively in the self –education process. In the coming year we will begin to implement some of these strategies but we cannot do it independent of the membership. The success of these new strategies whose purpose is to help our members to develop more sophisticated CME portfolios will depend to a large extent on the full engagement of people who will develop and participate in these programs. We will be calling upon your pragmatic altruism.

My intention during my presidential year is to work with the resources of the SOGC and our membership to advance the recommendations of this Educational summit and to focus the attention of the SOGC on the needs of our frontline membership. I have personal experience with designing and conducting traveling

preceptorships and will endeavour to develop a program through the SOGC to meet the specific need identified by my colleague.

Another colleague, in a different conversation, indicated a strong desire to be of service in the International women's health arena. Most of our efforts until recently have focused on obstetrical issues excluding those whose practice is confined to gynaecology. However, one of our more recent initiatives in Burkina Faso, in West Africa, is focused on the reduction of cervical cancer in that country. This project will attempt to harness resources in North America to help with mentoring of physicians in Burkina Faso. I believe that we can develop other mechanisms which will allow individuals who cannot travel to developing countries to nevertheless participate in projects while staying at home. This will be my second major mandate as your president.

As your incoming president my role is much like the captain of a ship. In this case the ship has already set sail and its intended course is clear. But much like the ships of Columbus and Madgellan, although they knew where they wanted to go, the actual course and necessary means to reach the destination were far from certain. The SOGC has a very able navigator (Andre Lalonde) and an equally accomplished first mate (Vyta Senikas). The role of the captain as I see it is to foster the engagement of the crew (our membership) by selling the idea of pragmatic altruism. This will become an easier sell as the membership sees that their contributions to new programs will in turn benefit them.

I invite you all to engage with me to help the SOGC to reach its goals. I ask you to embrace the principle of pragmatic altruism as we rise to our shared challenges. Working together we can achieve success which will benefit both ourselves and our professional society. That success will help us to reach the ultimate destination, a world in which our patients, the women and babies of Canada and of the world, can expect to lead happy and healthy lives.