



Vol 13 | No 1 | Nov. 2016
fiqsante.qc.ca

Le Réseau des femmes

BULLETIN DU RÉSEAU DES FEMMES DE LA FÉDÉRATION INTERPROFESSIONNELLE DE LA SANTÉ DU QUÉBEC



Change sometimes requires shaking things up! Promoting equality between men and women within our organization, like in society, requires a critical analysis of the decisions taken and of ourselves. Promoting equality requires courage and it is sometimes necessary to mobilize in spite of the adversity. The Women's Network of the FIQ plays an essential role, because it is an evolution engine of the FIQ and, more broadly, of women's rights.



Here, we understand health care.

HERE, WE UNDERSTAND WOMEN'S HEALTH! A 40th, justifiably proud!

The activists of the FIQ Women's Network have been meeting twice a year since 1990. These meetings are special moments to discuss, reflect and debate together, and this, as both women and healthcare professionals. In fact, the Network activists can attest to the reality of women in the healthcare system as patients and as caregivers. They share their experiences and their expertise with the purpose of carrying on the struggles to advance women's rights and to attain equality between men and women. They know that there is still a lot of work to do!

In this respect, the Women's Network is a type of laboratory where the activists take the time to examine the major issues that affect women in Québec society, on both the provincial and international level. They look at files as important as they are sensitive with a feminist vision; they attack biases, the established order and they question the power relationships as they have been defined historically. Whether it is the right to a free and on demand abortion, the fight against all forms of violence against women, the neoliberal ideology and its austerity policies which always hit women and the less fortunate harder or even the place of women in places of power. The women of the Network contribute to advancing the reflection, in calling things what they are, but above all, in fueling the actions to take for women's rights to evolve.

And if needed, to move things along, the activists of the Network will not hesitate to deconstruct the ways of doing things, the priorities and the orientations in order for the FIQ to evolve in its structure.

The theme proposed for this meeting of the Women's Network is a good example. Talking about gynecologic and obstetric violence, that which is exercised towards women during their lives as women, their pregnancy or at the time of their delivery, by denying the sovereignty that they have over their own bodies and their right to make certain choices is a taboo subject. So, the activists had the opportunity to better understand this phenomenon to identify the power relationships and domination which exist in the healthcare system and to reflect on the ways to re-appropriate their power.

Lastly, this 40th meeting of the FIQ Women's Network was held at a time where the healthcare network is going through major turbulence linked to the new reform imposed by the government. The impacts of this reform on women and on the healthcare professionals are significant. Thus, the future and the pertinence of the FIQ Women's Network is undeniable, its activists still have a lot of work ahead of them, new reflections to carry out and actions to propose.

Régine Laurent, President



Linda Lapointe

Chœur des femmes

It was under the theme “*Chœur des femmes*” (Women’s Chorus) with Régine Laurent, President, and Linda Lapointe, Vice-President and Interim Political Officer for the Status of Women Sector in attendance, that the FIQ Women’s Network celebrated its 40th edition. Meeting on November 2 and 3 at the Estrimont Hotel in Orford, nearly 120 healthcare professionals were able to take a break to reflect on the different issues.

Over the two days, the members of the Network analyzed the consequences of Bill 10 with a union perspective. In addition to exploring the different possible solutions for encouraging the participation of women in the new union structures, they developed collective strategies in solidarity.

Moreover, the activists had the opportunity to adopt a critical position on the gynecologic and obstetric mistreatments which primarily affect women in their private lives.

40th WOMEN’S NETWORK: SUCH A LONG HISTORY

It was with a lot of emotion that I took the floor at the Women’s Network for its 40th edition, after having assumed the responsibility for twenty years.

Through all those years, hundreds and hundreds of activists have committed alongside the members of the Status of Women Committee to work with them for the advancement of women’s rights. Their influence will be felt not only within the Federation, but also in the healthcare network and even in Québec society. The mandate was broad and was structured around three major lines: awareness-raising, mobilization and solidarity.

The Women’s Network is first **a place of feminist reflection.**

The themes are chosen with care taking into account their connection with the sector’s mandates and the members’ concerns. Leadership, workplace violence, shift to ambulatory care, neoliberal politics, so many issues which concern the activists as women, but also as caregivers. Their exchanges were accompanied by speakers chosen for their expertise and for the impact of their intervention in Québec society.

The Women’s Network is also **a place of mobilization** which has helped the activists to participate in far-reaching actions to change things. Responding to the call of the women’s movement, a large number of them participated in the *Bread and Roses March* or that of the *World March of Women*. But these major mobilizations cannot make us forget the involvement of the activists in their institution, whether in the preparation of the activities around March 8 or December 6, or in the work

of consciousness-raising which surrounds a petition that we want to make accessible and significant for the members.

The Women’s Network has built a berth of solidarities with women here and elsewhere. At every meeting of the Network, the activists address the various realities of women: impoverishment of non-unionized workers, genital mutilations, disappearance of young indigenous women, etc. and that translates into a greater openness on the world and in numerous concrete actions.

The dream that the first Status of Women Committee had in proposing the creation of a women’s network to the delegation has been achieved: being able to rely on **feminist** activists, **mobilized** on behalf of equality between women and men and **united** as women here and elsewhere. In this respect, **mission accomplished!**

But times are difficult. Despite significant progress, namely in several organizations including our own, we are seeing an offensive on basic women’s rights around the world and a misogyny that is worrisome. In this context, we must rely on a Women’s Network even more deeply rooted in the organization and on the equally committed activists as in past years so that the Federation can have even more influence on the evolution of the status of women in both the healthcare network and Québec society.

Lucie Girard



Lucie Girard, Union Consultant for the Status of Women when the Women’s Network was set up



Diane Lavallée

THE RIGHTS OF WOMEN, A DAILY STRUGGLE!

During the festive evening marking the 40th edition of the Women's Network, the participants were visited by a surprise guest! Diane Lavallée, 1st president of the FIQ! She was the president when the first Women's Network of the FIQ was set up.

She shared her vision of the Network and the place of women in society with the activists. Here is a short extract which summarizes her vision well:

"The FIQ Women's Network is a powerful collective tool to help women to tame the power and demystify its application, to equip them to better exercise and expand their influence, both in the union field and in the many places of power to invest in in society.

I think that society as a whole would benefit from greater parity of representation on the political level and in the economic area.

How to dispense of 50% of humanity's brains and be assured that all will go better in our societies? Impossible!

The contribution of women is well documented, even on the economic level.

The enterprises with the largest number of women on their boards of directors are among those with the best performance and they progress the best in business.

Political decisions should also involve more women."



At the microphone: 1. Manon Larochelle, President SPSQ, Quebec City 2. Rita Lamothe, Local President, CSSS de la Vieille-Capitale
3. Marie-Josée Forget, President SPSE, Estrie



The women of the Network during the workshop on the Barrette reform.

THE BARRETTE REFORM AND WOMEN

The participants at the Women's Network addressed the consequences of the reform of Gaétan Barrette, Minister of Health and Social Services, on the care and on the healthcare professionals.

WHEN THE BARRETTE REFORM CREATES CHAOS...

The healthcare professionals are in the line of fire and see the most complete disorganization since the minister modified the rules of governance for the healthcare institutions by transforming them into the *centres intégrés de santé et de services sociaux* (CISSS) and *centres intégrés universitaires de santé et de services sociaux* (CIUSSS). These enormous regional structures, where the boards of directors have been revamped and reduced and put under the direct authority of the minister, place the administrators and the caregivers in uncertain situations and permanent tension.

The situation is explosive: workers are accumulating stress related to the workload, concerned about providing safe, quality care while adapting to a new administrative reality, whereas several administrators err by managing labour relations and administering services to the population in a context of budget restrictions.

THE HEALTHCARE PROFESSIONALS ARE MOBILIZING

The participants at the Women's Network were unanimous. In such a context, they reasserted the need to get back to basics for taking action:

Go to the meeting of the members:

- Make visits with the healthcare professionals in order to hear their needs and their stories;

- Inform the members of their rights;
- Propose assistance for those who need it;
- Invite the healthcare professionals to participate in the actions;
- Distribute the tools developed by the FIQ.

Rely on speaking out and on collective action:

- Know everyone's roles, the work environment, the values that guide the actions, as well as the rights of the healthcare professionals;
- Anticipate, pull together, and agree to come out of isolation;
- Meet the employers to both point out the organizational violence and to denounce the malfunctions and the abuses, as well as the shortcomings of the reform;
- Deploy the talking points on the associated issues with the employers and act together to ensure the quality of the services and the respect of the workers' rights.

Encourage the participation of everyone and the development of the expertise:

- Inform and give the training to the activists on the union and professional issues and on speaking out;
- Provide mentorship;
- Facilitate work-family balance by proposing adapted meeting schedules and a daycare for the children during meetings and actions.



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OBSTETRIC VIOLENCE: A TABOO REALITY

H            , researcher in perinatology, specialized in the field of childbirth, presented the results of her research on the issue of the gynaecologic and obstetric mistreatment that women endure.

H            , A PROJECT FOCUSED ON RESPECTING WOMEN

In 2013, the *h            * decided to act on this phenomenon and installed an *Initiative internationale pour la naissance M            * (IMBCI) (International MotherBaby Childbirth Initiative - IMBCO), an approach based on the respect of the physiology of childbirth, women's rights as well as practices based on the non-separation of the mother-baby dyad. Several steps have led to these changes in practice:

- The writing of a document on physiology by a midwife;
- The integration of the stakeholders' assistance in the reflection on the changes to be made;
- The redesign of prenatal classes;
- A multidisciplinary training given on several occasions to the nurses and physicians;
- The creation of measuring devices to verify the respect of the 10 conditions of the IMBCO, namely by a questionnaire for the clientele being discharged from maternity.

Although more and more healthcare professionals and women are denouncing obstetric violence, still many care settings and physicians, even healthcare professionals, are not aware of this phenomenon while the latter can concretely act professionally with the women who are victims of this violence. Thus, it is now possible to complete one's training in order to ensure a greater respect for women's rights. Because we are all concerned with this.

WHAT IS OBSTETRIC VIOLENCE?

"Obstetric violence is ignoring the power and autonomy that women have over their own sexuality, bodies, baby and childbirth experience. It is also ignoring spontaneity, positions, pace and time required for labour in order to progress normally when there is no need for an intervention. It is also not caring about the emotional aspect for the woman and baby during the entire childbirth process." (Sanchez, S. B. 2014)

Physicians like midwives or nurses can be the perpetrators of this type of violence. The effects on the women who are the victims can be significant and are often revealed in the form of post-traumatic stress disorder (PTSD), problems sleeping, a change in health, as well as an increase in complications and mortality during childbirth. It is a major source of suffering for women. For a very long time, the medical practice surrounding childbirth and maternity in all countries was addressed under the

angle of prevention of morbidity and mortality. It is now obvious, in listening to the accounts of women from the four corners of the world, as well as the demands of the activists and researchers for 70 years now, that this approach overrides the respect of women's basic rights during a perinatal period. Therefore, women have to fight to have their rights respected.

The struggle is still likely to be a long one. Unfortunately, the lack of information, the reluctance of the medical fields to reveal the mistreatment, the lack of respect for women and the denial from certain feminist circles have long been an obstacle to research and to the public recognition of the phenomenon. However, stakeholders and healthcare professionals are seeking to correct this situation which has a systemic dimension.



To learn more:

Initiative internationale pour la naissance M             (IMBCI), <http://media.withtank.com/c6e182a88e.pdf>
International MotherBaby Childbirth Initiative - (IMBCO). <http://imbco.weebly.com>
Training <http://naissance-rennaissance.qc.ca/nos-formations/violence-obstetricale/>

MARC ZAFFRAN: “GIVING CARE IS NOT A PICNIC!”

Marc Zaffran is both a general practitioner and an author. As an author, under the pseudonym of Martin Winckler, he has published *Le Choeur des femmes* (2009) and *Les brutes en blanc* (2016). Mr. Zaffran used humour with the Women's Network participants to get to the point. He did it by denouncing the clichés, archaic medical practices and the physicians' power by asking simple questions: what is giving care? Diagnosing? Treating? Preventing? Informing? Educating? Comforting? Supporting? Protecting? One thing is sure, for him, giving care is both simple but requires a lot of humility.

FIRST, DO NO HARM

Giving care is “all that at the same time” he says, but the most important thing is not to “exercise coercion – whether it is in the form of care or a view of the care. Why? Because one of the ethical principles of care is that the patient is always free to accept or to refuse what is being proposed

to him.” Because, if knowledge (the academic knowledge and the learned and transmitted practices) is often associated with power, more specifically to medical power, all caregivers should break away from the belief that the physician, nurse, licensed practical nurse or the respiratory therapist know and consequently decide for the patient. It is because we are first taught to alienate from the care, what is based on the free will and autonomy of the patient. Therefore, he criticized the treatments that are often imposed without having obtained enlightened consent, a principle enshrined in the Nuremberg Code (1947) and the Declaration of Helsinki (1964).

HUMANE QUALITIES

If Marc Zaffran states that giving care seems incompatible with power it is because of the interest that comes into play, which is that of the patient. “To give care, there must be a desire to give care – in other words: that the other will get better after being entrusted to us. Not everyone has this desire. Empathy and altruism are human behaviour characteristics, but not all human beings have them in an identical manner.” If we hide behind the technical dimensions of our professions (the scans, diagnosis, treatments) most of the time, is this not to escape from these feelings that are sometimes complex and painful to assume which causes us to confront our own humanity?



Marc Zaffran

INTERNAL CONFLICTS

Whether it is the prestige of the health professions, the values that everyone has and which are confronted by those of the patients, the power relationships and the hierarchical relationships inherent in every system, and lastly, by the divergent interests, the caregivers must practise taking into account all these tensions which may alienate them from the care and result in losing the gratification, because they are also human beings.

GIVING CARE, NEVER DONE AGAINST, BUT WITH...

Therefore, the principle of equality and the awareness of strong feelings – like the fear of failure, confronting our superiors, our own illnesses – are at the heart of care and consist of unlearning that which “we have learned to do”. But it is also up to the caregiver to advocate for the patient and become his defender, within the meaning of advocacy, and to “support him in his demands, and sometimes express them in his name, at his request, but never in his place.”

To read the presentation of Marc Zaffran:
<http://ecoledeessoignants.blogspot.ca/2016/11/soigner-cest-pas-de-la-tarte.html>

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