

# Why I Chose the SOGC



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I know the Society very well. I was fortunate enough to have been involved right from the beginning of my career, driven by a desire to share my knowledge to improve women's health. I have had the honour of being a speaker and a member of scientific committees, as well as taking part in the development of clinical practice guidelines. I have sat on the SOGC's Board of Directors under the direction of Drs. Lalonde, Senikas, and Blake. I carried out all of these activities with great pride; pride in being able to serve Canadian girls, mothers, and women, in feeling as though I was a guardian of their sexual and reproductive health rights. In this political fight, every victory, no matter the size, is a success.

I saw the SOGC thrive under Dr. Lalonde, who was able to secure industry support for continuous professional development, setting a high bar at international conferences. And I experienced difficult financial years during my term as President of the Board. When the industry stopped funding professional development, the SOGC, like many other organizations, revised its work plans, thanks to Dr. Blake's tenacity. She did an incredible job, and I truly appreciate her dedication.

These experiences reinforced for me how the many health care professionals, volunteers, members of the public, donors, researchers, leaders, and students have helped create and strengthen the core of my feminist drive and my desire to protect women's access to quality care.

COVID-19 made women's lives harder than I ever imagined. I was on the front lines during the first wave as CEO of the *Fédération des médecins spécialistes du Québec*. My organization, despite its strength, was caught by surprise like many others, unable to meet new population needs dictated by an invisible and devastating enemy, regardless of our relentless efforts.

This is when I realized the distress that women were enduring, firstly among my employees during Zoom meetings, sitting at kitchen tables, trying to work with children in their arms, cats and dogs close by, because daycares and schools were closed. I saw patients who were concerned about menstrual irregularities and also consumed with anxiety despite their increased (and troubling) reliance on antidepressants to replace supportive relationships. I watched my nurse colleagues cry as they explained to their spouses that they had to work overtime. I witnessed the unfathomable violence against women that leads to death. One death is one too many! Such fatigue, such distress, such pain and anxiety called me to serve again. And I dutifully answered that call.

I arrived at the SOGC amid of the chaos of the fifth wave, to an office under renovation. I met with my team remotely and learned that telework had been mandated once more. Above all, I discovered the true essence of the SOGC, a team of agile, engaged, and dedicated professionals who are ready to do whatever it takes to serve members and ensure better care for women. Having spent time with the teams, I am ready to lead this wonderful organization in carrying out its strategic plan.

We need to acknowledge our differences to strengthen our teams through respectful, open, and effective communication. We must determine how to help our obstetrician-gynaecologists see themselves in their Society by listening to their needs, which have evolved significantly during the pandemic. We must reassess time and time again to ensure quality care while our health care system is collapsing. The

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fact of the matter is that we can no longer treat or teach in the future as we had in the past. We have to take stock of our policies and procedures and stop worrying about changing our decisions when they are no longer in line with scientific evidence or the principles of safe care because of a lack of human, technical, or surgical resources. Everyone must play their part, respect each other's skills, and work together with colleagues, but especially with patients and their loved ones, all of whom are partners in the care we provide.

Innovation is no longer just a management trend; it is now a means of survival. We have to stop doing what is unnecessary, and we should not be afraid to take a step back for a better leap forward. The SOGC team has demonstrated great flexibility throughout the pandemic by immediately redirecting their attention to ensuring that we remain focused on science and evidence to guide us.

We have to quickly regain control of our projects between each wave: modernize our governance, encourage tertiary care specialists to re-assume vanguard positions within the SOGC, and increase teaching and research activities in collaboration with academic department chairs.

COVID-19 has demonstrated that not only do we have to learn throughout our professional life but also that we have the capability for such learning. As an example, we were among the first health professional organizations to take a position and recommend vaccinations to protect pregnant women and their babies against COVID-19. The science is evolving at a staggering rate, so we must build on our achievements in andragogy and reach out to our colleagues to convince them that throughout our professional lives we must update our knowledge and skills by any means possible. Our current situation is unique: We must constantly be on the

lookout for challenging clinical emergencies that we might encounter only once or twice in our lives, but which may carry a high risk for major complications for patients.

Tomorrow's obstetrician-gynaecologists must learn to never go through these situations alone. In this regard, we must encourage each province and territory to develop effective and efficient service delivery models with support teams. We need to better accommodate and support junior colleagues in early practice to prevent them from ending their surgical careers following a series of difficult cases. Despite the advent of artificial intelligence, few concrete tools have been adopted in our specialty since the telephone was invented. This has to change, and we can start by sharing our data and measuring our outcomes. Additionally, it is astonishing that in 2022 Quebec continues to hide its performance indicators from the rest of Canada.

The SOGC has some wonderful projects underway to share our knowledge and enhance the quality of care. We need to discuss these matters with you, our dear obstetrician-gynaecologist and affiliate members, to reassess our priorities. Let's do less, but do it better, and assess the results now.

I accepted this position with humility and great pride, as it ignites three of my passions: advocating for women's rights, health care leadership and administration, and politics.

Restoring joy to the practice of providing quality care and rediscovering supportive relationships are great cures for burn out. Everything is possible... but I never said it would be easy.

We can do it together, one day at a time.