



WHAT'S HAPPENING IN

AMWA

Physician-
Assisted
Suicide Survey

Volume XVII, Number 3/April-May 1997

Woman Thing Music Label is Latest Outrage by Tobacco Company

Philip Morris has come up with a new way to promote smoking to women and girls. This spring, the company will launch the music label "Woman Thing Music," using the Virginia Slims' advertising slogan "It's a Woman Thing." Martha Byrne, a television soap opera star who portrays the character Lily on CBS' "As the World Turns" will be featured on the first music CD. Interestingly, "Woman Thing Music" CDs will not be sold in music or electronics stores. Instead they will be available in supermarkets, convenience stores, and other retail outlets where cigarettes are sold, because the CDs will only be sold with cigarettes. (The music CD will be sold with two packs of Virginia Slims cigarettes for about \$5).

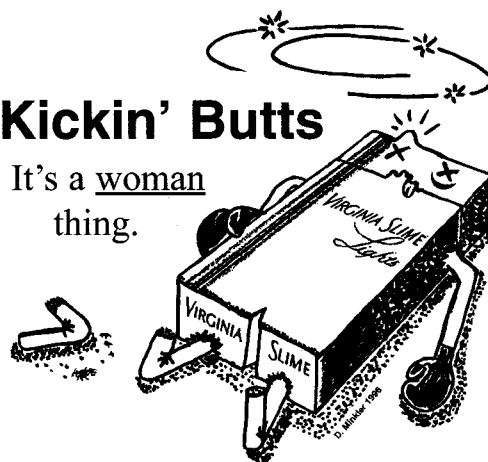
To further promote the new label and its first recording artist, Philip Morris is sending Ms. Byrne on a 10-city concert tour. In each city, local female artists and woman-led bands will audition to perform with Ms. Byrne when she appears. The tour cities and dates are St. Louis 2/20-3/21; New Orleans 2/20-3/22; Atlanta 3/6-4/4; Birmingham 3/6-4/5; Chicago 3/20-4/18; Detroit 3/20-4/19; Baltimore 4/3-5/3; Charlotte 4/3-5/3; Dallas 4/10-5/10; New York 4/17-5/17.

Philip Morris says that "Woman Thing Music" is a new program created by Virginia Slims to promote the careers of emerging female musicians. Ms. Byrne, a non-smoker, also appears to have no qualms about the project. In media interviews, she has said that Philip Morris is "helping me 100 times more than I might be helping them...the goal of the label is to bring women into a positive light, period."

Tobacco control and women's health groups do not agree. Says Michele Bloch, MD, PhD, an AMWA tobacco-control advocate, "Like all tobacco industry efforts, 'Woman Thing Music' has one goal—promoting smoking. Targeted promotions aimed at women and girls are simply unacceptable." Patricia Sosa of the National Center for Tobacco-Free Kids says, "The new promotion is especially outrageous because of its timing. Youth smoking is at a 17-year high, and the FDA rule on youth and smoking has just begun."

Kickin' Butts

It's a woman
thing.



TOBACCO INDUSTRY BEWARE:

Sisterhood is powerful. Targeting women may be hazardous to your health.

In 1996, AMWA designed a poster based on the above to counter the targeting of women and girls by the tobacco industry. The posters are available to AMWA members through the National Office.

Exposing and opposing the new targeted promotion is one of AMWA's top priorities. AMWA, together with the American Cancer Society, the National Women's Law Center, the National Center for Tobacco-Free Kids, and other health and women's groups, is actively working to counteract the tour and music promotion. Efforts are focused on the 10 cities on the promotional tour and at the national level. For example, in New York City, AMWA is one of many groups sponsoring taxi cab ads that parody the Virginia Slims ads with an ad featuring a prematurely-aged woman smoker with the tagline "Virginia Slime...It's a Cancer Thing."

If you live in 1 of the 10 cities on the promotional tour, your assistance in writing letters, talking with the media, and participating in counter efforts is crucial. Please contact Liz Pejeau (lpejeau@amwa-doc.org) or Bonnie Bajaj (bbajaj@amwa-doc.org) at the National Office for information on how you can get involved.

PRESIDENT'S MESSAGE

AMWA's New Vision and Mission

Debra R. Judelson, MD



AMWA's leadership dedicated its January 1997 President's Retreat to an indepth revision of our Strategic Plan in order to develop a common focus that would enhance our ability to continue to develop as a viable organization. Our first challenge is how we view our organization: Where is AMWA now? What are the major trends that will impact the future of our profession and AMWA? Why will AMWA exist in the year 2000? How will AMWA move forward?

To answer these vital questions, we developed our first-ever Vision Statement. This is a description of why we exist in terms of the impact our association will have on the "greater community" around us. In crafting this statement, we examined the major trends in medicine and their connecting threads: economic concerns, patient values, education, leadership, physicians' roles, regulation, and global impact. Each provided a unique set of needs and opportunities for AMWA. We wanted our Vision Statement to reach beyond the obvious dual concern of "women doctors" and "women patients" in order to encompass and describe ourselves as these trends in medicine change our very lives. We believe that our vision statement defines the difference we make as a result of being in existence.

AMWA's Vision Statement: *The American Medical Women's Association empowers women to lead in improving health for all within a model that reflects the unique perspective of women.*

Once we had our vision statement, we then reexamined our Mission Statement. This defines who we serve and explains our primary purpose. We identified our "customers": primary (current and potential regular members), secondary (other women professionals and healthcare providers, MWIA and associate members), and external (patients, policymakers, other leaders/decisionmakers, and companies). We identified organizational resources that could be allocated for each group. This enabled us to create a blueprint for our organizational goals.

AMWA's Mission Statement: *The American Medical Women's Association is an organization which functions at the local, national, and international levels to advance women in medicine and improve women's health. We achieve this mission*

by providing and developing leadership, advocacy, education, expertise and mentoring, and strategic alliances.

Each of these five strategic intents can be used to create goals for AMWA. How we will create action plans and move AMWA forward will be discussed in the next newsletter. In the meantime, spend some time reviewing these statements and think about how each can be applied to the areas in AMWA that are of importance to you!

AMWA Members Support Clinics in the U.S. and Abroad

Since 1917, AMWA's American Women's Hospitals Service has supported clinics in the U.S. and abroad. "The pioneering is never finished; the poor are always with us and always need help," says Roberta G. Rubin, MD, Chair of AWHs.

Funded entirely through voluntary contributions mainly from AMWA members, AWHs regularly supports three clinics in the U.S. and one in Haiti, as well as the special needs and projects of other clinics here and abroad. AWHs added yet another clinic in March to those which it regularly supports: Bread for the City and Zacchaeus Free Medical Clinic (*see photo below*) in Washington, D.C., which provides medical care, social services, food, clothing, and legal services to more than 7,000 low-income D.C. residents each month. Dr. Rubin commented, "A typical tourist to the District of Columbia sees a city in a vortex of wealth and power; yet in this same city there is another world where poverty runs rampant and children go to bed hungry." Dr. Rubin added that "AWHS and AMWA fully support what we consider the ideal combination of professional expertise and volunteerism with a common vision: serving the poor with dignity and respect." If you are interested in contributing to AWHs, please contact Marie Glanz at the National Office.



GRANT PROJECT UPDATE

Coronary Heart Disease in Women on Target

The goal for Year Three of the Education Project on Coronary Heart Disease in Women is in sight. AMWA's Master Faculty have completed 196 workshops for physicians, other medical personnel, and lay audiences over the past 3 years, with another 7 workshops scheduled over the next 3 months. To date, workshops have been held in 36 states and Canada—increasing the visibility of AMWA and its physician members and improving the skills of health care professionals in the area of coronary heart disease in women.

AMWA would like to thank all who have helped make this project a success—both Master Faculty and those AMWA members who either hosted a workshop or provided information on the program to others.

For those of you who may have missed the project's workshop at the 81st Annual Meeting, the workshop will be provided at AMWA's 82nd Annual Meeting in Chicago in November and at the upcoming annual meeting of the American Academy of Family Physicians in San Antonio.

RHI Educational Electives Scheduled!

AMWA is pleased to announce that the final version of the Fourth-Year Elective Curriculum in Reproductive Health has arrived from the printer. This seven-module, 1,000-page curriculum is available at no charge to any medical school which implements the elective. Copies are also available to AMWA members for \$125 and to non-members for \$175.

The 1997 Reproductive Health Initiative (RHI) Fourth-Year Elective is currently scheduled to be conducted at the following schools in the months listed: Emory, March; Emory and Tulane, April; Columbia, July; Brown, September; and Arizona, October.

In order to improve the state of reproductive health education in the Nation's medical schools, we need your assistance in identifying schools that might want to implement the elective. Please contact RHI Project Manager, Janie Darby, at the National Office with your suggestions and input (jdarby@amwa-doc.org; 703-838-0500).

Students interested in taking the elective and/or implementing the initiative at their school should contact Bonnie Bajaj, RHI Intern, at the National Office (bbajaj@amwa-doc.org).

Interns Needed!

AMWA is currently seeking summer interns in the areas of reproductive health (bbajaj@amwa-doc.org), government relations and public affairs (aprit@amwa-doc.org), and tobacco control and prevention (lpejeau@amwa-doc.org).

FDA Rule on Tobacco Moves Forward

AMWA members can be proud of the association's involvement in preventing youth from starting smoking and advocating for the Food and Drug Administration (FDA) rule, aimed at reducing the number of youth who start smoking by half over a 7-year period. Last summer, when Clinton announced the new FDA rule, AMWA was there in the Rose Garden and lobbied legislators on Capitol Hill to support the rule. This February when the first phase of the FDA rule went into effect, AMWA was there again!

On February 28, 1997, the FDA rule requiring retailers to ask for ID for those under 27 years of age went into effect to prevent the sale of tobacco to minors. On August 28, cigarette vending machine, promotional give-aways, and many forms of tobacco advertising and sponsorship will be banned.

AMWA applauds these efforts but recognizes more work is needed. The FDA rule is currently under attack in the courts and in Congress. AMWA's Government Relations Department urges AMWA members to:

- * Write your state's attorney general to urge enforcement of the FDA rule in your state.
- * Contact your legislators to ask their support for the rule and to oppose congressional efforts to undermine it.
- * Participate in AMWA's Lobby Day scheduled for June 30 and talk to your legislators about this and other key public health issues.
- * Call the FDA "Hotline" (1-888-FDA-4KIDS) to report retailers who violate the law by selling cigarettes to children.
- * Contact AMWA's Government Relations department for assistance (aprit@amwa-doc.org).

Smoking Cessation Training Available

AMWA's multipronged approach to tobacco control and prevention also includes educating physicians on smoking cessation—an effort made possible by the generous support of the Robert Wood Johnson Foundation. If you are interested in participating in this exciting master faculty training program, please contact Liz Pejeau in AMWA's National Office.

BULLETIN BOARD

News from Cyberspace!

Angela R.C. Tiberio, MD, atiberio@aol.com

Greetings once again. Things are busier than ever in the world of computer technology with changes occurring almost as rapidly as the changes we are seeing in medicine these days. The Annual Meeting in Boston was a smashing success with the debut of the first annual Computer Resource Room. The Task Force also provided several workshops on computer technology, and we are planning even more offerings for this year's meeting in Chicago. We are committed to helping all AMWA members develop the computer skills that will aid in whatever roles you play in your professional and personal lives.

As a means of assessing members' computer literacy and educational needs, a survey was included in the newsletter several months ago. I would like to extend thanks to all of you who took the time to respond. Here is what we learned:

Out of a total of 80 returned surveys, 90% of respondents indicated they owned computers, with the majority owning IBM-compatible systems. Almost 60% of respondents reported using their computers at both home and work, 38% at home only, and 4% at work only. Among those that did not own a computer, most said they planned to buy one within the next year.

Regarding computer use, the top five current uses were: word processing, email, internet access, databases, and presentation development. Among those planning on purchasing a computer, 86% reported that they would use a computer for CME/education, email, internet access, and database development.

Among those who own computers, more than 60% report accessing the Internet on a regular basis; average usage was 2.5 hours a week. The most commonly used Internet Service Providers were commercial, e.g., AOL, CompuServe, POL, Prodigy, etc. Only 20% used a direct or local ISP, and 15% said they had Internet access through the workplace or their university. Of those who access the Internet, the top three uses were research, games/leisure, and newsgroups.

Among the topics that respondents said they would like to see on the AMWA website were the following:

- National Meeting Information - 76%
- Leadership Lists - 39%
- CME Material - 74%
- National Office Staff - 37%
- Legislative Alerts - 72%
- AMWA Products - 37%
- Branch Information - 57%
- Members-Only Information Areas - 35%

- Position Papers - 50%
- JAMWA/Newsletters - 46%
- Job Opportunities, Links to Individual Members' Websites, Women's Health Research, Mentorship Articles - 1 % each
- Members Only Chat Rooms - 43%

Respondents also made recommendations regarding future projects for the Task Force, which included:

- Electronic Membership Directory - 59%
- Identification of Local Computer "Helpers" - 40%
- Assistance with Buying a Computer - 34%
- Provision of Educational Workshops - 30%
- Obtaining Software Discounts for members - 1%
- Assistance with specific software applications - 48%

Thanks again to everyone who sent in their surveys. The information you provided will help direct the services of this task force and other committees within AMWA. If you have suggestions regarding how this task force might help you, please contact me at atiberio@aol.com or FAX: 616-682-0263. In the next newsletter I'll tell you about how YOU may be on the World Wide Web and not even know it!

Mentoring: Two Sides of the Coin

AMWA recognizes the network of female support that keeps women medical students afloat with the Janet M. Glasgow Essay Award. This award is presented for the best essay about a woman physician who has been an outstanding role model. The 1996 winner was Mindy Kim-Miller, medical student at the University of Wisconsin Medical School. A Special Recognition Award was given to Sayantani Dasgupta, a medical student at Johns Hopkins University School of Medicine. Her essay focused on the position we as women and as women physicians take as mentors and addressed issues related to the very essence of mentoring and our responsibilities as mentors. Excerpts from both will be included in the next newsletter.

The 1997 Janet M. Glasgow Essay competition deadline is May 31. Send your typed, doubled-spaced essays of 1,000 words to Marie Glanz at the National Office. The Carroll L. Birch Award competition deadline is June 30. This award is given for the best original research paper by an AMWA student member. Papers for consideration for the Birch Award should also be sent to Marie Glanz at the National Office. For more information on either award, please call or email her at 703-838-0500; mglanz@amwa-doc.org.

Physician-Assisted Suicide: Opinion Survey of AMWA Membership

On behalf of AMWA's Committee on Medical Ethics, we would like to request that you take a few moments to complete the following survey. In responding to each question, please assume you are the primary physician for the patient in the situations being discussed. Check your response for each of the situations presented. If you have no opinion, please indicate the neutral response.

1. It is ethical to provide palliative care measures to alleviate pain even if the patient's death is a possible side effect of the treatment (currently legal).
2. It is ethical for physicians to withdraw life-sustaining measures as requested by a patient, thereby allowing the patient to die a natural death as a result of his/her underlying illness (currently legal).
3. It is ethical for a physician to provide a patient with, but not administer, a lethal dose of medication and/or medical knowledge, so that the patient can, without further assistance, end his/her life (this is considered physician-assisted suicide and is currently illegal).
4. It is ethical for a physician to administer directly a lethal dose of medication to a patient who is terminally ill with the purpose of ending the patient's life, even if the patient consents to it (this is considered euthanasia and is currently illegal).
5. It is ethical for a physician to administer directly a lethal dose of medication to a patient who is not terminally ill with the purpose of ending the patient's life, even if the patient consents to it (this is considered euthanasia and is currently illegal).

Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree

Please consider the following statements as expressions of opinion, and indicate your level of agreement or disagreement.

6. It is ethical for a terminally ill patient to hasten what might otherwise be a protracted, undignified, and extremely painful death.
7. The appropriate use of advance directives, palliative care, and hospice services would obviate the need for physician-assisted suicide.
8. Advance directives should include an expression of the individual's opinion on assisted suicide or euthanasia should they become incompetent.
9. If mentally competent, terminally ill persons can essentially commit suicide by refusing life-sustaining treatment, then mentally competent, terminally ill persons whose treatment does not include life support should be able to commit suicide by requesting appropriate medication to terminate life in the final stages of terminal illness.
10. The state's interest in preserving the life of its citizens includes its interest in preventing suicide.
11. A mentally competent person has the right to commit suicide, and a constitutional right to do so should be guaranteed.
12. Anyone who wants to commit suicide is not mentally competent.
13. The attempt to commit suicide is viewed as reflecting mental illness. Psychiatric consultation should be mandatory in all patients seeking physician-assisted suicide.
14. Legalizing physician-assisted suicide will tarnish our reputation as a profession of healers.
15. Legalizing physician-assisted suicide will inspire the public's confidence that we may be of assistance even in the most difficult end-of-life decisions.

16. Physicians should be obliged to assist in a suicide if their patient requests such assistance, or transfer the patient's care over to another physician who will provide such assistance.

17. A physician should have the right to extricate herself/himself from any involvement in physician-assisted suicide, including not making a referral or transfer of care for a patient who requests assisted suicide.

18. If physicians can assist at suicide, they should be assisting at capital punishment.

19. Decriminalizing physician-assisted suicide is distinct from regulating it.

19a. It is too difficult to regulate.

19b. Regulation of physician-assisted suicide is difficult but possible.
Judicious regulations should be constructed for patients whose situations truly merit it.

19c. It is not difficult to regulate.

20. Vulnerable populations such as the disabled, the poor, the elderly, as well as women, will not be adequately protected by regulatory laws for physician-assisted suicide.

21. The mentally impaired should not be allowed the option of physician-assisted suicide because they cannot give consent.

22. If physician-assisted suicide were legal, the poor, the elderly and the disabled would feel undue pressure to end their lives.

23. If terminally ill patients can have assisted suicide, all patients should be able to obtain it.

24. If it were legal for physicians to assist at suicide, other persons (non-physicians) should also be able to assist at suicide.

25. I value the ability to determine the time and manner of my own death and thereby die a dignified death.

26. I value the ability to die a dignified death myself and am satisfied that this option is safeguarded for me without further need to legalize physician-assisted suicide.

[illegible]

Please feel free to share your opinions in the following open-ended questions:

27. "Physicians are already assisting patients in suicide," I believe the current situation is:

28. "If physician-assisted suicide were legalized," what do you feel would happen?

We greatly appreciate your time and attention to this questionnaire. Your responses will be invaluable in the shaping of AMWA future policy on this and other critical issues. Please return the completed survey to: Survey, AMWA National Office, 801 N. Fairfax St., Suite 400, Alexandria, VA 22314; fax: 703-549-3864; email: aprit@amwa-doc.org.

STUDENT SENATE

What's Happening with Students?!?

Arielle Stanford, National Student Coordinator
stanfora@medicine.wustl.edu

Last month, the RSCs and NSCs participated in a conference call to discuss activities being sponsored by local student AMWA chapters. Many exciting and innovative programs are taking place across the country, including the following:

Former Surgeon General Jocelyn Elders, MD, spoke at Yale University. At the University of Miami, eight students will present on women's health at the NOW national convention. Regions 1, 3, and 6 are in various stages of planning regional conferences. At the University of Wisconsin, junior high school girls were brought into the medical center to learn more about the medical profession in a "bring your daughters to work" effort. Mayo and the University of Minnesota are co-sponsoring a celebration of the *Roe v. Wade* anniversary by showing the 3rd installment of "The Fragile Promise of Choice." The University of Missouri held a Healthy Babies/Healthy Moms program that paired members with expectant mothers. Washington University held a week-long diversity conference in January. At UC Irvine, the AMWA chapter is co-sponsoring (with Medical Students for Choice) a showing of "The Fragile Promise of Choice," a pro-choice/pro-life debate, and is working to set up a reproductive health elective.

If you want to find out how these schools planned and conducted their programs, we encourage you to contact them. Many resources are available to chapter presidents for similar programs. Contact your Regional Student Coordinator (there now is a Region 8 RSC) or local physician branch president (through the National Office). Branch presidents should sign up on the list serve—a source of current opportunities for medical students and a way to share ideas and brainstorm with other branch presidents. Be sure to keep your RSC informed about the exciting programs going on at your school.

AMWA Local Branch Development

Susan Sklar, MD
Chair, Branch Development Task Force

Local branch development remains an AMWA priority. Following is a list of several services AMWA's National Office provides to assist Branch Presidents with local branch development:

Resources

Contact AMWA for information regarding programing, fundraising, and membership development. Utilize AMWA's master faculty training programs.

If you or your branch members are in search of information or resources related to women's health and/or professional development, contact the Member Services Department.

Meeting Handouts

Contact National AMWA for membership applications, product order forms, position papers, general AMWA services and information, and much more.

Interested in selling AMWA's *Women's Complete Healthbook*, books from the paperback series, or the Developing a Child Care Program manual at your next meeting? Simply contact AMWA's Membership Services Department.

Branch Mailing Labels & List Generation

Contact National AMWA if you need an updated listing of your branch members. If you are conducting a branch mailing, contact us for your branch mailing labels. Please allow at least 10 days for your list request to be processed.

New Member Recruitment

Work with National AMWA to recruit new members. Forward the names and addresses of non-members in your area to the Membership Services Department, which will send each a personal letter from you inviting them to join AMWA along with a membership application and benefits card.

In addition to enlisting a new AMWA member in your area, you will earn credit toward this year's Member-Get-A-Member Campaign!

Branch Meetings & Activities Promotion

Let AMWA help promote your meetings, programs, and activities. Simply forward program information/details to the National Office. AMWA will list your meeting in the newsletter as well as post it on the web site.

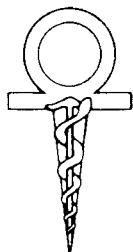
Branch Presidents' Mailings

AMWA physician Branch Presidents receive monthly mailings from the National Office highlighting current programs and projects of the Association. You too can communicate your branch's local activities to your Branch President colleagues. This is great way to share information with the Branch Presidents and ultimately their members.

For more information, please contact Christine Fiorini in the Membership Services Department at (703) 838-0500; cfiorini@amwa-doc.org.

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Interim Meeting Program Set

Mark your calendars for the Interim Meeting to be held on June 27-29, 1997, at the Washington Court Hotel in Washington, DC. This year's Sunday program will focus on "Controversies in the Patient-Physician Relationship." Some of the controversies under consideration include:

- Choice Revisited: New Reproductive Technologies and Challenges in Adoption Practice
- The Endurance of Choice: What Death Means to Us
- Refusal of Appropriate Care: Dealing with Patient and Family Requests
- Managed Care: Protocols, Patients, and Us
- Physicians Coping with Controversy

The 3-day meeting will include board of directors' and committee meetings on Friday and Saturday. Lobby Day is set for Monday, June 30. If you would like AMWA to set up an appointment with your legislators, please contact the Government Relations Department at the National Office, aprit@amwa-doc.org, 703-838-0500.

More information on the 1997 Interim Meeting will be mailed to you shortly. If you have questions, please contact Gwen Miller, AMWA Meeting Consultant, at the National Office, gmliller@amwa-doc.org.

Annual Meeting Reminder: AMWA's Annual Meeting, "Women Empowering Women: The Female Face of Medicine," will take place November 4-9, 1997, at the Fairmont Hotel in Chicago, IL. More details will be provided in the next newsletter.

(l. to r.) AMWA VP, Membership, and AMWA spokesperson Donnica Moore, MD, and AMWA Executive Director Eileen McGrath, JD, in New York City at the Life Without Limits press event sponsored by Uromed. More details will be provided in the next newsletter.

