

Establishing a Well Woman Clinic in Yarmouth, Nova Scotia

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ABSTRACT/RESUME

Il n'y a pas de système de soins de santé; il n'y a qu'un système de soins aux malades. De fait, il n'y a pas de définition de la santé. Il semblerait que la santé soit le résidu causé par l'absence de la maladie. Il n'y a pas si longtemps, la maladie était causée par des agents extérieurs, des bactéries ou virus, qui attaquaient le corps. Aujourd'hui, les maladies sont le résultat d'un excédent de stress, d'une mauvaise consommation d'aliments, d'alcool ou de médicaments et d'un environnement malsain. En d'autres mots, la maladie moderne est causée par l'homme et son mode de vie.

Le soi-disant système de soins de santé ne pourvoit pas à tous les besoins. Ce système connaît des lacunes. Cet exposé décrit les efforts des femmes d'une communauté rurale de Yarmouth, en Nouvelle-Ecosse. Ayant identifié, en commun, leurs besoins et les ressources dont elles disposaient, ces femmes ont offert des services qui ont comblé les lacunes du système. Des femmes professionnelles et non professionnelles ont travaillé ensemble dans une clinique pour fournir des services à des femmes qui résidaient dans un rayon de 90 milles de cette clinique.

Les femmes avaient identifié un besoin d'en savoir plus long sur la sexualité

et sur le dépistage du cancer. Les infirmières et les femmes médecins font le dépistage du cancer. Une équipe, composée d'un homme et d'une femme, dirige des groupes de discussion sur la sexualité humaine auxquels participent tant des écoliers (à partir de la sixième année scolaire) que des grands-parents.

Des recherches sont en cours pour évaluer les effets de ces services dans la communauté. La question est à savoir si ces services ont eu un effet marqué sur cette communauté.

"There has been no sustained or firm effort in Canada to develop an explicit and operational definition of health." (Badgley 1978) How, then, is it possible to have "health care" without a definition of "health?"

The growth of Well Woman Clinics, Women's Health Collectives and Family Health Clinics, sponsored by community groups and staffed by volunteers, is active condemnation of the traditional health care service. In fact, we do not have a health care system: we have a disease care system. The money in the swollen health budget is spent on highly specialized medical and support staff and highly sophisticated technical equipment. By contrast, only small amounts of money are available for maintaining individual health

or a healthy environment. High status and salary, interest and excitement surround heroic treatment, medical teaching and research. Health teaching and counselling, which are aimed at disease prevention, take a lowly second place.

Part of the problem is related to the institutional failure to respond to changing conditions. One hundred years ago cholera, smallpox and scarlet fever daily threatened human survival, but infectious agents are no longer the major cause of illness. We are now afflicted with stress related diseases, accidents and self-destructive lifestyles exemplified by the abuse of alcohol, drugs and tobacco. In view of this radical shift in the disease load, should we not put more emphasis on ways to modify these counter-productive lifestyles, to promote and maintain health?

Traditionally, the woman has been the gatekeeper to the family's health. It was the wife and mother who saw to it that her husband and children received the health care which she felt that they required. In recent years, women have even begun to care for their own health! Thus, it is not surprising that the grass roots movement for change in the health care system should come from women. The battle will not be easy. The health care system is now the nation's largest employer and that means there are many persons to resist and fight change.

While the woman is still often the gatekeeper to the family's health, the medical doctor is the gatekeeper to medical care. Most medical doctors are men. More women than men are seen in doctors' offices but hospital beds are taken up by almost equal numbers of men and women. Many women have described negative experiences in seeking help from medical practitioners. Often, women want information not treatment. For example, women object to being given hormones and tranquilizers along with the comment, "It's your age!" Women want information in order to stay well and healthy. Information and knowledge give power.

The purpose of this paper is to describe how women in Yarmouth, Nova Scotia, are dealing with the problem of health care. In 1975--International Women's Year--groups of women discussed health care. During these discussions, they identified gaps in the care available to them. Led by three registered nurses, a group of about 500 women formed the Well Woman and Health Awareness Association.

The year 1976 was spent in identifying gaps or needs and in planning services. Areas of concern included female hormones, childrearing, sexuality, breast feeding and menopause; as well as cancer screening for well women. Some needs were quickly met by information; for example, information about social services. Others required more in-depth counselling and treatment. In

January, 1977, the Well Woman and Health Awareness Clinic opened with 12 services available by appointment. We do not have a Women's Health Collective and do not use the "drop-in" approach.

What follows is a brief discussion of the services which have continued for 18 months.

1. Health screening for well women by female physicians and registered nurses:

Each woman is given one hour of time, half an hour with a nurse and half an hour with a physician. The nurse takes a history and a blood pressure reading, does a urine test for sugar and a haemoglobin test. The woman is given the opportunity to ask questions or just to talk. The physician does a breast and pelvic examination. The nurse and physician both engage in health teaching. This service is so popular that it is usually booked six weeks in advance.

The general public is well educated in the relationship between breast lumps and cancer. However, few women realize that about 95% of breast lumps are cysts, and also that as we age our breast tissue tends to get ropy and lumpy. Furthermore, the clinic physicians say that they cannot always be sure if they are feeling a cyst or not. Referral to a specialist results in an interval of tension and worry

for the well woman. In view of this situation, one of the clinic physicians recently suggested that it would be better to have a breast examination clinic where women would be initially examined by a surgeon.

2. Sex education:

Different sessions are offered to adults and to children. Each group is led by a man and a woman; males and females participate in groups together. The Well Woman and Health Awareness Clinic was approached by the Chairman of the School Board and asked to give sex education in the school system. This was done for one school year in order to develop a course content and also to offer a model to the school teachers who felt uncomfortable about teaching the topic to school children. A man and woman team taught sex education classes to boys and girls beginning at grade six.

3. Breast feeding classes:

These are coordinated by a nurse and led by women in the community who have successfully breast fed. These sessions provide information and support to the pregnant woman and develop contacts with experienced mothers who are willing to help new mothers after they come home from the hospital.

4. Family planning:

Information and counselling sessions

are available for individuals and/or groups on request. This is a busy area which needs no detailed description.

5. Orientation to hospital for young children:

This service is used by families with a child to be hospitalized and also by teachers who want to acquaint their nursery and kindergarten children with hospitals. During orientation, the child has a chance to visit the pediatric ward, x-ray and laboratory units and to meet the personnel. The child also visits the kitchen so that (s)he will know where the next meal is coming from and be reassured that it will come. The nurse discusses with the parents the short and long range goals for the child's recovery.

6. Other services such as individual nutritional counselling and normal childrearing are available on demand.

Great importance is attached to avoiding duplication of services. The clinic planners check with Social Services, Public Health, hospital or other agencies to ensure that the requested service is not already available. Services offered at the clinic are given by professional people--physicians, nurses, social workers, dietitians. Lay people get together for discussion; for example, the menopause group, but each group has a nurse coordinator. The menopause

group has resulted in a national study. Data have been collected. We await funds to continue to produce a written document.

The Well Woman and Health Awareness Clinic is funded through government grants and local fund raising efforts. Sixty volunteers, both lay and professional, give periods of their time and talent to the women who seek health at the clinic.

Our objective for the coming year is to evaluate the services which we have provided at the clinic. Criteria for judgment will incorporate the definition of health which women (and men) hold. It is important to discover what difference the clinic has made in the community and whether the levels of health awareness, of information and understanding, have changed. Perhaps the most important task will be the definition of health and the delineation of what individuals consider essential for maintaining a zest for life and good health.