

## **Professional Leadership Strategies and Barriers in Canada**

### **Kira Antinuk**

**Abstract** Historically, Canadian grassroots movements that were initiated to address the issue of forced genital cutting faced and continue to face significant resistance. This presentation will explore Canadian professional leadership as a potential model for use in other countries. The Children's Health & Human Rights Partnership will be introduced and its challenges and successes in professional education and advocacy will be discussed. This organization, formed in 2012 by a multidisciplinary team of healthcare professionals and human rights advocates, is Canada's only registered not-for-profit organization dedicated to protecting male, female, and intersex children from forced non-therapeutic genital cutting.

### **Introduction**

Canada has a long history of acting with leadership and courage to ensure that human rights are safeguarded. John Peters Humphrey, a Canadian legal scholar, was the principal drafter of what became the Universal Declaration of Human Rights, which was adopted by Canada in 1948.

In 1975, the Canadian Paediatric Society issued a position statement entitled Circumcision in the Newborn Period. This statement advised that "there is no medical indication for circumcision during the neonatal period" and described neonatal circumcision as "a mutilative operation of questionable benefit."

The Canadian Charter of Rights and Freedoms was enacted by Canada in 1982.

**7.** Everyone has the right to life, liberty and security of the person and the right not to be deprived thereof except in accordance with the principles of fundamental justice.

**15.** (1) Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age, or mental or physical disability.

In 1984, British Columbia became the first province in Canada to discontinue insurance coverage for male infant circumcision. By 2005, infant circumcision was de-insured in all provinces and territories.

In December of 1991, Canada became a signatory to the United Nations Convention on the Rights of the Child. Canada played an instrumental role in drafting and promoting this document.

In 1995, circumcision of male babies was condemned by the province's registered nurses at their annual convention in Vancouver. Before being passed, the resolution was amended to include males and females. The phrase "routine infant male circumcision" was replaced with "non-therapeutic circumcision."

In 1996, the Canadian Paediatric Society issued a new position statement on neonatal circumcision, recommending that the surgery "should not be routinely performed."

In 2001, a newly founded organization called the Association for Genital Integrity sought public funding for a legal challenge against infant male circumcision. The requested funding was not granted and in spite of the organization's work to appeal this decision, the funding for this program was discontinued in 2006. The AGI is no longer active, though the site remains available in archived form.

In 2008, the Canadian Nurses Association explicitly recognized male circumcision as a valid issue to take a conscientious objector position towards in their Code of Ethics for Registered Nurses.

And finally, in 2009, the British Columbia College of Physicians and Surgeons made the following statement:

“Current understanding of the benefits, risks and potential harm of this procedure, however, no longer supports this practice for prophylactic health benefit. Routine infant male circumcision performed on a healthy infant is now considered a non-therapeutic and medically unnecessary intervention. Parental preference alone does not justify a non-therapeutic procedure.

Under the Canadian Charter of Rights and Freedoms and the United Nations Universal Declaration of Human Rights, an infant has rights that include security of person, life, freedom and bodily integrity. Routine infant male circumcision is an unnecessary and irreversible procedure. This procedure should be delayed to a later date when the child can make his own informed decision.”

Canadians continue to cut the genitals of their children although the rate, which varies provincially, is lower than that of the United States.

In 2012, the Children's Health & Human Rights Partnership, or CHHRP for short, was formed. CHHRP is Canada's only registered Not-For-Profit organization addressing the complex issue of forced genital cutting as an interprofessional partnership.

The people behind CHHRP are:

**Dr. Christopher Guest**, our Medical Director, who is seen in "Circumcision: The Whole Story", which is available on YouTube or DVD. He is the Chief of Radiology at the Royal Victoria Regional Hospital in Barrie, ON. Dr. Guest has been opposed to non-therapeutic, forced genital cutting since 1994, when he took a conscientious objector position to male infant circumcision in medical school. His comments on the subject have been published in medical journals and national newspapers.

**Tim Hammond**, our Outreach Coordinator, co-founder of NORM, the National Organization of Restoring Men in 1989 and founder of NOHARMM in 1992. Tim's work has been published in the *British Journal of Urology*. His dedication to providing documentation of the harm of genital cutting is awe-inspiring, see the *Global Survey of Circumcision Harm*.

**Dave Saving**, our Technical Director, has been a children's rights advocate since 2008. In addition to overseeing our online presence via website and social media, Dave has been the driving force behind educational event coordination and logistics.

Our Advisory Board is a diverse team comprised of professionals in the fields of medicine, law, nursing, science, midwifery, psychology, and information technology. One question I often receive is whether our Advisors are present in name only, and I understand this happens with other organizations. CHHRP's Advisors actively work in drafting correspondence, creating and updating print, video, and web resources, event coordination, legal research, and mentoring our volunteers.

**Geoffrey Falk**, creator of the CIRP Library, joined our Advisory Board, and the CIRP Library became a part of CHHRP. We are now in the process of updating this valuable tool.

CHHRP is the result of foundational groundwork. As you know, there are numerous grassroots activist groups working toward ending non-therapeutic forced genital cutting, particularly in America. While CHHRP has a similar goal, our efforts toward it look a little different.

An effective organization, whether it is a small neighborhood association or a national task-force, requires a clearly defined Mission, Vision, and Values. These provide the organization with a framework to work from, as well as a form of checks and balances to ensure they are not deviating off-course.

The Mission and Vision of CHHRP are essential considerations in each decision we make. At the heart of these is one constant: professionalism. The Medical Faculty at the University of Ottawa states that professionalism is comprised of the following core values:

- Honesty and Integrity
- Altruism
- Respect
- Responsibility and Accountability
- Compassion and Empathy
- Dedication and Self-improvement

CHHRP was created out of a desire for an organization that approached this issue from a professional angle, communication and decision-making are carried out honestly and respectfully. CHHRP uses consensus decision-making as opposed to adversarial decision-making. As a partnership of interprofessional colleagues, we also focus on mentorship.

CHHRP is careful to ensure that we partner with individuals who will represent our values. We provide our volunteers with a clear set of guidelines based on our foundational values, which has resulted in a more cohesive and focused team overall. I'd like to invite each of you to consider the concept of cultural safety and its relevance to education and outreach in this movement.

*Cultural Safety has its origins in the field of nursing education. The concept originated in 1989 after concerns were raised by Māori nursing students about the safety of Māori students in monocultural nursing schools and of Māori intellectual property when taught by tauiwī; it was further theorised and developed by Irihapeti Ramsden and the Nursing Council of New Zealand. Cultural safety is about relating and responding effectively to people with diverse needs and strengths in a way that the people who use the service can define as safe.*

We've heard how successful circumcision education classes are and CHHRP is focused on setting those up across Canada. While we do provide public education, this is not our present major focus.

Our experience has been that healthcare providers who work with childbearing families are desperately in need of strategies to assist them in having this conversation with parents as well as with their colleagues. Many Canadian physicians, nurses, midwives, and other care providers may not have the tools necessary to shift the conversation in a professional manner.

CHHRP provides these tools in person via professional workshops, lectures, in-services, & grand rounds presentations. We then support that learning with print resources in multiple languages, a 20-minute video, hosted by our Medical Director, and of course, our CIRP Library, which is available on our website. We call this work “Educating the Educators”

There are two rationales for targeting this group and I’m going to illustrate the first point:

I became involved in this movement as a mother who had a career as a graphic designer. I decided to change careers and become a Registered Nurse in order to be more effective as an educator. I can confirm that the conversations with expectant parents go very differently when the person is aware that I am a nurse.

I am not suggesting that public education provided by lay individuals is fruitless because I know, based on my own experiences, that it has wonderful effects when done respectfully. However, I suspect most of you would agree that we do have a significant shortage of practicing healthcare professionals involved in this movement. CHHRP suspected that we’d be likely to change that via interprofessional education. And we were right. Since CHHRP began educating the educators, we have received overwhelmingly positive feedback—*“That talk ranks right up there as one of THE best I’ve been to in my entire life”*—as well as requests for more lectures and more language translations of our print resources. We’ve just completed one in Tagalog and French and Korean are coming up.

The second rationale involves numbers, but no p-values or standard deviations thankfully. We could arrange an evening class of 20 pregnant women and their partners and it would likely be a good use of time and resources. But we could also arrange an evening class of 40 midwives or an in-service for the staff of a maternity unit and the exponential effects would be staggering. We want to engage health care professionals respectfully as colleagues and shift the paradigm within the medical community. There are several opinions in this movement on how to best accomplish the latter. I will say that the interprofessional education method has been far more effective than any protest I’ve ever been involved in with regard to developing positive, respectful, and

constructive dialogue with healthcare providers and subsequently attracting them to this movement.

CHHRP plans to continue our education projects and refine and improve them through an evaluation tool we've developed. We will be collaborating with our international colleagues on strategy.

*Professionalism is like love: it is made up of the constant flow of little bits of proof that testify to devotion and care. ~ Tornislav Sola*

**Kira Antinuk**, one of the founders and acting Directors of the Children's Health & Human Rights Partnership, has been a children's rights advocate for more than ten years. She is the recipient of the *2013 Paul Wainwright Nursing Ethics Prize*, awarded in recognition of her paper "Forced genital cutting in North America: Feminist theory & nursing considerations", published in the *Journal of Nursing Ethics*, September 2013. Kira received her training as a nurse in Victoria, BC, where she currently lives with her partner and two children. Victoria, British Columbia, Canada.