VAMP

Dutch Association of Women Doctors

Transgenerational Resilience

June 4, 5 and 6, 2026

VNVA Els Borst
Lifetime Achievement Award

VNVA - MWIA Congress
Region Northern Europe

VNVA

DÉ VERENIGING VAN NEDERLANDSE VROUWELIJKE ARTSEN

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Foreword MWIA Committee Chair Karin van Galen

How do you want to contribute to more equal and inclusive health care?

- Expand your Network
- Become a Role model
- Enhance Resilience
- Take Action!
- Build Bridges between generations

SNEAK PREVIEW

In these troubling times where extreme social media influencers and governments actively erode women's rights and a rising conservative movement seeks to subvert and silence the celebration of diversity, a vital call to action is needed to reclaim agency and advocate for the equal rights of all in health care. While diversity is an essential pillar of humanity—the VNVA-MWIA congress on inclusive and equitable women's health care is a critical opportunity for health care professionals to unite now in standing up for women's rights and advocate for all.

In this VAMP and during the conference you'll be inspired to unite in this call for action and find your personal unique talent by meeting powerful role models who share their talents and experiences to help you discover yours.
Professor Hanneke Takkenberg will take you along on her journey toward more inclusive health care and research as co-founder and director of the Netherlands Women's Health Research & Innovation Center at Erasmus MC. Her work demonstrates how strategic networking can accelerate the transformation toward equal opportunities in health care, academia, and research. You'll have the opportunity to join a workshop on networking by Hanneke during the conference. In addition, don't miss the opportunity to join the social networking event where you'll learn how the history of Belle van Zuylen – a woman without a talent for subordination can still empower us in this era.

Professor Annemiek Richters and drs. Lydia Ketting-Stroet will give a workshop on reinforcing people who are losing their voice in society and show how meaningful impact continues after active working life. Dr. Heleen Eising is an out-of-the-box thinking gynaecologist who uses art and narrative medicine to enhance equity in health care – you'll learn more if you read the interview in this magazine and will have the opportunity to experience the power of arts in medicine yourself in a workshop during the conference. Also out of the box is the initiative of professor

MEET THE MWIA COMMITTEE 2026

Huirne to start free women's health consultations at work to enhance job satisfaction and sustainable employability for female health workers as illuminated in this VAMP issue.

Dr. Richta IJntema has done a lot of research on how to enhance mental resilience on the workplace for (health care) workers and within teams. In this VAMP you can learn about the Psychological Immunity and Psychological Elasticity model on coping with stressors which she developed. During her lecture you'll receive concrete tools to implement in your personal workspace with the opportunity to interact. Closely related is the challenge of effective multigenerational collaboration and generational diversity at our workplaces. During the conference, you'll have the opportunity to learn from Emma Agricola, a leading expert in generational diversity and inclusion in the Netherlands, renowned for her workshops on Gen Z, intergenerational collaboration, and her role in the Young Female Leaders program of the Professional Women's Network Amsterdam.

To feel even more urgency get inspired by very renowned and experienced activists who dedicate their lives to more equity, fair health care and women's rights. Meet women's rights advocate Georgina Boot, UN women delegate for the UK in 2021 and Rebecca Gomperts, famous from 'Women on Waves', to name a few. Finally dr. Wanda de Kanter will open our eyes on the tobacco industry as parasite of the vulnerable and who will receive the VNVA Els Borst Oeuvre award for her lifetime achievements to acknowledge and celebrate women's power and diversity.

Enjoy reading, get inspired and discover your unique Superpowers on 4-6 June in Breukelen. As organizing committee we're very much looking forward to meeting you there in person.

Karin van Galen

Karin van Galen serves as an assistant professor and adult haematologist at the Van Creveldkliniek, University Medical Center Utrecht, Utrecht University, The Netherlands. Her strong national and international advocacy for women's health in bleeding disorders has inspired her involvement in the MWIA congress committee to further support equity and diversity in both clinical care and the work environment.

Geneviève Nivillac-Hernández

My name is Geneviève a.k.a. Gina Nivillac-Hernández. I am the treasurer of the VNVA, a resident at the department for general and visceral surgery at the Karl-Leisner Clinic in Kleve, Germany, a wife and (step)mother. Born and raised in the Netherlands I have faced many challenges as a woman with Caribbean background which made me more resilient.

Lydia Ketting-Stroet

I'm Lydia Ketting-Stroet. For a long time I've been a member of the VNVA. As the chairwoman for several years I've been participating in preparing all kinds of activities for the VNVA. I recall the congress of 2011 very well and I hope that we will be able to make this congress a success as well. For 30 years I've been a general practitioner. I am retired but I'm still working as a consultant on palliative care. I was also educated as an anthropologist and have been able to apply that knowledge in the mixed population I had under my care and in administrative activities.

Cisca Griffioen

Cisca Griffioen, retired anatomist, Member of Honour of the VNVA and MWIA. More than 40 years involved in the VNVA to improve the position of women doctors and the health of all women of the world. It is inspiring to meet each other at the congresses and to discuss important issues on women's health.

MEET THE MWIA COMMITTEE 2026

Mala Misra-Isrie

My name is Mala Misra-Isrie. Currently there's only one woman who is the center of my life and that is my 4-year-old daughter. I also love meeting other women (and men!) through the VNVA/MWIA network to keep getting inspired on various topics! My other passion is working as a clinical geneticist in the Amsterdam UMC.

Vivien Marasigan

Dr. Vivien Marasigan pursued academic studies at universities across three different countries and has established an international career encompassing both clinical and academic experience within diverse healthcare systems. She is currently specializing in Public Health Medicine. Drawing on this background, she is dedicated to advancing the quality of healthcare and public well-being, as well as fostering professional connections among female physicians worldwide.

Joke Selhorst-Heije

My name is Joke Selhorst-Heije and I have been working for the VNVA for more than 20 years, along with a team of colleagues from Cantrijn. This is the second MWIA conference that we, from Cantrijn, have had the privilege of organizing. It's always inspiring to work with enthusiastic and newly formed committees. As a Member of Honour of the VNVA, I am proud of this unique women's network that continues to put gender-inclusive care and diversity on the map!

Word of welcome Chair Dutch Association of Women Doctors Geneviève Koolhaas-Martis

No better time than the present, to put women doctors in the driver's seat

Dear colleagues and fellow physicans,

It is with profound pride and excitement that I welcome you to this two-day international gathering of the Dutch Association of Women Doctors for the Medical Women's International Association (MWIA) on June 5th and 6th, 2026 in the Netherlands. Our theme 'transgenerational resilience' is both timeless and applicable for the challenges in this 21st century.

Why Transgenerational Resilience?

Transgenerational resilience is not merely a title — it is a living truth. We stand in the footprints of the women who were told medicine was not theirs to practice, who earned their degrees in secret, who were passed over for professorships, they had outgrown, who carried clinical excellence and household responsibilities in the same pair of hands. Resilience of women doctors is embedded in our professional DNA. We did not arrive here from nowhere. Multifactorial causes, including intergenerational traumas, discrimination then and now within educational and healthcare systems have been overcome and the use of post-traumatic growth potential has helped overcome barriers.

In a geopolitical climate where well-fought human (especially women's) rights are being overturned, in a time when inequality due to socio-economic barriers, cultural and different ethnic background, or sexual orientation form a healthcare gap, we as healthcare professionals need to stand firm. Health deficits, loss of income and essentially a loss of Quality of Life is on the line if we do not prioritize fixing the system with a high sense of urgency.

A Vision We Share Forward

Research has shown that empathy and lifelong learning through reflection will help in fixing inequalities and closing the gap. And who do you think owns these qualities by nature? Women of course.
State of the art care should be for all patients. And as healthcare professionals we should not only excel in providing good patient care, but also in creating an inspiring lifelong learning culture in which every talent can flourish.

When tides get rough, women (and everybody else on the spectrum) should be able to count on some sisterhood. In the MWIA network this sisterhood has uplifted and inspired me for years. An ecosystem in which one can find support, mentoring, and storytelling about roads to success, where resilience is challenged and built.

We look forward to meeting you and hope you'll take great work and life lessons with you when you leave!

Introduction Sarah Fitzgibbon

Dr. Sarah Fitzgibbon, founder of the Women in Medicine in Ireland Network (WiMIN) and VP Northern Europe MWIA.

As the Vice President for the Northern Europe Region of the Medical Women's International Association (MWIA), I am delighted that our next Regional Conference will be hosted by our esteemed colleagues in the Netherlands, the Dutch Association of Women Doctors (VNVA). The theme for this conference is "Transgenerational Resilience", which is very apt at this juncture. Women have been practising as doctors for more than a hundred years in most parts of Northern Europe, and many of the pioneering women inspired their daughters and grand-daughters to follow in their footsteps. They probably imagined a future world where female doctors would be treated equally to their male counterparts, with no disparities in terms of income, opportunities or prejudice.

While great strides have been made over the last century and more, we still have many of the same challenges that faced our predecessors. However, we can gather strength and knowledge from their experiences, and emulate their resilience as we continue to advocate for systemic change. Learning from fellow medical women, both past and present, is one of the key values of the MWIA, and we look forward to the opportunity to combine our wisdom, courage and persistence when we meet together in Breukelen on June 4-6th 2026.

Mariëtte Hamer

Dr. Mariëtte Hamer, Government Commissioner for Sexually Transgressive Behavior and Sexual Violence

Abstract:
Guarding respectful barriers in health care

The theme of Transgenerational Resilience is closely connected to the broader social movement for the emancipation and equality of women and men. The Zorgmanifest (Health Care Manifesto) of the Regeringscommissaris Seksueel Grensoverschrijdend Gedrag en Seksueel Geweld (Government Commissioner on Sexual Transgressive Behaviour and Sexual Violence) advocates for a healthcare culture grounded in safety, respect, and restoration, while also exposing how deeply the 'ruts of patriarchy' are ingrained in both healthcare and society at large.

The medical world has historically been shaped by male power structures, forcing many female professionals to adopt a 'one of the guys' attitude in order to survive within patriarchal systems. This dynamic influences not only workplace culture but also the care relationship itself: those in power determine what is seen, heard, and acknowledged.

The growing attention to sexual misconduct marks the next step in the ongoing struggle for gender equality—not only at an individual level but also at an institutional level.
It brings to light transgenerational trauma among women, both in experiences of sexual violence and the long-standing institutional adaptation to the expectations of men in positions of power. This is significant, as such dynamics have eroded trust in relationships and institutions at a fundamental level, manifesting in silence around sexual misconduct.

Transgenerational resilience begins with breaking patriarchal patterns of silence and restoring trust within healthcare institutions shaped by unequal power.

Transgenerational resilience, therefore, entails the restoration of trust, the breaking of internalised patterns of compliance and silence, and the building of care teams that embody safety and equality—where power imbalances can be openly discussed. Only in a care environment where professionals themselves feel safe and respected can patients safely surrender to care that truly heals, protects, and empowers.

Download
Het Zorgmanifest

Interview with Wanda de Kanter

Dr.h.c. Wanda de Kanter, pulmonologist np, activist against the tobacco industry and chairman of youth smoking prevention

By Vivien Marasigan

Resilience in every breath

The VNVA honours lung physician, writer and tireless advocate Dr. Wanda de Kanter with the Els Borst Lifetime Achievement Award 2026, which will be presented during the MWIA Regional Congress for Northern Europe in Breukelen on June 6, 2026. The prize recognises her decades-long dedication to patients with lung cancer and COPD and her unwavering fight for a smoke-free generation.

A life shaped by change

Wanda grew up in The Hague, Borneo and Sudan, moving between cultures and learning early to navigate change, injustice and loss. These formative years nurtured the independence and strong sense of fairness that would later define her public voice.
At home, her father encouraged her ambitions and treated her the same as her brother, while her mother personified the traditional female role of that era. With hardly any female role models, Wanda carved out her own path and turned this absence into motivation to speak up for others.

From consulting room to public arena

During medical training, the combination of family responsibilities and demanding residencies forced her to abandon a planned PhD, a setback that ultimately sharpened her focus on patients and advocacy. After more than 30 years treating people with lung cancer and COPD and the devastating loss of close relatives to smoking at a young age, she realised that prescriptions alone could never cure an addiction deliberately engineered by industry.
She quit smoking herself, co-developed effective cessation programmes and co-authored widely read stop-smoking books. Determined to prevent young people from ever starting, she co-founded the Rookpreventie Jeugd Foundation and launched the investigative platform TabakNee, using strategic lawsuits, parliamentary debates and media campaigns to expose the tobacco lobby and reframe smoking as an industry-made epidemic rather than an individual failure.

Despite her progress, Wanda could not ignore that her path might have been smoother as a man, when her voice and credibility would likely have faced less scrutiny. Confronting such a powerful adversary brought frustrating challenges to her professional reputation, yet she persisted undeterred.

Prescriptions alone cannot cure an addiction deliberately engineered by industry; real change demands courage, advocacy, and collective responsibility.

New generations, new role models

Today far more women hold professorships, leadership positions and activist roles in medicine, yet Wanda still sees ample room for women in senior decision-making. She hopes her trajectory will inspire young women willing to confront powerful interests.
Her motto is clear: 'If it's to be, then it's up to me', a call for personal responsibility whenever change is needed. At the same time, she emphasises that resilience is never solitary. She recommends peer networks such as MWIA, intervision groups and collaboration with organisations. For her advocacy, Wanda collaborated with KNMG, Longfonds, Dutch Cancer Society, the Heart Foundation and the School for Moral Ambition. These helped her sustain her own resilience by sharing experiences, protecting her mental health and by strategizing together.

Towards a resilient, smoke-free future

Recently, the University of Antwerp awarded Wanda an honorary doctorate for her scientific and social impact, demonstrating that perseverance in one's convictions ultimately receives recognition. The Els Borst prize now adds powerful validation to this lifelong commitment to public health and gender-sensitive medicine.

If change is needed, waiting is not an option—'If it's to be, then it's up to me,' and it is strengthened by solidarity with others who dare to challenge powerful interests.

With these honours, Wanda aims to further strengthen her advocacy at national and international levels, especially where the tobacco and nicotine lobby still infiltrates political decision-making and undermines the spirit of WHO FCTC Article 5.3, which requires health policy to be shielded from industry interests. Her next goal is a formal European Parliament hearing on curbing tobacco and nicotine lobbying, building on Rookpreventie Jeugd's successful 2025 "Endgame tobacco" citizens' campaign. She invites colleagues and allies to join forces, providing peer support to help secure this, so that future generations can grow up healthier, more resilient and free from tobacco-induced disease.

VNVA Els Borst Lifetime Achievement Award

The VNVA Els Borst Lifetime Achievement Award is presented to a laureate or laureates who, with a specific theme, have successfully developed an effective, and often long-term, project that contributes to the significant improvement of women's health. The presentation of the VNVA Els Borst Lifetime Achievement Award is linked to a VNVA symposium.

Background of the VNVA Els Borst Lifetime Achievement Award

The VNVA Els Borst Lifetime Achievement Award was established to permanently honor the memory of Els Borst through a lifetime achievement award dedicated to her. Her life and work were dedicated to respectful and high-quality healthcare, with optimal attention to differences between individual patients. Her perseverance and inventiveness resulted in improved care for a large number of patients. Expanding and improving vocational training programs contributed significantly to this. We intend to prioritize these aspects in the award criteria.

prof. dr. E. Borst-Eilers (1932-2014)

Former VNVA Els Borst Oeuvre Award winners

2024 Marian Mourits
2022 Marlies Bongers
2021 Hanneke Takkenberg (awarded in 2018)
2015 Gunilla Kleiverda and Rebecca Gomperts

Sex differences play a role in every medical field.

Jeanine Roeters van Lennep

Professor of Cardiovascular Prevention with a focus on Sex-Specific Factors, Erasmus MC Rotterdam

Moderator of the VNVA Els Borst Lifetime Achievement Award Symposium

Jeanine Roeters van Lennep, a vascular internist, has been dedicated to better care for women for over 25 years.
In 2015, Jeanine Roeters van Lennep was awarded the prestigious Corrie Hermann Prize by the Dutch Association of Women Doctors. To mark this award, the symposium 'Gender-Sensitive Medicine: From Utopia to Clinical Practice' was organized.
The Dutch Association of Women Doctors awards the Corrie Hermann Prize annually to women physicians who distinguish themselves in their work and thereby contribute to the achievement of the association's objectives. Jeanine is a member of the Corrie Hermann Prize committee.
Recently, Jeanine Roeters van Lennep founded 'the Netherlands Women's Health & Innovation Center' with two colleagues.

Frank Borm

Drs. Frank Borm, pulmonologist Netherlands Cancer Institute Antoni van Leeuwenhoek Hospital, Co-founder of Vapen #jouwkeuze; an initiative to protect youngsters against the vaping epidemic

Abstract:
Lung cancer in young women: diagnosis, experiences, and emerging risk factors

Lung cancer in young women is increasingly recognized, yet often overlooked in clinical practice. Receiving such a serious diagnosis at a young age poses unique medical and psychosocial challenges, affecting both patients' health and their quality of life. Different types of lung cancer occur in younger patients; these may differ in biology, presentation, and prognosis compared with cases in older adults. Understanding these differences is important for timely diagnosis and appropriate management.

Lung cancer in young women is being identified more frequently, but it is still often missed in clinical practice.

Separately, the rising use of e-cigarettes, vaping, among young adults has raised questions about its potential impacts on lung health. While the evidence linking vaping to lung cancer remains limited and controversial, it represents an emerging lifestyle factor of interest in preventive strategies.
This session highlights the challenges of lung cancer in young women, the spectrum of tumor types observed in this population, and emerging considerations regarding risk factors and prevention. Awareness of these issues is essential to improve early recognition, patient care, and health communication.

Laura van Loendersloot

Dr. Laura van Loendersloot, MD,Phd, has been a gynecologist at Amsterdam UMC since 2019 and is subspecialized in reproductive medicine, endocrinology and endometriosis. Her PhD focused on prediction modelling in assisted reproductive technology. As a postdoctoral researcher, she remains actively involved in clinical research in reproductive medicine and endometriosis.

Abstract Laura van Loendersloot and Kim Dreijer: Female Fertility and Fertility Preservation: What do you need to know

Over recent decades, the age at first childbirth has increased substantially worldwide. In the Netherlands, the mean age at first birth is approximately 30.4 years (2024) compared to 24.3 (1970), placing Dutch women among the oldest first-time mothers globally. This average age at first childbirth continues to rise. Comparable trends are reported across Europe, North America, and East Asia.

Female fertility declines progressively with advancing age because of both diminishing oocyte quantity and quality. The monthly fecundability decreases from approximately 20–25% in women under 30 years to around 10% by the age of 40. In parallel, miscarriage rates increase from 10–15% in women younger than 35 years to over 35–40% in women aged 40 years and older. Unfortunately, assisted reproductive technologies are not able to compensate for this age-related fertility decline.

As a result, infertility affects an estimated 15–20% of women during their reproductive lifespan and unintended childlessness is reported in approximately 5–10% of women in high-income countries. Despite widespread access to reproductive healthcare, many women seek fertility evaluation at an age when natural conception chances and treatment success rates are already substantially reduced, reflecting gaps in fertility awareness.

Fertility preservation can reduce risk, but not reverse biology; timely counselling and realistic expectations are essential to prevent unintended childlessness in an era of delayed parenthood.

Fertility preservation strategies, including oocyte, embryo cryopreservation and ovarian tissue preservation, are now well established in clinical practice. Although initially developed for medical indications such as gonadotoxic treatments, the use of fertility preservation for age-related fertility decline has increased. Fertility preservation should be regarded as a risk-reducing strategy rather than a guarantee of future reproductive success.
This presentation provides a clinical overview of age-related fertility decline and unintended childlessness in the Netherlands and the global context, emphasizing the importance of timely counseling, realistic expectation management, and the integration of fertility preservation into reproductive healthcare.

Kim Dreyer

Dr. Kim Dreyer, MD,Phd, is a gynecologist at Amsterdam UMC since 2021 and is subspecialized in reproductive medicine and endometriosis. In addition to her clinical duties, she is actively involved in research focusing on tubal diagnostic techniques within fertility assessment in infertile women, as well as on the clinical and reproductive aspects of endometriosis in women.

Iconic Feminist Aletta Jacobs (1824-1929) was often 'the first woman who...'

She was the first female student to graduate from a university and the first female doctor, but also the first woman to skate on the Amsterdam canals. She was also a champion of women's rights. As a result, this woman from the peat colonies of Groningen became the figurehead of the first feminist wave in the Netherlands.

Aletta Jacobs was the first Dutch woman to graduate from university. When Jacobs was six years old, she dreamed of becoming a doctor, just like her father and brother Julius. Therefore, she did not want to attend a girls' school, but wanted to pursue a proper education. Jacobs passed her exams as a pharmaceutical trainee on July 26, 1870. But she did not stop there: "Why should a woman be able to become a pharmacist but not a doctor?" Jacobs wrote a letter to the liberal minister Thorbecke requesting permission to attend academic lectures at the university. Thorbecke was seriously ill, but shortly before his death, he granted her permission. She obtained her doctorate in 1876. In 1878, she left for Amsterdam and received her medical degree.

Throughout her life, Jacobs fought for women's rights—among other things, by helping women obtain contraceptives in her general practice in Amsterdam. But it did not stop there: women had to be able to vote. Jacobs founded the Association for Women's Suffrage (VvVK) together with a group of other women. She even undertook a world tour to promote women's suffrage outside the Netherlands. In 1919, women's suffrage was finally obtained. Jacobs' life has been of great significance to Dutch women. She fought against double standards driven by a strong sense of justice.

Norah van Mello

Dr. Norah van Mello, gynecologist and researcher at Amsterdam UMC, specializing in gender-affirming and reproductive care

Abstract:

What Defines Female Identity? From Neurobiological Identity to the Pregnant Man

Background

Medical science has traditionally operated within a binary framework, where 'female identity' is inextricably linked to reproductive capacity and specific anatomy. However, as a gynecologist specializing in transgender and intersex care, I observe a more complex reality. The increasing visibility of transgender and gender-diverse individuals necessitates a fundamental re-evaluation of our medical definitions. If a man can carry a pregnancy, and a woman can be born without a uterus, what then defines 'female identity'?

Objective

This session explores the intersection of neurobiological identity, reproductive science, and surgical outcomes to challenge and broaden the medical definition of womanhood and gender-specific care.

When a man can carry a pregnancy and a woman can be born without a uterus, 'female' can no longer be defined by organs alone, but by the person themself.

In modern medicine, identity does not reside in reproductive potential, but in the neurobiological and personal reality of the individual.

Key Perspectives & Research

The Organ-Identity Paradox: Using examples from the transgender clinic, we will examine the clinical and psychological implications of providing 'female-centric' care to transgender men and supporting the identity of transgender women. This highlights the necessity for all physicians to decouple an organ from a gendered expectation and focus on the anatomic reality of a person.

The Neuro-Anatomical Basis: We will discuss the primacy of brain-based gender identity. My work focuses on patients where this internal compass deviates from their chromosomal or gonadal sex, requiring a shift in how we approach the 'biological' patient.

Fertility and Pregnancy Beyond Women: A key focus of my expertise is fertility preservation and the desire for children among transgender persons. We will examine the effects of testosterone on reproductive organs and the clinical reality of transgender men who conceive and give birth. This demonstrates that pregnancy is no longer exclusively a female domain.

Gender-Affirming Surgery: I will present insights into the motivations and clinical outcomes of gynecological gender-affirming procedures (e.g., hysterectomy, colpectomy), exploring why the removal of 'female' organs is for some a vital step in aligning the body with the self.

Conclusion

For the modern physician, "female" is no longer set in stone. By integrating neurobiological insights with this reality, we move toward a model where identity resides in the person, rather than their reproductive potential.

Societal Perspective: Human Rights

Finally, this discussion cannot be seen in isolation from the current global climate. We are witnessing an era where both women's rights and LGBTQ+ rights are increasingly under pressure. As medical women, it is our duty to protect the autonomy of all patients over their own bodies. Recognizing the diversity of identity is not just a clinical evolution, but a fundamental stance in the fight for universal human rights and bodily self-determination.

Richta IJntema

Dr. Richta IJntema, assistant professor at the Department of Social, Health and Organizational Psychology, Utrecht University and working as an independent work and organizational psychologist

Authors: Richta IJntema, Myra van den Goor, Froukje Verdam, Karin van Galen

Mental Resiliance Is a Shared Responsibility

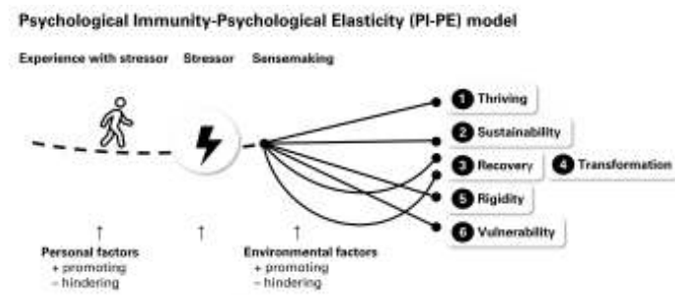
In healthcare, stressful situations are part of daily reality. If stress becomes constant pressure, this creates a recipe for exhaustion and burn-out, especially because health care workers tend to be highly intrinsically motivated and carry a high sense of responsibility.

Building Mental Resilience in Today's Healthcare Workforce

Staff shortages, long waiting lists, aging populations, and rising healthcare costs are placing unprecedented pressure on health systems worldwide. These challenges directly affect the wellbeing and job satisfaction of clinicians—especially women, who make up a large share of the global healthcare workforce (Van den Goor, 2020). Many find themselves asking: How can I maintain a healthy work–life balance? Where should I set boundaries? How do I stay mentally and physically well? (Verdam, 2020). In this era of increasing demand and limited resources, supporting the mental resilience of healthcare professionals is essential.

Mental Resilience: A Shared Responsibility

Mental resilience is often framed as a personal trait—something an individual clinician is expected to "develop" through training or experience. Yet resilience is not a fixed characteristic and not only an individual responsibility (IJntema, 2020). It is a dynamic process of adapting to stressful situations or adversity, shaped by both the individual and the environment in which they work (IJntema, Schaufeli, & Burger, 2023). Factors such as workload, team culture, leadership, available resources, and organizational values all influence how a healthcare worker responds to challenges. This shared responsibility is captured in the Psychological Immunity and Psychological Elasticity (PI-PE) model, which illustrates how people adapt—or struggle to adapt—to stressors (see Figure; IJntema, 2023; IJntema et al., 2023).



Six Possible Pathways After Stressor Exposure

The PI-PE model outlines six potential pathways following exposure to a stressor (IJntema, 2023):

1. Flourishing – The individual is not significantly affected by the stressor and even grows from the experience.
2. Sustaining – Functioning remains stable despite the stressor.
3. Recovery – The individual is affected by the stressor but returns to baseline over time.
4. Transformation – The individual adapts by reframing their beliefs or perspectives.
5. Rigidity – The individual clings to patterns that no longer serve them or fit the environment.
6. Vulnerability – The individual struggles to adapt and remains susceptible to future stressors.

The first two routes reflect psychological immunity, and routes 3 and 4 reflect psychological elasticity. All four reflect psychological resilience and healthy adaptation. The last two routes indicate psychological susceptibility or maladaptation.

Five Key Questions To Gain Insight Into Resilience

Five factors influence which pathway someone follows after encountering a stressful situation. These can be explored through five guiding questions (IJntema & Burger, 2021):

1. Which stressor am I facing?

Not all stressors are alike. Their nature, intensity, and duration differ. A clinician may respond differently to chronic

understaffing than to a malpractice complaint, or a conflict within the care team.

2. What is my personal history with this type of situation?

Past experiences—whether positive or negative—shape how we respond in the present. A previous personal experience (e.g. a difficult investigation, a challenging patient interaction), or witnessing a colleague's experience can all influence how similar situations are perceived and managed.

3. What meaning do I give this event?

The internal narrative matters. Thoughts such as 'I should never make mistakes' or 'This will ruin my reputation' increase stress and can trigger maladaptive pathways. In contrast, perspectives like 'I acted with integrity' or 'I can learn from this' support healthier adaptation.

4. Which personal resources can I draw upon?

Traits such as optimism, self-reflection, compassion, humor, flexibility, and confidence can all support resilience. Yet, women in healthcare often underrecognize or undervalue their own strengths—even though these strengths can be essential resources.

5. Which environmental resources can support me?

Supportive colleagues, professional networks, mentors, friends, and family can all help to buffer stress. Organizational resources—such as supervision, peer support programs, and psychological or legal guidance—also influence how well someone adapts. Because many of these factors are external, people do not have full control over their path after stressor exposure. Limited resources, chronic workload pressure, or unsupportive environments can hinder adaptation, regardless of personal strengths.

How Healthcare Workers Can Strengthen Their Resilience

The basic conditions to develop resilience are sufficient time and space—emotionally, cognitively, and practically. Time and space are often lacking during crises or periods of prolonged stress. When these conditions are met, clinicians can strengthen their resilience by (IJntema, van den Goor, & Verdam, 2025):

1. Learning from past experiences

Reflecting on previous challenging events helps prepare for similar situations. For example, choosing to listen calmly during a difficult conversation rather than becoming defensive.

2. Reframing

While the stressor itself may not be changeable, one's perspective on it can be. Catastrophic thinking rarely helps. Instead, actively seek constructive viewpoints such as: "I trust the process," or "I learned from this and acted with good intentions."

3. Activating personal strengths

Identify which of your strengths can support you—patience, empathy, determination, or the ability to ask for help.

4. Calling on your support network

Reach out to trusted colleagues, mentors, supervisors, professional organizations, or peer-support experts.

5. Reducing barriers

Delegate tasks when possible, reorganize priorities, and create mental space to manage the stressor more effectively.

The Crucial Role of Healthcare Organizations

Healthcare organizations share responsibility for cultivating workforce resilience. Clinicians cannot build resilience in environments of chronic overload, fear of blame, or lack of support. When not in crisis mode, organizations can foster resilience through (IJntema et al., 2025):

- Creating a space to learn

Provide opportunities for structured reflection, such as supervision, peer groups, mentorship, or buddy systems.

- Building a supportive culture

Encourage open discussions about challenges and errors. Psychological safety fosters trust and promotes learning rather than fear.

- Recognizing and enhancing clinicians' strengths

Acknowledge strengths and contributions, not only shortcomings. This is particularly important for women, who often experience systemic gender inequities in healthcare workplaces, such as being undervalued, overlooked for leadership opportunities, or held to higher performance standards than their male counterparts.

- Providing practical support and resources

Ensure access to peer support, counseling, legal advice, and transparent communication during stressful events.

- Removing unnecessary stressors

Address administrative overload, inefficient work schedules, and other avoidable stress factors.

Mental resilience in healthcare is not a fixed personal trait but a shared responsibility, shaped by both the individual and the working environment.

Resilience Is a Shared Endeavor

Ultimately, mental resilience is not built by individuals alone. It emerges over time through the interaction between personal factors and the surrounding system. Healthcare organizations, leaders, and teams all play a vital role in creating the conditions in which resilience can grow. Mental resilience is something we build together—for the safety of patients, for the sustainability of the health system, and for the well-being of the dedicated professionals who work in healthcare.

The complete bibliography can be requested via: vnvamail@vnva.nl

Astrid Elburg

Astrid Elburg, organizational expert in leadership and ethics, honors lecturer at the Vrije Universiteit and Nyenrode Business University and executive coach

Abstract:
From Survival to Flourish

In the 21st century, issues about the equal recognition, remuneration of and behaviour towards women in professional organizations continue to receive attention. It is in the VNVA tradition to annually focus on relevant developments and perspectives on this topic.

Based on the 'Life Long Learning' ambition, the focus is on reflecting on the current situation, the goals, and future developments.

Sustainable careers for female physicians depend not only on equal entry, but on structured professional development, evolving workplace cultures, and intentional behavioural change.

This program is based on extensive experience in coaching women in operational and strategic positions and developing training concepts with measurable impact. It is based on scientific research in the field of gender equality and bicultural leadership.

Findings from both quantitative and qualitative studies indicate that while there is often a reasonable influx of new recruits, gender dynamics, job satisfaction, and the development of desired behaviour in both men and women require continued attention.

Good employer practice requires adaptive leadership and structured professional behavioural development to enable women physicians to have sustainable careers. Annual evaluation and tailored adjustments are essential.

Developing specific competences to unlock the cultural and societal perspectives within the organization to transform current dominant professional realities into innovation and to sustain desired professional behaviour in today's context.

Wanda de Kanter

Dr.h.c. Wanda de Kanter, pulmonologist np, activist against the tobacco industry and chairman of youth smoking prevention

Abstract:
Lobbycracy Undermines Our Democracy

Subscribe now at www.Tabaknee.nl and join us!
This abstract of my presentation describes how the tobacco industry, despite decades of regulation and proven health damage, continues to systematically reposition itself to maintain its business model based on addiction. The core of the strategy is not stopping harmful products, but shifting, concealing, and legitimizing industry influence through new products, new allies, and new frames. Classic tactics such as sowing doubt about science, aggressive marketing, lawsuits, influencing points of sale, and political lobbying are combined with strategies such as harm reduction framing, greenwashing, CSR initiatives, and the deployment of front groups and supposedly independent third parties.

The presentation shows that this approach does not stand alone: the tobacco industry operates in close conjunction with other powerful sectors such as Big Alcohol, Big Food, Big Pharma, Big Cannabis, Big Oil, and libertarian think tank networks. Together, they oppose regulation by framing health as an individual choice and government intervention as an infringement of freedom. In doing so, young people, women, low socioeconomic groups, and LGBTI communities are explicitly targeted because they are crucial to the "replacement market" of new users.

A central tension in the document is between these industry practices and WHO FCTC Article 5.3, which states that there is a fundamental and irreconcilable conflict between public health and the interests of the tobacco industry. The analysis shows that the industry systematically attempts to undermine this article through indirect influence on science, healthcare professionals, policymakers, and the media. Harm reduction often functions as a Trojan horse in this context: not to end addiction, but to normalize new nicotine products and delay regulation.

The conclusion is clear: as long as policies focus on controlling harm rather than dismantling industry power, the tobacco industry will continue to adapt and perpetuate its business model. A credible endgame therefore requires a shift from individual responsibility to corporate accountability, with the aim not only of reducing use but of structurally ending profits from addiction.

Georgina Booth

Georgina Booth, LL.M, FRSA, award-winning journalist, founder, writer, jurist, UN Women delegate, and women's rights advocate

Workshop:
Design Thinking for Women's Health Innovation

Women's health technologies are often developed without sufficient attention to women's lived experiences, leading to gaps in accessibility, trust, and effectiveness. This interactive workshop introduces design thinking as a practical, human-centred approach to developing ethical and inclusive technology for women's health.

Led by a FemTech founder who has built two award-winning startups from scratch using design thinking - one of which received a €50,000 national social entrepreneurship award in the Netherlands and the other won her the title of 'Women's Health Innovator 2025' - the session combines real-world insight with hands-on application. Participants will be guided through key stages of the design thinking process:

empathising with users, defining meaningful health challenges, ideating inclusive solutions, and rapidly prototyping concepts.

Working in small interdisciplinary groups, participants will apply these methods to a specific women's health case study, translating lived experience into actionable innovation. Particular emphasis is placed on equity, trauma-informed design, and ethical technology development, encouraging participants to critically reflect on how health technologies are shaped and for whom they are designed.

Design thinking transforms women's health challenges into actionable solutions by placing empathy, equity, and real-world impact at the heart of innovation.

No prior design or technical background is required. By the end of the workshop, participants will gain practical tools they can apply in clinical, research, policy, or entrepreneurial contexts to advance more inclusive and effective women's health innovation.

A special gift for all participants at the congress!

Friday June 5, 2026

9.15-10.00 |
Registration

10.00-10.20 |
Opening of the congress by drs. Geneviève Koolhaas, chair VNVA
and dr. Karin van Galen, chair Organizing Committee

10.20-11.05 |
Lecture: Guarding respectful barriers in healthcare
dr. Mariëtte Hamer, Government Commissioner for Sexually Transgressive Behavior and Sexual Violence

11.05-11.30 |
Coffee and tea break with treats

11.30-12.15 |
Lecture: From Survival to Florish
Astrid Elburg, organizational expert in leadership and ethics, honors lecturer at the Vrije Universiteit
and Nyenrode Business University and executive coach

12.15-13.00 |
Workshop block 1

13.00-14.00 |
Lunch buffet

14.00-14.45 |
Workshop block 2

Social event

Friday June 5, 2026
18.00-22.00
A luxury dinner cruise on a salon boat along the river Vecht

14.45-15.15 |
Free presentations

15.15-15.45 |
Lecture: Female Fertility and Fertility Preservation: What do you need to know
dr. Laura van Loendersloot, gynecologist at Amsterdam UMC, subspecialized in reproductive medicine, endocrinology and endometriosis.
dr. Kim Dreyer, gynecologist at Amsterdam UMC, subspecialized in reproductive medicine and endometriosis

15.45-16.15 |
Coffee and tea break with treats

16.15-17.00 |
Lecture: From Boomer to Zoomer: collaborating effectively with all generations
Emma Agricola, one of the leading (generational) diversity and inclusion experts in The Netherlands

17.00-17.15 |
End of the day closing session by the chair of the Organizing Committee dr. Karin van Galen

12.15-13.00 | Workshop block 1

Workshop A
Experienced powerful voices
prof. dr. Annemieke Richters, anthropologist, emeritus professor of culture, health and illness at the Leiden University Medical Center
drs. Lydia Ketting-Stroet, general practitioner with special interest in palliative care and anthropologist

Workshop C
Thinking about stories, thinking with stories
dr. Heleen Eising, gynecologist and chairwomen of the non-profit organization 'Junction Care'

14.00-14.45 | Workshop block 2

Workshop B
The power of networking *
prof. dr. Hanneke Takkenberg, professor of Clinical Decision Making in Cardio-Thoracic Interventions at Erasmus MC, Executive Director Erasmus Centre for Women and Organisations

Workshop D
Design Thinking for Women's Health Innovation
Georgina Booth, LL.M., FRSA, award-winning journalist, founder, writer, jurist, UN Women delegate, and women's rights advocate

'TRANSGENERATIONAL RESILIENCE'

Saterday June 6, 2026

VNVA Els Borst Lifetime Achievement Award

8.30-9.00 |
Registration

9.00-10.00 |
MWIA Northern Europe Regional Meeting

10.00-10.15 |
Short break and registration

10.15-10.30 |
Opening by dr. K.P.M. Karin van Galen, chair Organizing Committee

10.30-11.15 |
Lecture: What defines female identity?
dr. Norah van Mello, gynaecologist and researcher at Amsterdam UMC, specializing in gender-affirming and reproductive care

11.15-12.00 |
Lecture: Mental resiliance in challenging clinical practice
dr. Richta IJntema, assistant professor at the Department of Social, Health and Organizational Psychology, Utrecht University and working as an independent work and organizational psychologist

12.00-12.30 |
Coffee and tea break with treats

12.30 - 12.45 |
Opening by prof. dr. Jeanine Roeters van Lennep, moderator VNVA Els Borst Lifetime Achievement Award Symposium

12.45-13.15 |
Lecture: Lung cancer in young women: diagnosis, experiences, and emerging risk factors
drs. Frank Borm, pulmonologist Netherlands Cancer institute Antoni van Leeuwenhoek Hospital, co-founder of Vapen #jouwkeuze; initiative to protect youngsters against the vaping epidemic

13.15-14.15 |
Lunch buffet

14.15-14.45 |
Lecture: Politics of (un)pregnancy
dr. Rebecca Gomperts, Dutch physician, well-known activist for women's rights, particularly abortion rights, through her organizations Women on Waves and Women on Web

14.45-15.15 |
Lecture: The courage and wins of self-disclosure
dr. Karin Pool, pulmonologist and palliative care specialist Rode Kruis Hospital Beverwijk, co-founder and board member of Roze in Wit

15.15-15.45 |
Coffee and tea break with treats

15.45-16.15 |
Lecture: The tobacco lobby: lobbyocracy versus democracy. Parasite of the vulnerable.
dr. Wanda de Kanter, pulmonologist np, chairman of youth smoking prevention and winner of the VNVA Els Borst lifetime achievement award

16.15 - 16.45 |
Presentation of the VNVA Els Borst Lifetime Achievement Award by prof. dr. Jeanine Roeters van Lennep

16.45-17.00 |
Closing session of the congress by VNVA chair drs. Geneviève Koolhaas

17.00-18.00 |
Drinks and reception

Interview with Shakib Sana

Drs. Shakib Sana's life story reflects the very theme of this year's MWIA Congress: transgenerational resilience. Born in Afghanistan, he arrived in the Netherlands as a teenager, navigating a new language, culture and education system while rebuilding his future. With the encouragement of teachers who recognized his potential and offered him opportunities, he went on to study medicine at Erasmus University.

Today, drs. Sana is known not only as a physician but also as a public voice on social justice, health inequalities and ethical issues in healthcare. Throughout his career he has spoken out about access to care, socioeconomic disparities in health, vaccine hesitancy and human rights. His work demonstrates how medicine extends beyond the consulting room into the broader social structures that shape health and opportunity.

In this interview, Drs. Sana reflects on the people who believed in him, the importance of giving others a chance, and the role healthcare professionals can play in addressing inequality.

By Samar Orwa

Congress Theme: Transgenerational Resilience

You were born in Afghanistan and later came to the Netherlands. How did this journey shape you as a person and as a physician?

I was almost 17 when we came to the Netherlands. For a teenager that is quite a big change. You arrive on another continent with another language and different ways of interacting with each other. I avoid the term 'norms and values'. In many cultures things are simply normal. It is not that there are different norms and values here, but rather different social conventions.
My advantage was that I spoke English well, which helped me in the first months. But after two or three months I realized that if I really wanted to do something here, Dutch had to become my primary language.

We first stayed in a reception centre for asylum seekers in Haarlem. Eventually I went to a language school in Breda and from there to secondary school. That transition was quite difficult. My language teacher, Mr. Van Herp, once brought two folders about possible vocational studies. Before he said anything I said: 'But sir, I want to become a pilot.' I saw him move the folders away so I would not see them anymore. He said: 'Tell me.' We spoke for two hours. He arranged for me to start in VWO 4, a pre-university education. If I passed those two last months, I could continue to VWO 5. Those were probably the two hardest months of that period. I had not been in school for more than a year and a half.

My mentor and Dutch teacher, Mr. Van de Rest, later sat me down because I had one extra insufficient grade. I thought this is it, I failed. But he said: 'We have thought about it for a long time. You have shown so much effort in two months. The grades... yes, one grade too many, but we will give you the benefit of the doubt.

The greatest thing you can do for someone is to give them a chance and truly believe in them.

At first I did not realize this was good news. I only understood when he told me I could come and collect my books for VWO 5. That moment meant everything. Someone gave me the benefit of the doubt, but he did not take the exam for me. I still had to do that myself. But he did give me a chance.

In VWO 6 I also had a paper route and had to wake up very early. I was often late to class, especially physics. My physics teacher once said: 'Shakib, if you want to make something of your life, you should stop this paper route. You are a VWO student and I think you have other ambitions. Use your brain. Work and money will come later. I stopped the paper route and told him I would quit. He was very happy and said: 'You will be fine'.

My grades were suffering that year, and at one point I looked at my classmates and thought: if they can do it, why shouldn't I be able to do it as well? That realization was very important. Eventually I graduated with an average above seven and was admitted to medical school at Erasmus University.

You often speak about the importance of opportunities and role models.

I think the greatest thing you can do for someone is to give them a chance. You can give someone money, which is also good, but the most important thing is being in a position where you can offer someone an opportunity and to believe in that person.
I received chances and used them. Others in my surroundings do not get those chances and have to walk a much longer road, sometimes simply because a teacher once told them they could not do it. If you ask yourself: what opportunity for others can I be part of? Then you can make a small difference.

You later became involved in initiatives addressing health inequality and vaccination hesitancy. What motivated that work?

As a physician with an academic background you see something, you analyze it and recognize patterns. Then you discuss it with colleagues and ask: how can we work together to solve this problem? Ultimately, people do get vaccinated when they understand the information they receive.
We also have to recognize that low socioeconomic status is deadly. If poverty shortens life by six to eight years, that has real consequences.

What advice would you give to healthcare professionals who want to start initiatives in their communities?

It is important to look for support. If you have ideas and want to bring them forward, it is advisable to test them first. You may think your idea is clear, but in conversation you may discover that only one part of it really matters. In healthcare we are part of a connected system. If something does not work in one place, it flows through to another part of the system.

We as doctors can raise problems, but they have to reach policy agendas if you want change on a larger scale. Public systems are necessary.

What does resilience mean to you?

Resilience is a container term. It has many meanings. You see it in someone grieving after a loss. I also see it in my colleague in Gaza who lost five family members and still continues. Resilience is different for everyone and depends on someone's starting point, their grief and their setbacks. But it is also about opportunities. To be resilient, you must have the chance to live. We are all part of that network of resilience.

If others can do it, why shouldn't I be able to do it as well?

What helps you remain resilient yourself?

Our children help us with that. Becoming a parent changes everything. It gives you responsibility and keeps you grounded.

For me it is also about gratitude and the realization that sometimes we have something because someone else does not. And I often think back to that moment in VWO when I realized: if others can do it, why shouldn't I be able to do it as well?

How do you see resilience among women and female physicians?

I see it in the many women who engage with societal issues and who have broken the glass ceiling. They have often experienced how circumstances placed them at a disadvantage and felt the urgency to change that.

Women often look at problems differently. Men sometimes think one plus one equals two, whereas women might say: yes, but 0.5 times four is also two. Women carry a lot: the pay gap, caregiving responsibilities, pregnancy, returning to work and still building a career. The fact that many still succeed despite these barriers shows enormous resilience.

How do you see your role as an ally?

It starts with acknowledging that although we are not biologically identical, we are equal as fellow beings. We must recognize how health issues, such as heart attacks, may present differently and understand the realities surrounding contraception, abortion and pregnancy. Ultimately, we must acknowledge these issues in order to support women and truly be present.

If we defend human rights, all groups will benefit.

How can we stand together for women's rights and women's health?

I see a leadership crisis. I think men have missed many opportunities in recent years, especially because they were overrepresented in politics and policy.

For future leaders, including female physicians, I would say: raise the issue of human rights. Not only women's rights, because tomorrow we will stand for LGBTQ+ rights and the day after for migrants. But if we defend human rights, all groups will benefit.

Conversation with Annemiek Richters

Prof. dr. Annemiek Richters is emeritus professor of culture, health, and illness at the Leiden University Medical Center, the Netherlands.

By Lydia Ketting-Stroet

As part of the preparations of a workshop for the MWIA International Regional Congress, organized by the VNVA on June 5 and 6, 2026, I visited Annemiek Richters. Annemiek is emeritus professor of culture, health, and illness at Leiden University Medical Center in the Netherlands. The theme of the congress is “Transgenerational Resilience”. Her expertise and experience provide several points of reference.

As a medical anthropologist and physician, Annemiek has been working for years on (war) trauma-related problems, specifically among women. In 1994, she provided guidance to professionals in Sarajevo in developing a primary health care trauma-focused program. In 2004, she laid the foundation for a community-based sociotherapy program aimed at contributing to healing the wounds of war and genocide in the country. Up to now she has, in cooperation with others conducted research on the consequences of the genocide in Rwanda and recovery processes.

She had a specific interest in women who had been raped during the genocide and, since then, feel excluded from the community, having ‘no word to speak’ and suffering from social isolation. They were guided in discussion groups to gradually tell their stories and share what had happened to them. Finding words to share their experiences helped them to process their traumas and live a dignified life again. As peers, they supported each other and helped each other regain their resilience. Many of these women have children who have become victims of their mothers' unprocessed suffering. How these children dealt with these experiences and the effects of their mothers' recovery has also been a subject of study.

Resilience plays an essential role in Annemiek Richters' research, with a specific focus on transgenerational resilience. In our extensive conversation, it became clear that she needed a great deal of resilience in her own life and career. Her ambitions in medicine were repeatedly thwarted by gender-related discrimination. In addition, conventional medicine proved too limiting for her, as she was interested in people's illness narratives. Cultural anthropology, sociology, and philosophy subsequently formed the basis for a more comprehensive approach to illness and health, with a particular focus on vulnerable people.

Annemiek not only sees what war violence does to people in Rwanda. She emphasizes that many refugees who come to the Netherlands are also marked by the scars this violence leave on them. Something similar is true for people who are socially oppressed in the Netherlands. Their health can be significantly affected by social isolation.

Recovery from war-related and social trauma begins when people find the words to share their stories within a supportive community, allowing resilience to grow across generations.

All of Annemiek’s research shows that real recovery from social pain is often only possible when a social network is established. It is important that doctors realize this and pay attention to people's sociocultural context and the pain that social isolation, among other things, can cause.

The same applies to doctors in their roles as colleagues: as doctors, we learn to recognize what causes people's illnesses, and we need to do the same to support each other as female doctors in finding resilience within the medical field.

After her retirement, Annemiek’s attention to Rwanda and the problems of war violence has not diminished. She is still active in supporting sociotherapy projects that build on the foundations laid in Rwanda in 2004. In this, she is an example of how women (and female doctors) can make a meaningful contribution to society even in later life.

Lydia Ketting-Stroet

Drs. Lydia Ketting-Stroet is a general practitioner with a special interest in palliative care. After retiring from her practice she is still active in palliative care. She is also an anthropologist, in that way Annemiek Richters has been a role model at a distance.

Workshop:
Experienced powerful voices

Annemiek and Lydia will give a workshop together on resilience. They will focus on lessons learned from sociotherapy in Rwanda, but by interviewing each other they might as well explore resilience in their own careers, in working as older doctors and in the end-of-life-matters.

When people reclaim their voices after profound loss, shared storytelling becomes a source of resilience, a pathway toward a peaceful future.

In the workshop 'Experienced powerful voices' we will explain how community-based sociotherapy (CBS) as implemented in post-genocide Rwanda empowers people to regain their voice - a voice they had lost due to experiences with a painful past. Having their voice back enables them to share their daily distress with others, much of this distress being generated by the genocide and its aftermath. Sharing within the group leads to building resilience and to finding ways together to lay the ground for a peaceful future for the generations after.
We will explore the relevance of the CBS approach for other settings as well. In addition, by interviewing each other, we will explore how resilience has been part of our lives. By sharing our insights we will discuss what may enable older women doctors, even though retired from regular work, to make their voices heard.

Rebecca Gomperts

Dr. Rebecca Gomperts, Dutch physician, well-known activist for women's rights, particularly abortion rights, through her organizations Women on Waves and Women on Web

Abstract:
Politics of (un)pregnancy

During the 19th century, the United States and the Netherlands underwent major demographic and political shifts that reshaped reproductive life. Fertility among White women declined sharply as industrialization, urbanization, rising education, and lower child mortality encouraged smaller families and informal contraceptive use.

In response, both countries enacted restrictive laws on abortion and contraception: the U.S. criminalized abortion in nearly all states and imposed the Comstock Act (1873), while the Netherlands maintained strict prohibitions under its penal codes. In the United States, these restrictions were deeply entangled with racial anxieties, as declining White birthrates fueled fears of losing demographic dominance.

Contemporary debates on abortion echo historical fears about fertility and dominance, as political polarization continues to determine who has access to reproductive autonomy.

In the present, both countries face renewed debates shaped by low fertility and political polarization. The U.S. has re-fragmented after the overturning of Roe v. Wade, with access varying sharply by state and demographic inequalities intensifying.

Karin Pool

Dr. Karin Pool, pulmonologist and palliative care specialist Rode Kruis Hospital Beverwijk, co-founder and board member of Roze in Wit

Abstract:
The courage and wins of self-disclosure

For a long time, I did not feel it was necessary to share with patients that I am married to a woman and that I identify as queer. What mattered to me was being a good and kind doctor. And to be honest, we are trained to maintain professional distance, and in the early years you are mainly focused on developing yourself in your role as a medical specialist. A great deal comes your way, and you carry a significant sense of responsibility. By now, I know that this responsibility extends beyond medical expertise alone.

In 2018, we founded ***Roze in Wit.*** It started with being visible for early-career LGBTQIA+ colleagues and has since grown into a foundation that contributes to education, research, and policy. There are clear health inequalities and barriers to accessing care for LGBTQIA+ people. In other words, there is still much to be gained through greater knowledge of diversity, health disparities, inclusive communication, and creating a safer environment. This applies across all four domains—physical, psychological, social, and existential—and to healthcare across all stages of life.

You can only create a safe working and training environment when you see and acknowledge everyone. Moreover, equitable care is only possible when differences are understood.
Choosing to be open was a daunting step, but it has been one of the most meaningful decisions I have made. It has enriched me both personally and professionally and strengthened my conviction that, as physicians, we must use our position to advocate for justice and equality.

Equitable healthcare begins when we acknowledge difference, create inclusive environments, and use our professional position to advocate for justice and equality.

Question and answer with Heleen Eising

Dr. Heleen Eising, obstetrician and gynecologist at Gelre Hospitals in Apeldoorn and Zutphen, the Netherlands. Drawn to the arts throughout her life, she once considered enrolling at an art academy before choosing medicine. Today, she brings these two worlds together as the founder of Junction Care, a non-profit organisation dedicated to connecting healthcare, art, science and education.

Text: Karin van Galen and Heleen Eising

The aims of Junction Care are ambitious. How do you see art functioning as a connecting force between healthcare, science and education?
Art encourages people to look at complex health issues from different perspectives and to find alternative ways of coping with them. It connects human experience across healthcare (through person-centred care), science (via humanities-based research), and education (by fostering critical thinking). In doing so, art helps stimulate more integrated and humane healthcare systems.

Could you explain what 'narrative medicine' means, and how it might empower women working in today's healthcare system?
Narrative medicine is an approach that draws on the stories of patients and clinicians to enhance understanding, empathy and clinical outcomes. Rather than focusing solely on disease, it centres on the lived experience of illness.

By listening to and interpreting narratives—fears, emotions and life contexts—it bridges gaps in knowledge, strengthens relationships and promotes truly person-centred care. It also encourages recognition of diverse perspectives and backgrounds, which can be particularly empowering for women working within healthcare systems.

Art encourages people to look at complex health issues from different perspectives and to find alternative ways of coping with them.

You recently launched the website Stories of Women with Bleeding Disorders, Junction Care, which uses art to support patients' narratives and has been nominated for a web design award. What do you hope to achieve with this initiative?

We collected personal stories from people across Europe living with hereditary bleeding disorders and collaborated with designers to create a narrative-driven website. The platform gives patients a voice, invites healthcare professionals to rethink how they engage with women affected by bleeding disorders, and serves as a source of knowledge for care, education and research. It demonstrates how art and science together can offer a fresh perspective on women's healthcare.

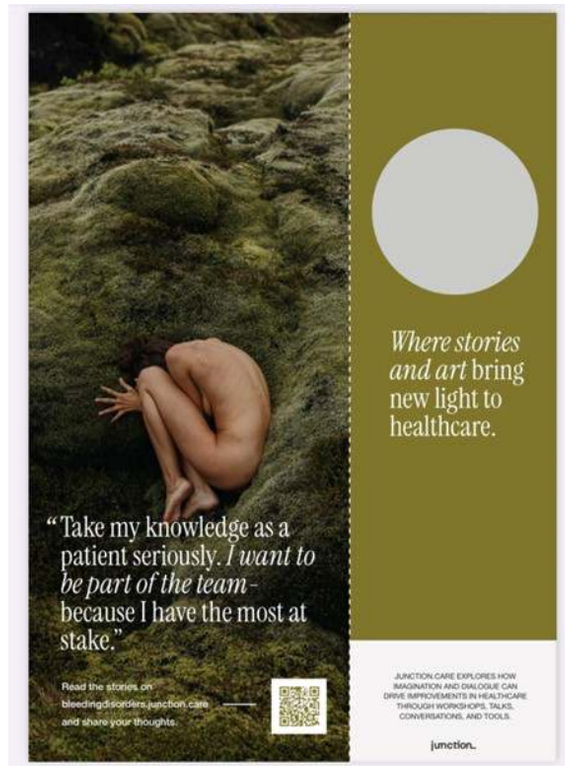
Which art form do you consider most powerful in improving healthcare, and where is it most urgently needed?

Narrative medicine is rooted primarily in literature. It draws on literary analysis and interpretation—close reading of written and spoken narratives, reflective writing, and group discussion—to help healthcare professionals understand individual stories and their clinical significance. Because effective medical practice requires narrative competence, narrative medicine is particularly valuable in medical education, but it can be applied across all areas of clinical practice.

What future projects are you planning to further integrate art into clinical medical practice?

In 2026, we will begin a collaboration with visual artist Esther Bruggink on a project entitled 'Looking from Different Perspectives'. A fresh start does not always require replacing what already exists; often, simply viewing familiar elements from a new angle is enough to create meaningful change. This project will focus on circularity and sustainability in women's healthcare, seen through the experiences of patients living with chronic conditions such as bleeding disorders.

For more information: hello@junction.care



Goal of the non-profit organization 'Junction Care' (https://junction.care) is to increase awareness that a humanistic perspective is important in healthcare. This is especially important in the care of women because of the vulnerability during the various changes they go through in their lives. To achieve this goal, we connect care with art, science and education. In training we use the narrative medicine approach.

Workshop Heleen Eising:
Thinking about stories, thinking with stories

Anton de Bruin

Dr. Anton de Bruin, anaesthesiologist-intensivist,
St. Antonius Hospital Nieuwegein

I joined the VNVA for two reasons: a personal one and a professional one. I found myself at a point in my career where I could look both back and ahead. When I started as a student, there were already more women than men in the lecture halls, and in the years that followed, you worked hard to get into training and complete it. In the beginning, everyone seems to have equal opportunities in modern times; men are no longer seen as the only ones capable of handling the medical profession. Sometimes that was still suggested, but I rarely encountered it explicitly.

That sense of equality changed when I had children. In practice, it turned out to be almost impossible to take them to daycare or school, or to pick them up myself after work. Moreover, I was told that if I wanted to start training, I had to ensure that I could work until about 7:00 PM. Looking back, I see that between the ages of 30 and 40, a relatively large number of female colleagues drop out compared with their male colleagues. Having children and caring for them was and still is too often a responsibility that is viewed by men, society, and sometimes even by women themselves as a woman's task.

Although part-time work and paternity leave are fortunately becoming increasingly common, further equality is needed to give women the chance to shape their careers with the same dedication and opportunities. This is just one of the stigmas you encounter. A young male executive or medical specialist is quickly seen as a top talent, whereas with a young female executive, people tend to wait and see what becomes of them. Women are "sweet" or a "bitch"; men are ambitious or charming, but never "sweet".

There is now a great deal of research showing that women perform at least as well, and often better, in certain competencies and tasks. Think of communication, collaboration, patient focus, and situational leadership. It would be a shame, for healthcare and for society, if we did not fully utilize that potential due to structural inequality or unconscious biases.

In my current role as a supervisor, when I explicitly ask about it, I hear that fellow specialists react differently to female residents than to male ones. As a male specialist, you often do not notice that difference without consciously asking. Unfortunately, whether consciously or unconsciously, social norms are not yet such that they automatically lead to normal, equal communication for everyone.

We live in a time when important rights and achievements have been reached, but where true equality is not yet a given. Too often, women still have to adapt and be “one of the guys” instead of being valued for their own qualities and talents.

My personal motivation for joining the VNVA is that I do not want my daughter or my wife to live in an unequal world, nor do I want my sons to be unable to live on equal terms with their partners later in life.

At the same time, we live in a period where conservative forces not only want to slow down progress but sometimes even want to reverse it. I am convinced that the fight for equality is never finished and requires sustained effort. My personal motivation for joining the VNVA is that I do not want my daughter or my wife to live in an unequal world, nor do I want my sons to be unable to live on equal terms with their partners later in life. Through the VNVA, I would like to contribute to this within the medical community.

I do not view my female colleagues and women in general as vulnerable or as people lacking resilience. Most of those I know are actually stronger and often smarter than the men around them. We have currently structured the world in such a way that women have to run hurdles and be faster, while men walk on a flat track. We should also not take only women at the top as the norm or example. It is good that

they exist, but just as with men, not everyone can reach the top, has the opportunity, or is in a position to get there. Women do not have to be twice as good; being just as good and being able to be yourself should be sufficient.

Women do not need to be twice as good. Being just as good—and being able to be yourself—should be enough.

We should not change something about women, but about the structure and culture in which men and women work. It must become truly equal. The role of male colleagues, and certainly of men in leadership positions, is essential to promote equality in all areas. By this, I do not mean that women should be measured against men's yardsticks, but that they should be given equal opportunities to use their talents and skills. Otherwise, we will keep going round in the same circles.

Medical Women's International Association - MWIA

In 1919, the first international congress of women doctors was held in New York from 15 September to 26 October. The American Women's Hospitals Service Committee (a committee of the American Medical Women's Association) took this opportunity and organized a dinner in honour of distinguished medical women from different countries who had just returned from medical relief work in France.

140 guests from 16 nations attended the festivities. Some women doctors sensed the opportunity of forming an international association of medical women. Their suggestion was enthusiastically welcomed by the participants in the dinner.

Within a few days a Committee of twelve was chosen by ballot and empowered to organize the Medical Women's International Association and to nominate Executive Officers. The Committee met on October 25, 1919 and an Executive Committee was elected. The first MWIA President was Dr. Esther P. Lovejoy, USA. Three Vice-Presidents, a treasurer, a recording secretary, and a corresponding secretary were also elected. A provisional constitution was adopted and provisional aims and objectives were laid down: to exchange ideas and unite efforts for the benefit of mankind.
In 1919, women doctors from 16 nations became members of MWIA.

MWIA is an association of medical women and students representing women doctors from all six continents and eight regions. The Netherlands is part of the Northern European region. The aims and goals of MWIA are to promote the cooperation of medical women in different countries, to actively work against gender-related inequalities in the medical profession and to offer medical women the opportunity to meet and confer upon questions concerning the health and well-being of humanity.

Benefits of membership
*** Having a global political voice on health issues**
*** Strengthening and increasing the role of medical women**
*** Participating in international research activities**

MWIA congres 2011 - The Netherlands

Membership of the VNVA automatically grants membership in the MWIA

Question and answer with Hanneke Takkenberg

Prof. dr. Hanneke Takkenberg, professor of Clinical Decision Making in Cardio-Thoracic Interventions at Erasmus MC, Executive Director Erasmus Centre for Women and Organisations

By Karin van Galen

Throughout her carreer Prof. Takkenberg consistently worked at the intersection of medical science, gender research, and institutional change. Her work demonstrates how strategic networking can accelerate the transformation toward equal opportunities in health care, academia, and research. Herein, she had a crucial role as one of the initiators of the Netherlands Women's Health Research & Innovation Center (NL-WHR&IC) at Erasmus MC. Launched in 2025 as a virtual, multi-, inter-, and trans-disciplinary hub, the Center brings together medical professionals, researchers, patients, policymakers, and innovators with a shared aim: to advance knowledge, care, and innovation related to women's health across their entire lifespan.

Could you tell us a bit more about the current achievements of the NL-WHR&IC?
We are just getting started and it has been a whirlwind year for us. There is so much momentum! The center is a research and innovation center that has a holistic view of women's health and an inclusive transdisciplinary approach to advance women's health. Given this broad view and approach, there are achievements in many ways.

To mention only a few: we **opened our center on March 7, 2025 with an event beyond our wildest dreams** in terms of enthusiasm, attendance and diversity of attendees. We needed to book 2 extra halls to accommodate everyone, 40 companies were showcasing their women's health innovations, which included researchers, clinicians, innovators, women's organisations, policymakers, insurance companies.

Another highlight was the overwhelming and heartwarming support from all parts of society: from a student rowing team that spontaneously raised funds for the center, to a private initiative that allowed us to set up annual prizes for young researchers studying women's health. Also, we were **invited to Brussels** a couple of times where we lobbied to get women's health high on the strategic agenda. We performed an analysis of the results of the European Parliament's public consultation on women's health, and presented it to the European Parliament. We are currently busy building collaborative women's health networks both regionally and nationally.

The creation of women-centered health networks also serves to strengthen women's careers in healthcare and academia. What is your strategy in mobilizing networks to drive organizational and cultural changes?
First raise awareness of the interconnectedness of women's health and women's empowerment @work: the women's health gap is closely linked to economic disadvantages for women: poor health creates barriers to women's careers and their financial independence.

Next, use this awareness to start changing our organisations and organizational culture to better align with women's needs. Networks play a crucial role in this transformation, moving away from the traditional hierarchical individualistic and competitive organizational forms **towards inclusive cooperative ecosystems.**

In mobilizing networks to form an ecosystem of networks, it is important to emphasize that regardless of the different functions and focus of the individual networks, collectively they will be able to support and amplify each other.

Inclusion must move from a 'nice to have' to a strategic necessity, because women's health, empowerment at work, and equitable healthcare are fundamentally interconnected.

How do you see the road to an inclusive work culture that supports inclusive healthcare and where are we standing right now?
A sustained inclusive work culture can only be achieved if we link inclusion to the purpose and strategy of our organisations, and move beyond the current compliance and programmatic initiatives. Right now most health care institutions see inclusion as a 'nice-to-have' while for inclusion to truly matter to all patients and employees, it ideally should become **a strategic prerequisite**, a 'must-have'.

What is your advice for young female healthcare professionals regarding networking to achieve their ambitious goals within the current system?
For a women to be successful through networking, it is essential that you have a close inner circle of trusted female friends, **a sisterhood** (ref: A network's gender composition and communication pattern predict women's leadership success). Invest time in your female friends and colleagues, support and amplify them. It is fun, comforting and has a great return on social investment.

To summarize, Hanneke Takkenberg's contribution to a national network for women-specific and inclusive healthcare lies in her ability to **bridge disciplines, connect people, and embed gender equity into both scientific inquiry and institutional culture**. By combining visionary leadership with the strategic use of networks, she has helped lay the foundations for a more inclusive, evidence-based, and equitable healthcare system—one in which women and men receive the care, attention, and opportunities they need to thrive.

Title workshop Hanneke Takkenberg*:
The power of networking

Abstract:
The power of networking workshop explores the science and practice of networking, in particular gendered aspects of networking, effectively building and expanding your network, and the imperatives for networking. You will add at least 3 new friends to your sisterhood!

**** In the second block, the workshop is given by Karin van Galen and Mala Misra-Isrie.***

Social event MWIA regional congress 5th of June 2026

Breukelen, where the conference is held, is a nice village located along the river Vecht in Utrecht.
There are many country houses along the Vecht, which were often built as estates for wealthy merchants from Amsterdam. We will take a boat trip along these houses with the Salon boat 'Dame van Amstel' from the Belle shipping company. In the meantime, we can enjoy dinner.

The first salon boat restored by this shipping company was named the 'Belle van Zuylen'. We thought it would be nice to choose this shipping company, because Belle van Zuylen was a very emancipated lady from the 18th century. She was a highly noble lady who had developed extensively and had many international contacts. She strongly opposed the prevailing social conventions. She is included in the Canon of the Netherlands.
Our cruise takes us to Slot Zuylen, the castle where Belle van Zuylen grew up. Unfortunately we cannot visit the castle in the evening, but we will tell you more about Belle van Zuylen along the way.

Question and answer with Judith Huinre

Prof. dr. Judith Huirne is professor of Benign Gynaecology at Amsterdam UMC and initiator of a new workplace-based women's health consultation for healthcare staff.

Lowering the Threshold for Women's Health Care at Work

By Karin van Galen

What was the reason for starting this initiative?

The immediate trigger was the outcome of our national project "the societal acceptance of female-specific conditions". The impact of female-specific disorders on sick leave and related societal costs are extremely high. We presented to the Dutch Ministry of Health.
At the same time, nurses and other colleagues regularly approached me with personal gynaecological complaints. Many felt the threshold to see their GP was too high or their problems were not taken seriously enough. And as a result, the mean time to diagnosis is still 7 to 8 years for female-specific disorders. That made it clear we needed a low-barrier solution to reduce the time to correct diagnosis.

What did you develop?

I initiated a **free women's health consultation for our own staff during three days a week** at Amsterdam UMC. My goal is to make support accessible for healthcare workers who otherwise postpone or avoid seeking care—and ultimately to inspire similar initiatives elsewhere.

What is the main objective of the consultation?

The aim is to reduce the time to diagnosis from 7 to 8 years to one hour **and to give guidance to the women and their general practitioners** for female-specific disorders such as menstrual problems, prolapse or hormone-related symptoms such as menopause. By improving early recognition and guidance, we can shorten time to diagnosis and treatment, improve quality of life, and reduce absenteeism.

How significant is the impact on absenteeism?

Absenteeism among female employees at Amsterdam UMC is currently about 7% and this is much higher than in male. A large part is related to female-specific conditions. There is an increasing shortage of healthcare workers, upto 230.000 in 2030 in Netherlands. A substantial part of the shortage can be solved by better care for female specific disorders. Only in AmsterdamUMC we calculatedthat **reducing this absenteeism could mean over 100 additional women available for work each day.**

Better care for female-specific disorders is not only a health priority, but a workforce solution: empowering women to seek timely care can significantly strengthen healthcare capacity.

How does the consultation work?

During the consultation, we assess whether a female-specific condition may be present and whether referral to the GP is appropriate. The consultation takes place at the gynaecology outpatient clinic, if needed we make an advanced ultrasound. We do **not** provide treatment. Instead, we give structured advice to support both the employee and the GP, enabling targeted treatment, referral, or reassurance.

Is research involved?

Yes. Apart from the effect of our pilot we are studying **the barriers women experience in seeking care** and how these can be reduced. Ultimately, we want women to feel empowered to consult their GP directly when needed. Apart from the very positive effects for the women and related sick leave we also see that our initiative increases the awareness for these problems of women, GPs and it facilitates the discussion in the workplace.

What's next?

Apart from our two-year pilot we share our knowledge, protocols and instruction materials to support other hospitals if they are interested to start this initiative as well. We hope to generate national data to strengthen the evidence. We initiate training for GPs, gynaecologists and other care providers. We aim to start an international training center. Finally we initiate various public-private consortia to develop better diagnostic tools and therapeutics in order to improve care for female specific disorders. It is our ambition to reduce sick leave related to female-specific disorders by 50% within ten years.

Emma Agricola

Emma Agricola is one of the leading (generational) diversity and inclusion experts in the Netherlands. She conducts ongoing research into Gen Z, effective multigenerational collaboration and generational diversity in the workplace, draws energy from building bridges between different generations and hosted the successful podcast 'From A to (Gen) Z'. She gave hundreds of workshops and trainings on Gen Z, generational diversity and intergenerational connection & collaboration and led the Young Female Leaders programme of the Professional Women's Network Amsterdam, amongst other things. In June 2025, her first book 'Expeditie Generatie' on generational diversity and effective multigenerational teams got published.

Abstract:

From Boomer to Zoomer: collaborating effectively with all generations

Healthcare is a people-centered profession that relies on collaboration. But what if you find that you communicate and approach your job differently from your colleagues from another generation? That you perceive your role differently from your younger colleagues? Or that you have a different view of a healthy work-life balance than your supervisor? Generational differences can be a source of friction, but with the right insights and tools, they can become a strength within a team.

Generational differences can be a source of friction, but they can also become a strength.

In this keynote, we will explore what defines a generation, what the differences and similarities between generations are and how to leverage different approaches when it comes to mindset, communication, and work style.
You will discover how to build bridges between generations so that you and your colleagues can strengthen each other rather than lose out on each other's valuable contributions.

In her book, the Netherlands' youngest generational specialist, Emma Agricola, takes you on a 'Generation Expedition', providing insights into:

§ the characteristics of and differences between generations in the workplace and their origins;

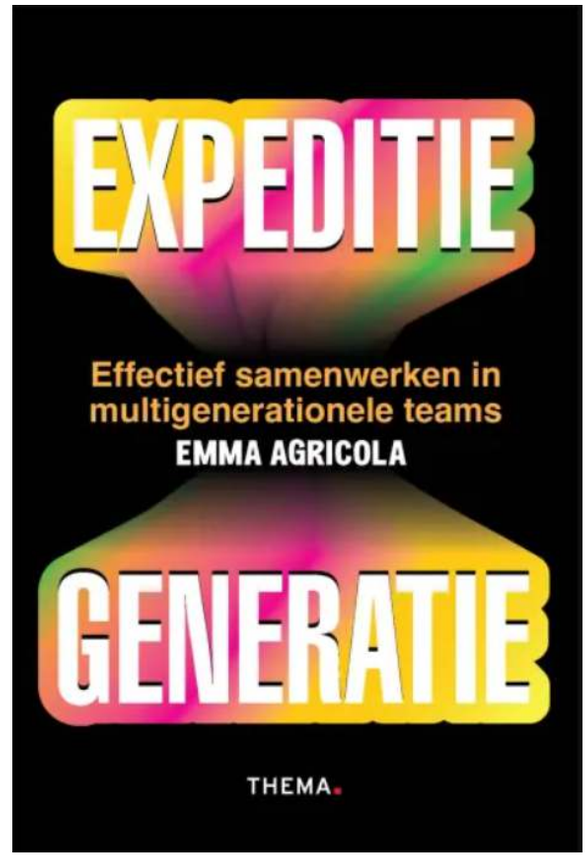
§ the innovative power and different perspectives of "newbies" Gen Z & Alpha;

§ tips, tricks, and best practices from other organizations;

§ the strengths of each generation and how you can unlock their potential;

§ the generational inclusion phase your organization is in;

§ concrete adjustments tailored to your team, for more effective collaboration.



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DÉ VERENIGING VAN NEDERLANDSE VROUWELIJKE ARTSEN

VNVA – Dutch Association of Women Doctors

Where diversity and inclusion are the norm

Do you want to grow, connect, and amplify your voice as a woman doctor?
Join the VNVA – the network for active and ambitious women doctors.

🌿 Grow with the VNVA!

Become part of an inspiring community committed to equal opportunities, professional development, and gender-sensitive care.

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What does the VNVA have to offer you?

✨ Meet-the-Expert webinars

From the gender pay gap and stress to imposter syndrome and professional skills – learn from experts and each other.

🏆 Corrie Hermann Prize Symposium

Focussing on gender-sensitive medicine.

🏅 Els Borst Lifetime Achievement Award Symposium

Atribute to long-standing commitment to women's health.

🤝 VNVA Mentors

Accessible advice: by members, for members.

📰 Digital VNVA Newsletter

Stay up to date with invitations, background information, gender & health, book recommendations, and more.

📚 Training and continuing education

For and by doctors, with member discounts.

🌍 International network – MWIA

Connection with female doctors worldwide.

💬 Join us. Empower yourself. Empower each other.

Together we are building an inclusive future in medicine

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