

# FOCUS

MEDICINE

SPRING  
2012



**IT TAKES A COMMUNITY:  
SERVING THE HEALTH NEEDS OF SOCIETY**



**McGill**

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# FOCUS | MEDICINE

SPRING 2012

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**COVER PHOTOS (front and back):**  
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## ★ INTRODUCING DAVID EIDELMAN

This issue of *Medicine Focus* introduces the new Vice-Principal (Health Affairs) and Dean of Medicine, David Eidelman, MDCM'79, and provides a snapshot on where the Faculty is and where it is going. From education renewal in all major program areas, to an



unprecedented transformation of Montreal's health care landscape, to a strengthening of our research focus on areas that best serve society, McGill is well placed to capitalize on its illustrious past in striving for an even brighter future. Read more on page 18.

## ★ ABOUT OUR COVER

For this issue of *Medicine Focus* we went out into the clinical realm and came back with some photos that show the diversity of our student body and the kinds of training environments they find themselves in. We are very grateful to the leaders,



clinicians and staff of St. Mary's Hospital Center and CLSC Côte-des-Neiges, the two clinical settings in Montreal where all the photos were taken. Front cover: Medical student Imene Ait Mohamed, Nursing student Rosalita Jn Pierre and David Eidelman with baby Patrick-Arnold Rudkin. Back cover: Nursing student Irene Chu, Communication Sciences and Disorders student Jacenta Murch, Physical Therapy student Arthur Woznowski-Vu, Occupational Therapy student Erin Douglas and Medical student Raven Dumont-Maurice.

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# CHANGE *is* THE ONLY CONSTANT

“Change is the only constant.” This quote from Heraclitus was a favourite of the legendary McGill researcher and instructor, Charles Philippe Leblond.

The cell turnover Leblond observed in organic tissue provided tangible evidence of Heraclitus' maxim. What is now a fundamental concept of biology also has valuable lessons for those who are concerned with delivering ongoing success in the health sciences.

In our Faculty, there is a strong belief that by building the concept of change as a constant into our educational, research and health care delivery missions, we will be ideally positioned to seize the numerous and exciting opportunities that the future holds. As we train the next generation of health professionals, promote excellence among our scientists and champion innovation in health care, we do so guided by the knowledge that to excel, adaptability is crucial.

As you will read in this issue, during my tenure as VP-Dean, we will implement a new undergraduate medical curriculum. Program renewal is also afoot in our post-graduate medical training, as well as in the Schools of Nursing, Physical and Occupational Therapy, and Communication Sciences and Disorders. Among many other changes, we are increasingly asking for research acumen and independent project work from our students. We believe this will help them adapt to a career-long series of changes in clinical practice.

Another urgent priority will be developing and implementing a new plan for research. Clearly, we are one of Canada's foremost research institutions, but in a competitive environment and within available resources, we must ensure our efforts are targeted and focused on where we can have the biggest impact. With a bold new plan we can build on our existing and emerging strengths and thereby maintain our world-class standing in research over the coming years.

So far I've talked a lot about the future of this Faculty. I'd like to take this opportunity to reflect on the successes of our past, and give thanks to Richard I. Levin for guiding us from 2006 to 2011 and to Samuel Benaroya for leading us on an interim basis. The Faculty made huge strides forward during these years. There is hardly space to capture all the achievements, but I do want to recognize the historic Campaign McGill, which has galvanized our alumni community in raising an unprecedented \$150 million for the Faculty. This helps us to support excellence in education, to push the boundaries of scientific discovery and to make innovations in health care delivery that are of enormous benefit to patients. Our accomplishments rest on the shoulders of literally thousands of you. On behalf of the Faculty, let me say, “Thank you!”



Courtesy of MUHC

Taking the helm of McGill's Faculty of Medicine at this time is an opportunity for me to give back to a community that helped launch and nurture my own career. It's also a chance to be part of the numerous opportunities ahead. I look forward to meeting as many of you as possible over the coming years, including at Homecoming 2012. With the worldwide McGill community on board, I am confident that in these changing times, our Faculty is poised to go far.

**DAVID EIDELMAN, MDCM'79**

Vice-Principal (Health Affairs)  
Dean, Faculty of Medicine  
McGill University

## THE EXPANDING SCOPE OF NURSING

The integral role nurses play within the Canadian health care system is rapidly evolving. Their responsibilities are expanding and their roles are becoming more and more varied. This interview with Dr. H el ene Ezer, Associate Dean and Director of the School of Nursing, explores some of the most pressing issues in the profession.

### What are some of the main issues facing nurses today?

Their work has become much more complex with much pressure on the system to provide care. The number of patients nurses can handle on a daily basis has decreased because patients leave hospitals earlier and the ones who remain are the very ill. There is a limit to the caseload of seriously ill patients that nurses can safely carry. As a result, there aren't enough nurses to handle those numbers.

The shortage of nurses has been a big factor in actually stopping things from being done sooner. Many of the delays in providing care in hospitals are related to the lack of nurses able to look after the patients.

### What about new, advanced nursing roles?

Nursing roles have multiplied and the scope of nursing practice has increased. Many of these new roles have a particular focus—for example with parents and newborn babies, in mental health or home dialysis—and nurses become highly skilled in working with special populations.

In Quebec, one of the more recent and best known roles is that of the *"infirmi eres pivot,"* nurses who have an expanded scope of practice in helping cancer patients, not only at the time when they're receiving treatments in hospital, but afterwards when they go home. This is a coordination and follow-up role that has been invaluable to these patients, to their anxious family members and to the other practitioners who are also working with them.

### Tell me more about the Nurse Practitioner (NP) programs.

They were first created in specialty areas—neonatology, cardiology and nephrology—to alleviate the demands for specialized care. The newest of the NP programs is in primary care. It is an attempt to meet the population needs for front-line health care as well as the management of chronic illness. The NP role has been a long time coming in Quebec. There is now a growing understanding of the potential of this role in improving care. The intention of the Minister of Health is to have 500 or more primary care NPs across the province in the next five years.



➤ H el ene Ezer, BScN'68, MSc'77

Owen Egan

### How are patients responding to these nurses?

They love it. Somebody's listening. Somebody's asking questions. You get to tell your story, the whole story—not just where the pain is.

### Looking ahead, what's on the horizon for nursing?

Getting the resources together to handle a slow and steady increase of students. We will need physical space, staff to support the programs and teachers, which means funding. There is an unpredictable element to the future, which is good. Things aren't set in stone and there are opportunities to grow. It's a great time to be in nursing, the rewards are amazing. **{ALLISON FLYNN}**

*The full version of this interview originally appeared in the McGill Reporter.*

## THE NEW FACE OF REHABILITATION

**Client-centred, holistic, individually tailored; these words define how modern rehabilitation is delivered.**

“**R**ehabilitation today is adapted to the personal needs, preferences and priorities of each patient and his or her family,” says Annette Majnemer, Associate Dean and Director of the School of Physical and Occupational Therapy. “Influences such as motivation, lifestyle preferences and social support are just as important, which raise new questions of what exactly impacts successful treatment.”

Finding answers to these questions is one of the School’s pioneering strengths. In 1988, it launched the first PhD program in Rehabilitation Sciences in Canada, and over the last two decades, has more than doubled enrolment rates to roughly 35 doctoral-level and 35 master’s-level students.

“There’s a commitment and interest in evidence-based practice, which is making research more and more essential. The focus is on the entire lifespan, from premature infants to the frail elderly.”

Majnemer credits the World Health Organization’s International Classification of Functioning, Disability and Health with changing the face of rehabilitation research and practice over the last ten years. Using this framework of measuring health and disability at individual and population levels, rehabilitation practitioners have adopted a more holistic therapeutic approach instead of concentrating on fixing a specific deficit or impairment. Life quality factors such as maximizing autonomy and encouraging activities that foster social interaction and physical and mental health have become priorities.

Technological developments are also helping individuals with physical challenges gain control over their environment. Filling research gaps, the School’s professors and students are developing such innovative projects as a simulated wheelchair to train patients in a safe environment, a robotic arm to facilitate hand function for those with upper extremity limitations, and other virtual reality tools to treat balance, vision and mobility problems.

### Mall as a Living Lab Project

“A typical North American shopping mall is a microcosm of society where people engage in many overlapping activities, like shopping, banking, eating and socializing,” says associate professor of the School of Physical and Occupational Therapy Eva Kehayia, MA’84, PhD’90. “It’s the ideal environment to help rehab patients regain their previous life quality and participate in the regular activities they did before.”

Kehayia and colleagues from Montreal’s Centre for Interdisciplinary Research in Rehabilitation are collaborating on the MALL project, which aims to make one of Montreal’s shopping centres, Place Alexis Nihon, more accessible for visitors, especially the elderly and disabled.

Following rehabilitation, many patients have difficulty resuming previous activities of daily living and are prone to becoming socially

“A typical North American shopping mall is... the ideal environment to help rehab patients regain their previous life quality.”  
–Eva Kehayia



Owen Egan

↳ Eva Kehayia, from McGill’s School of Physical and Occupational Therapy, and Bonnie Swaine, from l’Université de Montréal’s École de Réadaptation, are the creators of the Mall as Living Lab project (MALL).

isolated, so Kehayia and her colleagues viewed “mall rehab” as a viable therapy. Encompassing over half of the School’s tenure-track faculty, along with investigators from other universities and rehabilitation centres within Canada and internationally, the MALL Project aligns psychosocial and biomedical perspectives to improve the independence and social integration of individuals with disabilities. A large portion of this four-year endeavour incorporates teaching, as the School trains future clinicians who will eventually bring their patients into this type of inclusive public space.

Among the MALL’s 16 innovative pilot projects are plans to install talking signs to guide those with visual impairments or mobility problems; create an “intergenerational playground” for both young and old; simulate the shopping experience using virtual reality; and, through theatre gauge the perceptions of shopkeepers and shop owners about people with disabilities.

As Kehayia said, “We believe that once this mall is transformed, others will follow suit and initiate changes so that all will feel openly welcome in these public spaces.” **{ANNETTE MAHON}**

## SPEAKING UP FOR HUMAN COMMUNICATION NEUROSCIENCE

No matter the age, recovery following a stroke can be long and arduous, encompassing extensive rehabilitation for patients to regain lost skills. One often lingering effect is speech impairment, which can range from mild to debilitating. Patients' deficits in language abilities can be lifelong and can result in depression and social isolation.



Lucie Besner

Thankfully, that doesn't have to be the case, as McGill's School of Communication Sciences and Disorders (SCSD) is proving. Through its partnership with the *Association québécoise des personnes aphasiques* (AQPA), along with past funding from the *Ministère de l'Éducation, du Loisir et du Sport* and the Health Canada Retention of Health Professionals Fund, a speech-language pathologist and students from the SCSD provide activities and support for those in Quebec's English-speaking community with aphasia. Most often associated with stroke, this neurological language disorder can also result from damage to the brain caused by infections, head injuries, brain tumors or dementia.

Filling an apparent void in a service that was once predominantly offered to francophone Quebecers by the AQPA, the SCSD's involvement over the past five years has seen the number of English-speaking patients supported increase five-fold, from a mere nine in the early 1980s to over 50 today, thereby doubling the organization's total membership. In addition, the program trains between 10 and 15 speech-language pathology students per year, which represents almost half of SCSD's graduating class.

"In the past, very little was available on a long-term basis for people with aphasia," says speech language pathologist Darla Orchard, BA'88, MSc'91, who managed APQA's anglophone groups until December 2011. "Yet, it has been proven that those with this condition benefit from conversation groups for many years following traditional speech and language treatment."

Living in the aftermath of a stroke, Lucie Besner found the social support and language training she needed to regain her independence through the clinic offered by the SCSD. So impressed was she by the value of such an intervention that she has since established the Besner Fellowship for the Study of Human Communication Neuroscience. Starting in 2013, this \$200,000 endowment will permit an award to be given annually to a doctoral-level student from the School who is conducting research on the relationship between language, communication and the human brain. The research supported will focus on adults with acquired language impairments resulting from neurovascular or neurodegenerative disorders such as stroke.

"As a result of her own stroke and the effects it has had on her language capabilities, Ms. Besner chose to support this field," says Marc Pell, Associate Dean and Director of SCSD. "As is her wish, the donation will be used to encourage young researchers in our School to advance basic knowledge about language processing in the brain."

"McGill University undertook to give us courses in English so that we could retain our use of the language," says Besner. "Immersion courses helped us to overcome difficulties, understand the sounds and to reestablish our hearing. I learned again how to read in English. I was very happy with the services I was offered." When asked what motivated her to make a donation, she responds, "You have to believe in sharing. Nobody is sheltered from the need to call on medical expertise sooner or later. Whatever the disease, there will always be a need for research." **{ANNETTE MAHON}**

"In the past, very little was available on a long-term basis for people with aphasia. Yet, it has been proven that those with this condition benefit from conversation groups for many years following traditional speech and language treatment."  
– Darla Orchard

## CONTINUING A LEGACY IN CANADA'S NORTH



John Burgess, and published in Doctor to the North.

Entering the Arctic Circle: mountains 30 km north of Pangnirtung, Nunavut.

When he was named the consulting cardiologist to the McGill Baffin Project in 1973, John H. Burgess, BSc'54, MDCM'58, didn't know that he would end up falling in love with Canada's North. He did, and spent the next three decades serving as a consulting cardiologist to the Inuit in Nunavut and Nunavik. Burgess has now retired from practice, but he has not stopped giving to the North. In the summer of 2011, he dedicated funds to create the Dr. John H. Burgess Distinguished Scholarship for students from indigenous communities in Canada enrolled in McGill's Faculty of Medicine.

Owen Egan



Scholarship winner Elaine Kilabuk meets John Burgess for the first time.

Enter first-year med student Elaine Kilabuk, the first recipient of the Burgess Scholarship. Born in Iqaluit but brought up in Florida, Kilabuk is a fountain of warmth and energy. Upon meeting Burgess for the first time, she is soon trading stories of hiking in the Arctic and the difficult conditions that face physicians in the North. "I really became aware of it when my grandmother had COPD (Chronic Obstructive Pulmonary Disease)," says Kilabuk, who was a teenager at the time. "I went with her to the local nursing centre, and it was striking how different

“It was a tremendous experience,” says John Burgess of his time in the North. “It was a big part of my life.”

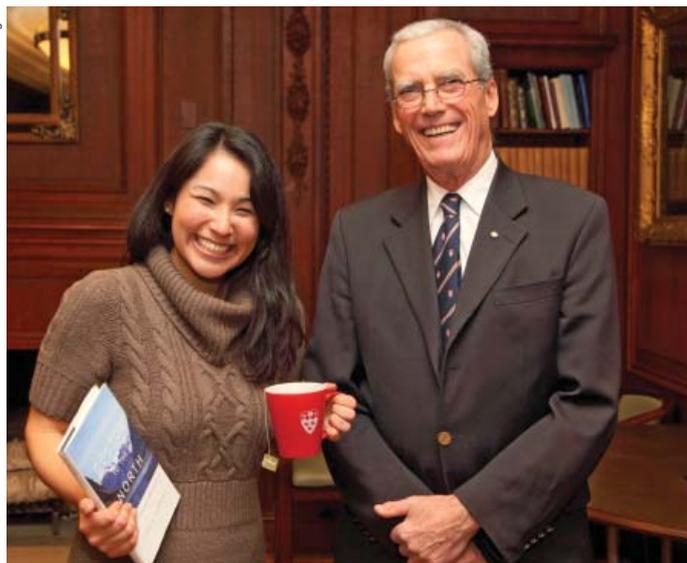
it was from the facilities elsewhere. She had to be flown out for treatment.” It was this experience that made the young Kilabuk determined to return to the North to help out. Studying medicine is giving her that opportunity, and the new scholarship is helping to make it a reality.

Although she does not yet know what kind of medicine she will practise (she is currently thinking of family medicine) Kilabuk has already started to prove her dedication to Northern communities. In the spring of 2012, she is participating in a series about Inuit mentorship with the Aboriginal People’s Television Network, which will document her work with a physician based in Iqaluit. She is also looking into starting a program to promote careers in health care to Inuit students. And she has signed a contract with the Department of Health and Social Services in Nunavut agreeing to work in the area for four years following her residency.

Burgess talks about the changes he saw over his 30 years in the North. “When I first went up, there was virtually no coronary disease,” he says. Now, after the introduction of the “southern” way of eating, that situation has changed drastically. “There is a real need for Inuit physicians,” says Burgess. “I always had to care for people through an interpreter, and it wasn’t always easy to develop a rapport with my patients.” That he nevertheless succeeded is clear from his stories and from the photos in his book, *Doctor to the North*, published in 2008 by McGill-Queen’s University Press.

Kilabuk and Burgess leaf through the pages of the book together, pointing out photographs of familiar landmarks and recounting memories. “It was a tremendous experience,” says Burgess of his time in the North. “It was a big part of my life.” Now, thanks to students like Kilabuk, his legacy continues. **{ MARIA TURNER }**

Owen Egan



➤ Kilabuk with a copy of *Doctor to the North*, and its author John Burgess.

## THE “ART” OF MEDICINE IS MAKING A COMEBACK

If medicine is both an art and a science, it is Tom Hutchinson’s contention that the art was too often ignored over the last hundred years. Hutchinson is editor of the recently published book *Whole Person Care: A New Paradigm for the 21st Century*, with chapters contributed by Balfour Mount, Richard and Sylvia Cruess, Abraham Fuks, BSc’68, MDCM’70, and other experts exploring how the field of medicine is reviving the tradition of the compassionate physician-as-healer and ensuring a transformation of today’s fast-paced and technologically advanced health care system.

“Patients are less and less happy with the medical profession because at a deep level they’re not getting what they need,” says Hutchinson. Currently Director of McGill Programs in Whole Person Care and an attending physician in the Division of Palliative Medicine at the McGill University Health Centre, Hutchinson started his career as a nephrologist. He dramatically changed course in the 1980s after meeting Virginia Satir, the renowned family therapist. “[From her] I learned a lot about people and how they respond to difficult issues in their lives and how you can help them,” Hutchinson says. He made the switch to palliative medicine, working alongside Balfour Mount, who is credited with bringing palliative care to Canada, and grew in his conviction that “the basis of medicine is not science; the basis of medicine is relating to other human beings and helping them through illness.”

In their chapter, the Cruesses write that “the evolution of the practice of medicine, whose history is firmly rooted in the art of healing, is paradoxical.” It would seem that “whole person care” was something physicians such as Hippocrates, and his forebears and successors, were doing well before the term was coined. But with the advent of the scientific era of medicine in the late 19th century, and with the increasing specialization that occurred over the second half of the last century, whole person care appeared to decline. The paradox is that medicine can cure more ailments than ever before, yet trust in health care practitioners is waning and patients long for a return to a meaningful one-on-one relationship with a physician.

*Whole Person Care* argues for a new model in which the empirical methods of science are blended with the art of healing, going beyond a focus on the body and its disease to encompass the individual



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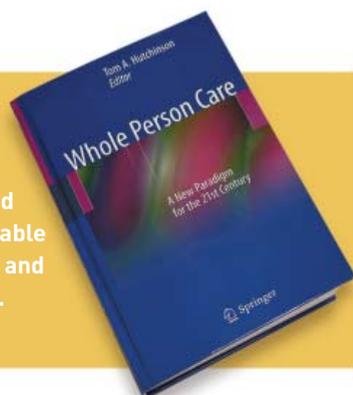
Thomas Hutchinson speaks to the audience at the launch of his book.

suffering with the disease. In his chapter, Eric Cassell makes an analogy to another profession: “Architects, for example, do not join two kinds of knowledge— aesthetics and engineering—at the end of their design. These... are an entwined part of their thinking all the time...”

Through chapters on “mindfulness” – an approach to medical practice that requires openness and perceptual clarity; the language of medicine; alternative therapies; the role of death anxiety; professionalism; genetics and other topics, *Whole Person Care* serves as a guide for students, practitioners, teachers and the general public.

Hutchinson maintains that McGill is unique in its attention to whole person care and that’s due, in part, to the Oslerian tradition of academic humanism which, he says, “is extremely strong at McGill.” It is from Sir William Osler, after all, that Hutchinson borrowed the book’s introductory epigram: “The practice of medicine is an art, not a trade; a calling, not a business; a calling in which your heart will be exercised equally with your head.” **{ LAURENCE MIALL }**

*Whole Person Care: A New Paradigm for the 21st Century* is published by Springer and is available at the McGill Bookstore and online through Amazon.



## CANCER: THINKING GLOBALLY, ACTING PERSONALLY

**Where are we going next in the global battle against cancer? One of the best guides is Simon Sutcliffe, the President of the International Network for Cancer Treatment and Research-Canada.**

Sutcliffe visited McGill November 21, 2011, to deliver a talk, “Cancer Control: Life and Death in an Unequal World,” at the inaugural Bronfman lecture series. The event marked the 20th anniversary of the Gerald Bronfman Centre for Research in Clinical Oncology and featured a discussion by experts from the Centre after Sutcliffe’s presentation. Also shining a light on the science and treatment of cancer were renowned McGill researchers and leaders, Eduardo Franco, Michel Tremblay and Michael Pollak, MDCM’77.

A native of the United Kingdom, Simon Sutcliffe moved to Canada when he was 33, and trained and practised as an oncologist. He eventually went on to steer British Columbia’s Cancer Agency for over a decade, first as Vice-President, then as President and CEO.

### INTERNATIONAL AND HISTORIC BATTLE

Sutcliffe described how communicable diseases such as tuberculosis, scarlet fever and cholera once ran rampant in Western nations. But in the late 19th and early 20th centuries, death rates from these diseases dropped dramatically. What happened, and why does it matter for the fight against cancer?

Better hygiene and sanitation, clean air and an improved standard of living brought about huge increases in life expectancy. Those changes have achieved more than even medical interventions. “The medical management of illness is only one modest contributing factor in the health of the whole population,” Sutcliffe argued.

Much of the developing world is now undergoing similar changes, and just as in Western societies a century ago, this is leading to the relative decline of communicable diseases. That’s the good news. But the bad news is the impending rise of chronic conditions like cancer. The charts Sutcliffe presented tell a disturbing story. Cancer will very likely be a scourge in countries that are the least well-equipped to respond.

### IS MCGILL PREPARED FOR THE FUTURE?

Sutcliffe’s lecture helped open a conversation about how McGill can continue to play a relevant role in a drastically different future for cancer care. The experts who followed Sutcliffe gave very different but similarly concrete glimpses of this future.

Lifestyle—a critical factor, because westernized habits of eating (and not exercising) are going global—was the focus of a talk by

Michael Pollak, MDCM’77, Director of the Cancer Prevention Centre at the Jewish General Hospital. Studies by Pollak and his colleagues have described the dramatic link between diet and cancer. Variations in diet influence hormones which in turn affect cancer cell growth. As these mechanisms become better understood, it paves the way for new drugs that slow cancer cell growth via hormone regulation.

The final afternoon lecture was delivered by Michel Tremblay, Director of the Rosalind and Morris Goodman Cancer Research Centre. As well as remarking on the sheer complexity of cancer as expressed genetically, he returned to the global theme by drawing attention to the pioneering work of the McGill Institute for Health and Social Policy. The Institute, led by Jody Heymann, examines how social policies affect the ability of individuals, families and communities to meet their health needs, and so provides essential tools for helping policy-makers prepare for the future.

Tremblay discussed a project he is involved with in Guinea, Africa, where he is helping establish a cancer centre in cooperation with local partners—a small step in addressing the developing world’s dire need for better basic health care. Tremblay also recognized the inspiring global health work of fellow researcher, Mark Wainberg, BSc’66. Among other accomplishments, as Co-Chair of the 13th International Congress on AIDS in Durban, South Africa, in 2000, Wainberg provided a model for how world leaders, policy-makers and health experts can come together to tackle a disease such as AIDS. Tremblay believes this model of collaboration has valuable lessons for how cancer can be combatted globally.

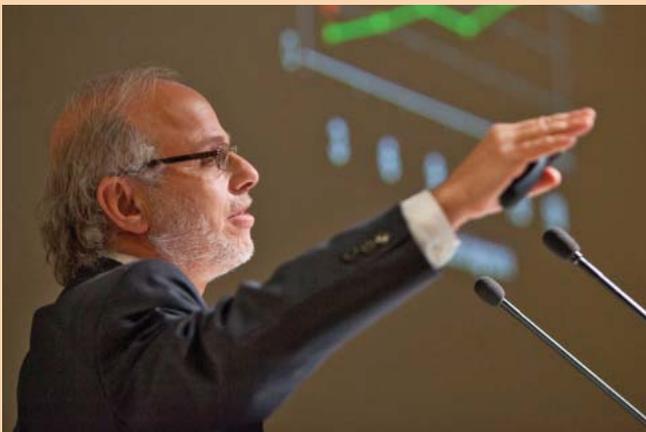
### LOCAL HEROES

At a VIP reception after the lectures, Eduardo Franco, Interim Director of the Gerald Bronfman Centre and interim chair of the Department of Oncology, brought the focus back to individuals, to the patients who struggle with cancer as well as the professionals whose job it is to help them. He explained the importance of clinical trials in developing new cancer therapies. The Centre manages the hundreds of such trials that are conducted in the affiliated McGill hospitals. There have been landmark breakthroughs over the Centre’s history: the trials of Herceptin, approved for breast cancer in 1998, and Ipilimumab, approved for melanoma just this year, to name only a couple.

Local patients gave testimonials about their experiences, lauding the compassion and expertise of Bronfman Centre investigators and staff, as well as describing the sense of pride that comes from contributing to the fight against cancer. One of the patients was Richard Pelletier, who in February 2010 was diagnosed with non-small-cell lung cancer which subsequently metastasized. He was told there was no cure. “That’s a killer; that floors you when you hear that,” he said. Nevertheless, the care and treatments he received helped him rally, and on the day of the reception, he was there to watch his own video testimonial in person. “There’s a big benefit to these clinical trials,” he explained. “Well, there’s more than one! You’re being seen



Nicolas Morin



Clockwise, from top left; Simon Sutcliffe, Michel Tremblay,

Eduardo Franco and Michael Pollak, MDCM'77

much closer. They're paying very close attention and monitoring you constantly. The other benefit is that if you happen to fall on a good [treatment], you're one of the first to get it."

**ABOUT THE BRONFMAN CENTRE**

The Gerald Bronfman Centre for Clinical Research in Oncology, at 546 Pine Avenue, is the home base and administrative hub for McGill's Department of Oncology, the first such department in Canada, and several of its major programs, including the Clinical Research Program, the Division of Cancer Epidemiology, the Cancer Nutrition and Rehabilitation Program and the Program on Whole Person Care. These programs have helped McGill earn a reputation for leadership in advancing research on cancer prevention, treatment and palliative care. The Bronfman Centre was established thanks to generous donations by family members and the Marjorie and Gerald Bronfman Foundation, represented on November 21 by Judy Bronfman-Thau. **{LAURENCE MIALL}**

**Note:** A modified version of Simon Sutcliffe's Bronfman lecture was published in Current Oncology in January 2012.

“There’s a big benefit to these clinical trials... You’re being seen much closer. They’re paying very close attention and monitoring you constantly.”  
 – Richard Pelletier, patient

## McGILL OPENS DOORS WIDE FOR CYSTIC FIBROSIS RESEARCH

For McGill scientists specializing in protein-trafficking diseases such as cystic fibrosis (CF), October 17, 2011 marked a monumental event with the opening of McGill's Cystic Fibrosis Translational Research Centre (CFTRc) in the McIntyre Medical Sciences Building. Celebrated by a one-day symposium highlighting McGill's proven strengths in this research area, the Centre brings society one step closer to eradicating CF.

“Unravelling the mysteries of the gene responsible for cystic fibrosis is a great example of furthering the boundaries of knowledge,” said Interim Dean and Vice-Principal (Health Affairs) Sam Benaroya, BSc’73, MDCM’75, during the opening. “At the end of this journey lies a treatment that could dramatically transform the lives of the 70,000 sufferers worldwide.”

CF is the result of the mutation of a particular gene that encodes the protein *Cystic Fibrosis Transmembrane conductance Regulator* (CFTR), which mediates salt and water movements into and out of the body. This leads to mucus thickening in the lungs and digestive system. Patients are plagued with chronic respiratory infections and problems with the intestine and liver, and pancreatic enzyme insufficiency. The median life span of those diagnosed in Canada with CF is 47 years, with over 20 per cent never reaching adulthood. The rate of CF cases is about three times higher in some regions of Quebec than in most of the western world due to the unique hereditary traits of the original inhabitants of the Saguenay-Lac St. Jean region.

The launch of the Centre comes on the heels of the announcement in January 2011 of a promising partnership between McGill researchers and those from pharmaceutical giant GlaxoSmithKline in the U.K. Relying on their respective strengths in biology and medicinal chemistry, scientists are developing drugs that potentially can correct the trafficking defect of mutant CFTR protein. “The drug development experts at GSK generate similar molecules using medicinal chemistry and characterize their drug-like properties,” says physiology professor, John Hanrahan. “At McGill, we use our knowledge of the biology of this disease to assess their potency and potential as drug treatments, and study their modes of action.” Having access at the new Centre to equipment for screening compounds and characterizing gene expression, as well as for studying the function of the CF gene product, is fundamental to this groundbreaking work.

A key feature of the Centre is that it enables researchers to study airway cells from patients. “We have established a primary cell culture facility and obtain lungs and other airway tissues from col-

laborating surgeons and culture the cells into highly differentiated monolayers in the laboratory,” says the chair of biochemistry, David Thomas. “This allows us to study basic aspects of CFTR trafficking and function and test the effects of potential therapeutics on realistic cell models in the laboratory.”

Beginning with the discovery that the mutated CF protein is a chloride channel involved in salt and water secretion, McGill has become a leading institution for CF research in Canada and worldwide. Thomas explores the quality control of incorrectly folded proteins such as CFTR in the endoplasmic reticulum, where mutant CFTR accumulates. Physiology professor Gergely Lukacs has made major advances in understanding of CFTR protein folding and cell biology.

Hopeful about what the future holds for CF patients, Hanrahan says, “I am optimistic that an effective drug will be developed for the most common mutation. To date, most efforts have been directed towards finding a single molecule to treat the disease, but there is a growing consensus in the field that the key may be to combine two molecules to achieve therapeutically useful levels of correction.” These are the kind of forward-thinking hypotheses that McGill’s research team will be putting to the test, with the Centre as its highly innovative platform.

### ABOUT THE CFTRc PROJECT

As part of a larger McGill project on orphan and neglected diseases, the Centre was made possible through a \$26 million grant from the Canadian Foundation for Innovation “Disease to therapy initiative.” Thanks to past operating support from the Canadian Institutes of Health Research, Cystic Fibrosis Canada’s “BREATHE” Program, Genome Quebec, and Cystic Fibrosis Foundation Therapeutics (USA), scientists like the project’s leaders John Hanrahan and David Thomas have pioneered breakthroughs in the understanding of this disease. The new Centre will greatly enhance basic and translational research efforts into this disease, both of which have the ultimate goal of developing therapies that target the basic defect underlying CF and other protein-trafficking diseases. **{ANNETTE MAHON}**

## CELEBRATING THE CENTRE FOR MEDICAL EDUCATION



Owen Egan

Every period of the Centre's history was represented by the Directors at the November 17 celebration: Hugh Scott (1975 - 1978), Peter McLeod (2001 - 2005), Yvonne Steinert (2005 - present), Dale Dauphinee (1979 - 1993), Vimla Patel (1994 - 2001).

**In 1959, Hugh Scott, then a student of medicine at Queen's University and President of the Canadian Association of Medical Students and Interns, received a phone call from the World Council of Medical Students. Would he like to be the North American representative at the Second World Conference on Medical Education?**

**H**ugh Scott didn't know it then, but attending the Conference would change his career path and eventually contribute to the development of McGill's Centre for Medical Education.

Fast forward to 2011 and Scott was one of four former Centre Directors who on November 17 joined current Director Yvonne Steinert for an unprecedented celebration of the Centre's 10-year renewal and 36-year history. Centre members meet every Thursday, but never before had they been presented with an opportunity to interact with the Directors who built the institution—Scott, Dale Dauphinee, Vimla Patel and Peter McLeod—to hear first-hand what the Centre had achieved and to reflect on the important work still ahead. The day-long series of events concluded with Medical Education Rounds.

"It was a period of ferment," said Scott, reflecting on the social and political climate that was a precursor to the Centre's establishment. "The whole medical system was being turned upside down." At this time, Quebec was adopting a comprehensive public health care program; meanwhile at McGill, the Faculty of Medicine was introducing a new undergraduate curriculum, the first significant change since its medical program had started. Helping design and

“There is a real history behind what we do. Things we do today that seem new and innovative have a long tradition and a long past.”  
– Yvonne Steinert

implement elements of this new curriculum were among the Centre's first major undertakings when it opened its doors in 1975.

“It is like we have come full circle,” said Steinert, who, along with many of the current Centre members, is helping to implement a new undergraduate curriculum that responds to the current era of change. As in the 1970s, the social context of medicine is the key driver.

Research and scholarship are the other key foci of the Centre's mandate. When Dale Dauphinee took over the directorship from Scott in 1979, research became even more prominent than it had been previously. “Over the years the Centre has had a lot of influence on health policies,” said Dauphinee. During this time, one of the Centre's researchers was Vimla Patel, MA'80, PhD'81, who had started as a graduate student under Scott's tenure. Patel took over as Centre Director in 1994 and research continued to flourish. “We published fundamental work that is still cited today,” said Patel.

In 2001, Yvonne Steinert and Donald Boudreau, currently the Director of the Office of Curriculum Development, put together a proposal to renew the mandate and vision of the Centre in response to changes in the health care and educational system. The renewed Centre began its mandate under the directorship of Peter McLeod. “The first few years at the redeveloped Centre for Medical Education

involved the recruitment of a cadre of passionate core members, all of whom had been looking for a 'home' in which to pursue education practice and research with a group of like-minded professionals,” explained McLeod.

Another milestone for the Centre came in 2010, when generous donors Deirdre Stevenson, Robert Stevenson, Herbert Black and the Molson Foundation funded the creation of the Richard and Sylvia Cruess Chair in Medical Education. Yvonne Steinert was appointed as the inaugural chairholder in 2011.

Steinert believes that in the rapidly evolving education and health care system, the Centre will be more valuable than ever in offering mentorship and role modelling for students, residents and junior faculty. It will also be instrumental in continuing to build a community of medical educators who retain a foothold in the clinical and basic science world.

As she reflected on the Centre's 36 years, Steinert observed, “There is a real history behind what we do. Things we do today that seem new and innovative have a long tradition and a long past.” That tradition of innovation will be essential as the Centre embraces the new era of change, continuing its mandate of promoting innovation and excellence through research and scholarship.

#### IN THEIR OWN WORDS

November 17 afforded numerous insights into the Centre, many coming from those who participated in the day of celebration and community-building. Mylène Dandavino, BSc'99, MSc'02, MDCM'04, currently a pediatrician at the Montreal Children's Hospital, took an elective at the Centre while she was a medical student. She spoke enthusiastically about the Centre's openness to welcoming new people, and noted that there are many levels of entry. “Contact with the Centre members has been a defining moment in my career path,” she said.

Miriam Boillat, MDCM'83, Associate Dean of Faculty Development said, “The Centre represents a community, an inter-professional community that allows you to 're-boot.’” Practising anesthesiologist and master's student Rachel Fisher, MDCM'06, who took an elective at the Centre during her residency, described it as inter-professional, collaborative and research-oriented. “It changed the way I think,” she said. Reflecting on the palpable enthusiasm during the November 17 events, pediatrician Ilana Bank, MDCM'02, said, “Medical education has deep roots at McGill and it's really nice to be a part of that history.” **{ MARIA TURNER & LAURENCE MIALI }**

# FAMILY MEMORIES *of the* GREAT SCIENTIST, CHARLES PHILIPPE LEBLOND: 1910-2007



Courtesy of Leblond family

Charles Philippe Leblond was born in Lille, France, in 1910 and received his MD from the University of Paris in 1934. He came to McGill after fleeing the Second World War and stayed for the rest of his career.

In the words of the *Journal of Anatomy*, Charles Philippe Leblond was “a giant in the field of cell and tissue biology.” His personal qualities and the many accomplishments in the course of his exceptionally long career inspire those who knew him. In 2004, at an international conference, he delivered what proved to be his last public lecture, still displaying his trademark wit. He had brought his presentation on a USB stick and joked to the crowd, “a month ago I thought PowerPoint was a tool for sharpening pencils.” He was then 94.



At Homecoming 2011,  
McGill renamed the  
main amphitheatre  
in the Strathcona  
Building to honour  
Leblond.

“He had this Geiger counter. It was this huge box, with vacuum tubes in it. At night we had to do counts of the background radioactivity. I’d have to sit there as this thing went, *one, two, three...*”  
 – Philippe Leblond

He is described by family members as “uncompromising,” “dedicated” and “precise.” Philippe Leblond, BEng’60, the oldest of Leblond’s children, says “In his lab, there was one day a year that everyone hated. He forced everybody to empty their closets and their drawers onto the floor and then put everything back into place.”

Leblond’s dedication and precision served him well. During the early stages of his career, he pioneered the use of autoradiography, a procedure that permits the observation of changes in the cells of living organisms. He struggled with several aspects of this procedure, notably, the short half-life of the radioactive isotopes. Gertrude Sternschuss (to whom Leblond was married for 64 years) would inject iodine isotopes into rats and Leblond would hurry to his lab to quickly dissect them. But the isotopes in the target specimens typically decayed within 25 minutes, leaving Leblond with little or nothing to observe.

Leblond’s first truly successful applications of autoradiography were achieved at McGill during the 1940s. Philippe, then just a boy, remembers giving a helping hand. “He had this Geiger counter. It was this huge box, with vacuum tubes in it. At night we had to do counts of the background radioactivity. I’d have to sit there as this thing went, *one, two, three...*”

These experiments were carried out in the Strathcona Building, at that time the headquarters of the Faculty of Medicine, the Osler Library and a museum. Philippe describes how he would sometimes take a break from the Geiger counter and wander around marveling at the museum’s eclectic holdings, which included an Inuit totem pole and the fetuses of Siamese twins in formaldehyde.

It was only after successfully using markers with a longer half-life and increasing the resolution of autoradiography that Leblond was able to achieve his breakthrough results. What he found was proof of the rapid turnover of cells. “The cells of the small intestine, for example, were reported to be replaced every two days – a concept originally dismissed by critics as ‘too silly for words.’”<sup>1</sup> Cell turnover is now, of course, a fundamental concept in biology.

Leblond was also an exceptional and truly unique teacher. Former students remember his multi-colour chalk drawings, rendered a half hour before class to illustrate his lectures in histology. His attention to detail was just as acute in the lecture hall as the lab. “When he was preparing a lecture he used to spend a lot of time with my mother going over each slide,” recalls Marie-Pascale Leblond, his daughter. “Because he had an accent, he wanted to pronounce things *perfectly*.”

↘ Charles Philippe Leblond and his wife, Gertrude Sternschuss, in 1946, at a Montreal restaurant called *Au Lutin Qui Bouffe*. At the end of the meal, restaurant patrons were invited to feed a piglet from a bottle.



Courtesy of Leblond family

<sup>1</sup>From an obituary by Gary Bennett, Department of Anatomy and Cell Biology, McGill University and Antonio Haddad, Departamento de Biologia Celular, University of Sao Paulo



Nicolas Morin

Everyone who met him also speaks of his personal trademark – his love of purple – inspired by the periodic acid-Schiff stain, which influenced his wardrobe and home furnishings.

Despite his strong work ethic, by no means was Leblond perpetually cloistered in a lab, office or lecture hall. He also believed in an active social life and taking breaks from McGill. Grand-daughter Sabrina Leblond-Murphy fondly recalls Leblond's country house, *Val Mauve*, named, of course, for Leblond's favourite colour. "In the city he was always dressed immaculately in a perfect suit," Sabrina says. "When he was in the country, he allowed himself to wear jeans. He would put on his Wellingtons and go out." At *Val Mauve* he loved to feed the ducks. He even built a shelter for them.

After his wife Gertrude passed away, Leblond re-married. Both bride and groom were 91.

Philippe, Marie-Pascale and Sabrina have inherited some of Leblond's traits while each finding a unique career path. Philippe trained as an engineer at McGill and worked in the field for several decades before eventually turning to his current field, Feldenkrais, which he describes as a "systems engineer's perspective on neuro-muscular dysfunction." Marie-Pascale teaches biology at the Collège de Rosemont, not surprisingly an occupation that her father approved of and for which he gave her valuable advice along the way.

Sabrina is currently an MDCM student in the very same Faculty to which her grandfather dedicated over half his life. But the road to McGill was far from smooth. In July 2008, just two months before she was scheduled to write the Medical College Admission Test (MCAT), she was diagnosed with leukemia. It wasn't until June 2010 that she was well enough to resume her MCAT studies and apply to medical school. The experience of illness is one she says will definitely shape how she will practise medicine.

Each family member gives a description of Leblond. "He had the highest levels of integrity," Philippe says. "He never sacrificed his values for something he had to do." Marie-Pascale calls her father "disciplined, determined and uncompromising on the quality of the work he did." Sabrina has the final word. "What I've taken from him is this: if you don't know the answer to something, say so. Then go out and find the answer." **{ LAURENCE MIALI }**

“When he was in the country, he allowed himself to wear jeans. He would put on his Wellingtons and go out.”  
– Sabrina Leblond-Murphy

▾ Sabrina Leblond-Murphy, Philippe Leblond and Marie-Pascale Leblond with Abe Fuks, BSc'68, MDCM'70, who presented at the CP Leblond Celebratory Symposium, held during Homecoming 2011.

▾ Leblond hard at work in his office in the mid 1940s.



Courtesy of Leblond family



Courtesy of Leblond family

▾ Leblond with faculty and staff of the Department of Anatomy, which he chaired from 1957 to 1974.

# IT takes A COMMUNITY

As driven as he is to guide the Faculty of Medicine on its future track, new VP-Dean David Eidelman, MDCM'79, knows the importance of balance.



Photos on pages 18-21, Owen Egan

David Eidelman, MDCM'79, with MDCM student Charles Yiao Xian, resident Marzieh Eghtesadi, resident Michael Massie and MDCM student Alexandrine Larouche at St. Mary's Hospital Center, one of McGill's teaching hospitals.

“**N**ever take yourself too seriously but always take your job seriously,” David Eidelman says. It is clear that he has followed this ethos in whatever position he has tackled for McGill, an institution he loves. “Everything I’ve achieved is more or less thanks to McGill.”

Now with the opportunity to “give back to the McGill community,” Eidelman began the job January 1 and set about tackling a host of urgent priorities to help move the Faculty forward in a rapidly changing health sciences environment in Quebec, Canada and internationally. His time at the helm will be one of unprecedented transformations in the local health care landscape, with an enormous state-of-the-art hospital-building project at the McGill University Health Centre (MUHC) Glen Campus, as well as major renewal

projects at the Jewish General Hospital, the Douglas Mental Health University Institute and St. Mary's Hospital Center. There are also anticipated major changes in the Faculty's education and research missions.

## LEADERSHIP AND PERSONAL HEROES

Eidelman has years of leadership experience, most recently as chair of the department of medicine, the Faculty's largest department, and as Physician-in-Chief at the MUHC. When asked to name his heroes in medicine, not surprisingly he cites Sir William Osler, “for his combination of clinical excellence and scientific inquiry.”

He also pays tribute to another great McGill leader, the late Peter Macklem, MDCM'56, one of his mentors. Eidelman recently nomi-

nated Macklem to the Canadian Medical Hall of Fame. “What struck me about Peter was that he had an incredible intellect,” says Eidelman. “He was very clear and forthright.” He clearly admires these qualities, launching into the story of how, in the 1980s, Macklem gave expert testimony to the Grange Inquiry into the Susan Nelles murder case. Nelles, a nurse at the Toronto Hospital for Sick Children, was charged with poisoning four babies while on duty. In the face of intense criticism, Macklem maintained that the evidence against Nelles was faulty. Macklem was ultimately vindicated when Nelles was found to be innocent.

Like his hero Macklem, Eidelman is forthright. “David has an opinion about everything!” jokes Dr. Vassilios Papadopolous, director of the Research Institute of the MUHC, a colleague since 2006. Ernesto Schiffrin, Physician-in-Chief at the Jewish General Hospital, and thus Eidelman’s counterpart in his former job at the MUHC, offers a similar profile. “What you see is what you get. He will say it as it is. I think that’s important and will help him, and help the Faculty.”

Both Papadopolous and Schiffrin also recognize Eidelman’s acumen for working in a collegial and collaborative way. Eidelman himself talked about this candidly at a January workshop on – appropriately enough – leadership. Reflecting on his career, he said, “The successes always happened when I was part of a great team.”

## OF PRIMARY IMPORTANCE

Eidelman’s intimate knowledge of McGill and of the complexities of the health care system contributes to his vision for how to tackle the challenges ahead. Shortly after his appointment he expressed his strong desire to build on McGill’s partnerships in Quebec as well as internationally. “For decades we’ve made contributions to Quebec society that, at times, are underestimated,” he says, switching to French, in which he is completely fluent. “For me, as Dean, it’s my duty to make sure that McGill is recognized for what it has given and will continue to give.”

Primary care will be a priority of Eidelman’s tenure. Quebec, like much of the world, is hungry for more doctors, especially family practitioners. Already, in under a decade, the Faculty has more than doubled the number of its graduating cohort that choose family medicine as a specialization. This is an encouraging trend that must continue as the Faculty strives to help fill the doctor shortage.

## A BRAND NEW CURRICULUM

Eidelman’s tenure will encompass one of the biggest changes in the educational curriculum in Faculty history. Not just the undergraduate medicine program is implicated; it’s a time of enormous renewal in the post-graduate program as well as in the schools of Nursing, Physical and Occupational Therapy, and Communication Sciences and Disorders. Interprofessionalism is a key theme of curriculum renewal in *all* the Faculty’s program areas, in recognition of the fact that no health professional works alone but rather in teams.

The new MDCM curriculum specifically marks a shift toward a greater emphasis on primary care and community responsibility. Students will have the opportunity to meet patients in a family medicine setting right from year one. This early exposure will be explicitly integrated into the curriculum. To Eidelman it’s important that curriculum changes are accompanied by proper assessment tools and that outcomes be evaluated in order to gauge their impact and effectiveness.



➤ (At top) David Eidelman oversees a typical training scenario at St. Mary’s as Charles Xiao Yan checks the blood pressure of Neil Ingram, a resident.



➤ (Above) Physical therapy student Arthur Woznowski-Vu simulates a patient assessment with Occupational Therapy student Erin Douglas.

Curriculum change comes on the heels of several years of major transformations in the student admissions process. These have bolstered the Faculty’s reputation as one of the most competitive and innovative in North America. Between 2010 and 2011 alone, the number of applications to the MDCM program surged from 1,688 to 2,539.

## RESEARCH FOR THE 21ST CENTURY

Eidelman is determined to invest considerable time and energy into research, well aware that McGill, compared to the likes of Harvard, must pursue excellence with fewer resources. He quotes another hero, Ernest Rutherford, the famous McGill physicist and 1908 Nobel laureate: “We haven’t got the money, so we will have to think.”

The Faculty's ability to adapt and produce the biggest bang for its research buck continues to show in the latest rankings. As Eidelman has noted, "In Canada, McGill ranks at the top for the number of citations per paper in clinical medicine and neuroscience". Running a tight ship, Eidelman makes it clear he still expects that ship to go far.

Eidelman told a roomful of alumni and Faculty friends during a get-to-know-you reception in February how philanthropy has ensured that McGill remains not just a good school but a great school. Aware that the private and public funding landscape is changing, at his first Faculty town hall he announced that a new research plan will focus the Faculty's efforts on some core research themes, areas of existing and emerging excellence. These will push the Faculty forward in fields where it is already or can become a world-class leader.

Eidelman is clearly enthusiastic about the opportunities ahead. "This is where destiny has brought me and this is where I've spent my career," he says. "I'm totally committed to this organization."

**Students and residents talk about what drew them to their respective disciplines, their research interests and career paths.**



↘ (At left) Residents are extensively involved in the training of students. Resident Michael Massie, MDCM'10, observes a shoulder injection conducted by student Alexandrine Larouche on Marzieh Eghtesadi who here simulates the patient.

↘ (Below) Jacenta Murch (right), demonstrates the kind of reading exercises used by speech pathologists. Arthur Woznowski-Vu role-plays the patient.





**Rosilita Jn Pierre**  
**graduating in June with**  
**a bachelor's of Nursing**

■ My mother was an inspiration. A hard-working lady, on her own with three children. She managed, in St. Lucia and then Canada, so given better support and opportunities here in Canada, I hope to go further. I worked at a nursing home and one of the clients said to me that I did this so well, why didn't I go into nursing? I was going to Concordia at the time, completing a BCom... That lit a fire under me and the next year I started studying nursing.



**Michael Massie, MDCM'10,**  
**2nd year resident, Family Medicine,**  
**St. Mary's Hospital Center**

■ For family medicine, what I think is important about the way I've been trained, is to be broad. The specialties are important for what they do, but in family medicine you have to know something about everything. [Health care] is unbelievably changing every day. I'm just starting my practise, so to me it's kind of normal, but when you talk to staff you work with about what they started with, the difference in how they practice medicine now is enormous. The key is for doctors to be adaptable.



**Jacenta Murch**  
**2nd year master's student in**  
**Communication**  
**Sciences and Disorders**

■ My brother Kris had speech difficulties when he was a child, before I was born. He saw a speech language pathologist for therapy. When I was born, on the insistence of my brother, I was given the pathologist's name, Marie, as my middle name. People often think of speech language pathologists working with children, but in fact we can do a great range of things with this training. We can work with individuals who have trouble swallowing, help singers who have nodules on their vocal cords or work with teenagers who have a lisp.



**Erin Douglas**  
**2nd year student in the master's**  
**Occupational Therapy program**

■ I intend to integrate my neuroscience background with occupational therapy in order to work with people who have had traumatic brain injuries. I am doing my master's research right now, working with Caroline Storr and Matthew Hunt in a project with my research group. We are interviewing clinicians to explore the perceived impacts, benefits and challenges of participating in clinical internships in third world countries. This was presented at New York University at their International Educational Conference at the end of March, and will also feature in a poster presentation at the Canadian Association for Occupational Therapy annual conference in June.



**Arthur Woznowski-Vu**  
**3rd year Physical Therapy student**

■ The reason why I chose to go in physiotherapy has to do with the fact that I have been practising martial arts, more specifically Karate, since the age of 13. It is my passion. Although martial arts ultimately aim to incapacitate an adversary, I was curious about the human musculoskeletal system and applied biomechanics with the opposite purpose in mind: that is, for the purpose of improving the health condition of others.

I decided to get involved in research quite early to see if that's something I like. After my first year I did a summer research project with my professor, Richard Preuss. It looked at the effect of previous loading cycles on the reliability of a clinical measure of hamstring flexibility. It is going to be published in *Physiotherapy Canada* in an upcoming issue.



**Raven Dumont-Maurice**  
**graduating in July from Medicine**

■ I'm an Algonquin from Kitigan Zibi, a reserve near Maniwaki. I am planning to practice general pediatrics in my future career and return to my reserve as well as other communities in northern Quebec, and also stay involved in the academic community. Before med school I did nutrition on the reserve for the summer, and an Innu doctor, Stanley Vollant, came to visit to talk to young people and community nurses. His message was that medicine is a great career and that if he had succeeded, we could too.

## WAR-TIME MEDICINE IN AFGHANISTAN

In 1999, Maureen Mayhew, MDCM’86, walked into the Vancouver office of *Médecins Sans Frontières* (MSF). Even during her successful application to McGill’s medical school, she had expressed a desire to practise overseas but somehow she had been diverted. Now, she was ready to serve anywhere—anywhere, that is, except Afghanistan.



Maureen Mayhew

Chronic conflict destroyed many of Afghanistan’s health facilities. Rebuilding the health system began in 2002 and is ongoing. Above, a bombed clinic in Bala Morghab in the process of being rebuilt and used at the same time.

Under the Taliban, the country—perennially one of the world’s poorest—had also become one of the most oppressive, especially for women. A report by Physicians for Human Rights (PHR) stated the situation bleakly: “To PHR’s knowledge, no other regime in the world has methodically and violently forced half of its population into virtual house arrest, prohibiting them on pain of physical punishment from showing their faces, seeking medical care without a male escort, or attending school.”

MSF’s Vancouver staff felt that the people of Afghanistan needed Mayhew’s considerable talents and experience perhaps more than any other people of the world. Years of fighting, first between Soviets and the Mujahideen, and then the civil war, had all but destroyed the rudimentary health care system. MSF workers already in the field were trying to rebuild it. Some of them called Mayhew from Afghanistan to try and convince her to come. They talked about the high motivation of the local people, their strength of character and their kindness.

It took several phone calls for Mayhew to be convinced. Eventually she concluded, “Worst case scenario: if I hate it, I’ll come home.”

Even before getting on the plane to Afghanistan, Mayhew’s journey in medicine had been, in many respects, a unique one. After a residency at the Jewish General Hospital, a friend had advised her that a valuable preparation for medicine overseas was to work in Canada’s most remote regions. And so Mayhew spent eight years in almost every province and territory—including stints in Churchill, Manitoba; Puvirnituq, Quebec; Yellowknife, Northwest Territories; Kugaaruk, Nunavut; and Kitimat, British Columbia. She also worked in Vancouver’s drug-ravaged Lower East Side.

On her flight to Afghanistan, Mayhew found herself seated next to a woman who had been visiting the country since 1969. Back then, she said, because of its natural beauty, Afghanistan was the vacation “hot spot” for international visitors working in the area. Decades of conflict and the rise of the Taliban had changed all that.

The plane landed in Herāt, Afghanistan’s third largest city. When Mayhew climbed down the stairs to the tarmac, the waiting crowd of men, having noticed that she was a woman, didn’t give her a second look. Later, driving through the city, the ubiquitous pot-holes forced most drivers toward the smoother ride in the sand beside the road. From Herāt, Mayhew travelled to Bala Morghab (“the place of the ducks”) in Badghis Province. This was the first of nine Afghan provinces where she ended up practising.

When she first arrived in Afghanistan, Mayhew worked with the help of a male interpreter, but his presence hindered her because women patients couldn’t receive unknown men in their homes. So she learned some of the local language, Dari, and that opened up new doors. She now had access to the very private space of women and families, as well as the public space, the domain of men.

Medicine here was very different from the affluent West. Bleeding to death after childbirth was “an unfortunate but not unexpected outcome” for women. Basic germ theory was unknown to

those who performed the most elementary medical procedures. In Bala Morghab it was common to use the edge of a husband’s shoe to cut an umbilical cord. Children frequently died of tetanus. “We needed to help in a way that was non-judgmental yet influential,” says Mayhew.

In 2001, NATO forces entered the country. Already Afghanistan had more landmines than most places; now came renewed conflict and new threats. Especially pernicious were the cluster bombs used in the NATO bombings. Mayhew calls these weapons “bombs within bombs within a bomb.” They leave behind unexploded ordnance that, with their bright colours, look like toys. As a result, Mayhew found herself treating children with severe burns and missing limbs.

Nevertheless, during her decade in Afghanistan, she witnessed progress. Education was the key. Mayhew and her colleagues trained local birthing assistants; they developed curricula on child health; they provided assistance and health messages during cholera outbreaks; and they helped shape the national strategy on maternal health. They set modest and achievable goals – increasing the number of vaccinations given to children, for example. Infant and maternal mortality in the country has declined. Mayhew, who was last in Afghanistan in May 2009, now teaches at the University of British Columbia and is writing up some of her research on child health programs in Afghanistan.

Summing up her time overseas, Mayhew observes, “It’s too easy for us to see differences as obstacles that we can’t breach. Even though [Afghan] culture and Canadian culture are very different, humanity is humanity, and there are an awful lot of similarities between us and them – how we value friendship, family and love.” **{ LAURENCE MIALL }**

**Maureen Mayhew:** *Along with her McGill medical degree, Mayhew holds a master’s degree in Public Health from the Johns Hopkins Bloomberg School of Public Health. In addition to teaching family medicine at the University of British Columbia, she provides care for refugees in Vancouver, conducts mixed-methods research on refugee access to primary care and consults in public health both internationally and in Northern Canada.*



Maureen Mayhew

➤ A young mother and her son, residents of the town of Taloquan, the capital of Takhar Province in northern Afghanistan

**YOUNG ALUMNI AWARD**  
**SAM J. DANIEL**



Nicolas Morin

“I love to interact with people. You have a real impact on their lives.”  
– Sam Daniel

“I’m humbled and honoured by this award... to the point that I’d like to offer you all free Botox.” Sam J. Daniel, MDCM’96, BSc’02, winner of the Faculty of Medicine’s 2011 Young Alumni Award, exuded his trademark warmth and wit as he spoke to a crowd of well-wishers at Homecoming’s flagship event, the Dean’s Cocktail Reception. Daniel’s joke was an allusion to a medical procedure he performed over five years ago that, for its daring and innovation, helps explain why he has become an acclaimed and in-demand pediatric otolaryngologist.

Daniel entered the Med-P program at McGill when he was only 17. He distinctly remembers the greeting from then-Dean Richard Cruess, who told the students that they were entering Canada’s oldest and best Faculty of Medicine. Like many McGillians, Daniel also has fond memories of lectures by Charles Philippe Leblond, accompanied by those famous chalk renderings of cell biology.

Classmate Preetha Krishnamoorthy, MDCM’96, says of Daniel, “No one ever remembers him not smiling.” She also recalls how as a member of the student executive, Daniel would stand up at the beginning of almost every class, telling them all about the latest activities or upcoming events. And there were a lot of activities and events. The Class of 1996 organized an international food day that celebrated cuisine from countries around the world, participated in a blood collection drive, and also put on a talent show.

After graduation and a residency in Otolaryngology, Daniel embarked on his clinical appointment with the Montreal Children’s Hospital. It was here that he attended to a baby boy suffering from Charge syndrome, a rare genetic disorder. The boy’s excessive saliva build-up was being discharged into the lungs; he was literally drowning in his spit. A tracheotomy would have been the usual recourse—a

highly invasive surgery that would have left the boy with a tube permanently suctioning away the saliva from his throat.

“Isn’t there something else you can do?” the boy’s parents asked him.

Daniel had read about the successful use of Botox to paralyze the overactive salivary glands of older children and adults but such a procedure had never been performed on a newborn. An internationally renowned expert from Toronto with Botox experience that Daniel approached for help and advice said, “You’re crazy; don’t do it. And if you do it, don’t mention me!”

Daniel prepared to do the previously unthinkable, making extensive calculations on the correct dosage of Botox and reading countless toxicology reports. He had numerous consultations with the hospital’s Ethics Board as well as with the parents. Eventually the mother and father gave their consent to the experimental procedure.

It worked. The boy who’d never successfully been removed from incubation was finally free to go home. All it took was a couple more years of Botox injections every six months until eventually the boy could breathe independently. The child is now thriving at home and does not require any medical interventions.

Since then, Daniel has performed hundreds of similar procedures and has seen its use adopted worldwide. And this represents just one of his many clinical and research breakthroughs. No wonder the youngest member of the Class of 1996 has already won Canada’s prestigious “Top 40 Under 40” designation.

Now married and father to six-month-old Charles, Daniel is Director of the Montreal Children’s Hospital Department of Otolaryngology and Head and Neck Surgery, Director of McGill’s Auditory Sciences Laboratory, and associate professor McGill’s Department

of Otolaryngology-Head and Neck Surgery. Department chair Saul Frenkiel, BSc'67, MDCM'71, describes him as "an excellent clinician and surgeon, a superb teacher and mentor of med students, residents, and post grads." Daniel is admired by students, patients, and fellow clinicians and researchers. He is a pillar of the health sciences community in Montreal. Daniel also organizes a very successful

annual golf tournament as a fundraising event for his laboratory although he is reportedly a terrible golfer. Excelling at *almost* everything will have to suffice.

"I love to interact with people," Daniel says about his chosen career and the satisfaction it provides. "You have a real impact on their lives." **{ LAURENCE MIALL }**

**COMMUNITY SERVICE AWARD**  
**RICHARD DECKELBAUM**



Nicolas Morin

“How do you work when you don't have the resources? You can't just say, 'I can't.'”  
– Richard Deckelbaum

“**B**efore I embarked on a career in academic medicine, I wanted experience in less than ideal settings.” For McGill alum Richard Deckelbaum, BSc'63, MDCM'67, these “less than ideal settings” have spawned a lifelong pursuit of serving the underserved and training future clinicians and scientists to be proponents of global health. His unfaltering dedication and unyielding empathy to help those in need earned him McGill's 2011 Medicine Alumni Global Community Service Award.

A clerkship in the Grenfell Mission, for which Deckelbaum flew to the northern tip of Newfoundland, ignited his desire to work with underserved communities. “It was pretty remote and only accessible by flight,” he explains. “I delivered a baby to a 14-year-old girl, and she was so grateful, she named the baby after me.”

As Deckelbaum was wrapping up medical school, a chance encounter at Montreal's Expo 67 took him halfway around the world. “I met a hostess for the Israeli Pavilion, and happily followed her to

Jerusalem where we eventually married,” he remembers fondly.

After a year of residency in pediatrics, with his new wife, Kaya Rosenberg, he moved to the Zambian countryside to provide medical services to remote clinics near the border of Malawi. Flying in for a week or two at a time to a village without a real runway, Deckelbaum was not only the local doctor, but also taught villagers about nutrition and agriculture. His experience was far from “ideal” in the lofty sense of the word. “I remember performing a subdural hemorrhage drain on a baby with my wife holding him in her lap while we drove to the nearest hospital, which was five hours away.” Challenged by meagre resources, he used a sterilized carpenter drill to create the burr hole in the baby's head.

Working in these remote settings helped Deckelbaum evolve his way of thinking about health delivery in developing countries and communities in need. “How do you work when you don't have the resources? You can't just say, 'I can't.' You figure out a way to do it.”

While still a pediatric resident, he helped establish the first children's hospital on the West Bank in Ramallah in the early 1970s. But a university career was calling and he soon embarked on his path to become an academic. Today, he works at Columbia University, where he is professor of pediatrics, professor of epidemiology and the Robert R. Williams Professor of Nutrition, as well as Director of the Institute of Human Nutrition. Among his plethora of titles, Deckelbaum is also President of the Global Health Education Consortium, which brings together health professionals, educators, students and institutions committed to improving the ability of the global workforce to meet the needs of underserved populations. Ardent about investigative medicine, his research focuses on the molecular biology of fatty acids found in fish oils and their beneficial effects in preventing cardiovascular disease and acting as anti-inflammatory agents.

From Newfoundland to the Middle East and Africa, Deckelbaum's experience in his over 40-year career has caused him to think differently about traditional medical training. Believing that it should encompass more than theoretical knowledge about illness and disease from a Western perspective, he delves into issues of global importance, such as the political, environmental, economic and cultural factors that impact the health of individuals and populations.

This belief culminated in the creation of the Medical School for International Health at the Ben-Gurion University of the Negev in Beer-sheva, Israel, the first-ever medical school with a required curriculum in global health incorporated into all four years of study. The school was developed in collaboration with Columbia University Medical Center in 1996, and Deckelbaum now directs the Columbia side of the program, which graduated its first class in 2002.

"It's a very distinct medical school because the students are trained to be doctors, but there's a major inculcation of skills, attitude and knowledge relating to population health, emergency response and health economics. We aim to train global health practitioners," he explains.

Fusing his two passions—basic science and global health education—Deckelbaum aims to integrate scientific study with capacity building in global health and health education. Looking to the future, he plans to facilitate multi-institutional PhD programs in nutritional sciences in Eastern Africa.

Upon hearing that he was being honoured with the Community Service Award, Deckelbaum, with his trademark humility, simply said, "You do a lot of things and it's nice to know that other people appreciate it too." **{ANNETTE MAHON}**

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## LIFETIME ACHIEVEMENT AWARD

# PHIL GOLD

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**F**or Phil Gold, BSc'57, MDCM'61, MSc'61, PhD'65, the career path that earned him McGill's 2011 Medicine Alumni Global (MAG) Lifetime Achievement Award, really began in Grade 5, at Montreal's Bancroft Elementary School. "I realized I was being taught what I had already learned in Grade 4," says Gold.

Displaying a kind of youthful naiveté, which would become a brand of chutzpah that would go on to serve him well, he went to see the Principal. "I'm not learning anything new," he told him. "Do I have to come to school?" The Principal explained that while attending school was mandatory, attending class was not, and he gave Gold permission to spend his time in the library instead. There, Gold spent hours on a voyage of discovery, reading anything and everything from science to Shakespeare.

He also learned on the streets of Montreal. The Main, the area of boulevard St. Laurent where he grew up, was a tough neighbourhood in the 1940s, and rife with anti-Semitism. Gold quickly figured out that you had to know how to stand up for yourself. "You don't have to be loved to do what you want to do," is one of the lessons he took away with him. After Bancroft he went on to Baron Byng High School, (attended by other notable Montrealers, including his friends

Mordecai Richler and Irving Layton). He still remembers his teachers with affection.

Gold liked to listen to the stories of the people around him, including the garment workers at union meetings his father took him to and the longshoremen he got to know by hanging around the harbour, many of whom, like his parents, worked extremely hard to give their children better opportunities in life. "You learn different things from different people," he says.

From the Main, he moved on to McGill, where he has been, with few exceptions, ever since. He found new mentors: Sir Arnold Burgen, his supervisor in physiology who convinced him to go to medical school; Samuel Freedman, who supported Gold's research that would lead to the discovery of carcinoembryonic antigen (CEA), the blood test for cancer; and countless other professors, colleagues, and students who have inspired him over his illustrious career. "There are three things that determine your life," says Gold. "Genes, the environment and luck." For Gold, luck, or the "fortunome," a term he has coined for it, is "all the people you have met on the way through that have helped determine your life."

Currently a professor of medicine, physiology and oncology and



Nicolas Morin

➤ Phil and Evelyn Gold

Executive Director of the Clinical Research Centre at the MUHC, Gold also served as Physician-in-Chief at the Montreal General Hospital, chair of the Department of Medicine, and inaugural Director of what is now the Rosalind and Morris Goodman Cancer Research Centre. He has won numerous national and international awards for his work as a researcher, clinician and educator, including the Gairdner Foundation International Award and the Isaak Walton Killam Prize of the Canada Council. He has been inducted into the Canadian Medical Hall of Fame and was named a Great Montrealer. He was also named an Officer and then Companion of the Order of Canada, and an Officer of the National Order of Quebec.

The accolades have not gone to Gold's head. "He's terribly shy and uncomfortable about them," says his wife Evelyn. Gold is more comfortable celebrating the accomplishments of his family, including his "academic family." He spends much of his time mentoring others as well as teaching. "There is a wonderful Yiddish word that doesn't translate, called 'nachas,' which is the pride and joy you take in the accomplishments of your offspring," says Gold. "And I have that with both my academic and my biological offspring."

His wife, children and seven grandchildren play a huge role in Gold's life. Everywhere you look in the Golds' house is a reflection of a life well lived. A mobile, with photos of grandchildren, a present from their daughter Josie, hangs between the living room and dining room. An almost complete "Happy Anniversary" is spelled out on the hallway wall, each letter a photo of various grandchildren posed in the appropriate shape. Every other surface is taken up by artwork by

Evelyn and other artists, medals and awards Gold has received at various times in his career, and other souvenirs of a lifetime of curiosity and exploration. Souvenirs that Gold continues to accumulate – the 75-year-old year old physician and researcher is as active and engaged as ever.

"You always have to have a dream," he says. Thankfully for McGill, Gold continues to dream big. **{MARIA TURNER}**

“There are three things that determine your life. Genes, the environment and luck.”  
– Phil Gold

## KEY DATES

### THE DAVID COLMAN MYELIN MEETING

Wednesday, May 16, 2012  
Montreal Neurological Institute,  
Jeanne Timmins Amphitheatre,  
3801 University Street  
In honour of the late David Colman, Director  
of the MNI, world leaders in glia and  
myelination will present cutting-edge  
science to an audience that will include  
a mixture of scientists, clinicians, trainees  
and the public.  
Information: Debbie Rashcovsky  
debbie.rashcovsky@mcgill.ca

### 2<sup>ND</sup> GOODMAN CANCER RESEARCH GALA

Sunday, June 10, 2012  
Rosalind and Morris Goodman  
Cancer Research Centre  
1160 Pine Ave. West  
Information: Annette Novak  
514-398-4970  
annette.novak@mcgill.ca

### ALBERT AGUAYO LECTURE

Wednesday, June 13, 2012  
Montreal Neurological Institute, Jeanne  
Timmins Amphitheatre, 3801 University Street  
The 3rd Annual Albert Aguayo Lecture  
entitled "What do astrocytes do?" honours  
Dr. Albert Aguayo, founder and former  
Director of the Centre for the Research  
in Neuroscience at McGill University.  
Information:  
debbie.rashcovsky@mcgill.ca

### WOMEN IN SCIENCE, ENGINEERING AND MEDICINE SYMPOSIUM

Saturday, October 13, 2012  
A half-day public symposium featuring  
invited keynote speakers and some of  
McGill's brightest women scientists.  
Information: Ingrid Birker  
514-398-4094  
ingrid.birker@mcgill.ca

### HOMECOMING 2012

Thursday, October 11 to  
Sunday, October 14, 2012  
Information: 514-398-1299  
Website:  
www.mcgill.ca/medicine/alumni/  
homecoming

# GALA 2012



## 2nd Goodman Cancer Research Gala

June 10, 2012. Convocation tent  
on McGill Lower Campus

Two years after the most  
successful fundraising event in  
McGill history, get set for another  
evening of magic, and help  
support cancer research.

To find out more about  
sponsorship opportunities and  
purchasing tickets, contact  
Annette Novak at:  
annette.novak@mcgill.ca  
or 514-398-4970.

## medicine **alumni** global



### 4<sup>TH</sup> ANNUAL MEDICINE ALUMNI GLOBAL AWARDS

#### NOMINATE SOMEONE FOR A MCGILL MEDICINE ALUMNI GLOBAL AWARD

##### AWARD CATEGORIES:

##### LIFETIME AND CAREER ACHIEVEMENT AWARD

Presented to an alumnus of the Faculty of Medicine's MDCM program who has enhanced the reputation of McGill University through a lifetime contribution of exceptional leadership.

##### ALUMNI AWARD FOR COMMUNITY SERVICE

Presented to an alumnus of the Faculty of Medicine's MDCM program who has made outstanding contributions to the betterment of local and/or global communities.

##### YOUNG ALUMNI AWARD

Presented to an alumnus of the Faculty of Medicine's MDCM program who, within 15 years of graduation, has made important contributions to society and to McGill University.

##### NOMINATION DEADLINE:

September 1, 2012

##### ANNOUNCEMENT OF WINNERS:

October 12, 2012, during McGill's Homecoming celebrations.  
For more information, visit <http://www.medicine.mcgill.ca/alumni/awards>  
or phone 514-398-5924.

- GERALD BATIST, MDCM'77
- GERALD FRIED, BSc'71, MDCM'75
- JACQUES GENEST, MDCM'80
- RICHARD LEVIN
- JOAQUIN MADRENAS
- VASSILIOS PAPADOPOULOS
- GILLES PARADIS, MSc'87

## 2011 CANADIAN ACADEMY OF HEALTH SCIENCES FELLOWS

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- FREDERICK ANDERMANN, BSc'52
- EDUARDO FRANCO
- MICHAEL KRAMER
- WILLIAM J. MULLER, BSc'81, PhD'86
- MICHAEL PETRIDES

## 2011 ROYAL SOCIETY OF CANADA FELLOWS

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- ALAIN BEAUDET

## 2011 ORDRE NATIONAL DU QUÉBEC - CHEVALIER

---

- MARGARET BECKLAKE

## 2011 ORDRE NATIONAL DU QUÉBEC - GRANDE OFFICIERE

---

- BETH-ANN CUMMINGS, BSc'73, MDCM'75
- DAVID DAWSON
- TOGAS TULANDI

## CAME 2012 CERTIFICATE OF MERIT AWARD

---

- JOHN DIRKS
- F. CLARKE FRASER
- PETER T. MACKLEM

## 2012 CANADIAN MEDICAL HALL OF FAME INDUCTEES

---

- JACQUES GENEST

## 2011 MARGOLESE NATIONAL HEART DISORDERS PRIZE

---

- MORRIS GOODMAN
- ROSALIND GOODMAN
- RITA LEVI-MONTALCINI
- MARC TESSIER-LAVIGNE, BSc'80, DSc'11

## 2011 MCGILL UNIVERSITY HONORARY DEGREE

---

- JAMES HANLEY

## 2011 MCGILL UNIVERSITY PRINCIPAL'S PRIZE IN TEACHING EXCELLENCE

---

- NADA JABADO

## 2012 MAUDE ABBOTT PRIZE

---

- GILLES JULIEN

## 2011 ORDRE NATIONAL DU QUÉBEC-OFFICIER

---

- BARTHA MARIA KNOPPERS, LLB'78, BCL'81

## 2011 PRIX ACFAS - JACQUES-ROUSSEAU

---

- CARMEN LOISELLE

## 2012 PRIX FLORENCE - RECHERCHE EN SCIENCES INFIRMIÈRES

---

- PETER McLEOD

## 2012 DUNCAN GRAHAM AWARD

---

- MICHAEL MEANEY

## ORDER OF CANADA (MEMBER)

---

- BRENDA MILNER, PhD'52, DSc'91

## PEARL MEISTER GREENGARD PRIZE

---

- BALFOUR MOUNT

## 2011 CANADIAN MEDICAL ASSOCIATION MEDAL OF SERVICE

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- SALEEM RAZACK (INAUGURAL CO-RECIPIENT)
- MAKEDA SEMRET, BSc'88 (INAUGURAL CO-RECIPIENT)

## 2012 HAILE T. DEBAS PRIZE

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- MAYA SALEH

## 2011 PRIX ANDRÉ-DUPONT

---

- ERNESTO SCHIFFRIN, PhD'80

## 2011 AMERICAN HEART ASSOCIATION'S EXCELLENCE AWARD FOR HYPERTENSION RESEARCH

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- NABIL G. SEIDAH

## 2011 PRIX DU QUÉBEC - WILDER-PENFIELD

---

- ROBERT SLADEK

## 2011 CSCI JOE DOUPE YOUNG INVESTIGATOR AWARD

---

- RALPH STEINMAN, BSc'63

## 2011 NOBEL PRIZE - PHYSIOLOGY OR MEDICINE

---

- MARC TESSIER-LAVIGNE

## 2012 HENRY G. FRIESEN INTERNATIONAL PRIZE IN HEALTH SCIENCES

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- MARK WAINBERG, BSc'66

## 2012 KILLAM PRIZE IN HEALTH SCIENCES

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# Welcoming the Class of...



1971



1956



1966



Winners of the  
Medicine Alumni Global  
Awards 2011:  
Richard Deckelbaum,  
BSc'63, MDCM'67,  
Phil Gold, BSc'57, MDCM'61,  
MSc'61, PhD'65,  
Sam Daniel, MDCM'96,  
BSc'02. See stories  
on pages 24 to 27.

## HOMECOMING 2011

Our alumni travel from far and wide to renew old acquaintances, forge new ones, and find out about new scientific research and the ongoing impact of their peers in health care. 2011 was a banner year. Here are just a few of the memorable moments.

**FOR INFORMATION ABOUT  
HOMECOMING 2012, OCTOBER 11-14, PLEASE VISIT:  
[www.mcgill.ca/medicine/alumni/homecoming](http://www.mcgill.ca/medicine/alumni/homecoming)**



1976



1986



1981



**CLASS OF 1986  
MEDICAL SEMINAR**

- Seminar attendees,  
left to right:
- Frances Mondor, MDCM'86
  - Claudia Finkelstein, BSc'81,  
MDCM'86
  - Pamela Lenkov, BSc'82,  
MDCM'86
  - Suzanne Levitz, BSc'82,  
MDCM'86
  - Lise Couturier, MDCM'86
  - Ira Zackon, MDCM'86



Maureen Mayhew,  
MDCM'86, spoke  
about her  
experiences in  
Afghanistan.  
See story on page 22.



Reza Mehran,  
MDCM'86,  
spoke about his  
experiences in the  
former Yugoslavia.





→ PLANNED GIVING

# IN THE HEALTH SCIENCES, EVERY GENERATION HAS A VITAL ROLE

Be part of the search for a cure for cancer, make education more accessible, and help build world-class facilities for new generations of doctors, nurses, speech pathologists, physical and occupational therapists and scientific investigators. Consider leaving a legacy by making a gift in your will to the Faculty of Medicine.

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# McGill