New Faces in the Faculty
Providing a Striking Variety of Research Interests
Dear Graduates and Friends,

I am very proud to share with you the Spring 2004 Faculty of Medicine Newsletter. The season of renewal is reflected in articles highlighting some of our recently recruited researchers. We have chosen to showcase four of our outstanding investigators, whose innovative work makes a huge contribution to the revitalization of the Faculty. These young men and women have come to us from prominent training settings in the United States and the United Kingdom, and they represent our investments in our own future.

I am glad to be able to highlight the arrival at McGill of Dr. Martin Dawes, who brings a special dimension of research in evidence-based medicine to his position of Chair of the Department of Family Medicine. We look forward to seeing an increase in student interest in family medicine as a result of the leadership of Dr. Dawes and his departmental confreres.

Dr. John Bergeron, Chair of the Department of Anatomy and Cell Biology, is this issue’s featured Luminary. One of the world’s finest cell biologists, he is at the forefront of our work in proteomics. Dr. Bergeron was recently appointed President of the Human Proteome Organization (HUPO).

Finally, I draw your attention to the Report on Admissions from Associate Dean Philip Beck. He and his colleagues have the difficult job of choosing the very best candidates from amongst the hundreds and hundreds of applications that we receive in our Admissions Office. As you will read in this article, we have increased the size of our medical class and welcome interested applicants from Quebec, Canada, and indeed throughout the United States and the world.

I wish you all a very happy and healthy summer and once again extend an invitation for you to visit the Faculty of Medicine, its research institutes, and its teaching hospital network.

Yours sincerely,

Abraham Fuks, BSc’68, MDCM’70
Dean, Faculty of Medicine
Family physicians are unique because their position on the front line of health care requires an enormous breadth of medical knowledge. According to Dr. Martin Dawes, Chair of McGill’s Department of Family Medicine, these physicians make 2,500 diagnoses each year, involving an understanding of symptoms for approximately 500 separate conditions for every 1,000 patients. “This blows just about every other health profession out of the water,” says Dawes.

In addition to the wide variety of medical conditions that family physicians are trained to recognize, additional skills, such as communication and perception, are vital. Dawes likens these abilities to the kind of situational awareness required of pilots. “We are the primary diagnosticians,” he explains. “It takes courage to visit a doctor for the first time, and as a result, patients may feel like they have the Sword of Damocles hanging over their heads.” Many people will not immediately admit their reason for seeking medical advice; some even try to disguise their condition. In order to recognize and identify a patient’s primary concern, there is a need for the family physician to be something of a detective. Doctors must observe body language while listening to a patient’s story, something that requires alertness as well as intuition. “We also train our graduates with the ability to reassure patients, because the doctor-patient relationship is essential to the role of the family physician,” says Dawes. “Once you are in the system and required to see a specialist, it is never quite so intimidating for patients; this is why the first contact is so important.”

The Department of Family Medicine at McGill has more than 40 residents in four different locations within the city of Montreal, including both francophone and anglophone sites. These residents combine their complex clinical practice with groundbreaking scientific research.

The range of research in the Department of Family Medicine at McGill is as vast and comprehensive as their clinical practice. “It is an area that we plan to increase over the coming years,” says Dawes. “We aim to develop a number of courses to train family physicians to conduct research; we may even expand it into a Master’s program.” The Department’s research program amounts to an improvement in the level of primary patient care through service delivery, which, fittingly, is the overall objective of the Department.

“We have a great deal of research focused on information technology,” explains Dawes. One principal investigator in the department is using a Canadian Institutes of Health Research (CIHR) grant to investigate whether handheld personal digital assistants (PDAs) would be a useful tool for residents. Family medicine practitioners must keep abreast of the latest advancements in every field. According to Dawes, there are so many questions that it is virtually impossible to know the answer to everything. Additionally, as much as half the information learned may be wrong or out of date within five years. “The words ‘I don’t know’ are perhaps the three most important words that a doctor of family medicine should know,” explains Dawes. “Once you get past the barrier of admitting that you don’t know, then you can move on and look the information up. “The majority of information that a family medicine physician must know is published electronically these days,” continues Dawes. “We need a way to gain access to this expanding volume of information quickly – PDAs may be the answer.” Knowledge transfer and delivery are a vital part of practicing effective medicine — it’s groundbreaking work, it’s the future, and it’s being conducted right here at McGill.

“Knowledge transfer and delivery are a vital part of practicing effective medicine … it’s the future, and it’s being conducted right here at McGill.”
First impressions of new Medicine faculty members are influenced by the striking diversity of their research interests and the similarity in their reasons for joining one of the world’s most renowned medical schools.

**DR. JORGE ARMONY**

“I am interested in how the brain works,” explains Dr. Jorge Armony, holder of the Canada Research Chair (CRC) in Affective Neuroscience. “Specifically, I plan to improve our understanding of cognitive and emotional processes in populations with brain-related illness, like post-traumatic stress disorder (PTSD)” – a study interest that originated from years of research in England, the United States and Argentina.

Dr. Armony uses magnetic resonance imaging (MRI) technology as a diagnostic tool. “We use two different types of imaging,” explains Armony. “Structural imaging, which allows us to investigate the size and shape of different regions of the brain, and functional imaging, which allows us to measure brain activity.”

Past research suggests that cognitive processes, such as memory, attention and learning, as well as actual brain structure, may differ between a population that is healthy and one that has suffered physical or mental trauma. Ultimately, Armony hopes to use his research to investigate possible cures for the diseases he studies, although he admits that it is hard to look this far ahead. “In order to develop a cure you need to have a basic understanding of the brain,” he explains. “This is our initial goal.”

Armony’s desire to conduct research on clinical populations was one of the main reasons he came to McGill. “I was interested in this kind of research for years before I arrived at the Douglas Hospital, but I had never been in a setting where this was possible,” he says.

Now in his third year at McGill, Armony has wasted no time in forming collaborations with other faculty members. “There are so many potential collaborations because of the multidisciplinary nature of neuroscience research,” says Armony, whose own research involves biology, chemistry and psychology. According to Armony, the Montreal Neurological Institute’s position as a world leader in his research field, combined with the Faculty of Medicine’s strength in both theoretical and applied research, meant there was little decision to be made in coming to the University.

**DR. FIONA BEDFORD**

Dr. Fiona Bedford heads the new Cell Biology and Inhibitory Transmission Laboratory at McGill. As her lab’s name suggests, Bedford’s research is focused on the cell biology of neuroscience, or, more specifically, the study of inhibitory transmission – the dampening of neuron excitability, which allows our body to control relatively simple tasks like moving our hands and walking.

Dr. Bedford is an expert on the biochemical and molecular biology of the GABAA receptor – the major inhibitory transmission receptor – which plays a crucial role in the neural activity of both developing and adult nervous systems. “Many of the movements we take for granted could not occur without inhibitory transmission,” she explains. “We would suffer uncontrollable tremors and epileptic seizures.”

Bedford, holder of the Canada Research Chair in Anatomy and Cell Biology, is based in the department of the same name. “The group is young, dynamic and continuing to grow,” says Bedford, who was the second of five new CRC recruits. “I’ve only been here a little over one year and I’m already involved in recruiting more people to the department.”

Of her own recruitment to McGill, Bedford recalls her invitation to interview while conducting research at University College, London. “A member of the McGill faculty had told me that the University...
was a great place to work,” explains Bedford, who was struck by the collegial spirit of staff in the Anatomy and Cell Biology department from the moment she arrived. “People help each other at McGill, which is something I had not sensed at other places I had interviewed.” No sooner had the Bedford name been placed on the laboratory door than the offers of collaboration started to roll in. “I could almost have too many collaborations here,” jokes Bedford. “I’m happy, because this is one of the reasons I decided to come to McGill.”

**DR. KEITH MURAI**

“I use cell biological approaches to understand how neurons form connections and communicate.” This is how Dr. Keith Murai sums up the focus of his research on the formation and development of synapses, and how they are modified to permit cognitive functions such as learning and memory formation.

Dr. Murai developed an interest in neuroscience research while studying for his undergraduate degree at the University of California, San Diego. “I was interested in spinal cord injuries at that time. We were investigating strategies to regenerate the central nervous system.” Murai’s current research interest is in synaptic dysfunction. “This occurs in many neurological diseases, such as Parkinson’s and Alzheimer’s disease,” he explains. “Understanding the basic mechanisms of synaptic function is a very important step in developing tactics to combat these diseases.”

McGill University fosters a clinical, as well as a research, community. “There is so much opportunity for collaboration,” says Murai, who is also impressed with the strength and diversity of the neuroscience faculty members at McGill. “There is such a huge collection of world-renowned academics here. Their expertise ranges over many different fields, yet they all come together to form the neuroscience community.” According to Murai, the investment in laboratories and infrastructure, as well as the University’s reputation for academic excellence, is causing a migration of new talent to McGill.

Murai was born and raised in Southern California, so, as you might imagine, his first Montreal winter has been a tough introduction to Canadian life. But Murai is more than happy in his new home; the possibility of so many future collaborations and the warm faculty reception he has received are more than enough to offset the chill of a bitter Montreal winter.

**DR. PETER SWAIN**

Dr. Peter Swain, who holds the Canada Research Chair in Systems Biology, is another McGill faculty member who was recruited from the international scientific community. At the beginning of the last academic year, he moved to Montreal after conducting research in the UK, Germany and the United States. Swain’s expertise lies in the innovative new field of computational biology – the use of computers to unlock complex biological systems.

“Computers offer a cheaper, easier and faster way of investigating scientific questions than lab experiments,” explains Swain. “My research is focused on modeling the information processing of biochemical networks, specifically, the interactions between genes and their protein products. This is a particularly complex issue – hardly surprising when you consider that many of these genes program the development of an adult organism from a single cell.”

There are strong practical applications to Swain’s research. “Computers can model almost anything,” he says. “Consider the growth of cancer cells. Weaknesses can be discovered using computer models, which may lead to the development of more focused drugs.” Molecular biology is particularly exciting to Swain because of the volume of information made available by the recent sequencing of different genomes. “The past few years have witnessed an information explosion that has triggered a large movement of people to biology from other sciences,” explains Swain. “It has even been likened by some to the birth of quantum mechanics.”

Swain, himself a physicist by training, made the switch to biology only four years ago. Based in the University’s Department of Physiology, he also holds associate positions in both physics and mathematics. “The less rigid department divisions were one of the attractions of McGill,” notes Swain. “Someone with my background can fit in almost anywhere and that opens up the possibility of some exciting collaborations.”
McGill is creating a novel approach to develop health leaders from around the world in building on the established reputation and internationally renowned expertise of the Faculty of Medicine and the Faculty of Management. Through the proposed International Masters Program for Health Leadership (IMHL), McGill will expose participants who are key players in health management to leading-edge practicing management education. This program is not a Master of Health Administration (MHA) for young students or a Master of Business Administration (MBA) about business somehow applied to healthcare. This is a serious educational program designed to change profoundly how healthcare is managed around the world.

The IMHL is modeled after the renowned International Masters Program in Practicing Management (IMPM), created by McGill’s Henry Mintzberg, BEng’61, in collaboration with top business schools in England, France, India, and Japan (see www.impm.org). Participants from every region of the world, all in senior management positions, stay on the job and attend the program in modules of two weeks each, over 16 months.

Some years ago, Mintzberg approached Dean Abraham Fuks with an idea: Why not apply IMPM methods and philosophy to the development of healthcare leaders? Fuks recognized that healthcare was facing complex management challenges for which there were no appropriate development programs. Their continuing discussion led to the IMHL, which Fuks describes as “creative management development.” Designed around the actual experiences and needs of participating managers and their organizations, the IMHL structures leadership training in terms of “mindsets” – as described in an article by Mintzberg in the November 2003 Harvard Business Review – to give the depth of understanding necessary to bring about transformations. This allows participants and their organizations to benefit to the fullest from the IMHL.

The IMHL will be accepting its first class of 40 participants in 2005. They will have on-the-ground operating experience in medicine, nursing, or other specialty, hold key decision-making positions in hospitals, community care, managed care organizations, public health, government ministries, etc., and come from different countries. They will continue working while completing the program. In this way, the program takes into account the managerial and operating needs of both the participants and their organizations.

Five times during the 16-month program, participants will gather at McGill for intensive two-week-long modules. Each module will be linked to a particular “mindset” – reflective, contextual, analytic, collaborative, and catalytic – expressly conceived to help participants adopt new perspectives, the better to navigate their healthcare systems, lead their organizations, and effect change.

Participants, faculty, module directors, and sponsors are currently being recruited in Canada and abroad. The enthusiasm has been remarkable. Over 25 professors in the Faculties of Medicine and Management have expressed keen interest in teaching in the program, as have some of the most renowned thinkers in healthcare management from abroad. The program will be directed by Sholom Glouberman, BA’61, well known in healthcare in Canada, the U.S., and the U.K. He, Fuks, and Mintzberg are seeking the involvement of McGill graduates around the world, particularly in making this program known to potential participants and helping to find sponsorships for IMHL Fellows from different countries, especially in the developing world. For more information on the program, please see www.imhl.ca. We also invite you to contact the IMHL office at (514) 398-8811 to discuss ways you could become involved.
A discussion with Dr. John J.M. Bergeron, BSc’66, Chair of McGill’s Department of Anatomy and Cell Biology, is like jumping on board a high-speed train, an appropriate metaphor to describe the pace of his proteomics research.

“Proteomics is a genomic spin-off, but with major differences,” explains Bergeron. “Genomics predicts proteins, whereas proteomics studies them.” Proteins are the principal constituents of our body’s cells and collectively form what is known as the human proteome – the complete library of proteins encoded by our genome. Proteomics is a relatively new but rapidly advancing science, developed not only to map the location and function of proteins within our cells but also to discover new proteins.

The Human Genome Organization (HUGO) was established in 1989 with the aim of sequencing the entire human genome. Last year this objective was achieved – two years ahead of schedule. The Human Proteome Organization (HUPO), of which Bergeron is president-elect, was established in 2001. “Sequencing the human proteome is no simple task,” states Bergeron. In order to fully grasp the complexity of HUPO’s mission, it is important to comprehend the complexity of the human proteome. “There are more than six billion people on Earth, each with unique physical and psychological characteristics, yet we only have 30,000 genes...”

of HUPO’s mission, it is important to comprehend the complexity of the human proteome. “There are more than six billion people on Earth, each with unique physical and psychological characteristics, yet we only have 30,000 genes,” explains Bergeron. “This diversity is a result of very minor differences in the basic components of our proteins that can result in profound differences between each of us.”

Humans are estimated to have around 400,000-500,000 different proteins, each constantly changing with time, in response to the environment, and as a result of disease; here lies the primary reason for Bergeron’s interest in proteomics research. “The role that proteins play in human disease is critical,” he says. “Drugs are targeted to proteins, not genes; so we must focus our efforts here, in order to develop treatments for diseases such as emphysema, cystic fibrosis, diabetes and cancer.” According to Bergeron, we may be approaching the post-genomic era, but there is never likely to be a post-proteomic era – now that’s job security.

In 1999, Bergeron co-founded Montreal-based Caprion Pharmaceuticals, to provide a commercial collaborator and outlet for his proteomics research. “This venture is an important aspect of disease treatment development, which I consider part of my responsibility as a scientist,” explains Bergeron. Caprion specializes in drug development using an exclusively proteomic approach. The company raised almost $100 million in less than six months in order to conduct its research – a significant indicator of its importance to human health.

Key to the success of this research is a talented pool of scientists and highly sophisticated laboratory equipment. To the untrained eye, the Montreal Proteomics Network (RPMPN) could be described as NASA mission control. The RPMPN, which is a collaborative effort between Génome Québec, McGill University, the Canada Foundation for Innovation (CFI) and a variety of other granting agencies, has a core facility that houses over $20 million worth of new equipment, with an additional $27-million grant expected in the immediate future. “We are currently in a golden position thanks to the support of Dean Futs and Louise Proulx (Vice-Principal, Research), coupled with the backing of our funding partners,” says Bergeron. “The rate that this research has increased at McGill is absolutely exponential.” Bergeron likens the rate of discovery to a pipeline pumping out data, except that the pipeline is more of a firehose, and if you’ve ever tried to drink from a firehose you’ll understand the problem that Bergeron now faces. “We’re all trying to prioritize our projects within the core facility, to generate the data that drives our science, and this requires an incredible amount of organization,” says Bergeron, who has employed engineers and mathematicians to help manage the huge amounts of data generated by this work, and to allow the scientists to push their research to new and exciting levels.
Report on Admissions

A Shift in Focus

Rural areas lack physicians. According to the Canadian Journal of Rural Medicine, physician-to-patient ratios can be four times less in these areas than in the city. This trend has worried health professionals for over a decade.

The provincial government shares their concern and has initiated a program to encourage medical schools to admit a greater number of students from rural areas. The rationale for this is based in the likelihood that, as newly qualified graduates, they will be inclined to want to return to the rural life that is familiar to them. The impact of this new initiative can be seen in McGill’s latest admission figures.

“Students from rural areas tend to be less successful than urban applicants in the medical school selection process,” explains Philip Beck, MDCM’64, DipPsych’69, Associate Dean of Admissions. “It became clear that we had to ensure that these students had a fair chance of showing their suitability for studying medicine at McGill University. These applicants often lack the kind of non-academic opportunities, such as volunteer and community work in hospital settings, that are so desirable for aspiring medical students.”

Applicants from rural locations are now assessed not only on their overall accomplishments, but also on whether they have taken advantage of opportunities that will contribute to their overall suitability for their chosen profession. For its part, the government has added a small increment to these students’ CEGEP grades. “This effectively amounts to a bonus system for rural applicants, increasing their profile just enough to bring them in line with the more advantaged city dwellers,” notes Beck. The initiative seems to be working. In the past year, a number of students who for various reasons might not have reached that stage were invited to interview at McGill. “McGill produces some of the country’s best physicians,” says Beck. “We must be aware of the manpower needs of the province in terms of medical services and do what we can to help redress the imbalance between rural and urban areas.”

Other initiatives to encourage newly qualified physicians to accept rural postings are underway. One government program assists students willing to work in rural areas during their summer break. This offers them experience and familiarity with the kind of life that might be enjoyed as a rural physician after graduation. Another initiative aims to promote the value of family medicine as a career choice for medical students – the most common practice of rural physicians.

The decline in numbers of medical practitioners in rural areas is blamed, at least partially, on the limits placed on medical school admissions by the government and, indirectly, on the fall in medical school applications experienced during the past decade. McGill, along with many other North American medical schools, saw a significant drop in applications during the late 1990s. “We never found out why medical school applications decreased,” says Beck. “Potential students may have chosen to go into business or other branches of science.” For a while, even the “dot-com” revolution was suspected. The situation has changed markedly in the past few years, however. Although medical school applications are currently rebounding, certain categories still receive too few candidates.

Medical school applications are divided into four groups: Quebec students with an undergraduate degree, Quebec students direct from CEGEP, students from a province other than Quebec, and international students. The cohort of Quebec students with an undergraduate degree has been on the decline. “We plan to work on this over the next few years,” says Beck, who is interested in receiving help from McGill alumni to identify talented students in science undergraduate programs. “We want to encourage these young and talented people to round off their education, obtain their degree, and take the time to develop interests aside from medicine before they apply,” he adds.

Conversely, applications from out-of-province students have soared; for each place in this category, McGill receives about 30 applications. By comparison, the Quebec CEGEP student category receives approximately five applications per place. “In some respects, having a large applicant pool is a good thing because it allows us to continue to identify the best of the best and invite them to McGill,” states Beck. “However, it is sad having to reject so many talented youngsters with excellent grades and desirable personal qualities.”

McGill’s Faculty of Medicine would admit more students if it were possible; places have already increased from 105 to 160 students over the past five years. “We’re pretty much at our limit now,” says Beck. “If the number of students were to increase beyond the current number, a significant investment in facilities and resources would be required.”

MEDICAL SCHOOL APPLICATION DEADLINES FOR AUGUST 2005

NOVEMBER 15, 2004: For applicants whose residence is outside of Quebec For all applicants to the MD-PhD and MD-MBA programs

JANUARY 15, 2005: For residents of Quebec applying to the M.D., C.M. program

MARCH 1, 2005: For residents of Quebec applying to the Med-P program

Website: www.medicine.mcgill.ca/admissions
Sir William Osler – one of the most influential physicians in history – once stated that a teaching hospital is but the laboratory for a school of medicine. Dean of Medicine Abraham Fuks, BSc’68, MDCM’70, views the McGill University Health Centre (MUHC) project in much the same way. “You cannot speak of a major medical school without talking about its hospital,” says Fuks. “The two are inextricably linked.”

The proposed new MUHC facility, estimated to cost upwards of $1 billion, will integrate four previously distinct establishments – the Montreal General Hospital, the Royal Victoria Hospital, the Montreal Children's Hospital and the Montreal Neurological Hospital – into a single, state-of-the-art facility at the Glen Yards, west of Montreal’s city centre. The ambitious project offers a vision of future healthcare; it will mark a fundamental improvement in the delivery of healthcare services in the city, and combine the three most important aspects of a university hospital – teaching, research and clinical care.

“A teaching hospital is a critical component of the training environment for medical students,” explains Fuks. “Only 18 months of the four-year medical curriculum actually takes place on the McGill University campus; the majority is in a hospital setting.” Fuks says that, for residents and clinical fellows conducting postgraduate research, the teaching hospital is equally, if not more, valuable. “When completed, the MUHC will be the largest site of a hospital-based research institute in Canada. Patient-oriented, clinically relevant research is vital to the future of both the hospital and the school of medicine.”

Beyond these benefits, says Fuks, a modern, high-quality facility will, of course, be of great significance to the Montreal community. The present hospitals are antiquated to the point where it has become difficult to provide the level of healthcare that the population of Montreal expects and deserves. Hospital location is of great importance, and the need to improve hospital access in Montreal is self-evident. McGill University’s health centres currently serve a staggering one million outpatients each year. “The Royal Victoria Hospital was built in 1893, when access was by horse and cart,” notes Fuks. “Our current hospitals are situated where pedestrian, bus and metro access is poor, to say the very least, but the MUHC project will change this.”

Another important factor that has influenced the creation of the new facility is the medical advances that have changed the way hospitals are designed and operated. Fuks explains: “These developments have been particularly dramatic over the past few decades. Far fewer hospital beds are required, for example.” When the Royal Victoria Hospital first opened, the average stay was 28 days. The number of out-patients may have increased, but the average hospital stay is now a fraction of this figure. Women leave hospital 48 hours after giving birth, instead of one week. Gall-bladder surgery entails a 24-hour stay instead of between seven and ten days. Cataract surgery now requires a visit of two hours, instead of four to eight days.

The MUHC project plan is currently under review by an independent committee chaired by former prime minister Brian Mulroney and former Quebec premier Daniel Johnson. The committee’s job is to ensure that the project conforms to Ministry of Health requirements before it goes before cabinet for approval.

Dean Fuks is optimistic that the project will be given the green light. “For the Montreal community, the new MUHC will deliver the very best patient care available,” he says. “It will also allow McGill’s Faculty of Medicine to continue competing on the world stage.” Montreal has always been a leader in healthcare and McGill’s medical school has one of the largest talent pools in North America. The MUHC project will allow the University to continue recruiting the most outstanding international physicians and researchers, and ensure that excellence in patient care is matched by excellence in the classroom and in the laboratory.
Once again, I’m delighted to announce that Medicine alumni contributions to the McGill Alma Mater Fund showed the highest participation rate of any faculty in the University. The percentage of Medicine graduates who contributed to the McGill Alma Mater Fund in the past fiscal year remains steady at 31%. At mid-year (December 31), the total of annual gifts from graduates, parents of current and past students, faculty and staff, and other supporters was $705,463. These annual gifts fund Faculty projects and endeavours that are outside the scope of our annual budget. We extend special thanks to the class leaders who helped raise funds for their respective class reunion projects.

Alumni Meetings

In February, Dean Fuks met with Medicine alumni at a dinner in Vancouver. His trip to the West Coast enabled him to arrange individual meetings with other graduates.

In March, Dr. Richard Coburn, MDCM’64, and Ms. Helen Lebrecht hosted a reception for Medicine graduates at their home in New York. It was a wonderful event in a spectacular venue.

Dean Fuks plans to return to Vancouver and New York in the fall, so you can look forward to meeting him at alumni events.

Special Gifts

In November 2003, Principal and Vice-Chancellor Heather Munroe-Blum, OC, and Dean Abraham Fuks met with Dr. Dodd Q. Chu and his family in Vancouver, to celebrate the establishment of the Dr. Dodd Q. Chu and Family Chair in Medical Genetics. Dr. Chu’s gift was a tangible expression of his gratitude to the Faculty of Medicine for its dedication to excellence in teaching and research. This Chair will allow the Faculty to continue its leadership in this area of research.

On March 24, the Faculty announced the creation of the Queen Elizabeth Hospital of Montreal Foundation Chair in Pediatric Anesthesia. The Queen Elizabeth Hospital has been at the forefront of anesthesia research and care since the mid-20th century. Dr. Harold Griffith’s groundbreaking use of curare as a relaxant in 1942, and the naming of Dr. Wesley Bourne as the first chair of McGill’s Department of Anesthesia in 1946, established a reputation for excellence that continues today.
A Final Note

Our office has been through some major staffing changes since last fall, and I want to take this opportunity to present to you the new members of our team. Paula Navratil has joined our office as Development and Alumni Relations Associate. Paula comes to us from Vancouver, where she coordinated the Phonathon Program at Simon Fraser University. She also worked at the BC Institute of Technology in the area of Major Gifts. In our office she is responsible for coordination of the annual giving and alumni relations programs. Don’t hesitate to contact her at (514) 398-1299 or at paula.navratil@mcgill.ca if you have any questions about these programs.

Sarah Quig is our latest arrival. Sarah is our Stewardship Administrator, a new position in the University. We are pleased to have Sarah on board, as we know she will play a key role in liaison with donors, ensuring that they are properly recognized for their contributions. Before coming to the Faculty of Medicine, Sarah worked in the Major Gifts Office of the central Development and Alumni Relations Office. Prior to her arrival at McGill, Sarah worked in various healthcare settings, where she was responsible for administrative tasks and donor relations. You can contact her at (514) 398-5304 or at sarah.quig@mcgill.ca.

With every good wish for a wonderful and warm summer,

Nadine Saumure, Associate Director, Development

REMINDER

HOMECOMING 2004

If you plan to be in Montreal this fall, don’t forget to mark your calendars! The Homecoming festivities are not to be missed! A wealth of weekend events are available to all alumni, so make sure to check out all of the events currently being offered! You can find the most recent listing of events in the Homecoming section on the Faculty of Medicine’s Alumni website at www.medicine.mcgill.ca/alumnicorner or by visiting McGill’s Homecoming web page at www.mcgill.ca/homecoming.

If you graduated in a year ending in 4 or 9, you will be celebrating your graduation this year! The classes of 1944, 1949, 1954, 1959, 1964, 1974, 1979, 1989 and 1994 have already confirmed their attendance. Class leaders are listed below, so if you are a member of any of these classes you may want to keep an eye out for correspondence from your class representative. The Faculty looks forward to welcoming you home!

If you would like to help organize your class reunion and your class is not yet listed, please contact Kathy Bowman at (514) 398-3554 or at kathy.bowman@mcgill.ca.

It is never too late to join in the fun! See you there!

LIST OF CLASS REPRESENTATIVES

Class of 1944 – Eric L. Phelps
Class of 1949 – Alan M. Mann,
Lawrence Hampson
Class of 1954 – Ian E. Hutchison,
Robert Usher
Class of 1959 – Jack Cohen
Class of 1964 – Joel Paris, Philip Beck,
Allan D. Mackenzie

Class of 1974 – Thomas Emmett Francoeur,
Michael Dworkind
Class of 1979 – Ian M. MacDonald,
Michael Munzar
Class of 1989 – Ramin Khorasani
Class of 1994 – Jeff Sankoff
Bringing the Faculty of Medicine to You

The Ambassadors’ Program

Some of our top Faculty of Medicine researchers have been invited by Dean Fuks to act as ambassadors on behalf of the Faculty. Their mandate is to bring news of McGill-based research and development to alumni near and far.

The goal of this new program developed by the Faculty’s Alumni Relations Office is to encourage personal interaction between the University and its distinguished alumni. The ambassadors will be speaking on their various areas of expertise, as well as offering news from the Faculty of Medicine, and highlights of work being done in other parts of McGill.

These events will offer alumni a means to become reacquainted with McGill, and to strengthen the bonds with alumni of other faculties. There are approximately 140,500 McGill graduates who live and work in a total of 155 countries around the world. Bringing the Ambassadors’ Program to various McGill branches is certain to strengthen our global community.

We hope to launch the first Ambassador event in the fall. For updates on this program, keep an eye on our website at www.medicine.mcgill.ca/alumnicron or contact our Development and Alumni Relations Associate, Paula Navratil, by phone at (514) 398-1299 or by email at paula.navratil@mcgill.ca.

The McGill Alumni Association works to enhance McGill’s worldwide standing by fulfilling a mission of teaching, research and service to the community. Alumni worldwide are linked to the McGill Alumni Association through almost 90 branches in Canada and beyond. For more information about the McGill Regional Programs please contact Trish Duff, (514) 398-3008 or via email at trish.duff@mcgill.ca.

March Volunteer Phonathon a record success!

This year’s volunteer phonathon in Montreal was a great success, garnering close to $200,000 of pledges campus-wide over the two-evening event! We extend special thanks to all Faculty of Medicine students and alumni (many of whom have helped at previous phonathons) for donating their time on the evening of March 10. Dean Fuks was also on hand to lend his support to the proceedings.

The volunteer phonathon is also making an appearance in Toronto and Vancouver this year, so be prepared to hear from your fellow alumni! Kudos to the volunteers of phonathons in all three locations for their dedication and hard work!

Thanks also to everybody who made their Alma Mater Fund gift this year. If you have yet to do so, feel free to call our Development and Alumni Relations Associate, Paula Navratil, at (514) 398-1299.

Thanks to everyone for making this such a great event!

(from left to right)
Paula Navratil, Development & Alumni Relations Associate, Valerie Rougeau, BSc(PT)’05, Naveen Garg, BSc(PT)’04, Anelia Wright, Dip(PT)’97, BSc(LOT)’98, Gad Abikhzer, MDCM’06, Dean Abraham Fuks, BSc’68, MDCM’70, Rita Shane, MDCM’42, Colin Rose, MDCM’58, PhD’76, Mimi Belmonte, BSc’78, MDCM’92, Genevieve Buser, MDCM’04, Brent Blakely, BEd’89, MEd’95, MEd’96, Maria Krassilnikova, BSc’02, MDCM’06, Nadine Saumure, Associate Director, Development
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Faculty Update

New Appointments

– Alan Barkun, MDCM’83, MSc’95, was appointed to the Douglas G. Kinnear Chair in Gastroenterology, beginning January 1, 2004.
– Jean-Pierre Farmer, BSc’79, MDCM’83, was appointed as Associate Dean of Post-Graduate Medical Education, effective January 1, 2004.
– Richard Haber was appointed medical director of the Pediatric Consultation Centre at the MUHC.
– Pierre-Paul Tellier will take on the position of Director for the Office of Student Affairs in the Undergraduate Medical Education section of the Deanery as of July 1, 2004.

Kudos

– Frederick Andermann, BSc’52, was awarded the Prix du Québec - Wilder-Penfield for biomedical research.
– Eric Fombonne (Psychiatry) was elected president of the Assemblée des chefs de pédopsychiatrie de l’Île de Montréal, as well as the head of the Association of Child and Adolescent Psychiatry of Canada.
– Réjeanne Gougeon has been elected to the Editorial Board of Diabetes Care.
– Douglas G. Kinnear, BSc’48, MDCM’52, received the Award of Merit of the Montreal General Hospital.
– Brenda Milner, PhD’52, DSc’91, received the 2004 Award in the Neurosciences from the National Academy of Sciences (NAS). Dr. Milner is the first non-US associate of the NAS to receive this award.
– Margaret Somerville, DCL’78, will receive a Doctor of Laws, honoris causa, from the University of Waterloo on June 16, 2004.
– Alan Tenenhouse, BSc’55, PhD’59, MDCM’62, was awarded the 2003 Lindy Fraser Award of the Osteoporosis Society of Canada for excellence in teaching and research.
– Christina Wolfson, BSc’76, MSc’78, was named a Fellow of the American College of Epidemiology.
– Jean-François Yale has been elected to the Editorial Board of Diabetes Care.

Seven of our professors were named to the Faculty Honour List for Educational Excellence last year, in recognition of their efforts to promote excellence in teaching, educational leadership and innovation, faculty development, and research and scholarly activity in health sciences education. Pictured here are: Drs. Bernard Unikowsky, BSc’69, MDCM’75 (Medicine), Elizabeth O’Brien (Medicine), Aurore Côté (Pediatrics), James Hanley (Epidemiology & Biostatistics and Occupational Health), Lynn McLauchlin (Family Medicine), Joyce Pickering, MDCM’80, MSc’88 (Medicine), and René Michel, BSc’69, MDCM’71 (Pathology). We honoured these individuals at the Symposium on Education in the Health Sciences on June 12, 2003. A celebration will be held for the 2004 cohort on June 10, 2004 at 4:00 p.m., in the Jonathan C. Meakins Amphitheatre. Everyone is welcome to attend.

The 2003-2004 cohort of Teaching Scholars is: Dr. Richard Gosselin (Pediatrics), Dr. Tarek Razek, BSc’89, MDCM’93 (Surgery), Dr. Markus Martin, BSc’69, MDCM’74, DIP Management 2001 (Obstetrics & Gynecology), and Dr. Alexandra Tcheremenska (Family Medicine). The Teaching Scholars Program is designed to promote the educational expertise of faculty members interested in pursuing their professional development as educators. The Scholars made presentations at Medical Education Rounds on December 4, 2003.

Key dates

FACULTY DEVELOPMENT
April 21, 2004: Workshop: Evaluating Residents: Overcoming Obstacles... Finding Solutions
June 10, 2004: Symposium on Education in the Health Sciences
Please consult the Faculty Development website at www.medicine.mcgill.ca/facdev/ for more information on these events.

FACULTY DATES TO REMEMBER
May 31, 2004: Health Sciences Convocation
June 4, 2004: Commemorative service in gratitude to those who have given the gift of their bodies to health sciences studies at McGill.
Your alumni profile

We are collecting data on each class, with the goal of making it available on our password-protected website. This information is accessible only by McGill Medicine alumni. If you wish to participate, you may either mail or fax this form (along with a current photo and a graduation photo) to:

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