



MEDICINE

edition



Welcoming VP Health Affairs and Dean Richard I. Levin

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Judy Walgreen

There are very few institutions that have survived the history of 1,000 years. Universities and their schools of medicine are among them, at once describing our talents, tenacity and the valuation of our work by society. To be successful and conserve that extraordinary value, to simultaneously guard history and invent the future, we must change constantly.

It was with a sense of profound honor and great enthusiasm that, on September 1, 2006, I became the 26th Dean of the Faculty of Medicine. McGill is Canada's leading medical research university. It is known internationally for its strength in medical education and biomedical sciences and, because Montreal, Quebec and Canada have unique strengths, we are positioned to maintain our international leadership in medical advances and discovery into the future. It is that extraordinary future and the opportunity to see personalized, molecular medicine come to fruition that brought me and my wife, Jane, north to Montreal.

I am fortunate to arrive at a time when, 100 years beyond the founding of the Oslerian tradition, and under the great leadership of Abe Fuks, the Faculty has had profound success building for the future. As the pages of this issue describe, I arrived to the sounds of constant change, from the construction of the Life Sciences Complex to the opening of the new Medical Simulation Centre. I wish to pursue this evolution. I believe that medicine and the science which underlies it will become more and more global, and in my desire to help international institutions reach their full potential, I hope that I might make a contribution to this venerable and storied Faculty.

Much changed during Dean Fuks's tenure and on behalf of the Faculty, I thank him for paving the way to the exciting challenges that await us. To meet them, I count fully on your support to allow us to achieve the highest tier of excellence in medical education, in research, in health care, in the evolution of social policy, and in designing stronger relationships to our many constituencies.

The Faculty of Medicine of McGill University is among the best in the world. Our aspiration is to invent a new world of medicine that provides the best care for everyone.

Richard I. Levin, M.D.
Vice-Principal (Health Affairs)
Dean, Faculty of Medicine

New Dean Looks to the Future, Builds on the Past

It is the first week of the fall semester, a frantically busy time of year, and McGill's new Vice-Principal (Health Affairs) and Dean of Medicine, Richard Levin and his wife, Jane, have scarcely had time to settle into their new home. But his mind is on the future, with a thought to the lessons of the past.

A true-blue New Yorker, Dr. Richard Levin comes to McGill after serving as Vice-Dean of Education, Faculty and Academic Affairs at New York University School of Medicine. There, he pursued the study of endothelial cell biology and atherothrombotic events. He holds four patents in the fields of coronary health and wound healing.

Another of Dr. Levin's interests is the development of technological, narrative-based learning tools, such as ALEX, a web-based learning environment named for the ancient Egyptian Library of Alexandria. Using the program, students and teachers engage in an interactive exploration of specific cases. "The program makes use of intelligent, robotic actors and modifies the information offered to a student, taking into account what they have learned so far. It is appropriate to any given student's history."

Dean Levin describes the stark contrast between the teaching hospitals of the past and present. For generations of medical students, teaching hospitals were the human classrooms of Osler's instruction. But that was when hospital stays might be as long as six weeks. "There was sufficient time for a student to see the disease and its natural history and social context, through visiting family and friends."

Meanwhile, as learning opportunities in teaching hospitals have diminished, scientific information has expanded exponentially, setting an ever-increasing educational "to do" list for medical schools and students. "Since World War II, scientific knowledge and data have doubled every seven years," notes Levin. "Academic institutions are conservators, but at the same time, we have the responsibility of inventing the new world of medicine." Hence the need for innovations in medical education at all levels: pre-med, undergraduate programs, residencies and continuing education for physicians.

The general public also has educational needs. "We know how to dramatically diminish cancer and hardening of the arteries, but we have not been successful in applying these known methods of prevention widely. We have done an inadequate job of educating and convincing the public to recognize smoking and obesity as contributing factors to these diseases."

"Looking down the road, there is an expectation for advancements that will usher in a new era of medicine. Molecular treatments will focus medical interventions on precisely what must be corrected. These treatments will replace what Lewis Thomas called 'half-way technologies' that may palliate the condition, but do not cure, and tend to be expensive and harmful," says Dr. Levin.

Great challenges lie ahead, but for Dean Levin and his wife, the decision to leave their hometown of NYC was a challenge in itself, particularly since it meant that Jane Levin had to leave her position as an administrative law judge for the New York State Department of Health.

But, luckily, the lure of McGill was too hard to resist. "The McGill Faculty of Medicine has a storied past, and a well-deserved reputation." William Osler's vision seems to line up naturally with Dean Levin's, when he says with conviction, "Medicine must remain, as in Osler's time, a human encounter."

The cosmopolitan nature of Montreal made the decision to leave their beloved home city a little less hard. With a smile, Dean Levin acknowledges that he and his wife share an appreciation for good food, and for the symphony. In the winter months he looks forward to skiing in the Laurentians, an experience he enjoyed when visiting the University of Laval.

Faculty members and the Montreal community have, Dean Levin said, been wonderfully welcoming to both him and his wife. The Montrealers have shown a touching enthusiasm for showing off their city. "Everyone has been eager to share with us their own personal Montreal."

Dean Levin is grateful for his debut at McGill. He is joining the Faculty of Medicine at a particularly vital time. Crediting Dr. Fuks with the great progress the School has made during his tenure as dean, he adds, "I am lucky to arrive at a time when the Faculty has had great success building for the future."

“The McGill Faculty of Medicine has a storied past, and a well-deserved reputation...”

Dr. Eric Fombonne

Here's a dilemma: A set of developmental impairments associated with cognitive delays have been identified.

To better understand these impairments, you study their incidence. Your research reveals that the number of individuals affected is greater than was originally thought. Then a kind of panic ensues, with doctors and families desperate to locate the source of the problem associating the incidence of the condition with a single cause, some of them embarking on treatments that prove to be more dangerous than the impairments themselves.

An epidemiologist such as Dr. Eric Fombonne, director of Child Psychiatry at McGill, might tell you to be cautious about trusting any invasive therapy before the incidence and causes of the disorders are thoroughly studied and understood. He has produced research on childhood depression, but is best known for his studies of autism and other pervasive developmental disorders (PDDs).

"We are in an era where we can look at how, when particular genes interact with particular social experiences, individuals are led to either very good outcomes or bad outcomes. [The epidemiological study of autism] has become a very complex discipline that requires bridging together basic science like biology, molecular genetics, neurology and brain development; and behavioural sciences, psychology and social sciences. You have to make that work all together," says Dr. Fombonne.

His most recent study – the first done on autism and PDD rates in Quebec – was published in July 2006 in *Pediatrics*. His research has shown that the incidence of autism and PDDs is higher than would have been hoped. One child out of every 160 in Quebec is affected by autism or other PDDs, which means that there is, and will continue to be a great need for better and more abundant services for autistic children and their families in the province.

Dr. Fombonne maintains that, although the prevalence may be higher than anyone would like, the current rates are simply the

result of more accurate diagnosis and detection of PDDs.

Given fears that measles-mumps-rubella (MMR) vaccinations or the mercury in other vaccines have been behind an increased incidence of PDDs, there is good news. "In children born between 1987 and 1998 there was a rise in the rates of autism. However, the MMR uptake of Quebec children actually declined during the same period. In addition, there were changes made to the Quebec immunization schedule. There was a medium dose of mercury in the first years of the study, then a high dose of mercury in the middle years, and at the end, there was zero mercury in the vaccines used to immunize young children." As exposure to mercury declined, the incidence of autism continued to increase, showing no connections between the mercury-containing vaccines and autism.

Studies Dr. Fombonne conducted in England while at the Institute of Psychiatry of King's College came to similar conclusions.

There are still medical practitioners who, believing that autism is a result of mercury poisoning, use questionable or even deadly treatments, such as chelation therapy, which rids the body of mercury and eliminates all the essential metals, including calcium, in the process. It's a 'cure' that proved deadly to an autistic child in Pittsburgh last year.

At the beginning of his career as an epidemiologist of child psychiatry in his native France, he first became involved in researching autism and PDDs at the behest of family-run associations and physicians frustrated with the lack of services for autistic children.

With Canadian Institutes of Health Research (CIHR) funding in 2003, Dr. Fombonne initiated the first program at McGill designed to produce the next generation of trained researchers specialized in the disciplines that investigate autism and PDD. The first cohort has just graduated.

At the Montreal Children's Hospital, services for children and families dealing with autism and PDDs have multiplied under Dr. Fombonne's watch. These include programs for preschoolers, school-aged children and high-functioning adolescents. Diagnostic services are also offered for

adults. In total, Dr. Fombonne sees roughly 300 new cases at the clinic every year.

An early intervention program teaches parents to maximize communication with their children, through group sessions at the clinic, and later on at their home, with a language pathologist. "We [also] teach them how to structure their home environment to promote opportunities for the child to use gestures – to point in order to request for things for example – and to use eye contact and words to communicate more efficiently."

"There is a lot of evidence that doing the right thing at an early age can change outcomes for these children, promoting language development and learning and decreasing the level of cognitive delay. If this is done well and in a timely fashion, we can change the outcome trajectory for these children."



Dr. Eric Fombonne

Owen Egan

The McGill Medical Simulation Centre opens its doors

Dr. Kevin Lachapelle, MDCM'88, Director of the McGill Medical Simulation Centre, wryly remembers, "One of my colleagues used to say, 'Everything I learned, I never do; and everything I do, I never learned.'"

Future generations of medical professionals may be much less likely to feel that way, though, thanks to an innovative new educational facility at McGill.

At the opening of the McGill Medical Simulation Centre on September 14, Dr. Abraham Fuks, BSc'68, MDCM'70, and Dean Richard Levin were both on hand to thank the Ministry of Education of Quebec, the Arnold and Blema Steinberg Family Foundation, and the many McGill alumni whose contributions made the new facility possible.

After the ribbon cutting ceremony, a crowd of intrigued doctors, nurses, donors and media were led along corridors where, through two-way mirrors, they glimpsed at medical students interacting with actor-patients. In a surgery room, two more mannequin-patients lay on operating tables. Their chests rose and fell, while monitors showed vital signs that altered as the learners worked.

The Centre occupies 16,000 square feet in La Cité complex on Parc Avenue, and is comprised of rooms that stand in convincingly for examination or interview rooms. On either side are halls: one reserved for medical students and doctors learning new techniques, the other for observing professors and actor-patients. Whenever trainees come into contact with simulated patients, be they human or robot, video and audio cameras record their every move. Groups and individuals later review audio and videotapes of their performances with their instructor and peers.

Following the tour, a trio of distinguished pioneers of medical simulation-based learning – Dr. Richard Reznick, MDCM'77, the R.S. McLaughlin Professor and Chair at the University of Toronto; Dr. Amitai Ziv of the Israeli Centre for Medical Simulation; and Dr. David Gaba, Director of the Patient Simulation Center of Innovation at Stanford



From l to r: VP Dean Richard Levin; Principal and Vice-Chancellor Heather Munroe-Blum; Dr. Kevin Lachapelle and Mr. Arnold Steinberg.

University – presented their thoughts on the value and uses of these tools during a luncheon-symposium.

Dr. Gaba, a professor of anesthesia and the inventor of mannequin-based simulation, was there in his capacity as the Flanders Family Visiting Professor. He commented that if the general public were to compare the training offered nuclear plant engineers and airline pilots to that available to most medical practitioners, they would be the greatest proponents for simulation-based medical training.

Dr. Ziv spoke of the challenge of preparing all types of healthcare professionals for the routine and nightmares of patient care and safety. Video clips of training sessions at the simulation centre in Israel included the abusive son of an elderly patient refusing to leave the examination room; a pharmacist trying to assist a hard-of-hearing client who had multiple prescriptions; and a patient talking loudly on his cell phone and not wanting to wait his turn.

Only a week after the opening, Dr. Lachapelle reported that three groups of students – nurses, junior surgery residents, and second-year medical students – had participated in simulations at the new Centre. Of McGill's new facility Dr. Lachapelle says, "It's really a multidisciplinary, inter-professional Centre." Designed to benefit the 2,000 members of the McGill medical community, 100 to 150 students or professionals may receive training there at any given time. And that is just a start: the doors are open to staff from all McGill-affiliated hospitals and to health-care practitioners from the larger Montreal community. Dr. Lachapelle foresees the development of simulation programs for occupational therapists and physiotherapists.

When a group approaches the Centre with a training need – whether it is a course on airway management or central line-insertion – Colleen Bernard, the Centre's instructional designer, works with them to develop a program that meets their educational needs.

Simulation-based training represents a paradigm shift for doctors accustomed to teaching on the fly, addressing whatever medical problem comes up on hospital rounds or in surgery. It requires preparation and planning that is not possible in a teaching hospital, Dr. Lachapelle notes. He likens the Medical Simulation Centre to a laboratory: each educational moment is highly controlled.

For learners, participating in medical simulations is intense. "People become emotionally attached to their sessions," says Dr. Lachapelle. Watching oneself in videotapes of training sessions heightens self-awareness. Participants also gain an increased understanding of how they are perceived by their peers.

A national study found that, in Canada, 38 percent of medical errors could be prevented through more efficient training. This information highlights the importance of the McGill Medical Simulation Centre as a place for students to learn and practice before applying their newly-acquired skills in the hospitals.

Simulation-based training requires time, effort and infrastructure. Fundraising for an endowment to cover annual operating costs of between \$1.2 and 1.5-million is well underway.

In his closing remarks, Dr. Gaba was unequivocal about the value of this investment. "In the long-run, simulation-based training is a money-saver."

Paul Fournier



The McGill Cancer Centre & the New Cancer Pavilion



Dr. Michel L. Tremblay, director of the McGill Cancer Centre

The incessant pounding, which sounds disconcertingly close but is actually taking place many floors below, would drive most people to distraction, but Dr. Michel L. Tremblay, BSc'80, MSc'82, PhD'88, director of the McGill Cancer Centre, is unperturbed.

After all, the noise is just part of the birthing pains of the new Life Sciences Complex (LSC). The complex, which will bridge the McIntyre and Stewart buildings, will be the home of the new Cancer Pavilion and the Francesco Bellini Building.

When the existing McGill Cancer Centre (MCC) and the Molecular Oncology Group (MOG) merge together at the Cancer Pavilion, the MCC's original mission will remain the same. "We have four objectives: to produce outstanding science; to translate these discoveries to patients as fast as possible; to inform the public and physicians of the importance of fundamental research; and to train the new generation of cancer researchers and clinician scientists," says Dr. Tremblay.

The difference the new Cancer Pavilion will make to cancer research lies partly in sheer numbers: currently, 19 staff work alongside more than 200 researchers and students. The new Cancer Pavilion will house 30 staff and 300 students, technicians and post-doctorate researchers who will share ten research platforms with other LSC scientists.

To understand the impact of this kind of collaboration, consider that one of these highly sophisticated platforms will increase research capacity exponentially. For instance, as Dr. Tremblay explains,

"The new metabolic platform will allow researchers to look at about 10 times more small metabolites than the present hospital-based clinical laboratories. We will look at the metabolic profiles of animal models and patients, [and] examine the activity of several metabolic pathways, various levels of amino acids, lipids and small metabolites and profile the blood, tissue or cells."

"These are advanced technological platforms that will complement the research and clinical facilities of McGill and its affiliated hospitals," says Dr. Tremblay. "The cancer group will develop partnerships with the Lady Davis Research Institute of the Jewish General Hospital and the Oncology Department of the MUHC and its new Research Institute."

"For example, we plan to join forces and develop research programs with the MUHC Fraser Laboratory, the renewal of which was initiated by Dr. Simon Wing, BSc'77, MDCM'81, and Dr. David Eidelman, MDCM'80. This will bring exciting new researchers to the MUHC who will be able to work jointly with our cancer and metabolism units at the MCC."

But the advances made possible by the Cancer Pavilion will reach beyond technical tools. They will also change the manner in which specialists in different fields work. "The new building will allow us to interact much more. The design will foster a team-oriented approach to research in both the basic and clinical sciences," says Dr. Tremblay.

New discoveries in cancer research have a long way to go before they result in cancer treatments. Genetic research leads to clinical studies that lead to pharmaceutical innovations. The speed at which new discoveries and innovations are able to reach

the bedside is determined, in part, by how effectively information and resources are shared among those who work in hard science, on clinical studies, and in hospital oncology units.

“How do we reach patients? What is the future of the Centre?” In the past, “with some exceptions, scientists and oncologists worked independently,” explains Dr. Tremblay. “The recent congress of the International Association for Breast Cancer Research in Montreal demonstrates better than ever that, for successful new cancer treatments to be developed, it takes a team of people – pathologists, animal model specialists, in vitro assays scientists, structural biochemists, clinical researchers and oncologists. You need all these people together to discover new genes, uncover compounds that show how these mechanisms work, and validate them in both the laboratory and the clinic.” This is the work that goes into developing the new tools for cancer detection and treatments that oncologists will use in hospitals.

The MCC research team was founded roughly thirty years ago following the discovery of a tumour marker for colon cancer by Dr. Phil Gold, BSc’57, MDCM’61 MSc’61, PhD’65. The team is now a formidable group of 19 full members and over 20 associate members that has accumulated a long list of accomplishments. Dr. Tremblay notes that team members such as Dr. William Muller, PhD’86, Dr. Philippe Gros, PhD’83, and Dr. Jerry Pelletier, PhD’88, have given the MCC its worldwide reputation for its animal models. Dr. Muller’s breast cancer models are now used by most pharmaceutical companies and hundreds of private and academic laboratories around the world.

Dr. Nahum Sonenberg, PhD’76, looking at the translation of protein as a critical event in tumour growth, has identified pathways that are now targeted in cancer-fighting drugs. Dr. Morag Park, PhD’83, has uncovered oncologic proteins formed when the chromosomes of certain oncogenes break and fuse with other genes. Dr. Vincent Giguère, PhD’83, is studying breast tumour resistance to steroids, and Drs. Philippe Gros and Nicole Beauchemin, PhD’85, are researching the genes that come into play in carcinogen-induced colon tumours.

Dr. Tremblay’s own research group has discovered links at the metabolic level between diabetes, obesity, and cancer. “We want to study this connection in animal models, but also at the cellular level.

If a cell stores a lot of energy-rich molecules when it develops cancer, will it be much more aggressive because all the energy it needs is already available? Can we target some of these modes of action to kill them? Can we kill all the cancerous energy-full cells?”

Another research discovery is that proteins found in the metabolism of diabetes are also found in breast cancer. “If we can eliminate these proteins, we can find new means of fighting breast cancer.”

MCC projects help researchers understand problems in a way that can often be useful outside oncology, setting off a ripple effect of advancements in other fields. “If we have a great discovery, we are not going to put it aside: we’ll publish it and others will continue with it.” For example, Dr. Maxime Bouchard’s, PhD’96, research in kidney cancer involves looking at genes that come into play in the embryonic development of kidneys. “Indeed some genes that are involved in the development of kidneys in the embryo are reactivated in kidney cancer,” says Dr. Tremblay.

The cost associated with each year-long research grant involving interaction between the Cancer Centre and our clinical colleagues is approximately \$25k to \$30k. Ten to fifteen such projects currently occupy clinicians and basic scientists from the MCC in these innovative programs. So, while the search is on to find a donor for whom the Cancer Pavilion will be named, the work of writing grant proposals and raising funds for research projects continues.

The Cancer Pavilion promises to be an important force in the advancement of cancer research. “The idea is to establish a place where our colleagues and the people at the Centre can have the most advanced technologies and make exceptional discoveries,” says Dr. Tremblay. “The MCC is an outstanding collaborative group, and the Cancer Pavilion will expand the scope of its research to facilitate partnerships with McGill colleagues and clinical scientists from the hospitals. It is our opportunity to group a much greater number of scientists with complementary areas of expertise.”

The laboratory-to-clinic modus operandi set by Sir William Osler remains very much at the heart of this expansion. “At the Cancer Centre, we are studying very broad, basic, fundamental mechanisms in cancer, and they often lead us in exciting directions that must be channeled to benefit patients. This is our aim.”

“The new building will allow us to interact much more. The design will foster a team-oriented approach to research in both the basic and clinical sciences...”

Just what the doctor ordered:

McGill's International Masters for Health Leadership

"I was elated" says former Dean of Medicine, Abraham Fuks. "There are very few masters programs specifically dedicated to health leaders that also bring those same individuals together in a critical mass."



The first cohort of the IMHL Program.

As is the case with many healthcare managers, Fuks had no formal training for his own leadership role, so his enthusiasm is born of personal experience. McGill's new International Masters for Health Leadership (IMHL) gathers healthcare professionals from all over the world together in a way that is unprecedented: an international group of participants attends a series of five two-week sessions spread over an 18-month period. The first group

of healthcare managers, 14 physicians, two nurses, a chemist and a social worker, from Uganda, Kuwait, the United Kingdom, Canada and the United States, met this summer at McGill. They spent the inaugural two-week session in the tranquil countryside of Mont St. Gabriel, north of Montreal.

At the top of the agenda during the opening session was the business of learning about the trials and triumphs of healthcare systems in the participants' home countries. The program's design is unique: the healthcare managers, all of whom are employed full-time, take what they learn from each module back to their respective workplaces between each of the five sessions. Ontario nurse Derek McNally, who has 25 years experience in acute care, says "I was intrigued by this program because of the completely different way of learning."

Desautels Professor Nancy Adler co-directs the first "Reflective" module with Sholom Glouberman, BA'61. She teaches positive deviance, which she describes as "taking the focus off the defects and looking at those

who are doing well and why." Adler says she was impressed by examples of positive deviance contributed by Ugandan physicians William Mbabazi and Possy Mugenyi. Their country's world-champion children's soccer team, the Kampala Kids League, helped to promote immunization by participating in a poster campaign. They allowed free entry to their games for spectators who proved they had been immunized.

Mugenyi and Mbabazi are among seven public health physicians in the Program. The other five, all from Quebec, are sponsored by the Fondation Lucie et André Chagnon, Canada's biggest foundation, whose mission is to contribute to the development and improvement of health through poverty and disease prevention.

Gastroenterologist Michel Boivin, another participant in the IMHL, is Director of the Foundation's Department of Health Promotion and Disease Prevention. He is concerned with integrating evidence-based practices into prevention and health promotion, especially in teaching hospitals. Given that one of the keys to health promotion in hospitals is improving interpersonal relationships within the organization, Boivin is most interested in learning how to broaden participation in decision-making.

"In order to provide humane and respectful healthcare, we need the involvement of all team players," he said. "In particular, we need more involvement from nurses. We worked on relationships for two days here, especially on the role of gender in the hospitals. This insight will be useful to me at the CHUM [Centre hospitalier de l'Université de Montréal]."

Henry Mintzberg, BEng'61, Cleghorn Professor of Management Studies at the Desautels Faculty of Management and Glouberman, philosopher-in-residence at Toronto's Baycrest Centre for Geriatric Care, devised the Program so that participants can apply their new-found knowledge in a manner that is timely and appropriate to their specific situations. "This approach offers participants an unparalleled opportunity to draw on personal experience in putting theory into practice and to develop a far deeper understanding of real-world challenges," says Glouberman.

Each module focuses on a particular mindset, beginning with the reflective and followed by the worldly, analytic, collaborative and catalytic. The second module, The Worldly Mindset: Navigating the Health System, took place at McGill from October 16 to 27, 2006. It was led by Professor Antonia Maioni, Director of the McGill Institute for the Study of Canada and Ted Marmor, Professor of Public Policy and Management from Yale School of Management. Module three, The Analytic Mindset: Leading Organizations, will be jointly run by Mintzberg and Dr. Martin Dawes, Chair of McGill's Department of Family Medicine. This module is scheduled for February, 2007, also at McGill.

The papers due at the end of each session are unlike those required for many university-level programs. "There are no formal academic papers," explains Glouberman. "In the "Reflective" paper, it is OK to be very personal, very emotional about an issue that is part of your daily practice."

Another, more concrete report, known as the "anchoring" paper, requires participants to explain "how I tried to do X, what I did and how it worked."

An important element of the program is the managerial exchange, taking place in April 2007 for this cohort. During this supplement to the five modules, participants will pair up and take turns being the proverbial "fly on the wall" in their partner's workplace. "This allows for feedback on managerial style, and it is a chance to probe issues," says Mintzberg, who has witnessed the benefits of such exchanges in the International Masters in Practicing Management that he launched 10 years ago. "And it works as well with different languages because then you have no choice but to learn through non-verbal communication."

What pleases Fuks most is that the "IMHL is training a cadre of health leaders whose frame of reference will have changed from one that is sickness-oriented to health-oriented and who will be more thoughtful, more enriched and part of an international network."

A full description of the program and information on how to apply can be found at: www.imhl.ca

Master of his own day:

Dr. Fuks returns to the classroom



Dr. Abraham Fuks

Asked about his plans for the future, Dr. Abraham Fuks says he looks forward to having more time with students, and to working with his colleagues at the Office of Curriculum Development and the Physicianship Program.

In his new office in the Curriculum Development and Physicianship Program department, Dr. Fuks searches the Internet and brings an image up on his screen and points to a famous Victorian painting, *The Doctor*, by Sir Luke Fildes. The painting depicts

a domestic scene: a doctor is seated next to the bedside of a very sick little girl. "He does not know if he can help her, but he is there," says Fuks. He warms to his subject while explaining the need for the medical profession to revisit and recapture skills and qualities associated with physicians before the scientific discoveries captured the imagination of the general public. Until the early 20th century,

the role of the "attending physician" used to entail spending time with and listening to the patient, he says.

Dr. Fuks plans to write about the changes in the language of medicine from one era to the next. He notes that, over the past century, the language used to describe medicine has become increasingly militaristic: the fight against cancer, the battle with illness, the clinical armamentarium. Yet, one of the realities of our day is that we are increasingly faced with chronic conditions, such as inflammatory bowel disease, cancer and heart disease. "Patients seek a physician who will listen to them and provide a sense of support and presence to enhance conventional therapies."

Eleven years of tireless work as Dean of Medicine has not left him feeling any need for down time. Still, while looking forward to teaching, writing and exploring new possible networks of scientists and physicians, he is enjoying a certain change of pace. Likening the multi-tasking of his work as Dean to constant channel-surfing, he says, "Now, it is more like switching from movie to movie." There is still more than one project at hand at any given time, but there's more time to settle into each one.

"I'm more a master of my own day – that's a luxury!"

Faculty Update

Kudos

Frederick Andermann, BSc'62, was appointed an Officer of the Order of Canada.

Eric Fombonne was awarded the Career Scientist Award of Excellence 2006 by the Foundation for Research into Children's Diseases, in recognition of his outstanding contributions to the field of child health research.

Allen Huang, BSc'80, MDCM'84, was honoured with the J.-Armand Bombardier Prize in Innovation.

George Karpati was awarded the Prix Wilder-Penfield from the Government of Quebec.

Ann. C. Macaulay was named a Member of the Order of Canada.

Ervin Podgorsak received the William D. Coolidge Award of the American Association of Physicists in Medicine.

Ernesto Schiffrin, PhD'80, was elected a Fellow of the Royal Society of Canada.

Erwin Schurr, Eric Shoubridge, BSc'74, MDCM'77, and **Nahum Sonenberg** were named Howard Hughes Medical Institute International Research Scholars, in recognition of their outstanding accomplishments in bio-medicine.

Robyn Tamblyn was honoured with the J.-Armand Bombardier Prize in Innovation.

Michel Tremblay was elected a Fellow of the Royal Society of Canada.

Bequests and other
planned gifts for
McGill University

The Gift of a Lifetime

How does a planned gift work? A planned gift is a charitable donation arranged during a donor's lifetime but not available to McGill until sometime in the future. The most

Is there any common type of planned gift is a bequest, but it is just one of many types.

financial benefit to the donor who makes one? A bequest to McGill University may serve to reduce, by means of a tax credit, the income tax payable by the donor's estate. A planned gift may eliminate or reduce tax on capital gains when appreciated property is given.

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A new academic year always brings change and renewal. The Development, Alumni and University Relations office is undergoing its own changes as we introduce a new Dean to our alumni and friends, thank a former Dean for his years of tireless work, welcome new staff, and celebrate accomplishments, successes and transformations.

The fall term was filled with events and opportunities for Medicine grads and supporters to reconnect with their Faculty. At gatherings in Montreal, Toronto, Boston and New York, alumni recognized Dr. Abraham Fuks' innumerable contributions to the Faculty of Medicine during his 11-year deanship, and welcomed our new dean, Dr. Richard Levin. Many thanks to Dr. Brent Norton, MDCM'84, Julie Norton, Colleen Carmichael, BA'49, Dr. Gloria Waters, BA'75, Dr. David Caplan, MDCM'75, Dr. Richard Coburn, MDCM'64, and Helen LeBrecht for hosting and organizing these enjoyable and memorable events.

The new Medical Simulation Centre is already having an impact on the teaching of clinical and surgical skills in the Faculty, and we are deeply grateful for the generosity shown by many alumni and friends in making this project a reality. Alumni who joined this year's Homecoming celebrations visited the Centre and saw it in action during a series of tours that were organized in conjunction with the inauguration in September. We extend special thanks to Mrs. Kappy Flanders for hosting a wonderful dinner for donors

and friends of the Simulation Centre, in honour of its opening.

It is our pleasure to announce several major donations that will play a vital role in helping to maintain the Faculty of Medicine's position as a world-class research and teaching facility long into the future. Arnold Steinberg, BCom'54, LLD'00, and Professor Blema Steinberg, BA'55, PhD'61, have created an endowment for the Medical Simulation Centre. This transformational gift will permit the Centre to remain at the forefront of medical teaching long into the future, by providing McGill the means to attract key academics and purchase state-of-the-art equipment.

Mr. Irving Ludmer, BEng'57, has made an important contribution to the Department of Psychiatry, supporting renovations to the Psychiatry Research and Training Building. The new Irving Ludmer Psychiatry Research and Training Building will be an invaluable resource hub for cutting-edge psychiatric research, housing the Faculty's most promising researchers and supporting their discoveries.

Mr. David Altshuler has shown outstanding support for students in the Faculty of Medicine, endowing four separate student awards worth \$3,000 – \$10,000: The John and Barbara Altshuler Entrance Bursaries in Medicine, the John H. Altshuler Prize in Family Medicine, the John H. Altshuler Research Award in Pathology or Dermatology or Hematology, and the Barbara Ann Altshuler Prize in Nursing.

The Townshend-Lamarre Family Foundation is supporting research at the McGill Cancer Centre, having created the Townshend-Lamarre Family Foundation Innovative Research



Brian Thompson

Dr. Abraham Fuks and David Altshuler

Awards. These awards will be used to encourage the novel and innovative projects of up-and-coming researchers.

Finally, Michèle, Nadine, Melanie, Melanie and Vivian welcome several new staff members to the Development, Alumni and University Relations team.

Anuradha Dugal joined

the Department in September. As Special Gifts Officer, she will be meeting with alumni and friends to secure important support for Student Aid, lectures and other projects. Prior to joining the Faculty of Medicine, Anuradha was Regional Executive Director of Leave out Violence in Montreal, a youth-led organization working to reduce violence in the lives of young people. Previously she worked as the international fundraiser for the World March of Women, a project initiated by the Fédération des femmes du Québec, and with Kidslines, a children's charity in the UK. Trained as a teacher, she has worked with young people in schools in Canada, the UK, Spain and Japan. Anuradha can be reached at 514-398-3247 or anuradha.dugal@mcgill.ca.

Annette Mahon took over the role of Development and Alumni Relations Associate in May. She enhances our development efforts by overseeing communications and research for our campaign among other projects. Annette has a Bachelor of Science in nutrition and kinesiology and a post-graduate certificate in public relations. Her background in communications includes volunteer work in Africa with Right To Play, freelance writing for Médecins Sans Frontières, and media relations and event planning for a prominent agency in Toronto, as well as a host of not-for-profit organizations. Annette looks forward to furthering her fundraising experience with the Faculty of Medicine. She can be reached at 514-398-5283 or annette.mahon@mcgill.ca.

Agata Wroblewski also joined the office in early September as Administrative Coordinator. Formerly a Donor Relations Representative and Events Associate for Médecins Sans Frontières in Toronto, she brings valuable fundraising experience to the Faculty. Agata has a background in Political Science and Public Policy and has a Bachelor's degree from the University of Toronto and a Master's degree from McMaster University, in Hamilton, Ontario. Agata can be reached at 514-398-5924 or agata.wroblewski@mcgill.ca.

Project Assistant Erica Bluemke recently replaced Emily Guy, who has moved to Newfoundland to complete her Master's degree in History. Erica is a second year Nursing student, and will be updating the Alumni Corner website and helping with events such as Homecoming. She can be contacted at alumni.medicine@mcgill.ca or 514-398-7686.

Last but not least, Jennifer Rose Chow Delgado recently joined our clerical staff. Currently completing a Bachelor of Commerce degree, Jennifer has a wealth of office experience and will be assisting with a number of research and communications projects. She can be reached at darstudent.med@mcgill.ca or 514-398-7747.



Paul Fournier

Left to Right: Dr. Kevin Lachapelle, MDCM'88, Dr. Annalee Abelson, BA'68, MSc'71, PhD'81, Ian Soutar, BEng'58

Homecoming 2006



Owen Egan

Left to right (back row): Dr. Norman L. Courey, BSc'64, MDCM'66; Mrs. Susan Courey; Dean Richard Levin; Dr. Peter Humphreys, BSc'64, MDCM'66; Dr. John M. Little, MDCM'61; Anuradha Dugal, Special Gifts Officer. Front row: Mrs. Joy Macklem, BSc'51; Dr. Peter Macklem, MDCM'56.



Owen Egan

Left to right: Dr. Saul Frenkiel, BSc'67, MDCM'71; Dr. Simon Wing, BSc'77, MDCM'81; Dr. Phil Gold, BSc'57, MDCM'61, MSc'61, PhD'65; Dean Richard Levin; Dr. Andrew Douglas, MDCM'81; Dr. Richard Schreiber, BSc'77, MDCM'81.



Owen Egan

Left to right: Dr. Alan J. Barnes, MDCM'66; Gail Ellison; Dr. James (Jim) Jameson, MDCM'66; Pat Jameson.

This Year's Homecoming Weekend

From October 19–22, 2006, hundreds of Medicine alumni who graduated between the years of 1941 and 1996 returned to campus from all over the world, to celebrate milestone anniversaries and participate in Homecoming activities organized during this special long weekend. Many enjoyed visiting their old classrooms in the McIntyre Building and touring the new facilities on campus, such as the McGill Medical Simulation Centre, which opened its doors

to students this fall. Others spent time reminiscing over dinner with fellow classmates or while taking in the fall colours in and around the city. Dean Richard Levin spoke about his first month in office and his vision for the Faculty. Special thanks are due to the Class of 1981, who presented an excellent CME Accredited seminar on the developments in clinical medicine over the course of the past 25 years.

List of Class Representatives

The Faculty of Medicine wishes to recognize all reunion class representatives for planning a successful and memorable weekend of Homecoming events for their classmates. Our heartfelt thanks for all your hard work!

1941	Dr. Henry J. Scott	1981	Dr. Simon Wing		Dr. Arthur Swift
1951	Dr. Hugh Brodie		Dr. Nancy Epstein		Dr. Linda Waters
1956	Dr. Peter Macklem		Dr. Rick Schreiber	1986	Dr. Suzanne F. Levitz
	Mrs. Joy Macklem		Dr. Andrew Douglas	1991	Dr. Joyce Tatelman
1961	Dr. John M. Little		Dr. Douglass Dalton		Dr. Julie Choquet
	Dr. Phil Gold		Dr. Francois Bertrand	1996	Dr. Sam Joseph Daniel
	Dr. Mort Levy		Dr. Michèle Bélanger		Dr. Preetha Krishnamoorthy
	Mrs. Judy Mendelsohn		Dr. Sylvain Gagnon		
1966	Dr. Peter Humphreys		Dr. Tom Shaw-Stiffel		
1971	Dr. Saul Frenkiel		Dr. David Leffell		
	Dr. Peter Small		Dr. Jim Torosis		

Homecoming 2007

It's never too soon to plan for the year ahead! If you graduated in a year that ends in 2 or 7, mark your calendars for Homecoming 2007. Join us from October 18–21, 2007 for traditional reunion activities such as the Dean's Reception, 38th Annual Leacock Luncheon, Beatty Memorial Lecture and much more. Alumni who graduated in 1952, or earlier, will be invited to attend the James McGill Dinner, while the class of '82 will organize their very own "Medical Seminar" and celebrate the Red & White 25th Anniversary Dinner. Martlet dinners will honour those among you celebrating your 30th, 35th, 40th and 45th anniversaries, and a special 50th anniversary dinner will celebrate the Class of '57.

To learn more about how you can get involved in planning your class reunion this year, please contact your Faculty

Representative, Ms. Melanie Lane, at 514-398-1299 or melanie.lane@mcgill.ca. In the meantime, take note of all anniversary class information posted on the Faculty of Medicine's Alumni website at www.medicine.mcgill.ca/alumnicorner.

Also, don't forget to fill out your Alumni Profile to update your classmates on your professional and personal interests. See the website for more details!

Keep an eye on your mailbox for further details on Homecoming 2007, from your class representatives.

For any further information on Homecoming 2007, please contact the Alumni Office of the Faculty of Medicine at 514-398-1299.

Your Alumni Profile

Attention, Medicine Alumni! We are collecting data on each class and making it available on the Web. Your information will be password-protected, so only you and your fellow classmates can access it. Hundreds of profiles have been added already. *Don't forget to send us your digital and/or print photos. We post those too!*

To view your classmates' profile or to add your own, visit www.medicine.mcgill.ca/alumnicorner. You may also choose to complete the section below and return it to us by fax or mail.

Your Alumni Profile

Name _____ Specialty _____
Home Address _____
Home Phone _____
Office Address _____
Office Phone _____
Fax _____ Email _____

HIGHLIGHTS SINCE GRADUATING FROM MCGILL:

WHAT I REMEMBER MOST ABOUT MCGILL:

INDIVIDUALS WHO WERE MOST INFLUENTIAL DURING MY TIME AT MCGILL:

I authorize the Faculty of Medicine, McGill University, to post the above information on the Web:

(Signature) _____

ML07

Return to: Faculty of Medicine (Web Development Project), 3605 de la Montagne Street, Room 315, Montreal, Quebec, H3G 2M1 Fax: 514-398-1753

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