Also inside:

- Property purchased from Les Sœurs de Sainte-Croix
- Government funding for JGH-based stem cell research
- Coming soon! The Weekend to End Breast Cancer
Digital developments and medical marvels

In the Jewish General Hospital of 2005, it’s commonplace for staff to provide treatment and care that are highly dependent on digital technology. Today those tasks are called “routine”, but not so long ago, they would have had another label—“science fiction”. Could anyone in 1975, 1985 or even 1995 have imagined that neurosurgeons would be using digital positioning to pinpoint lesions in the brain? Or that cardiologists would be able to view a beating, 3D heart in real time on a high-tech ultrasound screen? Or that Emergency physicians and a lifetime of expertise that no machine can possibly match.

All of these amazing activities, and more, are described in this issue of JGH News, highlighting the many ways in which digital technology at the JGH is making medicine more accurate, efficient and effective than ever before. The great irony is that many people may be unaware of the existence of these machines in the hospital. Quite understandably, when patients visit the JGH, they just want to know that a broken bone will be set, a tumour removed or a blocked artery bypassed. Often overlooked is how science fiction has been transformed into reality, thanks to incredible progress in bio-medical engineering and computer technology.

Naturally, the Jewish General Hospital is proud of having acquired these remarkable instruments. Their presence is yet another example of our determination to stay on the cutting edge of science and take full advantage of any new device that can aid in the diagnosis, treatment, care and prevention of illness.

However, let’s not forget that technology can be a two-edged sword. In any professional field, including medicine, there’s a risk that high-tech “toys” will become the real centre of attention, to the detriment of clients, customers or patients. Fortunately, the Jewish General Hospital maintains a proper perspective by relying on its decades-old tradition of always putting the patient first. The JGH has enthusiastically embraced each new wave of technological progress, while remembering that the ultimate goal is to cure disease, ease pain, provide compassion and restore dignity. We gladly extend this service to every patient—regardless of race, religion, language, culture or ethnicity—and we do so with every means at our disposal.

Who knows, someday medical technology may help us snuff out infection, blast away cancer and undo paralysis. But even then, the one constant factor will be the discerning eye and the comforting touch of the medical professional, providing emotional support and a lifetime of expertise that no machine can possibly match. And that’s a fact—not science fiction.

Stanley K. Plotnick
President

Henri Elbaz
Executive Director

JGH acquires property of Les Sœurs de Sainte-Croix

The Jewish General Hospital has gained much-needed room for expansion with the purchase of nearly six acres of land, plus two buildings with a total area of 80,000 square feet. The property, stretching from Côte-des-Neiges to Légaré just north of the hospital, was acquired from Les Sœurs de Sainte-Croix (Quebec Region), an educational order of nuns.

At a historic signing ceremony in the hospital boardroom on Feb. 1, JGH President Stanley K. Plotnick expressed his deep appreciation to Les Sœurs de Sainte-Croix and said the hospital has been “blessed to have neighbours who care so deeply about people and their welfare. When the time came to sell, they knew the right thing to do was to serve the people of Quebec. Making money was never a consideration in their minds.” Mr. Plotnick added that the purchase is “an accomplishment of great importance that will help to secure the future development of our hospital for many years to come.”

Jonathan Wener, the hospital’s Immediate Past President, called the purchase “one of the most important transactions the JGH has completed since the days when the hospital’s founders bought the land that the hospital now sits on.” Mr. Wener, during whose Presidency the JGH began serious negotiations to buy the land, pledged “to continue to show Les Sœurs de Sainte-Croix that we are deserving of this great opportunity.”

“We are very happy to sell the property to the hospital, because it serves the population,” said Sister Annette Legault, Regional Director of Les Sœurs de Sainte-Croix. “We refused offers to build condominiums because we wanted to serve the community. We wish the hospital the best of luck in its future plans.”

“This was a very big step for us,” agreed Sister Thérèse Lefrançois, Treasurer of the Order, “We’ve owned the property since 1928 and it’s part of our history. Now we’re losing that aspect of our history, but for a good cause.”

According to Executive Director Henri Elbaz, the purchase gives the JGH an ideal

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Digital technology is making treatment, care and research more accurate, efficient and effective than ever at the JGH, complementing the discerning eye, comforting touch and years of expertise that medical professionals bring to their patients.

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MUSIC IS HEALING

June 26 – July 1, 2005
Lights! Camera! Surgery!

To many patients, there’s something almost miraculous about minimally invasive surgery—the way surgeons manipulate instruments through small holes in the body instead of making large incisions. But to Dr. Togas Tulandi, Chief of Obstetrics and Gynecology, the real miracle is that digital technology has heightened the technique’s efficiency.

“It’s wonderful, a pleasure to work in, one of the best of its kind in Canada,” enthuses Dr. Tulandi, referring to the high-tech Operating Room 12 at the Jewish General Hospital. “Not only does OR12 give you a perfect picture of the surgery, you can beam it to a roomful of colleagues, record it on video or capture it instantly in photographs. And during surgery, the hardware is never in the way. That’s a big, big advantage.”

To fully understand Dr. Tulandi’s excitement, we need to briefly recap the basics of minimally invasive surgery. The technique is being used to an increasing degree because certain hysterectomies, lung resections and other relatively straightforward tasks can be accomplished without opening a large hole in the patient’s body.

Instead, the surgeon makes several tiny incisions. Into one of these cuts the doctor inserts a probe which is equipped with a tiny digital camera and a light source. Into the other cuts the doctor inserts compact surgical instruments. Then the doctor operates while watching the picture that the tiny camera transmits onto a video screen.

In conventional operating rooms, the TV monitor is a bulky and obtrusive piece of equipment that sits on a cart and is wheeled into position where the doctor can see it. This poses two potential problems. First, the possibility for accidents is greater because the cart is occupying floor space near the operating table. Second, the cart might be in the way during a sudden emergency.

However, in state-of-the-art OR12, the three flat-panel monitors are attached to the ceiling—each on its own mechanical arm—and can be raised, lowered or swivelled quickly and smoothly. Nothing is under foot and there is no risk that the screens or any other digital equipment will interfere with the movement of people around the table.

Also, since the three screens all show the same image, the operation can be closely watched not just by the primary surgeon, but by doctors assisting in the procedure, as well as nurses, anesthetists and medical students. Special green-tinted, low-intensity lighting in the operating room provides a relaxing environment for the eyes, while sharpening the image on the TV monitors. Once the operation is over, it can be rewatched on video, and its digital images can be freeze-framed and printed immediately for handy reference.

Dr. Tulandi particularly appreciates the fact that operations can easily be shown to many people in closed-circuit broadcasts. Hookups within the hospital can beam the surgery to about two dozen people in a third-floor conference room, or to nearly 300 in the Block Amphitheatre. If all goes as planned this fall, hundreds of delegates at a conference of the American Society of Reproductive Medicine/Society of Reproductive Surgery at the Palais des Congrès will watch on a giant screen as Dr. Tulandi performs an operation at the JGH.

“This technology never ceases to amaze me,” Dr. Tulandi says. “Not only does it make a big difference during the actual surgery, but it’s playing a significant role in education and in demonstrating new techniques to other in the field. Those are great benefits for surgeons, and even greater benefits for our patients.”
Rx for efficiency: Computer-dispensed medication

What highly trained nurses should be doing: Devoting their expertise to patients who require personal attention. What highly trained nurses should not be doing: The menial chore of counting out the pills they receive from the Pharmacy Department for patients in their care.

Dispensing medication may not seem like a hassle—until you learn that a whopping 1.3 million oral doses are taken each year at the Jewish General Hospital. In other words, on average, somewhere in the hospital, a patient swallows a dose of medication every 24 seconds.

That’s why the JGH is harnessing the power of digital technology to distribute medication. Not only are nurses spared a painstaking, mechanical task, but drugs are dispensed more accurately, circulated more efficiently and handled more securely.

“We’re considered very avant-garde in our use of computers,” says Eva Cohen, Chief of the Department of Pharmacy. “The JGH is often visited by people who want to see our systems in operation. We make it clear to them that even though we’re pretty advanced, it hasn’t been cheap. However, the hospital was very motivated to go ahead because of the many significant advantages.”

In dispensing medication, the AutoMed FastPak system checks the medication profile of every JGH patient and automatically prepares the drugs that will be needed for a specified period of time. Each pill is individually wrapped in a transparent, plastic packet which is labelled with the patient’s name and location. The packets emerge from the FastPak dispenser in long strips, with each strip customized for a group of patients in a particular part of the hospital.

Since each packet is labelled, it’s extremely unlikely that a patient will accidentally get the wrong medication, Ms. Cohen says. And since the computer has access to the latest data from the Admitting Department, it can “follow” patients and automatically send the medication to wherever they have been transferred in the hospital.

Another benefit is that the JGH cuts costs by having FastPak dispense exactly as much medication as is needed, one pre-packaged pill at a time. By contrast, in a manual system, a nursing station may get a vial containing a supply of many pills for a single patient. If the patient does not finish all of the pills during his or her stay, the leftovers are thrown out—a safety precaution that’s necessary, but expensive and wasteful.

Pyxis, another automated system, enables the Pharmacy Department to ensure tighter security over controlled substances such as narcotics, and over other specially designated “targeted substances”. The objective is to eliminate the old-fashioned narcotics cabinet which, though locked, is prone to theft and to discrepancies in its inventory. Conventional locks can also be broken, and keys may go missing—potentially deadly mishaps if drugs are needed quickly during an emergency.

To eliminate these problems, the main Pyxis console in Pharmacy stays in constant touch with a total of 10 electronically operated cabinets in such departments as Emergency, Intensive Care, Hematology/Oncology and Psychiatry. Using computer technology, it dispenses medication only to individuals who provide proper identification, including biometric recognition (a fingerprint).

Even then, the entire multi-drawer cabinet is not unlocked. Access is granted only to a single drawer containing the requested drug. Throughout this process, Pyxis keeps an electronic record of the date and time when access is granted, the location of the cabinet, the drawer that is opened, the amount of medication that is removed, and the identity of the person who has requested it.

Not only does this digital system tighten security, it allows Pharmacy to more accurately determine whether and when the contents of specific drawers must be replenished. “This saves nurses even more time, because they no longer need to fill out requisition forms for medication that we automatically know they need,” says Ms. Cohen.
Researchers scrutinize digital “textbooks”

As useful as the new digital technology can be, we’re sometimes a bit hasty in assuming that every innovation is a guarantee of progress and improvement. It’s up to researchers to determine how far we’ve really come and what still needs to happen before digital devices achieve their full potential as medical tools.

That’s the task of Dr. Roland Grad, a family physician in the JGH’s Herzl Family Practice Centre and an Associate Professor of Family Medicine at McGill University. His special interest is PDAs (personal digital assistants), the palm-sized computers that medical students and residents increasingly consult for medical information.

As a teacher, Dr. Grad wanted to know how successful the PDAs were in providing the information that his students and residents needed. So, in mid-2003, with funding from the Canadian Institutes of Health Research, he and several colleagues launched a two-year study.

PDAs, which were programmed to track the way they were used, were given to 37 first-year family medicine residents at the JGH, St. Mary’s Hospital, CLSC Côte-des-Neiges and the Gatineau Hospital. The residents also completed knowledge tests, as well as on-screen, pop-up questionnaires, to rate the impact of more than 5,000 specific pages of retrieved information.

The key findings: In written tests, the PDAs—each loaded with medical calculators and the equivalent of a dozen large textbooks—improved the residents’ ability to estimate the likelihood of disease. However, when the doctors sought computerized information to answer questions on subjects such as diabetes and hypertension, the software offered few advantages.

The mixed results haven’t soured Dr. Grad on PDAs. On the contrary, he believes the devices can be particularly useful in family medicine, which covers a broad array of subjects. “We’re in an information explosion,” he says, “and the capacity of the human brain to retain so much data is limited. If anything, we should be teaching young doctors that they shouldn’t be afraid to look up the facts if they have any doubts or questions.”

What the study revealed, Dr. Grad explains, is how crucial it is for electronic data to be user-friendly. The PDAs performed well in the diagnosis of illness, because an interactive feature allowed the residents to place checkmarks in boxes that corresponded to patient-specific symptoms. When residents used this checklist as a support system for clinical decisions, there was a much greater probability of accurately identifying the risk of disease.

However, when the residents tried to locate facts about particular topics, they had to wade through large amounts of text in the PDA. From this, Dr. Grad has concluded that palm computers can be immensely helpful as long as more efficient ways are found for doctors to quickly zero in on the information they want.

Dr. Grad is still working with Dr. Pierre Pluye of McGill’s Department of Social Studies of Medicine to analyze data collected from interviews with the residents. But the research has already yielded enough material for three academic papers—two to be published this year and a third that is being written.

Now Dr. Grad is ready for the next step: “I’m looking to conduct a follow-up study that goes beyond residents. I want to know the impact of PDAs on family physicians working outside of a teaching hospital. It’s been approximately five years since we started using PDAs to retrieve clinical information, and it’s about time we took a closer look at their impact.”

PDAs: MEDICAL DATA ON DEMAND

Saving precious minutes in Emergency

In the high-pressure environment of the Emergency Department, the most precious commodity is time. No wonder many doctors wish they could be spared the time-consuming yet essential chore of hunting for and updating the medical charts of the patients they’ve examined and treated.

That burden may soon be eased, thanks to a year-long pilot project in which PDAs (personal digital assistants) gave the JGH’s Emergency physicians up-to-the-minute information about patients. After a patient was seen, the doctor used...
Guiding surgeons to trouble spots in the brain

Some deep in the brain, a lesion is lurking. The hospital’s two-part mission: Pinpoint its location and get it out. The first step—creation of a 3D “map” of the brain—is handled by radiologists, using sophisticated but now-familiar tools such as MRI (magnetic resonance imaging) and global CT (computed tomography) scans.

The second step is the responsibility of neurosurgeons who, until relatively recently, have had no option but to attach the patient to a specially calibrated frame. By matching the radiological images to corresponding parts of the frame, doctors know where the skull must be opened so that the lesion can be dealt with.

However, in many cases at the Jewish General Hospital, a remarkable form of digital technology, known as image guidance or neuro-navigation, has boosted accuracy and made the frame obsolete. In this system, radiological data is fed into a neuro-nav computer console which is connected to a screen and a hand-held pointer. As the surgeon moves the pointer over the surface of the head, images on the screen show exactly where the tip of the pointer is in relation to the lesion and other parts of the anatomy.

In this simple but efficient manner, doctors can settle on the ideal entry point into the skull. According to Dr. Gérard Mohr, Chief of Neurosurgery at the JGH, surgeons who use neuro-navigation almost always hit the lesion right on target, and are rarely off by more than a millimetre. “What we get,” says Dr. Mohr, “is a direct answer to a fairly complicated question: ‘Can we be certain that the lesion is right underneath the spot we’ve chosen?’”

Another advantage, he says, is that surgeons can now create smaller openings and still be sure of getting what they’re after. This has allowed JGH neurosurgeons to achieve excellent results in the roughly 140 craniotomies—surgical procedures involving incisions into the skull—that have been performed since 2001 with the help of neuro-navigation.

“Of course, we keep in mind that this is only a tool and we don’t make a religion out of it,” Dr. Mohr adds. “Not all cases call for neuro-navigation, so we still have to be able to function with standard technology and exercise our own judgment as surgeons. But having this system at our disposal has been very rewarding, because we can plan operations with greater precision and achieve results that would have involved a much greater degree of difficulty.”

Dr. Stephen Rosenthal, an Emergency physician overseeing the project, says so far the PDAs have been used only during day shifts. However, the recently concluded project has been so successful that arrangements are likely to proceed for the department to use the PDAs on a permanent, round-the-clock basis.

“Their portability makes them ideal in Emergency, because we’re always running all over the place,” says Dr. Rosenthal. “And when seconds are of the essence, it makes a huge difference that we don’t have to go chasing after charts or recording our activities in writing. A single chart is no big deal, but because of the great volume of patients we see in Emergency, those minutes can really start adding up.”

Use of the PDAs is possible because Emergency is equipped with a wireless computer network. This allows the hand-held devices to instantly tap into a central bank of information in order to display data on the status of individual patients. After the doctor has dictated his or her notes (using a tiny microphone embedded in the PDA), the information is transcribed by a clerical worker and added to the printed chart. Eventually, Dr. Rosenthal hopes, this process of manual transcription will be replaced by a computerized voice-recognition system.

Dr. Rosenthal is also proud of the department’s database, which has been refined and upgraded continuously.

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Imagine for a moment that you’re a superhero with the ability to see through solid objects. Using your incredible power, you look right into a patient’s chest to check how the heart is functioning. Then you move around to examine the heart from all angles, left and right, back and front, top and bottom.

But that’s not all. Since your vision is so penetrating, you can survey more than just the outer surface of the heart. You peer into the chambers, inspect the valves and assess the integrity of heart function—all while the heart is busily pumping away.

An impossible feat? Not at all. This power, which is now in the hands of JGH cardiologists, is a form of digital technology known as “real-time, three-dimensional echocardiography” or, more commonly, “3D cardiac ultrasound”. Earlier this year, the JGH became the first Montreal hospital to begin using the most advanced version of this technology.

According to JGH cardiologist Dr. Igal Sebag, existing 3D technology already produces high-quality pictures of motionless organs like the brain. But the heart is much harder to capture in real-time 3D because it’s constantly in motion. By the time an image appears on the screen of a regular ultrasound machine, the heart has already moved.

However, the JGH’s 3D cardiac ultrasound machine, acquired through a generous donation from Aaron Fish, is so sophisticated that doctors can get an instant view of the moving heart from any angle, with no lag time. And since the ultrasound waves pass right through the heart, the machine can create cross-sectional or cut-away views of the heart that can be shifted or turned according to the cardiologist’s needs.

Dr. Sebag sees the new digital technology becoming enormously valuable as a diagnostic and therapeutic tool—for instance, in helping doctors to determine how a heart is responding to therapy; spotting abnormalities in valves that may need surgical repair; and providing better guidance in the placement of catheters and pacemakers.

It can also aid research into such ailments as pulmonary hypertension (the specialty of Dr. David Langleben, the JGH’s Chief of Cardiology), mitral valvular regurgitation (the field of Dr. Lawrence Rudski) and congenital heart disease (the field of Dr. Judith Therrien).

In late winter, shortly after the machine arrived at the JGH, Dr. Sebag demonstrated its capabilities by hooking up Mr. Fish for a test session. At one point, after selecting and rotating a particular view of Mr. Fish’s heart, Dr. Sebag paused and shook his head in amazement. “Look at that!” he said excitedly. “Until now, if you wanted to see a beating heart from this angle, you’d have to operate. This puts so many more options at our disposal.”

“Incredible,” Mr. Fish agreed later. “I didn’t know this sort of thing even existed until I heard Dr. Sebag talking about it with another doctor. The first thought that came to my mind was, ‘This is something the Jewish General Hospital can’t do without.’ I’m really happy I was able to help acquire it.”

Dr. Langleben also played a pivotal role, since his support enabled Dr. Sebag to pursue a fellowship in cardiac ultrasound at Massachusetts General Hospital. Dr. Sebag adds that GE Healthcare, which developed the machine, chose the JGH for its Canadian launch because “we’re recognized as one of Canada’s most important centres in the use of cardiac ultrasound and we’ve had a long and fruitful partnership with GE.”

Dr. Sebag says real-time 3D echocardiography “has gained a great deal of momentum over the past two years. I’m happy we can join a select group of American academic sites in a global effort to develop new clinical applications in the field of non-invasive cardiac imaging.

“I also believe that, over time, this technology will actually change the way we think about the heart. By providing new perspectives of heart structures and improving the quantification of measurement through three-dimensional orientation, we can now achieve a more accurate assessment.”
Library streamlines patients’ quest for medical info

Sandra Dell’Elce was in a quandry. Three oncology surgeons had recommended that she undergo radiation therapy after surgery, while a fourth advised her not to do so. Uncertain how to proceed, she turned for help to JGH Hope & Cope (a support system for cancer patients) and was referred to the JGH’s Patient Information Service, headed by the Chief Medical Librarian, Arlene Greenberg.

Ms. Dell’Elce explained that she planned further consultations with medical specialists, but she wanted those discussions—as well as her final decision—to be based on relevant and up-to-date information about radiation therapy and her specific type of tumour.

Within hours, a fax arrived. Ms. Greenberg had searched the medical literature and found peer-reviewed articles that pertained to Ms. Dell’Elce’s circumstances. In most instances, Ms. Greenberg also conducts extensive Internet searches—sometimes visiting websites that require a paid subscription—to be sure that patients benefit from current and reliable medical information.

Given her background as a CLSC home-care nurse, Ms. Dell’Elce thinks she might eventually have found the answers herself on the Internet, “but time and patience were luxuries I didn’t have. The articles quickly helped me understand the criteria that radiation oncologists use. Since then, I’ve seen a radiation oncologist and I’ve decided to go ahead with the therapy.”

Placing practical information of this type in the hands of patients is a key role of the Patient Information Service, a component of the Patient & Family Resource Centre (www.pfrc.jgh.ca) in the Health Sciences Library. It’s yet another example of the way the hospital is broadening its use of digital and computer technology to ensure that treatment is not only medically sound, but something that patients understand and feel comfortable with.

One-on-one information sessions are available by appointment and are offered Tuesdays from 10:00 a.m. to noon in the resource room of 7 NorthWest. On other weekdays, they’re in the Patient & Family Resource Centre, room 200 of Pavilion A. The service is also being extended throughout the hospital. To book a session, just come in person to the Resource Centre or phone (514) 340-8222, local 2391 or 5930.

So far, Ms. Greenberg says, the emphasis has been on helping patients who have cancer. However, the Patient Information Service can pursue a wider range of medical topics, such as osteoporosis in men, the subject of one of Ms. Greenberg’s recent searches.

“Some people prefer to get printouts of the information I find online,” she says, “while others just want the Internet addresses so they can take a look at the websites for themselves. We try to accommodate patients any way we can, because no two are alike in their specific needs. At the same time, we’re careful not to inundate them with too much information.”

Of course, the searches may not always yield everything the patient requires, but most do deliver the necessary facts. Ms. Greenberg also cautions patients not to substitute online information for a physician’s advice, but to use this data in conjunction with the recommendations of health professionals. In this way, the patient can be a true partner in his or her medical care.

Hinda Goodman, Assistant Co-ordinator of JGH Hope & Cope, says that when her organization moves into the new Segal Comprehensive Cancer Centre next year, Hope & Cope’s Program Director, Suzanne O’Brien, will work closely with Ms. Greenberg to make the Patient Information Program an integral element of the resources that are offered to patients.

Ms. Goodman adds that her team of trained volunteers can turn to Hope & Cope’s library to supply cancer patients and their families with information in various media, including books, magazines, videocassettes and CD-ROMs. “Still, there are times when nothing beats the Internet, because in theory, you can get instant results. The catch is knowing where to look. That’s why we tell patients that as good as they think they are on the Internet, Arlene is better.”
High tech on the horizon

As the digital revolution gains momentum, computer technology will become even more widely used at the Jewish General Hospital. But which medical devices will the JGH acquire? And when will they go into service?

The answer depends, as always, on funding. In instances where government support is unavailable, the hospital must rely on the generosity of private, corporate and institutional donors. It is here that a key role is played by the JGH Foundation (through its Equipment Acquisition Committee) and the JGH Auxiliary.

Determining what the hospital ought to purchase is the job of the Equipment Prioritization Committee, chaired by Claude Foucart, Chief of Biomedical Engineering. Each year, Mr. Foucart says, the committee draws up a wish list of about 150 items, each of which is ranked according to need. In 2004, about half of those items were acquired, thanks largely to assistance from the Foundation and Auxiliary.

“We also have to balance against basic needs, like stretchers and wheelchairs,” he notes. “But since the JGH is a McGill University teaching hospital, it’s important that we stay on the cutting edge of science and ensure that new forms of technology are being used.”

Claude Foucart, Chief of Biomedical Engineering, takes a close look at some of the hospital’s medical imaging equipment.

So what might lie around the corner?

Here’s a glimpse at the wish list:

Wireless workplace: Slowly but surely, the JGH hopes to cut the wires that “chain” many telephones and laptop computers to their desks. Frédéric Abergel, Director of Information Services, says this can be done by creating additional in-house networks, particularly in departments such as Emergency and Intensive Care where speed and mobility are essential. One practical application is the Nurse Call System, expected to be in place by mid-year in Palliative Care. When a patient buzzes for assistance, the signal goes straight to the wireless phone of the appropriate nurse. The result: Shorter waiting times and no more annoying announcements over the public address system.

Tying it all together: Individual devices are great, but they’re even better when they “talk” to one another—something that now happens only to a limited extent at the JGH. Claude Foucart, Chief of Biomedical Engineering, says the ultimate objective is to pool all of the hospital’s digital data, while ensuring that sensitive information remains secure. Thus, for instance, “smart” devices with access to a patient’s complete, updated medical history can flash reminders or alerts about forms of therapy or drugs that may be inadvisable. Such systems, already commercially available in the United States, can be very expensive. However, Dr. Joseph Portnoy, Director of Professional Services, is investigating a cheaper, web-based alternative that may achieve comparable results.

Say good-bye to X-ray film: No more squinting at X-rays or other radiological images on film. No need to set aside valuable space to store thousands upon thousands of filmed records. The digital alternative is PACS—Picture Archiving and Communication System—which the JGH hopes to implement in the not-too-distant future. Dr. André Lisbona, Chief of the Department of Radiology, calls PACS “an essential tool in medical imagery” because it makes images easier to analyze on a computer screen, more convenient to store in a database, and a snap to send instantly to other departments or to hospitals in remote locations. And since digitized images are rarely lost, there’s much less chance of subjecting the patient to a new scan to replace the mislaid item.

Broad-based bar-coding: Currently, when a patient’s medication is issued by the JGH Pharmacy Department, it’s placed in a plastic packet bearing the patient’s name and a bar-code that identifies the drug. As a result, mistakes are rare. But Pharmacy Chief Eva Cohen hopes to eventually cut the error rate even further with a system that also bar-codes patients’ identification bracelets. This system, already introduced in the United States, digitally compares the two bar-codes, thereby verifying that the medication is about to be administered to the correct patient.

Probing for the pituitary: Now that digital neuro-navigation has demonstrated its usefulness at pinpointing brain lesions, a version of this technology can be applied to the pituitary gland, says Dr. Gérard Moe, Chief of Neurosurgery. “It’s the way of the future and we want to be part of it.” So far, doctors have achieved good results by going through the nose to operate on the pituitary gland, the master endocrine gland which is attached by a stalk to the base of the brain. However, greater accuracy can be achieved by combining digital navigation with endoscopy (insertion of a slender surgical and viewing device) to get even closer to specific anatomical structures. The nose is still the entryway, but less pain is involved because the surgery is less invasive.
The Weekend to End Breast Cancer

Getting down to the basics

The Weekend to End Breast Cancer will take place in Montreal from Aug. 26 to 28. Each participant pays a $75 registration fee and makes a commitment to raise at least $2,000, with all funds benefiting breast cancer treatment, research and prevention at the Jewish General Hospital’s Segal Comprehensive Cancer Centre.

Each person who raises the minimum is entitled to walk the 60-kilometre route on Saturday and Sunday, rain or shine (with registration on Friday). At the half-way point on Saturday, participants arrive at a camping area where they enjoy entertainment and sleep overnight in tents. The walk resumes on Sunday morning. All meals, drinks, snacks, tents, washroom facilities and entertainment are provided.

Even if you can’t walk the route, you can still make a valuable contribution. Just sign up as a crew volunteer to serve meals, provide snacks to walkers, drive a patrol vehicle or perform other necessary jobs. Crew volunteers pay the same $75 registration fee as walkers, but are asked to raise only $500.

When 11-year-old Kiara Prokos learned that one in nine women is at risk of developing breast cancer, she decided to take a stand against the disease. “I was worried I could get breast cancer when I get older, so I thought we should all get together and raise enough money to put an end to this horrible disease,” she says.

With thousands of Montrealers of all ages becoming involved with the Weekend to End Breast Cancer, Kiara, daughter of the JGH’s Security Chief Thomas Prokos, is proud to be one of the youngest. In her first week of fundraising in early April, she managed to collect nearly $200 by selling pink Weekend to End Breast Cancer bracelets at school. She also plans to organize other fundraising projects, such as lemonade stands and carnival games, to raise the minimum of $2,000 needed to participate in the Weekend.

“This is the first time I’ve gotten involved in such a big fundraiser,” she says. “When I told my friends I was going to try and raise more than $2,000 for breast cancer, they said it was impossible. I’m trying to prove them wrong.”

Even a two-day, 60-kilometre walk isn’t enough to intimidate this ambitious young lady, who jogs before school to prepare for the event. “I love challenges. I think the walk is going to be fun because I like being active.”

Helping the community is also important to Kiara, and she says she hopes other kids don’t let their age stop them from trying to help in whatever way they can. “It’s important for young people to get involved,” she says. “Kids can do a lot more than they think is possible.”

Although you can walk the route as an individual, it’s more exciting and inspiring to be part of a team of relatives, friends or co-workers. However, each team member must still pay the registration fee and raise at least $2,000. Participants have found that fund-raising is easier than expected, and can simply involve speaking casually to relatives, friends and colleagues, or holding events such as car washes, bake sales and yard sales.

Walking 60 kilometres (about 37 miles) in two days is a major undertaking, but it’s not as tough as you might expect. However, if you’re not in shape, you’re advised to prepare by joining one of the training walks connected with the Weekend to End Breast Cancer.

For more details about registration, fund-raising, training, forming a team, becoming a crew volunteer or any other aspect of the Weekend to End Breast Cancer, visit the website at www.endcancer.ca or phone the Montreal office at (514) 393-WALK (9255).
The importance of this life-saving, fact-finding activity is gaining special prominence as preparations shift into high gear for the Weekend to End Breast Cancer in August. But just how much demand is there for the services of the Referral Centre? Consider the numbers: In 2003, the Centre conducted 8,130 examinations, but in only the first eight months of 2004, the total had already surpassed 8,200. Those figures, in turn, are up sharply from 7,255 exams in 2002, 5,181 in 2001, and 2,261 in 2000.

“It’s an extremely busy centre, unfortunately, and we’re stretched to the limit, but we do the best we can,” says Dr. André Lisbona, Chief of the Department of Radiology and Director of the Referral Centre.

“We’re always aware that the women who come to us are in a very stressful situation. They’re very anxious because they need to know as quickly as possible whether they’re okay or whether they could have breast cancer. That’s why we try to conduct our investigations promptly, since we consider every case to be urgent.”

A patient comes to the Breast Referral and Investigation Centre only after she has had a routine mammogram at an outside clinic or a designated screening centre. If the results of this test are inconclusive, the patient is sent to the Referral Centre for further investigation—another mammogram, an ultrasound or, if necessary, a needle biopsy.

The advantage of this system, Dr. Lisbona says, is that most patients can be worked up on an outpatient basis instead of being admitted to the hospital. Even if a malignancy is detected, the Referral Centre can investigate the patient so that, where appropriate, the eventual surgery will be minimally invasive and as simple as possible.

All of this is accomplished in a warm, friendly environment through teamwork with nurses, surgeons, medical technologists, pathologists, radiologists and psychologists. It is this high degree of expertise that prompted the Quebec government to designate the JGH as a referral centre or Centre de référence et d’investigation désigné (CRID), one of five such centres in Montreal.

Included in the Centre’s activities is a multi-year Breast Cancer Prevention Trial, held in conjunction with the JGH’s Oncology Department. Nurse Linda Robitaille, who co-ordinates the project, says patients at high risk for developing breast cancer are recruited from the Referral Centre and placed in groups that receive various types of medication. Results are tracked in the hope of identifying a drug that can lower the odds that women in high-risk categories will actually get breast cancer.

Carole Séguin, Nurse Clinician at the Referral Centre, says her most important role is putting the patient at ease and making sure that all of her questions have been clearly and properly answered. “There’s an enormous mental and emotional impact on the women who come to see me,” she says, “so I’m there to provide a sense of security and continuity. The last thing she needs to see is another strange face.

“I consider myself an advocate for the patient. Many of these women are young wives with kids, so when they lose a breast, they need counselling about how to talk to their husbands and children. I also speak with them about handling their fears and keeping a proper perspective on life. It can be emotionally draining on me, but I get great satisfaction from knowing I’ve helped women whom I think of as sisters or aunts or precious friends.”

Ms. Séguin says she sees about 25 patients a day, only 18 of whom get a clean bill of health. She also assists in 15 biopsies a week, and in half of these cases, follow-up surgery is required. After 21 years at the JGH (the last five at the Referral Centre), Ms. Séguin has also noticed that the average age of
women requiring treatment has dropped from the late 50s to the late 30s.

That’s why she and Ms. Robitaille have been so keen to form a team and walk in the Weekend to End Breast Cancer. The team is called Star Over the Breast Centre, Ms. Séguin explains, because “the Centre gets an A+, so we’re giving it a star”. “We have to give these women hope,” adds Ms. Robitaille. “We’ll be thinking of them with every step we take.”

Planning a 60-kilometre walk? Practice, practice practice!

Walking in the Weekend to End Breast Cancer takes just two days, but the experience begins the moment walkers register, and it continues through months of dedicated fundraising and physical training. The key to getting the most out of the event is to practice, practice, practice.

Showing up on the day of the event without preparing your body for the 60-kilometre walk is not a good idea, says Brian Pendleton, president of Causeforce, the event’s producer. “It’s really about getting out there and training on a regular basis,” he says.

As they train, participants should get into the habit of stretching regularly. Mr. Pendleton explains. Otherwise, the result could be sore muscles, making the 60-kilometre walk more difficult than it ought to be. “Stretch before you start walking, for five minutes every hour while you’re walking, and again when you’re done,” he says, adding that wearing sunscreen is a must. “It’s also very important for people to stay hydrated. Every 15 minutes, take a drink of water or a power drink like Gatorade.”

Mr. Pendleton recommends joining any of the hundreds of volunteer-led training walks now being held throughout the city. Listed on the website for the Weekend to End Breast Cancer (www.endcancer.ca) are walks of varying lengths and degrees of difficulty to accommodate people of all fitness levels.

The added support of training with a group makes the experience much more enjoyable, Mr. Pendleton explains. “Training walks are a great way to meet people in your area and stay motivated,” he says. Interested participants can also call the WEBC office—at (514) 393-WALK—and become training-walk leaders.

Participants who plan to wear new walking shoes and clothes to the event should think twice, Mr. Pendelton says. “Walkers should train in the shoes they’ll be using at the event, since new shoes for such a long walk can cause blisters. And they should bring an extra pair in case one gets wet. People should also train in the clothes they’ll wear during the event to ensure they’ll be as comfortable as possible.”

Participants who expect to carry a water bottle and waist pack at the event should carry those items during training to get used to the extra weight, Mr. Pendleton says. For safety reasons, he also advises walkers to be completely aware of their surroundings and to avoid distractions such as wearing headphones or talking on a cellular phone.

If, for any reason, participants can’t finish the walk, the Weekend to End Breast Cancer’s vehicles will Continued… please turn to page 15.
Corporate teams join the walk to end breast cancer

Natalie Chagnon, whose family has been touched by cancer, knows all too well about the devastating effects of the disease. So when she heard that her employer would be forming a corporate team for the Weekend to End Breast Cancer, she didn’t think twice about signing up.

“I’ve lost two family members to cancer, so it really hit home,” says Ms. Chagnon, an executive assistant at Intrawest Corporation. “I felt compelled to help the families affected by cancer, so I decided to get involved.”

The Intrawest team, which began with five members and aims to grow to 50, is one of many corporate teams registered for the event, to be held Aug. 26 to 28. The company is encouraging participation among its employees by paying their registration fees and providing extra support in their fundraising endeavours.

While the benefits of giving back to the community are obvious, companies also have a great deal to gain by supporting the Weekend to End Breast Cancer, says Lorne Bassel, Executive Vice-President of Resort Development at Intrawest. “It’s not only about what you’re giving, but what you’re getting in return. Our staff members are spending the weekend walking, talking, sharing experiences and building relationships. We’re giving them the opportunity to accomplish something outside of work. They’ll feel great and they’ll go home filled with positive energy. Imagine what that does for the individuals and for the company.”

Team captain Véronique Bérubé, an executive assistant at Intrawest, says the company’s financial support is helping to encourage staff members to participate in the event without worrying too much about fundraising. “This way, it’s just about getting people excited about the Weekend to End Breast Cancer,” she says. Contributing to the fundraising efforts of each team member “helps create momentum,” says Mr. Bassel. “It’s about helping people and not giving them a reason not to participate.”

Not only is the event helping to increase awareness about breast cancer, it’s raising the profile of the JGH, he notes. “It brings a couple of important causes together—breast cancer research and treatment, and the Jewish General Hospital. There isn’t a person you talk to in Montreal who doesn’t know about this event, which attracts a cross-section of the population. What’s great is that a number of people are connecting to the hospital because of the event.”

Intrawest’s participants say they’re proud of their team’s commitment to the Weekend to End Breast Cancer. “We’re already a strong team. Walking together for a weekend will help us get to know one another better. This is another thing we can all do together,” says Ms. Bérubé. “Besides, the challenge of walking 60 kilometres is small compared to the challenges faced by people who are going through cancer.”

For information about forming a corporate team or any other aspect of the Weekend to End Breast Cancer, please call (514) 393-WALK (9255) or visit www.endcancer.ca.

Several other corporate teams

A.I.M. (American Iron and Metal)
CIBC
Copoloff Insurance
Curves St. Laurent West
Davies Ward Phillips and Vineberg
HSBC
La Senza
Raymond Chabot Grant Thornton
Reitmans

... the challenge of walking 60 kilometres is small compared to the challenges faced by people who are going through cancer.
Congratulations to Dr. Apostolos Papageorgiou, Chief of Pediatrics and Neonatology, who has been inducted into the newly formed International Academy of Perinatal Medicine. He has also been selected by members of the Academy to receive the prestigious William Silverman Medal, which was to be presented in Barcelona on May 28. Dr. Papageorgiou is the only Canadian, and one of only four North Americans, to receive this award honouring excellence in his field. The International Academy of Perinatal Medicine promotes care and research in neonatology and perinatology, and acts as an umbrella organization for three global associations of perinatal medicine.

Dr. Howard Chertkow, Director of the Bloomfield Centre for Research in Aging, has been promoted to the position of full Professor in the Department of Neurology and Neurosurgery at McGill University. Dr. Chertkow, a cognitive neurologist, is a founder and co-director of the JGH/McGill Memory Clinic, the largest clinic of its kind in Canada.

Dr. Andréa LeBlanc, a researcher at the JGH’s Lady Davis Institute for Medical Research, has been promoted to full Professor at McGill University. Dr. LeBlanc is investigating the activity of enzymes in the brain in the hope of discovering a means of arresting cell degeneration associated with memory loss.

Dr. Markus Martin (Obstetrics & Gynecology) has been elected President of the Working Group on Clinical Ethics of the Collège des médecins du Québec, and re-elected to the National Council of the Royal College of Physicians and Surgeons of Canada.

Dr. Jamie Rappaport, Associate Chief of Otolaryngology and the Head of Otology/Neurotology at the JGH, has been promoted to the rank of Associate Professor in the Department of Otolaryngology (Head and Neck Surgery) at McGill University.

Dr. Michael Hier (Otolaryngology) has been promoted to the position of Associate Professor at McGill University in the Departments of Oncology and Otolaryngology.

In recognition of their dedication and contribution to research, Dr. Susan Kahn (Division of Internal Medicine) has been raised to the position of FRSQ Chercheur-Clinicien Senior (Senior Clinical Investigator), while Dr. Christina Greenaway (Division of Infectious Diseases) has secured the title of FRSQ Chercheur-Clinicien Junior (Junior Clinical Investigator).

In the JGH’s Centre for Clinical Epidemiology and Community Studies, a new grant has been awarded to Dr. Susan Kahn, and a grant renewed for Dr. Alain Vandal. Personnel awards have also been given by the FRSQ to Kris Filion, Dr. Christina Greenaway, Dr. Mira Johri, Dr. Kahn and Dr. Ian Shrier. Dr. John Podoba completed his Ph.D. in February, while Dr. Katia Charland was awarded a renewal of her Multiple Sclerosis Society Doctoral Fellowship.

Sabrina R. Perri, a senior Ph.D. student at the JGH’s Lady Davis Institute for Medical Research, received the First Poster Prize in the Oncology Category at the 5th Annual McGill University Biomedical Graduate Conference on Feb. 23. Ms. Perri is a student in the cell and gene laboratory of Dr. Jacques Galipeau.

Dr. John Podoba completed his Ph.D. in February, while Dr. Katia Charland was awarded a renewal of her Multiple Sclerosis Society Doctoral Fellowship.

60-kilometre walk…

provide transportation to the campsite. “We’d love everybody to finish the route, but if you have to stop, we’ll pick you up and take care of you. You’ve already done the most important work by showing up and raising money for the cause.”

Also be sure to consult the Weekend to End Breast Cancer Handbook, says Mr. Pendleton. It includes important training tips plus a list of suggested and mandatory items to bring to the event—“all the information you need to be successful.”

For more information about training or any other aspect of the Weekend to End Breast Cancer, please call (514) 393-WALK (9255) or visit www.endcancer.ca.

60-kilometre walk…

continued from page 13.
Dr. Norman Kalant honoured for 50 years of research

Dr. Norman Kalant, the first Director of Research when the Lady Davis Institute for Medical Research opened in 1969, has retired after half a century as a key figure in the development of research at the JGH.

“I’m overwhelmed by this,” Dr. Kalant told friends and colleagues who gathered on April 12 for a farewell party in the JGH boardroom. “The decision to retire was not an easy one and I do it with mixed feelings.

“I thank you for recognizing what I’ve accomplished, but any one person’s contribution is small in comparison to what we have all achieved together. I sincerely hope the hospital continues to distinguish itself in clinical care, academic development and, above all, helping to maintain our health system, which so many people seem ready to give up on.”

Executive Director Henri Elbaz said he felt sad on hearing that Dr. Kalant was ending his work as a consultant to the JGH and was planning to move to Toronto with his wife. “He has a beautiful mind for research,” Mr. Elbaz said, “and a level of personal and professional integrity that is unbelievably high.”

Dr. Mark Wainberg, current Director of Research at the Lady Davis Institute (LDI), praised Dr. Kalant for “taking the time to mentor every junior scientist who walked through our doors. And I don’t just mean he gave them a friendly pat on the back. He took a true interest in their work and even read their grant applications to point out areas of improvement, so that their work would be described in the best light.”

“When I first met Dr. Kalant in the late 1950s, he was one of our first physicians devoted almost entirely to research,” recalled former Executive Director Archie Deskin. “The hospital owes him a great debt of gratitude for his untiring efforts to create and foster the development of an institution that has added immeasurably to the reputation of the hospital.”

Dr. Kalant joined the JGH in 1955, serving as Assistant Director of Research until 1962 and Associate Director of Research until 1967. He became a JGH consultant in 1991 after stepping down as Research Director of the LDI. Dr. Kalant received his medical degree from the University of Toronto in 1947 and his PhD in Experimental Medicine from McGill in 1954. He also completed a Research Fellowship at Tufts University Medical School in Boston (1954-55), and held positions in McGill’s Department of Investigative Medicine as an Assistant Professor (1958-64), Associate Professor (1964-81) and Professor (since 1981).

Concern about public access to medical care prompted Dr. Kalant to become active in the Coalition of Physicians for Social Justice, which he represented in 2001 in appearing before the Clair Commission on health care in Quebec, and in 2002 before the Romanow Commission on the future of health care in Canada.

“One thing is clear: He wasn’t in it for the honour,” said Rabbi Myer Schecter, the JGH’s Director of Pastoral Services. “All he wanted was to contribute the best way he could. I’ve known him for 25 years and I have such respect for his integrity, that I said to him earlier, ’I’m the rabbi here, but I want you to bless me because I consider you to be a tzaddik (righteous person).’”

Evelyn Bloomfield Schacter, a former board member of the LDI, said she fondly remembers how her father, Bernard Bloomfield, worked enthusiastically with Dr. Kalant in the 1960s to develop plans for the Institute. Mr. Bloomfield, a prominent lawyer and philanthropist, sat on the LDI’s board and helped arrange for its financial support.

“The LDI was such a visionary concept for those times,” Ms. Schacter said. “The research component played an extremely important role in helping the Jewish General to grow and become known as something even more significant than a respected community hospital.”

The entire JGH family wishes Dr. Kalant and his wife good health, happiness, a rewarding retirement and a trouble-free move to Toronto.
The federal government will provide substantial funding for a research effort led by the Jewish General Hospital’s Dr. Jacques Galipeau into the use of adult stem cells as repair material for damaged hearts, lungs and blood vessels.

At a March 31 news conference at the JGH’s Lady Davis Institute for Medical Research, Justice Minister Irwin Cotler announced the government’s commitment of $5.3 million a year to support the Stem Cell Network, an Ottawa-based team of scientists, clinicians, engineers and ethicists from hospitals and universities across Canada.

Among the Stem Cell Network’s large-scale national projects is CARE-NET, a multi-centre initiative into adult stem cells led by Dr. Galipeau, an award-winning hematologist at the JGH and researcher at the Lady Davis Institute.

“This is a landmark day for medical research and medical care,” Mr. Cotler said, noting that the government recognizes “a clear relationship between cutting-edge research and the delivery of health care to patients.”

In explaining his work, Dr. Galipeau compared stem cells to seeds that can be found in tissues throughout the body. Eventually, he said, doctors will be able to gather these cells and “grow a crop of new tissues to repair and restore damaged organs”. His mandate, he added, is to “bring these technologies to real people”.

Dr. Galipeau said the first phase of clinical trials will begin this summer at the JGH, with an advanced phase likely later this year. Included will be a study into the use of stem cells in pulmonary hypertension, with Dr. David Langleben, the JGH’s Chief of Cardiology, acting as lead clinical investigator.

JGH President Stanley K. Plotnick said the work of Dr. Galipeau and CARE-NET fits squarely into the hospital’s tradition and goal of delivering “treatment that is not only prompt, compassionate and of the highest quality, but also at the forefront of medical science.”

In addition to providing “Care for All” who need medical attention, the JGH is dedicated to “co-operation with all”, Mr. Plotnick said. “In other words, we cannot operate in a vacuum. We must forge creative and productive links with organizations like the Stem Cell Network to ensure we can contribute to and benefit from research by some of the best minds in the country.”

Henri Elbaz, Executive Director of the JGH, said evidence of the hospital’s commitment to research was only a few steps away, at the construction site to expand Cummings Pavilion E. When the new facilities open next year, four of the 8½ new floors will be used for research, “because that is where the process of treatment and healing really begins.

“This faith in research is an essential aspect of our approach to medicine at the Jewish General Hospital. We encourage doctors to be researcher-clinicians, because we understand how important it is to build bridges between the theory of scientific inquiry and the practicality of treating patients.”

In memoriam – Edward Bronfman

The officers, directors, administration and staff of the Jewish General Hospital and the Jewish General Hospital Foundation extend their condolences to the family of philanthropist and humanitarian Edward Bronfman, who died on April 4 at his home in Toronto at the age of 77.

The Montreal-born Mr. Bronfman and his brother, Peter, donated the funds to build the JGH’s Pavilion G in honour of their father, Allan, one of the hospital’s founders and its President from 1933 to 1955. Peter Bronfman also served as President of the JGH Hospital Centre from 1976 to 1978. Most recently, Edward Bronfman, awarded the Order of Canada in 2001, was instrumental in supporting the initial phase of the renovation of the JGH’s post-partum floor.

Mr. Bronfman was active in real estate and other business activities, including Trizec (builder of Place Ville Marie), Noranda, Brascan and the Canadiens hockey club. At one point, the Bronfman’s Edper Group controlled more than 100 companies with about $100 billion in assets.

In addition to supporting the JGH, Mr. Bronfman was a director of the Canadian Council of Christians and Jews and the Canadian Council for Native Business. He also provided research facilities for Mount Sinai Hospital in Toronto, as well as endowment funds for Toronto’s Jewish community.

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Among the Stem Cell Network’s large-scale national projects is CARE-NET, a multi-centre initiative into adult stem cells led by Dr. Galipeau, an award-winning hematologist at the JGH and researcher at the Lady Davis Institute.
Bonds strengthened between synagogues and the JGH

A

lthough the JGH prides itself on its decades-old policy of providing “Care for All”, the hospital is actively seeking the support of Montreal’s Jewish community so that it can continue to thrive as a uniquely Jewish institution.

“When I meet rabbis and other Jewish leaders, I remind them the extent to which this really is their hospital—the hospital of and for their congregants,” says Morris Hoffman, Chair of Special Projects for the JGH Foundation. “By supporting the JGH, they’re actually helping the entire Jewish community.”

Since 2002, Mr. Hoffman has been strengthening the ties between the hospital and other Jewish institutions in order to raise funds for medical equipment not covered by government funding. Synagogues, in particular, have responded by staging special events whose proceeds have benefited various JGH departments, including Gastroenterology, Neurology, Neonatology, Child Psychiatry and Radiation Oncology.

Mr. Hoffman is well positioned to know which departments are in greatest need of help, since he also chairs the Foundation’s Equipment Acquisition Committee. In addition, he sits on the Equipment Prioritization Committee, whose members determine how urgently each proposed piece of equipment is required.

While expressing his appreciation for the generosity of a number of Montreal synagogues, Mr. Hoffman is hoping many more will step forward to show their gratitude for the JGH’s observance of Jewish dietary laws and other religious rituals and customs. Representatives of Jewish institutions are encouraged to contact Mr. Hoffman through the Foundation at (514) 340-8251.

“It’s the only hospital in Quebec, where a Jewish person can walk in and really feel at home,” says Rabbi Asher Jacobson of the Chevra Kadisha B’nai Jacob - Beit Hazikaror. Last year, with particular support from the family of Norman and Sally Raicek, the congregation held a Gala Evening that will enable the Division of Gastroenterology to purchase diagnostic equipment to detect abnormalities in the small intestine. “Spiritual welfare and physical welfare go hand in hand,” Rabbi Jacobson adds. “This makes synagogues ideal partners with a hospital like the Jewish General.”

“Since one of the most important mitzvahs (Jewish commandments) is to offer help to anyone who is ill, we’ve provided support for many hospitals and other causes,” notes Rabbi Yonah Rossner of Congregation Shomrim Laboker, where funds were raised through a raffle in 2004 to help buy a targeting system for the JGH’s Division of Radiation Oncology.

“Howewver, the Jewish General Hospital is especially important to us,” Rabbi Rossner says, “because our synagogue is located in the Côte-des-Neiges area and a majority of our members are elderly. So, on a percentage basis, I have more people to visit at the Jewish General. It’s only natural for us to participate in any way we can to enable the hospital to buy life-saving equipment for the population that it serves.”

The desire to help children was what motivated Congregation Beth Ora to hold an auction last year in support of the Department of Child Psychiatry, says the synagogue’s Executive Director, Warren Rohr. “Strange as it may seem, people don’t always pay attention to the fact that this is the Jewish General. They sometimes look at it as just another institution and perhaps they forget how much the hospital contributes to the welfare of the Jewish community. The hospital helps us in times of need, so how can we not return the favour?”

From left: Dr. Gad Friedman, Rabbi Asher Jacobson, Morris Hoffman and the JGH’s Chief of Gastroenterology, Dr. Albert Cohen.

Saving precious minutes... continued from page 7.

over the past 10 years. With a few taps of a finger, doctors can now determine how many JGH Emergency patients are awaiting treatment, how long each of them has been waiting, which specialists have been consulted, how many patients need to be admitted, and much more.

And since the database contains so much Emergency information about the JGH, doctors can use it to detect trends—for instance, the types of accidents or illnesses that are likely to be treated during specific periods. As a result, particular specialists are advised to be available at certain times, and staffing in the department can be adjusted in proportion to the anticipated volume of patients.

“In the end, it all comes down to what we actually do for patients in person and one-on-one,” Dr. Rosenthal says. “But it’s the PDAs that help by giving us the extra breathing space we need to treat patients as efficiently and effectively as we can.”
Dorothy Rotholz and Judy Shaicovitch became the new Co-Presidents of the JGH Auxiliary at the Annual Meeting on April 19, following a report by the outgoing Co-Presidents that $850,000 had been raised for the hospital in 2004-05. Hela Boro and Eileen Fleischer also proudly announced that a grand total of more than $4.2 million has been provided to the JGH by The Auxiliary over the past five years. The new Co-Presidents thanked their predecessors and promised to take The Auxiliary to even greater heights during their term, which runs until 2007.

On April 14, Lady Luck smiled on the Auxiliary’s 3rd Annual Casino Royale and Auction, which drew more than 300 people to Congregation Shaar Hashomayim and raised $185,000. Proceeds will benefit the JGH’s Department of Ophthalmology. Co-Chairs of the event were Annette Goldman and Beatrice Kantor.

Summer has barely begun, but it’s never too early to mark your calendar or take stock of your vintage furs to donate to the Fall Fair, Oct. 30 and 31 in the hospital’s Samuel S. Cohen Auditorium, Pavilion A. The event is chaired by Sylvia Amar and Linny Blauer. Fripperies are chaired by Florence Berns, collectibles by Merle Klam and Ida Spector, and publicity by Saundra Barrer.

Here’s proof that Montrealers have good taste: Since mid-March, The Auxiliary has sold more than 3,000 copies of its new cookbook, *Panache: Montreal’s Flair for Kosher Cooking*. Orders have even come in from Toronto, Israel, Winnipeg, Calgary and Stowe, Vermont. Best of all, proceeds help support the JGH’s Emergency Department. Thanks for a great effort by editor Shawna Goodman Sone and her team.

Despite the strong demand, plenty of copies of this “must-have” cookbook are still available. It’s an affordable gift for any holiday, special occasion or just to add to your cookbook collection. Get yours for $45, tax included, from The Auxiliary at (514) 340-8216. You can also find *Panache* at various bookstores throughout the city, or visit www.panachecookbook.com.

Fall Fair on the horizon

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Care For All.

JGH acquires property... continued from page 2.

opportunity to resolve numerous space-related issues and to significantly improve hospital programs in need of expansion:

◆ The Emergency Department has a current capacity of just 27 stretchers, but requires a total of 59.

◆ The Coronary Care Unit faces severe space limitations and is in great need of an upgrade.

◆ The Intensive Care Unit needs to grow to the point where it has at least 24 beds in a single location.

◆ More room is required for operating rooms, isolation rooms, parking, etc.

“The obstacles that stand in the way of improved patient care can be resolved now that we have room to expand,” Mr. Elbaz said. “We are now actively working with the government and the Régie régionale on these issues.”

The agreement marks the culmination of a warm relationship that existed for decades between the JGH and Les Sœurs de Sainte-Croix. During occasional social visits over the years, the JGH expressed an interest in buying the land and asked to be the first to be offered the property whenever the Sisters felt they were ready to sell. The request was repeated by several of the hospital’s most recent Presidents, including Leo Goldfarb and Stephen Vineberg.

In 2002, the Sisters informed the hospital that they were ready to sell the property and a special letter authorizing this transaction was issued by the Vatican. Finalizing the transaction took a great deal of effort, since it meant securing the approval of the Régie régionale, the Ministry of Health and the Treasury Board, all in time to meet the purchase deadline.

Mr. Elbaz emphasized that Mr. Wener deserves “a great deal of credit for his special talent, skills and ingenuity during the many long hours of negotiation. As a result of this effort, the offer to purchase was signed, followed by the deed of sale.”

Living proof of JGH’s compassionate care

The following letter was addressed to Dr. Gérard Mohr, Chief of Neurosurgery at the Jewish General Hospital.

Jan. 28, 2005

Dear Dr. Mohr,

I want to sincerely thank everyone at the hospital who treated me when I was suffering from the strange sensation of electric shocks throughout my body. I especially want to thank Dr. Peter Assimakopoulos [Endocrinology], Dr. Calvin Melmed [Chief of Neurology], Dr. Mohr and the entire team for their excellent care. During my stay in the hospital, they were living proof of the dedication and the great compassion that enabled me to recover.

I especially appreciate the care that I received on the night I was in the recovery room and the morning that I was brought back to my own room. The nurses made a concerted effort to diminish the noise that was aggravating the shocks I was experiencing. As well, the nurses and auxiliary workers who looked after me over the next few days were very patient and devoted.

The excellent reputation of Montreal’s Jewish General Hospital is well known in Ottawa and I consider myself lucky to have been under your care.

Sincerely,

Claire Dussault, Ottawa
We are thrilled to report that the “Power to Heal” fundraising campaign is proceeding full speed ahead. This past winter, we received a number of significant donations, including the Bank of Montreal’s most generous contribution of $1.35 million in support of medical, nursing and surgical education at the Jewish General Hospital. This important gift reaffirms the corporate community’s commitment to our hospital.

Our donors, in partnership with the government, have funded expansion of the Cummings Pavilion E (Légaré entrance), which is well under way and expected to be completed in January 2006. This expansion, which will make Pavilion E the tallest structure in the neighbourhood, will add 8½ floors of new space to house the hospital’s Segal Comprehensive Cancer Centre (four floors) and the Cardiovascular Sciences Centre (one floor), with the remaining space devoted to other clinical and research facilities as well as to mechanical equipment.

In addition, construction crews have been busy near the hospital’s Côte Ste-Catherine Road entrance, building the new Nuclear Medicine facility that will house the brand new PET scan machine that arrived in May. PET scans are vital to the early detection and management of patients with cancer becoming the standard of care for oncology patients.

With a busy summer ahead of us—jam-packed with fundraising events like the 13th Annual Silver Star Mercedes-Benz Golf Classic, the 8th Annual Leadership JGH Tennis Classic (Upcoming Events, page 24), and the Weekend to End Breast Cancer—our staff, campaign workers and volunteers are primed to make this the “Power to Heal” campaign’s most successful summer yet.

Once again, we thank our many donors for their generosity to date, and encourage your input, participation and contributions. To learn more about how you can join our campaign team, please call us or the Foundation office at (514) 340-8251.

Morton Brownstein
Campaign Co-Chairs

Edward Wiltzer
Campaign Co-Chairs

Campania surpasses $75 million mark

We are thrilled to report that the “Power to Heal” fundraising campaign is proceeding full speed ahead. This past winter, we received a number of significant donations, including the Bank of Montreal’s most generous contribution of $1.35 million in support of medical, nursing and surgical education at the Jewish General Hospital. This important gift reaffirms the corporate community’s commitment to our hospital.

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School project aids oncology research

As a project for their Jewish Life class in Grade 7 at Bialik High School, best friends Michelle Shnaidman and Meagan Reinish were assigned a project to “pay it forward” (do something to help others). Without hesitation, they knew that they had to raise funds for cancer, which had taken the life of Michelle’s father, Avi, only weeks before. The girls designed and are selling a necklace that says “Make a difference, help, hope, heal”. To date, they have raised more than $5,000 for the Avi Shnaidman Memorial Fund for Oncology Research at the JGH—an accomplishment that is much more than a fashion statement.

Gift honours former Gastroenterology Chief

On March 29, Foundation staff had the pleasure of meeting with Joyce and Saul Abracen to thank them for their generosity in purchasing two colonoscopes and a video endoscope for the Division of Gastroenterology. The Abracens also established an endowment fund for the Division of Nephrology. Their donation to Gastroenterology was made in memory of Dr. Michael Lichter, Chief of Gastroenterology from 1984 to 2000. Mrs. Muriel Lichter accepted a certificate acknowledging the generous gift in honour of her late husband.

Support program launched

In 2003, Joey Berdugo Adler lost her beloved husband, Lou. Unfortunately, Lou had spent a great amount of time in the JGH’s Intensive Care Unit (ICU). Her experience during these most troubling times led her, along with her children Mitchell and Garrid, to refurbish the ICU’s family rooms and to initiate the Adler/Sheiner Patient Support Program. This unique and thoughtful program is specifically designed to provide the tools and information needed to help families of patients hospitalized in the ICU better understand and cope with a loved one’s critical illness and advocate on their behalf.

Staffed by a clinical nurse specialist (CNS) with specific training at the Master’s level, the program enables families to search the Internet for current, relevant and easily understandable information on specific diseases, conditions, tests, procedures and medications, while availing themselves of materials in the on-site library. The CNS also acts as a family advocate and liaison with treating staff, enhancing communication and decision-making between family members and ICU staff; improving family coping and understanding; and relieving the anxiety and depression that is common in these situations.

Engagement inspires tribute

On March 26, family and friends joined Abby Wener and Lorne Herlin to celebrate their engagement. The couple decided to pay tribute to Lorne’s late father by requesting that donations in celebration of their engagement be made to the Devy Herlin Memorial Fund for Cardiology Research. The JGH Foundation is grateful for this very thoughtful gesture.
Upgrading the triage system

After a visit to the JGH’s Emergency Department, Sheldon and Carmele Mintzberg sought a meeting with the department’s Chief, Dr. Marc Aflalo, to investigate ways of making the triage system more efficient and patient-sensitive. This has led to the launch of a two-year demonstration project to improve Emergency’s triage system. Triage takes preliminary information about patients arriving in Emergency in order to determine their general situation and the level of urgency of their condition.

As a result of this initiative, an additional nurse will be hired to help speed up the triage process. This will be done by more quickly triaging patients with less severe symptoms; advising them about projected waiting times; communicating with them about their treatment plan; and directing them to the JGH’s most appropriate follow-up services.

Robert Utting, a true friend of the JGH

The JGH Foundation pays tribute to Robert Utting who passed away peacefully at his home in Maitland, Ontario, on Friday, March 18, 2005 after a lengthy illness. As true friends and most generous supporters of our hospital’s Department of Psychiatry, Mr. Utting and his family established the Douglas Utting Fellowship for the Study of Depression, following the death of his son, Douglas. This gift exemplified Mr. Utting’s determination to help people get the help that they need to battle depression, an often misunderstood disease.

Aside from supporting two psychiatry fellows each year, proceeds from the gift also support the Douglas Utting Prize, which is presented annually at the Douglas Utting Lecture. The prize is awarded to a person in Canada who has made a major contribution to the understanding and treatment of depression and/or to promoting its awareness. The JGH family extends sincere condolences to the Utting family.

“It’s a Girl Thing” returns

After its resounding success in 2004, Baton Rouge is proud to sponsor the second annual “It’s a Girl Thing” in November (date to be determined) at 1050 de la Montagne. Guests will be treated to lunch, bingo, raffles, door prizes and lots more, with all proceeds benefiting the Gloria Shapiro Endowment Fund for Ovarian Cancer.

For more information or to get involved, please call Tali at (514) 340-8222, local 5836.

Rallying behind the JGH

At a routine check-up in November 1999, Diane Brunet was diagnosed with ovarian cancer. This was followed by a very long and tough but successful battle. The JGH’s Dr. Gerald Batist gave her hope and treated her with care and compassion. Diane is now cancer-free and was one of several committee members who planned the second annual Rally for a Cure tennis tournament benefiting the JGH’s Cancer Nutrition Rehabilitation Program, which deals with cancer-related nutritional issues and their ramifications.

The tournament, which included raffles, prizes and more, took place on June 1 at the Mirabel Tennis Club, 355 Brunswick Blvd., Pointe-Claire.

The Montreal Ovarian Cancer Initiative (MOI)—a joint effort of the Jewish General Hospital (McGill University, Lady Davis Institute for Medical Research) and l’Institut du cancer de Montréal (CHUM, l’Université de Montréal)—is dedicated to defeating ovarian cancer. It hopes to do so by raising funds to support research, prevention and innovative treatments, while creating awareness and educating the public about this lethal gynecologic cancer. Beneficiaries of the fund are a collaborative group of clinical researchers headed by Dr. Walter Gotlieb of the JGH and Dr. Diane Provencher of l’Institut du cancer de Montréal.

On Sept. 15, the day’s proceeds of Schwartz’s will be donated to the MOI fund. Plans are also in the works to create a short, informative educational brochure for distribution via direct mail, at Lunch and Learn programs, and at doctors’ offices.

Rallying behind the JGH
Care For All.

UPCOMING EVENTS

Foundation events

June 6

13th Annual Silver Star Mercedes-Benz Golf Classic
Not to be missed on any golfer’s calendar! Double tournament, with individual players welcome. For more information, please call Tali at (514) 340-8222, local 5836.

August 18

8th Annual Leadership JGH Tennis Classic
Tournament by day, party by night! It’s a mid-summer’s night bash at Jarry Park that you won’t want to miss. For more information, please call Tali at (514) 340-8222, local 5836.

August 25

To Save a Life: A Recognition of Italian Heroism During the Holocaust
This evening at the Saidye Bronfman Centre for the Arts features a preview of the film Perlasca: An Italian Hero. For more information, please call Larry at (514) 340-8222, local 1922.

August 26 to 28

The Weekend to End Breast Cancer
Join this life changing event to raise funds in support of breast cancer research at the JGH’s Segal Comprehensive Cancer Centre. For more information, please visit www.endcancer.ca or call (514) 393-WALK (9255).

BEQUESTS & OTHER PLANNED GIFTS

Healthcare for generations to come

Would you like to ensure tomorrow’s healthcare excellence … today?

There are many simple ways to provide a generous gift to the JGH without causing financial hardship to you or your family, while often saving taxes.

To learn more about how to leave your legacy and secure top-quality healthcare, please contact Beverly Kravitz, Director of Planned Giving, at (514) 340-8222, local 4123, or bkravitz@fon.jgh.mcgill.ca.

Other events in support of the Foundation

September 12

HSBC 4th Annual Golf Tournament – At the Royal Montreal Golf Club. Proceeds to benefit the JGH’s Segal Comprehensive Cancer Centre. For more information, please call Muriel at (514) 340-8222, local 4121.

September 21

The Angel Ball – A spectacular evening in support of the Natalie Ann Toussaint Angelopoulos Memorial Fund, benefiting the JGH’s Segal Comprehensive Cancer Centre. For more information, please visit www.angelball.ca or call Tali at (514) 340-8222, local 5836.

November 5

1st Annual Cure Scleroderma Foundation Gala – At Buffet Crystal, 5285 Boulevard Henri-Bourassa ouest, Saint-Laurent. For tickets, please call Tali at (514) 340-8222, local 5836.

Funds sought for BAT system

The Equipment Acquisition Committee, chaired by Morris Hoffman, is currently raising funds to acquire a BAT (B–Mode Acquisition and Targeting) system for the Division of Radiation Oncology. This $220,000 ultrasound-based device localizes prostate tumours and maximizes the precision and effectiveness of radiation treatments. So far, the committee has raised over $75,000. To make a contribution or participate, please call Larry Sidel at (514) 340-8222, local 1922.