



Dedicated to the future

JGH News

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SIR MORTIMER B. DAVIS - JEWISH GENERAL HOSPITAL

SUMMER 1996

An interview with the Executive Director

Q: What are the main challenges facing the health care system and our hospital today?

A: The main challenge is the major downsizing taking place in the health care system. The massive one billion dollar cuts are being implemented in a very short period of time—three years. Nine hospitals have already closed. Added to this is the high, previously unforseen cost of the transformation of the system—surviving hospitals are forced to absorb from the closed hospitals several thousand employees with job security, whether or not their services are required, and to pay their salaries, with no increase in budget allocation from the government.

Another added cost, because of hospital closures, is the increase in patient volume, again, without extra financial compensation. We also must absorb the cost of inflation and the salary increases from the new collective agreements approved last year by the government.

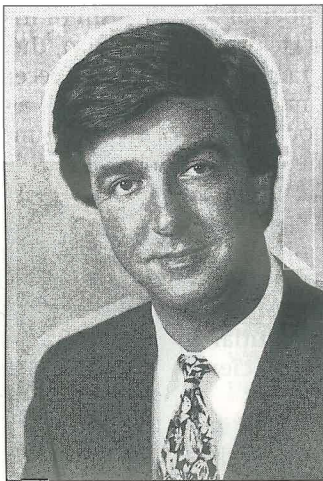
This is a heavy burden on the surviving hospitals, and we are going through very difficult times. The challenge is how can we fulfill our mission of providing good patient care and maintain accessibility to our services given all of these constraints?

Q: What is the government trying to accomplish with this restructuring?

A: The government's goal is to reduce health care spending by a minimum of 10%, the equivalent of one billion dollars, as part of its overall deficit reduction strategy. One of the biggest sources of spending is in health care and education, and other provinces and countries are cutting in these areas as well.

The government claims that there are too many acute care hospital beds in

Montreal, that, in many cases, patients can be treated on an ambulatory (outpatient) basis, and that the average length of stay in the hospital can be reduced. By transferring services from an inpatient to an outpatient basis and reducing the length of stay, the Régie régionale believes that 2400 acute care beds could be closed in Montreal, i.e. the recent hospital closures represent a cut of about 1400 beds, and the government is suggesting that by downsizing the university teaching hospitals, another 800 beds could be closed. The planned conversion of Hôpital Hotel Dieu into an ambulatory centre will result in a reduction of 400 acute care beds.



Henri Elbaz, Executive Director.

Q: Some of these innovations in the health care system have been part of the JGH program for several years. Can you describe how our hospital meets these requirements?

A: It is interesting that the *virage* (new direction) that the Ministry is promoting was implemented at the JGH many years ago. This vision was a result of the high demand for our services and the impact of an aging population. While other hospitals received government approval and financing to expand their number of inpatient hospital beds, the JGH began adopting new techniques and treatment modalities that, today, have proven to be most appropriate for patients and most efficient in terms of health care spending.

For example, alternatives to hospitalization for psychiatric patients—what the Régie régionale calls *virage ambulatoire psychiatrique*—were implemented at the JGH in the early 1960's. With the establishment of the Institute of Community and Family Psychiatry in 1968, we promoted outpatient treatment rather than hospitalization for psychiatric patients. As a result, the JGH has the lowest ratio of psychiatric beds per 1000 population and the lowest length of stay on our in-patient psychiatric unit.

In terms of ambulatory surgery, at the JGH, 62% of surgeries are performed on a one-day basis. This is the highest ratio of all the university teaching hospitals, which average 35-40%.

We have been working on this concept of ambulatory surgery, which is very safe for patients who are eligible, since the early 1970's. For example, there used to be 20 beds for ophthalmology cases. Today, with 85% of cataract surgery being done on a one day basis, there are only two ophthalmology beds, and we are treating more patients than we did 20 years ago.

In 1990, the JGH opened the Cummings and Bronfman Pavilions as an ambulatory centre. In concept and operation, this centre is unique in Quebec.

Another element of the *virage ambulatoire* is shorter lengths of stay. The JGH has the best average length of stay compared to other university teaching hospitals: 8.3 days for the JGH, 9.9 days for other McGill adult hospitals, 10.4 days for adult hospitals affiliated with l'Université de Montréal.

At the JGH we are continuing to promote ambulatory treatment as much as possible. One-day surgery is safe and, in many cases, better for patients because they do not need to be hospitalized and they recover faster at home. We screen patients carefully to make sure that they are eligible for day surgery.

Q: How has the government responded to our efforts?

A: Both the government and the Régie régionale have acknowledged the innovative and avant-garde

Continued on page 10.



Baby Melody with Lucia Picciotto, a nurse in the Neonatal Intensive Care Unit.

Miracle baby at the JGH

Melody English is too young to know what all the fuss is about, but the birth of this "miracle baby" caused great excitement at the Jewish General Hospital and beyond.

Dr. Morrie Gelfand explained that while a baby always grows inside a mother's uterus, little Melody made medical history by growing and surviving inside her mother's abdomen. Although she was two months premature and weighed 3 lbs. 9 oz. at birth, Melody is a perfectly healthy baby.

Dr. Gelfand performed the emergency caesarian section along with colleagues Drs. John Roizin, Louise Miner and Turkey Alrujaib.

The baby's parents, Lois Jenkins

and Timothy English, have four other children. Mrs. Jenkins had a previous ectopic pregnancy, which means that a baby was conceived inside the fallopian tube but did not survive. Dr. Gelfand speculates that a large fissure in the tube allowed for the fertilized egg to pass through and travel to the mother's abdomen. The astonishing part of the whole story is that Melody was able to develop beautifully for seven months in this environment.

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Supplement to
The Canadian Jewish News



News In Brief

Department of Epidemiology organizing data for post-polio syndrome trial

Data from a major North American clinical trial evaluating a potential medical treatment for post-poliomyelitis syndrome (PPS) is being organized by the Randomized Clinical Trial Unit in the JGH Department of Epidemiology and Community Studies. The unit is directed by Dr. Jean-Paul Collet, who also is assisting in the design and analysis of the study.

Currently, there is no primary treatment for PPS, characterized by the appearance of new pain, fatigue and muscle weakness an average of 35 years after recovery from paralytic polio. This progressive neuromuscular syndrome is estimated to affect approximately 50% of polio survivors who recovered from paralytic disease contracted prior to the discovery of polio vaccines.

Six major medical centres in the U.S. and Canada have begun recruiting patients for this clinical trial.

Honored

Dr. Gerald Batist, oncologist and director of the hospital's Experimental Pharmacology Program, was one of several Montrealers honored as a "local hero" for his work in helping Soviet Jews gain their freedom.

Honorees were praised for their courage and dedication at a special ceremony organized by Federation CJA, Canadian Jewish Congress and the Jewish Public Library. Speakers noted that Canadian Jews were at the forefront of the movement to free Soviet Jews, and in doing so, gave hope to many refuseniks (Jews denied permission to leave the Soviet Union).



Pageant winner

Congratulations to Ms. Jocelyn Horsman, JGH emergency nurse, who was the first runner up in the 1996 Filipina pageant.

The JGH News does it again

The JGH News won third prize in the Hygeia Awards for excellence in communications, presented by the Health Care Public Relations Association of Canada. The publication is produced by the Communications Department, Betty Rozovsky, director.

Urology Department hosts retreat

Female urinary incontinence was the theme of the 5th Continuous Medical Education Retreat hosted by the Jewish General Hospital Department of Urology.

The three-day retreat, which took place last February in Quebec City, featured presentations by Dr. David Saskin, Harvard University; Dr. Victor Nitti, New York Medical Center; Dr. Sender Herschorn, University of Toronto; Dr. Erik Schick, Université de Montréal, and Dr. Jacques Corcos, chief of the JGH Department of Urology. The retreat was made possible through the support of Bayer and Zeneca Pharma.

Approximately 10-15% of women in Canada are affected by urinary incontinence.

The hospital is pleased to announce the following appointments:

Dr. Barry Posner has been appointed chief of the Department of Medicine. Dr. Posner is a physician-scientist who has established an international reputation for his research on diabetes and insulin action. He joined the McGill University Faculty of Medicine and the staff of the Royal Victoria Hospital in 1970.

By 1979, he became senior physician, professor of medicine and director of the Polypeptide Laboratory for Hormone Research. In 1981, he was appointed director of the McGill Training Program in Endocrinology and Metabolism. He is an associate member of the departments of Physiology and Chemistry at McGill and enjoys fellowships in the Royal College of Physicians of Canada, the Royal Society of Canada, and the American College of Physicians.

A native of Winnipeg, Dr. Posner earned his medical degree from the University of Manitoba. After initiating residency training at the Winnipeg General Hospital, he pursued post-graduate work in biology at the Massachusetts Institute of Technology and completed his clinical training at the New England Medical Center. He subsequently worked as a research associate in biochemistry at the National Institutes of Health in Bethesda, Maryland.

Dr. Posner has been a member of numerous committees at McGill University and the Royal Victoria Hospital. He has served as vice-president of research at the hospital, chairman of the Research Committee of the hospital's Research Institute



(1987-1990), and served on selection committees for directors of Medicine and the Montreal Neurological Institute.

At the national and international level, Dr. Posner has been active in organizations dealing with health research and diabetes. He was a founding member of Canadians for Health Research, program chairman of the Canadian Society of Endocrinology

and Metabolism, council member of the Canadian Society of Clinical Investigation, and a member of the Advisory Board of the Juvenile Diabetes Research Foundation. He organized the first International Symposium on Vanadium as a potential therapy for diabetes, is on the Scientific Advisory Board of the Israel Cancer Research Foundation and is a member of the permanent scientific committee organizing international symposia on insulin receptors and insulin action.

Dr. Posner has served on numerous peer review bodies including those reviewing grants for the Medical Research Council of Canada, the International Juvenile Diabetes Foundation, the National Institutes of Health, the Canadian Diabetes Association, the Banting and Best Diabetes Center of the University of Toronto, and the Alberta Heritage

Dr. Mark Miller has been appointed director of the Department of Microbiology and chief of the Division of Infectious Diseases. He is an associate professor in the Department of Medicine and the Department of Microbiology and Immunology at McGill University, and an associate member of the McGill AIDS Centre.

His goals are to encourage and further the department's expertise in the areas of diagnostic testing, patient care, teaching and research. Dr. Miller is particularly proud of the department's diagnostic microbiology laboratory, which is at the forefront in the use of molecular biology techniques for more rapid diagnosis of infectious diseases. For example, the department is using a sophisticated test that takes only 6 hours to diagnose viral meningitis as opposed to the current test that takes 4-5 days.

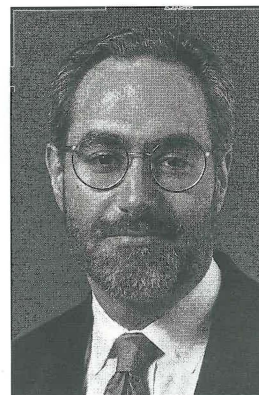
Dr. Miller hopes to be able to expand the clinical services offered to hospitalized patients as well as outpatients. The volume of patients treated by the division continues to increase. "We operate one of the few walk-in clinics in the city for infectious diseases, and we are developing a walk-in clinic for tuberculosis," notes Dr. Miller.

Dr. Miller obtained his medical degree from McGill University in 1982. He completed his residency in

Internal Medicine at the Montreal General Hospital as well as fellowships in Infectious Diseases and Medical Microbiology at McGill. He obtained a Master of Science degree from the Department of Epidemiology and Biostatistics at McGill in 1991.

In 1987, Dr. Miller joined the Montreal General Hospital, Division of Infectious Diseases, and, the following year, became a member of the Department of Medical Microbiology.

In 1991, he came to the Jewish General Hospital, Division of Infectious Diseases and the Department of Medical Microbiology. He was appointed chairman of the Infection Control Committee, a position he still holds, and, in 1994, became the director of one of the clinical teaching units. Dr. Miller is a fellow in the Royal College of



Physicians and Surgeons, and a Diplomate in Infectious Diseases (American Board). He is chairman, McGill University Teaching Hospitals Council, Infection Control Committee and examiner for medical microbiology for the Royal College of Canada. Dr. Miller is also an infectious diseases consultant to the Jewish Hospital of

Hope and Maimonides Hospital.

His main research interests are the epidemiology of infectious diseases, clinical mycobacteriology and mycology, with emphasis on diagnostics and experimental therapeutics, and genetic resistance to mycobacterial infections. He has received research grants from the Medical Research Council of Canada as well as pharmaceutical companies.

Dr. Miller is an associate editor of the Canadian Journal of Infectious Diseases, and an ad-hoc reviewer for Clinical Infectious Diseases, Chest, Canadian Journal of Infection Control. He is the author of numerous publications.

Foundation. He has served on the editorial boards of Diabetes, Endocrinology, the Journal of Clinical Endocrinology and Metabolism, the Journal of Internal Medicine, the Journal of Laboratory and Clinical Medicine.

He has published over 230 scientific manuscripts and has delivered over 150 talks outside Montreal as a visiting professor and seminar speaker. He holds two grants from the Medical Research Council of Canada, one from the National Cancer Institute and one from industry. He continues to pursue his research on the mechanism of insulin and growth factor action, the cellular dynamics of hormone receptors, and the development of novel agents as oral insulins for the treatment of diabetes. This latter work has led to seven patents. Since 1975, he has trained 25 graduate students and postdoctoral fellows.

Throughout his career, Dr. Posner has received honors and awards. He was the 1961 Gold Medalist, University of Manitoba Medical School, a Medical Research Council Scholar and Chercheur Boursier du Québec from 1971-1986. He was elected to the Association of American Physicians, the Peripatetic Club and the Royal Society of Canada. In 1990, he received the Distinguished Scientist Award of the Canadian Society of Clinical Investigation. He has delivered a number of prestigious lectures including the Banting and Best Memorial Lecture of the International Diabetes Federation, the Pfizer lectures at Harvard University and the Joe Doupe Memorial Lecture at the University of Manitoba.

Jewish General Hospital - Mercedes-Benz Annual Golf Classic Hosted by Silver Star Mercedes-Benz

A record-setting golf classic took place on June 17 at Hillsdale Golf and Country Club!

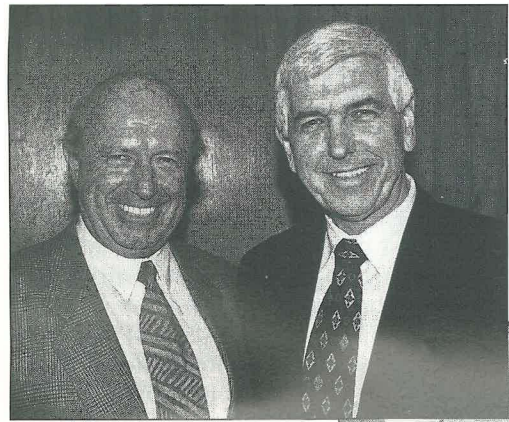
Under the outstanding leadership of committee chairman Mr. Charles Larente, vice-president, ScotiaMcLeod, a total of 42 corporate sponsorship packages, at \$5,000 each, were sold by November 1995. As well, companies throughout the city have signed up to advertise in the Souvenir Book.

The Auxiliary and the Foundation again have combined their expertise to organize the Golf Classic and produce the Souvenir Book, with proceeds to the Department of Radiology.

Dr. André Lisbona, acting chief, Department of Diagnostic Radiology. For example, breast biopsies now can be performed by a radiologist in the office—the procedure takes only half an hour.

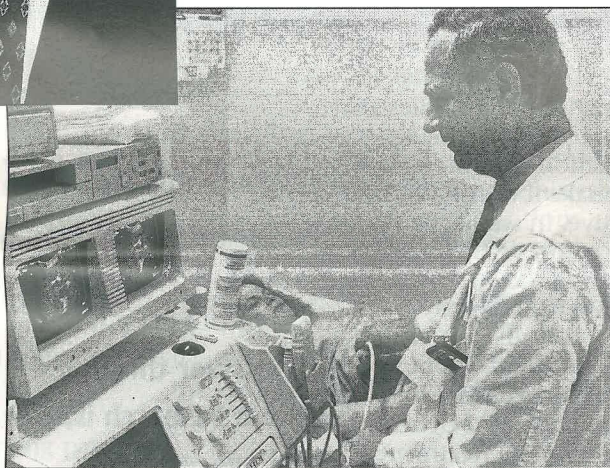
Dr. Lisbona pointed out that, as a McGill University teaching hospital providing highly specialized care, it is crucial for the Jewish General to have a state-of-the-art radiology department.

"We are very grateful to everyone who participated in the Golf Classic. Thanks to your support, we can offer the very best to our patients," said Dr. Lisbona.



Our host, Sam Eltes of Silver Star Mercedes-Benz and chairman, Charles Larente.

"With the explosion in new diagnostic and treatment modalities, radiologists can perform various types of procedures that used to require surgery and anaesthesia. They are easier for patients to tolerate because they are much less invasive, less painful and more comfortable," explained



Dr. André Lisbona performs a procedure using Colour Doppler Ultrasound equipment, purchased with the proceeds of the JGH Golf Classic.



Many thanks to our hard-working committee members.

Back row, left to right: Al Regenstreif, Leonard Ellen, Jackie Margolese, Ron Waxman, Mel Ellen, Charles Kaplan, Gerald Gold, Arthur Diamond, Jeff Fleischer, Leo Goldfarb. Front row: Souvenir Book chair Ruth Ballon, Steve Favor, Chairman Charles Larente, Michael Shapiro, Nancy Cooperberg, Sheilah Greenberg. Absent from photo: Morty Brownstein, Sam Eltes, Melanie Frank, Brahm Gelfand, David Granofsky, Leonard Kantor, Frank Leboff, C.A., Jacques Nadeau, Pierre Novak, Betty Rozovsky, Edouard Schouela, Stephen Vineberg.

Computer donation

On behalf of William W. Mercer Ltd., Mr. Dave Schwartzman (left) donated a series of computers to the hospital. He was thanked by Mr. Michel Latour (seated), director of Information Services, and Mr. Charles Kaplan, Associate Executive Director - Finance.



Dr. Freedman receives award

The McGill University Division of Urology presented a plaque to Dr. Samuel O. Freedman, O.C., director of research at the JGH, in appreciation for his support of the urology research laboratories at the hospital's Lady Davis Institute for Medical Research. The plaque was presented during the McGill Urology Research Day, held this year at the JGH.



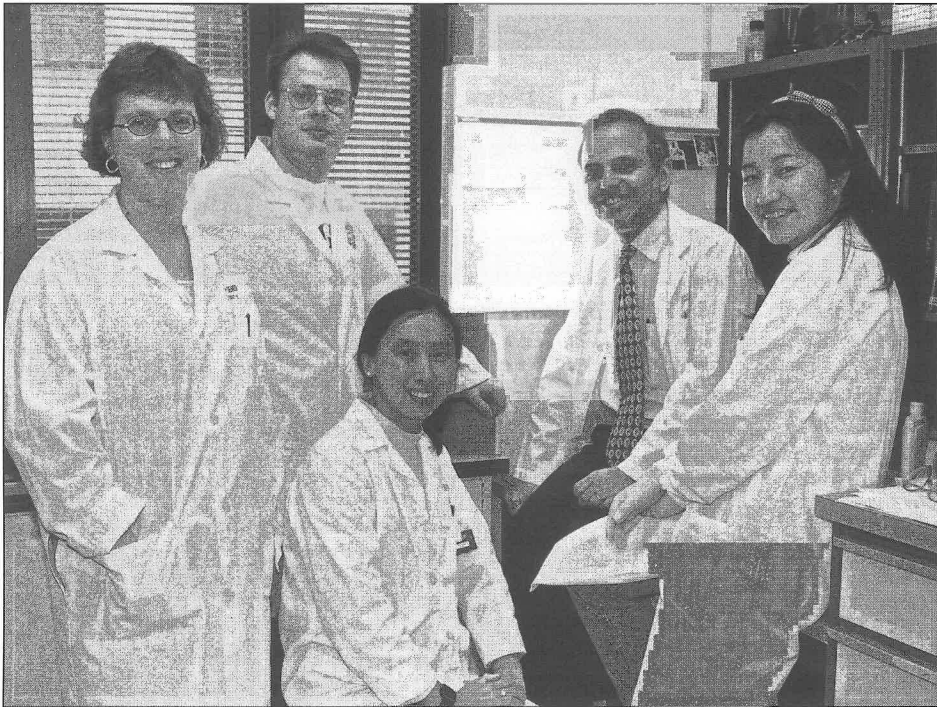
Pictured here are, left to right: Dr. M. Elhilali, director, Division of Urology, McGill University; Dr. Martin Black, chief, JGH Department of Surgery; Mr. Henri Elbaz, JGH Executive Director; Dr. Leonard Pinsky, chief, JGH Division of Genetics; Dr. Freedman, Dr. Stéphane Dion, JGH urology research laboratories; Dr. Jacques Corcos, chief, JGH Department of Urology.

We are grateful to the following corporate sponsors for their very generous support:

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Major Door Prize: SWISSAIR

For oncologist Dr. Michael Pollak, a leading expert in research and treatment of breast cancer, the desire to offer more effective treatments to patients is the impetus behind his research.



Dr. Michael Pollak (second from right) with some members of his laboratory team, left to right: Bonnie DeRoo, Peter Wilkinson, Xiao-Teng Yang, Yong-Jing Guo. Absent from photo: Drs. Florence Rozen and Huynh Hung, Tara Nickerson, Jianchun Zhang.

Thanks to the magnificent generosity of Mr. Eugene Riesman, Dr. Pollak has the time and the resources to pursue his important research projects. In 1993, he received the Janine Riesman Career Scientist Award, established by Mr. Riesman in memory of his wife who had been a patient of Dr. Pollak.

Risk reduction strategies

A main focus of Dr. Pollak's research is to discover ways to reduce the risk in families who have a hereditary predisposition to breast cancer. "I want to be very clear about this," he cautions. "No one inherits breast cancer. A small percentage of women inherit a greater than average risk of developing breast cancer." Specifically, the increased risk is due to a mutation of the BRCA 1 or BRCA 2 genes, and it is this mutation that predisposes a small minority of women to getting breast cancer. More than 90% of women who have breast cancer have no known inherited risk. Moreover, this mutation is probably only one contributing factor to actually getting the disease.

As Dr. Pollak explains, other scientists at McGill, namely Drs. Stephen Narod and Patricia Tonin, played a key role in the discovery of these genes. (Dr. Narod has since been recruited to the University of Toronto.) Some of the families followed at the JGH Department of Oncology actively participated in

these important studies. The findings are of particular interest to Dr. Pollak and his colleagues at the JGH because the mutation occurs in as much as 1% of Ashkenazi Jewish families. The team currently is following a group of families in whom the mutation has been identified. "Now that we have identified this risk factor," he says, "the main question we are trying to answer through our research is, how can we reduce the risk? For instance, are there lifestyle modifications that will help? Should these patients take Tamoxifen?"

Cancer Prevention Research Unit

To that end, the department is establishing a Cancer Prevention Research Unit that will provide the structure and expertise to facilitate this vital research. This concept flows out of the work made possible by the generosity of Mr. Riesman. In addition to Dr. Pollak, this multidisciplinary unit will draw on the expertise of Dr. Steven Karp, cancer specialist and surgeon, and cancer geneticist Dr. William Foulkes. Breast cancer is a current focus of interest, but the unit also will deal with risk assessment for other kinds of cancer.

Dr. Pollak and his JGH colleagues are involved in large international studies regarding breast cancer risk. "By collaborating with scientists like Dr. Narod in Toronto and others in the U.S. and Israel, we hope to obtain

important information to help our patients," notes Dr. Pollak, adding that these patients no longer need to travel to centres in the U.S. to receive the benefits of participating in research studies.

Hormonal therapy

A second focus of Dr. Pollak's research concerns the development of hormonal therapies that alter the behaviour of malignant cells. In general, these therapies are better tolerated by patients because they have less side effects than other treatments.

One such therapy is Tamoxifen. According to Dr. Pollak, the main problem with Tamoxifen is not the side effects, but the fact that it does not always work as well as one would like. When given to patients after surgery, Tamoxifen lowers the risk of cancer recurring, but does not reduce the risk to zero.

Thus, Dr. Pollak is conducting studies that attempt to enhance the action of Tamoxifen to make it even more effective. In studies in his laboratory at the hospital's Lady Davis Institute for Medical Research, Dr. Pollak discovered that Tamoxifen was more effective when combined with a drug called Octreotide. A hormonal treatment used for certain rare cancers, Octreotide is known to be a relatively safe compound with minimal side effects.

Based on these research findings, Dr. Pollak is heading a five year clinical trial, in collaboration with other centres, involving 600 patients across Canada. Half the patients will receive Tamoxifen, the other half will receive a combination of Tamoxifen and Octreotide. The study is being coordinated by the National Cancer Institute of Canada, in collaboration with Sandoz Pharmaceuticals.

Cancer biology studies

In the laboratory setting, Dr. Pollak and his team are studying various aspects of cancer biology. The goal is to use the knowledge gained from laboratory investigations to develop new treatment and prevention strategies.

Dr. Pollak's team is collaborating in a major study coordinated by the School of Public Health, Harvard University. Blood samples of 30,000 healthy women were collected, and, over a number of years, some of these women developed cancer. Dr. Pollak's group is responsible for the analysis of the blood samples for the presence of peptide growth factors

that may be implicated in the development of the disease.

Reproductive behaviour and the development of breast cancer

An interesting area for further exploration is the relationship between modern reproductive behaviour and the development of breast cancer. Dr. Pollak stresses that this work is in a very preliminary phase and requires laboratory investigation before it can result in new approaches to prevention.

Breast cancer researchers are beginning to pay attention to the normal functioning of the breast in their efforts to explain why breast cancer is so common. The process of breast development, which starts at puberty, does not finish completely until breast cells prepare for milk production during the third trimester of a woman's first pregnancy. This

process is known as differentiation. Evidence suggests that breast cells that have undergone these changes needed to prepare for milk production are more resistant to early steps of carcinogenesis than those that have not.

In the last 200 years, the average age of onset of menstruation (menarche) in Western societies has declined from approximately 15 years of age to 12 years of age. At the same time, in certain

groups of women, the average age of first pregnancy has risen from the mid-teens to late 20's or early 30's. This means that the interval between menarche and first pregnancy has increased from five to 15 years.

Dr. Pollak's research team is studying the possibility that this change in reproductive behaviour might be related to the high incidence of breast cancer. Interestingly, breast cancer is rare in animals, where the interval between becoming fertile and having offspring is short. In human populations, breast cancer is more rare in societies where women have their first pregnancies at a young age.

If ongoing laboratory research supports this line of reasoning, efforts will be made to find a way to encourage artificial completion of breast differentiation as a way of reducing breast cancer risk. One solution may be short-term hormonal treatments that imitate the hormonal influence of pregnancy.

"Now that we have identified this risk factor, the main question we are trying to answer through our research is, how can we reduce the risk?"

"No one inherits breast cancer. A small percentage of women inherit the risk of developing breast cancer."

Cancer Answers

"Support groups are great stress buffers on an emotional and physiological level."

...David Spiegel, M.D.

Organized by the hospital Auxiliary and Hope and Cope, a support system for cancer patients and their families, this one-day conference focused on cancer awareness.

Dr. Abe Fuks, Dean of the Faculty of Medicine, McGill University, welcomed the crowd of close to 300 people.

"The mind and body are inseparable, and practicing good medical care means attending to both," said keynote speaker Dr. David Spiegel. A professor of Psychiatry and Behavioral Sciences at the Stanford University School of Medicine in California, Dr. Spiegel has done extensive research in mind/body interactions. His study, published in *The Lancet*, found that support groups dramatically increase survival time for cancer patients.

Dr. Spiegel spoke about the isolation and depression that often accompany illness. Numerous studies have shown that there is a strong relationship between social isolation and death.

Support groups break through this sense of isolation by giving participants the opportunity to express themselves openly and honestly, to discuss their fears, and to face their illness together.

Dr. Spiegel went on to explain what he calls the seven principles of support groups:

1. Building bonds. By discovering common problems and sharing their experience, including what works and what doesn't, participants become "helpers" to each other. This role enhances their sense of competence and self-esteem.

2. Expressing emotion. When people are ill, it is essential that they be encouraged to face their fears directly. In fact, studies have shown that the more people try to suppress their emotions, the more depressed they become. Expressing emotion in a group setting increases closeness.

3. Detoxifying dying. Support groups help people develop strategies to address their fears associated with the process of dying, e.g. separation from loved ones, pain, loss of control. One of the most damaging things about dying is that others withdraw which makes the individual feel even more frightened and isolated.



Mrs. Phyllis Waxman, president of Hope and Cope, thanks keynote speaker Dr. David Spiegel.

4. Taking time. Within the group, people learn to face the limitations of time, and discover what is most important to them. "When people realize that life is not infinite, they use their time differently and decide what they want to devote themselves to," explained Dr. Spiegel.

5. Helping families. Although illness has a profound impact on the entire family, often family members do not discuss their own emotions for fear of being a burden. Support groups encourage families to express their fears and anxieties and to readjust their roles. For example, husbands learn to stop trying to fix things and instead, to help their wives deal with their emotions.

6. Dealing with doctors. Good communication between the physician and patient can be difficult to achieve. To be sure that their needs are met, patients should write down their questions and hand them to the doctor at the beginning of their discussion. Because a sense of control over the process is equally important, patients should participate in making decisions regarding their medical care. Doctors themselves should realize that their job is not just to cure, but to help patients live as best they can.

7. Pain control. Anxiety and depression can amplify the experience of pain. Dr. Spiegel explained that in support groups, he teaches patients self-hypnosis and other techniques that help reduce their pain.

Eight workshops included:

"What to Eat, When You Don't Feel Like Eating", "Care for the Caregiver", "Medication - Understanding Your Drugs", "Facing Forward From Patient to Survivor - the Health Journey", "Home Care", "A Reason for Living - Hope in Advanced Cancer", "Relationships and Sexual Recovery After Cancer", "Complementary approaches to Health Care".



The hardworking committee that organized the day-long Cancer Answers conference, back row, left to right: Phyllis Waxman, Roslyn Liebling, Jessica Miller, Phyllis Hier, Barbara Knobovitch. Front row: Rosalie Gordon, Rona Small, Ruth Costin.

When Experts Disagree

A medical panel, with moderator Dr. Richard Margolese, chief of the JGH Department of Oncology, pointed out that doctors agree with each other more often than not, and that there is usually consensus as to the actual diagnosis. Experts sometimes differ, however, in the suggested course of treatment. Reasons for these differences of opinion could include:

- The side effects of each course of treatment are different, therefore, the patient's lifestyle and personality must be taken into account when making treatment recommendations.
- Medicine is an inexact science, and opinions are based in part on the doctor's own experience and training.

The panel consisted of Dr. Gerald Batist, JGH oncologist and director of the Experimental Pharmacology Program; Dr. Michel Bazinet, urological oncologist at the Montreal General

Hospital; Dr. Michael Dworkind, JGH director of Palliative Care Services; Dr. Philip Gordon, chief of the JGH Division of Colon and Rectal Surgery.

What should patients do when faced with differences of opinion?

- Seek advice and treatment in a centre for excellence in order to receive the most up to date treatment.
- Make sure that you are comfortable with the doctor you are consulting.
- Learn as much as you can about your own condition and ask the doctor or surgeon to clarify the reasoning behind his or her recommendations.
- Decide what's important to you, in terms of quality of life, based on your own set of values.
- Discuss all this information with your family doctor.
- Remember that the decision is yours to make.

Auxiliary celebrates 60th anniversary

1996 marks the 60th anniversary of the founding of the Jewish General Hospital Auxiliary. Since the day it was established, the Auxiliary has helped the hospital to provide compassionate, dignified health care.

The festivities, which began with the Annual Meeting in March, will continue throughout the year. Highlights will include:

- **November 10, 1996 - Sunday Brunch with guest patrons Their Excellencies the Right Honorable Roméo LeBlanc, Governor General, and Mrs. Diana Fowler Leblanc.**
- **November 16, 1996 - A gala evening at the Shaar Hashomayim Synagogue honoring Mildred Lande, C.M., as well as all of the past presidents of the Auxiliary.**

More information on these and other events to follow. Please call the Auxiliary at 340-8216.

Social Service Department helps people cope

Since 1936, the Jewish General Hospital Department of Social Service has helped thousands of patients and their families cope with the emotional, practical and financial ramifications of illness. "We look at the whole person, not just the illness. Our job is to address the psychosocial component of health care, to understand our patients and their illness in the context of their families, their culture and their community," explains Caroline Burman, director of the Social Service Department.

The Department strongly believes that no one should be denied service. Thus, social workers operate an intake service, on a rotating basis, responding to calls from areas that do not have an assigned social worker.

One of the primary mandates of the Department of Social Service is

the protection of children, adults and elderly who are at risk. For example, health care professionals who suspect that a child is being abused or neglected will consult with a social worker who will assess the situation and notify the appropriate resources, e.g. Youth Protection.

Higher unemployment levels, a

depressed economy and an increasingly vulnerable adult population have an impact on how people deal with illness as well as on the demands for the department's services.

Helping elderly patients and their families is a major preoccupation of the department. At the Jewish General, we have been dealing with a growing number of frail elderly patients, a shrinking number of available caregivers and aging caregivers. These demographic realities combined with inadequate resources—not enough day centres, home care services or beds for the elderly—present a challenge to hospital social workers. As Mrs. Burman points out, "Because there are not enough resources, we have to come up with creative

solutions to help the elderly remain as independent as possible for as long as possible."

Counselling is an important component of social work intervention. Many hospitalized patients are in crisis and need help in dealing with loss - the loss of autonomy or the loss of a loved one. Social workers provide short-term counselling to patients and families, referring them to outside resources if follow-up is necessary.

Respect for patients and their families is at the core of the Social Service Department's philosophy. "We help people find ways to cope by working with people's strengths and not their pathologies," concludes Mrs. Burman.

TEAM FOCUS

In order to provide the most comprehensive services possible, the department has a well-developed framework. Staff work in teams, each with its own area of specialization, developing expertise in their fields. In each unit or service, social workers are an integral part of multidisciplinary teams consisting of members of the various professions involved in caring for the patient.

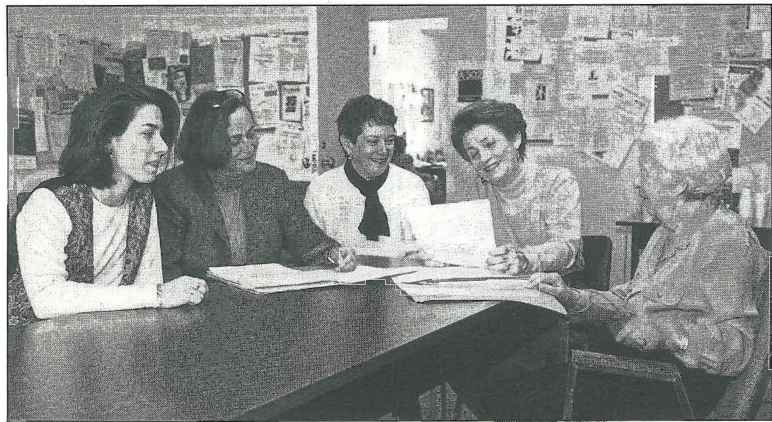
Psychiatry-Obstetrics Teams

The Psychiatry teams deal with patients who, because they suffer from chronic illness, tend to be very vulnerable. Unfortunately, the mentally ill are often stigmatized and made to feel unwelcome by society, and community resources for these patients are limited. Most are unable to work because of their illness, and are dependent on the welfare system. Social workers help these patients deal with issues ranging from social and financial problems to drug and alcohol abuse, legal problems and homelessness. Patients are followed from the time of admission, through hospitalization and after their return to the community.

When dealing with outpatients, the main

goal is to maintain them in the community. Team leaders Elizabeth Russell and Judy Phillipson explain that, in addition to helping patients, social workers provide counselling and support for families and caregivers. The team also provides services to the Child Psychiatry program.

In obstetrics, because the length of stay has decreased, social worker Froma Shulman assists nurses in screening to identify patients at risk, e.g. teenage mothers, substance abusers, etc. "Knowing how to ask the right questions and how to reach out to people who initially resist help is important," she notes.



Stacey Silverstone, Elizabeth Russell, Donnie Frank, Froma Shulman, Fay Abracen.



Sherrie Poplack, Judy Phillipson, Myra Issley, Janet Sutherland, Naomi Kogan.



Colin Langille, Tamara Sussman, Huguette Batshaw, Erna Ludwick, Judy Lifshitz.

Oncology Team

This team is involved in consultation, assessment, discharge and treatment planning for all in-patient and out-patient oncology (cancer) areas.

Team social workers help patients and their families adjust to living with cancer, and provide bereavement counselling on a short or longer term basis. Social workers also advocate for the appropriate resources (e.g. home care) to help patients return to the community, and when appropriate, refer patients to Hope and Cope, a support service for cancer patients and their families based at the JGH.

"We help people develop their own internal resources to cope with their situation," says team leader Colin Langille. Social workers on the team rely on their strong assessment and counselling skills, their understanding of family dynamics and their knowledge of how to access resources in the health care system.



Huguette Batshaw, Pina D'Orvé, Jacqueline Epitoux, Sheri Steinberg, Sharon Freedman, Annie Danino.

Discharge planning team

This team deals with complicated cases that require thorough discharge planning to ensure that the patient is linked up with the appropriate services once he or she has been discharged from the hospital. "We do a lot of systems work—working with multidisciplinary teams on discharge plans, consulting in problem cases, screening for potential problems so that they don't reach the crisis

stage," explains team leader Annie Danino.

Since the average length of stay in hospital has decreased, the team stresses the importance of early referrals. Social workers take care of interim placements for patients and also provide on-going support to families and patients diagnosed with a new illness or those dealing with chronic conditions.

Emergency Room and Medical Short Term Unit

Crisis intervention is the main focus of the three member social work team assigned to the Emergency Department. While the initial assessment is done in the Emergency Room, most of the work happens after patients leave the ER. The social worker will often connect them to resources in the community and provide follow-up to ensure the patients' needs are being met. In the case of patients who were treated overnight or on weekends, the social worker will provide consultation by phone and home visits when necessary.

"We deal with all kinds of problems in all age groups and cultures," says team leader Brenda Ferguson. These include domestic violence, child abuse, elder abuse, addiction, emotional reactions to trauma and homelessness. Many of these patients are frightened and feel that their situation is hopeless. Social workers encourage them to talk about their problems, explore options and try to motivate them to take action.



Tanya Nemiroff, Cristina Iorio, Brenda Ferguson.

As the needs of patients and their families change, the Department of Social Service has developed innovative services to meet these needs.

Psychogeriatric Day Program.

A joint venture between the Social Service and Psychiatry Departments, this program was designed for isolated, elderly patients living in the community who were not eligible for existing day programs. A maximum of 20 people meet weekly for group activities. Created in 1983, the program was funded initially by the hospital Auxiliary and Federation CJA, and is now coordinated by the Psychogeriatric Service. This program has helped maintain many patients in the community.

Supervised Apartments.

This group of apartments, supervised by a trained social counsellor, was designed for psychiatric patients who want to live on their own but require some supervision. The counsellor, who works out of an apartment that doubles as a drop-in centre, teaches daily living skills, conducts support groups and household meetings, and responds to the needs of the residents. Since she is in close contact with the residents, she also alerts psychiatrists to changes in behaviour that may signal impending problems. Established in 1985, the program has kept many patients from being hospitalized. In 1993, with the implementation of Bill 120, the project was designated a community based service and given over to Jewish Family Services.

Interim placement for the frail elderly.

A significant number of beds at the Jewish General are occupied by frail elderly patients who are not well enough to go home and are awaiting placement in a nursing home or other institution. These patients do not belong in an acute care hospital like the JGH, and there is a great need for safe and secure interim care. In 1994, the Department of Social Service developed a special program with four private seniors residences that meet the high standards of care established by the department. Our patients who are placed in these homes are visited regularly by a JGH social worker and a nurse. Thus far, 44 patients have participated in this highly successful program.



Back row, left to right: Vivian Myron, Caroline Burman, Moish Bronet. Front row: Terry Fishman, Auxilia Monroe, Tanya Nemiroff.

Acute Geriatric Team

When a frail elderly patient suffering from mental deterioration and/or physical illness can no longer go home, the impact on the family is often devastating. "This change in direction is psychologically difficult for families to accept, and we spend a lot of time helping them adjust to this new reality," explains Moish Bronet, leader of the eight-member team.

Team social workers provide the patient's family with comprehensive psycho-social intervention. They

make appropriate recommendations based on the family's emotional, financial and physical resources. They help spouses and adult children come to terms with their feelings surrounding placement of the elderly—guilt, abandonment and the day-to-day frustration of dealing with a family member who will never get better and may be ill for a long time. "We explore options with the family and help them make responsible choices. The choice is always theirs."

Department celebrates 60th birthday

When the hospital opened in 1934, provisions were made in the building plans for a social service department. At the time, the doctors wanted to make sure that people who could not afford medical care would have access to hospital services, and the department was established in 1936. The first director of the formalized service was Sadie Batist Aronoff.

Over the years, the Social Service Department, recognized as an excellent training centre, has played a key role in educating and training students in social work and social counselling at Dawson, McGill University, Carlton and Yeshiva Universities as well as l'Université de Montréal.

Extended hours at Test Centre

For patients referred by their physicians for laboratory analysis (blood, urine, etc.)

New Evening Clinic:

Monday - Thursday, 4 p.m. - 8 p.m.
Please call 340-8263 (10 a.m. - 3:30 p.m.) for an appointment.

Daytime hours: 7:30 a.m. - 4 p.m.
No appointment necessary.

— Pavilion E-102 —

Community education lectures

Virage Ambulatoire: One day surgery ...an important element

Two-thirds of the surgical procedures at the JGH are done on a one-day basis. The benefits for patients include less anxiety and discomfort and a reduced risk of infectious complications.

This was discussed by a panel moderated by Fiona Bees, nurse manager for Ambulatory and Community Services.

Most patients tend to do well when sent home after Day Surgery, according to surgeon Dr. Jacob Garzon. He has performed over 150 procedures and attributed the success rate to good pre-operative evaluation of patients combined with excellent post-operative care and follow-up. "We plan on doing even more cases and will continue to evaluate the ongoing impact of Day Surgery on our patients as well as on the training of residents," said Dr. Garzon.

Ask questions before surgery

The pre-operative evaluation begins in the surgeon's office. Discharge planning coordinator Karen Rotenberg explained that candidates must be in generally good health and must be accompanied to and from surgery.

She emphasized that the best time for patients to explore their concerns is in the doctor's office, before they come into the hospital for surgery. Patients should find out what to expect after the surgery, how soon they will be able to resume their regular activities, whether they may need



Panel members answer questions about Day Surgery. Left to right: Fiona Bees, Dr. Jacob Garzon, Marisa Carnivale, Lorraine Bouvier, Winnie Flores, Karen Rotenberg.

some help with shopping, cooking etc., and what community resources are available to them. With this information, the hospital, working together with the CLSC's and community resources, can give patients access to services at the right time in the right place, Ms. Rotenberg said.

To help patients prepare for their surgery, the Short Stay Unit offers a pre-admission program.

The process

Marisa Carnivale, head nurse of Day Surgery and the Post Anaesthesia Care Unit, described how the process works from the moment patients arrive at the hospital, and went on to explain how prior to discharge, the nurse goes over the written post-operative instructions with the patient and caregiver.

Patients who need to stay a while longer are transferred to the Short Stay Unit (72 hours maximum), directed by head nurse Winnie Flores.

For patients requiring assistance at home after surgery, the hospital will

make a referral to the CLSC. Lorraine Bouvier, director of the home care program at the CLSC Côte des Neiges, explained that services range from help with personal hygiene to nursing care.

As the panelists clearly showed, the success of Day Surgery relies on a strong, effective partnership between the hospital, the patient, the family, the CLSC and community agencies.

Decisions at the End of Life

We live in a time when modern medicine is capable of extending life to the point where quality of life can be severely limited. We also live in a "death-denying" society. As a result, said Dr. Michael Dworkind, few of us think about the decisions regarding medical intervention at the end of life, decisions that, ideally, should be made when a person is competent and capable, long before a crisis occurs.

Dr. Dworkind, director of Palliative Care Services, explained that the goal of palliative care is to maximize the quality of life. "We help empower people to make the best decisions for themselves so that they can continue to have a say in their destinies."

What happens if you are no longer competent and cannot ensure that your wishes are carried out by those in charge of your care? This is when it is useful to have a living will, also called advanced directives or health care directives.

Essentially, a living will is a document containing your specific instructions about what life-sustaining treatment you would or would not want to have. You also should name a proxy—the person whom you would like to carry out your directives. Discuss the contents with your proxy and make sure he or she has a copy of the



Dr. Michael Dworkind.

instructions. This document will take effect only if you can no longer understand or communicate your treatment choices.

Since it is important that you understand the nature and consequences of these treatments, Dr. Dworkind recommended discussing these issues with your family doctor.

Living wills are legally recognized in Quebec as

long as they are signed by two witnesses over the age of 18 who are not family members. You may ask a lawyer or notary to review the document if you wish, but it is not necessary to do so. Individuals who have religious concerns are encouraged to discuss the living will with their rabbi or other clergy. It is also helpful to keep a note in your wallet indicating that you have a living will and the name of the person to be contacted regarding your directives.

Living wills should be reviewed and, if necessary, revised on an annual basis. It is important to remember that you can be as flexible as you wish, and can change the content of your living will at any time.

A sample copy of a living will can be obtained from the Center for Bio-ethics, University of Toronto, 88 College Street, Toronto, Ontario, M5G 1L4, phone (416) 978-2709.

Volunteering: an acquisition of knowledge no textbook can teach

By Anita Essebag and Nathalie Haccoun

Being undergraduate students at McGill University and studying physiology with the hopes of one day entering medicine, we heeded the pragmatic advice of those around us to come into contact with a medical environment. The Emergency ward at the Jewish General Hospital seemed like a good place to undertake this task.

We began volunteering with the same expectations as those mentioned to us by peers who had previously volunteered in the Emergency Department. We expected to do some filing and other types of paper work, as well as tending to the occasional needs of the staff.

From the moment we arrived, we could not help but plunge into helping the patients feel as comfortable as possible. We especially saw how important this was to patients who had no family or friends by their side. We would fix their blankets, pillows, get



Volunteers Nathalie Haccoun (left) and Anita Essebag (right) help patient Fanny Silverman in the Emergency Room.

them water and, most importantly, talk to them.

It is remarkable how much history and life experience we have learned, and how much knowledge we have

gained through our conversations with people of varying ages and origins. Education like this is unique—an acquisition of knowledge that no textbook can teach.

Being thanked by the patients for having spent time with them has filled us with joy and a feeling of self-satisfaction. When hearing these words, however, we often grin, because we leave these patients thanking them. They have taught us something of value, and have given us a truly refreshed outlook on life.

From the very beginning, we felt a sincere and warm

welcome from Barbara Fiederer, director of volunteers and the staff in the volunteer office, the staff in the ER, the chief of Emergency Dr. Marc Afilalo, and most of all, from the

administration coordinator of the ER, Mrs. Mimi Goldenberg, who has continued to be a positive influence throughout this experience.

Over the past six months, we have learned a little more about the medical field and have observed how demanding yet gratifying being a doctor can be. As well, we have formed solid ties with the regular staff on duty during our shift, and what began as merely another extracurricular activity has escalated to a day of the week that we look forward to greatly. We hope and recommend that more people, regardless of whether or not their career is directed towards medicine, partake in such an experience that will certainly prove to be worthwhile.

If you are interested in volunteering, please call Barbara Fiederer, director of Volunteer Services, at 340-8222, local 5983.

Endowment fund established

Emily Gussman has a history of generous giving to the Jewish General Hospital. Last March, she continued this tradition by establishing an endowment fund which will be used for essential research in the Division of Colorectal Surgery, directed by Dr. Philip Gordon. The decision to support Dr. Gordon's work was an easy one.

Said Mrs. Gussman, "He's the best in his field and I wanted to honor him and help him continue his important work."

Colorectal malignancy is the second most common cause of cancer death in the Western world. As Dr. Gordon explained, research at the JGH is geared towards the early detection of cancer in the colon and rectum. When cancer is detected at an earlier stage, there is a better



Dr. Philip Gordon thanks Mrs. Emily Gussman for establishing an endowment fund in colorectal research.

chance of curing the disease.

"We are very grateful to Mrs. Gussman for her generosity. This kind of support is invaluable, especially since we are working in a climate of limited resources, where governments and granting agencies are funding fewer and fewer projects despite the high quality of grant submissions," said Dr. Gordon.

Joseph Hazan wins Canada Volunteer Award

Long-time volunteer Joseph Hazan was honored at a ceremony at the hospital where he was presented with the Canada Volunteer Award Certificate of Merit. This award is reserved for individuals who have made outstanding contributions to the health and welfare of people in their communities.

For the past 15 years, Mr. Hazan has helped hundreds of patients find the courage to rebuild their lives after surgery for head and neck cancer. He is also an active member of the Montreal Association of Laryngectomees and of Hope and Cope.

Dr. Martin Black, chief of the Department of Surgery and director of the McGill Head and Neck Surgery and Oncology Program, praised Mr. Hazan for his work, calling him "one of the bravest and most dedicated men I know."

Anita Silverman, speech language pathologist, described Mr. Hazan's accomplishments on behalf of laryngectomees. For example, he challenged the government to provide prosthetic devices for patients. "We cherish your friendship and your boundless enthusiasm," she said.



Dr. Martin Black (right) congratulates Mr. Joseph Hazan on winning the Canada Volunteer Award Certificate of Merit.

Don Reny, a fellow volunteer with the Montreal Association of Laryngectomees, noted that he learned a great deal from Mr. Hazan. "The only thing I haven't learned is how to keep up with you," he joked.

The certificate was presented by Lucie Myre, regional executive director, Health Canada.

A visibly moved Mr. Hazan expressed his gratitude and appreciation to the volunteers and professional staff, including the hospital's speech pathologists, the "wonderful people at Hope and Cope" and Dr. Martin Black. "The volunteer work I have done has enriched my life, and I hope to continue for many years to come," he concluded.

Letters

To the Kind Nurses of 4 Main,

Thank you from the bottom of our hearts for the exceptional care you gave Judy in her final days. She was so fortunate to have such competent and caring nurses. We will never forget the comfort and support you gave us throughout this painful ordeal.

Fondly,
The Herzeg Family

To the Executive Director,

As you know, my father, Bosty Mendelsohn, died last week. He was known and admired by many; lived a full, happy and productive life and died in his mid 90's. He was a staunch supporter of our community and its institutions.

He was hospitalized in the Jewish General Hospital three times in seven months and spent the last month of his life in the hospital.

At all times, my father, and in fact all of us, were treated with the greatest respect and dignity. From the Emergency Room, 8 West and 6 North West, the courtesy, care and compassion of the professional staff were first class.

Recognizing the dangers of singling out individuals, I feel compelled to recognize Drs. Dankoff and Stasiak of the Emergency Service; Drs. Windholz, Gee and Reinblatt of 6 North West; Suzi Maillé, head nurse of 6 North West and Terry Fishman of Social Services. They are, indeed, a credit to their professions.

On behalf of my mother, Edythe, brother Max, and all the Mendelsohn family, I want to extend our thanks and appreciation to a truly fine organization in which we can all take pride.

Sincerely,
Paula Mendelsohn

To the Director of Professional Services

This past January and February, my husband was a patient at the Jewish General Hospital. During this time, my family and I came to know and appreciate the importance of quality care and special dedication when dealing with the trials and tribulations of a loved one battling a serious illness.

While most of the nurses on 7 North West were caring and professional, we feel compelled to bring to your special attention two particularly wonderful nurses, namely, Lita Jamensky and Suzi Scott Lipes. They went above and beyond the call of duty. They treated Mark with a special human kindness; something that can never be taught, one must have it naturally, and they do.

We trust that this special mention will serve as a credit toward Lita and Suzi's recognition as tremendous assets to the Jewish General Hospital.

Sincerely yours,
Linda Wasserman

To all the staff of the Intensive Care Unit,

...There are absolutely no words that can adequately express our sincere thanks to all of you for the exceptional care that you provided to my late father Sydney Berger while he was in your care.

...your kindness and compassion towards him went above and beyond the call of duty, and... your compassion towards us knew no bounds as well. All of you made an unbearable situation easier for us to accept. My father was a very simple man who never made any demands on anyone in his life, and because of all your efforts in the last few days of his life, he left us in the dignity that he deserved. I have purposely refrained from mentioning anyone by name because as was stated to me, you all work as a team. May I say that you redefine that term, as to us the family, you all appear to work as one entity. I am sure that some of what you did medically speaking came via your training, but your compassion can never be taught, it comes from your immense class as human beings.

On behalf of my late father and my family, may G-d Bless all of you in your professional lives, your personal lives, and may He grant you the ability and energy to continue your exceptional work for many years to come. The world as a whole benefits, and needs more people like you. Once again, just let me end by saying a simple "thank you".

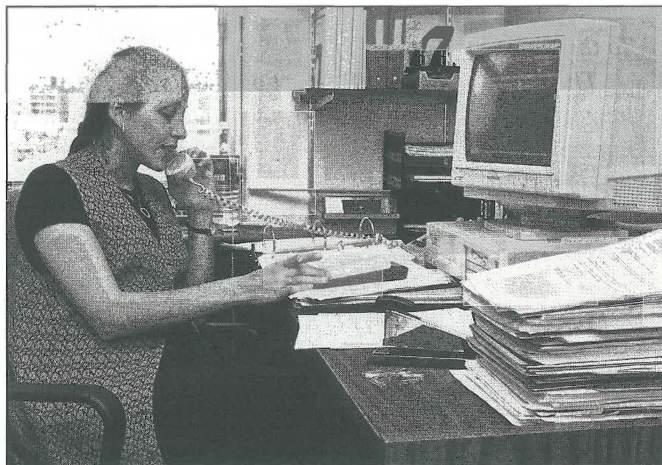
Marilyn, Alan and Mark Berger

Research and Ethics office offers information and education

Dr. Jack Mendelson, chairman of the Research and Ethics Committee, is pleased to announce the establishment of a Research and Ethics Office. The mandates of the office include: a) to provide education and information about the ethical issues surrounding clinical research, b) to formalize the hospital's policies and procedures related to research ethics, c) to develop educational material that will help researchers prepare protocol submissions, d) to provide the most up-to-date information about how ethical issues are being dealt with at medical centres around the world.

All research projects involving patient participation must be presented in writing for approval by the hospital's Research and Ethics Committee. The prime consideration is the welfare of the patient, and all aspects of a research protocol, from the language and content of the consent form to the methodology to the scientific merit of the study itself, are carefully evaluated.

Karen Assouline is the research



Research administrative coordinator Karen Assouline at work in the newly established Research and Ethics office.

administrative coordinator of the office.

Members of the committee, who give their time on a voluntary basis, were chosen for their expertise, integrity and commitment to our patients. Committee members include: Ms. R. Davidson, patient representative; Dr. B. Freedman, ethicist; Dr. A. Gagnon, scientific director, Centre for Nursing Research; Dr. R. Germinario, scientist; Dr. S. Karp, research-physician; Dr. J. Mendelson, research-physician; Mrs. J. Meyer, community representative; Ms. L. Nassiry, attorney; Dr. C. Perry, director of psychiatric research; Dr. M. Rossignol, epidemiologist; Dr. I. Shrier, physician.

Benefit fundraiser for head and neck cancer research

Proceeds from a sold-out performance of Bowser and Blue's "Troubadours Through Time" at the Centaur Theatre will benefit the McGill Head and Neck Cancer Otolaryngology Research Fund. A joint venture between several McGill University teaching hospitals, the McGill Head and Neck Surgery and Oncology Program, directed by Dr. Martin Black, is based at the Jewish General Hospital.



Pictured here are some of the committee members who planned this 2nd annual fundraiser. Seated, left to right: Phyllis Black, Barbara Schloss, Vita Novick. Standing, left to right: Dr. T. Tewfik, Dr. A. Finesilver, Eileen Waxman, Dr. I. Fried, Dr. J. Manoukian, Sossi Manoukian, Franca Finesilver, Dr. S. Frenkiel, chief, JGH Department of Otolaryngology; Dr. M. Schloss, chairman, Department of Otolaryngology, McGill University, Dr. M. Black, director, McGill Head and Neck Surgery and Oncology Program; chief, JGH Department of Surgery.

Geriatric specialists give workshops in Costa Rica

Physicians and nurses from the McGill Division of Geriatrics were invited to Costa Rica to present workshops in geriatrics and gerontology to health care professionals.

"They were very interested in how geriatric medicine is practiced here, especially our multidisciplinary approach and our home care services," explained Dr. Sylvia Windholz, who with Dr. John Kirk and Mrs. Marlene Levine, represented the Jewish General.

According to Marlene Levine, nurse coordinator in the JGH Division of Geriatrics, while nurses in Costa Rica look after the physical care of the elderly patient, they are not involved in caring for the families of



Workshop participants included left to right: Marlene Levine, two residents with Dr. Sylvia Windholz and Dr. Janice Sandí.

patients. Moreover, they do not play an active role in patient assessment and treatment planning because multidisciplinary teams do not exist. Mrs. Levine's presentation, entitled "The Nurse's Role in the Multidisciplinary Geriatric Team," was

greeted with much interest and enthusiasm.

Costa Rica has one of the most developed health care systems in Latin America.

The workshops were organized by Dr. Louise Poulin de Courval of the CLSC Côte des Neiges, and Dr. F. Morales, director of the Raul Blanco Cervantes Hospital, University of Costa Rica.

An interview with the Executive Director

Continued from page 1.

services at the JGH and have referred other hospitals to us so that they could learn from our experience. Our success is our dilemma. We cleaned up our act a long time ago and by doing so, no longer have any room to manoeuvre in terms of downsizing. In 1995/96 our budget was cut by \$7.5 million, and in 1996/97 we are dealing with a cut of \$8 million. Our position is that these amounts are too enormous to absorb through efficiency measures alone since we are already one of the most efficient hospitals in Quebec. This issue of how to meet the request of the Régie régionale to balance the budget is a major preoccupation of the hospital administration and the Board.

Since we're already doing the maximum in terms of ambulatory services, and don't have much room to manoeuvre in this area, in order to balance our budget, we would have to dismantle programs and close over 200 beds. If we were forced to do this, where would these patients go? Over 65% of our patients are admitted via the Emergency Room, and we know from past experience that if beds were closed, patients would wind up in corridors in the Emergency Room, and we won't let that happen again.

Q: How are these latest requirements affecting our hospital in terms of the quality of care that we provide to our patients?

A: When deciding how to implement budget cuts, first we ask, "How will this affect the quality of care we provide to the patient?" "How will this affect patient safety?" "How will this

affect employee safety?" These elements are not negotiable, and we will not compromise patient care or safety.

Q: It is clear that discharging patients from the hospital after a brief stay requires strong collaboration among institutions. To what extent have links been developed between the JGH, other health care institutions and community agencies?

A: This is a new reality. Institutions can no longer work alone in a vacuum. They have to coordinate their efforts to better serve the population. We have developed good collaboration with the CLSC René-Cassin, the CLSC Côte des Neiges, the Jewish Rehabilitation Hospital, the Julius Richardson and other public and community health care organizations. At the JGH, our health care professionals do careful discharge planning from the time the patient is admitted, and are in contact with their colleagues in other agencies, making sure patients receive appropriate follow-up care once they are discharged from the hospital.

Q: Where do you see the JGH five years from now?

A: G-d willing, I see the JGH playing a major role in the Quebec health care system, and playing a very important role as a university teaching hospital within the McGill network. We will continue to advocate for the best interests of our patients and of the community, to provide excellent patient care, and outstanding teaching and research.

Cardiologist from Latvia visits the JGH



Dr. Michael Anshelovitch, (left) from Bikur Cholim Hospital in Latvia, visited the Jewish General to observe firsthand the way cardiology is practiced in a North American hospital. He is pictured here with Dr. Mervyn Gornitsky, chief of the Department of Dentistry, Justice Herbert Marx, who spearheaded the twinning of Bikur Cholim with the JGH, Dr. André Dascal, associate medical and teaching director, and Dr. David Langleben, cardiologist. Dr. Langleben visited Bikur Cholim Hospital in January 1995, and is an active participant in the partnership.

Enacting the story of Purim



The Geriatric Activity Group, which enjoys weekly recreational programs, staged a lively rendition of the story of Purim, with members of the group portraying the main characters: King Ahashverosh, Mordechai, Queen Esther and Haman.

Nursing archives committee

Dedicated to recording and preserving the rich history of nursing at the JGH, the Nursing Archives Committee has been collecting and cataloguing memorabilia received from nursing school graduates as well as other individuals associated with the hospital.

If you have any memorabilia to donate or are interested in purchasing a copy of the video entitled "60 Years of Nursing - A Caring Experience", please contact Marsha Ptack at 340-8222, local 5448. The cost of the video is \$20 and all proceeds will support the Nursing Archives.



Committee members include, (left to right): Marsha Ptack, Franceen Finesilver, Gwyn Allen, Debbie Basevitz, Barbara Amihod, Pearl Orenstein. Absent from photo: Fryda Goldfinger.

Health Tips

The hospital is dedicated to helping people maintain good health and prevent illness in order to enjoy a good quality of life.

Disease prevention and health promotion depend to a large extent on knowledge. With your good health in mind, we present the fourth in a series of Health Tips.

Your hearing

Hearing impairment is the largest chronic disability in North America because of the growing population of elderly people and noise pollution.

Each day, hearing impaired individuals face great communication difficulties at home, in their social life, at work and at school. Hearing impaired people might feel depressed, anxious, insecure, misunderstood and may start withdrawing from their normal activities.

Hearing loss often happens gradually. You may not notice it for a long time, but when you do notice it, don't ignore it.

Indications of a hearing loss:

- Do you find it stressful to follow conversations?
- Do you feel others mumble?
- Do you have difficulty hearing conversation in a noisy room?
- Do you annoy your family by turning the TV or radio too loud?

If you have answered yes to one or more of these questions, surgery or a hearing aid might be the solution. Your doctor and audiologist will set up appropriate tests and remedial intervention.


To reduce the risk of becoming hard of hearing:

1. Avoid exposure to intense noises.
2. If you are in a noisy working environment or participate in noisy hobbies, wear proper ear protection.

To respond to your concerns or questions, the JGH Department of Audiology can be reached at 340-8276.

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Papageorgiou, A., LeGuennec, J.C.: Organization of perinatal care. Ed. Costalos, C. Litsas Medical Publication, Athens. *Neonatology* 2, 13-29, 1996.

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Yen, L., Woo, A., Christopoulos, G., Panasci, L., Rabindra, R., Mitra, S., Alaoui-Jamali, M.A.: Enhanced host cell reactivation capacity and expression of DNA repair genes in human breast cancer cells resistant to bi-functional alkylating agents. *Mutation Research* 337: 179-189, 1995.

Nominations / Appointments

Afilalo, M.: GTI Group Tactique d'Intervention. Expert consultant on emergency department overcrowding, Ministry of Health. Member of the Ambulatory Emergencies Committee.

Just, N.: Cross appointment to the Department of Otolaryngology.

Kohn, R.: Director, Emergency Medicine Undergraduate Program, McGill University.

Lander, P.: Central reading radiologist, McGill University Department of Oncology re: Letrozole Protocol 02 CTA.

Langleben, D.: Cardiology Training Program Director, McGill University.

Levitt, C.A.: Member, Expert Advisory Committee, Clinical Tobacco Intervention, Ontario Medical Association. Member, Steering Committee, Advances in Labour and Risk Management (ALARM), Society of Obstetricians and Gynecologists of Canada (SOGC). Representative, College of Family Physicians of Canada (CFPC). Mobilizing Physicians for Clinical Tobacco Intervention. A project of the Canadian Medical Association. Representative, Fetus and Newborn Committee, Canadian Pediatrics Society.

Lisbona, A.: Internal reviewer, Department of Radiology, McGill University.

Mainville, C.: Appointed to the Régie régionale de Québec for the SAGA (Système d'aide à la gestion de l'ambulatoire) project, to evaluate grouping systems for the ambulatory care services.

Malus, M.: Chief, Department of Family Medicine, Jewish General Hospital.

Miller, W.H. Jr.: Member, Program Committee, American Society of Clinical Oncology. Grants Panel Member, Cancer Research Society Inc., Montreal, QC.

Mohr, G.: Chief Department of Neurosurgery, Jewish General Hospital.

Rosenthal, S.: Academic Coordinator, CCFP(EM) Program, McGill University.

Satin, R.: Internal reviewer, Department of Radiology, McGill University. Clinical Research Unit, Jewish General Hospital.

Schipper, H.M.: Promoted to Associate Professor, Departments of Neurology and Neurosurgery and Medicine with tenure, McGill University.

Sherwin, B.B.: Executive Committee, American Society for Behavioral Neuroendocrinology.

Shrier, I.: Re-appointed to the Board of Directors, Canadian Academy of Sport Medicine. Senior Associate Editor, *Clinical Journal of Sport Medicine*.

Stern, J.: Examiner, Fellowship Boards for Nuclear Medicine, Royal College of Physicians and Surgeons of Canada.

Steinert, Y.: Member, Curriculum Committee, Faculty of Medicine, McGill University. Chair, Special Resource Committee on Faculty Development, Association of Canadian Medical Colleges.

Unger, B.: Director, CCFP(EM) Residency Program, McGill University.

Wainberg, M.A.: Member, Editorial Board, AIDS Research and Human Retroviruses. Coordinator, Basic Science Section, Program Committee, XI International Conference on AIDS.

Prix / Honors, Awards

Afilalo, M.: Special Recognition Award, QAEP (Quebec Association of Emergency Physicians).

Malus, M.: Named Quebec Family Physician of the Year, by the Quebec Section of the College of Family Physicians of the Year. Named a Fellow of the College of Family Physicians of the Year.

Papageorgiou, A.: Honorary Member, Polish Perinatal Society and the Hellenic Perinatal Society.

Shaker, H.S., Dion, S.B., Tu, L.M., Hassouna, M., Elhilalo, M.: First Prize, Annual Essay Contest of the Canadian Urological Association.

Shrier, I.: Award for the Best Presenter. Annual Symposium of the Canadian Academy of Sport Medicine.

Wainberg, M.: BioChem Pharma: Prix Galien for research leading to the development of 3TC.

Conférences / Presentations

Afilalo, M.: Unstable angina: new concepts and treatment-Annual Convention. Quebec Association of Emergency Physicians, Montreal, Sept. 1995.
1) Right sided myocardial infarction. 15 derivation EKG. 2) Technical aspects of initiation of thrombolysis. Medical Education Day, Mirabel, Que., Oct. 1995. Unstable angina: therapy for the 1990's. Update in Emergency Medicine. Canadian Association of Emergency Physicians (CAEP) Feb. 1996.

Afilalo, M., Guttman, A., Colacone, A., Dankoff, J., Stern, E., Kreisman, H., Tselios, C.: Inhaled steroids in the Emergency Department treatment of acute asthma. 1995 Annual Meeting of the Royal College of Physicians and Surgeons of Canada, Montreal.

Afilalo, M., Colacone, A., Cardin, S., Guttman, A., Dankoff, J., Rossignol, M., Stern, E., Tselios, C.: The clinical profile description of an Emergency Department clientele. 1995 Annual Meeting of the Royal College of Physicians and Surgeons of Canada, Montreal.

Alaoui-Jamali, M.: The role of host acquired factors in the susceptibility of liver cancer. International Symposium on Genetic Diseases: Genes and Populations. Essaouira, Morocco, December 1995. Implications du virus de l'hépatite B dans la cancérogénèse hépatique: Bases cellulaires et moléculaires. Département de Virologie, Institut Armand Frappier, February 1996.

Aranda, J.V.: Biochemical and pharmacologic regulation of neonatal cerebral blood flow - implications in the prevention of intraventricular hemorrhage and perinatal brain injury. Pediatric Grand Rounds, Metro Health Medical Center, Case Western Reserve University, Cleveland, OH, February 1996. Centre Hospitalier Universitaire de Laval, Québec, February 1996. Pain, stress and pharmacologic control in the newborn. Pediatric Grand Rounds, Centre Hospitalier Universitaire de Laval, Québec, March 1996.

Arya, S., Crow, W.M., Hadjipavlou, A., Lander, P., Nauta, H.J., Borowski, A.: Percutaneous management of diskitis. Society of CT and International Radiology 21st Annual Scientific Meeting, Seattle, Wash., March 1996.

Bergman, H.: Systems of care for the elderly. Brookdale Institute on Human Development, Jerusalem, Israel, December 1995. Rational use of medications in the elderly. Care of the Elderly, Federation of Jewish Communities of Romania, Bucharest, Romania, December 1995. Utilisation rationnelle des médicaments chez les personnes âgées. Thérapeutique et Vieillesse, Centre Hospitalier Universitaire de Bordeaux, Bordeaux, France, January 1996.

Clarfield, A.M.: Implications of national health law on care of the elderly. Eshel Meeting of Nursing Home Directors, Tiberias, Israel, 1995. The reversible dementias. Fliman Geriatric Hospital, Israel, 1995.

Colacone, A., Afilalo, M., Cardin, S., Guttman, A., Dankoff, J., Rossignol, M., Stern, E., Tselios, C.: Survey of the Emergency Department clientele: demographic profile and utilization. 1995 Annual Meeting of the Royal College of Physicians and Surgeons of Canada, Montreal.

Dureza, C., Mohr, G., Brien, S., Just, N., Glikstein, R.: Management of subarachnoid hemorrhage with negative or ambiguous initial angiogram. 4th International Workshop on Cerebrovascular Surgery. The University of Illinois, Department of Neurosurgery, Chicago, Ill, June 1995.

Dureza, C., Mohr, G., Dufour, J., Just, N., Entis, S.: Pre-operative MRI findings in acoustic neuroma surgery: Topographical and pathological correlations. 45th Annual Meeting of Congress of Neurological Surgeons. San Francisco, Cal. Oct. 1995.

Feldman, P.: Invited speaker. What is Family Medicine and what is the Herzl Family Practice Centre? Beth Zion Synagogue. April 1996.

Ferrante, A., Gloutney, L.: La réorganisation d'un programme orthopédique inter-établissement. Colloque "Innovation la réadaptation pour s'adapter". Association des hôpitaux du Québec. Montréal, Dec. 1995.

Ferrante, A., Bees, F., Gloutney, L.: Re-engineering client focused care via inter-institutional reorganization. 19th Annual National Canadian Orthopedic Nurses Association Conference. Fredericton, N.B., April/May 1996.

Frenkiel, S.: 1) What do we know about nasal polyps? 2) Management of post operative problems. 5th Annual High Altitude Ski Meeting for Nasosinus Surgeons. Vail, Colorado, Feb. 1996. Clinical concepts and future trends in rhinology. First International Scientific Day. Contemporary Otolaryngology in the Middle East. A collaborative project of CISEPO (Canada-Jordan-Israel) Scientific exchange program. King Hussein Medical Centre, Amman, Jordan, March 1996.

Gelfand, M.M.: Invited speaker. Substitution androgénique dans la ménopause. Substitution estro-androgénique dans la ménopause. Association Française pour l'Étude de la ménopause. Conférence sur Ménopauses et vieillissement, Paris, Nov. 1995. Update of HRT 1995-96.

Johannesburg and Capetown, South Africa, Dec. 1995. Invited lecturer. 1) Androgen replacement hormone therapy. 2) Transdermal estrogen administration-pros and cons. Albany Medical College, Albany, N.Y., Feb. 1996.

Helmers, K.F., Danoff, D., Steinert, Y., Young, S.: Stress in medical and law students. Annual Meeting of the AAMC, Washington, D.C., Oct. 1995.

Just, N.: 1) Imaging of the larynx. 2) Temporal bone imaging. Service de Radiologie, Université de Montréal, Jan. 1996.

Kirmayer, L.J.: Landscapes of memory: trauma, narrative and dissociation. Grand Rounds, Department of Psychiatry, Emory University, Atlanta, GA, December 1995. Cultural determinants of treatment compliance. Grand Rounds, Clarke Institute of Psychiatry, University of Toronto, January 1996. Asklepien dreams: exploring the ethos of the wounded-healer. C.G. Jung Society of Montreal, January 1996.

Lang, A.: Poster presentations. 1) Grief reactions and marital intimacy following infant death: a follow up study. 2) Acknowledging perinatal loss: an innovative approach in Canada. RTS International Bereavement Conference. Chicago, Ill, Oct 1995.

Langleben, D.: Invited plenary session speaker. 1) Altered endothelial function in pulmonary hypertension. 2) Prostacyclin improves the balance between pulmonary clearance and production of endothelin-1 in patients with primary pulmonary hypertension. American Heart Association 68th Annual Scientific Session, Anaheim, Cal, 1995.

LeBlanc, A.C.: Genetics of prion diseases. Symposium of the American Society of Cell Biology, Washington, D.C., December 1995.

Levitt, C.A.: Module on pregnant women. Mobilizing Physicians for Clinical Tobacco Intervention, Ottawa, Ont., February 1996.

Madarasz, W., Zukor, D.: Poster presentation. The effect of waiting time and pre-operative status on the recovery of patients following total knee replacement. 63rd Annual Meeting, American Academy of Orthopedic Surgeons. Atlanta, Ga, Feb. 1996.

Miller, W.H. Jr.: National Cancer Institute of Canada renal cell carcinoma trial preliminary review. Ligand Corporation Renal Cell Investigators' Meeting, Del Mar, CA, February 1996. Mechanisms of response and resistance to retinoids in acute promyelocytic leukemia. University of California, San Francisco, February 1996. Mechanism of response and resistance to retinoid encoded tumor differentiation. NCI (US) Cancer Therapy Evaluation Program US-Japan Seminar, Oakland, CA, March 1996.

Novak, P., Glikstein, R., Mohr, G.: Pulsation pressure relationship in experimental saccular aneurysms. IV International Workshop on Cerebrovascular Surgery. The University of Illinois, Department of Neurosurgery, Chicago, Ill, June 1995.

Panasci, L.: Correlation of MGMT in primary gliomas with response to BCNU and "studies of SarCNU". Loyola University Cancer Centre, NCDDG on Inhibition of DNA Repair Group Meeting, Chicago, Ill., January 1996. Alkylators plus aphidicolin: A novel combination. National Cancer Institute, Bethesda, MD, February 1996.

Papageorgiou, A.: Invited guest speaker. Visiting Professor. Teaching Rounds at the All India Institute of Health, New Delhi, India, Dec. 1995. 1) Antenatal steroids and surfactant in the management of RDS. 2) Management of IUGR. Meeting of Sir Gaga Ram Hospital on Current Concepts in Perinatal Medicine, New Delhi, India, Dec. 1995. 1) Antenatal steroids and surfactant in the management of RDS. 2) Prevention of hypoxic, ischemic encephalopathy. 3) Chairman of the session on Encephalopathy. International Conference on Advances in Neonatal Care, Kochi, India, Dec. 1995. 1) Evaluation and prevention of preterm labour. 2) Antenatal steroids and surfactant in the management of RDS. 3) Moderator of the session on "What's new in Neonatology". III Annual Specialty Review in Neonatology and Pediatrics, Hyderabad, India, Dec. 1995. Progress in neonatal/perinatal medicine and impact on neonatal outcome. Combined Obstetric/Neonatal Grand Rounds. N. Wadila Maternity Hospital. Bombay, India, Dec. 1995. Management of premature labor: a perinatal challenge. Hellenic Perinatal Society, Athens, Greece, Feb. 1996. 1) Advances in perinatal medicine and impact on neonatal outcome. 2) Early respiratory distress of the newborn: a clinical dilemma. Continuous Medical Education Course organized by the Elena Venizelou Perinatal Centre, Sparta, Greece, Feb. 1996. 1) Recent progress in neonatal/perinatal medicine and their impact on short and long term mortality and morbidity. 2) Antenatal steroids and surfactant in the management of RDS of prematurity. International Symposium organized by the Cyprus Society of Perinatal Medicine, Limassol, Cyprus, Feb. 1996.

Perry, J.C., Ianni, F.: Defense mechanisms, therapist interventions and therapeutic alliance in psychotherapy research. Center for Psychotherapy Research, University of Pennsylvania, Philadelphia, February 1996.

Perry, J.C.: The psychodynamics of personality disorders. Symposium on Personality Disorders, Hôpital Saint-Luc, Montreal, QC, February 1996.

Pollak, M.: Antiestrogen action: involvement of insulin-like growth factors. Orion Pharmos, Turku, Finland, January 1996. Combined antiestrogen - somatostatin treatment of breast cancer. NSABP General Meeting, Orlando, FL, March 1996.

Ponka, P.: 1) Biliary iron excretion in rats following treatment with analogs of pyridoxal isonicotinoyl hydrazone; 2) Role of iron in the control of erythroid δ -aminolevulinic acid synthase mRNA levels. Thirty-Seventh Annual Meeting of the American Society of Hematology, Seattle, WA, December 1995.

Poss, R., Harrast, J., Berry, D., Bully, R., Galante, J., Harris, W., Rorabeck, C., Schatzker, J., Zukor, D., Müller, M., Sledge, C.: Poster presentation. The fate of four hundred consecutive primary total hip replacements performed at eight North American teaching centres. 63rd Annual Meeting, American Academy of Orthopedic Surgeons. Atlanta, Ga, Feb. 1996.

Poulin de Courval, L.: Organizer and coordinator of McGill University, Division of Geriatric Medicine/Costa Rica University workshop in Geriatrics and Gerontology. Workshops: 1) Teaching home care to residents. 2) Survey methods in the field of geriatrics: what are the objectives and how do we measure them? San José, Costa Rica, Jan 1996.

Richardson, D.R.: Multiple iron uptake pathways in neoplastic cells. Is melanotransferrin (p97) involved in iron uptake by melanoma cells? Metal Ions in Biology and Medicine - Natural and Synthetic Approaches Symposium, International Chemical Congress of the Pacific Basin Societies, Honolulu, Hawaii, December 1995. Identification of an iron uptake process in cells that is stimulated after preincubation with small molecular weight iron complexes. Department of Physiology, University of Western Australia, Perth, Australia, January 1996.

Rothman, A.: Course instructor. First francophone course in Advanced Life Support in Obstetrics. Organized by the Federation des Medecins omnipraticiens du Québec (FMOQ). Quebec City, March 1996.

Sculptoreanu, A.: Dual modulation of pre-pulse facilitated Ca channel currents by okadaic acid in sensory and parasympathetic neurons. Department of Pharmacology, Université de Montréal, September 1995. Pre-pulse facilitation of L-type Ca channels in excitable cells. Department of

Pharmacology, University of Kiel, Germany, October 1995. Dual modulation of L-type Ca channel currents by okadaic acid. Department of Cell Physiology, University of Chicago, Ill., February 1996.

Segal, B.: Invited lecturer. Risk of electromagnetic interference in hospitals. University of Vermont, Burlington, Feb. 1996.

Sherwin, B.: Invited speaker. Depression and Estrogen in Women. Symposium on Women's Health sponsored by the Department of Obstetrics and Gynecology, School of Medicine, University of Puerto Rico, San Juan, March 1996.

Shrier, I.: Co-chair. Annual Symposium of the Canadian Academy of Sport Medicine, Montreal, Feb 1996.

Steinert, Y., Snell, L.: CME and Faculty Development: collaboration and exchange. Annual Meeting of the AAMC, Washington, D.C., Oct. 1995.

Wainberg, M.A.: Viral burden, clinical resistance and surrogate markers. HIV Trial Load Measurement Consensus Meeting, Toronto, Ont., January 1996. Increased fidelity of HIV reverse transcriptase following treatment with 3TC. Atelier INSERM sur la transcriptase inverse du VIH, Versailles, France, January 1996. 3TC. Département d'infectologie. Centre hospitalier Universitaire Laval, Québec, February 1996.

Walling, A.: Is there a gender difference? Advisory Board for Obstetrics / Gynecology / Cardiology link in Women's Health, Bahamas, February 1996.

Wang, E.: Molecular basis of aging and longevity. Panelist, special interest subgroup, Annual Meeting of the American Association for Cell Biology, Washington, D.C., December 1995.

In Memoriam

Nous déplorons le décès de nos respectés collègues qui nous ont quittés après avoir servi leurs patients et l'Hôpital avec grand dévouement.

We mourn the passing of our respected colleagues who served their patients and the hospital with great devotion.

Dr. Moses Siminovitch

Department of Urology, 1948-1996

Dr. Aubie Wolfe

Department of Obstetrics and Gynecology
1952-1996

Délégation de l'HGJ en Israël

L'Hôpital Général Juif était fièrement représenté dans le cadre de la mission «Jérusalem 3000» organisée par la Fédération CJA. La photo nous fait voir une partie des membres du personnel de l'Hôpital qui ont pris part à la mission.

JGH staff in Israel

The Jewish General Hospital was well represented on the "Jerusalem 3000" mission organized by Federation CJA. Pictured here are some of the JGH staff members who took part in the mission.



Assises, de gauche à droite / Left to right seated: Froma Shulman, Naomi Epstein, Marsha Ptak, Roslyn Davidson, Elianne Lallouz, Betty Rozovsky, Sandy Eisen, Dr. Samia Bekhor, Dr. Rita Frydman, Suzanne Elbaz.

Debout / Standing: Drs. Calvin Melmed, Joseph Portnoy, Jack Ratner, Mel Shore, Richard Shatz, Shulom Freedman, Isaac Tannenbaum, Mortimer Lechter, Mr. Edgar Goldstein, Drs. Norman Fox, Oscar Herscovitch, Herbert Blumer, Morton Kapusta, Allan Feldman, Armand Elbaz, Arthur Freedman, Sabbah Bekhor, Jacob Garzon.

N'apparaissent pas sur la photo / Absent from photo: Dr. Ruta Westreich.