

JGH NEWS

JEWISH GENERAL HOSPITAL
VOLUME 45, NO. 2

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SUMMER 2009

The ABC's of the JGH



Your hospital guide to fascinating facts,
overlooked oddities and hidden treasures

**Seasoned cyclist on a Ride
to Conquer Cancer**

**Toughing it out for the Weekend
to End Breast Cancer**



Jewish General Hospital
75 years of care for all.

Ensuring that the patient is at the heart of Cardiology

Imagine, if you can, the Jewish General Hospital without a single full-time, hospital-based cardiologist. Where patients are seen by a mere six cardiologists who divide their time between the JGH and private practice. Where there is no Coronary Care Unit, no echo-cardiography, no cardiac catheterization lab, no angioplasties or stents, and almost no cardiac surgery.

This was the Jewish General Hospital that existed in 1952, the year that I joined the Division of Cardiology. Now, at the age of 86, I can look back and fully appreciate the incredible evolution that the JGH and my Division have undergone over the past 57 years. Today, recertified by the Royal College of Physicians and Surgeons of Canada, I continue to visit the hospital regularly to attend conferences, confer with colleagues and pursue studies in the medical library. And during the hospital's 75th anniversary, I marvel at how far we've come.

Of course, I don't mean to suggest that the Division of Cardiology was out of step or behind the times in 1952. Far from it. At every point in its history, the Jewish General Hospital has stayed abreast of the latest developments—and the early 1950s were no exception. However, it's important to remember that in 1952, at the tender age of 18, the JGH was only just beginning to gain real momentum after its difficult birth in the Great Depression and its shaky growth during World War II. More than five decades ago, the dazzling explosion of medical knowledge was barely on the horizon, while digital technology was beyond imagining.

And yet, our patients were able to rely on us, because we, in turn, had learned to nurture and develop the timeless qualities that



Dr. Harold Zvy Pomerantz

all physicians must possess: clinical acumen, close observation of the patient, careful history-taking, perceptive clinical examination and conscientious follow-up. What we lacked in technology we overcame by practising in a careful, thorough manner and by observing and listening to our patients (although we did have electro-cardiography, X-rays and blood tests to help in the diagnostic process). Also during this period, a number of

clinical research projects were undertaken by the Department and later published. These included studies of coronary heart disease and on improving the management of hypertension using autonomic nervous system blocking agents.

Today, the crucial balance between old and new is a hallmark of our Division of Cardiology, under the able leadership of Dr. David Langleben. This is one of the chief reasons it can deliver such a wide variety of cardiologic services, while becoming so closely involved in outstanding teaching and progressive research. Not only are patients viewed as real people rather than faceless cases, they receive evidence-based treatment with roots in science and not in instinct, selective memory or conventional wisdom.

What we knew in 1952, and what must always remain uppermost in our minds, is that every case is not the same, just as every individual is not the same. No matter how much the Division of Cardiology, the Jewish General Hospital and the field of medicine may have changed, the words of that great medical pioneer, Sir William Osler, still ring true: "The student starts with the patient, continues with the patient and ends with the patient."

Dr. Harold Zvy Pomerantz
Staff physician, Division of Cardiology



Jewish General Hospital

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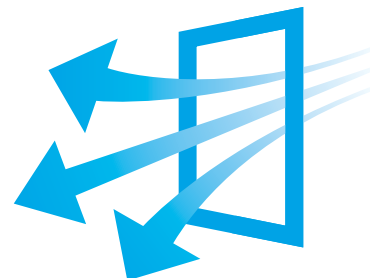
“Wow! I never knew that!”

Strange as it may seem, a hospital can be a fascinating place to poke around in—and none more so than the Jewish General Hospital. The JGH is not a gallery, but it exhibits art in the most unexpected places. It’s not a museum, but it boasts a rich collection of historical artifacts. It’s not a magnet for sightseers, but it has some genuine attractions. And the most welcome surprise of all: each of these oddities, showcases, treats and treasures is directly related to the health and well-being of the patients the JGH cares so much about.

But what, exactly, are these highlights? And where can they be found? For the most part, they’re hiding in plain sight. This makes them easy to locate—if you know where to look. To simplify the process, *JGH News* has picked 26 of the most intriguing, exciting and eyebrow-raising items, and arranged them in handy, alphabetical order. With any luck, we’ll get you to say “Really? I had no idea!” at least a couple of dozen times.

Air conditioning

Cool enough for you? It should be. Approximately 75 per cent of the Jewish General Hospital basks in the comfort of central air conditioning—welcome news now that summer’s sweltering days are upon us. By contrast, only 50 per cent of the average Quebec healthcare institution is centrally cooled, says Georges Bendavid, Plant Maintenance Coordinator at the JGH. Over the past several years, the hospital has been renovating patients’ older wards on floors 4, 5, 6 and 8, “and the moment we touch anything, we install state-of-the-art ventilation,” says Mr. Bendavid. Also on the agenda is a major upgrade for the operating rooms, which already have air conditioning, “but they deserve better. No patient or employee should have to worry about the heat.”



Bereavement room



Even in moments of grief, the caring never stops at the JGH. If a patient dies in the hospital, relatives and loved ones who want to stay with the body until it is taken to a funeral home can do so in the privacy of a special room on the basement level of Pavilion C. Known as the *shmira* (Hebrew for “guardianship”) room, this facility is particularly important in Jewish tradition, which requires that the body never be left alone from the time of death until burial. This room, a rarity in North American hospitals, was created during renovations several years ago. A glass partition separates the body from the mourners, who are provided with simple amenities such as a telephone, chairs, a coat rack, facial tissues and prayer books. Édouard Depestre, Administrative Coordinator in the JGH Pathology Department, says that before the area was renovated, relatives often awaited the release of the body in “a noisy corridor with all sorts of passers-by. This was something to correct. Tears are not a public affair.”

Cooking classes

Mmmm. Smells good. Just follow your nose to the JGH Hope & Cope Wellness Centre, where Dietitian Nelda Swinton is cooking up a steaming pot of Tuscan ribollita soup. Every Wednesday morning, Ms. Swinton shows recovering cancer patients and their relatives how to prepare nutritious and tasty dishes—part of the Wellness Centre’s wide-ranging strategy of helping former patients lead rich, healthy lives. Like many North American wellness centres, Hope & Cope provides nutrition information (Ms. Swinton answers questions Mondays from 1:00 to 2:30 p.m.) However, the JGH Hope & Cope Wellness Centre is one of the very few—perhaps even the only one—to offer classes in its own fully equipped kitchen. Some of the students may be hoping to excite their taste buds after losing their appetite to cancer treatments. Others may be eager to learn what to prepare for relatives who are undergoing treatment. “The classes are also an opportunity for people to socialize and talk about experiences,” says Ms. Swinton. “At this point in their lives, good food is one of the best medicines they can take.”



Dietitian Nelda Swinton (right) and volunteer Jackie Kirstein (second from left) get a pot of soup going, under the watchful eyes of cooking class participants Elizabeth Thomas (left), Marie Parent (centre) and Mary Sin.

Disinfectant



Isabelle Caron, Nursing Director of Medicine, Psychiatry and Geriatrics, cleans her hands with anti-bacterial lotion.

A little squirt here, a little squirt there—it all adds up to a hefty, weekly total of 88 litres of alcohol-based, anti-bacterial lotion, which is used throughout the hospital to keep hands clean. The lotion is available in about 3,100 wall-mounted dispensers in virtually every corridor and in high-traffic area of the JGH. Why bother? Because it provides an extra shot of on-the-spot protection to prevent the spread of bacteria that might affect the health of patients and those

who come into contact with them. Ideally, hands should be washed with soap and warm water, especially after using the washroom. But if scrubbing isn’t practical, the lotion should be rubbed into the hands after sneezing or coughing, and before and after meals. So don’t forget to squirt. A little goes a long way.



Executive Director’s home

From the outside, you’d never guess that this attractive but unassuming house is steeped in JGH history. Located on the bright, tree-lined, northwest corner of Côte-Sainte-Catherine Rd. and Lavoie St., this cozy residence was the original home of Samuel S. Cohen, who served as Executive Director from 1933 (when the hospital was under construction) until his retirement in 1968. The founders of the JGH, who correctly foresaw that the Executive Director would spend long hours in the office, had the house built so that Mr. Cohen would be just a brisk, 10-minute walk from home. After his retirement, he and his family continued to occupy the house until the early 1990s (Mr. Cohen died in 2000). Since then, it has been used briefly from time to time for various purposes, but now sits idle, awaiting its next assignment.

Floor scrubbers

No, it's not a mini-Zamboni. That's what comes to mind when you see one of these driver-operated, battery-powered machines humming along a hospital corridor. On second glance, you realize it's cleaning the floor. What you may not suspect is that the floors are being washed, not just buffed. Cleanser and water, flowing from reservoirs inside the machine, are scrubbed into the surface of the floor and then sucked back into another reservoir which is later emptied. Finally, the floor is squeegeed dry. Tony Nappi, Chief of Enviro Services (formerly known as the Housekeeping Department), estimates the average machine—of which the JGH has four—can clean about 250,000 square feet per 5- to 6-hour day shift. It travels about 2 to 3 kilometres per hour and can run for two hours before recharging its battery. Why use something so sophisticated? "This is a big hospital and the machines cover a lot of ground," Mr. Nappi says. "Cleaning is not something we do by half-measures."



Donald Rooney helps keep JGH floors clean.



Pitching in to help the environment and raise funds are (from left) Erma Taddeo, Melissa Nault and Beverly Kravitz, Director of Human Resources.

Go Green ... and pink

Two of the hospital's most altruistic colours—green and pink—have joined forces in the JGH Department of Human Resources. On the green side are the department's efforts to collect and recycle empty soft drink cans in the hospital-wide Go Green campaign to help the environment. Pink, the colour of the Weekend to End Breast Cancer, is prominent because when the cans are redeemed, the money is donated to the Weekend for research, treatment and prevention of breast cancer. Although the idea originated with Melissa Nault, an Administrative Technician in Human Resources, the project has been embraced by the entire department. Not only do staffers toss their own cans into a giant, can-shaped receptacle in their office, they have canvassed other departments, including the Foundation which has contributed several bags of cans. Proceeds are split between Ms. Nault and Administrative Technician Erma Taddeo, each of whom must raise at least \$2,000 to participate in the 60-kilometre Weekend walk on Aug. 22 and 23. "As a mother, I want us to leave a better world for our children," Ms. Nault says. "If we can help make it cleaner and healthier at the same time, so much the better."

Historical books

Heading over to the Health Sciences Library for some high-tech reading at a computer workstation? Then you might also want to spare a glimpse for a few of the low-tech relics from medicine's past. Books from the hospital's archives are proudly displayed in a showcase just inside the library's main door (Pavilion A, second floor). Perched behind glass might be anything from *The Curious Lore of Drugs and Medicine* (1927) to *Primary Nursing Technique* (1907) to *McGill and its Story 1821-1921* (1921). The showcase, about 2 metres high by 1.5 metres wide, was installed during extensive renovations to the library in 2007. Arlene Greenberg, Chief Medical Librarian, had admired similar displays in libraries at the University of Montreal and other institutions, and was determined to make historically significant books part of the JGH's heritage. "Our aim in renovating the library," she says, "was to add to the past, not abandon it."



Arlene Greenberg with one of the volumes from the Health Sciences Library's display case.

I nfants and midwives

In its spirit of openness to new ideas, the Jewish General Hospital is one of the few hospitals in Quebec where a newborn can be delivered by a midwife. Since the policy was inaugurated in 2005, midwives have supervised approximately one delivery per month in the Birthing Centre, says Dr. Togas Tulandi, Chief of Obstetrics and Gynecology. JGH staff are not involved unless their advice is requested by the midwife or their intervention is needed to handle a complication. Dr. Tulandi says he is happy with the working arrangement with the Health and Social Service Centre for Côte-des-Neiges, Métro and Parc-Extension (CSSS), since mothers-to-be can choose the option that works best for them. He adds that the system is especially appealing to women who have previously given birth by Caesarian section (which leaves scarring on the uterus) and now want to try a vaginal birth. They opt for a midwife in the hope that all will go smoothly, but come to the JGH to be prepared for the unexpected—“and we’re only too happy to cooperate,” says Dr. Tulandi.

J ewish symbols

Even as it welcomes patients from all backgrounds, the JGH remains proud of its Jewish heritage. Sometimes you’ll even see signs of that legacy peeking out from the most unexpected corners. Just take a stroll over to the Côte-des-Neiges lobby in Pavilion A, where you’ll find a Star-of-David motif on, of all things, a heating vent near the elevators. This metal panel dates back to the opening of Pavilion A in 1951. Now walk out the Côte-des-Neiges doors and take a look at either side of the entrance: there, carved in stone, are stylized Stars of David that extend a warm greeting to patients and visitors, as well as a symbolic promise to provide “Care for all”.



K eepsakes from yesteryear

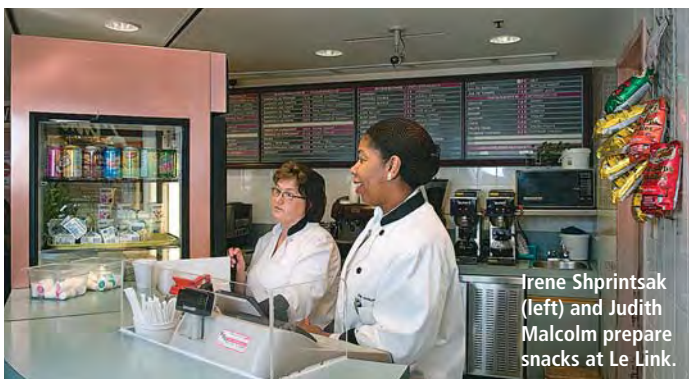
You just never know where art will turn up. You might be walking along a corridor on the sixth floor of Pavilion C, and boom!—there it is. On the wall near the family room (C-625), you’ll find several shadow boxes, which are shallow-sided, glass-fronted boxes containing an artistic arrangement of antique objects. One box has a variety of eyeglasses (including a pince-nez from 1880), while others hold fashion accessories (such as a sequined flapper’s purse from 1920) and kitchen implements (a potato masher from 1910). JGH Art Therapist Mona Rutenberg collected the objects and hung the boxes in 2002 to give patients something visually and mentally stimulating to look at as they walked the corridors. In particular, she hoped older patients would be intrigued to see the sorts of items they may once have owned. Some articles came from garage sales or were supplied by Ms. Rutenberg’s grandmother and in-laws. However, a few were provided by patients, including a woman who donated her own glasses. You’ll find her spectacles in good company alongside baby pictures from the 1880s, embroidered linen from 1910, catalogue ads from the 1920s...



Mona Rutenberg with one of her shadow boxes.

Le Link

So you've fasted for 12 hours, your blood test is done and you're dying for a drink and a snack. Why not recharge at Le Link, the eatery nearest the Test Centre. You'll find this coffee shop tucked into a somewhat out-of-the-way but brightly lit space where you can enjoy soft drinks, soup, sandwiches, pastries and even an espresso or cappuccino. It's all prepared by Gregory Ginzburg and his staff in the same kitchen that supplies the JGH's Café de l'Atrium. Just follow the hospital's main, street-level corridor all the way to the end, making sure you're walking away from the Côte-des-Neiges doors. You'll find the Le Link at a spot where corridors from Pavilions C, G and E link up—hence the name. Best of all, revenues from food sales are used by The JGH Auxiliary to buy much-needed medical equipment and to support healthcare programs throughout the JGH.



Irene Shprintsak (left) and Judith Malcolm prepare snacks at Le Link.

Music during surgery

Surgery is serious business, but that's no reason to exclude music from the operating room. While most JGH surgeons prefer silence, a few find that music relaxes them, helps them concentrate and adds zing to the collaborative spirit of the surgical team. Tastes run all over the map. For instance, Dr. David Zukor, Chief of Orthopedics, is a huge reggae fan with a special fondness for Bob Marley, although he also dips into classic rock (Beatles, Rolling Stones) and jazz. "It's not distracting at all," he says. "In fact, it soothes me during the lulls when I'm waiting for a particular medical instrument." Dr. Shannon Fraser, Chief of General Surgery, opts for a varied playlist—everything from Aerosmith and Bon Jovi to Diana Krall and Sarah McLachlan. Among the most requested songs by her team is k.d. lang's cover of Leonard Cohen's "Hallelujah". "It's the perfect boost of energy we need to keep things moving," Dr. Fraser says, "especially near the end of a long day."



Dr. David Zukor performs hip pinning surgery.

Nostalgia

Hospitals don't have kings; they have presidents. But if anyone came close to being both, it was Allan Bronfman, founding President of the JGH. In fact, his throne-like chair still occupies a position of honour in the boardroom. This solid piece of furniture is made of lustrous wood, with the stylized letters "AB" ornately carved into the backrest. Mr. Bronfman made extensive use of this "throne" during most of his presidency from 1933—when the hospital was being built—until 1955. (Since then, presidents have generally held office for two or three years.) Born in 1895 in Brandon, Manitoba, Mr. Bronfman moved to Montreal in 1924 and quickly rose to prominence through involvement with the Hebrew Maternity Hospital (a JGH forerunner) and the Federation of Jewish Philanthropies. In 1929, he spearheaded efforts to collect funds to build the new hospital and later to supervise its construction. Ever since the hospital's inception, Mr. Bronfman had the firm conviction—which became reality—that the JGH must serve all patients, regardless of their religious, ethnic or cultural background. After the hospital opened in 1934, he also dedicated himself to achieving excellence in what are now known as the JGH's three pillars: patient care, teaching and research.



Occupational Therapy's Wii

Video games are starting to make the leap from armchair to wheelchair—and that's great news for patients who come to the JGH Department of Occupational Therapy for exercise. Patients are learning to use the Wii, a video system that captures the user's physical movements and instantly duplicates them in an animated figure on a TV screen. As a result, even paraplegics can play golf or tennis and, at the same time, get a valuable workout that's also fun. For more about this revolutionary twist in therapy, please see page 21.

From his wheelchair, Zvi Gold uses the Wii to play tennis with help from Occupational Therapist Marilyn Miller.



Pets for comfort

Is the Jewish General Hospital going to the dogs? Yes, but in a good way. Studies show that certain patients derive emotional comfort from holding or stroking a pet. That's why the JGH Department of Volunteer Services has arranged for regular visits by Helen Bousquet and her bichon maltese, Juliette, and Cara Itzkovitz and her Havanese, Zora. "When patients see Juliette, their faces light up," says Ms. Bousquet, who has been bringing Juliette to the JGH for about three hours a week for nearly two years. "The patients may have pets at home, so it's as if a little bit of home has come to see them." After hearing about the service from a friend at the hospital, Ms. Bousquet volunteered her time, first providing the JGH with documentation attesting to such matters as Juliette's docility and good health. "Patients' days can be long," she says, "and it makes me feel good to know I can help to soothe them and make them forget their loneliness."



Solange Savoie is delighted to hold Juliette while chatting with the dog's owner, Helen Bousquet.

Quarterly memorial ceremony

A death occurs in the hospital, a funeral is held, and life goes on. But is the JGH's involvement over? Hardly. Even after the funeral, the Jewish General Hospital extends comfort to the relatives and loved ones of the deceased. This is accomplished in a regularly scheduled, bilingual ceremony that is open to individuals of all faiths, including hospital personnel who may have formed a friendship with the deceased. Notification of the date and time of the ceremony—usually held in the Samuel S. Cohen Auditorium in Pavilion A—is sent by mail to the next of kin. "It's very difficult for relatives to return to the hospital," says Rabbi Raphael Afilalo, JGH Chief of Pastoral Services. "Nevertheless, they come back for closure and to honour the person who died." The simple, 40-minute ceremony—led by Rabbi Afilalo and Father Aimée Mwepesi, with participation by a Hope & Cope representative—includes readings, prayers and soothing music by a guitarist or harpist. "The message that we try to convey," says Rabbi Afilalo, "is that physical life does end, but this is not the complete end."

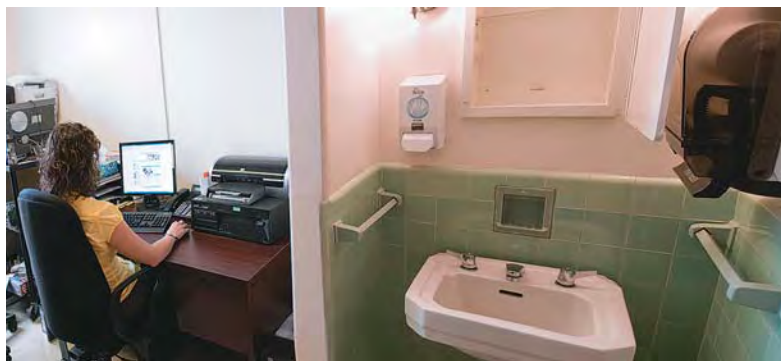
“R”ubber” gloves



Time to examine a patient—and on come the gloves. A surgical team enters the operating room—and on come the gloves. Gloves have been a fact of medical life for decades, but just how many of them (excluding those worn by housekeeping staff) are actually used by the JGH, one of Quebec’s busiest hospitals? Here are the “handy” statistics from the Purchasing Department: the JGH goes through approximately 103,550 pairs of surgical gloves and 6,131,500 pairs of examination gloves in an average year. That’s about 284 pairs of surgical gloves a day and an amazing 1 pair of exam gloves every 5 seconds.

Sinks in Pavilion A

Drop into one of the older administrative offices in Pavilion A, and you’ll find it outfitted with a desk, computer, bookshelves—and a sink? Yes, strange as it may seem, a few office workers can wash their hands without walking out the door. The sinks are an anachronistic holdover from the era (1951 to 1972) when Pavilion A housed the JGH School of Nursing. Student nurses occupied dormitory rooms on many of the building’s upper floors, and although the young women used communal bathrooms, they had the convenience of a washstand in their rooms. After the school closed (because nursing education was centralized by the provincial government), many dorm rooms were renovated and most of the sinks disappeared. Even so, a little bit of porcelain history lingers on in some of the pavilion’s unlikeliest corners.



T elephone booths

When was the last time you saw a telephone booth with a wooden frame, folding doors and a seat? If you’re under 30 (or maybe even under 40), probably never. However, two of these booths can still be found on the second floor of Pavilion B, across from the elevator. Wooden phone booths, the ultimate in private, comfortable, pre-digital communication, used to be fairly common, but they began to disappear in the 1960s when cheaper, stripped-down telephone kiosks started taking over. Today, pay phones have been rendered nearly redundant by the convenient but graceless cell phone. So if you’re curious about one small aspect of life in a bygone era, you might want to check out these phone booths. Just don’t expect to use a rotary dial; all of the equipment is modern. And don’t expect to pay a nickel for the call. After all, this is 2009, not 1949.

Uniforms for dolls

There's no doubt as to which of the JGH's many healthcare teams is the best dressed. Its members—more than 100 strong—are just 15 to 30 centimetres tall and are based in a pair of display cases near the first-floor elevators of Pavilion G. They're impeccably dressed dolls, a product of the creative vision and nimble fingers of Ossana Zeitounian, a beloved and now-retired JGH House-keeping employee. To mark the 50th anniversary of the hospital in 1984, Ms. Zeitounian hand-crafted each tiny article of clothing and presented the fully clad dolls to the JGH as a gift. Included in the array are doctors, nurses, orderlies and other types of healthcare workers dressed in exact replicas of JGH uniforms of decades past. So precise is the detail that several dolls have the varying uniforms that student nurses wore at different stages in their education at the JGH School of Nursing during the 1950s and '60s. Rounding out the collection are costumes of doctors and nurses from other countries. To acknowledge Ms. Zeitounian's outstanding efforts, the hospital presented her with a special plaque in 1985, singling her out "for distinction in handicrafts".

Ms. Zeitounian, who retired in 1993 after 23 years' service, says she learned her basic skills from her father, who was a tailor, and her mother, a dressmaker, while growing up not far from Beirut, Lebanon. Later, she refined her abilities by taking courses in France and Armenia, and eventually emigrated to Argentina and finally to Canada. Creating the uniforms took six months of her spare time, but Ms. Zeitounian insists it was worth every minute, because "I loved the hospital like my own home. I still love it very much." Recently she visited the JGH to have her picture taken with the dolls, and after her first sight of them on a table in the photo studio, she smiled broadly and exclaimed, "My children! A part of me is still here."



Ossana Zeitounian, seamstress extraordinaire, with a few of the dozens of dolls for which she sewed healthcare-related uniforms.

Ossana Zeitounian in 1988 with the full array of dolls.



View of Saint Joseph's Oratory from the 6th-floor solarium in Pavilion B.

Vistas

On a clear day, you can see ... well, not quite forever, but an awfully long way if you know where to stand. Although sightseeing is hardly a common activity at the Jewish General Hospital, it's a unique way for patients and visitors to take an emotionally uplifting break from their routines. An inspiring panorama—visible from the solarium, across from the chapel on the sixth floor of Pavilion B—is the sight of Mount Royal and the dome of Saint Joseph's Oratory. A similarly breathtaking vista awaits you in the Segal Cancer Centre in Cummings Pavilion E—in the Hope & Cope waiting area on the seventh floor, or in waiting area number 2 on the eighth floor. Gaze through the large picture windows and, if the weather is right, you might just be able to glimpse the Laurentians in the distance. And if conditions are clear when you're in the stairwell of the Segal Cancer Centre or the *passerelle* to the Lady Davis Institute for Medical Research, you might just spot the St. Lawrence River, the Green Mountains of Vermont and the Adirondacks in the distance. All of these views are worth repeat visits to witness the green profusion of summer, the multi-coloured mosaic of fall and the serene, white blanket of winter.

Wheelchairs

While some people grumble or shrug when they encounter a problem, Bernard Richler took it upon himself to find a solution by acquiring more than 300 wheelchairs (plus a hefty supply of canes, crutches and walkers) for the Jewish General Hospital. For his efforts, he received the 2005 JGH Award of Excellence as Outstanding Volunteer. In mid-1991, after retiring from selling parts for trucks and construction equipment, Mr. Richler began volunteering at Hope & Cope, driving cancer patients to and from their radiation treatments at the hospital. Unfortunately, on arriving at the JGH, he sometimes had difficulty finding wheelchairs for his patients. This prompted him to place ads in newspapers and to post notices on synagogue bulletin boards. His goal: to round up unneeded wheelchairs and present them to the JGH for refurbishing and a second life. “When I started, I never would have believed I’d find so many,” says the 91-year-old Mr. Richler, who also volunteers in the JGH Accounts Payable Department. “Helping others is what really gives your life meaning.”



Bernard Richler with a few of the many wheelchairs he has collected for the JGH.

Extra Emergency space

Waiting times in the Emergency Department are now shorter, thanks to the opening of a 19-bed ER extension. To contain infection and protect vulnerable patients, four new Emergency isolation areas have been included. This gives a big boost to capacity in the ER which, until last year, had 36 beds, including two isolation areas and two other areas that can be adapted for isolation. Dr. Marc Afilalo, Chief of Emergency, says the extra beds will help the ER cope with the rising number of patients, including those with C. difficile, antibiotic-resistant bacteria (such as VRE and MRSA), and infectious diseases (such as tuberculosis). The original ER facilities were approved by the Quebec government based on the fact that the hospital handled about 38,000 Emergency visits per year in the early 1990s. Today’s volume of 68,000 ER visits per year entitles the JGH to more beds. Planning is now under way for a brand new Emergency Department in a proposed facility known as Pavilion K.



JGH Occupational Therapist Vanessa Greco (holding the letter “I”), Psychology Intern Alison Paradis (holding “R”) and a group of grateful children thank the JGH for building the playground on Légaré St.

Youngsters’ playground

When children at the Day Hospital of the JGH Institute of Community and Family Psychiatry need some fresh air, they can run around safely in a new playground that the hospital built just for them. The slide, swings, climbing bars and teeter-totters were installed last fall on Légaré near Côte-Sainte-Catherine after Rosemary Short, Head Nurse in Child Psychiatry, met with Stephan Simioni, Chief of Maintenance and Plant Operations. Given the heavy traffic on Légaré, a safer play area was needed for the children, who receive special attention at the Day Hospital. “Not only is the playground fun, it’s therapeutic,” says Ms. Short. “It gives the children an opportunity to master conflict negotiation and other life skills that we try to instill in them every day.”

Zero contamination

On occasion, certain research activities demand a high level of sterility not available in a conventional laboratory. That’s when a special isolation facility in the JGH Lady Davis Institute for Medical Research is pressed into service. To enter this 1,000-square-foot room, specially trained staff must wear white coveralls, headgear and gloves, as well



Dr. Nicoletta Eliopoulos supervises the White Room activities of Lab Manager Shala Yuan and Lab Technologist Jing Zhao.

as a mask, cap and shoe covers—hence, the nicknames White Room or Clean Room (although the lab’s official title is the JGH Cell Processing Centre). The white gear is not meant to protect staff, since they handle cells that pose no health threat. On the contrary, it’s the cells that must be safeguarded from being contaminated by the researchers. According to the lab’s Director, Dr. Nicoletta Eliopoulos, the White Room is used to process human cells and tissues during clinical trials for cell-based therapies. Most recently, the lab has been treating stem cells for ongoing research into pulmonary hypertension. It has also been instrumental in an investigation into certain aspects of ovarian cancer, and will be involved in a future trial on heart attacks.

Doorway to the future

New lobby welcomes visitors with openness and light

A little over two years after they closed for renovations, and just in time for the Jewish General Hospital's 75th anniversary, the main entrance and lobby are back in service with an entirely revamped design that emphasizes natural light, spaciousness and a warm, welcoming atmosphere.

The changes are not entirely cosmetic, since extensive upgrades have also been made to the old-fashioned electrical and ventilation systems, as well as to doorways that were no longer suitable for the constantly increasing number of daily users. In addition, the new entrance provides fast and easy access to the recently expanded Division of Radiation Oncology, plus a direct—and no longer confusing—route to Pavilion G.

However, the aesthetic qualities of the entrance and lobby were also a significant concern, says Kotiel Berdugo, Director of Technical Services. “We realize that people who come to a hospital are sometimes frightened or nervous. That’s why our staff tries so hard to give them not just medical assistance, but emotional support. This is a role that the building itself can also play. If the entrance is bright and open, and if it has a friendly atmosphere, people are reassured that they will be treated well.”

The renovations also came wrapped in a unique set of good-news/bad-news circumstances, says Georges Bendavid, Plant Maintenance Coordinator. On one hand, the entrance had to be closed anyway to accommodate the nearby, underground expansion of the Division of Radiation Oncology; this presented what Mr. Bendavid calls “a once-in-a-lifetime opportunity” to fully modernize the entrance and lobby. On the other hand, he says, coordinating the logistics of two such massive construction projects proved to be an extremely complicated task.



Renovation of the main lobby is reviewed by (from left) Philippe Castiel (Director of Planning and Development), Georges Bendavid and Kotiel Berdugo.



New front entrance and lobby during the final phase of construction in mid-spring.

Mr. Berdugo says the renovations have finally provided the hospital with “a true gateway to the hospital”. Eventually, he says, the new lobby will also be the starting point for direct pedestrian access to Pavilion H and to the proposed Pavilion K. “These facilities are part of a global view for the future of the hospital,” he adds. “We’re very excited to see the future starting to come to life today.”

Here are some highlights of the renovations to the lobby and main entrance:

- Natural light streams in through a long, glass-fronted façade on both sides of the entrance at ground level. Tall glass panels have also been placed on the front of the three-storey-high “box” that serves as the soaring ceiling of the lobby. At night, the glass front beautifies the hospital by permitting a great deal of interior light to shine out into the street.
- By turning right just inside the main doors, users are able to descend by stairs or elevator to the Division of Radiation Oncology. Its facilities receive a great deal of spirit-lifting light from the glass façade and from outdoor skylights embedded in the ground near the entrance.
- By turning left just inside the main doors, users can walk straight to Pavilion G (including the Café de l’Atrium) without having to deal with the crowds or the twists and turns in the hospital’s main corridor.
- A long, wide canopy, which stretches over the drop-off area for cars in front of the main doors, acts as a shield against the weather. To enhance safety, the pavement in this area is heated to melt snow and ice.
- Once inside the main doors, users can get a close-up view of the decades-old designs in the hospital’s original brick façade. These bricks are protected from the weather by the three-storey-high “box” over the lobby.
- New landscaping enhances the hospital’s appearance, while the valet parking area has been redesigned to minimize the visual impact of cars parked in front of the building.

Weekend to End Breast Cancer

STAYING IN STEP DESPITE A HOBBLING INJURY

Johan MacLeod was right on track to prepare for this summer's Weekend to End Breast Cancer, when suddenly, one day last March, her world turned upside-down. While descending a flight of stairs in the home of a friend, her ankle gave way and she took a nasty fall, seriously injuring her right Achilles tendon.

Five weeks in a cast...frustratingly slow recuperation...unable to exercise properly... Yet, when the milestone fifth edition of the Weekend to End Breast Cancer gets under way on Aug. 22, Ms. MacLeod is determined to be among the participants heading out for the two-day, 60-kilometre walk. "I don't know what kind of shape I'll be in or how far I'll get," says the 53-year-old St-Bruno resident, "but I'm going to make my presence felt."

Ms. MacLeod, participating for the first time in the Weekend, says she feels so strongly about walking because she wants to honour her mother, who died of ovarian cancer in 1982. (This year, proceeds from the walk will support the fight not only against breast cancer, but all types of cancer that target women.) Then, in 2006, her sister was diagnosed with breast cancer, "but she's well today. She made good progress because it was caught early." Since two close relatives have had some form of cancer, Ms. MacLeod says she intends to undergo genetic testing as a precautionary measure.

In recalling her accident, Ms. MacLeod still grumbles at the turn of events that sidelined her in late winter and early spring. "It happened in a split-second," she says. "I had hurt my ankle a couple of weeks earlier and I guess I didn't realize that it still had some weakness. I'm six feet tall, so when I fell, I fell hard. I just crumpled."

At first, Ms. MacLeod wondered whether she'd be able to participate in the Weekend at all. Though weighed down by a cast for five weeks ("I felt like I was dragging 10 pounds of potatoes every time I turned"), she eventually returned to the gym she had joined the previous December. "I simply refuse to sit on the couch," she says. "Building strength is my top priority, because I have every intention of getting back into the game."

"In the grand scheme of things, there hasn't been very much time to recuperate from that kind of damage. But I'll do whatever I can without jeopardizing my health, because I owe it to my mother and sister. I'm not really much of a sports person—just walking and yoga—so this won't be easy. But no matter how far I get in the Weekend, I want to be out there making a difference."



Johan MacLeod gets back in shape for the Weekend to End Breast Cancer.

The essentials

The 2009 Weekend to End Breast Cancer, Aug. 22 and 23, will raise funds for treatment, prevention and research into breast cancer and all women's cancers at the JGH Segal Cancer Centre. Each participant pays a \$75 registration fee, with a commitment to raise at least \$2,000.

Participants walk a total of 60 kilometres on Saturday and Sunday through the streets of Montreal, rain or shine. At the half-way point on Saturday, they enjoy entertainment at a camping area and sleep overnight in tents. The walk resumes Sunday morning. All meals, drinks, tents and washroom facilities are provided.

Anyone who is unable to walk the route but wants to get involved can be a crew member who serves meals, assist walkers or perform other necessary jobs. Crew volunteers pay the \$75 registration fee, and even though it is suggested that they raise \$500, they are not obligated to do so.

For more information about the Weekend to End Breast Cancer—including registration, joining or forming a team, fund-raising and training—please visit the website at www.endcancer.ca or phone the Montreal office at 514-393-WALK (9255).

www.endcancer.ca 514-393-WALK (9255)



On the road again

EVEN SEASONED CYCLISTS PREPARE FOR THE RIDE TO CONQUER CANCER

Even after cycling at least 1,000 kilometres a year for the past 15 years, Sylvio Langlois knows there's no way he can coast through the Ride to Conquer Cancer by relying solely on his experience and overall level of fitness. That's why he's been training in earnest since December for the Jewish General Hospital's first-ever Ride to Conquer Cancer, to be held July 11 and 12 to help fund cancer research and care at the JGH Segal Cancer Centre.

"This will be my first time riding from Montreal to Quebec City," says Mr. Langlois, 57, a Chomedey resident and retiree from the Correctional Service of Canada. "It's a distance I can handle, but when you ride a new route or change your habits, you can't take anything for granted." Thus, with the arrival of good weather in spring, he eagerly hit the streets, but only after making sure to spend the winter months on a stationary bike.

Mr. Langlois says he took up cycling as a way of staying in shape, but found the activity so enjoyable that he has continued to cover great distances—mostly in the Eastern Townships—as a type of personal challenge. For this reason, when he first heard about the Ride, he was intrigued by the prospect of cycling a new route and testing his capabilities. If all goes well, the combination of the Ride and Mr. Langlois' usual cycling routine could easily bring his total 2009 distance to somewhere between 2,000 and 2,500 kilometres.

However, Mr. Langlois quickly adds that once he learned more about the Ride's anti-cancer objectives, he knew he had made the right decision in deciding to participate. Not only will he be riding in memory of his mother-in-law and father-in-law, but to boost the spirits of two friends, one with breast cancer and the other with colorectal cancer. "It's important for them to know that I'm one of those who is standing behind them," he says. "I really hope this will encourage them in their fight."

Sylvio Langlois prepares for his cycling challenge.



Nuts and bolts

The 2009 Ride to Conquer Cancer hits the road from July 11 and 12 to help fund cancer research and care at the JGH Segal Cancer Centre and across Quebec. Each participant pays a \$75 registration fee and raise at least \$2,500 to take part.

Riders spend Saturday and Sunday pedalling from Montreal to Quebec City, rain or shine. At the half-way point on Saturday, they gather at a camping area to relax, enjoy entertainment and sleep overnight in tents. Then on Sunday, the ride resumes. Throughout the trip, all meals, drinks, tents, medical aid and mechanical assistance for bikes are provided.

Individuals who are unable to ride but want to get involved can be crew members who serve meals, assist riders or perform other necessary tasks. Crew members pay the \$75 registration fee, and even though it is suggested that they raise \$500, they are not obligated to do so.

For more information about the Ride to Conquer Cancer—including registration, joining or forming a team, fund-raising, training or any aspect of the event—please visit the website at www.conquercancer.ca or phone 1-866-996-8356.

www.conquercancer.ca 1-866-996-8356



The Jewish General Hospital's 75th anniversary is an ideal occasion to take a glimpse into the past. From the day it opened in 1934 (three decades before Canadian health care was nationalized), the JGH has always welcomed patients of all backgrounds from Montreal and across the province. This is why the hospital is often called the greatest gift of Montreal's Jewish community to the people of Quebec.

By remembering the extraordinary efforts of the hospital's founders and supporters, as well as its generations of dedicated staff, we recall the humanitarian values and enduring legacy that carry the JGH into the 21st century. Look for more anniversary features in the fall issue of *JGH News*.



By early September 1929, as reported in the *Montreal Star*, volunteers were already coming forward by the hundreds to help raise funds to build the Jewish General Hospital.



The JGH building campaign was supported even by low-income individuals who could afford only \$1 to underwrite the symbolic cost of a single brick—as seen in this 80-year-old pledge card on file at the JGH Foundation.



On Sept. 22, 1929, more than 3,000 members of the Jewish community—from philanthropists to wage-earners—gathered at the Mount Royal Hotel for the official launch of the \$1 million campaign to build the JGH.



Children, too, played a prominent role in the building campaign. They even received specially designed certificates when they contributed \$1 to buy a brick for the hospital.

SARY SCRAPBOOK

Coverage by the Montreal Star of the opening of the Jewish General Hospital on Oct. 8, 1934.



During the JGH's early years, newborn babies were sometimes identified by bracelets whose lettered beads were strung by nursery staff. This (misspelled) bracelet, provided by Ina Zaritsky, was placed on her wrist shortly after her birth in 1942.



In addition to growing vegetables, the JGH used part of its western property for tennis courts (lower right) and for giving patients a place to relax on Adirondack chairs (centre) and enjoy a view of Côte-Sainte-Catherine Rd. (upper left).



Front of the Jewish General Hospital in the 1930s, including land (left) where the hospital grew its own vegetables.



Operating room nurses in the mid-1930s.



Surgery circa 1940.



During the early 1940s, the JGH Auxiliary's Honourary Patroness was Princess Alice, Countess of Athlone, who was the wife of Canada's Governor-General, the Earl of Athlone. In 1945, the Princess (centre) visited with Annie Goldbloom (left), the Auxiliary's founding President, and Lucy Bronfman, a founding Auxiliary member and wife of the JGH's first President, Allan Bronfman.



Crest of the JGH School of Nursing, as it appeared on diplomas in the 1950s.



At a special ceremony in the 1950s, students in the JGH School of Nursing received their nurses' caps after their first several months of studies. They were also given a small lamp reminiscent of the one held by Florence Nightingale, the founder of modern nursing. A lighted candle was placed in the hole on the top-left surface of the lamp (provided by Rona Miller).

THE PROGRAM IS DIVIDED AS FOLLOWS

Pre-clinical period	six months
Junior period	six months
Intermediate period	twelve months
Senior & Advanced Senior periods	twelve months

THE COURSE OF INSTRUCTION INCLUDES

- Biological and Physical Sciences
- Anatomy and Physiology
- Microbiology
- Chemistry
- Social Sciences
- Psychology
- Sociology
- Social Problems in Nursing Service
- Social Studies
- History of Nursing
- Professional Adjustments I and II
- Nursing Ethics
- Nursing and Health Service in the Family
- Medical Sciences, Nursing and Allied Arts
- Nursing Arts (including Bandaging and Hygiene)
- Pathology
- Drugs and Solutions and Pharmacology
- Physiotherapy
- Nutrition, Food and Cookery
- Diet Therapy
- Medicine (Diseases and Nursing)
- Surgery (Diseases and Nursing)
- Surgical Specialties including Operating Room, Out Patient Department, Gynecology, Orthopedics, Urology, Eye, Ear, Nose and Throat
- Psychiatry
- Gynecology
- Nursing of Children
- Communicable Diseases
- Public Health Nursing
- Swimming



Page from a promotional booklet highlighting the courses offered to students at the JGH School of Nursing. The young women received instruction not only in chemistry (top photo) and anatomy (bottom), but nutrition and cooking (centre).



In 1952, JGH medical personnel gathered in the Nurses' Lecture Hall in Pavilion A for a demonstration of a multi-channel electronic stethoscope, a new device that significantly amplified sound and minimized background noise. This was typical of a desire by JGH physicians to familiarize themselves with the latest forms of medical technology.

SARY SCRAPBOOK



The Jewish General Hospital's western extension, now known as Pavilion C, under construction in 1953.



View of the front of the hospital in the 1960s, when Pavilion C still had its own entrance (lower left) opening onto Côte-Sainte-Catherine Rd.



Early X-ray equipment.



In January 1998, a massive ice storm paralyzed Montreal and disrupted the supply of electricity for days. The frigid weather forced many people to seek shelter and warmth in public institutions capable of generating their own power. In this time of need, the JGH welcomed all who needed help and provided them with cots in the Samuel S. Cohen Auditorium in Pavilion A.

The picture of health

Travelling photo exhibit celebrates JGH's 75th birthday

As you might expect, people are always coming to the Jewish General Hospital. But now, as you might not expect, the JGH is going to the people.

To celebrate the hospital's 75th anniversary, an exhibit of archival photographs hits the road on June 29 after a week-long display at the JGH. *The Jewish General Hospital at 75: A Retrospective* presents highlights and milestones from the JGH's history, including an explanation for the founding of the hospital and its launch in October 1934.

The exhibit of 12 posters, each containing a collage of enlarged photos, is intended to appeal to viewers of all sorts, especially those who have never visited or been treated at the hospital. The accompanying bilingual text describes the JGH's achievements and services, as well as its policy of providing "Care for all"—serving patients from all backgrounds from across Montreal and throughout Quebec. At the same time, the exhibit offers a revealing and often entertaining peek into the way medicine was practised during the early decades of the 20th century.

"During this special year, the JGH has been looking to its distinguished past to prepare for a bright future," says Chief Medical Librarian Arlene Greenberg. "The exhibit is the hospital's gift and tribute to all of the patients, staff, benefactors and volunteers who have made this hospital such a vital element in the life of Montreal."

According to Archival Assistant Shiri Alon, the retrospective traces the full range of the hospital's history, from its precursors (such as the Herzl Dispensary and the Hebrew Maternity Hospital) to the 1929 fundraising campaign, the 1931 groundbreaking, the 1934 inauguration and much more, right up to modern times. "JGH history has been preserved so well that most of the archival materials for this exhibit came from within the hospital," Ms. Alon says. "But there's such a big story to tell that we've only scratched the surface."

Archival Consultant Linda Lei adds that this collection of photos "offers not only a reflection of the close, long-standing bond between the hospital and its community, but a glimpse into a bright future. The exhibit ranges from the launch of the Herzl Dispensary in 1912 to the completion of the expanded Division of Radiation Oncology earlier this year. That's a legacy to be proud of."



Chief Medical Librarian Arlene Greenberg (centre) reviews the JGH's archival photo collection with Archival Consultant Linda Lei (left) and Archival Assistant Shiri Alon.

Where to see the exhibit

June 18 - 26: Jewish General Hospital

June 29 - July 24: Pepsi Forum

July 27 - Aug. 21: Westmount Public Library

Aug. 21 - Sept. 4: McGill University's McLennan Library

Sept. 4 - 25: McGill University's Osler Library

Sept. 25 - Oct. 16: Gelber Conference Centre, 2 Cummings Square

Oct. 16 - Nov. 13: Eleanor London Côte Saint-Luc Public Library

Nov. 13 - Dec. 18: Jewish General Hospital

For more information, please contact Linda Lei at 514-340-8222, ext. 3277.

Take part in the hospital's 75th anniversary with JGH News!

This year, the Jewish General Hospital is celebrating its milestone 75th anniversary. You can catch the excitement in the pages of *JGH News*, which is mailed to you free of charge when you donate to the Jewish General Hospital Foundation.

As always, *JGH News* is also available throughout the hospital.

- If you have already donated to the JGH Foundation in the past two years, you're all set. You will receive *JGH News* automatically by mail.
- If you want to start getting *JGH News* by mail, just donate \$36 or more to the Jewish General Hospital Foundation by phoning 514-340-8251 or by visiting www.jghfoundation.org. This applies to all donations to the Foundation, except memorial funds.
- You will receive a tax receipt from the JGH Foundation for the full amount of your donation, plus *JGH News* as a token of our appreciation.
- For any changes to your subscription, please phone 514-340-8251.

Bigger and better in 2009!

Hastening recovery through “Wii-habilitation”

Virtual reality is yielding true-to-life benefits for patients using the new Wii video playstation in the JGH Department of Occupational Therapy. By manipulating digital controls and watching a TV screen, even someone in a wheelchair can now bowl a strike or shoot a hole in one. Patients are not only entertained, but motivated to perform exercises they might otherwise have been too bored to bother with.

The Wii (pronounced “we”) consists of a wireless, hand-held controller (like a TV remote), a console that contains software, and a monitor. The human player’s digital double is seen on the TV screen, and when the player moves, his or her motions are transmitted through the controller to the virtual world, and are mimicked by the on-screen twin. Thus, lobbing a tennis ball or scoring a base hit requires actual effort by the player.

“I found it very stimulating,” says Patient Zvi Gold, who enjoyed a round of tennis while in a wheelchair. “I felt myself regaining strength. It was a lot of fun and made me want to do more and more.” At the JGH, the Wii has been supplementing traditional therapy since January. Given its potential for what is playfully known as “Wii-habilitation”, the device is gaining wider use among patients with all sorts of injuries and disabilities—even helping them regain some of their lost independence.

“It uses more muscles, with a range of motion in a whole area of the body, not just one injured part,” says Sheila Maislin, Chief of Occupational Therapy (Physical Medicine). “Paraplegics can develop bi-lateral movement and strength through baseball, because they can bat, as well as pitch. Patients paralyzed on one side can work on their sitting and standing balance. People recovering from a stroke can improve hand/eye coordination and perception.”

“It’s not mindless, repetitive activity,” explains Occupational Therapist Gabi Rosberger. “You can have fun instead of



Using the Wii, patient Zvi Gold plays a game of tennis, with guidance from Sheila Maislin (right), Chief of Occupational Therapy, and Occupational Therapist Gabi Rosberger.

thinking, ‘Oh, dear. Here we go again.’ The games require movements and skills that are similar to traditional therapeutic exercises, but less painful and not as tedious.”

“Even Intensive Care patients can play on a team or against an opponent,” says Ms. Maislin, “and that means more interaction with relatives and visitors.”

Some enthusiastic patients end up buying their own units and playing at home—a big bonus, because therapy continues beyond the hospital. “The only problem,” she adds with a laugh, “is that patients may have to wrestle the gaming console away from their grandchildren.”

Belle’s View

At the JGH, every doctor, nurse and healthcare professional has a fascinating story to tell—and Belle Ziniuk is an avid listener. As an author and volunteer, Belle loves meeting and writing about the people who make the hospital great. Be sure to check out her blog at jgh.ca/belle.



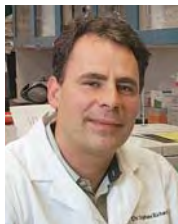
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Hôpital général juif
Jewish General Hospital

NEWSMAKERS

CONGRATULATIONS!



Dr. Stéphane Richard

Dr. Stéphane Richard has been appointed Interim Director of the JGH Lady Davis Institute for Medical Research. Dr. Richard, internationally recognized for research in neuroscience, cancer and metabolism, has served as Associate Director of Basic Research at the LDI since 2005. He is a James McGill Professor in the Departments of Medicine and Oncology at McGill University, and is a National Researcher of the Quebec Fund for Health Research. In a letter congratulating Dr. Richard, McGill Principal Heather Munroe-Blum noted that “the success of the Lady Davis Institute and of McGill are inseparable.”



Dr. Stephen Rosenthal

Dr. Stephen Rosenthal has been appointed Director of Information Services, a key position that touches every aspect of hospital activities, from patient care to finance to quality assurance. Dr. Rosenthal, a staff physician in the Emergency Department, had been serving as interim Director and was instrumental in helping the JGH and the Emergency Department maximize their use of digital technology in electronic records, mobile speech recognition and other medical informatics projects. Dr. Rosenthal, who holds a Master's degree in computer science, will head a new department that consolidates the activities of Information Services, Information Technology and Information Management, while continuing to serve at least one day a week clinically in the Emergency Department. Last year, the Quebec Medical Association presented him with the Alain Cloutier Award for leadership in promoting innovative technology projects. In 2007, he was named one of North America's top 25 healthcare innovators in *Health Imaging & IT*, a U.S. industry journal.

Dr. Serge Carrier has been named Interim Chief of the Department of Urology. Dr. Carrier is Director of McGill University's Urology Training Program and has an active research program in the area of sexual dysfunction.



Dr. Howard Bergman

Dr. Howard Bergman stepped down in April as JGH Chief of Geriatric Medicine to accept an appointment as Vice-President and Scientific Director of the Quebec Fund for Health Research. However, Dr. Bergman, Chief of the Division since 1991, will remain a member of the JGH medical staff and an investigator at the JGH-based Solidage Research Group on services for the elderly. In addition, he will stay on at McGill University as the Dr. Joseph Kaufmann Professor in Geriatric Medicine, and as Professor in McGill's Departments of Medicine, Family Medicine and Oncology. In his new position, Dr. Bergman will play a key role in enabling the Quebec Fund for Health Research to provide funding for research, contribute to training, and establish partnerships related to research and innovation in Quebec.



Dr. Ernesto L. Schiffrin

Dr. Ernesto L. Schiffrin, JGH Physician-in-Chief, has been named President of the Quebec Hypertension Society. Dr. Schiffrin, a founding member of the Society, is Past President of the Canadian Hypertension Society and former Chair of the High Blood Pressure Research Council of the American Heart Association. He is currently Associate Editor of *Hypertension*, the journal of the American Heart Association.

Dr. Mark Wainberg, former JGH Director of Research and internationally renowned for his ongoing HIV/AIDS research at the Lady Davis Institute for Medical Research, has been chosen to receive the Canadian Medical Association's Medal of Honour at the CMA's annual meeting in Saskatoon in August. This is the highest honour the association bestows on individuals who are not members of the medical profession. At a ceremony earlier this year, Dr. Wainberg was named a Chevalier in the *Légion d'honneur*, France's highest honour. He is also an Officer of the Order of Canada and an Officer of the National Order of Quebec.



Dr. Mark Wainberg (second from left), wearing his *Légion d'honneur* medal, is joined by JGH Executive Director **Dr. Hartley Stern** (left), Incoming JGH President **Bernard Stotland** (second from right) and **Françoise Barre-Sinoussi**, a Nobel Prize-winning French virologist.



Dr. Walter Gotlieb at the main console of the da Vinci Surgical System.

Dr. Walter Gotlieb, a member of the Department of Obstetrics and Gynecology and one of the earliest JGH physicians to be trained in robot-assisted surgery, was among the featured speakers at the 1st Annual World Robotic Gynecology Congress in Chicago in May. The international conference was organized in response to growing interest in the use of cutting-edge robotics technology in gynecologic surgery.

WELCOME!

Rosemary Steinberg has joined the Jewish General Hospital as Local Commissioner of Complaints and Quality of Services. In this role, Ms. Steinberg assists patients and their families, using the complaint process not only to mediate in various situations, but to identify areas where hospital services can be improved. “I ask myself three basic questions,” she says. “Could or should anything else have been done in a particular situation? Could anything have been done better? Is there anything we can learn from this situation?” A social worker by training, Ms. Steinberg has extensive experience as a clinical social worker, a manager and a Complaints Commissioner, including 15 years at the Ville Marie Social Service Centres.



Rosemary Steinberg

As the JGH’s new industrial hygienist, **Mario Beaulieu** is identifying potential workplace hazards and developing ways of improving safety in the hospital and in the Lady Davis Institute for Medical Research. Mr. Beaulieu will also study working conditions from an occupational health and safety perspective, while assessing possible physical, chemical, and biological hazards. In addition, he will develop, design and update programs relating to the identification, evaluation and monitoring of the workplace environment. Mr. Beaulieu has more than 10 years of experience in risk management, planning and the implementation of institutional and industrial hygiene prevention programs in the healthcare sector.

In memoriam



The Jewish General Hospital extends its condolences to the family of **Dr. David Halperin**, former JGH Chief of the Division of Otolaryngology (Ear-Nose-Throat), who died in March at the age of 97. Dr. Halperin was born and raised in Montreal and received his M.D. from McGill University.

He first worked at the JGH as an intern in 1939-1940, served his residency in otolaryngology at the Royal Victoria Hospital from 1940 to 1942, and then returned to the JGH as a member of staff in 1942. Dr. Halperin held the position of Chief of Otolaryngology from 1962 to 1971 and remained on staff until his retirement in 1991.

Making education easy to swallow



Dr. Albert Cohen with Coronation School Principal Teresa Germano-Saucier (left), English Montreal School Board Commissioner Ellie Israel and some of the school’s pupils.

As Dr. Albert Cohen uncoils a long, black tube from its case, some 250 elementary students at the Coronation School let out a collective gasp. “Do you put that in the belly-button?” wonders one child, gazing warily at the slightly sinister-looking medical device. Not quite, but it’s a pretty good guess.

It turns out Dr. Cohen, JGH Chief of Gastroenterology, is holding a gastroscop, which is placed down the esophagus. But what he’s really holding is the pupils’ rapt attention, which is quite a feat in itself.

Dr. Cohen, a former Coronation student, returned to his “alma mater” for an afternoon in January as part of a campaign by the English Montreal School Board to have prominent graduates act as role models and explain the careers they’ve chosen.

To prepare for his visit, students in Grades 3 through 6 read up on digestion. And just before Dr. Cohen spoke to a gymnasium full of kids, his role was described by Mike Cohen, Director of Communications at the EMSB, in terms the pupils could relate to: “He’s the boss of all the stomach doctors at the Jewish General Hospital.” A moment later, Mr. Cohen asked, “How many of you might want to be a doctor one day?”

Another tough question for the 8- to 10-year-olds, but it wasn’t one they were expected to answer. Rather, Dr. Cohen just tried to plant the seeds of an idea and offer a few words of encouragement: “I want you to know that with hard work and determination, you can do anything you want. If you stay in school, it gives you choices.”

The students’ interest was evident in the curiosity that fuelled their questions: “When you stretch out a large intestine, is it as long as a tennis field?” “Why does stomach acid burn?” “What are the strangest things your patients have swallowed?” (Answer: a pop bottle, pins.)

One particular question struck home: “What do you like most about your job?”

Smiling, Dr. Cohen replied that he enjoys playing with “the toys of the trade” such as the gastroscop. But he tied it all back to education, adding that the most gratifying aspect of his work is “using what you learn in many years of training to do something to help someone.”

Phenomenal Pharmacy phacts

Brainy technology verifies safety of IV drugs

JGH patients who receive intravenous drugs are even safer, now that their pumps are smarter.

Earlier this year, the Jewish General Hospital became the first of Montreal's university teaching hospitals to use nothing but digital smart pumps in every department to ensure that patients get the right dose of medication at the proper rate. According to JGH pharmacist Aline Markarian, programming occurs approximately 10,500 times per week, providing patients with medication from a total of 562 smart pumps.

Each pump is connected wirelessly to a database of information on the full array of drugs that the JGH uses for all types of patients in all departments. The moment a pump is programmed to provide a drug to a particular patient, the instructions are instantly checked against information in the database. If the pump determines the patient may be in danger, it denies the request to begin pumping the medication and it prompts the programmer to check for an error.

Ms. Markarian, who spent two months last year creating the drug database, says the digital technology also allows the Pharmacy Department to compile statistics on how the pumps are programmed. Records show that during the early months of 2009, the pumps were ordered to administer the right drug at the appropriate rate almost all the time. However, in some cases, programming errors were detected, including 10 instances where there might have been serious repercussions if the patient had received the drug as originally programmed.

The technology can't identify an individual who mis-programs a specific pump, Ms. Markarian says, but it can spot the location in the hospital where the error nearly occurred. Thus, the Pharmacy



At the bedside of Robert Di-Fiore in the Coronary Care Unit, pharmacist Aline Markarian (left) demonstrates the features of the new smart pump to nurse Catherine Lagacé, who is about to program the device.

Department is familiar with areas whose personnel may need clearer information. Since pharmacists can also determine whether a particular drug is repeatedly involved in incorrect programming, the Pharmacy Department can alert nurses and doctors to be especially careful to avoid mishaps with that drug.

"We're very satisfied with the way this system is performing," Ms. Markarian says. "It means we've successfully implemented safeguards that are making an already good safety record even better."

"Do I take the blue pill or the pink pill? Or both? Or neither?"

For some patients, medication can be a minefield of potential confusion. Consider Mr. J. who regularly takes drug X. During his hospital stay, he is given a substitute for drug X; on discharge, he gets a prescription for drug Z. But after the new prescription is filled, he begins to wonder whether he should be taking drug Z *in addition* to drug X or *instead of* X? His retail pharmacist isn't sure, because the hospital's instructions are unclear. So follow-up phone calls must be made.

Sound complicated? It gets worse. Imagine how bewildering the scenario would be if Mr. J. had multiple medical problems and had to juggle more drugs than just X and Z.

To avoid this sort of tiresome and potentially hazardous dilemma, the JGH is among an increasing number of hospitals to embrace a procedure known as "medication

reconciliation"—creation of a highly detailed and accurate picture of each patient's drug requirements, past and present.

Having recognized the importance of medication reconciliation, Accreditation Canada, which inspects and accredits Canadian healthcare institutions, has mandated that it be fully implemented this year in at least one clinical service area. A plan must also be in place to eventually implement the process throughout the hospital. At the JGH, the system is already in place in Surgery, Hematology-Oncology, Internal Medicine and, to a limited extent, in Emergency, says Pharmacist Caroline Robitaille, a member of the JGH Medication Management Accreditation Team.

"For instance," Ms. Robitaille says, "we might get a patient who thinks he took a blue pill or a pink pill at home. So we have to determine exactly what he's talking about.



Representing Pharmascience Inc. in supporting medication reconciliation at the JGH are (from left) David Goodman, CEO; Elise Vezina, Senior Director, Hospital and Institutional Division; Janis Levine, Advisor, Community and Charitable Affairs; and Diane Favretto.

Another patient might be so used to wearing a nicotine or nitroglycerin patch that she forgets to tell us about it. This is why

Herzl clinic expands walk-in service

To provide greater access to healthcare services and reduce pressure on the Emergency Department, the JGH Herzl Family Practice Centre has opened a new type of walk-in clinic, with support from the Montreal Regional Health and Social Services Agency and the CSSS de la Montagne.

we have to ask the kinds of questions that produce the necessary information.”

“The goal,” says Eva Cohen, Chief of the Pharmacy Department, “is to provide seamless continuity of care. To do this, we have to eliminate discrepancies at admission, transfer and discharge—crucial transition points where changes are often made to a patient’s medication.”

The practice has proved particularly beneficial for patients who are transferred from the JGH to the continuing care of Residence Salomon. Each patient participates in an unusually detailed, 45-minute interview at the JGH, covering every aspect of his or her health, including the hospital stay and the individual’s needs during recuperation. The funding for this time-consuming process has been sponsored by Pharmascience Inc., a Montreal-based generic pharmaceutical company. Pharmascience is committed to investing in community and charitable activities, as well as in applied scientific research, thereby enhancing the health and well-being of citizens world-wide.

“Our goal is to decrease adverse drug events by improving patient-pharmacist communication,” says David Goodman, CEO of Pharmascience. “We’re very pleased with the progress of this project, which is part of a larger initiative to make a difference in the lives of people in our community by using our own strengths.” Diane Favretto, Director of Pharmacy Programs and Professional Relations at Pharmascience, adds that the company also eventually hopes “to share this success story on a broader scale.”

Ms. Cohen says that in the interests of safety, the JGH has collected patients’ medication information for years. But only recently has the process been formalized, with data entered on a dedicated form in the patient’s chart. This information is also fed into the hospital’s electronic health record, to be retrieved quickly and easily if the patient returns for later treatment. “We want to keep patients safe not just while they’re at the JGH, but after they’ve left our care,” Ms. Cohen says.

The service, known as the Herzl Walk-in Clinic, was launched in April and is available 365 days a year to anyone—even without an appointment or prior telephone call—Monday through Friday from 1:00 to 9:00 p.m., and on weekends from 9:00 a.m. to 5:00 p.m. Plans call for the clinic open at 9:00 on weekdays, starting this fall. Walk-in patients are seen in Pavilion H in the main-floor premises of the Cardiovascular Prevention Centre. Patients with regular appointments for the Herzl Family Practice Centre continue to be seen, as usual, on the second floor of Pavilion H.

The clinic is a pilot project that allows greater numbers of patients to be examined and treated more quickly and effectively. The Jewish General Hospital and the Verdun Hospital are the only Montreal-area healthcare institutions that

have been chosen to test the viability of this concept. Dr. Michael Malus, JGH Chief of Family Medicine, says since the service is supported by a team of JGH healthcare professionals, it enables a patient with one or more chronic illnesses to be treated on the spot. If a patient with a chronic illness needs medical care between regular visits, the walk-in clinic can help before a crisis develops and hospitalization is required.

The new clinic is not meant to replace the Emergency Department for critical cases, Dr. Malus adds. “We see ourselves as a support system to ease the load on the Emergency room and look after patients with suitable walk-in problems. The team provides care for patients with chronic illness who would otherwise likely require hospital admission if their needs were left unmet.”

Obstetrics-Gynecology moves to Pavilion H

The development of a JGH Centre of Excellence for Women’s Health took a significant step forward this spring with the move of the Department of Obstetrics and Gynecology out of Pavilion A to brighter, more spacious and more comfortable facilities on the third floor of Pavilion H.

Dr. Togas Tulandi, Chief of Obstetrics and Gynecology, says his long-range plan is to base the Centre in Pavilion K, which the JGH hopes to build on vacant land adjacent to the hospital. For the moment, he adds, the move will consolidate his department’s activities, while improving conditions for patients and staff. Particularly important was the need to get the high-risk pregnancy clinic and the obstetrics ultrasound unit out of their cramped quarters in the basement of Pavilion A.

“We’ve been looking forward to this for years,” says Dr. Tulandi. “The new facilities are a big improvement, because patients don’t feel like they’re being seen in a conventional hospital environment.

The brightness and airiness lift their spirits and they no longer have to wait in corridors, which was often the case in Pavilion A.”

Dr. Tulandi hopes the facilities in Pavilion H will act as a catalyst for the creation of the Centre of Excellence for Women’s Health. Plans include the development of a specialty menopause clinic, the involvement of consultants on issues related to women’s health (for example, post partum depression), and greater opportunities for research. “Ideally,” he says, “we’ll plant the seeds in Pavilion H, and once Pavilion K has opened, we’ll be running a full-scale women’s health centre.”



AUXILIARY NEWS

Baton is passed to new Co-Presidents

The results are in: During Rona Green's recently ended two-year term as Auxiliary President, more than \$1.8 million was raised to buy much-needed equipment for the Jewish General Hospital. The news drew spirited applause at The Auxiliary's 73rd Annual General Meeting in the Samuel S. Cohen Auditorium on May 13, where Linny Blauer and Phyllis Karper were installed as the new Co-Presidents. After thanking Ms. Green for her leadership, they expressed the hope that they would lead The Auxiliary to even greater heights. A highlight of the meeting was the keynote speech by Diane Proulx-Guerrera, recipient of the 2009 Hope Award as founder of the CURE Foundation for breast cancer.



Linny Blauer (left) and Phyllis Karper.



Celebrating the birth of your own Precious Treasure?

Why not mark the new arrival by purchasing a commemorative teddy bear plaque, with proceeds benefiting the JGH. For more information, please phone The Auxiliary at 514-340-8216.

Today's bouquets at La Boutique



La Boutique, The Auxiliary's transformed flower shop, has spread its petals and opened for business in the JGH's newly renovated main lobby. Make it your prime destination for floral arrangements and all sorts of gifts items, including customized gift baskets.

Coming up aces



The deck was stacked in favour of The Auxiliary, as players met for the 29th Annual Bridge Tournament at Shaar Hashomayim Congregation—including a special section for mahjong competitors. Proceeds helped to complete the funding for a high-definition colonoscope. Chairs of the event were (from left) Debbie Schouela, Bonnie Rothstein and Ellen Amdursky.

ON THE HORIZON

Don't miss these exciting events

August Summer Outing

Event Chairs are Marcia Guralnick and Joan Morris.

Nov. 1-2 Fall Bazaar

Samuel S. Cohen Auditorium (Pavilion A)
Go bargain hunting for all-new merchandise, collectibles and vintage furs. Event Chairs are Sarah Hutman and Susan Wainberg.

Fall Cooking with Chef Shawna

More info in the next issue of JGH News.

Springing forward for savings



Members of The Auxiliary were out in full force to welcome shoppers to the Spring into Spring Sale in the Samuel S. Cohen Auditorium. Hospital staff and visitors snapped up designer clothing and jewelry at incredible savings.

Open-door policy for Auxiliary Co-Presidents

If you've ever given any thought to joining the JGH Auxiliary, its new Co-Presidents want to have a word with you—and that word is “Welcome!”

Linny Blauer and Phyllis Karper, who began their two-year term in May, say they understand why prospective members might wonder if there's a place for them in such a venerable, 73-year-old organization.

“The Auxiliary may have a storied history, but it also has warmth and that's been the key to its success,” says Ms. Blauer. “There's no reason to feel you might not belong. Phyllis and I—in fact, all of us—were newcomers at some point. Anyone who's willing to give of themselves, in whatever way they can, will find an open door at The Auxiliary.”

“As Co-Presidents, we want to emphasize that there's something here for everybody,” agrees Mrs. Karper, “and the ones who benefit most are the hospital's patients. A member can come in once a week or once a month—we're not fussy. But we do know that once they arrive, they'll feel good about themselves and about helping the hospital.”

New blood and new ideas are especially important now that the economy has hit a rocky patch, the Co-Presidents say. But, they add, dedication and fresh ideas can minimize the recession's impact. As proof, they point to The Auxiliary's formation in 1936—smack in the middle of the Great Depression—and the fact that the 2-year-old Jewish General Hospital survived, thanks in part to The Auxiliary's volunteers and fund-raising projects.

It's a tradition that Ms. Blauer says she's proud to be part of, not just at the JGH (where she's also been a Hope & Cope volunteer for 25 years), but in her own family: Her grandmother was President of the Jewish Hospital of Hope, and her mother served two terms as President of Mount Sinai Hospital. “It just comes naturally to us,” she says, proudly noting that her daughter is involved at the Ronald McDonald House in Boston.

Ms. Blauer, who earned a Bachelor's degree in psychology at McGill University, says she was initially involved with The Auxiliary briefly in the early 1990s. However, after being encouraged to return by Past President Dorothy Rotholz, she has been busy since 2001 in various capacities. “My kids were born here at the JGH,” she says, “my friends are doctors here and I feel at home here. I feel good about what this hospital stands for.”

Mrs. Karper's association with The Auxiliary dates back to 1987, when she was encouraged by Past President Rona Miller to lend a hand. After getting her feet wet with The Auxiliary's fur sale, she gradually began taking part in many other activities. At the same time, she has given her time to other projects and organizations, including an effort to raise money to subsidize the testing of patients for Canavan disease (a degenerative disorder that damages nerve cells in the brain) at the Montreal Children's Hospital.

“The moment you walk through the door, you feel the camaraderie at The Auxiliary,” Mrs. Karper says. “That's not to say there isn't a lot of hard work to be done. But in this kind of atmosphere, you feel there's nothing you can't do.”



Phyllis Karper (left) and Linny Blauer.

Throwing a Lifeline to a thousand subscribers

Eight years after the JGH Auxiliary teamed with Philips Lifeline to offer clients a simple, effective way to summon prompt emergency medical assistance, the partners have logged their landmark 1,000th subscriber. As an added bonus, as of this past spring, their collaboration had yielded a total of \$250,000 to buy medical equipment for the JGH Division of Geriatrics and other departments.

“It feels wonderful knowing we've given peace of mind to so many people and also helped the hospital,” says Lifeline Chair Fran Yagod. “I'm one of the volunteers who goes into homes and installs the equipment. On many occasions, I've sat over the kitchen table with subscribers who have told me how grateful they are to know that all it takes to call for help is the press of a button.”

The service is geared to individuals who are able to live on their own, but might need to summon help quickly because of their advanced age or medical condition. When assistance is required, the subscriber taps a button on an electronic bracelet or necklace and is immediately connected to a response centre. A trained staffer determines the nature of the problem and then arranges for the appropriate help to be sent. The service is especially useful in instances where individuals have fallen or suffered a medical crisis that restricts their movement.

When the service is booked through The Auxiliary and installed by a trained volunteer, a portion of the installation fee is donated by Philips Lifeline to The Auxiliary. Subscribers also pay a monthly monitoring fee.

Ms. Yagod, a Vice-President of The Auxiliary, says she helped launch the Philips Lifeline project in 2001 after retiring from a senior management position at CN. “I liked it so much that I just kept at it, and now it's satisfying to look back and see how much it has grown through the years.”

“This is Fran's baby and she deserves a lot of credit for it,” says Nancy Rubin, The Auxiliary's Director. “A project is only as good as its leader, and it says a lot that this one has crossed the 1,000-subscriber mark.”

The Philips Lifeline service can be ordered at 514-344-2172. To celebrate hitting the 1,000-subscriber mark, The Auxiliary is offering new clients the first two months free if they mention code JGH11.

Keeping knees at ease



Dr. John Antoniou examines a patient's knee.

With over 3,000 orthopedic surgeries behind him, Dr. John Antoniou might be expected to advocate coddling one's knees. Not so! As an Attending Staff in the JGH Department of Orthopedics, Dr. Antoniou does urge caution, but he also encourages patients to forge ahead in their daily lives and not avoid their regular activities out of fear of injury. He says he is also quick to remind them that "their knees do not trump their health", calling instead for a balanced and energetic lifestyle to help promote overall well-being.

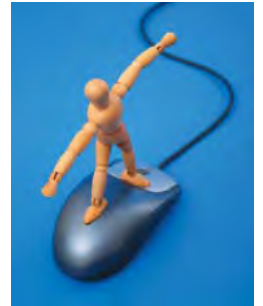
Dr. Antoniou, who is also Associate Professor of Surgery at McGill University, notes that bad habits and repetitive strains can sometimes be even more harmful than potentially hazardous activities. "With obesity affecting more and more people, knee problems are on the rise," he says. Among the other culprits are high-impact sports, primarily jogging, which "definitely increases the risk factor for knee injuries."

So how do you balance health-enhancing exercise against knee-bashing risk? Dr. Antoniou recommends alternative sports such as swimming and cycling, which provide a high-intensity workout but don't place as great a strain on the knees. He also dismisses the practice of popping a few pain relievers before hitting the gym. "Taking any kind of pain killer before working out will simply mask the problem, not prevent it," he says. What works best is a healthy dose of common sense.

For more information on keeping knees in good condition, please visit www.shoulderhipknee.com and www.coa-aco.org.

Rating health info online

Looking for health information on the Internet? Good for you. It pays to be well informed and there's a lot of useful advice out there. But which of the countless websites are trustworthy? Before you put your faith in something you've read online, the JGH Patient and Family Resource Centre suggests you ask these questions:



Who created the website? Their names should be easy to find, they should be qualified to provide medical information, and they should be easy to contact.

What is the source of the information? There should be an explanation of where the facts came from and what sort of research they are based on.

Is the information timely? The date of the web page's last update should be displayed. If a year or more has passed, the information may be outdated or of limited value.

Is the website trying to sell something? If the text encourages you to buy a drug, vitamin or other product, the information may be biased. Ads are fine, but they should be clearly separated from the health-related content.

Also remember that information on the Internet is general, may not apply to you, and should not replace an appointment with a health-care professional.

Some sites worth visiting:

- **Medline Plus Guide to Healthy Web Surfing** suggests what to look for in evaluating the quality of online health information. www.nlm.nih.gov/medlineplus/healthywebsurfing.html
- **Health on the Net Foundation** evaluates online medical information. After reviewing its criteria, you can look for the HONcode logo on health websites. www.hon.ch/HONcode/Conduct.html
- **Behind the Medical Headlines** has information by health professionals about topics in the international media. The online articles reduce confusion that result from incomplete or incorrect reporting. <http://behindthemedicalheadlines.com>
- **Medical Library Association User's Guide** offers a thorough guide to health information sources, including evaluation guidelines and Top 10 health websites with links. www.mlanet.org/resources/userguide.html

For more tips on reliable health information, plus links to various topics, visit the Patient and Family Resource Centre at jgh.ca/PFRC.

The Foundation Report

Jewish General Hospital Foundation – www.jghfoundation.org



Jewish General Hospital
Foundation

Power to Heal campaign hits \$175 million mark!

It's hard to believe, but the Jewish General Hospital marks its 75th anniversary on October 8. What a fabulous journey this has been! Starting with a modest 150 beds at its opening in 1934, the hospital has grown most impressively.

And the changes keep coming. Over the past several months, the JGH has celebrated the reopening of its completely renovated Palliative Care nursing unit, with bright, beautiful hallways, larger and more modern rooms with refurbished, wheelchair-accessible bathrooms, upgraded ventilation and comfortable furniture for visitors. The JGH is also proudly displaying improvements to 8 Northwest, with improved functionality for nursing stations, refurbished rooms and wheelchair accessible bathrooms.



8 Northwest before renovation.



8 Northwest after its transformation.

June is the month for another of the year's major highlights: the long-awaited opening of the renovated main entrance and lobby on Côte-Sainte-Catherine Road. This is the perfect gateway for a hospital that has become a premier medical institution and a source of pride for the Quebec healthcare network.

It took unique partnerships—involving a talented and devoted medical team, committed leaders and volunteers, generous donors and the Quebec government—to get to this point. Many of the recent expansions were made possible by the Power to Heal campaign, which has also supported innovative patient programs, acquisition of the latest medical technology, novel research initiatives and renovated facilities.



Original JGH lobby.

In spite of these difficult economic times, the hospital's supporters are serving as a forceful reminder that superior healthcare must remain the JGH's number one priority. For a hospital whose humble beginnings are rooted in the Great Depression, it is only fitting that we rise to a similar challenge today.

The Foundation has planned an exciting roster of summer activities to give Quebec residents an opportunity to support outstanding medical care, while enjoying fantastic sporting events and elegant soirées. We look forward to our continued collaboration, which produces the critical resources that the JGH needs to provide the best possible medical care.



Artist's conception of the new lobby.

Thank you all for your care and involvement, and best wishes for a wonderful summer!

Morton Brownstein, C.M.
Campaign Co-Chair

Edward Wiltzer
Campaign Co-Chair

Richard Dubrovsky
Chair, JGH Foundation

Myer Bick
President & CEO, JGH Foundation

HSBC tees off against cancer

HSBC Bank Canada received a warm and appreciative “thank you” on March 17 for its generous, long-time support for the JGH, especially \$1.6 million for the Segal Cancer Centre.

These funds reflect HSBC’s 2004 commitment to make the hospital the beneficiary of proceeds from the bank’s annual golf tournament, which also provides invaluable support to the JGH Adolescent and Young Adult Oncology Program.

“HSBC and its clients share a precious and treasured partnership with the JGH,” said Miguel Barrieras, Senior Vice-President, National Head of Business Banking and Head of Quebec. “We will continue to cherish this relationship and we look forward to many more joint ventures to ensure that those who are afflicted by cancer receive the best treatments available.”

Also attending from HSBC Bank Canada were Lindsay Gordon, President and CEO; Matt Bosrock, Deputy CEO; and Jon Hountalas, Executive Vice-President, Commercial Banking. The Foundation extends its heartfelt thanks to HSBC and everyone who has contributed to the success of the HSBC Golf Tournament.

Don’t miss the 8th annual tournament, in collaboration with the JGH, on Sept. 30 at the Royal Montreal Golf Club!



From left: Miguel Barrieras, Samuel Minzberg, Jon Hountalas and Matt Bosrock.

A visionary’s life after death



The Teitelbaum Family and JGH Pulmonary team pay tribute to the late Lawrence Lewin.

Ever since the launch of the JGH Weekend to End Breast Cancer in 2004, Lawrence Lewin and his wife, Carole Teitelbaum, were loyal and devoted participants. In business and in life, Mr. Lewin was known as a visionary, a title he staunchly upheld even after he learned he had lung cancer in 2007. Deciding that this diagnosis could be an opportunity to learn about and contribute to a cure, the couple made a generous gift to the Division of Pulmonary Diseases.

Although Mr. Lewin lost his battle on Nov. 12, 2008, his vision and spirit live on. Today the gift is helping in the development of customized medical protocols for pulmonary cancer patients. The Foundation would also like to thank Mrs. Teitelbaum’s parents, Maily and Irving, for their generous gift in honour of their daughter and her husband. It has enabled the JGH to purchase a state-of-the-art microscope to help Dr. Alan Spatz, Chief of Pathology, and his team in pursuing oncology research.

A legacy of giving continues



Antoinette Zavolta ushered in spring with a fundraising dinner to honour the memory of her late husband, Mario, and to continue their legacy of giving. This followed last fall’s successful bowl-a-thon for the Mario Zavolta Memorial Fund for Pulmonary Cancer Research. Antoinette’s continued dedication and efforts are greatly enjoyed and appreciated by friends, family and the JGH.

A modern knight's memory still shines

Certain people have a character so noble, make an impact so great and leave a legacy so sound that everyone is richer for having known them.

Saul Abracen was one such person. Hardworking, savvy and self-made, Saul came from humble beginnings that instilled in him the values of love, understanding and compassion, which he applied to every part of his life, to the great benefit of the JGH.

An ardent and long-time supporter of the hospital, Saul shared his acumen and success. As a patient who was impressed with the care he received, he subtly questioned doctors to better understand where funds were needed most. When he gave, it was to the maximum benefit of doctors and staff.

Despite the loss on Oct. 21, 2008, of a man affectionately known as “a knight in shining armour,” the memory of Saul’s friendship, generosity and unfailing smile will live on. The Foundation extends its sincerest condolences to Joyce and the entire Abracen family.



Joyce and the late Saul Stanley Abracen.

A gift to mend broken hearts

Losing a child is one of the greatest tragedies a parent can face. However, transforming this loss into a life of giving is one way to heal while paying tribute.

Alice and Joel Raby, who lost their daughter Beth to a congenital heart defect, understand this process more than most. As two of the earliest supporters of the Foundation’s Power to Heal campaign, the Rabys created the Beth Raby Adult Congenital Heart Clinic “as a meaningful way to honour Beth and help the hospital,” says Alice.

The Rabys’ involvement with the JGH is a long one. Both have given freely of their time and expertise by participating in several committees—including Joel on the Foundation’s Investment and Finance Committee, and both serving as Foundation Trustees. “We made this donation to help the hospital continue to grow,” says Joel, “and to help provide expert care for patients who suffer from a congenital heart condition.”



Joel and Alice Raby.

Levinschi legacy lives on



A native of Romania, Gustav Levinschi came to Montreal in the late 1940s. Like many successful immigrants, he built his eventual fortune through intense, hard work and a supportive community. Having had no children to whom he could pass on his affairs, he chose to create the Gustav Levinschi Foundation, whose mission is to “improve physical and mental health and alleviate poverty, with a special focus on children, adolescents and the elderly.” This was Gustav’s way of returning the favour to his community.

Ever since Gustav succumbed to Alzheimer’s disease in the mid-1980s, his foundation has been diligently run by his nieces, Herta Hacker and Anita David, with the help of Norman and Irving Hacker.

In keeping with Gustav’s wish to help society’s most vulnerable people, substantial sums have been donated over the years to the JGH Geriatric Memory Clinic, as well as to nursing education and psychiatry. Sharp and observant in life, Gustav is remembered for his spontaneous acts of generosity, such as personally purchasing a much-needed, highly specialized table for the Ophthalmology Department. Thanks to his devoted family of volunteers, Gustav’s work continues and his legacy lives on.

Generation "G" for generosity

Coddled, over-parented, self-absorbed, consumed by technology... Today's kids take a lot of criticism. That's why the Foundation is so proud to acknowledge some outstanding young people who have challenged the stereotypes and demonstrated tremendous heart.

Sweet mystery of Enigma



From left: Ashley Dana, Melanie Weinstein and Candice Simpson.

It was promoted as "an unparalleled dance production". Unparalleled indeed! And all to benefit the JGH's 7 Northwest oncology unit. Guests who attended the Enigma event on April 28 at Club Soda were swept away by dances and songs that were outstandingly choreographed and costumed, each a deeply moving story of love and loss.

The event, particularly its opening video, recalled Ian Samberg, who lost his battle against cancer at the age of 44 and in whose honour the Vision of Hope organization was created to bring high-quality improvements to 7 Northwest. Enigma organizers Ashley Dana, Melanie Weinstein and Candice Simpson, the children of friends of the Vision of Hope founders, demonstrated a level of professionalism, artistry and vision that has earned them the Foundation's warmest thanks.

To purchase a DVD of the show, please contact Ashley at 514-945-1085. More information is available online at www.jghfoundation.org/enigma.

Becoming a true man



Larry Sidel (left) and Brandon Letovsky

Unlike some 13-year-old boys who spend their birthday money on video games, Brandon Letovsky did what came naturally: He made a donation. In the name of each of the guests at his bar mitzvah, Brandon earmarked a portion of his cash gifts toward the JGH. In doing so, he honoured the memory of his great-grandparents who launched the Letovsky legacy of giving, which clearly survives to this day.

Donation fits to a "T"

Special thanks to Grade 11 student Mary Anusha Thiyagarajah, who sold T-shirts to raise money for breast cancer research at the Segal Cancer Centre.

A penny saved is a penny donated

"This miser's bag was made and filled with coppers of several years' savings by a little girl who, sorry to say, has passed away. These coppers were cherished by the family, but they can now be used for buying bricks for the children's ward in the Jewish General Hospital."



This note, attached to a bag of pennies in 1929, is a heart-warming symbol of the sentiment that went into supporting the original campaign to build the Jewish General Hospital. Now history is repeating itself. Generations later, children are again coming forward with piggy banks and jars of coins in preparation for Coins for Comfort. This fundraising effort is part of the Feeling Bedder campaign, which raises funds to replace patients' beds and room furnishings.

Look for details on Coins for Comfort this September in the fall issue of JGH News. For more on the Feeling Bedder campaign, please visit:

www.jghfoundation.org/bed

Personal efforts pay off



Danielle Bitton Benbaron (second from right) and her family.

Running a successful hospital takes not only money, but the talent, skill and caring of countless individuals. The same can be said of supporting a hospital—a fact beautifully exemplified by Danielle Bitton Benbaron. Touched by the care that her mother received from the Cardiology Division and ICU staff, Danielle and her family generously provided special ICU beds, funded the ICU Family Rounds, and purchased a patient bed through the Foundation's Feeling Bedder campaign.

Danielle, an experienced event planner, then went a step further by applying her know-how and contacts to help organize several successful JGH events, including the 2005 and 2006 Angel Balls. As a Foundation Trustee, Danielle has earned the Foundation's deepest appreciation for her past efforts and her upcoming role in this November's Angel Ball.

Rewarding events

Special thanks to the organizers whose outstanding dedication and support for the JGH made these third-party events such a great success:

Le Super Sexy Party

February 13 – Restaurant Le Saint-Gabriel
Organized by Sara Varano
\$1,500 for research into cancers of the reproductive organs

Enigma: A Tribute to Ian Samberg

April 28 – Club Soda
Organized by Ashley Dana, Candice Simpson and Melanie Weinstein
Over \$45,000 to refurbish 7 Northwest

22nd Annual Omnium Casa Napoli Golf Tournament

May 26 – Lachute Golf Club
Organized by the Napolitano Family
Benefiting the Division of Cardiac Surgery
Amount raised unavailable at press time

UPCOMING FUNDRAISING EVENTS

July 4

7th Annual Cecil's Ride

Benefiting the Colorectal Cancer Molecular Diagnostics Program. Stowe, Vermont

July 10-12

1st Ride to Conquer Cancer

Benefiting cancer research at the Segal Cancer Centre

July 30

12th Annual Tennis Classic

Benefiting prostate cancer research, Jarry Park / BICE. For tickets to dinner party at BICE, please call 514-340-8222, ext. 3986

August 22-23

5th Weekend to End Breast Cancer

Benefiting the Segal Cancer Centre for research into breast cancer and other cancers affecting women

August 25

Hope & Cope Soirée Fantastique

Congregation Shaar Hashomayim

September

5th Annual Lila Sigal Hockey Marathon

Benefiting the Cancer Nutrition and Rehabilitation Program
Samuel Moscovitch Arena
www.marathonhockey.com

September 30

8th HSBC Golf Tournament

Royal Montreal Golf Club
Benefiting the Segal Cancer Centre, particularly the Adolescent and Young Adult Oncology Program

October 21

Let's Get Going

Corporate black tie event benefiting the Oncology unit
Golf Saint-Raphaël. 514-685-3234

November 1-2

Auxiliary Fall Fair

Samuel S. Cohen Auditorium (Pavilion A)

November 5

3rd Angel Ball

Honouring Susan Wener and Guardian Angel
Natalie Ann Toussaint Angelopoulos
Benefiting the Segal Cancer Centre. Marché Bonsecours

November 29

2nd Cabaret for the Cure

Benefiting leukemia research. Le Living Room

For more information about any event, please call the Foundation at 514-340-8251

PLANNED GIVING

Planning for a healthier tomorrow

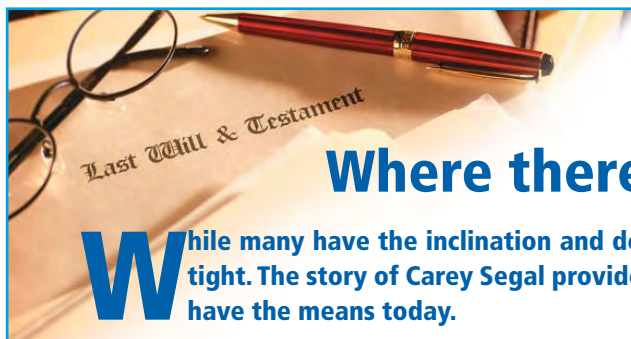
Life insurance makes all the difference

For Edwidge Santerre, a retired teacher from Quebec City, who grew up in a large, tight-knit family where she was encouraged to give back whenever and however she could, compassion and generosity have always been a way of life. Never married and with no children of her own, Edwidge, who worked hard all of her life, has found the perfect way to make a lasting contribution to a cause close to her heart. Madame Santerre has chosen to use her life insurance to donate part of her estate to AIDS research at the JGH.

By choosing a gift of life insurance, Mme Santerre pays an affordable monthly premium to ensure that the McGill AIDS Centre, which is based at the Jewish General Hospital, will receive the proceeds of her life insurance on her death. She is also sent an annual donation receipt, which helps to reduce her taxes.

Life insurance is an exceedingly effective and affordable way to donate to the JGH Foundation. This gift can be made by purchasing a new policy or transferring an existing one. In most cases, an annual donation in the amount of the insurance premium is made, and a charitable donation receipt is issued. Donors may also opt to donate their policy's proceeds at death in order to reduce taxes on their final tax return.

So why not consider a gift of life insurance, just like Mme Santerre? It is an opportunity to make a significant difference in the future of health care and create a lasting legacy today!



Where there's a will, there's a way

While many have the inclination and desire to give, some people find time and funds especially tight. The story of Carey Segal provides inspiration for all those who have the will, but may not have the means today.

A humble housekeeper at the Montreal Convalescent Home (now the Lindsay Rehabilitation Hospital), Carey went from caring for his dying mother to devoting his energy to other elderly women who had no one else to count on.

Carey never missed a day's work until he was afflicted with cancer of the bladder and eventually lost his mobility. Although he could not afford to donate during his lifetime, Carey made a bequest to the JGH in his will—a legacy that provided support for Hope & Cope.

If you are considering making a gift of life insurance or a bequest as your lasting legacy, please contact Gail Erlichman at 514-340-8222, ext. 2975, or gerlichm@jgh.mcgill.ca.

The information contained on this page is general in nature and is provided for illustrative purposes only. It does not constitute legal, financial or tax advice and should not be relied upon as a substitute for such advice. Please consult your professional advisor before taking any action.

Online giving is simple and secure
Donate at www.jghfoundation.org

The Big Picture

SPECIAL MOMENTS IN THE JGH



Photo: Jean Marcotte, JGH Audio-Visual Services

No, this isn't a retouched photo. The heart is an actual design in the frosted glass of a door to an operating room where surgery is under way. In each issue of *JGH News*, the Big Picture presents special views of the day-to-day life of the JGH, as captured by staff photographers.

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JUNE 22 – JULY 3



10th great year – Care Songs

**Back for its 10th uplifting season,
JGH Jazz salutes the Jewish General Hospital
on its 75th anniversary**

The “Care Songs” program echoes the hospital’s mission of “Care for all”, presenting music that rejuvenates the spirit. At some shows, the music will be complemented by archival JGH photos projected on the hospital walls.

When: Daily at noon

Where: Picnic area near the Côte-des-Neiges entrance

On the bill: Original compositions and classic songs in a wide array of styles by such artists such as the Ratchet Orchestra, Wendajam, Open Standards, the Nicolas Caloia 5, the Silvio Causer Blues Band and the Free Tenors

Plus: Special performances in the hospital units

For more information, please consult
the online schedule at

jgh.ca/jazz



New address? Cancelling your subscription? Please phone the JGH Foundation at 514-340-8251.