

SPECIAL ISSUE ON GERIATRIC MEDICINE

JGH NEWS

SIR MORTIMER B. DAVIS
JEWISH GENERAL HOSPITAL

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**“The fundamental things apply
As time goes by...”**



Also inside:

- **Segal Cancer Centre officially inaugurated**
- **Nursing research yields practical bedside results**
- **A rousing finish in the second Weekend to End Breast Cancer**

At the forefront in the treatment and care of the elderly



It has often been said that one of the best ways of judging a society is by looking at how it treats its elderly citizens. This concern for the well-being of the older members of our community has been of central importance since the Jewish General Hospital opened its doors more than seven decades ago. Jewish values and traditions place great emphasis on honouring one's parents and, by extension, treating the elderly—often the frailest and most vulnerable among us—with the utmost dignity and compassion.


This is the basis of the philosophy the JGH has embraced in providing top-quality “Care for All” and tending to the needs of patients from a wide diversity of backgrounds. It is fundamental to our treatment of our very youngest patients, the premature babies in our Neonatal Intensive Care Unit. As well, it is at the heart of the newly opened Segal Cancer Centre, where patients of all ages benefit from the comprehensive focus on their immediate and long-term needs in a modern facility especially designed to promote healing.


Why, then, does this issue of *JGH News* emphasize the programs and activities of the Division of Geriatric Medicine? Because our efforts in this particular Division are symbolic of the ability of the JGH to identify society's emerging needs and take a leadership role in dealing effectively with them. Long before the aging baby-boom generation began to exert additional pressure on our healthcare system, the Jewish General Hospital was already implementing strategies to handle the disproportionately large elderly population in the Jewish community and in the hospital's immediate vicinity.

As a result, we are now well positioned to deal with the inexorable wave of older patients that will grow even larger in the coming years. The JGH serves as an example for hospitals seeking to upgrade their geriatric services, and our health professionals are sought-after sources of information about such progressive initiatives as the Geriatric Consultation Team in the Emergency Department, the In-House Geriatrics Consultation Team, and general efforts to sensitize everyone on staff to the special requirements of the elderly.

Happily, this is not a one-way street. The JGH and its patients continue to derive immense benefit from the insights and expertise of the active members of senior staff who, in some instances, have been with the hospital for half a century. We also depend heavily on the valuable contribution made by hundreds of dynamic and dedicated senior volunteers, some of whom are in their early 90s.

In fact, at 72, the JGH itself can now be considered a senior member of the community. This is a potent reminder of how far we have come, but it is not our cue to slow down. If anything, it motivates us to redouble our efforts in honouring our tradition of extending help to all who need it.


James Alexander
President


Henri Elbaz
Executive Director

Don't let this be your last issue of *JGH News*

Starting in 2007, the Jewish General Hospital will be re-vamping the way *JGH News* is distributed by mail—and we don't want you to miss out!

Our aim is to send *JGH News*—the prime source of in-depth news and features about the achievements and personalities of the Jewish General Hospital—directly to readers who actively support the JGH. If you've made a donation to the hospital during the past two years, or will soon make a donation of at least \$36, you can expect to see *JGH News* in your mailbox next year. This applies to all donations, except those to memorial funds.

However, *JGH News* will no longer be included with copies of the Canadian Jewish News. But if you enjoy receiving *JGH News*, just remember: As long as you've recently made or will soon make a donation to the Jewish General Hospital, you'll automatically be added to the new mailing list and you'll keep getting *JGH News* without interruption.

If you haven't donated recently to the Jewish General Hospital, why not do so? For more than 72 years, the JGH has been providing top-quality medical treatment to people from Montreal and across Quebec. Just this year, we opened the Segal Cancer Centre to provide the most up-to-date cancer prevention, diagnosis, treatment, research and counselling in a single, centralized location. We're also home to one of Canada's leading medical research centres and, through McGill University, we help train the brightest medical professionals of tomorrow.

By making a donation of \$36 or more, you'll be supporting one of this country's finest hospitals and guaranteeing that you'll get *JGH News* for another two years, as a token of our appreciation. You'll also receive a tax receipt from

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"The fundamental things apply As time goes by..."

– Lyric from the song "As Time Goes By"
by Herman Hupfeld, in the movie "Casablanca"



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Shana Tova 5767 · Best wishes for a healthy and happy New Year

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A McGill University
Teaching Hospital



JGH is an old hand at caring for the elderly

When it comes to geriatric medicine, just think of the Jewish General Hospital as the canary in the coalmine. While hospitals across Canada are only now scrambling to cope with a major upswing in elderly patients, they're encountering circumstances that have been commonplace at JGH for at least 20 years.

As a result, well established programs and procedures are already in place in the Division of Geriatric Medicine—and in the hospital as a whole—to deal with society's impending onslaught of aging baby boomers. However, Dr. Howard Bergman, Chief of Geriatric Medicine, cautions that the JGH must still be prepared to cope with the possibility of sudden, unanticipated difficulties.

"It's not that we're smarter than anyone else in treating and caring for the elderly," says Dr. Bergman, who is the Dr. Joseph Kaufmann Professor and Director of McGill University's Division of Geriatric Medicine. "However, we've been dealing with it for so much longer. For this reason, a lot of what we've accomplished has been a precursor to important changes that are now occurring in the healthcare system across the country.

"Even so, if we're not careful—and by 'we' I mean all hospitals, including the JGH—we risk being overwhelmed by the growing numbers of elderly patients. All hospital staff, and not just those in Geriatrics, must be sensitive to the needs of older patients. We also have to keep strengthening our ties with various community agencies and organizations to be certain that the responsibilities are properly shared."

Dr. Ruby Friedman, Associate Chief of the Division of Geriatric Medicine, says that since the late 1970s, the elderly portion of Montreal's Jewish community has been disproportionately large, owing

mainly to the great influx of Jewish immigrants after World War II. Since most of the JGH's patients in recent decades were Jewish, the hospital faced a major surge of older patients. Consequently, the JGH was forced to significantly upgrade its services long before other hospitals felt the need to do so.

However, Dr. Friedman, who is an Assistant Professor in McGill's Department of Medicine, notes that while demand for geriatric services remains strong, demographics at the JGH have shifted. As recently as 15 years ago, about two-thirds of the patients treated by Geriatrics were Jewish. Today, only about 30 per cent are Jewish—roughly the same Jewish-to-non-Jewish ratio that exists throughout the hospital. The JGH now finds itself in what is believed to be Quebec's most ethnically diverse neighbourhood, with a level of elderly patients of all faiths that's as high as ever.

The JGH's head-start in treating older patients is also partly due to the evolving definition of "elderly," says Dr. Friedman. The hospital began upgrading its services at a time when "old" still referred to practically anyone over the age of 70. Today, he says, "most people between 65 and 80 live healthy, independent, fully functional lives. It's mainly in the 80-to-85 range that we begin seeing a greater prevalence of diseases related to aging, especially



Dr. Howard Bergman (right), Chief of Geriatric Medicine, and Dr. Ruby Friedman, Associate Chief of Geriatric Medicine.

cognitive problems."

To ensure that the elderly get the best possible care, the Division of Geriatric Medicine carefully monitors the progress of older patients in the hospital and after they're discharged. Patients who are admitted to the JGH are tracked by an In-House Geriatric Consultation Team, involving close collaboration among a nurse and doctor, often with input from a physiotherapist and/or occupational therapist.

The Division of Geriatric Medicine has also taken the somewhat unusual move of assigning a Geriatric Consultation Team, comprising a geriatrician and a geriatric nurse clinician, to the Emergency Department. And in evaluating the medical condition of new patients, the Division even arranges for a doctor and nurse to make home visits to patients whose physical or psychological problems prevent them from coming to the hospital. (For more about the In-House Team, the Geriatric Team in Emergency, and



the home visits, please see the articles on the following pages.)

According to Dr. Bergman, a great deal of emphasis is placed on making certain that once patients are discharged from the JGH, they have the care they need, whether in their own homes, at a supervised seniors' residence, a nursing home or other long-term care institution. Otherwise, he says, those patients keep returning to the hospital with the same problems—a dilemma

that's unhealthy for the patient, expensive for the hospital, and hard for JGH staff to cope with.

Members of the Division of Geriatric Medicine are also in a continuous process of sensitizing health professionals in other departments to the needs of the elderly. In particular, says Dr. Bergman, medical residents in Internal Medicine, Family Medicine and Neurology spend at least a month training in Geriatric Medicine.

"Hospitals are often seen as the safety nets of the healthcare system," adds Dr. Bergman, "and although this is not the best use of resources, we're prepared to fulfill that role, especially in helping the oldest and frailest people in our community. But there's a limit to how far our resources can be stretched, which is why careful planning is essential. It's a lesson we learned more than 20 years ago and it makes just as much sense today."

Numbers tell the story about elderly patients at the JGH

How do patients at the Jewish General Hospital compare in age to those elsewhere? First, some general statistics from the JGH's Division of Geriatric Medicine.

- Average age of patients seen by JGH staff in Geriatrics: **85 years**
- Of all JGH patients, percentage older than 65: **23 per cent**
- Of all JGH patients, percentage older than 75: **10 per cent**
- Of all Montrealers, percentage older than 65: **14 per cent**

Now, some additional figures supplied by the Division of Geriatric Medicine. These numbers refer to typical in-patients throughout the hospital—not just in Geriatrics—in 2004-05. The clear skew at the JGH is toward older patients.

- Average age of all JGH in-patients: **66.2 years**
- Average age of all in-patients in Montreal teaching hospitals: **58.9 years**
- Average age of all in-patients in Quebec teaching hospitals: **51.9 years**

Older patients also tend to have more serious medical problems. This is measured with a special Severity Scale, where even a fraction of a point indicates a significant difference in the seriousness of a patient's medical situation.

Average severity of all in-patient cases:

- at the JGH: **2.26**
- in Montreal teaching hospitals: **2.11**
- in Quebec teaching hospitals: **2.02**

Given the relatively high severity of cases at the JGH, you'd logically assume that patients must be staying in the hospital longer to have their illnesses treated. However, this is true only to a limited extent. Quebec teaching hospitals perform only slightly better than the JGH, while Montreal teaching hospitals lag behind the JGH.

Average length of stay of all in-patients:

- in Quebec teaching hospitals: **6.3 days**
- at the JGH: **6.5 days**
- in Montreal teaching hospitals: **7.0 days**

So, despite the fact that the JGH treats a greater proportion of older patients who have more severe medical problems, the JGH does so with a degree of efficiency that's roughly as good as—and, in many instances, much better than—teaching hospitals in Montreal or elsewhere in Quebec.



Sharpening the mind's focus at the Memory Clinic

“Who is the Prime Minister of Canada?” asks Dr. Howard Chertkow, and once again Seymour is thrown for a loop. He ponders silently for a moment. “I know he’s Conservative and from the West,” says the 79-year-old patient. “He’s quite a young man and it seems to me he settled that softwood lumber problem. But I just can’t think of his name.”

Seymour freely admits he has trouble with names, but Dr. Chertkow presses ahead with the test at the Jewish General Hospital’s Memory Clinic. Who was Prime Minister before Harper? “A Liberal. From Quebec. He was with Canadian Steamship Lines, I believe.” Who won the Stanley Cup? “An American team. They beat a Canadian team from out West.” Who was President before Bush? “Sorry,” he sighs, “I can’t remember.”

Seymour—whose name and other identifying characteristics have been changed in this article—scores well in other areas, such as identifying the date and time without checking a calendar or watch. Having used numbers extensively in his former business career, he easily counts backwards by sevens from 100. Given one minute to name as many words as possible that start with “F”, he comes up with an acceptable 14.

But after correctly identifying the Watergate scandal, Seymour can’t recall the President who was implicated. He correctly explains the difference between “river” and “canal”, but can’t quite articulate the difference between “lie” and “mistake”. Several minutes after hearing a name and address, he can’t remember all of the details. And shortly after Dr. Chertkow asks him to commit five words to memory, none of them comes to mind.

When the hour-long test is over, Dr. Chertkow delivers the verdict that Seymour had been expecting: His memory has, indeed, weakened a bit since his last visit three years earlier. Even so, his cognitive impairment is relatively mild and no



Dr. Howard Chertkow administers a test in the Memory Clinic.

medication needs to be prescribed. Dr. Chertkow is also glad to hear that Seymour remains physically active and tries to keep his mind limber by solving puzzles.

In fact, Dr. Chertkow later adds in an interview, when he first began seeing Seymour in the early 1990s on a referral from his family doctor, he feared Seymour might soon show symptoms of Alzheimer’s Disease. At the time, Seymour’s cognitive impairment was mild, making him a candidate for the Memory Clinic, which is open five days a week in the Division of Geriatric Medicine. When patients with severe impairment are referred by their doctors to the JGH, they are immediately sent to the Geriatric Assessment Clinic.

So far, says Dr. Chertkow, Seymour has shown no signs of Alzheimer’s, and the illness no longer seems imminent. While this a relief, it highlights the need for additional

research to help doctors determine more accurately whether patients will continue to function fairly comfortably with mild cognitive impairment, or whether they will fall ill with some form of dementia, such as Alzheimer’s.

For this reason, Seymour has agreed to Dr. Chertkow’s request to participate in an extra memory test administered by the Memory Clinic’s research co-ordinator. He will also provide a sample of his blood, and return at a later date for a more in-depth neuro-psychological assessment.

“It’s very exciting to me that we have what we call a seamless clinic,” says Dr. Chertkow, who is Co-Director of the Memory Clinic with Dr. Howard Bergman, the JGH’s Chief of Geriatric Medicine. “Often the problem with clinical research into Alzheimer’s is that patients aren’t available. But here we’re set up not only to promote the care of patients, but to conduct research into various forms of dementia. Our research co-ordinator, who’s built into the Memory Clinic, can review all of the dossiers to determine which of the various research projects a patient might fit into.”

The successful operation of the clinic—acknowledged as a leading Canadian centre of teaching and research into aging and memory loss—is the result of a team effort by various health professionals, Dr. Chertkow notes. Especially important are nurses who perform the intake, screening and counselling for every referral, as well as providing support for patients and their families.

Dr. Chertkow, who is also a →



Brenda Pelton, a Nurse Clinician in the In-House Geriatrics Consultation Team, chats with patient Minnie Goldwax.

Geriatrics team gets the big picture of patients' care

Of the many elderly patients who come to the Jewish General Hospital, some of the most difficult to manage are the few who, in a manner of speaking, get caught in a revolving door. For reasons that vary from case to case, they're seen and released, only to return to be re-seen and re-released in a frustrating, repetitive loop.

To break this vicious cycle, the JGH calls on health professionals like Brenda Pelton and Sara Leblond, Nurse Clinicians in the In-House Geriatrics Consultation Team. While their duties are broader than dealing with “revolving door” patients, their efforts to solve this type of dilemma are indicative of the planning and support they provide when elderly patients are admitted to the hospital.

Ms. Pelton recalls the case last year of an 83-year-old woman who was brought to the Geriatric Outpatient Clinic several times for disturbing her neighbours and exercising extremely poor judgment, including driving without a licence. Ms. Pelton arranged to have her examined by the Psychiatric Consultation Team, but because the woman was convinced no problem existed, she refused to move to a residence where her activities could be supervised.

Unfortunately, says Ms. Pelton,

there was “no clear-cut question of her cognitive ability”, so nothing could be done to force her to move. To persuade the woman to change her mind, Ms. Pelton first called in the woman’s brother, then other relatives, followed by a senior doctor in the Division of Geriatric Medicine, an occupational therapist and a social worker—all to no avail. At last, the ice broke when, in an inspired moment, Ms. Pelton asked the hospital’s rabbi to make a final, impassioned plea.

“The co-ordinating role is crucial because it guarantees continuity of care,” agrees Ms. Leblond. “We follow the patients throughout their time at the JGH and we collaborate with the physician when the decision is made whether to keep the patient in the hospital. If the patient leaves, we’re closely involved in discharge planning, which means ensuring that the patient can manage independently or has proper care when he or she returns home.”

Most often, says Ms. Pelton, the In-House Geriatrics Consultation Team is asked to help with elderly patients undergoing treatment in Internal Medicine, Family Medicine, Oncology and Orthopedics. Nurses in each area carry out their day-to-day responsibilities at the bedside, while the members of the Consultation Team contribute their expertise in geriatrics and continue to follow the patient’s progress through the system. At any one time, the Team is likely to be tracking about 30 patients.

“The patients and their relatives find it comforting to know there’s someone keeping an eye out for them on a regular basis,” says Ms. Pelton. “I also hope that by getting to know the patients a little better, we can give them the best care possible.”

member of the hospital’s Department of Clinical Neurosciences and a Professor in McGill University’s Department of Medicine and Department of Neurology and Neurosurgery, says memory clinics across Canada are feeling the pressure of the country’s aging population “and we recognize there aren’t enough geriatricians and neurologists to handle them all.”

As a solution, Dr. Chertkow

organized a conference last March in Montreal, where he and his colleagues taught family doctors the basics of diagnosing and treating dementia. In this way, they hope to slowly begin reducing—although not eliminating—the reliance on medical specialists. Providing their expertise at the conference were members of the Consortium of Canadian Centres for Clinical Cognitive Research, representing memory

clinics across Canada. Dr. Chertkow helped found the Consortium in 1991, and he and Dr. Bergman have served as its President.

“Unfortunately,” says Dr. Chertkow, “business just keeps on booming at our Memory Clinic and elsewhere. And because of the scary demographics, we fully expect this pace to continue.”



There's no place like home for JGH's Geriatrics team

One evening last November, as members of the Barua household were preparing for bed, the calm of their cozy apartment was shattered by cries of shock and distress. Manjurika Barua, the family's 70-year-old mother and grandmother, had fallen in the bathroom and was moaning in pain.

Within moments, her son, Shantanu, was by her side while her daughter-in-law, Tapashi, phoned for an ambulance. By the time the paramedics arrived, Manjurika's panic had eased considerably and she did not appear to be badly hurt. A quick medical check confirmed there was no serious physical injury and no need for her to be taken to the hospital.

Yet, for Shantanu, the accident was a turning point. He and Tapashi had gladly agreed to care for Manjurika at least a year earlier, when her memory began to deteriorate and she became unable to look after herself. But in the months that followed her fall, the Baruas sensed her condition was taking a turn for the worse. Finally, they brought their concerns to Manjurika's doctor, who contacted the Jewish General Hospital and asked for an evaluation by the Division of Geriatric Medicine.

This request, and similar referrals, are fielded by Georgia Papadopoulos, a Geriatric Nurse Clinician, who follows up by phoning a member of the family for additional details about the patient. In most cases, she arranges for an examination in the hospital's geriatric clinic. But if a hospital trip threatens to place too great a physical or emotional strain on the patient, Ms. Papadopoulos schedules a home visit. On average, she says, the home assessment takes place about a month after the referring physician's request is received.

Dr. Shek Fung, a geriatrician in the Division of Geriatric Medicine,

says travelling makes home visits time-consuming, but the comfortable, familiar surroundings of home often put patients at ease, especially those who might become highly agitated in the hospital. A further advantage, adds Ms. Papadopoulos, is that the medical team can get a good look at the home and determine whether the patient is being well cared-for, or whether help is needed from a CLSC or social service agency.

According to Dr. Fung, the JGH conducts an average of one geriatric home assessment each week—usually in the hospital's immediate neighbourhood, but also in a region that includes NDG, Hampstead, Côte Saint-Luc, Outremont, Parc-Extension, Saint-Laurent and even parts of downtown. And even though the Barua visit is to be handled by a doctor and nurse, there are cases where an occupational therapist also forms part of the team.

And so, on a sunny afternoon in June, after a 10-minute drive from the JGH, Dr. Fung and Ms. Papadopoulos arrive at the Baruas' apartment. The living room, where the examination takes place, is dominated by an imposing, 6-foot-long aquarium whose gleaming occupants flit tirelessly to and fro. Above the plump sofas, the walls are dotted with family photos, and a light breeze drifts in through an open



Dr. Shek Fung checks Manjurika Barua's blood pressure during a geriatric evaluation in her home.

balcony door.

Sitting comfortably on a sofa, Manjurika is cheerful and cooperative. With her son and daughter-in-law as translators (Manjurika has spoken only Bengali since arriving in 1996 from her native Bangladesh), she completes several memory tests, identifies everyday objects, and answers questions about days of the week and her home address. When Dr. Fung hands her a pencil and paper and asks her to copy a simple design, she happily lets her 5-year-old grandson, Niloy, climb up and peer over her shoulder. Shantanu and Tapashi also provide information about Manjurika's physical limitations, memory lapses and emotional difficulties.

After a brief physical exam in the bedroom, Dr. Fung and Ms. Papadopoulos return with Manjurika to the living room to tell Shantanu and Tapashi there is definitely cause for concern. Fortunately, Manjurika does not seem to need immediate treatment, beyond a change in her medication. This means it is safe for her to remain at home, at least for the foreseeable future.

However, Dr. Fung explains, since she needs an in-depth physical and psychological examination—the kind that can be done only in a →

A watchful eye on the elderly in the ER

When 77-year-old Federico Latorella was rushed to the JGH's Emergency Department in mid-June, his treatment and care included significant input from a somewhat unusual group of health professionals—the Geriatric Consultation Team in Emergency.

With the JGH serving such a relatively large elderly population, it is one of the very few hospitals in the city and the province with such a specialized team in the ER.

About two years ago, Mr. Latorella was diagnosed with Parkinson's Disease, said his daughter Lillian, but he was able to manage reasonably well at home with his wife, Carmela. Unfortunately, his condition recently became complicated by Alzheimer's Disease, resulting in tremors and fainting spells.

A particularly serious episode in June caused him to fall, said Ms. Latorella, and she feared he might be having a stroke. An ambulance was called, and after Mr. Latorella's condition was stabilized in the hospital, Joyce Certosini, a Geriatric Nurse Clinician, stepped in to ensure that he would remain under the watchful eye of someone experienced in Geriatrics. It was also her responsibility to act as the JGH's contact person for Carmela and Lillian, and to confer with members of the Geriatric Consultation Team in Emergency in determining that Mr. Latorella would be admitted to the hospital's Geriatric Ward.

"We were impressed by how helpful and understanding every-

one was in Emergency," said Ms. Latorella, "but it made such a difference to have Ms. Certosini to talk to. It meant so much that she was able to explain the situation to us and tell us what had to be done next."

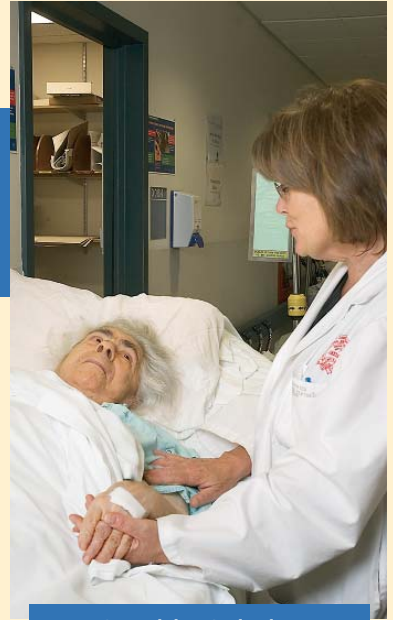
Ms. Certosini says age alone is not the determining factor in asking the Geriatric Consultation Team to become involved in an emergency situation. Rather, the team is called in for typical geriatric problems, such as falls, difficulty with mobility, a state of acute confusion, Alzheimer's Disease and other forms of dementia, or a marked decline in the ability to function. In fact, Ms. Certosini recalls an Emergency case last year when a 98-year-old man was brought in with a heart problem. Since his mental abilities were unimpaired, he was treated as a Cardiac patient, not a Geriatrics patient.

However, once a patient does fall under the care of Geriatrics, the case is handled by a team that includes the geriatrician, nurse consultant, and where necessary, a physiotherapist and/or occupational therapist. If the patient is well enough to return home without hospitalization, Ms. Certosini ensures that the

hospital—Shantanu will have to arrange for a follow-up appointment at the JGH. Travelling to the hospital might be an uncomfortable and possibly upsetting experience for Manjurika, he says, but it's the only way for doctors to determine the best course of action.

"Ideally, we try to find some way

to keep the patient at home," says Dr. Fung as he drives back to the hospital. "We treat whatever we can and, if necessary, make the connection for support within the community. But not everyone can manage at home, because the burden is too much for the family to carry. Sometimes all you can do is hope."



Joyce Certosini, a Geriatric Nurse Clinician in the Emergency Department, comforts patient Mary Toro.

move is completed safely and that, if needed, a follow-up medical visit is made to the patient's home. If the patient requires supervised care, Ms. Certosini helps to decide whether it would be best to keep the patient at the JGH or arrange for a transfer to another institution.

"The needs of the elderly are something we're especially attuned to," says Ms. Certosini. "For as long as they're at the JGH, we do whatever we can to make sure the continuity of care is maintained, no matter where in the hospital they're eventually treated. And if they're moved, we see to it that there's no break in that level of care."

**Enjoy JGH News?
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a single issue!**

Details on page 2.



Massive study will take panoramic view of aging

Every so often, we witness a contrast in aging that’s positively startling: On one hand, there’s a 90-year-old who’s vigorous, energetic and eager for new challenges, while on the other, there’s a 65-year-old who’s frail, dispirited and stuck in a rut.

To understand this contradiction, we can spend a little time and ask these individuals about their backgrounds and medical histories. But in the end, what are we left with? Just a few isolated anecdotes and a handful of facts. We have no way of knowing for certain where and why their lives took such different paths, how they’ll spend the rest of their days, or how many other people share their experiences. Conventional surveys and research can provide a few answers, but even these findings are more like a series of tightly focused snapshots than a panoramic, wide-angle view of society.

But that’s all about to change. In 2008, scientists across Canada will begin the massive and exceptionally ambitious task of closely tracking the progress of 50,000 men and women as they age over a period of 20 years. The results will be documented in the Canadian Longitudinal Study on Aging (CLSA), one of whose three principal investigators, Dr. Christina Wolfson, is based at the Jewish General Hospital.

“There’s never been a study that tried to put it all together in a single package—until now,” says Dr. Wolfson, Director for Clinical Epidemiology and Community Studies at the JGH’s Lady Davis Institute for Medical Research, and Professor in the Departments of Epidemiology & Biostatistics and Medicine at McGill University. “We want to link medical health, retirement habits, social contacts, genetics, personality, financial status, psychological profile and much more, and we want to keep watching for a long

time to see how these factors are played out.”

Ultimately, she says, the CLSA will give investigators a much clearer idea of the extent to which a wide array of factors combine to affect the length and quality of a person’s life. As a result, policy-makers will have a head-start in determining what kinds of healthcare and social-service programs are best attuned to the changing needs of various segments of the elderly population. And because the data will be gathered in a standardized way, medical professionals will be able to rely on this wealth of information for help in preventing illness and planning the best course of treatment for their patients.

However, Dr. Wolfson emphasizes that useful, practical information will be generated long before the 20-year study period expires. “We plan to release results on a timely, ongoing basis. Certain aspects will take longer—for instance, determining which people are at greatest risk for Parkinson’s Disease. But other aspects—for example, data on when and why people choose to retire—will be available much earlier.”

Development of the Longitudinal Study was initiated by the Institute of Aging at the Canadian Institutes of Health Research (CIHR), Canada’s premier health research funding agency. Joining Dr. Wolfson as principal investigators are Dr. Susan Kirkland of Dalhousie University and Dr. Parminder Raina of McMaster University. The study has



The JGH’s Dr. Christina Wolfson prepares for the 2008 launch of an ambitious, Canada-wide study into aging.

been in the planning stages since 2002 and the research team has received funding from the CIHR, and the Quebec Health Research Fund’s Quebec Research Network on Aging.

Plans call for recruitment of 50,000 volunteer participants ranging in age from about 40 to 85. The low end of the age scale is fairly young, Dr. Wolfson explains, because researchers will be studying the whole process of aging, rather than limiting themselves to individuals who are already elderly.

The progress of all 50,000 participants will be followed through regular telephone interviews and, of these, about 30,000 will be examined in depth every three years. These intensive exams will include detailed interviews, plus blood tests, bone density scans and other medical evaluations. The group of 30,000 will be selected to live in the vicinity of 10 specially designed data collection centres across Canada, tentatively including one at the JGH. Researchers have yet to finalize the recruitment process, which has not yet begun.

Although the precise logistics of the telephone and in-person contacts have yet to be worked out, Dr. Wolfson says she’s confident the project will attract enough participants. In the four years since planning began, various feasibility

studies and focus groups have been conducted to confirm that such an enormous project can actually get off the ground. One of these studies indicated that volunteers would be prepared to step forward if they were given assurances that their participation would make a real difference and would not be overly inconvenient.

A multitude of other questions have also arisen. Among them:

- What happens when participants die before the study ends? For the moment, the plan is not to recruit anyone new to take their place.
- What happens to participants who become cognitively impaired? Prior arrangements will be made for authorized individuals to supply information on the participants' behalf.
- What happens if some participants retire to foreign locales such as Florida? Researchers will continue to stay in touch with them, no matter where they are.
- Will people with pre-existing conditions, such as diabetes or visual impairment, be allowed to participate? Yes, but the project will not recruit individuals who are so ill that they are already in long-term care facilities. However, researchers will follow the progress of anyone who becomes institutionalized during the 20-year study period.

“There have been a number of studies that examined only the elderly, started tracking people at the age of 65, and only looked at a few aspects of the aging process,” says Dr. Wolfson. “By contrast, the Longitudinal Study will be looking not only at the *aged*, but at *aging* from multiple perspectives—and we believe that will make all the difference.”

Adding it all up in Geriatrics

Most aspects of the JGH's Geriatric Assessment Clinic and Acute-Care Geriatric Ward received high marks in patient satisfaction surveys that were conducted last year. Changes have also been made in areas where a need for improvement was indicated, says Paula Caletagne, Co-ordinator of the Patient Satisfaction Program.

In the Geriatric Assessment Clinic, where the physical and mental health of the elderly is evaluated, the responses showed that the JGH's healthcare professionals:

- were highly respectful of the patient's and family's culture and language
- allowed for participation in decision-making by the individuals closest to the patient
- listened very closely to the patient's concerns and took them seriously

Efforts have also been made in the Geriatric Assessment Clinic to provide patients with more information about community services, enable patients to reach nurse clinicians more easily by phone, and substantially cut waiting times for appointments.

In the Acute-Care Geriatric Ward, where the elderly are admitted to hospital with various medical problems, the survey found that staff:

- were extremely conscientious in arranging for patients to have help and support on their return home
- showed great respect in speaking to patients and ensuring their privacy during treatment and care

Under Head Nurse Judy Bianco, the team in the Acute-Care Geriatric Ward is working to ensure that more staff are available to help patients during meals, and that nurses respond promptly to patients who need help between 11:30 p.m. and 7:30 a.m.

In both surveys, Ms. Caletagne says, the English and French questionnaires were worded so that patients or family members could identify their likes and dislikes, as well as indicate how much each issue mattered to them. Thus, even if many people referred to a problem that hardly bothered them, it was given a lower priority. However, if even a few people said a particular problem was very distressing, a higher priority was assigned to finding a solution.

The survey in the Geriatric Assessment Clinic ran from April to December 2005, with results based on a return rate of 43 per cent (26 of 60 questionnaires completed). In Acute-Care Geriatrics, the survey lasted from October 2004 to August 2005, with 48 per cent of questionnaires returned (25 of 52). According to Ms. Caletagne, these return rates were considered strong.



Treating aging hips and knees is a JGH “growth industry”

While each of the medical specialties contributes to enhancing the lives of the elderly, orthopedics plays a leading role in restoring independence and preventing a potentially lethal “domino effect” of illnesses and complications.

When knees and especially hips are replaced or repaired, patients regain the ability to cook and shop for themselves, perform household chores, and engage in hobbies and sports, says Dr. David Zukor, the JGH’s Chief of Orthopedics, and Assistant Professor of Orthopedics in McGill University’s Division of Medicine. “Without treatment, a person can be in such pain that he or she loses the will to do anything at all, at an age when physical and mental stimulation are essential.

“Once you stop moving, it’s a downhill slide, especially among the elderly. You get problems with the heart, problems with nutrition, problems with sanitation and infection, problems with depression, and a greater risk of falling and breaking bones when you do take a few steps. We try to keep that vicious cycle from kicking in.”

Dusty Vineberg Solomon, 79, who had her left hip replaced by Dr. Zukor earlier this year, said that before the operation, there were times when she’d lie in bed “and I thought my whole hip would come off.”

But a day after surgery, she was able to get up and walk for seven or eight minutes. The results were similarly gratifying after the replacement of her right hip at the JGH six years ago, said Mrs. Solomon, a former features writer for the Montreal Star.

She winced at the thought of having forgotten her 32nd

wedding anniversary, which fell within a day of the operation—“other things were on my mind, obviously”. But she added that after a period of recuperation and rehabilitation, she was looking forward to celebrating by discovering a new restaurant with her husband, Dr. Samuel Solomon, former head of the endocrine lab at the Royal Victoria Hospital.

Because of the relatively high age of the



Two days after her hip-replacement operation, Dusty Vineberg Solomon walks in the hospital corridor and chats with her surgeon, Dr. David Zukor, Chief of Orthopedics.

population that the JGH serves, the hospital is one of Canada’s busiest in treating hip fractures—“it’s like a growth industry here,” says Dr. Zukor. He notes that fractures are often potentially more dangerous and harder to deal with than replacements, because they occur so suddenly and have greater potential for complications.

“There may be mitigating factors that prevent us from operating,” explains Dr. Zukor, “but age alone is not one of them. My oldest patient was 101; I operated on him for a fracture and had him home in time for his 102nd birthday. To me, age is just a number on a page. It’s just one of the variables—like the condition of the heart—that we take into account in deciding whether to proceed with surgery. If the patient is healthy enough and the quality of his or her life is compromised, I feel it’s my obligation to help.”

“My oldest patient was 101; I operated on him for a fracture and had him home in time for his 102nd birthday. To me, age is just a number on a page.”

Another rousing finish in the second Weekend to End Breast Cancer

For a second exhausting but exhilarating year, 2,556 people sang, chanted and linked arms in friendship as they strode boldly through the streets of Montreal on Aug. 26 and 27 in the Weekend to End Breast Cancer.

The event, launched in 2005 as one of the largest fund-raising efforts of its kind ever held in Montreal, raised an incredible \$7.9 million for research, prevention, diagnosis and treatment of breast cancer in the recently opened Segal Cancer Centre at the Jewish General Hospital.

“What really got to me was the moral support we received from well-wishers along the way,” said Nancy Fried, a former JGH breast cancer patient who along with her daughter Melanie, was back on the streets for a second time. At various points along the 60-kilometre route, supporters turned out with signs, balloons, snacks and drinks to help the walkers summon up the energy to reach their destination. A highlight of the event was the brightly decorated cheering station at the JGH, where participants cooled off, enjoyed refilled water bottles, massaged their aching feet and earned the applause of supportive hospital staff.

As walkers headed out again, they passed the Segal Cancer Centre which opened earlier this year and is now in full operation to treat patients and find new ways of preventing and eradicating breast cancer and other forms of the disease. Henri Elbaz, Executive Director of the JGH, praised the participants for giving so generously of their time to ensure the well-being of others.



High-spirited participants hit the road for their arduous but rewarding two-day walk through the streets of Montreal.



Walkers in the Weekend to End Breast Cancer prepare to nibble on pink cookies during a rest break at the JGH's cheering station.

Saturday the 26th. Everywhere you looked, there were contrasts—some walked in teams, others as individuals; some were young, others elderly; some athletes, others regular folks; some had lost loved ones to cancer, others had not. They came from all walks of life and a wide array of ethnic, religious and cultural backgrounds. What united them was a vision of making breast cancer a thing of the past.

By late afternoon on Saturday, under sunny skies and cool breezes, wave upon wave of walkers arrived, tired but happy, at Queen of Angels Academy in Dorval where a hot supper was served. After enjoying a program of entertainment at the site, they bedded down in tents, only to rise bright and early the next morning for the return trip downtown in a non-stop downpour. There, in an emotional but rousing closing ceremony, they donned Vic-

tory shirts—walkers in blue, crew in white and survivors in pink.

And, as was the case last year, many of the walkers could not bear to leave without immediately signing up for next year's Weekend to End Breast Cancer. “We'll beat breast cancer one day,” said one of the walkers, Sylvie Desjardins of Laval. “But for the time being, a lot of people are counting on us. It's our duty and our privilege to be there for them.”

“We can take great pride from the fact that the Segal Cancer Centre is a true expression of all facets of our community,” Mr. Elbaz said. “This includes the tireless efforts of thousands of dedicated Montrealers who have participated in the Weekend to End Breast Cancer, as well as government agencies and the hospital's benefactors, lay leaders, medical professionals, researchers and volunteers.”

Laughing and cheering, the walkers left the Olympic Stadium at 7:30 a.m. after the opening ceremony on

Photos: Ryan Blau

Segal family warmly thanked at launch of Segal Cancer Centre

Six months after the Segal Cancer Centre began its life-saving mission of treating patients, conducting cutting-edge research and offering preventive programs and psychosocial support, more than 400 guests came together in June to officially celebrate the JGH's first landmark achievement of the 21st century.



At the official opening of the Segal Cancer Centre, Leonor and Alvin Segal (above, left) are joined by (from right) Dr. Richard Margolese, Chief of the Department of Oncology; Lynne McVey, Director of Nursing and Co-Director of the Centre; and Dr. Gérald Batist, Director of the Centre. Also at the opening were (below, from left) the JGH Foundation's Campaign Co-Chairs, Morton Brownstein, C.M., and Edward Wiltzer; and Foundation Chair Bernard Stotland, C.A.

Before an audience of lay leaders, benefactors and hospital staff, lead donors Leonor and Alvin Segal, along with members of their family, were showered with praise on June 21 at the official launch of the Centre that bears their name. Guests gathered for a cocktail reception in a magnificent tent adjacent to the Légaré entrance, featuring the premiere screening of a video about the Centre. The Segals were also presented with flowers and a commemorative album of postcards bearing messages from patients who described their experiences and feelings about the Centre.

By offering diagnosis, treatment, therapy, counseling, research and more in a single, centralized location, the Segal Cancer Centre takes a focused and comprehensive approach to patient care, family support and scientific investigation.

Executive Director Henri Elbaz expressed his gratitude for the strong personal commitment of those who made the Centre's creation possible, including the lay leadership, volunteers, the administration, doctors, nurses, scientists, the multidisciplinary team and everyone on staff at the hospital.

"Today we all share a sense of pride as we celebrate this remarkable achievement—the latest extraordinary milestone for the Jewish General Hospital," Mr. Elbaz said. "May the Segal Cancer Centre continue to be a source of pride to us all, as we continue to build an institution that contributes to the well-being of our entire population, and to the betterment of our society."

After touring the Centre, JGH President James Alexander said the new facility has met and exceeded expectations. "I've seen patients receiving treatment and counseling in airy, sunlit rooms that boost their spirits while their bodies heal. I've seen medical researchers working on the most up-to-date equipment in spacious laboratories—all of them looking for ways to eradicate cancer. And I've seen doctors, nurses and a wide array



Leonor and Alvin Segal (seated) and their family celebrate the official opening of the Segal Cancer Centre.

of other health professionals working in very close collaboration to provide our patients with the best possible care."

None of this would have been possible without the generosity and support of the Segals, said Morton Brownstein, Co-Chair of the JGH Foundation's Campaign. "Once Leonor and Alvin stepped into the picture, we knew this dream would become a reality," he said. "They not only provided the hospital with its largest gift ever and thereby raised the bar, but perhaps more importantly, they inspired the entire hospital community and offered critical sustenance to our aspirations."

Philippe Couillard: Segal Cancer Centre crucial to Quebec's health

Two years after the provincial government pledged \$23.9 million toward expansion of ambulatory services at the Jewish General Hospital, Health and Social Services Minister Philippe Couillard visited the newly completed Segal Cancer Centre to express his admiration for the JGH's leadership in providing patients with a fully integrated system of cancer treatment and care.

"It is clear that an institution with the sort of expertise that the Jewish General Hospital has developed will be called upon to play an extremely important role in our integrated plan to fight cancer," Mr. Couillard said at an Aug. 28 press conference in the Segal Cancer Centre. "The work that is being accomplished by teams of professionals, as well as the resulting clinical advances, are of significant benefit to patients."

Impetus for construction of the \$55.9 million Centre came in 2003 in the form of the largest private donation in the hospital's history, a remarkable \$20 million gift from Leonor and Alvin Segal and their family. This was followed in mid-2004 by the provincial government's \$23.9 million commitment, which enabled construction to begin shortly afterward on 8½ new floors atop Cummings Pavilion E. The remaining construction costs were covered by the JGH Foundation and other partners.

Montreal Mayor Gérald Tremblay praised the extraordinary efforts of the hospital's supporters "who really care and are willing to do everything humanly and financially possible. I thank everyone who agreed to take on this new challenge. You will certainly succeed in making it a model of its kind." Turning to the Segals, Mr. Tremblay added, "You now rank among the builders of our great city."

Mrs. Segal said she and her husband decided to make such a sizeable gift in order to lead by example and to demonstrate how much can be accomplished. "Perhaps most critical of all, we felt compelled to give patients hope by reminding them that our community *does* care about better treatment, better research and better support. In fact, not only do we care, but we're prepared to *do* something about it. Adequate care is not acceptable; excellence is the standard we should be striving for."

Montreal-wide support was demonstrated the week-end before the press conference, noted JGH President James Alexander, as 2,556 participants raised \$7.9 million, bringing the two-year total to more than \$17 million for breast cancer research, treatment and prevention at the Segal Cancer Centre. "This outpouring of support symbolizes the great urgency to conquer breast cancer, as well as the faith that has been placed in the Segal Cancer Centre."



At the press conference to inaugurate the Segal Cancer Centre, (from left) Philippe Couillard, Leonor Segal, Alvin Segal, Gérald Tremblay and Henri Elbaz were among those who signed a declaration to lend their support to the battle against cancer.

"It is clear that an institution with the sort of expertise that the Jewish General Hospital has developed will be called upon to play an extremely important role in our integrated plan to fight cancer"

Those who can expect top-quality care in the Centre and throughout the Jewish General Hospital come not only from Montreal, but from across Quebec, said Executive Director Henri Elbaz. "Patients are the focus of our attention. All our energy is concentrated on them and their families, so that they can benefit from the best care possible, whether on a personal or scientific level."

Dr. Gerald Batist, Director of the Segal Cancer Centre and Chair of McGill University's Department of Oncology, called the Centre "a place of hope. This is an extremely important quality, because cancer is terrifying and it makes people profoundly aware of the limitations they face. Our objective is to provide hope by offering more options and strong support to them and their families."

Lynne McVey, Co-Director of the Segal Cancer Centre and Director of Nursing at the JGH, also emphasized the crucial contribution of nurses and a broad range of health professionals in patient care and cancer prevention. "This innovative plan has assigned a key role to every member of our team, in order to take an interdisciplinary approach to patients and their families."



Nursing research yields practical bedside results



Dr. Nancy Feeley (left) and Dr. Phyllis Zelkowitz are collaborating on research involving babies with low birth-weight.

More often than not, the word “research” conjures up images of test tubes and microscopes, which is why we don’t readily associate it with “nursing”. Yet, the two words most definitely do belong together, since rigorous scientific investigation forms the basis for many of the new techniques and practices that are integral to modern nursing.

At the Jewish General Hospital, studies in this field are conducted under the supervision of the Centre for Nursing Research where, for example, Dr. Nancy Feeley and Dr. Phyllis Zelkowitz are looking for ways to reduce stress in mothers who have given birth to babies with low birth-weight. Just as a doctor would not prescribe an untested drug, a nurse can not rely on instinct in advising a tense mother how to care for a fragile infant weighing 1,500 grams (3.3 pounds) or less. In-depth studies are crucial in establishing standards that are medically sound.

“Our ultimate aim is to change nursing practice,” says the Centre’s Scientific Director, Dr. Margaret Purden, who is also Assistant Professor and Assistant Director of the PhD program at McGill University’s School of Nursing. “We want to use our findings to promote new programs and push nursing forward on the basis of sound information and solid evidence.”

In addition, says Dr. Purden, the Centre for Nursing Research collaborates with McGill’s School of Nursing by helping nurse-clinicians and graduate students identify and study pressing issues in nursing care. In particular, the Centre focuses on nursing as it relates to cardiovascular health, oncology and maternal/child health. Dr. Purden also credits Mona Kravitz, the JGH’s recently retired Director of Nursing, for strongly supporting nursing research at the hospital and actively recruiting nurse-scientists for the Department of Nursing.

Like medical research, nursing research can be a painstaking process. In the work involving low birth-weight babies, the first step was to conduct a preliminary study to better understand the degree

and types of stress that new mothers face, says Dr. Zelkowitz, Director of Research in the JGH’s Department of Psychiatry and Assistant Professor of Psychiatry at McGill.

Next, this information was used to help devise strategies that might assist the mothers. To determine whether these techniques were practical and could be used comfortably by the mothers, they were assessed among 24 pairs of mothers and babies in a pilot project which is now nearing completion, says Dr. Feeley, a senior researcher in the Centre for Nursing Research and Assistant Professor at McGill’s School of Nursing.

The next phase of the project will run for about three years and compare dozens of mothers and infants in two groups—one whose mothers are using the new technique, and another where a different approach is used. Moms and babies will be studied at the JGH and at the Ste-Justine Hospital. Drs. Feeley and Zelkowitz say they’re heartened by the early results, but they’re not disclosing any details, so that mothers in the next phase of the study will not be biased by anything they may read or hear.

“What we’re hoping to devise is a program that gets mothers off to a good start while they and their babies are still in the hospital,” says Dr. Zelkowitz. “That first year is crucial, and we want to provide them with the skills they need.” Dr. Feeley agrees, adding she hopes the research “will eventually find its way into practical guides that will be part of the care that’s provide in the JGH’s Neonatal Intensive Care Unit and in other hospitals.”

JGH Jazz Festival back for an encore

Once again this summer, music filled the Jewish General Hospital during the free outdoor and indoor concerts in the seventh annual JGH Jazz Festival. From June 26 to July 7, patients, visitors, staff, volunteers and passers-by gathered at the new picnic tables on the Côte-des-Neiges lawn for lunchtime concerts on the hospital's new stage.

Also on the packed schedule were a jazz film series, disc jockeys sharing their favourite music, a sizzling Salsa workshop, a lunchtime concert in the Atrium, and the cafeteria's outdoor barbecue with a side order of jazz. During the JGH Jazz Tour, music therapist and festival organizer Bryan Highbloom accompanied the Dr. Clown team of therapeutic clowns to spread jazz and laughter throughout the hospital in impromptu encounters with patients and staff.



JGH Jazz organizer Bryan Highbloom (right) joins guest musicians at an outdoor concert.

"Sharing music, in whatever form, is a deep and positive experience that always makes the participants feel good," said Mr. Highbloom. "By increasing the profile of music, we aim to create a harmony of well-being for everyone at the JGH through music and medicine."

YOUR HEALTH



Beware of healthful vitamins in hazardous mega-doses



Eva Cohen

If a minimum daily dose of vitamins is a prescription for good health, then a mega-dose must be the key to great health, right? Wrong! When it comes to vitamins, you can get too much of a good thing—and it might even make you sick.

"People sometimes mistakenly believe that vitamins are not medicine or are never toxic," says Eva Cohen, Chief of the JGH's Pharmacy Department. "This is because vitamins are known to be essential to health and they can be purchased over the counter. So you may think you're being health-conscious by taking extra amounts of vitamins, but the fact is, you could be setting yourself up for serious problems."

Similarly, she adds, there is no truth to the frequently-heard assertions that vitamins provide energy, stimulate the appetite, increase intelligence and memory, accelerate weight gain, and are superior if they come from natural sources than if prepared synthetically.

In general, Ms. Cohen says, a person who eats properly and has no vitamin deficiencies has nothing to lose by taking a regular multi-vitamin. "I'm not saying you shouldn't take a vitamin supplement in the right amount and in the correct composition, especially if it complements a balanced diet. But focusing on high doses of a particular vitamin has

not yet been proven to have clear benefits and may be dangerous in some circumstances. You also have to be sure there's nothing that might conflict with any medication that you may be taking."

Here are some of the hazards associated with vitamins in mega-doses:

- ◆ **Vitamin A:** extremely harmful to the fetus during the first trimester of pregnancy, also nausea, vomiting, vertigo
- ◆ **Vitamin B3 (Niacin):** flushing, hives, jaundice, liver damage
- ◆ **Vitamin C:** diarrhea (especially if more than one gram per day is consumed), abdominal bloating, dental decalcification
- ◆ **Vitamin D:** muscle weakness, bone demineralization with pain
- ◆ **Vitamin E:** headache, fatigue, easy bruising and bleeding
- ◆ **Beta-carotene:** These supplements should be completely avoided by smokers, because the pills can increase the risk of lung cancer.



JGH MINI-MED SCHOOL

Prescriptions for good health from leading JGH doctors

Amid all the concern over possible outbreaks of avian flu and *C. difficile* bacteria, one old-fashioned, time-tested recommendation remains the best: Wash your hands!

This may sound boring and it is unfashionably low-tech, **Dr. Andre Dascal**, a JGH expert on infectious diseases, told the audience at a spring session of the JGH Mini-Med School. Nevertheless, he said, this simple precaution—to be taken after coughing or sneezing, before handling or eating food, and after using the toilet—is still the best defense against many common illnesses.

Dr. Dascal, a senior infectious disease physician and microbiologist in the JGH's Division of Microbiology, and Associate Professor of Medicine, Microbiology and Immunology at McGill University, said many "bugs" are spread through personal contact—for example, touching an infected doorknob or kitchen utensil, and then rubbing one's mouth or nose. Hand-washing breaks this chain of potential infection.

Dr. Dascal's lecture kicked off the JGH Mini-Med School's most recent, sold-out series in May and June. Each of the six weekly English presentations was delivered in engaging and non-technical language, with practical advice from leading medical professionals at the JGH. At the end of the series, members of the audience received graduation diplomas, commemorative T-shirts and the honorary title of "mocktor".

A similar, four-part French series of the JGH Mini-Med School in April featured Dr. Dascal, Dr. Jean-François Morin (Cardiac Surgery), Dr. Jacques Corcos (Urology) and Dr. Nancy Morin (Colo-rectal Surgery).



Glenn J. Nashen (left), Director of Public Affairs and Communications and host of the JGH Mini-Med School, welcomes guest lecturer Dr. Martin Black.

Here are some other highlights from the English series:

- **Dr. Walter Gotlieb**, Director of Gynecologic Oncology and Colposcopy, said that, contrary to popular opinion, women who use the oral contraceptive pill do not need to temporarily stop taking the pill in order to give their bodies a rest.
- Botox injections, commonly used to eliminate facial wrinkles, are gaining acceptance as an alternative to surgery for an enlarged prostate gland. **Dr. Jacques Corcos**, Chief of Urology said one or two injections a year can often cause a swollen prostate to shrink and then maintain its reduced size.
- **Dr. Martin Black**, the JGH's Surgeon-in-Chief and a specialist in head and neck surgery, emphasized the importance of the salivary glands, which make chewing, swallowing and speaking possible by producing approximately 1,000 to 1,500 cubic centimetres (35 to 50 fluid ounces) of saliva per day.
- Colorectal screening, a test that detects the presence of cancer-causing polyps in the intestinal system, should be performed every five years for most people over the age of 50, advised **Dr. Nancy Morin**, Attending Staff in the Division of Colorectal Surgery.
- **Dr. Samer Abi Nader**, of the Department of Dentistry, said dental implants—installation of titanium dental roots topped with tooth-like bridges—may be more expensive than dentures, but far preferable because they have a firmer grip on the jaw and help to strengthen the bone.



Life is our life's work

JGH Mini-Med School is made possible by an unrestricted grant from Pfizer Canada Inc.

NEWSMAKERS ... continued

Frequently Asked Questions about C. Difficile, a JGH booklet of advice and information about the C. Difficile infection, has won a Certificate of Merit from the Healthcare Public Relations Association of Canada. The booklet, prepared by the Department of Public Affairs and Communications in association with the Infection Prevention and Control team, the Department of Nursing and the Housekeeping Department, is available at www.jgh.ca (click on "Illness Alerts").

WELCOME!

The Jewish General Hospital is pleased to welcome the following physicians to its staff.

Dr. Carmela Pepe will carry out clinical activity in the Department of Medicine's Pulmonary Division, as well as research on pulmonary cancer, particularly among the elderly. Dr. Pepe earned her medical degree from the University of Laval, followed by post-graduate training at McGill University. She also completed a clinical research fellowship in pulmonary oncology at the Princess Margaret Hospital in Toronto.

In the Division of Infectious Diseases, **Dr. Jerry Zaharatos** will meld his scientific expertise in HIV with his clinical proficiency in order to improve patient care and promote research into HIV and related viruses. Dr. Zaharatos received his medical degree from McGill University and took post-doctoral training in HIV research at the Aaron Diamond AIDS Research Center in New York.

Dr. Tim Brewer will provide in-patient consultation services as a member of the Division of Infectious Diseases, in addition to his duties as Director of the MUHC's International Health Office. Dr. Brewer received his medical degree at New York Medical College and specialized in infectious diseases at Massachusetts General Hospital. He also earned a Master of Public Health degree at the Harvard School of Public Health and became Assistant Professor of Medicine at Harvard in 1999. Dr. Brewer is currently Program Director of the International Society for Infectious Diseases.

Dr. Richard Payne has joined the Department of Otolaryngology, having recently completed a fellowship at the University of Toronto. Dr. Payne has expertise in thyroid surgery and has an interest in managing patients with obstructive sleep apnea.

Mona Kravitz bids au revoir to JGH

After 10 years as Associate Executive Director (Nursing), Mona Kravitz has left the Jewish General Hospital to become an independent consultant in health care administration.

In an interview shortly before her departure in July, Ms. Kravitz expressed her "great pride in the Department of Nursing which has become a magnet for recruitment and retention of well-qualified nurses. JGH nurses provide compassionate, expert, evidence-based care. There is a seamlessness between the clinical, administrative and academic functions (teaching, basic and applied research)."

Ms. Kravitz was especially pleased about the high level of collegiality and collaboration achieved between nurses and physicians and other disciplines on the health care team. "Our clear focus on the needs of patients and families helps us answer two fundamental questions: What is the right thing to do? How do we do the right thing at a reasonable cost?"

Ms. Kravitz has built a relevant and dynamic Department of Nursing. The JGH has very low nursing vacancy rates, contrary to the trend of nursing shortages world-wide. More than 500 undergraduate and graduate students come to the JGH for clinical education and experience every year, she said.

"Visitors see something very special at our hospital. Unlike the situation at many teaching institutions, care of the patient and family never takes second place to academic activities at the JGH. We are more than bricks and mortar; we are a place where members of the staff care about patients and one another. We are responsible to the community of which we are a part."

This past spring, Ms. Kravitz received the first Prix Jeanne Mance from the Order of Nurses of Quebec in recognition of her superior leadership and contribution to the development of nursing and health services in the province.

After receiving her Diploma in Nursing from the JGH School of Nursing, Ms. Kravitz earned her Bachelor of Nursing and Master of Science (A) degrees from McGill University's School of Nursing. From 1986 to 1996, she served as Director of Nursing, Medical Services, at the Royal Victoria Hospital. In this capacity, she received the first Physician-In-Chief Award ever given to a nurse. She has taught for many years as Associate Professor in the Master's Programs at the McGill School of Nursing and serves on its Executive Committee.

Ms. Kravitz expects her association with the Hospital to continue. "The JGH will always be in my heart," she said. "The JGH is my family. I grew up here, worked and played here. I will only say goodbye for now".



Lynne McVey appointed Director of Nursing

Lynne McVey has been named Director of Nursing of the Jewish General Hospital. In announcing the appointment, Executive Director Henri Elbaz praised Ms. McVey as “a strong advocate of a vibrant and productive collaborative relationship among nurses, physicians and the other medical professionals in the healthcare team.”

Mr. Elbaz also noted that in her role as Co-Director of the Segal Cancer Centre, Ms. McVey “has been and continues to be instrumental in ensuring that during the transition to the new facilities, patient care has proceeded without interruption, while nursing services are smoothly and effectively integrated into the new environment.”

Shortly after joining the JGH in 1987, Ms. McVey was appointed Nursing Director of Medicine, Mental Health, Geriatrics and Cancer Care, a position she held until her promotion. She will also continue to co-chair the hospital’s Quality and Risk Management Committee, which ensures that the JGH achieves the highest standards of accuracy and quality in the delivery of patient services.

At McGill University, where she is an Assistant Professor in the School of Nursing, Ms. McVey has become known for guiding students at the undergraduate and graduate levels toward fulfilling careers in the nursing profession. She is also one of the first graduates of the Direct Entry Master’s Program at McGill’s School of Nursing.

Ms. McVey said her “first priority is to ensure that



patients’ needs are met” through a strong bedside presence by nurses, combining compassionate support with professionalism based on research and the latest scientific developments. This care, she noted, takes into account the needs and feelings of the patient’s relatives and loved ones.

Ms. McVey wants to continue the JGH’s ongoing success in recruiting and retaining nurses. In addition, she is keen on further developing close collaboration

between nurses and doctors, “because the better doctors and nurses work together the healthier patients will be. Research results demonstrate that patients experience fewer complications and lives are saved when these partnerships are supported.”

Ms. McVey said she feels “privileged and honoured to serve the JGH in this new capacity. It’s a challenge that I’m excited by and very much looking forward to. Throughout my career, I’ve been mentored by outstanding Directors of Nursing at this hospital and others, and by forward-thinking Directors of the School of Nursing at McGill. I feel that all of my professional experiences have prepared me well for this role.”

JGH News is changing — Don’t miss out!

Starting in 2007, *JGH News* will be mailed only to readers who have made a recent donation to the Jewish General Hospital. *JGH News* will no longer be included with home subscriptions to the Canadian Jewish News.

- If you’ve donated to the JGH in the past two years, you’re all set. You’ll receive *JGH News* automatically by mail in 2007.
- If you now get *JGH News* through the Canadian Jewish News but haven’t donated recently, you will not receive *JGH News* next year.
- If you want to receive *JGH News* directly by mail in 2007, just donate \$36 or more to the Jewish General Hospital by filling out the attached postcard, phoning 514-340-8251 or visiting www.jgh.ca.

For details, please see page 2.



Veteran volunteer Rachelle Douek helps keep the Emergency Department humming.

Volunteers invigorated by decades of service

Rachelle Douek is that great rarity among volunteers—a loyal and tireless supporter of the JGH for more than half of the 72 years the hospital has been in existence. In recognition of her landmark 40 years of service, Ms. Douek was singled out for praise earlier this year at the Annual Volunteer Luncheon in the Samuel S. Cohen Auditorium.

“I felt very honoured,” Ms. Douek said later, noting her particular pride in her term as President of The Auxiliary from 1983 to ’85. With a self-effacing shrug, she added, “But you know, I think there are many others who deserve it equally. I’m sure they’ll also be honoured when their time comes.”

While few have matched Ms. Douek’s long-standing relationship with the JGH, a small but growing number of volunteers continues to pass the quarter-century mark, while looking ahead to at least another decade’s service. “Each and every year, our Department has grown by leaps and bounds,” Barbara Lang, Director of Volunteer Services, told more than 300 guests at the June luncheon. “I’m proud to say we now have more than 850 volunteers devoting approximately 79,000 hours to the JGH each year. We really couldn’t function without you.”

On her arrival in Montreal from England in 1954, Ms. Douek got married and raised a family. Then, in 1966, she happened upon an ad seeking volunteers to help with the JGH’s mobile library, a cart that took books to patients’ bedsides. That led to various Auxiliary positions and a gradual move up the ladder to President.

Today, Ms. Douek still sits on the board of the Quebec Association of Hospital Auxiliaries, but she has moved on to the Emergency Department where she spends about five hours a week delivering files, taking samples for analysis, and providing patients with a blanket, a pillow or a comforting word. “No matter what I do, it gives me great satisfaction,” she says. “The patients seem to appreciate it when someone takes the time to put a human and compassionate face on things.”

Enjoyment of their work is the common theme among many long-serving volunteers, including Shirley Israel, who recently crossed the 30-year mark in the



Shirley Israel, a long-serving volunteer in the Radiology Department, receives a requisition form from unit agent Carrie Simon.

Radiology Department. There she assists with office tasks, as well as guiding patients through administrative procedures, putting them at ease and helping them prepare for their tests.

“I see people get off the elevators in Radiology,” Mrs. Israel says, “and there’s no mistaking the frightened look in their eyes. They’re wondering, ‘Will I get good news or bad news here today?’ I try to reassure them, and later, when they say thank-you, it means the world to me.”

Rose Sonabend still remembers working in the hospital’s coffee shop and pulling the handle of the manual cash register to open the drawer. “Some days I went home feeling like my arm needed therapy,” she says with a laugh. In 1958, 10 years after arriving in Canada from Europe,

Mrs. Sonabend stepped forward to volunteer in The Auxiliary, where she still helps occasionally with blood donor clinics and the Fall Fair.

“Why do I do it? Because I remember how the Red Cross helped me when I got out of the concentration camp after the war. When I came to Canada, I decided it was my turn to help. Many people don’t realize what they have in this country, but I do.”

“When I came to Canada, I decided it was my turn to help. Many people don’t realize what they have in this country, but I do.”

— Rose Sonabend



AUXILIARY NEWS

Legacy of the past helps generations of the future



Proceeds from April's ReNaissance Gala, which marked The Auxiliary's 70th anniversary and honoured its Past Presidents, will be used to purchase a 3D diagnostic ultrasound system for the Department of Obstetrics and Gynecology. At the Gala, the Department's Chief, Dr. Togas Tulandi, expressed his gratitude to the event's Co-Chairs, Eileen Borsuk (left) and Merle Klam.

Cooking up a learning centre



Revenues from The Auxiliary's hit cookbook, *Panache: Montreal's Flair for Kosher Cooking*, are helping to establish the **Learning with Panache Centre**, an educational resource for health professionals in the Emergency Department. A cheque from ongoing sales of the cookbook was recently presented to Dr. Marc Afilalo (centre), Chief of Emergency Services, by (from left) Auxiliary Co-President Dorothy Rotholz, *Panache* Editor Shawna Goodman Sone, Past Presidents Hela Boro and Eileen Fleischer, and Auxiliary Co-President Judy Shaicovitch.

Fore!-teenth Annual Golf Classic

Auxiliary volunteers were out at the Hillsdale Golf Club on June 12 to help with the 14th Annual JGH Golf Classic. Auxiliary members also joined the Foundation in publishing a souvenir book commemorating the event. Chairs for The Auxiliary's participation were Karen Grossbaum and Bonnie Rothstein. Editors were Marilyn Aisen and Sandra Guthertz. Advertising Chair was Brenda Langer.

Italian hero inspires life-embracing event

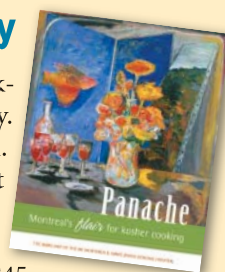
Perlasca: *An Italian Hero*, the inspiring movie about Giorgio Perlasca, the courageous Italian businessman who saved more than 5,000 Jews from the Nazis, was shown at a special Auxiliary event on June 7 in the hospital's Block Amphitheatre. Also on the program was a moving musical performance by Tony and Franca Commodari of Hostaria Romana. After the screening, a Wall of Honour—a tribute to the 372 Righteous Italians instrumental in saving Jews during the Holocaust—was unveiled in the Atrium. Proceeds of the evening will help to purchase a special bed for the Intensive Care Unit. Dr. Denny Laporta, Chief of Adult Critical Care, was the event's honorary Chair.



From left: Dr. Denny Laporta, Chief of Adult Critical Care; Sponsor Chair Sharon Freedman; Filomena Sclapari; Franca Commodari; Co-Chairs Maria Calderone, Renna Bassal and Sarah Hutman; Auxiliary Co-President Dorothy Rotholz; Tony Commodari; and Auxiliary Co-President Judy Shaicovitch.

Holiday gift-giving made easy

Make the Jewish New Year even sweeter by picking up your holiday gifts from The Auxiliary. Visit us on Sept. 20 and 21 from 8:00 a.m. to 1:00 p.m. at the hospital's Légaré entrance for an assortment of delicious chocolates and breathtaking flowers. You can also purchase our best-selling cookbook, *Panache: Montreal's Flair for Kosher Cooking*, for \$45, tax included.



Looking for some special greeting cards? Why not try our Tribute Cards, available for a minimum donation of \$10. The cards feature a color reproduction of "St. Lucie Autumn", a stunning landscape by painter Sam Borenstein. For more information, please call 514-340-8216.

And don't forget our Flower Corner in the hospital's main lobby. We can arrange for delivery of plants, bouquets or centerpieces inside or outside the JGH. Just call 514-340-8222, local 5512.

Fall Fair is in the air

The Auxiliary's Fall Fair, a bargain-hunter's delight, is coming to the hospital's Samuel S. Cohen Auditorium in Pavilion A on **October 29 and 30**, from 7:30 a.m. to 4:00 p.m. Grab some great all-new merchandise, including clothing, accessories, collectibles, vintage furs and more. Proceeds will help purchase pituitary endoscopic instrumentation for the Division of Neurosurgery. Chairs for the event are Phyllis Abosh, Sylvia Amar and Linny Blauer.

THE FOUNDATION REPORT

Sir Mortimer B. Davis – Jewish General Hospital Foundation · www.powertoheal.ca

CAMPAIGN UPDATE

Scaling new heights with Phase II of the Campaign

As we begin Phase II of the “Power to Heal” campaign, we applaud the passion, efforts and determination of the Montreal community and the entire hospital family whose talents and unbelievable efforts prove what great things can be accomplished when we all come together.

Just recently, we received two additional major gifts to the “Power to Heal” campaign from long-time JGH supporters, Beryl and Ralph Goldman, and Mini and David Granofsky and Family. The Goldman gift will be used to enhance medical programs in cardiology, endocrinology, hematology and urology, while the Granofsky gift will establish an endowment in oncology to create the Louise Granofsky Psychosocial Oncology Program at the Segal Cancer Centre. Although these are just a few examples of recent donations, each and every one of us has a role to play and all of us can be extremely proud of the over \$108 million that the “Power to Heal” campaign has raised to date.

From the brand new Segal Cancer Centre, dedicated this June, to the new Nuclear Medicine Centre; from state-of-the-art equipment like the PET/CT machine and new 16- and 64-slice CT scanners to the Bronchoscopy Suite; and from important renovations to new programs that bring the best clinician-scientists to our city and hospital—the JGH is making incredible strides and a significant difference



Campaign Co-Chairs Edward Wiltzer (left) and Morton Brownstein, C.M., (second from right) with Myer Bick, President and CEO of the JGH Foundation (second from left), and Bernard Stotland, C.A., Chair of the JGH Foundation.

in providing “Care for All” in Montreal and beyond.

But, as always, much remains to be done. As Leonor Segal put it at the official opening of the Segal Cancer Centre on June 21, “We are just at the tip of the iceberg.” Close to \$92 million must still be raised over the next few years to develop the Cardiovascular Sciences Centre, enlarge the Emergency Department, create more private patient rooms, renovate Pavilion H to include new premises for the Herzl Family Practice Centre, and continue to support our outstanding researchers and clinician-scientists with ample research facilities and

much-needed equipment.

We know that we can count on you to help us complete this great campaign, and we encourage you to get involved if you have not already done so. Become a volunteer. Come out and help us with our canvassing. Many Montrealers have already done so. Why not come out and join us? Our Foundation staff would be pleased to be of assistance. We welcome your participation. Together we can make Phase II of the “Power to Heal” campaign as successful or perhaps even more successful than Phase I. Please join us!

Morton Brownstein, C.M.

Edward Wiltzer

Campaign Co-Chairs

A touch of Athens in Montreal

Evening in Athens, which returned on June 17 for its third year under Chair **Mary Kounadis**, raised more than \$240,000 for the Division of Plastic and Reconstructive Surgery, headed by **Dr. Tassos Dionisopoulos**, the event's Honourary Chair. Funds will go toward the purchase of equipment for this unique service to help patients ravaged by cancer.

Among the over 400 guests in attendance at the Centre Mont-Royal was Federal Health Minister **Tony Clement**. The evening featured authentic Greek delicacies, wine, dancing, music by Poseidon, and a breathtaking singing performance by 12-year-old diva **Nikki Yanofsky**. A special thank-you to **Mary and Me Dennis Kounadis** for their tireless efforts, and to all of the sponsors and guests for their continued support.



From left: **Bernard and Merle Stotland, Ariella Lang-Dionisopoulos, Dr. Tassos Dionisopoulos, Bernice and Morton Brownstein, C.M., Tony Clement, Me Dennis and Mary Kounadis, James Alexander, and Carole and Myer Bick.**

Charles Larente honoured at golf classic



From left: **Charles Larente, James Alexander, Myer Bick, Hon. E. Leo Kolber and Bernard Stotland, C.A.**

Charles Larente, one of the most dynamic and longest-serving supporters of the JGH Silver Star Mercedes-Benz Golf Classic, was honoured on June 12 at the 14th annual edition of the event. Over \$1.1 million was raised at this year's tournament, with proceeds to be used to purchase and install a digital radiology system.

The event, chaired by JGH Foundation Chair **Bernard Stotland, C.A.**, was held at the Hillsdale Golf & Country Club and recognized the leadership, generosity and commitment of Mr. Larente, Director of ScotiaMcLeod and recipient of the JGH's 1999 Distinguished Service Award. A special Tribute Committee, chaired by **Hon. E. Leo Kolber**, raised funds in Mr. Larente's honour to renovate the JGH Nurses' Lecture Hall, to be renamed "The Francine and Charles Larente Teaching Auditorium".

Thanks were also extended to the event's long-standing host, **Sam Eltes** and **Silver Star Mercedes-Benz**, and to the major sponsors, **ScotiaMcLeod Inc., RBC Private Client Group** and **G7 Investment Group**.

A miraculous fundraising event



From left: **Dr. Apostolos Papageorgiou, Glenys Papageorgiou, Angela Soares and Leonardo Soares.**

New respirators, monitors, incubators and other essential equipment will be purchased for the JGH's Neonatal Intensive Care Unit with \$190,000 raised on May 13 at the second Evening of Small Miracles at Le Madison Reception Hall. The grateful recipient was **Dr. Apostolos Papageorgiou**, Honourary Chair of the event and Chief of Neonatology, who was also featured in a video shown during the evening's program. The Neonatal ICU is a provincially designated high-risk perinatal referral centre providing ultra-specialized services for mothers and babies from across Quebec.

The magical evening was hosted by **Leonardo and Angela Soares** who, along with the many sponsors, advertisers and guests, were thanked for their generosity. The reception hall was decorated with balloons and teddy bears. Festivities included a gourmet dinner, live auction, gifts, prizes, dancing to the Showmen Orchestra, and an unforgettable performance by 12-year-old singer **Nikki Yanofsky**.



Celebrating a commitment to medical education

On April 20, the JGH Foundation held a reception in celebration of the **BMO Financial Group Initiative in Medical and Health Sciences Education**. The bank's gift will facilitate the amalgamation of teaching programs offered by the hospital's Departments of Medicine, Nursing and Surgery. From left: Tony Comper, President and CEO of BMO Financial Group, Henri Elbaz, Myer Bick and Morton Brownstein, C.M.

Generous gifts aid in battle against cancer



Generous gifts by **RSM Richter** and **Vickie and John Swidler** to the Segal Cancer Centre and the Breast Referral and Investigation Centre were gratefully acknowledged on May 11 at a reception by the JGH Foundation.

Donation honours JGH cardiologists



Mr. and Mrs. Nathan Shore are joined by friends and family to pay tribute to Dr. Ann Walling and the Division of Cardiology, which received a generous donation from the Shores in loving memory of Dr. Walling's late father, **Bert Walling**.

Cardiology receives heartfelt support



Dr. Igal Sebag of the Division of Cardiology thanks members of the **Rose Family** of Lana Lee Fashions for their ongoing support for the division and its medical team.

Donors added to Tribute Board



Rhea and Joseph Cohen proudly install a plaque on the Tribute Board.

Generosity empowers Segal Cancer Centre



A generous gift to the JGH's Segal Cancer Centre by **Malca and Louis Drazin** is recognized by family and friends.

Honouring a cherished memory



By supporting the JGH Foundation, members of the **Freger family** honour the memory of **Sam Freger**, a loving husband, father and grandfather.

Students take action against breast cancer



Our thanks to **Meagan Shelest, Kaylee Dell'Olio, Michaela Scartozzi, Brandi Lebovitz, Haylee Manganiella, Laura Mackenzie, Kayla Ciale** and **Victoria D'Intino** of St. Anthony's Elementary School who raised more than \$600 for breast cancer research. Keep up the good work, girls!

Hot athletes + hot partygoers = a scorching event



Richard Stein, Sponsorship Co-Chair, and **Elyssa Yanofsky**, Event Co-Chair.

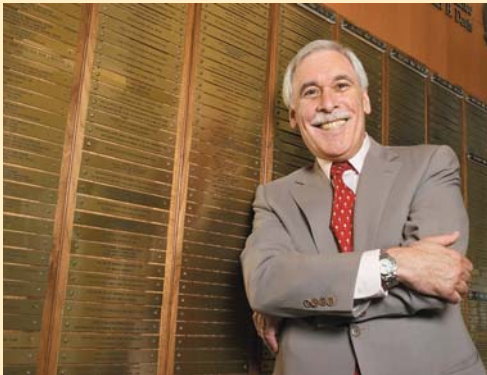
More than 100 tennis enthusiasts and an additional 300 guests flocked to Jarry Park on Aug. 3 for one of the steamiest parties of the summer, L-ACE Served Hot, which capped the 9th Annual Leadership JGH Tennis Classic. Proceeds reached an all-time high, thanks to the generosity of major sponsor **HSBC Bank Canada**, a record 34 corporate sponsors, and contributions from many advertisers and donors, as well as the leadership and dedication of sponsorship Co-Chairs **Richard Stein, Richard Yanofsky** and **Charles Spector**.

Organized by event Co-Chairs **Pat Ifrah-Stein** and **Elyssa Yanofsky**, the party featured delicious food by Java U, an open bar, silent auction, gifts, prizes, music and dancing. Special thanks to **Rachel Plummer** and **Cristina Gonzalez** for producing and choreographing the party's sexy cabaret fashion show.



Visit www.jgh.ca,
click on
"Supporting the JGH Foundation",
and then click on
"donate now"

Allen F. Rubin: A tradition of support and caring



Since returning to Montreal in 1979 from New York, Allen F. Rubin has been actively involved in the community. He began working for Ben Gurion University of the Negev and, in the late 1980s, joined the Israel Cancer Research Foundation (ICRF) in response to his mother and step-mother dying of cancer. Allen was one of the founding chairs of the Entrepreneur Division of Federation CJA. His involvement continues to this day and his wife, Sarah, is campaign chair of the Women's Division.

Allen's passions are Israel, the Jewish community, Montreal and healthcare, which is why he readily agreed to join the JGH Foundation Board, when invited. Allen recognized the tremendous needs and challenges of our healthcare system and wanted to help make a difference. He is currently a Vice-Chair on the Foundation's Board of Directors as well as Chair of the Human Resources and Weekend to End Breast Cancer Committees.

Allen sums up his experience at the JGH: "The past few years have been incredibly rewarding. I derive an enormous sense of satisfaction in being able to help people. The other day, I met a young man who told me his wife and premature baby were saved at this hospital. I am very proud to be associated with this fine institution."

To continue Allen's, Sarah's and their families' long tradition of giving, and to ensure that the JGH will be able to offer excellent healthcare for generations to come, Allen has provided a gift in his will for the hospital. He has designated the hospital as a beneficiary of his family foundation and has recently contributed to the hospital's new bed acquisition program. Allen explains his motivation: "We need to take health matters into our own hands and do what we can to help."

To find out more about making bequests or other planned gifts, please contact Beverly Kravitz, Director of Planned Giving, at 514-340-8222, local 4123, or at bkravitz@fon.jgh.mcgill.ca.

"The other day, I met a young man who told me his wife and premature baby were saved at this hospital. I am very proud to be associated with this fine institution."

November 19

It's A Girl Thing

Proceeds from this event at Baton Rouge, 1050 rue de la Montagne, will benefit Ovarian Cancer Research at the JGH. Co-chaired by Sidra Rubin, Ava Schwam and Caryn Weltman.

OTHER EVENTS IN SUPPORT OF THE FOUNDATION

September 16

Second Annual Lila Sigal Hockey Marathon

Chaired by David Sigal and Farrel Miller, this event will benefit the Segal Cancer Centre and will honour the late Lila Sigal, who passed away from pancreatic cancer in 2004.

September 20

Fifth Annual HSBC Golf Tournament

To be held at the prestigious Royal Montreal Golf Club. Funds raised will benefit the Segal Cancer Centre. In the past two years, over \$585,000 has been raised by this tournament.

October 12

Angel Ball

To be held at the Marché Bonsecours in memory of Natalie Ann Toussaint Angelopoulos, in support of the Segal Cancer Centre's Cancer Nutrition Rehabilitation Program. The Chair is George Angelopoulos and Event President is Joy Berkson.

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

Applause for fundraising play

A performance last June of the play, Rabbi Kameah, raised \$3,200 to purchase an infusion pump for the JGH's Division of Radiation Oncology. The event was organized by **Dr. Eli Raviv** of the hospital's Department of Dentistry and his wife, **Dr. Milli Raviv**, Director of the Montreal Israeli Theatre. The play was performed in Hebrew with English and French supertitles at Centre Pierre Peladeau.