



FACULTY OF MEDICINE

MUNMED *News*

Vol. 18 No. 2 *Spring-Summer 2006*



Care of the Parkinson's patient
page 5
Graduation 2006
page 7



Memorial
University of Newfoundland

Message from the Dean

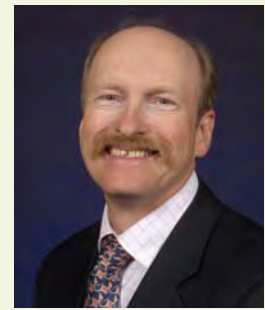
I had the great pleasure in May of being part of the graduation ceremonies of the class of 2006. As I enter my third year as Memorial University's dean of Medicine, I continue to be impressed with the rich ceremony of our medical graduation – from the official university convocation at the Arts and Culture Centre to our homegrown Shingles Night activities at the Faculty of Medicine. Many of you will fondly remember your own graduation and I am certain that the photos and speeches in this issue of MUNMED will bring pleasure and awaken happy memories.

Accreditation is progressing well. In the last two years we've had visits for both postgraduate and undergraduate accreditation. Three postgraduate programs are having limited follow-up surveys this year and we anticipate having all postgraduate programs fully accredited by the end of this year, which is a remarkable achievement for any medical school. At the undergraduate level we have been awarded continuing accreditation with a limited follow-up visit, which will happen next year. We anticipate that being very successful.

In the last issue of MUNMED I spoke to the challenge involving the research practices of former faculty member Dr. Ranjit Chandra. This

troubling ordeal, which has caused such distress for Memorial University, will be thoroughly addressed. President Axel Meisen and I are fully committed to the best possible policies and practices to ensure research integrity. I urge you to regularly check for news on our website at www.med.mun.ca.

I also wanted to update you about the New Brunswick Medical Education Program. In response to an article published in the *St. John Telegraph-Journal*, Dr. Scott Moffatt (our New Brunswick Medical Education co-ordinator) and I responded with a commentary in that newspaper on April 8 about the important relationship between Memorial and New Brunswick. For four decades we have had the privilege and responsibility of training New Brunswick medical students to become competent, caring physicians. Many of these graduates have returned to New Brunswick to provide excellent care to the people of that province, in part because of a curriculum which engages New Brunswick medical students with practicing clinicians in their home



province – especially during their clinical clerkship in third and fourth years.

Premier Bernard Lord's announcement last fall that a satellite medical school will be developed in Saint John will clearly change medical education in New Brunswick. Memorial's initial response was enthusiastic and we looked at a variety of options with New Brunswick to improve and expand the New Brunswick medical education program.

One option was to collaborate with Dalhousie University to develop a unified

DEANS MESSAGE continued on page 3

From the editor

What motivates a physician, or a researcher, to specialize in a particular disease? For neurologist Dr. Alan Goodridge (Class of 1979), the motivation was a woman named Anne Rutherford, who developed early Parkinson's disease. You can find out more about this remarkable woman, her legacy and the work at the Movement Disorders Clinic at the Miller Centre in this issue of *MUNMED*.



If you have a story about a person or event that influenced your career, please share it with us. *MUNMED* is a way to stay in touch with other alumni and members of the Faculty of Medicine; an important part of staying in touch is sharing news and stories. I

am always happy to hear from you, and welcome submissions to this newsletter.

The response to the survey in the winter issue of *MUNMED* has been positive – and a little overwhelming. Thanks to all who responded; we are in the process of compiling comments and reviewing our mailing list.

While you are out and about this summer, don't forget that we would like pictures – the grand prize is publication in *MUNMED*. We didn't get any photos from readers for this issue, so Eugene Ryan of HSIMS kindly consented to allow his photo of a rather unusual duck to appear on page 26.

Have a good summer,

Sharon A. Gray

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Med school making a major contribution to supply of province's doctors

A new study by Dr. Maria Mathews, assistant professor of Health Policy and Health Care Delivery at Memorial University of Newfoundland (MUN), shows that the university's medical school is making a major contribution to the supply of full-licensed doctors practicing in Newfoundland and Labrador, including rural communities.

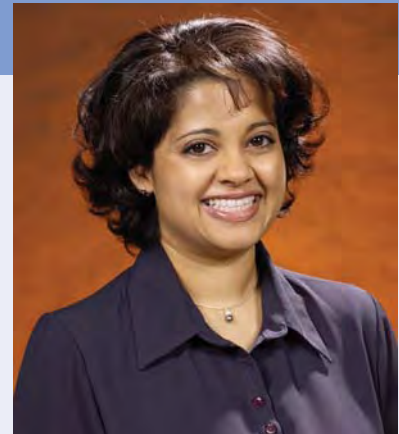
"Physicians trained at MUN make up more than half of all doctors in the province with about one-fifth of those working in the province's rural areas," said Dr. Mathews.

A second part of the study looked at where residents trained at Memorial are working.

"Nearly 60 per cent of all fully licensed doctors practicing in the province in 2004 did their postgraduate training at MUN, including one-quarter of those serving the province's rural communities," she said.

The study shows that almost 13 per cent of MUN medical graduates were working in rural communities with a population of fewer than 10,000 throughout Canada in 2003. "This represents five per cent of the rural physician workforce nation-wide and about one-fifth of Newfoundland and Labrador's supply of rural doctors."

Dr. Mathews said there are a number of factors that predict where MUN graduates end



up practicing medicine. "Medical graduates who have a rural background, are originally from the province, or do some or all of their

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proposal for a full four-year satellite partner medical education program for New Brunswick. This would, however, require re-working the entire medical curriculums at both medical schools into a common co-ordinated curriculum to be implemented by New Brunswick as well as in both our provinces. On deeper examination and reflection, and after considerable discussion with our faculty and university administration, the complexities of developing and implementing this collaborative multi-partnership model – and do it well in an extremely short timeframe – raised considerable concern that the focus and resources required from Memorial would be more than we could commit.

Whatever direction it takes, it is our hope that the new medical education vision in New Brunswick is successful in responding to the needs of the communities which its graduates will serve. If that leads to development of a full four-year New Brunswick medical program offered in partnership with Dalhousie we would still be keen to continue to admit some New Brunswick students to Memorial who could do most of their third and fourth-year clinical clerkship in New Brunswick.

If a Dalhousie/New Brunswick four-year satellite partnership program does not proceed, we would not rule out the development of a Memorial/New Brunswick partnership satellite. We do hope to maintain a positive relationship with New Brunswick as medical educators, as administrators of medical education, and as provinces which have more commonalities than differences.

Finally, I would just like to touch on some of the points I made in an address at the annual meeting of the Newfoundland and Labrador Medical Association, held in beautiful Humber Valley. I talked about our strategic vision for the Faculty of Medicine, which is to develop the best education and research. This contributes directly to the quality of care for the people of this province. We are a world-leading, small, community-based medical school responding to the needs of Newfoundland and

Labrador within a national and global context. Together with our partners we will build a healthy tomorrow for the people of Newfoundland and Labrador. The members of NLMA, which represents all the physicians in Newfoundland and Labrador, are clearly our major partners along with the health organizations and government.

In order to best determine how we can meet the needs of this province, Dr. Maria Mathews, Amada Park and I have now completed a major study looking at our graduates' careers since our first graduating class in 1973. The important context for this is our province's chronic physician shortage, especially in rural areas. Forty per cent of MUN MD graduates (1973-1998) who were from Newfoundland were in practice in the province in 2003. This does not account for graduates who may practice here for five or 10 years and then move on. This is a remarkable retention for such a small province. If we look further, students from our province who did both their medical degree and their residency program at Memorial, the retention rate is 50 per cent. And for rural Newfoundland and Labrador students who did their MD at Memorial and some or all the rest of their training at Memorial, it is over 55 per cent. This shows that students from our province are the ones far more likely to stay and practice in our province, particularly if they do their postgraduate training here as well.

This presents a convincing argument that the best way to increase our stable physician supply for the province is to increase the size of the medical class to include more students who are from our province. This indicates both the importance of increasing the number of medical students from Newfoundland and Labrador as well as building strong medical education "pipelines to practice" that involve all parts of the province.

This presents a convincing argument that the best way to increase our stable physician supply for the province is to increase the size of the medical class to include more students who are from our province.


Dean of medicine

Family Medicine residency program number one

The Family Medicine residency program offered at Memorial University's Faculty of Medicine is first in the country in the percentage of graduates choosing family medicine. Memorial is also one of only four Canadian medical schools to have the program quota 100 per cent filled on first match of the Canadian Resident Matching Service (CaRMS).

All graduates of Canadian medical schools must continue their training in either family medicine or specialty training. At Memorial, over 45 per cent of graduates chose family medicine, and the 20 family medicine residency positions available were filled in the first round of matching. There are a total of 794 family medicine positions offered at Canada's 16 medical schools, and only four universities – Memorial, Université de Montréal, University of Calgary and University of British Columbia, had their quota filled.

In addition to the 20 positions at Memorial University filled through CaRMS, another position has been filled through the Military Officers Training Program.

Dr. James Rourke, dean of Medicine at Memorial, said the university is doing a great job of training doctors for family practice and work in rural communities. "Family medicine residents have the option of doing nine months of their training in the Northern Family Medicine Program (NorFam), based at Happy Valley/Goose Bay in Labrador. Because of the success of that program, Labrador is well-supplied with doctors."

Med school making major contribution *continued from page 3*

postgraduate training at MUN are more likely to work in Newfoundland and Labrador. Fifty-five per cent of MUN graduates with a rural background who did some or all of their residency training at Memorial were working in the province in 2004."

The dean of Medicine at Memorial, Dr. James Rourke, noted that over 40 per cent of medical students at MUN come from rural areas, compared to a Canadian average of 11 per cent. He said that of the 822 fully licensed doctors currently in Newfoundland and Labrador, 237 family doctors are graduates of Memorial's medical school and another 208 specialists are MUN medical graduates.

Based on the findings in her study, Dr. Mathews has the following recommendations for the province and Memorial University.

- MUN should identify and build upon those aspects of the medical school's residency program that influence physicians to practice in Newfoundland and Labrador, including its rural communities.
- The province should provide incentives for MUN's medical school graduates to do their residency training at MUN.
- MUN should increase, or at the very least maintain, the number of medical school seats reserved for Newfoundland and Labrador students. The province should encourage and support students from rural areas to study medicine.
- MUN should develop strategies aimed at encouraging more international medical graduates who go through the university's residency programs to set up practice in Newfoundland and Labrador.

Background and further findings

The study by Dr. Maria Mathews is based on an analysis of 26 years of data from Faculty of Medicine class lists, alumni database, postgraduate databases, and the 2004 Southam Medical database. The Southam Medical database is an annually updated listing of 56,000 physicians in Canada who are members of the Canadian Medical Association and permit release of their information. The study starts with the class of 1973 when the first medical students graduated from Memorial and ends with the class of 1998, since medical students graduating after this date may still be doing their postgraduate training.

The researcher said her findings should be interpreted with caution. "Because the Southam Database is incomplete we could not determine the practice location of nearly one-third of MUN residents. Still, we believe our findings suggest or support some general recommendations."

Dr. Mathews recommends that the province maintain, and likely expand, enrolment in MUN's medical training programs. At present, 40 seats in each entering class are reserved for students from Newfoundland and Labrador, 10 for students from New Brunswick, two from Prince Edward Island, and the remaining six to 10 seats are open to other applicants.

In order to encourage MUN medical graduates to do their residency training at Memorial, Dr. Mathews recommends that the province offer incentives; she also urges the university to develop strategies aimed at encouraging more international medical graduates who go through Memorial's residency program to set up practice in the province.

Dr. Mathews found that family physicians and graduates from a rural background are more likely to work in rural communities. Completing some or all of their residency training at MUN is also a strong predictor of rural practice.

Dr. Mathews' research determined that in 2004, 87 per cent of MUN graduates were practicing in Canada. This figure is around the average for Canadian medical schools. "Nearly one-third of those doctors were working in the province, accounting for more than half – 52.6 per cent to be precise – of all fully licensed physicians in the province. Of the MUN MD graduates from 1973-98 who grew up in Newfoundland and Labrador, 40 per cent were in practice in the province in 2004, including 78 in rural areas.

The first class of medical students started at Memorial in 1969 and part of the reason for having a medical school at MUN was to make Newfoundland and Labrador, particularly its rural communities, less dependent on other medical schools for doctors. Since the first graduating class in 1973, almost 2,000 doctors have earned their degrees at Memorial.

Dr. Mathews' study is the first comprehensive look at where these physicians are practicing and what factors influenced their decision.

Consistent with previous research, Dr. Mathews found that family physicians and graduates from a rural background are more likely to work in rural communities. Completing some or all of their residency training at MUN is also a strong predictor of rural practice.

Another important factor that influences where doctors practice is calling Newfoundland and Labrador home. The study shows that all but three of MUN graduates practicing in rural areas in 2004 were originally from the province. •



Movement Disorder Clinic helps treat the Parkinson's patient

Every Thursday at the Miller Centre in St. John's, patients with Parkinson's disease come for ongoing treatment. Clinic visits may be up to six months apart but the outreach work of nurse co-ordinator Denise Murphy provides important continuity of care by providing telephone advice and scheduling extra appointments when needed for the 1,200 plus patients in the province with Parkinson's disease.

The clinic opened in 1992, in part due to the lobbying efforts of Anne Rutherford, a woman of courage and vision whose spirit never faltered in the face of early-onset Parkinson's disease. Dr. Terry Curran (Class of 1983) was the neurologist who founded the clinic; when he left the province neurologist Dr. Alan Goodridge (Class of 1979) was inspired in part by Anne Rutherford to take on the treatment of people with Parkinson's.

Although her life ended in January 2004, Anne's legacy lives on through the continuing work of the people she inspired in her never-ending battle to educate patients and their families about the realities of living with Parkinson's. Her husband, John Rutherford, continues her work and recently donated books on the Parkinson's disease to libraries in the province.



Neurologist Dr. Alan Goodridge doing a clinical exam on Parkinson's patient Albert Halliday.

"Anne had Parkinson's for 24 years and ran a hotline in our home for five years in the early 1990s," said Mr. Rutherford. "She was saddened by the lack of easily available information for patients in the public area and she asked me to give books for patients to the public libraries of Newfoundland and Labrador – partly as information but more importantly as a step to making Parkinsonians take charge of their lives."

Mr. Rutherford remembers that his wife's view was, "I don't live with Parkinson's, Parkinson's lives with me."

The grief of Parkinson's, says Mr. Rutherford, lies in day-to-day living. "Patients, with their families, must manage their lives. That's why patients need to know what the future may bring and how to handle it. Library books are only a first step; each patient needs to build their own library for the long Parkinson's journey."

While medications play a vital role in the treatment of Parkinson's, the patient needs to learn to manage their medications between visits to the neurologist, and the Movement Disorder Clinic. Local chapters of the Parkinson's society are important in organizing activities such as exercise classes.

Denise Murphy explained that part of her role as nurse co-ordinator is to organize travelling clinics throughout the province, bringing in local speakers. "In May we went across the province giving talks and bringing in local speakers in areas such as speech pathology, physiotherapy, occupational therapy, diet and social work. This is the type of activity Anne Rutherford really pushed for when she was alive."

In addition to weekly clinics in St. John's with patients from around the province, Dr. Goodridge also travels to areas such as Labrador City for regular medical follow-up. •



Alan Goodridge (second cousin to Dr. Alan Goodridge), chair of the St. John's library board, accepted a donation on June 19 of 52 books on Parkinson's disease from John Rutherford (R). A set of two books will go to 23 public libraries throughout the province with three additional sets available through the public libraries exchange program. The books are Parkinson's Disease: a Complete Guide for Patients and Families, by William Weiner; and Parkinson's: Stepping Forward, by David Grimes.

Parkinson's disease

The Parkinson Society Canada describes Parkinson's disease as a progressive neurodegenerative disease which involves the loss of cells in a part of the brain called the *substantia nigra*. These cells are responsible for producing a chemical called dopamine which acts as a messenger between the brain cells that control movement. It's estimated that by the time the diagnosis is made, approximately 80 per cent of dopamine-producing cells have already stopped functioning. The resulting significant decrease in dopamine leads to the appearance of the symptoms of Parkinson's disease.

Symptoms generally appear around age 60, although the disease can affect much younger people. Anne Rutherford was one of those people. Her memoir, *Parkinson's – An Uninvited, Unwanted Guest* (which can be read in full at www.parkinson.ca/pdf) is a story of surprising courage and hope.

Anne was just 28 when her mother developed the first signs of Parkinson's at age 50. When she herself turned 46, her world crumbled as "a multitude of vague symptoms formed a recognizable pattern."

I began to slow down. I didn't have much energy. From time to time my children would say, "Mummy why are you staring like that?" In May 1980 I found myself in my doctor's office saying the words I had never even dared to think, "I have Parkinson's."

When the Rutherford family moved to St. John's in 1988, Anne used the opportunity to start support groups from scratch. She co-founded the St. John's Parkinson's chapter and helped found three other support groups across the province. She published a newsletter for 10 years and



John Rutherford (R) is carrying on the work of his late wife, Anne Rutherford, who lobbied Dr. Alan Goodridge (L) to start a special clinic for patients with Parkinson's disease. The framed picture on the wall of the Movement Disorder Clinic at the Miller Centre in St. John's shows Anne Rutherford receiving a Governor-General's Award for Caring Canadians from Lt.-Gov. Ed Roberts.

sought out any opportunity to expand knowledge about the disease among health professionals and the public. Her efforts were formally recognized when she received a national award from the Parkinson's Society in 2001 and a Governor General's Award as a Caring Canadian in 2003 •

SuperWalk for Parkinson's

Mark your calendars now for Sunday Sept. 10, 2006. In St. John's, Carbonear, Grand Falls-Windsor, and Happy Valley-Goose Bay there will be SuperWalk events to raise money for Parkinson's research.

SuperWalk is the largest coast-to-coast national fundraiser for the Parkinson Society Canada. It helps fund the society's \$1.4 million annual commitment to research. In Newfoundland and Labrador, the goal for 2006 is to raise \$30,000.

From small beginnings in

1990, SuperWalk has continued to grow. By 2000 there were 37 communities participating, raising \$600,000. By 2005, 78 communities in Canada participated, raising \$1.75 million. In the last six years, SuperWalk for Parkinson's has raised eight million dollars to fund research and support services.

Pledge sheets are available on line at www.superwalk.com. For further information call 1-800-576.7020 (toll free) or locally 709.754.4428. You can also e-mail the local chapter at parkinson@nf.aibn.com.

Registration in provincial locations takes places Sept. 10 at 1 p.m., with the walk starting at 2 p.m. •

Symptoms of Parkinson's disease

According to the Parkinson's Society of Canada, regardless of what age the disease appears, the symptoms are quite similar. Certain differences, however, are recognized when it starts before age 40.

Involuntary muscle contractions (dystonia) are more frequent in younger people. The motor fluctuations and involuntary movements (dyskinesia) associated with treatment by the medication levodopa appear much earlier in this group. Trembling is less common in younger people and cognitive disorders such as memory impairment and concentration difficulties are rarer.

Approximately 100,000 Canadians have Parkinson's disease – 1,200 in Newfoundland and Labrador. The number of cases increases with age: Parkinson's affects one per cent of the population over age 65 and increases to two per cent in the population aged 70 and older.

Parkinson's is a complex disease that requires numerous medications and a committed effort on the part of the patient and their family to deal with issues such as psychological aspects, sleep and rest, and exercises. There are Parkinson's support groups throughout Canada; the web site at www.Parkinson.ca will direct you to the nearest chapter. •



Awards presentations May 25, 2006

Congratulations! Class of 2006

The Dr. Charles (Chip) Nardini Memorial Award goes to a fourth-year medical student who best exemplifies the characteristics of leadership, friendliness, good humor, care and concern for fellow students and patients. There were two winners this year: **Dr. Heather Leonard** (L) and **Dr. Megan Turner** (C). The award was presented by Dr. Massi Abedi. Dr. Chip Nardini was a medical student who died accidentally

March 1, 1986, and received his degree posthumously; this award was established by his classmates (Class of 1986).



Dr. Frank King made the toast to the graduating class. Dr. King is past chair of the Discipline of Anesthesiology, and father of graduate Dr. Rebecca King (R).



because their classmates choose the recipient. Dr. Rusted is the founding father of the medical school; it is because of his vision and determination that Newfoundland and Labrador has a medical school. The first medical students were accepted to Memorial University in September 1969.

Dr. Turner also received the Hunter W. Earle Memorial Scholarship in Medicine presented by Dr. June Harris, assistant dean of Student Affairs. This scholarship is funded from proceeds of a memorial fund established by colleagues of the late Dr. Hunter Earle, and the award is based on the characteristics of leadership, sportsmanship and interest in student activities.



Dean emeritus Dr. Ian Rusted presented the 2006 Dr. I.E. Rusted Award to **Dr. Megan Turner**. This award is for the fourth-year medical student who has made the greatest contribution to the graduating class and is particularly significant



The Dr. D.W. Ingram Award was presented this year to **Dr. Proton Rahman** by Dean James Rourke. This graduating class selects a teacher for this award for their quality of teaching in lectures, tutorials, in the laboratory or in clinical teaching, combined with demonstrating interest in students and their well-being and serving as a positive role model.

The Dr. Gregory Rideout Award goes to a fourth-year medical student who has demonstrated an outstanding commitment to activities outside of the medical school that will benefit others. It was established by

Dr. Rideout's classmates (Class of 2003) in memory of his heroic act that saved the life of a man who would have drowned but for his intervention. This year's winner was **Dr. Dave Thomas** and the presentation was made by Dr. Erika Stokes. Dr. Thomas also received the University Medal for Academic Excellence in Medicine, the fourth-year Medical Practice Associates Scholarship, and the third-year Marie T. Kennedy Bursary.



The Dr. Francis L. O'Dea Scholarship in Obstetrics and Gynecology, established to commemorate the memory and work of Dr. Francis L. O'Dea, was presented to **Dr. Michelle Morais** by Dr. O'Dea's daughter, Oonagh O'Dea.



Awards presentations May 25, 2006



The MUN MED choir provided pre-dinner entertainment at the 2006 graduation dinner and dance. The choir membership is drawn from students, residents, faculty, staff and family members associated with the Faculty of Medicine.



Dr. Penny Blackwood, director of Alumni Affairs, presented Dr. Daniel Lodge with the Dr. John M. Darte Memorial Fund, established by Mrs. J.M. Darte and Mrs. Frances Darte McCabe in memory of Dr. John M. Darte, the first professor and chair of Pediatrics.

Dr. Deirdre Calder presented the Dr. Patrick J. Dobbin Memorial Bursary to Dr. Julie Emberley (R). This bursary is awarded by the Atlantic Provinces Medical Peer Review in recognition of Dr. Dobbin's contribution to medicine in Newfoundland as a family physician and administrator for over 30 years,



Dr. Anne Sclater (R) presented the Prize in Internal Medicine to Dr. Jan Downing. This prize is made available by the Discipline of Internal Medicine and is awarded to the most outstanding student in Internal Medicine. Dr. Downing also received the Prize in Psychiatry, presented by Dr. Hubert White.



Dr. Bill Pollett, chair of the Discipline of Surgery, presented the Prize in Surgery to Dr. Heather Leonard. This prize is made available by the Discipline of Surgery and is awarded to the most outstanding student in Surgery.



Dr. Caroline Blackman received the Prize in Pediatrics from Dr. Rick Cooper, chair of the Discipline of Pediatrics. The Discipline of Pediatrics makes this prize available to the most outstanding student in Pediatrics.



Awards presentations May 25, 2006



Dr. Michael Paul (L) presented the Medical Practice Associates Scholarship to **Dr. Carl Moores**. This award is made available by Medical Practice Associates, the business entity of the Faculty of Medicine, and is awarded to an outstanding student in the clinical clerkship.



The Dean's Convocation Award for Medicine, made possible by a generous donation from Dr. James Rourke, Dean of Medicine, and was presented to **Dr. Monica Ott** by Dean Rourke. The award is made to a student who has made an outstanding personal contribution to bettering the lives of others through volunteer work and humanitarian acts while maintaining high academic standing, and exhibits altruism, thoughtfulness, kindness and compassion.



Dr. Nadean Caines (R) received the Charles E. Frosst Medical Scholarship, presented by Dr. June Harris, assistant dean of Student Affairs. This award is made available by Merck Frosst Canada Inc. and goes to a student who has shown the most promise in the field of therapeutics.



Heidi Pound (R) presented the William and Frances Pound Scholarship to **Dr. Alexandra McMillan**. This award is the result of a donation by Dr. Bernard Kai Fai So, a graduate of this medical school, in recognition of the kindness and generosity shown to him by Mr. and Mrs. Pound during his years as a student at Memorial University of Newfoundland. It is based on scholarship standings in both years three and four. Dr. McMillan also received the Merck Frosst Award, normally awarded to the person who places first in the class.



Dr. Michelle Morais received the Cooze Keinath Scholarship from Harry Cooze. This award was established by Dr. Derek Cooze, a graduate of Memorial University of Newfoundland, and his spouse Dr. Kim Keinath. It is based on scholarship standings in both years three and four.



Dr. Massomeh Abedi (L) received the Dr. John M. Darte Memorial Fund from Dr. Penny Blackwood, director of Alumni Affairs. Mrs. J.M. Darte and Mrs. Frances Darte McCabe in memory of Dr. John M. Darte, the first professor and chair of Pediatrics, established this award.



Dr. Lorena Power (L) received the Dr. Janice E. Lessard Scholarship in Geriatric Medicine from Dr. June Harris. This award is made available from income derived from an endowment donated by Dr. Janice E. Lessard, an alumna of Memorial University of Newfoundland. It is awarded to a student who has demonstrated a desire to improve the functional and social well-being of the frail and elderly.

Awards presentations May 25, 2006

Dr. Thomas Hall received the Boehringer Ingelheim (Canada) Ltd. Achievement Award from Dr. June Harris. This award is made available by Boehringer Ingelheim (Canada) Ltd. and is awarded to a student who has demonstrated outstanding clinical proficiency.



Dr. Margaret Hamlyn received the Mary Honeygold Scholarship/Bursary from Dean James Rouke. This scholarship/bursary was established in memory of Mary Honeygold and her family and is awarded to a student who has stated and/or demonstrated an interest in practicing medicine in rural Newfoundland upon graduation.



Dr. Crystal Hann (L) received the Dr. H. Bliss Murphy Cancer Care Foundation Scholarship from Dr. Kara Laing. The Dr. H. Bliss Murphy Cancer Care Foundation awards this scholarship annually to a student who demonstrates

clinical proficiency and an interest in oncology. Dr. Hann also received the Ford Hewlett Memorial Medical Oncology Scholarship from Dr. Roy West, Community Health and Humanities. This award is funded by the Canadian Cancer Society in memory of the late Ford Hewlett of Springdale



Dr. Michael Paul (L) presented the Dr. Henry Gault Memorial Scholarship to **Dr. Julie Emberley**. This award is made available by the colleagues of Dr. Henry Gault and is awarded to a student who has demonstrated both interest in clinical research and academic excellence within Internal Medicine.



Dr. David Landells presented **Dr. Amanda Squires** with the Dr. Robert B. Salter Award. This award is made available from income derived from an endowment by Dr. Robert B. Salter, professor and head of Orthopedic Surgery at the University of Toronto. It is awarded to a student who best exemplifies the qualities of compassionate and competent patient care and is also an outstanding student in clerkship.



Dr. Rebecca King (R) received the Canadian Foundation for Crohn's and Colitis Student Book Award from Dr. June Harris. This book award is made available by the Canadian Foundation for Crohn's and Colitis

and is awarded to a student who demonstrates an interest in gastroenterology.



Dr. Sasha Sealy (R) received the Society for Academic Emergency Medicine Award, presented by Dr. Penny Blackwood. The award consists of a one-year subscription to SAEM Newsletter and a one-year resident/medical student membership in SAEM. This award is made available to a senior medical student who has demonstrated excellence in the specialty of Emergency Medicine.

Dean's list

Third-year medical studies

Jan Downing
Daniel Lodge
Alexandra McMillan
Carl Moores
David Thomas

Fourth-year medical studies

Massi Abedi
Nadean Caines
Thomas Hall
Margaret Hamlyn
Alexandra McMillan
Amanda Squires



Shingles Night 2006



Dr. William Pryse-Phillips, retired but revelling in his ceremonial role, led the class in the version of the Oath of Hippocrates used at MUN

The ever-popular duo of Dr. Bill Eaton and Dr. Alan Goodridge hosted the 25th Annual Shingles Night, held May 26 at the Faculty of Medicine. Family and friends filled the main auditorium to see the proud class of 56 – 40 women and 16 men – receive their traditional shingle, the symbol of starting a medical practice.

Each graduate was presented with an engraved shingle, prepared and donated by Pam and Glenn Caines of Meadows, Newfoundland, parents of graduate Nadean Caines. The shingles were presented individually by Dr. June Harris, assistant dean of Student Affairs; and Mary Dray, financial aid officer, Student Affairs.

Dr. William Pryse-Phillips, retired but revelling in his ceremonial role, led the class in the version of the Oath of Hippocrates used at MUN.

As the ancient Greeks swore by their gods, so do I solemnly affirm that as a graduate in medicine of Memorial University of Newfoundland, according to my ability and judgement, I will keep this oath and stipulation.

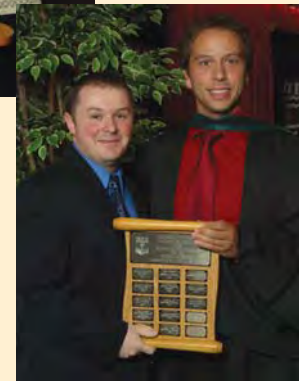
I will follow that system of regimen which I consider for the benefit of my patients and abstain from whatever is deleterious and mischievous. Into whatever house I shall enter, I will go into it for the benefit of the sick and will abstain from every voluntary act of mischief and corruption. Whatever in connection with my professional practice, or not in connection with it, I see or hear in the lives of men and women which ought not to be spoken of abroad I will not divulge, as reckoning that all such should be kept secret. While I continue to keep this oath unviolated, may it be granted me to enjoy life and the practice of the art, respected by all people in all times, but should I trespass and violate this oath, may the reverse be my lot.



Dr. Jan Downing presented the Silver Orator Award to Dr. Jim Hutchinson, professor of infectious diseases. This award goes to the professor who has provided the finest lectures with respect to content, style, humour and aptness.



Evelyn Skinner, Student Affairs, received the 2006 Honorary Order of the Killick from Dr. Robyn Hutchings. This award is made to the faculty or staff member who has made an outstanding contribution to the class, above and beyond the call of duty.



Dr. Brad Hayley presented the Outstanding Intern/Resident Award for 2006 to Dr. Joe Lockyer (L). The award is given to the resident who has provided outstanding teaching and guidance to students during their clerkship.



The 2006 Community Physician Teaching Award went to Dr. Wendy Graham, who is a full-time faculty member at the Dr. Charles L. LeGrow Health Centre, Port-aux-Basques. Dr. Mark Porter made the presentation, which is given to the rural physician who has provided outstanding teaching to students during their clerkship. Dr. Graham, who has been in Port-aux-Basques for seven years, expressed her deep appreciation for the award, noting that it is an award not just to her but to all the staff at the teaching site.



Valedictory address

by George Robbins, MD



It's a great honour to stand here tonight as valedictorian, and I'm very glad my class selected me. I was quite a bit less glad, though, when it came time to actually sit down and write my speech. A combination of fear, lethargy and writer's block kept my progress firmly at the zero mark. The prospect of delivering the final words of wisdom to my classmates just seemed too daunting. I started to make some real headway about three days ago when I was complaining to a good friend of mine, who replied, "Don't be wise, George – be yourself."

Those blunt yet accurate words of advice gave me the perspective I'd been lacking. I started thinking about my own MUN Med experience and the lessons I'd learned from it. There were many. In the interests of brevity and saving face, I'll share only those which might be applicable to our class as a whole, or those that might better illuminate previously misunderstood truths about the universe.

I started thinking back to about four years ago, when we were all opening our acceptance letters. At that time, I remember thinking how incredible it was, how lucky we were, and how the rest would be easy. As many people had already told me, the only hard thing about medical school was getting in. It took me approximately until anatomy quiz #1 to re-

evaluate this stance. In those first two years, I learned to study properly, party properly (I thought I was already pretty good at both – who knew?) and I learned to accept, and eventually revel in, being "average." With our myriad quizzes, OSCEs, board exams, and trying to get ourselves matched to residency programs, it's easy to lose sight of what an accomplishment it is to have gotten into medical school in the first place.

I'm not suggesting that the last four years could have been better spent standing around congratulating each other, but it bears reminding – getting in is a big deal; it is incredible, we are lucky. That said, a good way to enhance such a triumph is to actually complete medical school after you've been admitted.

And that brings me to clerkship, when the learning curve took a sharp, terrifying leap skyward. We got to put on long white coats, drape stethoscopes around our necks, and practice not looking petrified when we were pushed headfirst into providing ongoing care for our patients. We had great safety nets in our residents and staff people; learning how to deal

Our patients' trust is a gift. Even when our own reserves of energy, patience, or emotional strength are depleted, we need to reach a little deeper...

properly with these higher-ranking team members was a lesson in and of itself. For example, I learned (the hard way) that after presenting a new patient at 3 a.m., when my staff man yawns through the phone and says "OK, what do you want to do now?" the correct answer is usually not "Well, I'm kinda tired – I think I'll just go home." Similarly, recommending a Benlyin formulation for every patient proved not to be the shortcut to the head of the class that my television set implied it would be. I am considering writing a strongly worded letter.

Early in clerkship, I also learned the way it felt to have a patient put total trust in me, and the responsibilities that carried with it. Our

patients' trust is a gift. Even when our own reserves of energy, patience, or emotional strength are depleted, we need to reach a little deeper and find the extra warmth and perseverance to provide our patient with the absolute best care that we're able to. We have all dealt with patients whose diagnosis, prognosis, or treatment plans were unclear to everyone on the team. Sometimes all that we can offer is compassion – basic human kindness. This should be a first-line therapy, not just a fallback for when our expertise fails us.

Everyday, we will be challenged to avoid dangerous assumptions, to give our patients the benefit of the doubt, to neutralize their acidic comments with understanding and empathy, rather than letting them know that we might just be as frustrated, impatient, or frightened as they are. It's also important that we remember the patients who have shown great courage, dignity or humour while under our care, and how inspiring that can be. Sometimes it's a lot easier to remember the negative and forget the positive. We need to closely guard our optimism, faith, and sense of humour, lest our jobs take them from us. As Dr. Proton Rahman said so eloquently last night [at the graduation dinner and dance], ours is an incredibly important job, unlike any other, but it's still just a job.

As hard as we've worked to get here today, we all know we didn't do it alone. Without the help of our moms, our dads, our partners and our friends, we wouldn't have made it. At school, we were nurtured and pushed toward the finish line by our professors, the inexplicably patient ladies at Student Affairs and the Undergraduate Medication Education Office, our residents and staff people, and – of course – by our classmates. In four years here, I've been privileged to meet many of my own closest friends, and to watch as other equally strong bonds were formed all around me. As colleagues and friends, we've been able to celebrate together when times have been very very good, grieve together when they've been very very bad, and somehow keep each other on the rails during the in between times. Thank you for that.

Please join me in congratulating the class of 2006.

Dean's address to the 2006 graduating class

To care and to dare



Dear doctors – it is a pleasure to address you now as physician colleagues. The practice of medicine is a long and wonderful journey and now is a good time to pause and reflect on what you have become and what you will do. As doctors, you will be given one of the most important privilege there is – the care of people as patients. With this privilege comes responsibility – a covenant with society, its essence enduring through the ages in the Hippocratic Oath to which you will swear later this evening. Through your care, research and discovery, you will affect that which is most vital: how long and how well people live. You will make a difference for each individual patient, for communities and entire populations. Last night, we talked about your unique backgrounds, your passions, your hopes and dreams for the future. Society, too, has hopes and dreams, and high expectations for you as physicians.

So what does society expect of you? First, to be a medical expert: to know and do the right thing. You now have a solid foundation of medical knowledge and skills to apply in your variety of residency training programs. In fact, in the national qualifying exams results, Memorial graduates are often at the top of all Canadian Medical school graduates. I hope you will continue this fine tradition when you write these exams next year. However, what you've learned now is only the beginning. Last night, Dr. Proton Rahman gave you a great quote: "You've now earned a license to learn." When I look back on

the 30 years since I graduated some of the changes in medicine are almost unbelievable. Surgery replaced by pills, diagnostic equipment that allows us to peer inside every part of the human body, new and frightening diseases, stubborn old diseases with new methods to diagnose and treat. As we look forward to your practice for the next 30 years, we can't even imagine the exciting breakthroughs that you will be part of. What a wonderful challenge it will be to keep up to date!

Be a great communicator. Treat your patients as you would like your family to be treated. Even when you are tired, rushed and frazzled, take the time and make the effort to listen, to connect person-to-person and to communicate clearly. You will earn respect and dignity by how you treat others, especially those who are less fortunate and are facing difficult life circumstances.

Be an advocate, a change agent. Dare to go beyond what is simply required; dare to explore the frontiers to develop new programs, procedures and research; dare to stand up for what is right and what needs to be done for your patients, for your community, for your world; dare to work with the most needy in our society and more needy societies around the world.

Be a good manager. One of the greatest challenges you will face is how to fairly apportion the resources at your disposal. This includes your own time and talents. Be fair and altruistic in this most vital and difficult of tasks. Be careful, however, not to become overwhelmed. You are entering a great and noble profession, but society's expectations can at times seem too much. You could work 24 hours a day for days and still not get everything done; you could become too exhausted to carry on and burn out in the short term or the long

term. Remember yourself, your partner, your children and your family and friends. Be good to yourself, be good to those around you and maintain your hobbies and interests to keep

As doctors, you will be given one of the most important privilege there is – the care of people as patients. With this privilege comes responsibility – a covenant with society

your life's essential balance so that you can have a long and successful career in service to society.

This class of 2006 has been a wonderful class. You have each brought your own personal attributes to this class. As you head out on your different career directions, continue to help each other out as well as your fellow colleagues on your long and wonderful journey and retain your connections to your place, people and passions. •



Graduating Class of 2006



FACULTY AWARDS



Dr. Ian Bowmer, past dean of the Faculty of Medicine, has been appointed executive director of the Medical Council of Canada, effective Jan. 1, 2007. In making the announcement, MCC President Dr. Morris VanAndel said that Dr. Bowmer "is a physician with an excellent reputation both as a clinician and a medical administrator. The MCC considers itself very fortunate to be able to attract such a highly qualified individual who is known not only in Canada but also internationally." Dr. Bowmer is a professor of Medicine at Memorial University and served as dean of Medicine for eight years from 1996-2003. His research expertise has been concentrated in the area of AIDS and HIV disease. Nationally, he has been president of the MCC and chaired the accreditation and credentials committee of the Royal College of Physicians and Surgeons of Canada. Since 2004

has been a senior medical consultant to Health Canada. Internationally he has been a visiting professor in Kenya, China, Hong Kong and Thailand. In 2004 he was appointed to the new Health Council of Canada as one of 13 non-government expert representatives on the 25-member council; he chairs the primary health care working group and the health outcomes committee.



Dr. Dale Corbett, Canada Research Chair in Stroke and Neuroplasticity, presented the fourth annual Ramon J. Hnatyshyn Lecture on May 30 at the Rooms, St. John's. The public lecture, titled *Lost in Translation: Bridging the Gap Between Basic Neuroscience and Clinical Stroke*, was sponsored by the Canadian Stroke Network.



*Dr. Parsons (R)
and Dr. Bhyat*

Dr. Ean Parsons, Family Medicine, received the Gus Rowe Teaching Award for the academic year 2005-2006, presented June 13 by Dr. Rashaad Bhyat. This is the second year in a row and the fourth time that Dr. Parsons has received this award, which is given by Family Medicine Residents to physician teachers in the residency program who are judged to be an exemplary physician, a laudable teacher who is able to communicate knowledge and skills with sensitivity and humour, and who has an interest in sharing those aspects of their skills and ideals which are particularly pertinent to good family practitioners.



Dr. Vernon Curran, co-director of Memorial's Centre for Collaborative Health Professional Education, was appointed to the inaugural board of directors of the International Association for Interprofessional Education and Collaborative Practice (InterED) at the All Together Better Health conference in London, April 10-12, 2006. Dr. Curran is co-leader of an interprofessional education project that has been developed as part of collaborations involving the faculties of Medicine and Education, the schools of Social Work, Nursing and Pharmacy, and Memorial's Counseling Centre. InterED is an international association established to promote and advance scholarship and inform policy in interprofessional education and collaborative practice worldwide in partnership with patients, colleagues, communities and other organizations.



Dr. Barbara Neis, professor of sociology at Memorial University and co-director of SafetyNet, a Community Research Alliance in Workplace, Health and Safety focused on marine and coastal work, was awarded a Trudeau Foundation Fellowship in May 2006. Trudeau Foundation Fellowships are one of the most lucrative social sciences and humanities awards in Canada. It provides \$150,000, paid over three years, plus additional funds for approved travel and networking expenses. Dr. Neis, took up the fight for marginalized groups in the fisheries, and in rural/remote communities, after she learned about injuries on fishing vessels and witnessed apathy towards women in plant protest lines.

Student News

Four MUN Medical students travelled to the University of Calgary this spring to participate in the annual conference on History of Medicine for medical students across Canada. Three third-year students gave papers: **Corey Adams** presented *The Surgical Heritage of the Transposition of the Great Arteries*; **Justin Poirier** gave a paper titled *A History Review of Thyroid Surgery*; **Stephen Hunt** gave a paper titled *An Eye for Innovation – How War and a Fine White Powder Changed Medicine*. Second-year medical student **Monica Kidd** gave a paper titled *The History and Future of Humanities in Canadian Medical Education*. Stephen won an award for "rhetoric," or skill in argument.



Postgraduate Medical Studies holds first annual awards ceremony



These residents were able to take time out from their busy schedules to attend the first Postgraduate Medical Studies awards and recognition ceremony. Back (from left): Dr. Keegan Au, Orthopedic Surgery; Dr. Jerome Doucet, Psychiatry; Dr. Nikita Makretsov, Anatomical Pathology. Front (from left): Dean James Rourke; Dr. George Yousef, Anatomical Pathology; Dr. Anjana Chawla, Psychiatry; Dr. Chhaya Acharya, Anatomical Pathology; Dr. Pamela Hebbard, General Surgery; Dr. Chantelle Reid, Psychiatry; Dr. Asoka Samarasena, assistant dean, Postgraduate Medical Studies

The inaugural Postgraduate Medical Studies Awards and Recognition ceremony took place June 12 at the Faculty of Medicine. Although many residents were unable to attend due to scheduling conflicts, it was an opportunity for Dean James Rourke and Dr. Asoka Samarasena, assistant dean for postgraduate medical studies, to recognize publicly residents who have won awards during the past year, and thank the residency directors and clinical chairs who have organized events such as resident research forums.

Dr. Rourke thanked faculty members involved in residency training for their dedication to service; he also made special note of the tremendous support provided by the office staff of the Postgraduate Medical Studies Office.

Discipline of Family Medicine

Dr. Melanie Murphy received the Chairman's Award for her project Geriatric Medication Audit.

The Research Director's Award went to **Dr. Syed Qadry** for Acute Otitis Media: An Audit Determining the Change in Antibiotic Prescribing Practices at the Health Labrador Hospital.

Discipline of Anesthesia

First prize at the annual research forum went to **Dr. Colin Audain** for MRI Characterization of the Pediatric Airway.

Dr. Sonia Sampson won second prize for her project Acute Pain Education and Exposure – A Resident Survey.

Dr. William Flexer won third prize for the project An Unusual Cause of Hypoxia: A Cautionary Tale for Anesthesia.

Discipline of Internal Medicine

The Dr. David Hawkins' Resident Research Award first place prize went to **Dr. Joanne Hickey** for her project titled

VTE Prophylaxis of Adult Medical Inpatients in St. John's, Newfoundland.

Second place went to **Dr. Dawn Goodyear** for The Influence of Age on Outcomes in Patients who receive Autologous Stem Cell Transplantation.

Dr. Joseph Lockyer received the Dr. John Simpson's Memorial Award for Teaching Excellence. Discipline of Obstetrics and Gynecology

The 2005 Canadian Foundation for Women's Health Award was awarded to **Dr. Colleen Cook** for her project IM vs IV Oxytocin for Management of the Third Stage of Labour

Discipline of Pathology

Dr. Nikita Makretsov received the Canadian Association of Pathologists 2006 Junior Scientist Award for his project Clustering Analysis of Breast Cancer Prognostic Biomarkers.

Dr. George Yousef received the Best Research Award for The potential role of kallikreins as ovarian cancer biomarkers.

Dr. Chhaya Acharya received the Best Paper Award for Primary leptomenigeal precursor B cell lymphoma in a 10-year-old child in the absence of bone marrow involvement.



Some of the hard-working staff at the Postgraduate Medical Education Office (from left): Raylene Rowe, Susan Carter, Melody Marshall and assistant dean Dr. Asoka Samarasena. Unavailable for photo: Linda Bradbury.



Residents in anatomical pathology made a good showing at the awards ceremony. They took time for a photo with Dr. Dzintra Fernandez (L), chair of the Discipline of Laboratory Medicine and Dr. Amrah Pirzada, program director for Anatomical Pathology. From Dr. Pirzada's left: Dr. George Yousef, Dr. Chhaya Acharya and Dr. Nikita Makretsov.





*Dr. Chantelle Reid (C) received the 2005/2006 Psychiatry Resident's Annual Research Prize for her project *Sexuality and Sexual Health, Knowledge and Attitudes as Measured in Medical Students at Memorial*. From left (at the annual Psychiatry Residents' Research Day): Dr. Kevin Hogan, research director for Psychiatry; Dr. Ted Callanan, discipline chair; Dr. Reid; judges Drs. Sharon Buehler and Howard Strong.*



*Lisa Carroll (left), representing Janssen-Ortho, attended the 2006 Psychiatry Residents' Research Day. Dr. Weldon Bonnell (on Ms. Carroll's left) and Dr. Jerome Doucet shared the Dr. Paul Janssen Excellence in Psychiatry Research Award for their project *Conceptualizations of Mood and Affect within the Mental Status Examination Amongst Staff Psychiatrists, Psychiatric Residents, and Mental Health Nurses*. Dr. Kevin Hogan (R) is research director for Psychiatry.*

Discipline of Psychiatry

Dr. Chantelle Reid received the 2005/2006 Psychiatry Resident's Annual Research Prize for the project *Sexuality and Sexual Health, Knowledge and Attitudes as Measured in Medical Students at Memorial*.

Drs. Weldon Bonnell and Jerome Doucet shared the Dr. Paul Janssen Excellence in Psychiatry Research Award for their project *Conceptualizations of Mood and Affect within the Mental Status Examination Amongst Staff Psychiatrists, Psychiatric Residents, and Mental Health Nurses*.

Dr. Anjana Chawla received the International Conference Resident's Award at the third annual meeting of the Maine Benzodiazepine Study Group for her project *Zopiclone Addiction: A Case Study*.

Discipline of Radiology

Dr. Kenneth Crocker received the 2005/2006 RSNA, AUR, ARRS Introduction to Research Award.

Dr. Scott Harris received the 2006 Roentgen Resident/Fellow Research Award for his project *A Comparison between liver lesion detection with high and low mAs CT Examinations*.

Dr. Connie Hapgood won the 2006 Boston Scientific Award for her project on the incidence of pyloric stenosis in Newfoundland over the past decade and potential associated etiologies.

Discipline of Surgery

Dr. Mike McCaffrey received the 2005 Atlantic Provinces Orthopedic Society Best Clinical Paper Award for his project titled *Intra-articular Corticosteroids for the Treatment of Osteoarthritis of the Knee*

Dr. Keegan Au received the A.E. Shapter Award for Resident Teaching in Orthopaedic Surgery.

Co-recipient of the 2005/2006 Couves Award for Excellence in Surgical Research:

Dr. Keegan Au for Interobserver Variability of Risser Staging in Patients with Idiopathic Scoliosis;

Dr. T. Kuan Chuah for Pediatric Trauma Rate Secondary to All Terrain Vehicles in Newfoundland before and after ATV Legislation;

Dr. David Harrington for The Prevention of Pharyngocutaneous Fistulas Using Pectoralis Myocutaneous Flap;

Dr. Pamela Hebbard for Lifestyle issues in General Surgery: A National Survey.

The Tyco Health Care Resident Award for Teaching Excellence went to co-recipients Drs. **Michael Hogan** and **Alex Mathieson**

The 2006 Discipline of Obstetrics and Gynecology Resident Research Day took place June 9. The following presentations were made:

- Remote Umbilical Arterial Blood pH Analysis by **Dr. Krista Brown**. She also made a presentation on Vesico Uterine Fistula in Pregnancy: A Case Report.
- IM versus IV Oxytocin for Management of the Third Stage of Labour by **Dr. Colleen Cook**. She also made a presentation on Practice Patterns in the Management of First Trimester Miscarriage.
- The Role of Integrin Linked Kinase in Trophoblast Development: To Fuse or Not to Fuse by **Dr. T.M. Kirby**.

- Maternal and Fetal Complications of Obesity in Obstetrics by **Dr. Joanne White**.
- Digital Scalp Stimulation Compared with Scalp pH in the Assessment of Intrapartum Fetal Well-Being by **Dr. Samantha Collins**.
- Complications of the Third Trimester Amniocentesis Using Continuous Ultrasound Guidance in a Tertiary Care Center by **Dr. Hani Farag**.
- Utilization of Prenatal Screening Options Among Women With Pregnancies Affected by Chromosome Trisomy (21, 13, 18) 2000-2003 by **Dr. J. K. Brock**.



Special guest speaker at Internal Medicine Resident Research Day



It was a long trip, but internationally renowned gerontologist Dr. John Morley braved heavy fog and a night's wait at Deer Lake – followed by a car trip across the island – to deliver the 2006 David Hawkins Lecture in the Health Sciences on May 19.

The Dammert Professor of Gerontology from St. Louis University gave an informative and entertaining lecture on the topic of The Confused Patient. He stressed that delirium is a dangerous diagnosis, but it is reversible; dementia, however, is only 10 per cent reversible. He cautioned that restraints are unacceptable in patients, and noted that a



Dr. John Morley served as judge for Internal Medicine Resident Research Day. The Dr. David Hawkins' Resident Research Award first-place prize went to Dr. Joanne Hickey. Second place went to Dr. Dawn Goodyear (top photo).

Foley catheter (a tube inserted into the bladder to drain urine) is a one-point restraint.

Aging and cognitive function go hand-in-hand; Dr. Morley said there is an 18 per cent cognitive decline between 40 and 70 years. He offered up various bits of advice during his hour-long lecture: to remember well, study then eat. And in response to a question from Dr. Roger Butler, Family Medicine, concerning care of seniors, Dr. Morley said group housing provides many benefits including improved socialization.

NEWS FROM ANESTHESIA

The 2006 Discipline of Anesthesia Research Day took place March 11. Morning activities included a training workshop on the use of ultrasound and nerve stimulation for regional anesthesia and analgesia. This involved hands on use of ultrasound to locate specific nerves and nerve plexuses in two standardized patients.

Following an introduction by discipline chair Dr. Ken LeDez, Dr. Noel O'Regan, staff anesthesiologist at St. Clare's Hospital, gave the keynote address titled Clinical Use of Ultrasound for Regional Anesthesia was chaired by. Sonographer Jane Morris spoke about technical aspects of ultrasound for regional anesthesia and Dr. Geoff Zbitnew, assistant professor of anesthesia, spoke on the use of nerve stimulators and stimulating catheters.

The afternoon session featured the resident research competition, chaired by Dr. John Jamieson, chief of Pediatric Anesthesia at the Janeway Children's Health Centre. Prizes are listed in the story on the first annual Postgraduate Medical Studies Award ceremony.

GRADUATE STUDENT NEWS

At the university's School of Graduate Studies Awards Ceremony, the following graduate students in Community Health and Humanities were honoured for their academic success over the 2005-06 academic year.

Kim Bonia, M.Sc. candidate, received the Barrowman Community Health Graduate Travel Award. This award is made possible through the generous endowment from Gwen Barrowman and is intended to assist full-time graduate students in the Division of Community Health and Humanities to attend relevant scientific conferences. The student must be presenting at the conference and the value of this award is \$1,000. Ms. Bonia's supervisor is Dr. Natalie Beausoleil.

Sylvia Reitmanova, M.Sc. candidate, received the Dr. Jorge Segovia Scholarship in Health Services Research. This scholarship was established in honour of Dr. Jorge Segovia, former associate dean of Community Health and professor emeritus of Social Medicine. The recipient of this scholarship is selected on scholarship standing through such accomplishments as best paper, best thesis, or best research project. The value of this scholarship is \$500 and the award is for demonstrated excellence in health services research. Ms. Reitmanova's supervisor is Dr. Diana Gustafson.

Roger Chafe, PhD candidate in the Atlantic Regional Training Centre, is a fellow of the School of Graduate Studies. Mr. Chafe's supervisor is Dr. Doreen Neville.

Monique Goguen-Campbell, PhD candidate, received a doctoral fellowship from the Social Sciences Humanities Research Council. Her supervisor is Dr. Michael Murray.

Katie Temple, M.Sc. candidate, holds a Canada Graduate Scholarship. Her supervisor is Dr. Barbara Roebothan.

Tracy Weir, M.Sc. candidate, is a fellow of the School of Graduate Studies. Her supervisor is Dr. Barbara Roebothan.

Class of 1974

The career of **Dr. Lynn B. McGrath** at the Deborah Heart and Lung Center, Moorestown, New Jersey, was recently celebrated in the *Burlington County Times*, a Philadelphia area newspaper. The article by Shalie Dani, He's a real heart stopper, describes how the Newfoundland-born heart surgeon has performed more than 10,100 open-heart procedures in the past 21 years. "Thousands of those required him to temporarily stop beating hearts," writes Ms. Dani. "The doctor's milestone achievement was recently celebrated at the hospital where he also is chairman of medical staff. Spokespersons for other regional hospitals agreed that 10,100 is an unusually high number of surgeries for one doctor to perform during a career." Dr. McGrath is quoted in the article as saying that, "The key to being successful in heart surgery is to try to be highly efficient."

Class of 1980

News of **Dr. Donald G. Blagdon** came to our attention through an article in the *Magic City Morning Star* of Maine. Dr. Blagdon has renewed his appointment as medical director with the Katahdin Valley Health Center (KVHC), which has medical facilities in Patten, Houlton, Island Falls and Millinocket. KVHC is a non-profit business governed by a board of directors. Donald Blagdon was born and raised in the small fishing village of English Harbor East on the south coast of Newfoundland. He was the first person in his family to finish high school; after finishing with top honours from Terrenceville High School he attended Memorial and completed a medical degree, then interned in Halifax. He served in Operation Desert Storm as a medical officer in charge of emergency and resuscitation for the Canadian Field Hospital at AL Quaysnma, Saudia Arabia, working with the British 7th Armored Division and the U.S. 82nd Airborne. After a year of surgical residency in Ottawa in 1992 he served as senior medical officer for the Canadian Forces Base Chatham in New Brunswick. In July 1997 he moved his family to Arkansas where he served as medical director for Valley Oaks Nursing and Rehabilitation Center. Dr. Blagdon joined KVHC in August 2002 as medical director.

A special scholarship

Dr. Laura McMahon Hiscock (Class of 1992) died on Oct. 22, 2005 after a brave and determined, but ultimately ill-fated battle with gastric cancer. She left behind her partner and fellow-classmate, Stephen Hiscock, their four beautiful children and countless friends and acquaintances.

Her classmates have initiated a scholarship in her name. They wish to establish an endowed memorial fund at Memorial's Faculty of Medicine. This fund would be used to provide a perpetual annual scholarship, named in Laura's honor, to be awarded to the Memorial University medical student who, in addition to demonstrated financial need, best demonstrates the qualities Laura embodied. The hope is to create a \$1,000 annual award.

A pledge form is available at the Student Affairs Office for anyone who would like to make a donation. All donations are tax-deductible with receipts issued by Memorial University of Newfoundland. If you prefer to make a credit card donation you can call 1-877-700-4081 (Office of Alumni Affairs & Development) and specify that you are giving to the Dr. Laura Hiscock Memorial Scholarship in Medicine.

For further information please contact Mary Dray at 709 777-6690 or by email at mcdray@mun.ca

Class of 1993

Dr. Richard Hopper was appointed surgical director of the Craniofacial Center at Children's Hospital and Regional Medical Center in Seattle in November 2005. In this newly created position, he will work with Dr. Michael Cunningham, medical director of the Craniofacial Center, to develop to provide the best interdisciplinary team care and innovative clinical treatments. The Craniofacial Center specializes in the treatment of cleft lip and palate, craniosynostosis and other complex craniofacial conditions. After completing his MD at Memorial, Dr. Hopper did a residency in plastic surgery at the University of Toronto and a craniofacial fellowship at New York University Medical Center. He joined the Craniofacial Center at Children's in 2001 as a member of the surgical team. •

**NewLab has competitive edge**

The psoriasis gene co-discovered by Newfoundland and Labrador researchers has been confirmed by the University of Michigan.

Work undertaken in 1993 by Dr. Wayne Gulliver of NewLab Clinical Research Inc, St. John's, in collaboration with the late Dr. Eugene Farber of the Psoriasis Research Institute, Palo Alto, California, suggested HLACw6 as the psoriasis gene. Further work using genomics-based testing on 200 families provided approximately 600 DNA samples, which confirmed that HLACw6, as well as TNF- α , were genes linked to psoriasis and that these genes were the major genes involved in the susceptibility to psoriasis.

In a large clinical trial by the University of Michigan involving 2,700 people from 678 families, researchers have confirmed that HLACw6, a gene that regulates how the immune system fights infection, is likely to be the psoriasis gene. "I am extremely encouraged with the results of Dr. Elder's study as we now have confirmed another target for which to develop new therapeutics for psoriasis and other inflammatory diseases," said Dr. Gulliver.

To develop more effective treatments for psoriasis, as well as other inflammatory diseases including rheumatoid arthritis, Crohn's and psoriatic arthritis, Dr. Gulliver is collaborating with Dr. Valerie Booth, Canada Research Chair in proteomics at Memorial. The project will be funded through a \$703,000 grant from the Canada Foundation of Innovation, as well as a contribution of \$250,000 from NewLab. Dr. Gulliver is a clinical professor of dermatology and medicine at MUN and chair and medical director of NewLab Clinical Research. •



Faculty of Medicine Research Days

Research Days 2006

Research Days 2006 will take place Oct. 23-24 at the Faculty of Medicine. Dr. Penny Moody-Corbett, associate dean for research and graduate studies (Medicine) explained that the name of this year's event was changed from Scientific Days to Research Days to more accurately reflect the broad spectrum of research that goes on in the faculty.

"Research is taking place in areas such as biomedical, clinical, health systems and services, population and public health, community health, the humanities, and so on. We wanted the name of the event to reflect the scope of research within the Faculty of Medicine."

Later this summer information on the sub-

mission of abstracts will be posted at www.med.mun.ca/graduate. The tentative date for submissions will be Sept. 25.

Dr. Moody-Corbett said the two-day event will feature a combination of poster presentations and short talks, with two lunchtime presentations: the Gairdner Lecture on Oct. 23 and the keynote lecture on Oct. 24. The Gairdner lecturer for 2006 is Dr. Jeff Friedman, Marilyn M. Simpson Professor, Rockefeller University, New York. He will speak on the biological basis of obesity. Dr. Friedman's biography is on the Gairdner Foundation website www.gairdner.org and more details on his research are at www.rockefeller.edu/lab-heads/friedman/friedman-lab.php.

Dr. Marshall Godwin will give the keynote address Oct. 24. His talk is titled Primary Care Research: What is it? Why is it needed? And a sample of one. Dr. Godwin is professor and director of the Primary Healthcare Research Unit at MUN.

"Research Days provides an opportunity for us to showcase our research with our colleagues and exchange research ideas," said Dr. Moody-Corbett. "We are delighted once again to have a Gairdner lecture – these have become a wonderful opportunity for faculty and students to meet leaders in the health research field. And the keynote lecture on Oct. 24 provides us with the opportunity to highlight local research expertise." •

Health database developed for Labrador peoples

A new database for Aboriginal and other peoples of Labrador has been developed by Dr. Diana Gustafson, Community Health and Humanities.

The database gives an overview of the health-related programs, services, research, reports and publications created for, with, and about Aboriginal and peoples and communities since 2000.

Dr. Gustafson said work on the database began late in 2004 after the dean of Medicine, Dr. James Rourke, met with her to discuss his vision for developing a more holistic and comprehensive approach to Aboriginal and people's health.



Dr. Diana Gustafson

"In the absence of any consolidated health-related resource in the province, we felt this database would serve as a starting point for the Faculty of Medicine when identifying our assets and mapping future health-related projects in support and collaboration with Aboriginal and peoples," explained Dr. Rourke.

Dr. Gustafson said the database assumes a broad and inclusive definition of health as an individual and a collective experience, an important life goal, and a valuable resource that enables people to be contributing and

productive members of society. "From this broad understanding of health, we created and regularly expanded a list of search terms."

The list of search terms included words relating to the determinants of health (Health Canada 2005), diseases, and other words associated with illness, health, and healing. The search was further limited to research, publications, reports, conferences, workshops and community forums, programs, and services for or about Aboriginal and peoples dating from 2000 to 2005.

All information in the database is sorted into three categories with some information appearing in more than one category. The categories are: determinants of health, disease and disease prevention, and people and programs.

The database is available at www.med.mun.ca/comhealth/aboriginal.htm.

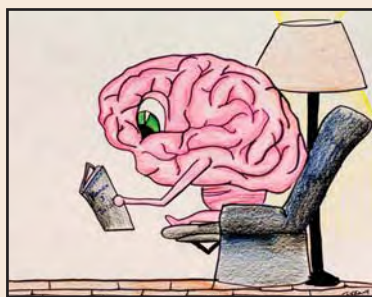
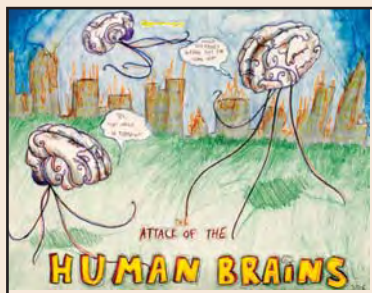


COMMUNITY OUTREACH

Generating interest in the brain



From left: Brenda Fisher, Janssen-Ortho; Roger He (first place, Prince of Wales Collegiate); Brian Kenny, Health and Community Services NL; Paul Thistle (second place, Gonzaga); Pam Anstey, Epilepsy NL; and Alex Ryan (third place, Gonzaga). Each winner received a plaque with a ceramic, designed and donated by former neuroscience graduate student Christina Dove.



All brains can be evil by Zach Johns (TOP) took first place; Attack of the human brains (CENTRE) by Sarah Thomas placed second, and Tiffany Wiseman's untitled (BOTTOM) submission was third. All winners were from O'Donel High School. Local artists and neuroscientists Drs. Chris Kovacs, Gerry Mugford, Sue Walling and graduate student Budd Tucker judged the art.

For the last six years Dr. John McLean, a neuroscientist in the Faculty of Medicine, has volunteered time in getting local high school students excited about the brain. This year 37 students from five local high schools competed in Brain Storm 2006, held March 23 at Holy Heart High School in St. John's.

"We first held the competition in 2000 and in that year there were only seven students from two high schools," said Dr. McLean, who has worked each winter on behalf of the local chapter of the Society for Neuroscience to get students involved in the competition. This year the local division of the Epilepsy Association shared in organizing this annual event.

Dr. McLean said that various MUN faculty and high school teachers have helped to varying degrees over the years with this competition. "Graduate students are a tremendous source of help each year – it's really their energy and encouragement that keeps this competition going."

The competition targets high school students because they are at the point of thinking about careers, explained Dr. McLean. "We think the study of the brain is a wonderful career choice and this competition lets us talk to high school students about some areas of research and career possibilities in the neurosciences."

The Brain Storm competition is structured like a spelling bee, except instead of studying a dic-

tionary, students study the newly published booklet *Brain Facts: A primer on the brain and nervous system*, produced by the Society for Neuroscience. Students study the booklet and then participate in a live question-and-answer competition to test their knowledge of the brain and nervous system. For example, the students are quizzed about how the brain relates to intelligence, memory, emotions, sensations, movement, stress, aging, sleep and brain disorders.

The top three students – Roger He from Prince of Wales Collegiate, Paul Thistle from Gonzaga and Alex Ryan from Gonzaga – received cash prizes provided by the competition's major sponsor, Janssen-Ortho. In addition, neuroscience graduate students obtained donations from 21 local companies which enabled all contestants to receive a prize. A Brain Art competition was also held in conjunction with Brain Awareness Week and 11 entries were received from high school students.

Dr. Penny Moody-Corbett, associate dean for research and graduate studies (Medicine) said Brain Storm is "a wonderful opportunity for our neuroscience community to interact with high school students in the region." She said it has been very successful in generating interest and participation from local high schools, and also sparks great interest from the Faculty of Medicine's graduate students to work with the high school students.

Discovery Day entertains and instructs high school students



These four students from Prince of Wales Collegiate, St. John's, attended a workshop on Nursing – One Profession, Many Choices. This model helped to teach them what a full-term fetus in the womb might look like. From left: Jaleesa Hawco, Lacey Corbett, Julia Halfyard, and Michelle Barbour.

Despite blustery weather, more than 120 students from about 20 high schools in the province, including two high schools in Port-aux-Basques, participated in the 2006 Pfizer Canada Discovery Day in Health Sciences held March 28, 2006. Most students attended at the Health Sciences Centre in St. John's, but students at Port aux Basques joined in via teleconference for sessions in the main auditorium, and attended their own individual workshops.

The keynote speaker was Dr. Anna Dominic (Class of 1993), who runs the Eating Disorders Clinic at the Janeway Hospital in St. John's. She talked to students about her life as an adolescent medicine pediatrician. In the afternoon she also participated in the question-and-answer section of a career panel moderated by third-year medical student Heidi Carew. This career panel in the Health Sciences Centre included Dr. Anne Sclater (Class of 1983), a specialist in geriatric medicine and chair of the Discipline of Medicine; anatomy professor Dr. Shakti Chandra; and Wayne Saray, manager of corporate affairs with Pfizer Canada. In Port-aux-Basques the panelists were Mona Clarke, a nurse practitioner in Primary Health Care, and Patty Slaney, a registered dietitian. Both work at the LeGrow Health Centre.

Individual workshops in the morning and afternoon offered students the opportunity to work in small groups representing a variety of different careers within the health sciences. For those interested in pharmacy, they learned to compound a lip balm and also learned about pharma-

ceutical care. Other students played a game called Geropady, which used the format of the popular television show Jeopardy to test their knowledge of scientific discoveries and innovations in geriatrics and gerontology.

And then there was Body Works, an anatomy workshop that included a demonstration of how lungs inflate and deflate. For those with a bent for research, dermatologist and researcher Dr. Wayne Gulliver (Class of 1982) gave an overview of clinical and genetics research and talked about how his company, NewLab, has contributed to the economy of the province.

For those interested in nursing, a "hands on" workshop gave students the chance to find out what it takes to manage the care of a patient who has just had surgery. They also had some fun learning about techniques to assess a fetus in the womb.

Other students explored the uses of an electron microscope; another workshop on histology gave participants the opportunity to see a working laboratory and learn to embed tissue specimens, cut paraffin tissue blocks and stain tissue samples for light microscopy.

There were four other workshops. Treating the Virtual Patient looked at how advances in computer technology assist in the diagnosis and treatment of cancer with radiation therapy. Let's Get Connected provided an overview of using technologies such as video and web-conferencing to support the delivery of health care and education in the province. The Use of Hyperbarics in Medicine and Diving included a tour of the hyperbaric chambers. And a workshop on the renaissance in pediatrics allowed high school students to see just how many different career paths there are within this specialized medical field.



Some of the speakers at the opening session: L-R: Wayne Saray, Pfizer Canada; Dr. Anna Dominic, Janeway Children's Health and Rehabilitation Centre; Dr. James Rourke, dean of Medicine at Memorial, and Janice Winter, The Canadian Medical Hall of Fame.

Pfizer Canada Discovery Days in Health Sciences is presented annually by The Canadian Medical Hall of Fame for high school students in many provinces in Canada. Discovery Days is supported by the lead sponsor Pfizer Canada, and receives national support from the Canadian Institutes of Health Research, Great-West Life, London Life, Canada Life. Each Discovery Day also receives local support, in this case from Memorial University of Newfoundland, Memorial's Office of Professional Development/TETRA and the Government of Newfoundland and Labrador's Department of Health and Community Services.



RESEARCH NEWS

Research that makes a difference

CIHR funds first provincial childhood obesity study

Dr. Guang Sun, Genetics and Dr. Tracey Bridger, Pediatrics, are teaming up to conduct the first detailed study on seven selected candidate genes which might predispose children in Newfoundland and Labrador to obesity.

Drs. Sun and Bridger have been awarded \$50,000 in new funding from the Canadian Institutes of Health Research (CIHR) to conduct this pilot study. Dr. Sun is already well known for his studies on adult obesity. "This new study is important because little is understood about the genetic basis of childhood obesity compared with adult obesity," he said.

Dr. Bridger (Class of 1994), a pediatric endocrinologist at the Janeway Children's Health and Rehabilitation Centre, is a co-investigator for the study. She is a member of the healthy active living committee of the Canadian Pediatrics Society and a provincial "champion" who treats, teaches and speaks publicly about childhood obesity.

In a recent class for Family Medicine residents, she outlined the problem clearly: 58 per cent of adults in Newfoundland and Labrador are overweight or obese and there is a growing problem with overweight and obese children.

Because body mass index (BMI) is measured differently for children than it is for adults, the calculations are more complicated. But the trend is clear, said Dr. Bridger. "Thirty-six per cent of children in this province are overweight or obese, compared to a national average of 25 per cent. Nineteen per cent are overweight, and an additional 17 per cent are obese, compared to a national average for childhood obesity of eight per cent. The obesity numbers are even more alarming in some ways."

Dr. Bridger noted that a recent study by Dr. Mary Courage, Psychology, shows 26 per cent of pre-school children in the province are at risk of being overweight

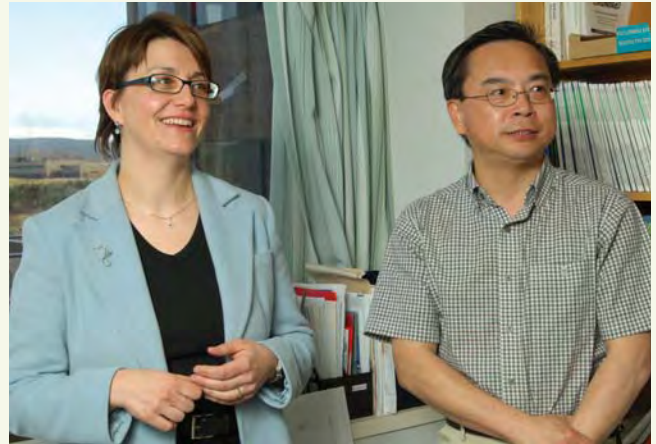
Using the World Health Organization terminology of "globesity" to describe the problem, The pediatric oncologist believes the prob-

lem lies in a mix of genes and environment. "Our ancestors were nomads and those same genes tell us to eat, but today our environment is harsh for different reasons, with TVs and computers everywhere. From a nutritional point of view the issues are portion size, and the calorie and fat content of fast food."

"In addition to the problem of eating too much of the wrong kinds of food, children in the province today are not getting enough physical activity."

Dr. Bridger said that studies show that if one parent is obese, a child is at higher risk of obesity and if both parents are obese, a child is five times more likely to be obese. "It's rarely due to a medical problem, it's really just a balance of energy and most people know that. We're drinking less milk and consuming more soft drinks, we're eating more processed and refined foods, and 80 per cent of children aren't getting the minimum amount of five servings of fruit and vegetables a day."

In addition to the problem of eating too much of the wrong kinds of food, children in the province today are not getting enough physical activity. "As a parent, the worse thing is putting a TV in your child's bedroom – if you do that, I think you are just asking for trouble," she said.



Dr. Tracey Bridger and Dr. Guang Sun

From the research point of view, Dr. Sun explained that children have unique characteristics in terms of metabolism because they are still in the period of development.

"The present study has been well designed. The first target is to recruit 100 families with at least one obese child in one year with the completion of accurate measurement of body fat, percent body fat, fat distribution measured using dual-energy x-ray absorptiometry and selected adipose tissue derived hormones.

"The second main target is the extraction of genomic DNA and preliminary genetic association study of seven obesity candidate genes for children." Dr. Sun said the phenotypes will be accurately measured which is extremely important in the study of complex diseases including obesity when multiple genes are involved.

"This study has the use of the genetically homogeneous population," he added. "The combination of the two parts will certainly help to create an excellent genetic study for childhood obesity."

From the point of view of treating children who are obese, Dr. Bridger advised medical residents to be aware of psychological factors such as poor self-esteem. She said it was important not to blame the individual, but to treat the whole family. •



Journal of Human Health launched



At the launch of the Journal of Human Health, co-editor Dr. Proton Rahman (L) chatted with some of the people involved in this new initiative: master's student and research assistant Sara Heath; Dr. Tanis Adey; research co-ordinator Yvonne Tobin; and Steven Benteau of the Faculty of Medicine's Population Therapeutics Research Group.

The MUN *Journal of Human Health* was introduced April 3 to medical undergraduate students, residents, and graduate students in the Faculty of Medicine as well as undergraduate and graduate students in the School of Pharmacy.

Although the *Journal of Human Health* will not publish its first issue until late fall of 2006, the purpose of the launch was to get students thinking about making submissions. Work on setting up the journal took place last summer by undergraduate biochemistry student Chris Hamilton, who designed the logo and worked with Marc Bolli of the School of Pharmacy to set up a computer with open journal system software.

The objective of the *Journal of Human Health* is to familiarize students with the steps necessary to submit scholarly work and stimulate an interdisciplinary research agenda. Dr. Proton Rahman said he and co-editor Dr. Gerry Mugford hope that students from the School of Nursing and the School of Social Work will, in future, participate in the journal.

Students or residents wishing to submit a manuscript are encouraged to seek a faculty

member who will provide assistance preparing the manuscript. If a student or resident has difficulty in finding a mentor, the editorial board of the *Journal of Human Health* will assist in identifying an appropriate mentor. The submitted manuscript will then be sent to at least one faculty reviewer and the response from the reviewer and the editor's comments will be returned to the student. After the appropriate revisions are made, the editorial board will rank the manuscript and a priority will be placed on its publications.

Publications in the *Journal of Human Health* will include peer-reviewed manuscripts such as case reports/series, critical appraisal,

reviews, brief original manuscripts (less than 1,000 words), full-length manuscripts (between 1,000 and 3,000 words) and letters to the editor. The student must be the leading author in all peer-reviewed publications. A section will also be allocated to publish "Case of the Month" and "What's the Diagnosis."

Dr. Rahman and Dr. Gerry Mugford are currently serving as co-editors of the journal. Dr. Rahman anticipates that eventually students themselves will take ownership of the journal.

For further information on the Journal of Human Health visit <http://ojs.med.mun.ca/ojs/index.php/MUNJHH>.

A gathering of the deans



In May of this year the Faculty of Medicine had a site visit from Dr. David Hawkins, Committee on Accreditation of Canadian Medical Schools (CACMS), and Dr. Frank Simon, Liaison Committee on Medical Education (LCME), to assist in the preparations for our the follow-up LCME/CACMS site visit that will occur in early 2007. Dr. Hawkins' visit was particularly enjoyable as he was able to attend the 2006 David Hawkins Lecture in the Health Sciences, giving us the opportunity to photograph four of the Faculty of Medicine's five deans. From left: Dr. James Rourke, Dr. Ian Bowmer, Dr. David Hawkins and founding dean Dr. Ian Rusted. A special greeting to Dr. Albert Cox (dean of Medicine from 1974-87) and Dr. Margaret Cox, who we know are keeping in touch and reading *MUNMED* from their home in Cobble Hill, B.C.



A visit to Mommy

by Dr. Paul Patey



Two weeks later, Lucy, myself, and one of her very few friends went to the graveyard. Lucy saw the visit as an expression of love, acceptance and respect for a woman who, like herself, had suffered greatly

Daddy was lost. He had gone hunting and not returned. A search was underway. No one was more concerned than his 12-year-old daughter Lucy, but unlike the others she was afraid he would be found.

Daddy had sexually abused Lucy for years. Mommy knew. At age six Lucy had reported to Mommy that Daddy was hurting her and Mommy's only reply was, "Well, I guess you'll just have to put up with it." Yet Lucy was not angry at Mommy -- she saw Mommy as just as disempowered and trapped as herself; so did Mommy.

Unfortunately for Lucy, Daddy arrived home late that rainy night. Her slight hope for release died. The abuse continued for many more years. Eventually Lucy married a stranger. It got her out of the house. For her it was an improvement.

Years later I first met Lucy, a middle-age lady with many physical and mental health problems. Only after I had been her family doctor several years did she start to let me know about the immense mental anguish she had suffered as a child and young woman. Gradually she learned to trust me, and gradually her burdens grew less heavy. She was able to find some joy in her days and some peace in her nights.

Mommy grew old and died; she remained powerless to her dying day. Daddy grew old and died; he was buried next to Mommy.

"I want to visit Mommy's grave," said Lucy. "But I can't. He's there -- the old man."

Lucy did not visit her mother's grave, but she repeated her wish a couple of times a year. Then one spring morning I heard it again and I replied, "I'm willing to go with you."

Two weeks later, Lucy, myself, and one of her very few friends went to the graveyard. Lucy saw the visit as an expression of love, acceptance and respect for a woman who, like herself, had suffered greatly -- including being greatly disempowered. Lucy made sure she approached the grave from her mother's side, thus keeping Mommy's grave between her and Daddy's. There, I could sense that Lucy was feeling that she was for the first time in her life getting from Mommy some protection from Daddy; protection which Mommy, while living, had never been able to provide for her daughter.

Lucy lingered near her mother's grave for many minutes. Her trembling grew less. She knew that in life Mommy loved her but couldn't help her. She also knew that Daddy, now dead, could no longer hurt her at all. Eventually Lucy indicated she was ready to leave.

Lucy left some of her anguish and much of her fear in that graveyard. She had more peace thereafter, but burdened with illnesses she did not live to be old. She too has now been dead for many years.

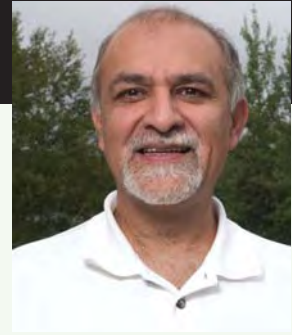
The dead mother finally providing some protection for her daughter from her abusive father is a powerful image I retain from that "house call to a graveyard."

Comments

- The perpetrator, victim and failed rescuer are a triplicate that can be found in most abusive situations. Sometimes the failed rescuer is unaware, sometimes disempowered, sometimes uncaring.
- Many persons carry for many years heavy burdens of old unhealed hurts, old unmet needs, old unresolved conflicts, and old inappropriate patterns of behavior. They often suffer severe dysfunction. They need help, but that can be difficult to provide, and sometimes difficult for them to accept.
- Our society has become much more empowered to detect and stop abuse than it was decades ago. For example, Family Medicine residents learn to be alert for indications of possible abuse, and learn how to explore that possibility compassionately. •



Testing the Hippocratic Oath



A lesson in prejudice

by Dr. Mohammed Ravalia

The patient became increasingly agitated and restless. He began shouting obscenities and his ruddy face, pock-marked with solar keratosis slowly turned to a crimson-blue hue and he let out one large froth-filled gasp before he stopped breathing.

The sound of the beeper silenced the large group seated around the luncheon table. The table overflowed with a variety of curried dishes. Everyone turned to Adam. "Dr. Raja to the hospital stat," cracked the little black box and the elders looked proudly at Adam as he stood up and excused himself.

Adam was very much a child of the community – this little East Indian community of 50 families living in the Highlands of a small central African nation – all descendants of indentured labourers brought to Africa to perform the menial tasks of their colonial masters. Over time, this enterprising group of immigrants had built up a strong economic base, largely in retail trade, and in Adam's generation the first university graduates had emerged in the fields of engineering, pharmacy and education. Adam stood out as the star of

the community – he was the first Asian physician to have come from this little town and every single member of the community held him in reverence.

Adam made his way through the gleaming fleet of vehicles and drove down to the hospital where he was doing a locum. He had mixed feelings about working in the community where he had grown up, but felt that he owed it to his family and friends. He reflected on his childhood; it was blissful in all respects but he did feel a pang of anger at the Apartheid system that had marginalized the Asian and Black communities. The country was newly independent and the Apartheid laws had been finally put to rest, but there remained an uneasy tension between the races.

The large portly nurse greeted Adam as he entered the well lit ER (or casualty ward, as it is called in the tropics). A cyanotic, rather moribund man was hooked up to O₂ and a cardiac monitor. The upswing STT changes on the monitor alerted Adam to the possibility of an acute evolving cardiac event.

A closer look at the patient sent Adam into a panic. Hansie Van Zyl, the richest farmer in the district, of Afrikaaner stock and a staunch believer in the superiority of the white race. Here he was, the patriarch and archetypal racist who looked down on all non-whites as subhuman. Adam recalled the moment almost 20 years ago when he had been thrown out of Van Zyl's tea room where he had tried to purchase a milkshake as a child. "No bloody curry munching monkeys in my tea room." The guttural coarse tones rang familiar in his mind.

"I don't want to see this man. I have a visceral repugnance for him and all he stands for. He has systematically abused us all his life. What will his reaction be now?" thought Adam.

"Doctor, his blood pressure is dropping – what would you like us to do?" yelled the nurse.

"Hello Mr. Van Zyl, I'm Dr. Raja."

"What's this bloody place coming to? Bloody Indian doctors, black nurses. Don't touch me! I want Dr. Strydon!"

"I'm sorry, he's out sailing and the closest white doctor is 100 miles away!"

The patient became increasingly agitated and restless. He began shouting obscenities and his ruddy face, pock-marked with solar keratosis slowly turned to a crimson-blue hue and he let out one large froth-filled gasp before he stopped breathing. The monitor showed a flat line and an intensive resuscitation process began; the patient was stabilized and airlifted to the city.

The family ignored Adam as he helped wheel the patient to the waiting helicopter. He sensed their condescension and indifference.

"These people will never change," the jovial black nurse retorted. "You did your job. God will be very please with you, Adam. All our lives we have suffered by their behaviours – even in sickness and near death they continue to torture us!"

"My Hippocratic Oath was sorely tested today – I have to get out of this place," thought Adam, as he placed his stethoscope in the pocket of his newly-starched white lab coat, carefully wiping away the remnants of Van Zyl's frothy mucous from the front of the coat.

Dr. Mohamed Ravalia is the senior physician at the Notre Dame Bay Memorial Health Centre in Twillingate and a faculty member at Memorial University •



Seniors' musings

by Raoul Andersen and John Crellin

Definitions

Hike

Take a hike: "You're not wanted."

Seniors can feel a subtle, and sometimes not so subtle, form of patronizing when they are told to "remain active," to do this and do that. Of course, this all depends on how health care personnel approach seniors and whether or not they avoid stereotyping and sending a subliminal message: "take a hike." Genes and personal luck have much to do with seniors slowing down at different rates; thus even counselling a patient to read, say, the recent *CMAJ* review (available as Google medicine) on the scientific evidence that supports the health benefits of physical activity may demand some prefatory remarks tailored for the individual.

One activity that comes without any patronizing overtones is hiking Newfoundland's East Coast Trail.

To hike: "The East Coast Trail is an exercise of the mind as much as of the body."

One activity that comes without any patronizing overtones is hiking Newfoundland's East Coast Trail. Already 220 kilometres from St. John's to Cappahayden, it has been developed to world class standards. The trail guides and hike information, intended for all, is impartial and realistic: trails or hikes may be "moderate," "difficult," "strenuous," "easy, suitable for beginners, seniors or families." But the trail is more than physical exercise, even more than a feast of nature. It can be viewed as an archaeological and anthropological journey through an exploration of Newfoundland history. An exercise of the mind as much as the body.

This is abundantly clear from Peter Gard's recently published *Hiking the East Coast Trail: Petty Harbour/Maddox Cove to Bay Bulls* (book 2 published by the East Coast Trail Association, 2005). In the first 50 pages of text, side-notes and an abundance of pictures, Gard offers a smorgasbord of vignettes of the history of Petty Harbour-Maddox Cove, of people at work, of names of places, all of which contributes to a sense of identity of those born there and who live there.

While Gard naturally reminds us of the Catholic/Anglican sides of Petty Harbour, he also mentions Herbie's Old Shop, the

Chafe family, the Doyles and Great Big Sea, the Fisherman's Co-op and much more. We read of "Old Woman's Gulch" (supposedly named after an accident in which a crippled old woman was accidentally bumped out of a cart only to fall down the cliff) to "Skinners Lane" (after skinners of seals). And churchyard hikers will marvel at the graves on the steep slopes of St. George's Church and note the possible fall of rocks from Boones Head that looms above it. The pitted gravestone of four-year-old Amelia Chafe records that on Sept. 18, 1812, she was "unfortunately killed by a rock which fell from the cliff as she was walking."

The hike from Petty Harbour onward to Bay Bulls, described as from moderate to difficult to strenuous, likewise offers more than spectacular nature. One can, for instance, stop and muse on collecting starrigans for firewood or on the eighteenth-century link to Cornish mines.

Hike: "To lean out on the windward side. . ."

Leaning into the wind is a frequent happening on the East Coast Trail, a reminder that another definition of hike is "To lean out on the windward side of a sailboat to achieve optimal speed by offsetting heeling." Of course, heeling – to temporarily tip or lean to one side – is equally well known to all in windswept Newfoundland, be it on land or sea. And all those impressed by the physical and intellectual diversities of the East Coast Trail may wish, at the "heel of the day, around sunset," to reflect further on how all Newfoundland people – old and young in place and time – have made what today is often called Newfoundland's intangible heritage. •

An odd duck



Photography courtesy of Eugene Ryan

This rather strange-looking duck took up residence on Burton's Pond near the MUN student residences this winter. Originating from Brazil, the muscovy is the only domestic duck not derived from mallard stock. They come in many colours and have a unique bright red crest around their eyes and above the beak. Local lore has it that the St. John's muscovies, commonly called "turkey ducks," came from the petting farm at Pippy Park – they enjoy escaping and have evidently set up a local breeding colony.

Do you have a photograph you would like to see in MUNMED? Send it to photomed@mun.ca and be sure to include a subject line. We'll print the best (as judged by the photographers at HSIMS).





a back **WARDS** view

by Dr. Bill Eaton

Accu-punch therapy

Did you ever have one of those days when you wished you had a better method of dealing with those "problem people" in your life? Well so have I. Read on.

The publication of a recent randomized controlled trial has re-awakened the desire to develop a working therapy for those afflicted with annoying or abrasive personality behaviors.

The research

Jones, Janes, Jeans, and Johns compared the end-result behavior of 36 problem behavior clients who were randomized to either traditional psychotherapy or accu-punch therapy offered twice weekly. The authors were unable to prove a statistically significant difference between the two "therapies."

End points were: a three point decrease in the Citizens Reporting Anomalies to the Police (CRAP) score, greater than two deviations below the Factious Alliances Launched Surreptitiously and Erroneously by solicitors (FALSE-Lawyer) score, and personal reflections of the subjects in a focus group setting.

As there were no statistically significant differences between the two therapies we suggest the following accu-punch protocol for the treatment of people whose personality behaviors create havoc or, at least, social disruption.

The therapy

Psychotherapy sessions take 45 minutes and repeat themselves for eons. It requires much skill and training to be as effective as it is and can so drain the therapists that they require therapy themselves: a whole industry unto itself (but enough about that). Conversely accu-punch therapy is short and to the point,

requires little skill and may be quite invigorating to certain therapists.

Each therapy session takes only 40 seconds. Side effects include moderate to loud-vocalizations in the short term with bruising and discomfort at the treatment site for three to 70 hours. Expressed concerns (often at high volumes) about the appropriateness and extent of the therapy is common among clients and consequently the therapy team will need to adopt an attitude of firm aloofness mixed with zeal for the therapy.

To locate the appropriate treatment zone the clinician consults the Accu-punch Reliability Scale Encryption (ARSE)...

Treatment zones

To locate the appropriate treatment zone the clinician consults the Accu-punch Reliability Scale Encryption (ARSE) and assigns the client to a clinical specialist in accu-punch therapy who then proceeds to explain the procedures to the client.

Depending on the client's symptoms the accu-punch treatment foci are developed. If, say, the complaint was lack of zest to the

point where employment or educational pursuits were avoided in favor of alcohol and drug consumption with television watching and needing medical disability forms, then the accu-punch site would be the buttocks and the accu-punch instrument would resemble a boot firmly laced to the foot of the therapist.

Treatment zones for people who are violent and paranoid about doctors or the police or the taxation department are located in the epigastrium with the instrument looking much like those "We're No 1" large-hand sports props, only made of a metal-plastic hard alloy.

For those male drug-seekers the sites are at the mid point between the anterior anal wall and the symphysis pubis and the instrument is a simple boxing glove barely covering brass knuckles.

Once the client's complaints are correlated with the appropriate zones the therapy can begin. Consent can be tricky but court-enforced rulings were found to be helpful. Basically the patient returns to the clinic between two and five times a week for 20-second sessions. Therapy continues as long as the behaviors are exhibited.

Conclusion

Although the final results of our outcome study are not yet tabulated (small HIC issue) the frequency with which the "clients" express their lack of satisfaction indicates that accu-punch therapy is effective and can, by the process of reverse-psychology, prevent the exhibition of anti-social behaviors. Works as well as anything else.

Address to the graduating class

by Dr. Wayne Gulliver

The president of the Medical Graduates' Society, Dr. Wayne Gulliver, spoke at the graduation dinner and dance on May 25.



As our newest graduates I welcome you to this group which now numbers almost 1,900.

The Medical Graduates' Society (MGS) began with the first graduating class in 1973 and it held the first reunion for all graduates as a week long event in May 1983. This was a special occasion, which included the celebration of the 15th anniversary of the founding of the medical school by Dr. Ian Rusted, who was the driving force behind the discussion and decisions to establish the Faculty of Medicine at Memorial University. I am very pleased that our founding dean, Dr. Rusted, is with us here tonight.

The MGS has organized various events and reunions and in 1999, under the direction of Dr. David Keegan (the then MGS president) and Dean Ian Bowmer, the format of the reunions was changed. It was decided that the society would have a reunion every summer, normally the last weekend in July, and it would be for every fifth reunion year from the 10th upwards. We are still following that format. This year we have a reunion planned for graduates of 1976, 1981, 1986, 1991 and 1996. In 2016 your class will celebrate its 10-year reunion.

One of the decisions that came out of that first reunion was that the medical alumni should raise funds to aid development of our medical school, promote research in Newfoundland and Labrador and to contribute to the Dean's Fund. Over the years we have raised funds to initiate several bursaries for undergraduate medical students.

My own first fundraising effort was the challenge issued to my class in 1982. Dr. Ford Bursey and I asked our classmates to contribute in honour of a fellow classmate, Dr. Marlayne Clarke, who passed away in 1994. Over \$11,000 was raised for the Medical Students' Contingency Loan Fund, which is used to provide assistance to medical students in financial need. This action not only provided the fund with money, but also raised awareness of the fund and people who owed money started paying back.

Other classes have conducted fundraising challenges at their reunions and have contributed to the Medical Research Foundation, scholarships and classroom facilities, as well as the Students' Contingency Fund.

Since I became president of the Medical Graduates' Society in 2003, we developed an award for new faculty to address the need for start up research funds. The new Dr. Wallace Ingram award recognizes Dr. Ingram's many contributions to medical education in Newfoundland and Labrador and has been supported strongly by the medical alumni. Enough money was raised to allow for the presentation of three awards of \$10,000 each to new clinical faculty in 2004, and in 2005 one \$25,000 award. This year we hope to raise another \$25,000 to award to a new faculty member.

I would like to conclude this evening by congratulating our graduates and asking you at some point in your career to join the "Thousands Challenge." We know as new graduates you are just starting out, but very soon you will be working and earning and eventually you will be able to give back to your medical school. My challenge is that every graduate will eventually give an initial \$1,000. I hope then that every year graduates will continue to donate \$1,000.

I hope that eventually we will have one thousand graduates donating \$1,000 every year, thus bringing \$1 million to the medical school from its graduates. In the words of Sir Winston Churchill: "We make a living by what we get, we make a difference by what we give."

The "Thousands Challenge" was initiated last year and to date 4350 graduates have responded to the challenge.

Giving back to the medical school is something that I am honoured to do. I would like to lead by example, and now ask Dean Rourke to come forward and accept my second donation of \$1,000 to the "Thousands Challenge." I hope that eventually we will have one thousand graduates donating \$1,000 every year, thus bringing \$1 million to the medical school from its graduates. In the words of Sir Winston Churchill: "We make a living by what we get, we make a difference by what we give."

Once again I congratulate you and wish you all the best as you embark on your medical careers. •

