

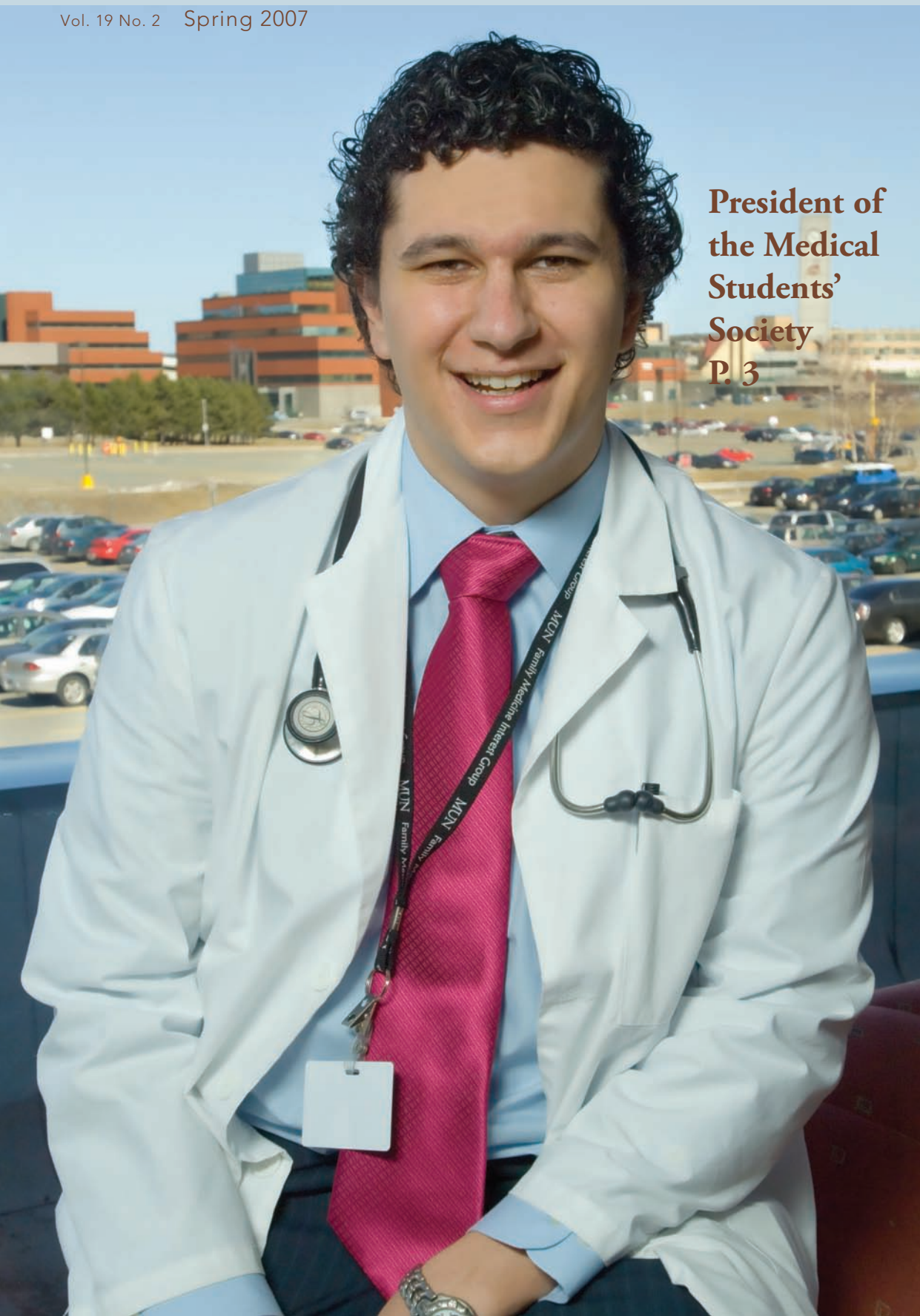


FACULTY OF MEDICINE

MUNMED *News*



Vol. 19 No. 2 Spring 2007



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the Medical
Students'
Society
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grads
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**Diabetes
research
P. 15**

and more....

Message from the Dean



As the spring flowers begin to bloom, the medical school is filled with the joy and excitement of Meds 2007 graduating and becoming MDs. On July 1 they will be taking up their new positions as MDs in a variety of postgraduate training programs ranging from rural family medicine to cardiac surgery to radiation oncology. Again in this year's match our students have done exceptionally well in a competition for their first choice of program and location. Congratulations to all of our graduates and we wish them every success as they proceed to the next step of their career.

April 1 began with a dusting of snow that was followed by the arrival of the Accreditation Site Visit Team and neither were April Fools' jokes! The visit of the LCME/CACMS Accreditation Site Visit Team on April 1-3 was a follow-up site visit from our initial accreditation visit in May 2005. In the intervening two years, the medical school has collectively worked hard to develop and implement educational policy and procedure improvements with a goal of exceeding all standards and providing the best possible medical education. This has included linking the Medical Council of Canada learning objectives throughout Years 1 and 2 and developing specific objectives for the types and numbers of patients and conditions to be seen during clinical clerkship rotations. I encourage all of you to explore the UGME

Congratulations to all of our graduates and we wish them every success as they proceed to the next step of their career.

website, www.med.mun.ca/ugme/ where you can see for yourself how this has been put together.

My sincere congratulations and thanks to the accreditation and MD education program leaders and all who have worked so hard to improve the MD education program and related accreditation preparation.

We now look forward to continuing the curriculum renewal process as we put together a team to exploring needs, ideas and innovations that could improve our MD education program further. Students will be a vital and valuable part of that process. One of the many activities that I enjoy as dean is meeting with the graduating students with Dr. June Harris, assistant dean for student affairs. We ask them what has worked best for their medical education, what they would like to see improved, and who their best teachers were. This valuable feedback will be incorporated into the planning within the Faculty of Medicine.

Our strategic planning process is moving along well. Following the very successful retreat in November, attended by 149 people, we have been working to synthesize an overall framework which will form the platform to a more detailed unit that strategic planning can be built upon. The Resource Management Committee, representing all of the disciplines, divisions and programs, is devoting a

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Student society president brings energy and enthusiasm to job



Sammy Khalil (L) and Abhinav Iyengar spar off in Gladiator.

As president of the Medical Student Society (MSS), Sammy Khalili has already accomplished one of his goals – to see Memorial University medical students involved for the first time in the national Medical Games.

In early January, 16 students travelled to Montreal for the games to compete in sports and para sports activities. "There was soccer, basketball, water polo and para sports such as gladiator, funky runs, dodgeball and dance routines. We did really well in soccer, finishing second to Sherbrooke, who had two squads compared to our one and more than 50 cheering fans. It was a high intensity game and we only lost by two goals."

Sammy said he knew the games would offer a good time, but he also wanted to see MUN medical students involved in order to meet other Canadian medical students. "There were over 2,000 medical students across the country there, so if there was ever a moment in time to meet a whole bunch of other med students and see how they operate compared with us, this was it."

With some clever financial organizing and the co-operation of the host school, McGill University, the cost per student was kept very low, about \$550 including transportation, accommodations and food for the weekend. "It was great to get out there and make other medical students aware that there is a medical school at Memorial. MUN grads are extremely well-

Top photo: The crowd from Memorial had lots of fun at the national Med Games. From left: Graham Cook, Andrew Fagan, Jessica Maxwell, Sheila Lewis, Zach Attwood, Maria Kielly, Spencer Brown, Jane Seviour, Sammy Khalili, Abhinav Iyengar, James Thorburn, Jessica Wade. Not in photo: Andrea Simmons, Heidi Brake and Kathryn Sparrow.

Bottom photo: At the national Med Games (from left): Jessica Wade, James Thorburn, Sammy Khalili, Zach Attwood, Andrew Fagan, Abhinav Iyengar, Spencer Brown and Graham Cook

recognized but sometimes we are excluded from student events because of the travelling costs. This year we were really able to make our presence felt."

Another major goal Sammy has as MSS president is to establish a sustainable international project for medical students at Memorial to be involved in. "Dawn Armstrong has been doing some fantastic work in this area, and we have some students heading to Tanzania in the summer to work on

Another major goal Sammy has as MSS president is to establish a sustainable international project for medical students at Memorial to be involved in.

a project that might potentially become something Memorial will be affiliated with. I've been looking into financing for this and Dean Rourke has been very supportive. I intend to continue pushing for funding for an international project even after my year as MSS president is over."

Sammy says that being student president is a time-consuming role. "Occasionally I just have to let it go and pay attention

Student Society *continued on page 4*

www.med.mun.ca

Student Society *continued from page 3*



Sammy Khalili

to academics. But I enjoy it, it's really fun."

Another issue Sammy has noticed in the medical school is that although there is already a phenomenal student affairs system in place, the majority of the student help is based on self-referral – i.e. a student must recognize they have a problem and seek help themselves before anything can be done. There currently is no mechanism in place to help

identify students who may not realize they are in trouble, particularly for non-academic reasons such as addictions or depression. "A person has to realize they have the issue to go for help. But sometimes that's difficult for a person to do, and I am looking at ways to identify students who are at risk and get something in place to help them before we lose them as

students."

The MSS is also debating whether students should be on the promotions committee. "Faculty Council has offered us that option, but it's still generating a lot of debate among students, whether they want their peers on the promotions committee. This hopefully should be decided on before the end of the school year."

Another matter medical students are discussing is professionalism. A new code of conduct for behaviour outside of academics, such as patient interaction, is being developed. "Right now the faculty and students together have developed a student code of conduct which currently is going through revisions and discussions. We expect it to be in effect by September."

Sammy grew up in St. John's and did his undergraduate degree at Queen's University in Life Sciences. He then started a master's degree in medical genetics at Memorial with Dr. Guang Sun before being accepted to medical school and is continuing that part-time.

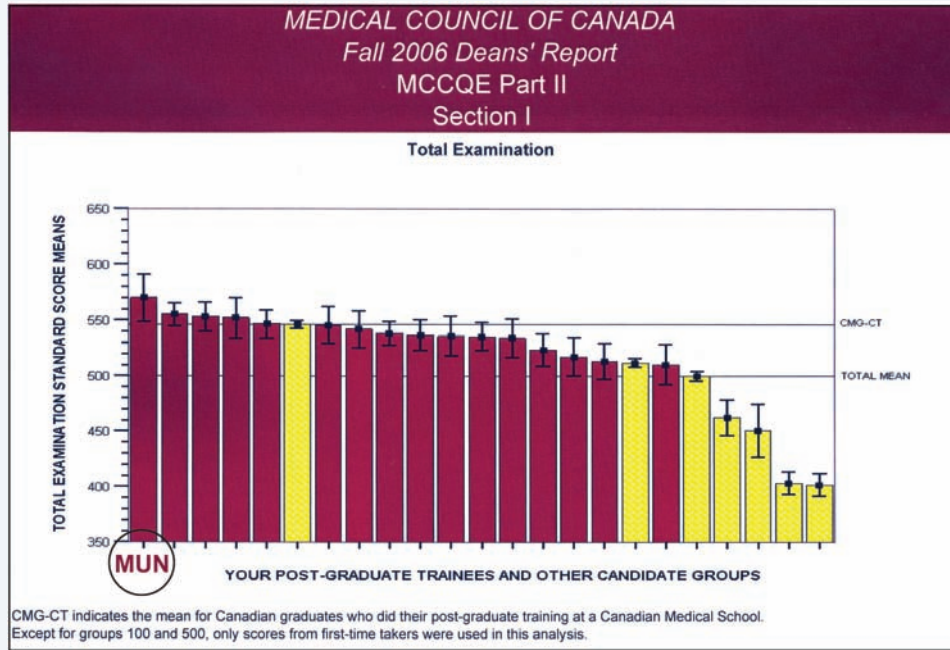


Med students help build HIV clinic

The proceeds from last year's medical student photo auction helped to build this HIV clinic in Tanzania.



MUNMED grads number one in national exam



Memorial University medical graduates placed first in the country in the 2006 Medical Council of Canada Qualifying Exam Part II, written in October after the first year of postgraduate training. This is the second time in six years that Memorial has ranked first of the Canadian medical schools in this exam.

Dr. James Rourke, dean of medicine, said he is delighted with these results. "Our medical graduates often place among the top three in the MCCQE Part II National Qualifying Exams and are known across the country and internationally for their sound knowledge base, practical clinical skills, excellent communication and positive attitude."

Medical students at Memorial also placed above average in the MCCQE Part I exam, written in May 2006 in the final year of medical school.

Dean's message *continued from page 2*



considerable amount of its focus towards this development of the strategic plan. As well as input through their disciplines, divisions

or programs through the (Strategic) Resource Management Committee, faculty, staff and students had the opportunity for direct input again on May 2 at a mini-retreat.

The Faculty of Medicine has been very successful these past five years. Our research activities doubled, graduate students and health scientist training programs have doubled, and now our severe space constraints are holding us back. This has been recognized by the Faculty of Medicine leadership, at the retreat, and by the accreditation visits for LCME/CACMS, and the Royal College and the College of Family Physicians and Surgeons at other

accreditation site visits as well. What is really needed is a two-phase expansion.

Phase one is the long awaited planned research expansion over the Janeway Hostel. This research expansion will have two floors over the Janeway Hostel. This will (hopefully) be approved in this year's budget and we plan to proceed with construction as soon as possible.

Phase two planning is already underway. The goal will be to provide up-to-date research facilities that will allow us to continue to expand our 21st century leading research and education. Dr. Axel Meisen, president of Memorial, and George Tilley, CEO Eastern Regional Health Authority, have signed a memo to government indicating that we are undertaking planning for the phase two expansion.

The phase two expansion is the potential building of a Health Research Complex beside the Health Sciences Centre. This big exciting project would

provide new space for biomedical science laboratories, clinical research, private/public research partnerships, and some clinical facilities.

By moving biomedical research laboratories out of the Faculty of Medicine to the new Health Research Complex facility, it will not only improve and expand our research but will provide more space within the Health Sciences Building for educational space and support space for faculty and staff as well as some much needed vital clinical space for Eastern Health for their Emergency Department and other critical areas.

Sincerely,

Dean James Rourke
MD, CCFP(EM), MCISc(FM), FCFP
Faculty of Medicine

Strong interest in family medicine among students

Getting accepted to medical school is just the beginning of the long road to a medical career. While learning how to be doctors, students must also start thinking about what kind of a doctor they want to be – a family medicine practitioner or a specialist.

To help them find out more about family medicine, MUN medical students have formed a Family Medicine Interest Group (FMIG). They meet weekly to discuss topics of interest to students considering a career in family medicine.

Second-year medical students David Verrilli and Susanne Price are the current organizers of the group. The executive also includes first-year medical students Amanda Park, Robert Mercer and Kathryn Sparrow. Angela Tate will re-join the executive following her maternity leave. Enthusiastically supporting the FMIG are Linda Kirby, administrative program director for Family Medicine, Debbie Rideout, executive secretary for the Newfoundland Chapter of the College of Family Physicians and Dr. Cheri Bethune, a faculty member and family physician. All three have great interest in nurturing students' interest in family practice as a career option.

David said that family medicine is at the top of his list as a postgraduate training choice; that interest prompted him to attend a meeting in September 2005 of the FMIG and start serving as an organizer.

About 25 students usually attend the weekly lunch sessions every Friday, sponsored by the Newfoundland Chapter of the College of Family Physicians of Canada. Titled "Friday with Family", the discussion is usually informal with a family doctor as a guest to offer insight from their own experience in practice. For example, Dr. Wendy Graham from Port-aux-Basques was a guest this year, and enthused the students with her advice on balancing work and family life.

In March, the group had a special speaker – former NHL player Sheldon Kennedy, who rocked the sporting world in 1996 when he disclosed that his junior hockey coach had sexually abused him. Mr. Kennedy was able to tell his story and offer words of advice to future doctors who may see patients with a history of sexual abuse in their practice.

Besides the weekly meetings, the FMIG organizes special events such as "Office Procedures Day" where they are taught and practice such techniques as stitches or starting intravenous (IV) lines. These hands-on sessions are taught by postgraduate residents in family medicine. "We had several stations set up and there was really good feedback," said Susanne.

David noted that when he attended the first Family Medicine student forum in November, 2006, in Quebec City, he realized that Memorial's group is one of the most successful in the country. "Our Fridays with Family is a really good idea, more popular than evening sessions, and we intend to continue them next year."

Dr. Bethune said the Family Medicine Interest Group at Memorial is thriving thanks to many people. "It gives medical students many opportunities to meet and learn from experienced family physicians, providing them with ideas and role models to support their future careers."



A guest speaker at the Family Medicine Interest group this spring was former NHL player Sheldon Kennedy (C), who rocked the sporting world in 1996 when he disclosed that his junior hockey coach had sexually abused him. David Verrilli (L) and Susanne Price (R) are the current organizers of the group.



From left: Paul Dube, executive director of NATI; Fran Kirby, director of PDCS; Dr. James Rourke, dean of Medicine; John Abbott, deputy minister of Health and Community Services; and Dr. Axel Meisen, president of Memorial University.

Celebratory launch of new education and conferencing services

Memorial University has a long history of leadership in distance education and health care technology. Now a new division in the Faculty of Medicine merges professional development with education and conferencing services for internal and external clients.

The official launch of Professional Development and Conferencing Services (PDCS) took place Jan. 25. John Abbott, deputy minister of Health and Community Services, spoke about the many initiatives between the university and the provincial government in improving health care services in Newfoundland and Labrador. "Our partnership has recently resulted in a physician recruitment website and we plan to continue to invest in improving the recruitment and retention of doctors in the province."

Paul Dube, executive director of the Newfoundland and Labrador Association of Technology Industries (NATI) commented on the importance of research and development in an increasingly competitive global environment. "We need to be proactive and strong partnerships like PDCS are an important part of that process."

Fran Kirby, director of PDCS, explained that the organization is a new division of the Faculty of Medicine resulting from the merger of the Office of Professional Development and the Telehealth and Educational Technologies Resource Agency (TETRA). "We support the continuing professional development mission of the Faculty of Medicine by providing innovative onsite and distance learning opportunities for Newfoundland and Labrador's health care professionals, MUN faculty and MUN students. By providing opportunities for health care professionals to update and enhance their skills,

we positively impact health outcomes in the province."

An important example of PDCS' initiative to provide high-quality medical education and flexible learning opportunities is the MDcme.ca web portal. PDCS championed the formation of an e-Learning consortium consisting of 14 Canadian medical schools whose mandate is to provide quality online learning opportunities for health professionals. Current MDcme.ca offerings cover 11 therapeutic areas with over 30 courses.

A new user of PDCS is the Law Courts of Newfoundland and Labrador. Video conferencing has been used successfully in seven courthouse locations over the past 16 months, with locations at Happy Valley-Goose Bay, Stephenville, Corner Brook, Clarenville, Grand Bank and St. John's. Terri Yeske, marketing manager for PDCS, said video conferencing enables the court to process cases on a more timely basis. "It is especially beneficial to expert witnesses – usually medical specialists and forensic lab specialists – who can testify from their home community and not have to travel. It is also used by RCMP officers who transfer from one location to another and can testify from their new location, interpreters from outside the province in hard-to-find languages, who can testify via video, and RCMP crime lab experts because there is no crime lab in the province."

Video conferencing saves money by reducing travel costs. "Cases can proceed at a faster pace when travel arrangements do not need to be taken into consideration, lawyers can do oral arguments in front of a judge in another community over video, and a judge can sentence accused over video with the accused's lawyer present, for example, in St. John's and the other parties in Happy Valley-Goose Bay," she said.

Carbonear student wins Brain Storm competition

Louanne Crocker, a Grade 11 school student from Carbonear Collegiate, was the winner of the 2007 Brain Storm competition, held Feb. 17 at Memorial University's Faculty of Medicine. About 30 students representing schools throughout the province, including two students from Labrador, attended the first provincial competition. Ms. Crocker went on to compete in the International Brain Bee competition in Baltimore, MD, March 16-17.

Second place went to Kylie Goodyear, a Grade 12 student at O'Donel High School in Mount Pearl. Justin Robson, a Grade 12 student from Lewisporte Collegiate, took third place.

The competition was organized by the local chapter of the Society for Neuroscience at Memorial. It has been held since 2000, when Dr. John McLean, a neuroscientist in the Faculty of Medicine, began to volunteer his time to get local high school students excited about the brain. It has grown from the initial competition in which there were only seven students from two high schools to this year's province-wide event.

Graduate students in neuroscience are a tremendous source of help each year and Dr. McLean credits their energy and encouragement in keeping the 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 dictionary, 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.

Prizes were provided to all competitors. Major sponsors for the event included Memorial's Faculty of Medicine, Institute of Neuroscience, Mental Health and Addictions (Canadian



From left (back): graduate neuroscience students Matthew Grimes, Tara Deemyad, Krista Hewlitt, Kris Langdon, Grade 11 student Louanne Crocker (winner of the Brain Storm competition), and Melissa Fougere. Front (from left): Stephanie Hancock (graduate student in psychology) and Jared Clarke, graduate student in neuroscience. At right: Dr. John McLean and Dean James Rourke



With the help of funding from the Faculty of Medicine, two students from Labrador were able to participate in Brain Storm 2007. From left: Dean James Rourke, Sarah Downey, a Grade 10 student from Menihek High School in Labrador City, and Ethan Dawson, a Grade 12 student from Mealy Mountain High School in Goose Bay.

Institutes of Health Research) and Janssen Ortho, Inc. A number of local companies also donated prizes including: Allan's video, Dove Pottery, The Hair Factory, Jungle Jims, The Keg Restaurant, MUN Recruitment Office, Quintana's Restaurant, Pier 17/Papas, Pizza Experts, Shoppers Drug Mart and Take the Plunge.

In addition to the Brain Storm Competition, the local chapter of the Society for Neuroscience organized a Brain Art Competition in March during Brain Awareness week. Here are the winning entries.

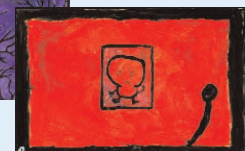
Wired for School
by Amy Stapleton



Brainstorm
by Jean Huang



Mirror of Rage
by Matthew Pike



Graduate student achievements celebrated



Sherri Rankin (L) received the Colman PhD award from Dean James Rourke and Dr. Penny Moody-Corbett.



Mrs. Alfred Burness (L) presented the Burness M.Sc. award to Brandon Cross. The award was established in memory of her late husband, Dr. Alfred Burness.

The first recognition luncheon for graduate student achievements in the Faculty of Medicine was held March 22 in the Junior Common Room. The luncheon recognized those students who have received awards during the year 2006. There are about 200 graduate students in eight areas of concentration in the Faculty of Medicine, and Dean James Rourke noted that growth is only hampered by lack of space. "We are optimistic that new research space will allow us to expand our research activities and graduate studies in the near future."

The Colman PhD award went to **Sherri Rankin**, who is supervised by Dr. Karen Mearow. The Burness M.Sc. award was presented to **Brandon Cross**, who is supervised by Dr. Daniel MacPhee.

Dean's Fellowships for PhD studies in 2006 were awarded to **Trina Kirby**, who is supervised by Dr. Daniel MacPhee, and **Sylvia Reitmanova**, supervised by Dr. Diana Gustafson. Dean's Fellowships for M.Sc. studies went to **Amanda Parsons**, supervised by Dr. Gary Paterno, and **Katherine Temple**, supervised by Dr. Barbara Roebothan.

The following awards for 2006 recognize the academic and research achievements of graduate students within the university community. Fellows of the School of Graduate Studies went to **Roger Chafe**, supervised by Drs. Doreen Neville and Thomas Rathwell; **Kayla Collins**, supervised by Dr. Doreen Neville; **Jianxun Cui**, supervised by Dr. Yagang Xie; **Thaddeus Collier**, supervised by Dr. Kensuke Hirasawa; **Monique Goguen-Campbell**, supervised by Dr. Michael Murray; **Clifford Guy**, supervised by Dr. Thomas Michalak; **Don MacDonald**, supervised by Dr. Doreen Neville; **Amanda Park**, supervised by Dr. Maria Mathews; **Sylvia Reitmanova**, supervised by Dr. Diana Gustafson; and **Budd Tucker**, supervised by Dr. Karen Mearow.

The honour of Thesis Distinction went to **Sharon Oldford**, supervised by Dr. Sheila Drover; **Michelle Ploughman**, supervised by Dr. Dale Corbett; and **Panayotis Verginis**, supervised by Dr. George Carayanniotis.

The honour of Comprehensive Distinction went to **Don MacDonald**, supervised by Dr. Doreen Neville and **Pietro Ravani**, supervised by Dr. Brendan Barrett.

The following awards recognize the academic and research achievements of the Faculty of Medicine's graduate students in national competitions in the part year. **Dr. Crystal MacLellan**, supervised by Dr. Dale Corbett, received a CIHR postdoctoral fellowship. **Pia Elustondo**, supervised by Dr. Daniel MacPhee, received a STIRRHS (Strategic Training Initiative in Research in Reproductive Health Sciences) award.

A NSERC postdoctoral fellowship went to **Budd Tucker**, supervised by Dr. Karen Mearow. A CGS PhD award went to Matthew P. Parsons, supervised by Dr. Michiru Hirasawa. CGS M.Sc. awards went to **Krista Hewlett**, supervised by Dr. Dale Corbett; Leanne Thorne, supervised by Dr. Laura Gillespie; and **Matthew S. Parsons**, supervised by Dr. Michael Grant.

A Canadian Liver Foundation award went to **Sonya MacParland**, supervised by Dr. Thomas Michalak. **Dr. Tram Pham**, also supervised by Dr. Michalak, received an award from the Canadian Association for The Study of the Liver/Hoffman-La Roche/Astellas.

An award from the Canadian Stroke Network Focus on Stroke was received by **Kristopher Langdon**, supervised by Dr. Dale Corbett.

Awards from the National Canadian Research Training Program in Hepatitis C were received by **Sonya MacParland**, supervised by Dr. Thomas Michalak and **Angelique Myles**, supervised by Drs. Peter Wang and Gerry Mugford.

Program prizes are designated within each of the graduate areas in the Faculty of Medicine.

In the Cancer Research Program, the Mary Pater Award for best overall poster went to **Thaddeus Collier**, supervised by Dr. Kensuke Hirasawa. The Mary O'Neill Award for the best M.Sc. poster presentation was won by **Brandon Cross**, supervised by Dr. Daniel MacPhee. The Mary O'Neill Award for the best PhD poster presentation went to **Adam Green**, supervised by Drs. Robert Gendron and Hélène Paradis.

In the Cardiovascular and Renal Sciences Program, the program prize was won by **Yingchun Han**, supervised by Drs. Edward Randell and Sudesh Vasdev.

In Community Health and Humanities, the Jorge Segovia Scholarship in Health Sciences Research was awarded to **Sylvia Reitmanova**, supervised by Dr. Diana Gustafson.

In Immunology and Infectious Diseases, the PhD award went to **Shashi Gujar**, supervised by Dr. Thomas Michalak. The M.Sc. award went to **Hong Jiang**, supervised by Dr. George Carayanniotis, who also presented the Zetta Tsaltas award, on behalf of the Greek community, to **Clifford Guy**, supervised by Dr. Thomas Michalak.



Neuroscience Golden Synapse Awards went to **Sherri Rankin**, PhD, supervised by Dr. Karen Mearow; **Michelle Ploughman**, PhD, supervised by Dr. Dale Corbett; and **Wen Cui**, PhD., supervised by Drs. John McLean and Carolyn Harley.

Dr. John McLean (R) presented the Neuroscience Program's Golden Synapse awards to (L-R) Sherri Rankin, Wen Cui and Michelle Ploughman.



The Zetta Tsaltas Immunology Award was presented to Clifford Guy (L) by Dr. George Carayanniotis. This is one of two awards made from a fund established to honour the memory of Dr. Zetta Tsaltas, who died in a car accident in Greece in 1995. She came to Canada from Greece in 1974 and earned a PhD in immunology from Memorial University in 1994. The board of directors of the Greek community in Newfoundland and Labrador established the scholarship fund in her name.

Research team holds public forum on pharmacogenetics



PHARMACOGENETICS

A Promising New Era for Drug Safety?

A research team at Memorial University is making great strides in determining the right drug for the right person at the right dose. In March, the Population Therapeutics Research Group, in collaboration with Genome Atlantic, held a public forum to raise awareness of the field of pharmacogenetics and its potential to increase the safety of prescription medications.

The forum began with a presentation on pharmacogenetics by Dr. Proton Rahman, professor of medicine at Memorial University. He was joined by a dynamic panel of experts including Siobhan Coady, CEO, Newfound Genomics; Dr. Ted Callanan, chair, Discipline of Psychiatry; and Dr. Daryl Pullman, associate professor of medical ethics. A lively discussion ensued on the rapidly advancing world of genomics and its economic, clinical and ethical impacts.

Pharmacogenetics is a relatively new area of medicine that involves the study of genes, which are contained in DNA, and their influence on individual responses to prescription medications. Researchers believe that pharmacogenetics can lead to more effective prescribing based on individual genetic profiles – the right drug for the right person at the right dose.

“The forum was a great opportunity to talk about the potential of pharmacogenetics in a broader, larger scale,” said Dr. Rahman. “In the development of pharmacogenetics as a practice, it is essential that we engage health care professionals, researchers, policy makers and the public so they are familiar with how it works and how it may contribute to an increased quality of health care.”

Traditionally, health care providers determine appropriate drugs and drug doses through the trial-and-error approach. A patient’s response to a drug is observed and the therapy is tweaked as necessary. However, by using a person’s genetic profile to predetermine how they will respond to a drug, pharmacogenetics aims to reduce the frequency of drug related side effects and, therefore, increase the quality of health care.

Although the potential benefits of pharmacogenetics are hard to ignore, it is necessary to engage in a two-way commu-

nication process with health care practitioners, health policy makers, researchers and members of the public. This process will allow the identification of real social, legal and ethical impacts that should be acknowledged before the science is applied. For instance, what implications might pharmacogenetic tests have on family members of the person tested? Do health care providers know how to correctly interpret information from pharmacogenetic testing? Will pharmacogenetics cost the health care system more, or will it save money by reducing costly errors in prescribing?

Addressing the broader ethical, legal and social issues of this kind of research is part of Dr. Pullman’s task. “Society is always struggling to keep up with rapid advances in science,” he explained, “and it is important that we think about how a field like pharmacogenetics might alter the way we do research and how we provide health care.”

“By addressing these issues upfront,” added Dr. Rahman, “we can help define how this research will be used, what the exact benefits and risks are, who will be impacted and how.”

The recent forum is the first step in PTRG’s communication strategy to solicit open feedback from the public and from health care professionals. The group plans to continue its open communications to ensure the potential impacts of this research are explored before it becomes widely utilized.

The Population Therapeutics Research Group (PTRG) was established in 2004 by funding through the Atlantic Canada Opportunities Agency (ACOA) and the Province of Newfoundland and Labrador. The non-profit research team is led by Dr. Proton Rahman, professor of Medicine at Memorial. PTRG carries out drug research with the intent to inform policy makers and health care practitioners on how to reduce undesirable drug reactions, ensure drug effectiveness, optimize drug dosage decisions and enhance drug therapy based on individual genetic profiles. PTRG is currently conducting research studies on antidepressant, antipsychotic and steroid medications and is developing research platforms in order to further expand its work.

Family Medicine Residents' Forum 2007

Family Medicine residents had the chance to show off their research on March 12 during a day-long forum at the Fluvarium. The keynote address was given by Dr. Walter Rosser, researcher, professor and head of the Department of Family Medicine at Queen's University in Kingston. He spoke on the value of Family Medicine research.

The Research Director's Award went to Dr. Tracy Lee for her survey of colorectal cancer screening practices of family physicians in Newfoundland and Labrador

Dr. Tim Griffin received the Chair's Award for his study titled, "Behaviour Change in Primary Care: A New Approach?"

The day's program featured 10 presentations by residents as well as a presentation by Dr. Marshall Godwin on the first 100 patients of the CAMBO study, a project looking at the use of BpTRU devices in the management of hypertension in primary care. There were also six poster presentations.



Research director Dr. Marshall Godwin (L) and judge Dr. Gerry Mugford (C) presented Dr. Tracy Lee (R) with the Research Director's Award. Dr. Mugford commented that he and the other judges were incredibly impressed with the quality of the presentations, and he gave honorable mention to Dr. Brent Thistle for his project titled, "Is Intensive Medical Therapy a Safe Option vs. PCI in Stable Angina?"



Dr. Bob Miller (L), chair of the Discipline of Family Medicine, presented Dr. Tim Griffin (R) with the Chair's Award for his project titled, "Behaviour Change in Primary Care: A New Approach?" Dr. Gerry Mugford (C) served as a judge along with guest speaker Dr. Walter Rosser from Queen's University.



Dr. Walter Rosser (C), guest speaker at this year's Family Medicine Residents' Forum, with Drs. Sonya Brake (L) and Tara Rector (R), in front of their poster on Efficacy of Transcervical Endometrial Resection Versus Thermal Balloon Ablation for Dysfunctional Uterine Bleeding in Central Newfoundland.



Among those accepting cheques from the Monte Carlo Gala were Horace Collins (R), president of the Vera Perlin Society, and board member Thelma Williams (C-R). Medical students Jadon Harding (L) and Jane Seviour (C-L) presented the giant-sized donation.

Charities benefit from med student fundraiser

Seven charities in the province are richer by \$6,500 each thanks to the fundraising efforts of Memorial's medical students through the 2006 Monte Carlo Gala, held Nov. 4 at the Fairmount Newfoundland.

The cheques were handed out Feb. 22 at the medical school. Representatives from five of the charities were on hand to accept their donations; two charities from outside the St. John's area were unable to attend.

The selected charities were Cara Transition House in Gander, which provides a safe haven for women and children fleeing violence; the St. John's chapter of the Canadian Liver Foundation; the Candlelighters Association of Newfoundland and Labrador, which provides emotional support and understanding to families dealing with a child with cancer; the

Murphy Centre, which provides support services for youth and other individuals to realize their academic career and life goals; Muscular Dystrophy Canada; the Vera Perlin Society for individuals who are developmentally delayed; and the St. John's chapter of the Tetra Society North America, which assists people with disabilities to achieve an enriched quality of life within the community.

This is the 30th anniversary of the Monte Carlo Charity Ball. Sponsors for this year's event included the Fairmont Newfoundland, the Telegram, Diamond Design, K-Rock,

Grant Thornton, Live Wire, TD Waterhouse, Cougar Construction & Engineering, PAIRN (the Professional Association of Interns & Residents of Newfoundland), the Art Emporium and Scotia Bank.

Australian ethicist impressed with local system

Eleanor Milligan was so interested in what was happening with ethics and health care in the Eastern Health Board of Newfoundland and Labrador that she recently spent three weeks at Memorial's Faculty of Medicine investigating further.

A doctoral student in the Ethics Program at Queensland University of Technology in Brisbane, Ms. Milligan first became aware of the comprehensive system in place for health care ethics in Newfoundland when she met Dr. Daryl Pullman, a bioethicist at Memorial, at a conference two years ago.

"Clinical ethics is very well established in Newfoundland," she said. "In the



Eastern Health Care Board you have many ethics committees that cast an integrated perspective over all the work you do, and that feeds back into refining policy and practice. It's a commendable model and one which could work well within Queensland Health."

Ms. Milligan started her career with a degree in microbiology, but began to get interested in how science impacted ethically on medical practice and pursued an honours degree in ethics. "It's something I feel very passionate about. I am particularly interested in prenatal care. My research shows that soon-to-be mums admit they feel 'left in the dark' when it comes to being told about the possible implications of prenatal screening."

Ms. Milligan said that while doctors, midwives, obstetricians and counselors agreed prenatal patient education was important, many assumed that another practitioner had taken responsibility for delivering the information. She said as a result many women felt they simply were not being given the information they needed before deciding to undergo prenatal screening.

"How we go about educating patients in a clinical context has huge ramifications morally and ethically across all aspects of medical care."

After her stay in Newfoundland, Ms. Milligan has lots of information to take back to Australia. "I was very impressed by the genuine spirit of collaboration that I saw in all the meetings I attended. There seems to be a real commitment to reflecting on the ethical dimensions of care. You've been able to build ethical capacity throughout your whole organization and that's critically important."

Memorial researcher involved in national study of genetic cause of stomach and breast cancers

A mutation in a gene that has been linked to a form of hereditary stomach cancer and now may be implicated in some breast cancers is the focus of one of 78 new research grants from the Canadian Cancer Society.

Dr. David Huntsman, a 1988 alumnus of Memorial's medical school, is heading up the project which has been awarded a \$759,000 five-year grant. His team includes Dr. Bridgett Fernandez, a researcher in Memorial's Faculty of Medicine, and will focus primarily on families in Newfoundland.

The project will help to determine if special screening programs for a mutation in a gene called CDH1 need to be developed to protect against breast cancer and stomach cancer.

In previous research funded by the Canadian Cancer Society, Dr. Huntsman and his team, based at the BC Cancer Agency in Vancouver, found that 70 per cent of people with the gene mutation went on to develop stomach cancer. Evidence is now emerging that it may also lead to lobular breast cancer, which accounts for eight to 15 per cent of all breast cancers.

The rate of stomach cancer in Newfoundland and Labrador the province is almost two times higher than in the rest of Canada, and the research team believes the genetic mutation might be the reason. International collaboration will also take place to gather additional cases to study.

The mutation is life-threatening for families who have it, said Dr. Huntsman. Gastric cancer is extremely difficult to diagnose and is usually incurable once it is advanced enough to be detected.

"These families have seen their parents, aunts, uncles and cousins dying in their 30s, 40s and 50s and they also live in dread of dying at a young age," he said.

If his research shows there is a clear link between the mutation and the later development of cancer, screening for it will be as simple as administering a blood test – a test that Dr. Huntsman developed during his previous Canadian Cancer Society grant.

"If individuals find they carry the defective gene, they can make decisions about preventive treatment,"



Dr. Bridgett Fernandez

he added. For patients at risk of gastric cancer, that might mean a preventive stomach removal, a strategy that has already proved successful in preventing the disease in more than 50 people. In the future, Dr. Huntsman hopes that a drug can be developed to target the mutation.

"It's been both humbling and inspiring to work with these extremely courageous families who have dealt with this dread for generations," said Dr. Huntsman. "What we're doing is giving them the tools to face down their fear."

The Canadian Cancer Society is a national community-based organization of volunteers whose mission is to eradicate cancer and to enhance the quality of life of people living with cancer. It is the largest charitable funder of cancer research in Canada. This year, the society is funding more than \$47 million in leading-edge research projects across the country. When you want to know more about cancer, visit www.cancer.ca or call the toll-free, bilingual Cancer Information Service at 1-888-939-3333.



These spring flowers are a wonderful sight as you come into the main entrance of the medical school.

Photos by Terry Upshall



Global network fights diabetes



From left: Dr. Joseph Curtis, Marie Grant, Dr. Tracey Bridger and Dr. Leigh Anne Newhook.

The goal of TrialNet is to perform intervention studies to preserve insulin-producing cells in individuals at risk for Type 1 diabetes and in those with new onset Type 1 diabetes, and focus on identifying individuals who are at risk for developing the disease.

Diabetes researchers at Memorial's Faculty of Medicine have joined a global network of experts and specialized laboratories to understand – and hopefully prevent – Type 1 diabetes, also known as juvenile diabetes. Newfoundland and Labrador has one of the highest incidence of Type 1 diabetes in the world, making it a particularly valuable population to study.

There are 18 diabetes research centres in the Type 1 Diabetes TrialNet consortium, located in the U.S., Canada, the UK, Finland, Italy, Germany, Australia and New Zealand. At Memorial, Dr. Leigh Anne Newhook is the principal investigator for TrialNet, working with colleagues Drs. Joseph Curtis and Tracey Bridger, faculty members and clinicians at the Janeway Child Health Centre. Endocrinologist Dr. Vikram

Chandurkar, Discipline of Medicine, has recently added his expertise in adult diabetes to the group. Research nurse co-ordinator Marie Grant is an invaluable member of the team, working with diabetes educators and physicians throughout the province to recruit families.

Dr. Newhook said TrialNet has already initiated a number of studies and the Newfoundland team is participating by recruiting relatives of people with Type 1 diabetes to determine if they have a high risk of developing the disease. "If they do they are offered the opportunity to participate in other studies looking at preventing the disease. Or if they are diagnosed very early on it is possible they can start on medications that might prolong their health. For example, one study is testing oral insulin to see if it can prevent or delay Type 1 diabetes in people at risk."

The goal of TrialNet is to perform intervention studies to preserve insulin-producing cells in individuals at risk for Type 1 diabetes and in those with new onset Type 1 diabetes, and focus on identifying individuals who are at risk for developing the disease. Screening relatives to see if they are at risk involves a simple blood test to look for diabetes-related autoantibodies that may appear years before the disease develops.

Ms. Grant said there is an "incredible interest" among Type 1 diabetes families in participating in research. She began recruiting families in 2001 when the Juvenile Diabetes Research Foundation (JDRF) International began major funding for genetic studies of Type 1 diabetes in Newfoundland and Labrador. The money is shared between the Memorial University team and a research team based at Toronto's Hospital for Sick Children, where the genetic studies are done.

The goal was to recruit 1,000 families, and 900 have already been recruited.

"At first I was cautious about approaching the families but I quickly learned that they are very happy to be doing something," said Ms. Grant. "The message I get is that we should do more, we can't just sit back while this disease appears in generation after generation."

Dr. Curtis began researching the incidence of diabetes in the province in 1987. "Years ago research was very scattered. With groups like TrialNet it's become much more co-ordinated and focused on prevention and slowing the progression of the disease. Diabetes research has come a long, long way."

Although Type 2 diabetes represents a larger portion of diabetes cases, Dr. Curtis said Type 1 is very common, usually starts in childhood and immediately requires insulin injection from the time of diagnosis. Dr. Bridger also works with obese children and is an investigator on a childhood obesity study with geneticist Dr. Guang Sun.

Dr. Newhook expects that the TrialNet consortium will grow. "Every year there are more centres grouping together to look at diseases globally. It's fascinating to watch all the co-operation that's taking place."

Faculty Profile



Dr. Kamal Ohson
Division of Dermatology

Kamal Ohson spent much of his youth following in his older brother Ravi's footsteps. As Ravi had practiced medicine with Dr. Con O' Maonaigh in the 1980s on Fogo Island, it seemed like a natural choice for Kamal to move there after completing his medical degree and rotating internship at Grant Medical College, University of Bombay in India.

"Because of my brother I knew about Fogo and that it was a Family Medicine teaching site, so I thought it would be the best place for me to learn excellent rural medicine."

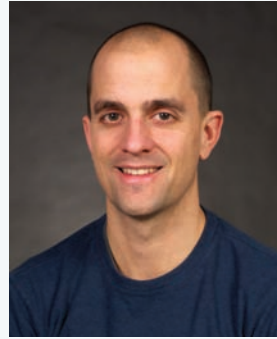
After several years in Fogo, Dr. Ohson secured a residency position in family medicine at Memorial University, and from 1997-99 he honed his medical skills and enjoyed various rotations throughout Newfoundland and Labrador such as Norris Point and Twillingate.

Following his residency, he returned for a year to Fogo and then decided to pursue a residency in internal medicine at Memorial University. During this residency, Dr. Ohson was encouraged by dermatologists Drs. Wayne Gulliver and Ian Landells to study dermatology and was subsequently accepted to study dermatology at the University of Ottawa with funding from the Department of Health.

Returning to Newfoundland was an easy choice. He is married to Catherine Waugh, an occupational therapist and native Newfoundlander and they have two young children, Rohan and Kiran. He keeps in touch with friends from Fogo and through the Division of Dermatology he travels for rural dermatology clinics, including visits to Happy Valley/Goose Bay and St. Anthony three or four times a year.

After three years on faculty, Dr. Ohson is happy that he made the choice to move to Newfoundland. "From the very beginning, I fell in love with the beauty of the place and the openness of the people here – that's why Newfoundland and Labrador is our home."

New Faculty



Dr. Jeff Burzynski
Discipline of Pediatrics

Dr. Jeff Burzynski specializes in pediatric critical care. In his new position at Memorial University and the Janeway Child Health Care Centre, he works mainly with trauma victims and children with severe infections and asthma. Recently he accompanied a child who needed a heart transplant to Toronto.

Dr. Burzynski received his medical degree from the University of Manitoba in 1999, followed by a pediatric residency at Dalhousie University. He then did a fellowship in pediatric critical care at the Hospital for Sick Children in Toronto before moving to the University of Iowa for several years where he taught and practiced his specialty.

The move to Newfoundland stemmed from a desire to return to Canada and an affinity for life on the east coast. He is still familiarizing himself with the geography of the province as he receives numerous referrals from physicians outside St. John's. "Because we're the only intensive care unit for kids we take them from all over the province."

Dr. Burzynski is currently trying to develop a research project involved with transport of critically ill children and medical stabilization. "This is a big issue because of the province's huge geographical area. Eastern Health is developing a new transport system so we will go and get the patient rather than the referring physician having to arrange for medivac. I am also interested in seeing how I can use telemedicine to help doctors in small communities."

In addition to his responsibilities for teaching pediatric residents and medical students, Dr. Burzynski has taken on the position of co-ordinator for pre-clerkship pediatrics teaching.

New Faculty



Dr. Catherine Donovan
Division of
Community Health
and Humanities

Dr. Catherine Donovan is a familiar face in the Division of Community Health and Humanities through her role as a part-time faculty member

since 1989. She has now become a full-time member in the newly-created position of associate professor of clinical public health, and she has also taken on the role of acting associate dean of the division.

"My position is somewhat of an experiment and I am still doing some support work for Eastern Health and carrying workload for the province and nationally on wellness and chronic disease prevention," she explained.

Dr. Donovan graduated from Memorial's medical school in 1978 and after several years working in general practice locums she went to the southern Sudan for two years as a volunteer with CUSO. "It was at a time of the end of one of the many civil wars in that country. My posting was in primary health care and it was very challenging."

On her return to Newfoundland, Dr. Donovan did more general practice and then took the opportunity to do a government sponsored program in public health in British Columbia. She earned a master's degree in community health and worked in British Columbia for several years before returning to her home province.

Throughout her career, Dr. Donovan has been involved nationally and provincially in health promotion and chronic disease prevention, including research on HIV prevention. She was a principal investigator for the Heart Health project in Newfoundland and Labrador, part of the Canadian Health Initiative. She has been a member of the Canadian Population Health Initiative Advisory Council and is on the steering committee for the Chronic Disease Prevention Alliance of Canada. She chairs the Provincial Wellness Advisory Committee for the Minister of Health and Community Services and also serves on the board of the Heart and Stroke Foundation of Canada.

Academically, Dr. Donovan's interests lie particularly in exploring the population determinants of health and creating a master's degree in public health. "All across the country there are people looking at creating academic positions in public health. It really is a changing time and there is a large demand in the community from people who want advanced training in public health, but with a practical focus. At Memorial we're well placed because we already have a lot of the ground work done."



Dr. Olga Heath
Faculty of Medicine
and the Counselling
Centre

Dr. Olga Heath brings a broad background in health care to her new position, which includes

working with the Faculty of Medicine's Centre for Collaborative Health Professional Education (CCHPE) and the Division of Community Health and Humanities as well as the Counselling Centre.

She began her studies with a bachelor's degree in psychology from McGill followed by a master's in clinical psychology at Memorial. She then worked as a clinical psychologist in St. John's and Montreal for five years before returning to academic studies to complete a PhD in the Division of Community Medicine in 1992.

Dr. Heath's research topic for her doctorate was in geriatrics, specifically on the effect of hospitalization on mental status of the elderly. She continued her work in geriatrics for the next eight years at the General Hospital before moving into management as the director of the hospital's Department of Psychology.

While working as director of the Department of Psychology, Dr. Heath found her research interests moving more into general mental health, specifically eating disorders. At MUN's Counselling Centre she is continuing her work with eating disorders as well as self injury, a disorder which involves cutting and burning and often goes hand-in-hand with eating disorders.

Dr. Heath's research interests also include interprofessional education. "My experience tells me very powerfully that particularly for complex disorders like diabetes, hearts disease and eating disorders, you need a variety of professionals to have the outcome you want. I know from hiring new psychologists that depending on the team they go into it dramatically affects their view of interprofessional practice. You can teach people about interprofessional practice all you want but if you don't see it modeled positively it won't work."

As part of her work with CCHPE she is involved with the Rural Mental Health Interprofessional Training Program. She travelled around the province in the fall and winter for day-long workshops and is also doing some modules by videoconference.

"This job is a perfect fit for me. I have clinical work through the Counselling Centre, interprofessional work through CCHPE and the opportunity for research and teaching in the Division of Community Health and Humanities."

New Faculty



Dr. Jonathan Kibble Division of Biomedical Science

Dr. Jonathan Kibble is a basic sciences researcher who specializes in renal physiology and education. He did his PhD at the University of Manchester in the UK and was a lecturer in biomedical sciences at the University of Sheffield from 1996 to 2001.

Looking for something different, Dr. Kibble and his family moved to Grenada in the West Indies, where he was associate professor of physiology and course director for medical physiology at St. George's University from 2002-2007. "I like teaching and it was a good chance to become more professionally involved in that."

In 2004 the family had a three-month residence in St. John's and Dr. Kibble completed some research.

As a renal physiologist, Dr. Kibble studies ion transport in renal tubules, the very small tubes called nephrons that comprise the kidney. "Within each one of those nephrons the basic functions of the kidneys are represented," he explained. "Everything the kidney does – selectively secreting wastes and regulating the amount of fluid in the body and the body's blood pressure, comes down to the activity of these tubes. My focus is on getting down the level of molecules in those tubes and understanding at a fairly fundamental level what you excrete and what you don't excrete."

Dr. Kibble is also actively involved in education research. "I am looking at how to test people well and creating really valid and reliable tools for measuring how well students have mastered what they are supposed to be learning and providing equally good practice exams."

Dr Kibble is presently writing a textbook designed as a review tool for medical students facing their professional licensing exams, titled, *Medical Physiology: The Big Picture*.



Dr. Bruno Stuyvers Division of Biomedical Science

Dr. Stuyvers earned his PhD in physiology and pharmacology in 1991 from the University of Bordeaux in France. He conducted his doctoral research at the French Institute of Health and Medical Research (INSERM) on the incidence of hypertension on cardiac function. In 1993 he took a postdoctoral fellowship at the University of Calgary, where he studied the biophysics of cardiac muscle in the laboratory of Dr. ter Keurs, a worldwide recognized expert of muscle contraction at the molecular level. From this experience, Dr. Stuyvers developed a strong interest in the cellular and molecular mechanisms underlying the life-threatening consequences of a heart attack such as arrhythmias (VTs) and heart failure.

In 1998 Dr. Stuyvers further refined his skills as a research associate at the University of Maryland in Baltimore, where he trained in cellular calcium imaging and laser scanning confocal microscopy. He researched cardiac excitation-contraction coupling until he returned in 2000 to the University of Calgary to take on the challenge of developing a unique experimental approach based on the combination of calcium imaging and assessment of muscle molecular mechanics. He continued his engineering and scientific works on the cellular consequences of myocardial infarction until 2006. He was research assistant professor in Cardiac Sciences of the new Libin Cardiovascular Institute of Alberta when he left Calgary for St John's.

In his new faculty position at Memorial, Dr. Stuyvers will continue his research on the origins of deadly arrhythmias arising during or shortly a heart attack. "Understanding the process of how a myocardial infarction creates favorable conditions for cardiac fibrillation eventually will contribute to saving more lives in ambulances and hospital emergencies. Is there better motivation for medical research?"

Notable

Dr. Ann Colbourne, Faculty of Medicine, was recently appointed as a specialist expert member to the newly established Canadian Optimal Medication and Utilization Service expert review committee of the Canadian Agency for Drugs and Technologies in Health (CADTH). This expert advisory body, through CADTH, makes recommendations related to the identification, evaluation, and promotion of optimal drug prescribing and use in Canada. The approach is evidence-based and the advice will reflect current medical and scientific knowledge, as well as clinical practice in the Canadian health care system.

Another legendary tale of Dr. John Ross

When journalist Andrew Martin went looking for information on unusual uses of the Swiss Army knife, he discovered that in 1989 Professor John Ross, a doctor in rural Uganda (and a faculty member at Memorial University) wrote that he had used the saw blade attachment to perform six emergency amputations after his surgical saw was stolen.

The new Swiss Army knife contains 85 devices, weighs 2lb and costs nearly £500. But can you actually use it for anything? Andrew Martin puts the ultimate tool to the test

Call that a knife?



Swiss Army knives are obviously good things to own. They're standard equipment for Nasa's astronauts, and feature in the Museum of Modern Art in New York as an example of outstanding functional design. When Chris Bonington headed a Himalayan expedition in 1970, he used every one of the blades in his Swiss Army knife except the fish scaler, as he apologetically pointed out to the manufacturers, there are no fish on the south face of Annapurna. In 1989 Professor John Ross, a doctor in rural Uganda, wrote that he had used the saw blade attachment to perform six emergency amputations, his surgical saw having been stolen. I myself have brought many a seemingly desperate situation to a happy conclusion by the employment of the corkscrew on my own Swiss Army knife. The only downside to owning one is running into somebody whose model features more implements than your own.

If, for example, I owned the Swiss Army knife called a Scout, humbly equipped as it is with only a can-opener, a large blade, a nail file and nail cleaner, a cruciform Phillips screwdriver, a reamer, another screwdriver, a cap lifter, a wire bender, a toothpick, tweezers and a keyring loop, and I went on a camping holiday with a man who owned the Engineer, which incorporates everything in the Scout knife plus tag clamp, wire cutter and pliers . . . If that happened, then I'd probably pretend that I didn't have a Swiss Army knife at all, rather than be revealed as someone who could bend wire all day long but not actually cut it, and who was completely incapable of fastening.

CHRIS BONINGTON

© 1999 ARM (optional)

Our history



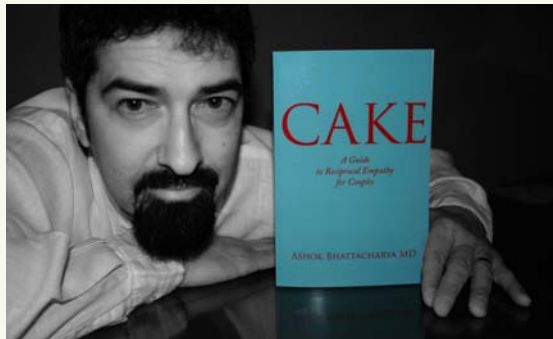
Do you recognize this photo? In the centre is Dr. Ian Rusted standing on the site of the Health Sciences Centre as a post is put in place. Do you know who any of the other people in the photo are? If so, please let us know at sgray@mun.ca.

Alumni news

Class of 1980

Dr. Tony Maki wrote to let us know of the sad passing of a friend and classmate of the MUN graduating class of 1980, Dr. David Almond. He endured a long bout of illness before succumbing to it on April 29, 2007 in London, Ontario. His funeral was on May 1, 2007. He is survived by his wife, Nancy and their four children. "David and I, as mainlanders, came to MUN in 1976 and I am certain he quickly felt at home, as I did on the island. Please pass on the information to the other graduates of 1980, whose lives he had touched." Any additional information can be obtained from the web site maintained by his children, <http://howtheheckisdave.com/>.

Class of 1984



Dr. Ashok Bhattacharya has recently published (through AuthorHouse) his solution to an improved marriage/relationship – reciprocal empathy, titled *CAKE A Guide to Reciprocal Empathy for Couples*. He writes that he has a very busy practice in Oakville, Ontario, and was seeing so many fractured couples he decided to write a book (note: he is still married after 20 years)

Class of 1991

Dr. Manoj Singh wrote to update us on his activities. After his internship and family medicine residency at Memorial (1991-93), he worked in Newfoundland until 1996 with Atlantic Offshore Medical Services in Bull Arm and the Emergency Department at St. Clare's Hospital. In 1996 he and his family moved to Ohio and in 2005 he joined the University of Cincinnati's Family Medicine Department as an assistant professor. He lives in Mason, Ohio, with his wife and two children. In 2007 he completed a Fellowship in Academic Medicine from the North-Eastern Ohio Universities College of Medicine (NEOUCOM) in Akron, Ohio.

Scholarship in memory of Dr. Peter Grant

Fundraising is now underway for a memorial scholarship in honour of Dr. Peter Nathaniel Grant (Class of 1994). The fundraising was kicked off by Dr. David Wildeboer who made a substantial personal donation and now a letter is going out from a classmate, Dr. Scott Lamswood, and Dr. Grant's widow, Dr. Cliona McManaman.

Dr. Grant lost a courageous battle with leukemia in 1998, leaving behind his wife, Cliona McManamon, and parents, Sydney and Christina Grant, his sister, Erin, and brother, Shannon, as well as an extended family and countless friends and acquaintances across Canada, in the Fredericton area, and in St. John's. Pete lived life to the fullest and enjoyed every moment. He was a loyal friend who was both musically and athletically gifted and he contributed to the Faculty of Medicine in many ways. During a two-year siege with cancer, he was consistently brave.

Peter's classmates and friends would like to create a perpetual award, which requires an endowment fund of a minimum of \$11,000. This would provide for an annual award of about \$500. Ideally the Faculty of Medicine scholarships are \$1,000 annually, which requires an endowment of \$22,000 – so they are suggesting a donation of \$200 to help make this award a reality. Please contribute what you can so that we can establish the award in 2007.

All donations are tax-deductible with receipts issued by Memorial University of Newfoundland. You can make a credit card donation by calling 1-877-700-4081 (the office of Alumni Affairs and Development) and specifying that you are giving to the Dr. Peter Grant Memorial Award in Medicine. Or send your cheque or pledge to: Alumni Affairs and Development
20 Lambe's Lane
Memorial University of Newfoundland
St. John's, NL
A1C 5S7

For further information on donating please visit <http://my.munalum.ca/giving/>.

In memory

May Roberts, 83, a former employee of the University Planning Department, died Feb.15 in Cornwall, England. Trained as an architect, she was married to Dr. Ken Roberts. They and their family immigrated to Newfoundland in 1968, when Ken was appointed as first associate dean of Medicine. During her time at Memorial, May played a role in designing the Health Sciences Centre. She is predeceased by a son, Dr. Peter Roberts, and survived by partner Chris, sons Daniel and Ben, daughter Alason and her extended family.

Expanded health education for non-traditional students



Dr. Rick Audas

The new initiative will allow public health educators at Memorial to tap into best practice elsewhere in terms of improving public health

Memorial's Division of Community Health and Humanities is part of a new initiative to expand educational opportunities in public health for student in rural, remote and Aboriginal communities.

Federal funding of up to \$400,000 was announced earlier this month for the project Building Capacity for Aboriginal and Rural Health Education. The partners involved are Memorial University, the University of Northern British Columbia, the University of Saskatchewan, Lakehead University and the Northern Ontario School of Medicine.

"We see this collaboration as an important initiative in the Division of Community Health and Humanities in terms of reaching our mandate for expanding public health capacity throughout the province," said Dr. Rick Audas, principal investigator at Memorial in this partnership.

"It's been a long-standing objective of our division to offer tailored programming to students in rural, remote and aboriginal communities and we believe this is a significant step forward in terms of meeting this objective."

Dr. Audas said the new initiative will allow public health educators at Memorial to tap into best practice elsewhere in terms of improving public health. "It will give our students access to leading experts in public health from across the country. By working with a network we will be able to offer a comprehensive range of courses in a flexible mode of delivery. This flexibility will allow non-traditional students – who normally would have trouble accessing the appropriate training – an opportunity to expand their public health skills and put what they learn into immediate practice."

Memorial president Dr. Axel Meisen said he is pleased that Memorial is involved in this initiative. "It's a good example of how partnerships are able to accomplish what would not be possible by any one organization. All the partners have mandates that include health programming for and with aboriginal, northern and rural communities. Pooling our expertise in rural and aboriginal health education will build public health capacity in rural Canada, and the investment from the Government of Canada will enable this to happen."

Dr. Audas noted that individually each of the partners have strengths in specific areas of public health education for rural and northern areas, and Aboriginal communities. "All the partners deliver programs within their regions at the undergraduate and graduate level, both for-credit and not-for-credit, and in a variety of formats such as face-to-face, web-based, audio and videoconferenced. By collaborating, the capacity of all the partners to deliver a broader scope of educational programming for a greater number of Canadian communities is enhanced."

Discussion among the partners has already resulted in developing a vision for future collaboration to assist in building the capacity for populations in rural, remote and Aboriginal communities to improve their own health. Dr. Audas said this vision leads directly to the overall objective of this initiative to prevent and respond to public health challenges by exposing greater numbers of learners to basic and advanced training and education in public health, specifically oriented to the needs within their communities.

Anatomical Pathology Residents Research Day



Drs. N. Denic and S. Abdulkarim (R)

The Discipline of Laboratory Medicine held its annual Anatomical Pathology Residents Research Day on March 28.

Judges Dr. N. Denic, acting clinical chief of the Division of Anatomical Pathology, and Dr. E. Randell, divisional chief of Medical Biochemistry, had the difficult job to select the best presentation of the day. Dr. S. Abdulkarim was declared the winner and given a book award for his presentation entitled, "Adenomatous polyposis with splenic aneurysm: a case report."

New ways to help Memorial's students

Boston Pizza

For every purchase made by alumni, students, faculty, staff and friends of Memorial, Boston Pizza (St. John's area) will donate a percentage of the purchase price to student scholarships and bursaries. One hundred per cent of the donations received from Boston Pizza will go directly to students in the form of scholarships and bursaries.

When dining at either of the St. John's locations of Boston Pizza simply write "MUN Scholarships" on the back of the dining bill and drop it in the charities box located near the reception desk. Ten per cent of the bill will then be donated to Memorial's scholarships and bursaries on behalf of Boston Pizza. There is no increase in the price of any menu item. This offer is valid only at participating locations in St. John's, NL.

RebateACause

RebateACause, a not-for-profit online shopping village, offers an alternate way to support student scholarships at Memorial. When you shop online through this shopping portal, up to 15 per cent of your purchase price is donated to Memorial University's scholarships and bursaries – at no extra cost to you. The actual percentage donated varies by vendor. You pay the same price that you would elsewhere while student scholarship and bursary funds receive 100 per cent of the rebate.

When you are ready to shop, log on to www.rebateacause.com/memorial and start spending. There are over 450

online retailers participating in this program and, when you register as a member or supporter, you receive a detailed reporting of your purchases demonstrating your contribution. Merchants include Chapters Indigo, Canadian Tire and WestJet, to name just a few.

"These are really great ways for everyone to boost their support of Memorial students," said Dr. Blackwood. "You don't have to attend or work at Memorial to contribute. Friends, family, any supporters of Memorial are welcomed and encouraged to help increase the amount of scholarship funds available for students. This is an opportunity for people to have their everyday spending do double duty and also support students at our university."

These types of partnerships help to increase Memorial's scholarship and bursary resources, which are critical in helping to reduce or eliminate financial barriers to attending Memorial and to improving student success. By reducing financial challenges, students can concentrate on their studies and get involved in exciting extra-curricular activities, enhancing their educational experience.

For more information on these new programs and other service offerings, please contact Alumni Affairs and Development at 709-737-4354 or e-mail munalum@mun.ca or visit www.munalum.ca/service.

A recipe for success in family medicine



He's got the luggage

by Dr. Mohammed Ravalia

The most memorable trip to Halifax for the exam was the one where I became fondly known as the “Chauffeur.”

Outside of my regular clinical duties, the most enjoyable medical activity in my schedule is the annual pilgrimage to Halifax in late April for the College of Family Physicians Certification Exam.

I have had the pleasure of being involved with the CCFP exam for over a decade and anxiously await the spring when my summons for the exam as a co-ordinator for the Halifax site arrives in early April.

After booking flights and accommodations, I make my way to Halifax where there is a happy reunion of examiners and staff who have been working

together for several years. We catch up on family, the Stanley Cup Playoffs and the latest hotspot for dining and shopping. The warm camaraderie and friendships that develop are cherished by one and all.

Coming from rural Newfoundland and Labrador, I am armed with a long list of shopping for my wife, children, neighbors and patients. As I work my way through Spring Garden Road, the Halifax Shopping Centre and the Mic Mac Mall, I gradually tick items off the list and carefully pack the loot into my two oversized bags. What would a trip to Halifax be without a stop at Pete's Frootique where the array of exotic fruit and the British biscuits and chocolates are carefully picked off the shelves and packed into my hand cooler.

The most memorable trip to Halifax for the exam was the one where I became fondly known as the “Chauffeur.” I had rented a large town car at the airport and kindly offered several of my Family Practice faculty colleagues a ride into the city to our hotel downtown. As the ladies loaded their luggage into the trunk and piled into

the huge vehicle, we laughed and joked all the way to the city – a spirited group of medical professionals enjoying a break from the daily rigorous routine of patient care.

On arrival at the hotel, the bellhop came out to meet us, took one look at my Asian ethnicity and pronounced with relief (having seen the overburdened trunk) – “I guess the limo driver will get the luggage.”

“Of course, with pleasure,” I responded. I finally piled all the bags, toiletry kits, purses, vanity cases, etc. onto the trolley and struggled into the lobby. My colleagues played along. When I finally checked in a few minutes later, the bellhop turned a crimson beet colour and almost passed out. The duty manager who had witnessed the entire saga quickly upgraded me to the executive suite! And how was your weekend?

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

High interest among med students in history of medicine

Seven medical students from Memorial presented papers at History of Medicine Days at the University of Calgary March 30-31.

“This was the largest number of students we've ever had present papers at this conference,” said Dr. Jim Connor, John Clinch Professor of Medical Humanities and History of Medicine. “I'm very gratified to see their interest.”

Brendan Sheehan's paper received an award in the category of Best Research and Content. His paper was on Franz Anton Mesmer, his theories and influence in the modern world.

Monica Kidd's presentation won second prize in the audio-visual category; it was titled *Of swine and fowl, wolves and ostrich: preparing for pandemic influenza*.

Michael Carroll presented a paper on the development of limb prostheses and Josh Tracey did a little criminal scene investigation in his presentation *CSI St. Helena: How did Napoleon Die—Murder or Gastric Cancer?*

Steve Hunt's paper was on *Snakes and ladders – the history of treatment of spinal trauma*.

Andrea Simmonds's paper was on the use of copper bracelets in the treatment of rheumatoid arthritis and peaked interest by CBC radio, who interviewed her on the topic.

Spencer Brown also presented a paper at History of Medicine Days.



Needles

by Dr. Paul Patey

"I think she's got sugar".

"Sugar?"

"Yes. And she's lost 15 pounds in the past six weeks."

"And lately she's drinking a lot of water: even at night."

Susan, age seven years, listens as her dad talks with Lucy, a nurse practitioner, in the emergency department of the rural hospital.

"Has anyone tested her sugar?"

"No."

"Well, let's test it now."

Susan is brave, calm, and co-operative. The nurse explains the procedure. She pricks a finger tip with a tiny short needle. A speck of blood is put onto a little plastic strip and into an instrument smaller than a cup. Five seconds later the dial shows Susan's glucose is very much too high. She has diabetes.

A medical student, Jean, is with the nurse practitioner. They agree that the student will continue the history and examination. The nurse leaves to tell me about Susan. We arrange blood tests.

The technician arrives and explains the next needle to Susan. It will be in front of her elbow to get some blood in little tubes for tests. Susan is calm and co-operates and the specimens are soon obtained. The technician carries them to the lab for immediate testing.

The medical student Jean continues her examination of Susan and soon they call me in. I listen while the student outlines the history and describes the examination. An apparently healthy seven-year-old, with mostly normal findings on exam, but she is dehydrated and tired.

To Jean I say, "What do you think of her respiratory rate?"

"It's normal." says Jean. "If she had severe metabolic acidosis she'd be breathing hard and fast, trying to remove more hydrogen ions from her body. She isn't."

Addressing Susan I say: "You've had two needles. We need to put in another one to give you some medicine. This one goes in your arm and stays there for awhile, joined to a tube. We'll do that in a room next door." Silently and bravely, Susan nods. I turn to Dad and say: "How's that?" he replies: "Good, I'm glad her trouble is getting looked after."

Then he adds: "I need someone to look at my leg."

"I'll do that while the others go to the next room" To the nurse practitioner I say, "Lucy, start the IV with normal saline at 100 cc per hour."

They leave. Briefly I hear the story of a 70-pound lump of concrete that fell on Dad's foot three days ago, puncturing his rubber boot. Now the foot is tender and red,

and there is pus coming out of a small wound. "This is a dangerous infection. You will need strong antibiotics, into a vein. We need to know if a bit of the concrete got into your foot, and see if you broke a bone. An X-ray will help. Now come next door to keep your daughter company."

In the larger treatment room, preparation has been made to start an IV. The nurse practitioner and medical student search for a vein, and try. The first attempt is not successful. Susan's veins are not very prominent. They try another vein, with another needle. Susan cries a little. I say, "It's OK to cry Susan: OK to cry when it hurts." Dad provides a comforting nearness. The second attempt succeeds. The fourth needle of the day.

Dad goes for an X-ray and soon returns. We examine the images on the computer screens: No fracture; no foreign body. Good. To the student Jean I say, "Start an IV on Dad; have his daughter watch."

Susan sits on the side of her stretcher, her IV line snugly wrapped to her arm, the saline solution starting the restoration of her fluid volume toward normal. Susan watches. The veins on the back of Dad's hand are big and plump. The student's needle gets into the vein on the first try. The little daughter is happy for daddy.

To Susan I say, "That's the fifth needle for today. You got four. Dad got one."

We leave them alone for awhile. They are facing two catastrophes. Untreated, Susan's diabetes will lead to her death this year. Untreated, Dad's infection will probably lead to his death this week. With strong antibiotics intravenously he will probably be cured by next week. For Susan, we have no cure: hers is a life long illness, but there is magnificent control.

Outside, the student, nurse practitioner and I discuss the lab results. I phone the pediatrician at the regional hospital.

Mom arrives. The ambulance with driver, attendant, nurse, Susan, and Mom set off for the regional hospital. Dad heads home to care for the other little ones. He will return tomorrow for more intravenous antibiotics.

Jean, the student, will remember forever her first case of new diabetes in a child. I carry three strong memories: the child's beautiful, big, trusting eyes; Dad's comforting nearness for Susan; and Susan's comforting nearness for Dad when he got needle number five. Love is a comforting nearness.



a frontWARDS view

by Dr. David Keegan

The best way to go through accreditation

For the last year, the schooner that is Western's medical school has been navigating the stormy seas of accreditation. In the fall, postgraduate accreditation came and went, but for those of us responsible for the MD curriculum, it was the CACMS/LCME undergraduate accreditation scheduled for April that was the true journey.

As with virtually every school facing undergrad accreditation, we had our own evolving challenges – chief amongst them being the establishment of a distributed campus at Windsor (Ontario). One of the greatest ventures of this school in a long time, the general feeling was that it was crucial to have just the right person at that ship's helm.

And so it was with delight that, in my seat at the Curriculum Committee, I heard for the first time the name of Dr. Tom Scott as a candidate. I was pleasantly startled – kind of like when you find out you win a raffle that you hadn't know you had entered. As all but the most recent students at Memorial know, Dr. Scott has provided leadership within anatomy and undergraduate education at Memorial since the school began.

When it was announced that this academic mentor of mine was, indeed, going to be taking the position of associate dean at Windsor, it seemed fantastic. I must admit, it was pretty neat that, as the relative new guy on the block, I had a pre-established great working relationship with the incoming



David Keegan and his family

senior leader for our new campus, arising from my various ventures in clinical anatomical education. I would first get to see him in his new role during our accreditation meetings.

Then, when it was made known that Dr. Penny Hansen was to be a member on the accreditation team, it started to get almost quirky. Sure enough, on the first big day of accreditation, I turned the corner of the corridor to see Penny standing and chatting with her fellow team members. We had a great reunion (our links also go back to prior joint educational ventures, and even include me being a high school classmate with her son Noah), and chatted about our families. Moments later, I shook Tom's hand for the first time in years.

It was a grand happy day to reunite with these two friends and medical educators. I found myself having to shake my head a little and remember that, yes, we were about to be subjected to the sharp scrutiny of an accreditation team.

I grinned anyways.

Dr. David Keegan (Class of 1995) is the Undergraduate Academic Director of Family Medicine, and the founding program director of the Family Medicine Child Health Residency at the Schulich School of Medicine, UWO.

New funding for Heritability Database Project

The Department of Health and Community Services has awarded \$350,000 to the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) in support of the Heritability Database Project. This contribution adds to the \$50,000 in project support from the Faculty of Medicine's Discipline of Genetics.

The Population Therapeutics Research Group, a research team within the Faculty of Medicine, is leading the development of a specialized census database and has begun working with the Newfoundland and Labrador Statistics Agency to complete the first phase of the project.

The Heritability Database Project is developing a relatedness database from Newfoundland census data, which consists of digitized records developed by the Canadian Century Research Infrastructure (CCRI) – a pan-Canadian university initiative developed to create a national database of census records from 1911-1951. In partnership with the Newfoundland and Labrador

Statistics Agency, CCRI Atlantic has completed digitization of Newfoundland census information for the years 1911, 1921 and part of 1935 from original transcripts made available through generous support from the Provincial Archives. The funding for the Heritability Database Project will allow the Statistics Agency to digitize the remaining census data and integrate it into the database.

As the project is completed, all data will be entered into the database, standardized and linked so that relatedness between individuals and families can be obtained and used for health research. The collected data does not identify any individuals or families as it is used in de-identified form by health researchers.

"This infrastructure will have a significant impact on how population genetic research is done, and this is something that will be recognized on a national and international level," said Dr. Proton Rahman, principal investigator for Population Therapeutics Research Group.



Seniors' musings

by Raoul Andersen and John Crellin

Definitions

Anecdotal

We have to say that we are not entirely comfortable with one definition of anecdotal – as “**garrulous old age**” – once illustrated by the quip: “when a man fell into anecdotal it was a sign for him to retire from the world.” However, this is at least one level above dotage – “feeble and childish state due to old age.”

“when a man fell into anecdotal it was a sign for him to retire from the world.”

Anecdotes

Anecdotes, often defined as “**narratives of detached incidents,**” are viewed in different ways. Physicians may see them as merely humorous or strange incidents as recorded in Mould’s Medical Anecdotes (“a fabulous collection [1996] of anecdotes on the humorous, intriguing, unusual, and mysterious.”)

Or, do physicians nowadays – even while constantly telling each other stories about their “interesting” cases, or informing a patient about a case similar to their own – commonly view anecdotes in the context of poor evidence, as the bottom tier of the hierarchies of evidence that have become part of the language of evidence-based medicine? It is no wonder that physician-poet/essayist Rafael Campo has recently captured much current thinking in his comment: “like any physician trained in the past several decades, I too had learned to view the anecdote with the greatest amount of scepticism, if not outright disdain.”

Anecdotal evidence

While a reputation as an anecdotalist (or anecdotist) has long been a social asset, science and critical analysis have an equally lengthy history of demeaning anecdotal evidence (i.e., “**evidence having the character of an anecdote.**”) An 1882 quote reads: “the weakest part of the work . . . has been the anecdotal portion.” It is noteworthy that, throughout the history of negative comments about anecdotes in medicine (albeit with recognition of the value of a single case history in prompting research questions), the nature of anecdotal knowledge is rarely raised.



Raoul Andersen (L) and John Crellin

Anecdotal knowledge

Anecdotal knowledge can be defined as “**having the character of patterned responses**” or, in the context of medicine, as “**a weight of clinical experience/empirical evidence, built up over a period of time, which has been ‘evaluated’ (even ‘tested’) by comparisons with the experiences of others.**” Although judging the robustness of evidence embedded in anecdotal knowledge is problematic, one criterion is analogous to a level of evidence accepted in civil prosecutions as “more likely than not,” rather than the criminal standard of “beyond a reasonable doubt.” Indeed, much clinical medicine, past and present, is essentially anecdotal knowledge developed by comparing and contrasting clinical experiences with authoritative textbooks and other teachings. Moreover, certain drug actions (e.g., of opium) can be readily seen to provide definitive evidence without sophisticated clinical trials.

Anecdotalian

Seniors, in resonating more with anecdotalian (“**story-teller**” or “**one who publishes anecdotes**”) than with our definition of anecdotal, often complain – as do many of their children and grandchildren – that time rarely exists to tell their story to the doctor. (Certainly inhibiting is a notice on the office wall asking them to limit the number of medical problems raised.) Many seniors unwittingly express sympathy with medical educators who promote “**narrative-based medicine**” (as one said, anecdotes “represent and preserve the recognition of the intractable, particularly of the individual in medicine.”) Seniors hope physicians will listen to their stories not only for making a diagnosis, but also to appreciate how lifestyles have been affected by a medical condition.

Naturally, we wonder, amid the constant rhetoric of evidence-based medicine, whether specific curriculum attention should be given to the persisting and pervasive roles of anecdote and anecdotal knowledge in medicine. This includes the nature of patients’ anecdotes about doctors, even spotlighting off-hand remarks. One senior tells of the ambiguities, even dismissiveness, in her doctor’s response when she asked about glucosamine for arthritis: “Well, medical doctors aren’t supposed to tell you to take it because it’s alternative medicine. But if you think it helps you, it’s OK to take it. If not, don’t. But there’s no harm taking it.”





a back WARDS view

by Dr. Bill Eaton

My doctor moods

Hypertalkatosis sounds much like it is spelled and refers to an excessive use of words when describing a situation, reflection or happening. Sufferers from this condition are those forced to listen to such babblers, and ill people, or those who cannot get away, suffer the most when the hypertalkaholic is their doctor.

Humans are unable to listen and talk at the same time. And because hypertalkatologists are always talking the feedback loop never feeds back and self revelation is inhibited.

Do you talk too much and not know it? Has anybody mentioned (just when you were "getting into it") that you should "Shut up!"? Do you find yourself talking to nobody because everybody's got up and gone? After you die will they need to sew your mouth shut with 5-0 (five Oh) silk?

Hypertalkaholics believe themselves to be normal and know the only way to get their point across is to prevent others from speak. Their idea of listening is to impatiently wait for the other person to stop talking. They actually believe the rest of us are better off for what they have to say.

Gloomopathy

Sufferers of this life-shortening mind state are gloomy and paranoid. Woe be to you who must deal with such miserable folk; as, say, a patient under such an afflicted physician in a hospital. You get too many tests because gloom is an undiscovered disease and double gloom is a pack of lawyers if such a condition remains undiagnosed.

Your gloomy doctor seems to suck any vibrancy out of the room while their medical team demonstrates that certain hang-dog look. Gloomy doctors find talking to sick people such an annoyance they avoid it. No wonder they're paranoid, they're always in trouble.

Gloomy people believe themselves to be normal. They believe happy people are silly, that quiet people are secretly plotting against them, that the aggressive are stupid, and that other gloomy sods are peevish and particular. So point-

ing out to gloomy people that they are gloomy doesn't work. No matter what you say they won't perk up.

Recommendology

The recommendologist wanders about seeing people doing things wrongly and offers advice thereupon.

Recommendologists actually believe they are being helpful. Their clearly superior understanding of any given situation confers the right, responsibility even, of offering such help. Because they are always a little bit right they can take great offence if their recommendations are not followed.

Recommendologists believe themselves to be normal because they recognize the need for tutoring long before the victim ever does. Most recommendologists believe their colleagues to be, at the same time, incompetent and ungrateful; they are too often surprised at the negative response their guidance receives.

You can either recommend something or you can help: you can't do both.

Condescenditis

Condescenditis is almost a prerequisite for entry into medical school and is closely aligned, neurophysiologically, with arrogantosis. Finding themselves a cut above the rest in understanding, knowledge, wisdom and beauty such people make marvelous doctors, or at least recognizable.

Doctors with condescenditis believe themselves to be normal. They know they are smarter, quicker, brighter and more understanding than sick people, and seem to gloss over the fact that medicine is not a competition between the well and those whose intellectual, physical, emotional and spiritual resources are drained by illness.

Some medics are arrogant, self aggrandizing and condescending; and this on day one of medical school. For the rest, it takes us, their teachers, six years to bring them up to speed.

Do you talk
too much
and not
know it?

In Memory

Gordon Gladstone Mercer, a founding staff member of Memorial's Faculty of Medicine, died Feb. 23, 2007. Ordained a priest in the Anglican Church in 1941, he joined the Canadian Army in 1951 and served with the United Nations in Korea, afterward serving in the Canadian armed Forces in Ontario, Alberta, Nova Scotia, Manitoba and Germany. After retirement in 1972, he worked at Memorial's medical school where he championed the cause of rural outport students. Always active in sports as a young man, he helped to organize the Canada Summer Games in 1977 in St. John's, Newfoundland. He is survived by his loving wife, Elizabeth Maude (Gould) and his five proud children, Ian, Sheila (McBride), Christine, Kathleen and Kevin. In lieu of flowers, the family requests donations to Alumni Affairs, Memorial University (1-877-700-4081). Please specify the Gordon Mercer Fund for Rural Medicine.

As a Newfoundlander, Gordon understood the charm (and disadvantages) of rural life. Although he was born in St. John's, he was brought up by his grandparents in Boyd's Cove in eastern Notre Dame Bay. Here he learned how to sail and even build boats, how to read the weather and particularly how valuable is the support of a small community. Gordon returned to St. John's when his father remarried and he attended Memorial for his first degree. When he joined the Memorial's medical school staff after his retirement from the Armed Forces, Gordon understood the gap in opportunity that separates urban and rural students. He took special care to make the school accessible to all. It was his wish that an opportunity fund be set up to promote rural medicine and support rural students.



Chris Mercer sent this picture of her father and mother with their little boat they called "The Bobber" in which they spent many happy summer days navigating the Thousand Islands in the St. Lawrence.

"For people who knew Gordon and Elizabeth at Memorial, this is how they spent their retirement. They took great delight, not only in sailing the bobber but also in taking motor excursions short and long through the countryside, usually with a picnic basket and often to a particularly loved "pick your own" farm for fresh asparagus, corn, apples or strawberries. Dad loved to get into the kitchen and cook – mostly soup (leek and potato a favourite) – and he also made his own wine at various times. Boats and water were a theme throughout my parents' life together. They had their honeymoon at my mother's cottage on an island in the Thousand Islands – a very respectable six weeks, I understand. When they moved to Jamaica, they brought their St Lawrence skiff and motor with them! In their later years, they drove down to northern Florida in the winter to enjoy the white sand and green water of the Bay of Mexico."

The Gordon Mercer Rural Medicine Bursary

This bursary has been established by a lead gift from the donor, Mrs. Elizabeth Mercer. Mrs. Mercer is the widow of the late Gordon Gladstone Mercer, who was a founding staff member of Memorial University's Faculty of Medicine and an active proponent of students from rural outport communities.

The bursary will be awarded to a student entering first year studies in the Faculty of Medicine who is from a rural community in Newfoundland and Labrador and who is in financial need. It is particularly significant because it is the medical school's first entrance bursary and it is for rural students.

Donations may be sent to:
 Gordon Mercer Rural Medicine Bursary
 Alumni Affairs and Development
 20 Lambe's Lane
 Memorial University of Newfoundland
 St. John's, NL A1C 5S7
 1-877-700-4081 (Toll Free)

Upcoming reunion

The Medical Graduates' Society Reunion will take place July 27 – 29, 2007 for the classes of 1977, '82,'87,'92 and '97. The three-day event includes:

- Registration at 6:30 pm Friday in the Medical School Foyer.
- Friday evening Welcome Reception in the Medical School.
- Saturday morning CME session featuring class mates (see program for speakers).
- Annual General Meeting in the Health Sciences.
- Class Party Saturday evening.
- Medical Graduates' Golf Day at Clovelly on Sunday morning.

More details and on-line registration are available. Go to www.med.mun.ca/alumni/pages/reunion.htm. To register now call (709) 777-6653 or 1-888-299-0676. For more information about the reunion call Cecilia Mesh at (709) 777-8380.