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**On our cover:** The painting featured on the cover is called *Reflections*, by Dagmar MacManus, Class of 2007. It represents the ability of the brain to form ideas, be creative and have imagination. It also reflects the capability of the brain to be more than the sum of its parts. Also, in Greek mythology, the butterfly represented the Goddess Psyche or the "soul." Dagmar was an active participant in the Humanities in Medicine program, and was the recipient of the Robert Pope Art-in-Medicine summer studentship award for 2005.

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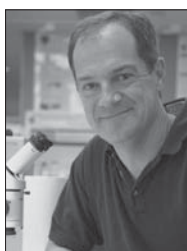
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## A few more faces of Molly...

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# AN EXTENDED COMMUNITY



By Dr. Margaret Casey, '68  
President, Dalhousie Medical Alumni Association

The Dalhousie Medical Alumni Association supports and unites

The Dalhousie Medical Alumni Association Board welcomes you to this new edition of *VoxMeDAL*. We are pleased to now be working with Metro Guide Publishing—one of Atlantic Canada's leading publishing houses. We also wish to formally welcome our new executive director, Kathy Murphy, who has been with us since early September 2006. With her very able assistance and expertise, we're moving rapidly to implement the strategic plan that will enable us to provide increased support to the Faculty of Medicine and to medical students.

The major event of the spring is a fund-raising dinner at Pier 21 on April 18. DMAA hosts the event with guest speaker Dr. Vincent Lam, recent winner of the Scotiabank Giller prize for his first novel, *Bloodletting & Miraculous Cures*. This promises to be a great evening, which will underline the importance of literature, music and art in the lives of physicians and medical students. It will also be an opportunity for alumni to gather in support of a vital student-focused initiative, as the proceeds will go to the Medical Humanities program.

The DMAA continues to be involved in student related issues, the most challenging being the steady increase in tuition fees. Among the results of this financial burden are massive debt loads on graduation. Dr. Richard Goldbloom, chancellor of Dalhousie University, has proposed a plan whereby alumni and students are encouraged to give \$50 to the Faculty of Medicine for every year in medical school and since graduation—"50 For Life Program." This concept is also attributed to Dr. Tony Kelly, (class of

'81) who worked with Dr. Goldbloom to champion this concept to his classmates during a class reunion in 2006.

Already significantly endorsed by several Faculty departments, reunion classes and Dalhousie medical students, the program will generate funds for student bursaries for generations to come. The DMAA strongly supports this as an effective approach to a serious problem and is working to facilitate donations from alumni.

Plans for the 2007 class reunions are underway and it is clear that allegiance to old friends and to the faculty are strong. Working with the Dean, we will present information to these groups about current issues in the faculty, the status of research, student initiatives, outstanding achievements and future directions.

Finally, the importance of the DMAA as an association of colleagues was emphasized following the recent tragic death of Helen Hill, wife of Dr. Paul Gailiunas '97 and that of Dr. Wanita Lopeter '99, and Dr. Mary Jane McLaughlin '01. Our office was able to facilitate communications among many alumni groups, offering support by connecting alumni during these difficult times.

As alumni, we are extended members of the Faculty of Medicine community and have a voice at the table. As a group we have the responsibility and potential to provide significant support to the medical school. It is not possible to overstate the impact of a strong alumni association at all levels of an institution. I challenge you all to send your advice and ideas as to how we can increase our impact at the medical school and in the communities of the Maritimes. □

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# IN THE NAME OF SERVICE



By Kathy Murphy  
DMAA Executive Director

Serving their communities is a way of life for Dalhousie's medical alumni

After five months on the job, I continue to find my way here at the office of the DMAA. Each day provides growing insight into the active and meaningful contributions of the many volunteers in Dalhousie's medical alumni community. You constantly work to share your knowledge, expertise, and support in your greater communities.

At any given time, you may come across alumni arranging gatherings, educational opportunities, lectures, reunions, and more. Others volunteer to lead initiatives, attend committee meetings, work with undergraduate medical students, or provide their generous support in giving to the needs of the Faculty of Medicine. It's clear that Dalhousie's medical alumni know inherently the importance of being of service to their communities.

Read any business journal and you will see that the strength of an organization, and what is deemed an integral component of success, comes from the very essence of being of service to others. Some Fortune 500 companies call it "Competitive Advantage," which involves achieving success through a focus on quality, client responsiveness, efficiency and effectiveness. All of these elements are built on the foundation of a culture of service and a commitment to the constituents of a community—in marketing lingo, the "targeted segment." Regardless of the terminology, an organization that taps into intellectual prowess, collaborates effectively and leverages resources, can ultimately

achieve success.

Medical alumni understand this instinctively. You have committed a lifetime to being of service to your community. We see this in the everyday engagement of alumni who reach out in times of crisis or when possibilities are evident, you give back generously. Whether it's initiating scholarships in the name of a classmate or the medical student who drops in to spend some time helping with the DMAA website, being of service is inherent within the culture of the medical community.

So, I offer that in keeping with the culture of service mindedness, the staff of the DMAA will continue our good work on your behalf. We will bring opportunities to Dalhousie's Faculty of Medicine through a focus on connecting alumni, faculty and students to leverage opportunities, knowledge and resources. Humbly, it's an honour to be a part of these exciting times, and we look to you for your input and support. I invite you to bring your comments, constructive criticisms, compliments and creative ideas to the office of the DMAA—we too are here to be of service.

In 2008, the DMAA will celebrate its 50th anniversary and will continue to build on the value and contributions of those who have worked for a half century, and longer, in building Dalhousie's Faculty of Medicine into a leading edge, renown institute of excellence in medical education. □

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# MAKING GREAT STRIDES



by Dr. Harold Cook  
Dean, Faculty of Medicine

The Faculty of Medicine is working with multiple partners to build a healthier community

**A**s a result of our strategic planning initiative, I am pleased to report that contributing to the improved health of our Maritime community has emerged as job one for the Faculty of Medicine at Dalhousie University.

Given the extensive internal and external consultation that lead to that conclusion, we are confident that our forthcoming strategic framework is exactly what is needed to ensure our long term health and prosperity. Our intensive Maritime focus will differentiate us from Canada's other faculties of medicine, as the only medical school in the country serving three provinces.

Preparations are now under way to roll out the completed strategic framework to our Faculty of Medicine community and partners. You will soon be able to take a closer look at the results of our strategic planning initiative, *Charting Our Course: 2006–2016*, at <http://strategicplan.medicine.dal.ca/>.

In activating our plan, we will revitalize our approaches to medical education and build on our existing research excellence, while placing an increased emphasis on health promotion and disease prevention. These activities will also be relevant to our proposed expansion of distributed medical education in New Brunswick. Last year, we presented the New Brunswick government with a proposal to establish a four-year medical undergraduate program for Anglophones in that province.

Discussions on the details are proceeding with a New Brunswick government steering committee and with the province's deputy ministers of health and post-secondary education.

Meanwhile, we are working to help establish or renew Academic Funding Plan (AFP) agreements in 17 clinical departments to meet an ambitious target set by the Nova Scotia department of health. This action follows the recent Nova Scotia government approval of a new AFP model of remuneration. New-style AFPs have already been implemented in the departments of medicine and anesthesia. Under the new structure, clinical departments are accountable according to the old fee-for-service schedule for patient care but previously non-billable clinical and non-clinical work, such as teaching, research and administration, is now eligible for compensation.

Finally, I want to highlight the remarkable feat of our Brain Repair Centre in recently obtaining Canadian Foundation for Innovation funding worth \$5.6 million. The grant is one of the largest ever awarded to researchers in the Faculty of Medicine. The award will pay for infrastructure to build on the Centre's translational research in cell restoration, and help further work in Parkinson's disease, spinal cord injury and ALS. This grant is an undeniable testament to research excellence and another indication of the tremendous strides we continue to make here at Dalhousie Medical School. □

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# PULLING TOGETHER

By Daniel McIsaac, *Class of 2009, Debt Management Officer, DMSS*

Student debt is a phrase on the minds of most university students, and one that strikes especially close to home for medical students at Dalhousie. Medical tuition at Dalhousie was over \$14,600 this year (among the highest in the country) and the rise in cost shows no sign of slowing down.

Students, however, are taking matters into their own hands. The Dalhousie Medical Student Society (DMSS) has developed a four-pronged approach to battle the increasing financial burden on future physicians. We're currently working at various levels to increase financial aid, increase the amount of student loans, have student-loan repayment deferred until after residency and fight the spiralling cost of medical tuition. 2006/07 may turn out to be a banner year. With several projects well under way, students are finally finding success in their endeavours.

With the support and guidance of Dr. Richard Goldbloom, students have recently voted to create a student-backed bursary program. Students will each contribute \$50 a year to the bursary fund, which several departments also support, along with the Faculty of Medicine and the Class of 1981, which has made a pledge of "\$50 for life." This program promises to be a major boost to bursary funding for medical students.

At the provincial level, the DMSS has been in discussions with the government in an attempt to decrease student financial burden. Currently, the available student loans are only \$6,000, an amount dwarfed by tuition alone. The DMSS is working to pressure the province to increase the amount of loans to cover the cost of medical education.

Negotiations are ongoing in an attempt to have provincial student-loan repayment deferred until after residency. Students have

played an integral role in preparing legislation that would see residents recognized as trainees, therefore maintaining their interest-free status and deferral of loan repayment until completion of their residency program. At present, residents continue to slip further into debt during their training, as debt repayment exceeds monthly income by several hundred dollars. There is real possibility that we'll see a solution to this income differential problem soon.

Nationally, several members of the DMSS were in Ottawa from February 18 to 19 to participate in the CFMS national lobby day, presenting student-debt issues to MPs.

The battle against financial burden is one that medical students are likely to face for years to come. At Dalhousie, students are taking initiative to help themselves and their classmates to make medical education a feasible and accessible reality. □





# Seeing the bigger picture



Dr. Ian Cameron explains why the  
humanities matter for doctors >> By Trevor J. Adams

When doctor-cum-author Vincent Lam penned his bestselling book *Bloodletting & Miraculous Cures* he tapped into a notion that is at the heart of the medical humanities program at Dalhousie. Dr. Ian Cameron, a professor in the program, explains. “We see patients when they’re sick,” he says. “For patients to be totally cared for, they need—and want—their dignity and humanity. Doctors and nurses tend to forget about that. We rarely see patients in context. Dr. Lam addresses that in his book.”

That’s why Lam is such an appropriate choice to speak at the Dalhousie Medical Alumni Association’s Fundraising Dinner for the Humanities in Medicine Program on April 18 at Pier 21. “He’s an excellent choice in keeping with the medical humanities thrust,” Cameron says. “This is a tradition with some history to it. Jock Murray got this event going in the 1990s. Now we bring in a visiting scholar every year to address these topics. Our approach is to view medical humanities as a teaching tool.”

It’s a departure from what the general public may expect a medical school to focus on. “It’s well established at Dalhousie—so it’s not a surprise for incoming students,” Cameron explains. “But there can be some resistance among medical students who are focused on getting medical knowledge but the majority are very receptive.”

Dalhousie’s goal is to overcome that stereotype and use the humanities to further medical understanding by broadening the picture to include every element that comprises a total person. That can require a mental leap. “A writer named Walker Percy used the term ‘defamiliarization,’” Cameron says. “He was referring to the way you get so used to what you’re doing that you don’t see the ordinary things. That happens in medicine—you focus on the disease. Understanding the humanities helps with

that. A focus on the humanities encourages an artistic, empathic response. That’s an innate benefit of having a broader outlook.”

That philosophy began at the medical school in Hershey, Pennsylvania, in the early 1980s, and Dalhousie has been at the vanguard every since. “We have really been at the forefront,” he says. “Dalhousie is certainly ahead of most medical schools in Canada. It starts with history and moves into other areas. Narrative, art and storytelling have become huge things. Music in medicine has flourished here. It all reflects a broader trend in medicine.”

For a prime example of that, Cameron points to works such as *My Own Country: A Doctor’s Story* by Abraham Verghese. Although his family originated in India, Verghese came to practise in Tennessee by way of Ethiopia. In the mid-1980s, he encountered AIDS for the first time. His book is a haunting and deeply personal tale of how the disease isolated its victims. That’s something that Cameron feels Verghese was in a unique position to understand. “As an outsider, he felt somewhat discombobulated himself,” he explains, “so he had empathy for his patients.”

Those experiences directly influenced Verghese—not just as a doctor or as a writer, but as a person. He now directs the Center for Medical Humanities and Ethics in San Antonio, Texas. Two years ago he spoke at the DMAA’s annual fundraising dinner. Cameron sees doctors like Lam—and indeed, forthcoming classes at Dalhousie, as natural successors to these ideas of humanities and medicine. “These things have made the notion valid,” he says. “Vincent Lam is the next generation.”

Even more important is that today’s doctors aren’t just holding onto these ideas—they’re spreading them far and wide, like the classical doctor/philosophers of the profession’s earliest days. “Lam has made the jump to a wider audience,” Cameron notes. “That’s very important as this movement continues.” □

# Fostering Education

WHEN THE DMAA ENDOWS A NEW CHAIR IN MEDICAL EDUCATION, it will put a spotlight on the patient-doctor interaction

>> By Trevor J. Adams

The logic behind the Dalhousie Medical Alumni Association's campaign to endow a Chair in Medical Education at the university is simple: play to your strengths. Dr. Allan Purdy, Head/Chief, Department of Medicine at Dalhousie University and Capital Health has been involved with the initiative since Dr. George Flight first conceived it eight years ago. He explains the rationale. "We don't have a chair in this one thing that Dalhousie is really good at and that is teaching doctors," he says with a laugh. "We have a chair in everything but clinical education."

The push to develop this Chair comes from an appreciation of the unique teaching role of doctors. "Doctors use a clinical paradigm to teach students," explains Purdy. "Most doctors who teach don't realize that they employ the principles of education in their teaching."

Flight's goal, which Purdy and his colleagues have carried on, was to bridge the theoretical gap between doctors and educators. "There's an ideal spot between clinicians and educators to enhance the learning process," he says. "We became aware several years ago that the patient-doctor interaction is the most important part of medicine."

This initiative recognizes the eternal dynamic that always dominates that interaction. "You have a student, a teacher and a patient with a disease," Purdy adds. "That triangle always exists. In the education process eventually the student becomes the teacher and the teacher drops out of the picture and new students move in, patients remain. It's the apprenticeship model."

Purdy emphasizes that it's really a matter of building on Dalhousie's historic strengths. "Dalhousie has a tradition of graduating great clinicians," he says. "The medical alumni feel



there is a definite need to enhance the clinical medical education of doctors. We want to explore opportunities to enhance that interaction. 'Clinical care begins with caring for the patient,' as a famous internist once said."

And in building that caring, it's critical to grasp what people are thinking and feeling—and why. "We want to maintain that rich understanding of people," says Purdy. "The only context applicable is patient-doctor." At its nuts-and-bolts level, this project would embrace every aspect of that interaction. "It involves professionalism, team management and patient-doctor interactions," he adds. "This could easily enhance the learning of anyone involved in patient care."

The Chair of Medical Education will complement the Board's activities. "The Board has been supportive from the get-go," Purdy says. "The Board has a 'senatorial' role. It doesn't create policy. It works in the best interests of the medical school, supporting its activities."

The most important thing for Purdy is

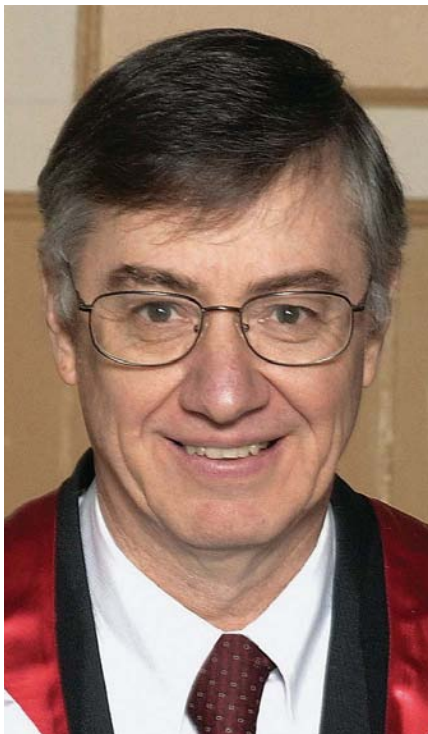


Photo: Submitted

**Dr. R. Allan Purdy**  
Head/Chief, Department of Medicine  
Dalhousie University & Capital Health

to stay true to Flight's initial vision. "I would like to see it completed as was Dr. Flight's dream," he says. That's also why he and the other organizers are counting on donations from alumni to fund the endowment. It will require \$1 million to \$2 million, and the fund is well on its way, with the ultimate goal being to have the chair fully funded in time for the DMAA's 50th anniversary celebrations in 2008.

Gathering funds has been a long slog but relying on alumni is most consistent with Flight's vision. "We want this to be a project of the alumni, not a single donor," he says, adding that the philosophy gives the project a uniquely global scope. "We know this could be expedited if we asked A single millionaire to put his name on it—that seems to be the way these things happen now—but we really don't want to do it that way if we don't have to. We want it based on donations from many Dalhousie doctors around the world." □



Photo: iStockPhoto.com

# Building strong character

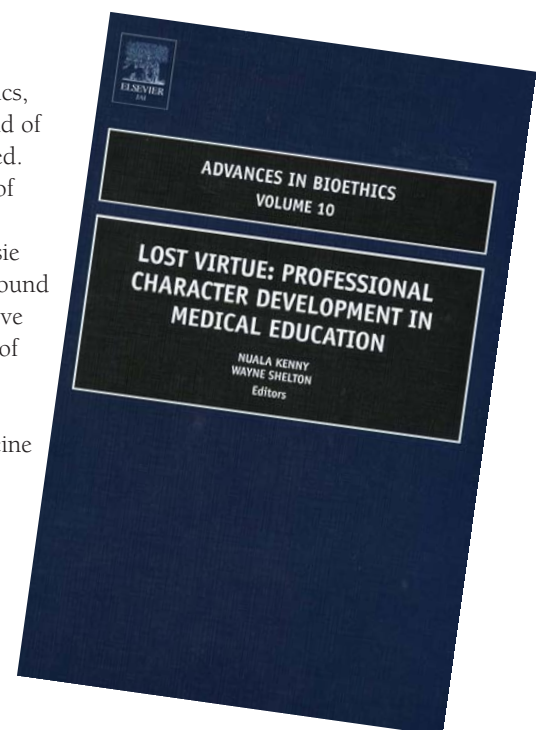
Dr. Nuala Kenny charts the path to lost virtues in her new book

>> By Trevor J. Adams

With more than 30 years of experience in physician ethics, Dr. Nuala Kenny is well positioned to see how the field of medicine, and the philosophies behind it, have evolved. A professor in the Faculty of Medicine's departments of bioethics and pediatrics, Kenny has spent a career observing the changing faces and attitudes of the young doctors at Dalhousie University. "It's clear that people in medical school come from the world around us and they've changed as our world has changed," she explains. "There have been many transitions, from the activism of the 1970s to the complacency of the '90s."

In 2002, she completed her first book—*What Good is Health Care? Reflections on the Canadian Experience*—and the ongoing evolution of medicine recently led her to a new project. "Advances in medicine are occurring so rapidly, we wanted to take emerging issues and address them in individual volumes," she says. "Particularly those issues that are rapidly changing."

So, in 2006 she partnered with Wayne Shelton of the Center for Medical Ethics in Albany, New York. Together, they edited the book *Lost Virtue: Professional Character Development in Medical Education*. "The title refers to





the fact that the formal incorporation of modern bioethics into medical education has focused on dilemma or problem-solving ethics,” she explains. “The long-standing tradition of medical ethics with its attention to the character of the doctor has been lost.”

To address those topics, they assembled writings by various experts in the field. Contributions include “Character Formation and the Making of Good Physicians” by Edmund Pellegrino, “Disillusioned Doctors” by Carl Elliot and “Learning and Teaching in Professional Character Development” by Karen V. Mann. “There are major names in this book,” Kenny says. “And the one great experience for me in this was approaching those great names and not having one of them say no.” Kenny herself penned “Searching for Doctor Good: Virtues for the Twenty-First Century.”

While the writers are diverse, a common thread binds their essays together. “There’s a renewed interest in professionalism in medicine,” Kenny says. “We have this paradox of having a great deal of medical options but a consumer-oriented society where there’s a de-moralization of the doctors themselves. The worst conversations we have are around medicine becoming a big business.”

That calls for a change from the typical rules-based approach. “Up until now, the focus has been on dilemma ethics,” she says. “But if character isn’t part of it, you can have all the rules you want and they won’t do any good.”

Hence, she and her co-writers are proposing a return to viewing medicine as a greater calling—something more than just a routine area of study. “That does not mean a return of elitism but rather a return to the core of the profession,” she says. “Doctors are no different than anyone else when they enter medical school but their formation requires the development of those values, attitudes and character traits that make for excellence in the clinical encounter.”

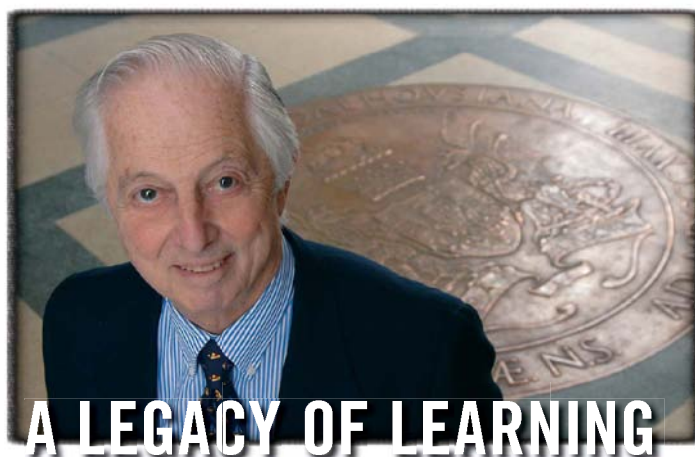
When doctors don’t exhibit that empathy, the overall patient experience suffers. “Why do doctors get sued?” she asks, to illustrate the point. “It usually comes down to their manner. Their approach alienated the patient or even

worse, the patient is misled. Truthfulness is essential to our profession. If you lie to a patient, you’re in big trouble.”

As she details it, doctors can’t trade off the overall quality of the patient experience for scientific knowledge. “It’s never an either-or situation,” she says. “There must be both knowledge and the patient experience.”

These may not be topics that students expect to encounter when they enter

medical school, but they’re open to the ideas. “When they sit and think about it, they understand intuitively,” says Kenny. And that’s a good thing, because she expects these topics to only grow in importance. “In the future, we’ll be discussing professionalism and the social role of medicine,” she concludes. “The importance of rolemodelling from the faculty is growing. Students learn more from their behaviours.” □



## A LEGACY OF LEARNING A PASSION FOR OTHERS

Dr. Richard (Dick) Goldbloom is a gifted physician and educator, inspired researcher and tireless volunteer. His family has established **The Dr. Richard Goldbloom Medical Bursary** to recognize his deep concern for the well-being of Canada’s children and for his impressive contribution to medical education.

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By Bryan MacLean  
Program Coordinator,  
PARI-MP

# The Evolution of Residents

**T**HE LIFE OF A DALHOUSIE RESIDENT HAS CHANGED quite a bit over the past few decades. Gone are the days of endless call, tyrannical staff and no pay. There are still residents who may dispute that—and some with valid reason—but now there is a system in place to facilitate handling these problems.

Residents live far different lives now. The volume of medical knowledge is increasing exponentially. The pressure to know everything is as intense as it always was and the “everything” bar keeps moving. Combine this with the financial pressures of bank loans, incomes that interest charges decimate, family concerns for many, and a light-at-the-end-of-the-tunnel that is very dim, and you have the formula for a very stressful existence.

The Professional Association of Residents In the Maritime Provinces (PARI-MP) has been working diligently to create an environment where residents may learn and work to their optimum abilities. By instituting such programs as “home at noon when you are post-call,” we are advocating for patient safety as well as resident safety and well being. There are many older physicians who proudly remember the days when it showed your grit to be on-call through a very busy weekend—starting Friday morning and finishing Monday night—but, truth be told, when they really think back, most would have liked to have had the choice to say no. These are the issues PARI-MP struggles with every day.

One of the major stresses for many residents arises as the end of residency approaches and they start to consider where they are going to practise. Most have limited time to spend on a comprehensive search that will lead not only to good employment for them, but also a good life for their families. PARI-MP has established a program to help with this as well.

The Maritime Physician Recruitment Initiative is a joint project

with PARI-MP and the provincial health departments in Prince Edward Island and Nova Scotia. In return for fully funding the program, the provinces receive full access to residents for the purposes of finding physicians to practice in provincial locales. Through the initiative, communities can exhibit their vacancies, more readily contact prospective candidates and have a greater opportunity to showcase their communities to locally trained physicians who could otherwise be wooed away from the Maritimes by aggressive recruiters.

This project grew out of a perceived disconnection with communities and the physicians they were so desperately trying to contact. Residents were under the impression that, despite media reports of physician shortages, Maritime communities were not interested in them as individual physicians because nobody appeared to be trying to contact them. Communities, on the other hand, were trying very hard to contact the residents, but could not get satisfactory access to residents as a whole. Their successes were usually in reaching one or two at a time.

MPRI has gotten involved in physician recruitment in a very unique way. We have been able to start bridging that gap between resident and community by getting involved at the provincial and community levels to help identify what needs to be done to attract and retain good physicians. By working directly for the residents through PARI-MP, we have not only been able to connect our own members to employment opportunities, but also (and as an added bonus) have been contacted by Maritimers at other Canadian schools who want to move back to this region after residency.

Innovation is the answer to the physician shortages in the future—here in the Maritimes we are confronting this problem like no other region of the country.



## CME Notes



April 20–21

### 12th Annual Atlantic Canada Cardiovascular Conference

Contact: (902) 494-1560, [renee.downs@dal.ca](mailto:renee.downs@dal.ca)

April 26–28

### Old Age in a New Age Conference (Saint John, New Brunswick)

Contact: Pati Teed (506) 632-5453, [teepa@reg2.health.nb.ca](mailto:teepa@reg2.health.nb.ca)

May 31–June 1

### 10th Annual Clinical Day in Cardiology (Sydney, Nova Scotia)

Contact: Norma Gillis (902) 567-8001, [baillier@cbdha.nshealth.ca](mailto:baillier@cbdha.nshealth.ca)

November 29–December 1

### 81st Annual Dalhousie Refresher Course

Contact: (902) 494-1459, [mary.ann.robinson@dal.ca](mailto:mary.ann.robinson@dal.ca)

February 21–23, 2008 (tentative)

### 33rd Annual February Refresher: Therapeutics

Contact: (902) 494-1560, [cme@dal.ca](mailto:cme@dal.ca)

Events are in Halifax unless otherwise indicated. Brochures are normally mailed four to six weeks before the program.

Continuing Medical Education at Dalhousie offers a range of learning opportunities for physicians. Among these are community hospital programs (with both traditional and videoconference delivery), the Management Program for Clinical Leaders, Clinical Traineeships and an academic detailing service.

For updates on these and other Dalhousie CME activities, visit [cme.medicine.dal.ca](http://cme.medicine.dal.ca).

**CELEBRATING 50 YEARS OF  
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Photo: Submitted

# Do the **right** thing

Med 1 students learn a lot at a special ethics luncheon

By Rebecca McGinn, Class of 2010

**WHAT PRACTICAL THINGS DO WE NEED TO KNOW TO BE GREAT** physicians in our multicultural society?

This was the question on the minds of the first-year medical class (class of 2010) at a recent event. Sparked by the Ethics and Communication Skills components of the Patient-Doctor course at Dalhousie medical school, the students showed keen interest in exploring cultural issues relevant to their future careers as physicians. So on December 7, 2006, a student-organized luncheon was held in collaboration with the DMAA and the Metro Immigrant Settlement Association (MISA).

We wanted a chance to ask about the kinds of issues we might face, and how to best manage culturally-sensitive situations with which we would likely have little experience. Fortunately for us, there were a number of international medical graduates at different stages of obtaining their Canadian medical licence, who graciously accepted our invitation to be part of an open panel discussion. Present were three female physicians originally from different Middle Eastern countries, and one male psychiatry resident from Venezuela.

Previously, organizers surveyed the class to determine the most common questions of interest, which formed the basis of the opening discussion. We asked each panelist to comment on such things as the kinds of gender-related issues we might face from someone in their culture. Also discussed were end-of-life issues, refusal of treatment, and family expectations in times of illness. Eventually the floor was opened to the specific questions of the students.

Feedback from the students revealed a tremendous appreciation for the opportunity to ask questions of a more sensitive nature and to be given practical advice about the kinds of situations and issues we need to be thinking about now so that we can be great physicians later. The panelists also enjoyed sharing their unique insights in this teaching environment and have become a valuable experience that will be remembered fondly by a new generation of enthusiastic future physicians.

## Of Quills 'n Stethoscopes

**Dr. Ron Stewart, Director, Medical Humanities, Professor of Emergency Medicine, Professor of Anaesthesia**



One of the great challenges for a Humanities-in-Medicine program within the required curriculum of a medical school is to make the humanities relevant and important in the life and practice of modern physicians.

With the expansion of the initiatives offered to students and faculty members in the humanities program, we have had to be creative and show some initiative and innovation to sustain this expansion in the face of shrinking budgets and challenges facing medical education. We have had tremendous support from all the friends of humanities in our school, particularly the DMAA, the Dalhousie Medical Research Foundation, the community in Halifax and the private sector.

We depend on alliances in our program, and these include major academic ties we are developing within and outside the university. These partnerships are real and vital to our success. Cooperative projects include working with King's College's journalism school, NSCAD University for initiatives in the arts or King's history of science and technology program for a joint exploration of the history of medicine. We depend on these ties for both expansion and innovation.

We've reorganized our initiatives into five sections that allow us both to plan, and to seek sustaining funding: history of medicine,

visual arts, spirituality, music and narrative medicine (oral story-telling, film, literature). For more information, visit <http://humanities.medicine.dal.ca/>.

### THE WORLD COMES TO HUMANITIES DAYS

This year the Humanities Days celebration runs from May 17 to 19, bringing together medical students, medical professors and members of the community who love the arts. The event will begin with an expanded Gold-headed Cane Dinner, celebrating the Dr. Gerald and Mrs. Gale Archibald Gold-headed Cane award to a member of the Faculty of Medicine who demonstrates humanism in teaching and practice.

Plans include a good dose of the history of medicine done in innovative ways—including Queen Victoria herself commenting on the advances in medicine during her six-decade reign. A special symposium examining the death of Revere Osler will trace the improvements emanating from the First World War that set the foundations of modern trauma care systems in the 20th century. A coffeehouse will provide the opportunity for medical students and physicians of all stripes and specialties to shine on the musical stage and a medical film festival, art show and gala closing concert (called Music—The Best Medicine) will round out the program.

## Having an Impact in Malaysia

**Tracking the Dalhousie—International Medical University Partnership: How far have we come in 15 years?**

**By Dr. Gita Sinha  
Assistant Professor, Department  
of Anatomy & Neurobiology  
Student Advisor, Dalhousie  
University Faculty of Medicine**

IN 1993, DALHOUSIE UNIVERSITY Medical School established a partnership with International Medical University (IMU) in Kuala Lumpur, Malaysia. This partnership aimed to establish cross-cultural medical training for students, increase the international presence at Dalhousie, enhance the cultural diversity of the medical student body, provide the opportunity for an exchange of faculty and generate funds to support medical education development and research. The project was also created keeping in mind the Malaysian government's aim of producing excellent and highly trained physicians and to deal with the shortage of physicians in Malaysia and the lack of capacity to train more.

The IMU students would obtain their pre-clinical training at IMU and then join the Dalhousie Med III class to finish their clinical rotations at Dalhousie. The first class of selected students graduated from

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Dalhousie in 1998. The program has grown substantially—so far, 46 IMU students have graduated from Dalhousie.

As a visiting professor at IMU, I recently had the opportunity to interact with students and faculty, which was an enriching experience. I witnessed first hand the cultural diversity and the workings of the medical education within the community of our partner medical school. As a student advisor, this experience also allowed a better understanding of the needs of our exchange students from IMU.

Presently, under the leadership of Dr. John Ruedy, in collaboration with the alumni offices of both schools, a project has developed to track the IMU students that graduate from Dalhousie. The purpose of this project is to determine the current location of these students: whether they have gone back to Malaysia or remained in North America or other countries. Additionally, we would like to examine where and what type of post-graduate training the students are completing. If the students have returned to Malaysia, we want to determine what type of positions these former students have: whether in private practice or in an academic post.

Lastly, we wish to verify the medical specialties of these graduates. The tracking of graduates is an important outcome measure of medical education programs. A questionnaire has been developed and placed on the DMAA web page and at IMU.

At the DMAA office, Kathy Murphy is supervising the project. The students have been contacted by a letter, telephone and e-mail and asked to respond to the questionnaire. At the IMU alumni office, Charmaine Koo is attempting to locate the students in Malaysia. This project report will be given to both schools and will be helpful to illustrate how far it has come in 15 years. We'll present the compiled list at the 15th anniversary of the establishment of the exchange partnership.

## MODEST DONATION MAKES HUGE IMPACT ON SUPPORTING DALHOUSIE MEDICAL STUDENTS

MD CLASS OF 1981-25TH ANNIVERSARY REUNION  
The Fairmont Algonquin  
St. Andrews, NB  
August 4-6/06

July 7, 2006

Dear Classmates:

Late in June I met with our Dean of the Medical School, Dr. Harold Cook, to discuss our up and coming 25th reunion and my desire that our Class work with the Dean's Office to create a meaningful and significant gift as Alumni of Dalhousie Medical School.

I should digress for a moment. I have always felt passionate about the opportunity that my education has provided for me to be a physician. From the back woods of Enniskillen NB, my education has lead to a career that has been both rewarding and deeply satisfying. I think it is fair to say that Dalhousie has allowed me to change the course of history for several generations of Kelly's!

I have been keenly interested in returning, in some small way, each year a token of my gratitude my giving to our Medical School Annual Fund raiser. Many of you have also been similarly motivated and have given regularly. My goal in discussions with the Dean, was to personalize in some way our annual donations and create a greater awareness of the needs of the Medical School through a challenge.

This year the Dean's office is going to ask the Medical Students to commit to a pledge of \$50.00 for each year they are in Medical School and that this pledge continue as a "Life Pledge" after they leave Dalhousie. That is, that they agree annually to contribute at least \$50.00 (more if they are fiscally able), for as long as they are Dalhousie Medical School Alumni.

I suggested to the Dean that I would like our Class to adopt the same "Life Pledge" as a celebration of our 25th reunion. That we would each donate \$50.00 for each year from graduation, a total of \$1250.00 and that we would also pledge to continue giving at least \$50.00 a year for the rest of our lives.

If our Class would accept this "Gift and Life Pledge", I would then ask that all Dalhousie Medical School Alumni be contacted and ask to similarly donate \$50.00 for each year since their graduation and further agree to the continued "Life Pledge" of annual giving of at least \$50.00.

I take a great deal of pride in thinking that once again our Class can play a major leadership role in bringing our Alumni together to jump start such a dramatic and sustaining fundraiser. The economic impact would be enormous, with the potential of several million dollars of "Life Pledge" initial money and annual sustaining funds. This Medical School Alumni effort can be further enhanced by the Dean's office with Corporate and government matching funds.

I will ask that you each consider this commitment as a celebration of our 25th reunion and as a challenge to every graduating Medical School Class, Alumni and Medical Student that they have "the stuff" like the Class of '81.

Thank you for you time, as you read this request for support, I hope that you agree that the potential that this Pledge creates is far greater and more powerful than any \$50.00 per year assessment. We are the privileged few, the Alumni of Dalhousie Medical School. We can contribute significantly in helping our Medical School meet the future healthcare needs of the World we serve. Again thanks and appreciatively yours,

Tony Kelly, MD  
Class of '81

# Climbing Everest

By Evelyn Schlosser  
Communications Coordinator, DMAA

**A**S HEADLINES EVERYWHERE warn of the health risks stemming from inactivity and poor eating habits, we're constantly bombarded with information about how to live better, healthier, longer lives. In recent years, the focus has often fallen on the health of children and the development of healthy lifestyle habits during childhood. In response to these growing health concerns, students from the Dalhousie Medical Students' Society developed a program called the Everest Project in 2002.

Each year, more than one hundred medical students spend a morning visiting local Grade Four classes to educate youth about healthy living. The program is designed to encourage youth to lead healthy, active lives, with a goal of reducing the health-related consequences of inactivity.

John Haverstock and Erin Palmer (both members of the class of 2009) are the committee chairs for this year's project, which will run in May. They both participated in the Everest Project in 2006 and were eager to get involved again this year.

"These health issues are a real concern," explains Haverstock. "It is important for us as a medical community to take action. We want to do something about this and be involved."

Every year, students have initiated games, conversation and other projects in the classroom that emphasize the importance of being active and eating well. This interactive program allows the future physicians an opportunity to work directly with youth who are generally active and at an impressionable age. "It has a really positive spin to it," says Haverstock. Palmer agrees. "It's a learning experience for everyone involved," she says.

The response to the program has been positive and most medical students that are involved enjoy the experience. "I think we all found it really rewarding and the kids were surprisingly knowledgeable and enthusiastic," says Palmer.

When it first began, 10 classrooms were involved in the project. This year, the committee plans to visit more than 75 classrooms. The Everest Project is student-

driven and the medical students prepare the curriculum each year. "It's not really a traditional teaching approach," says Haverstock. "It's fast-paced and driven by the kids' answers. When I was there I couldn't tell who the quiet kids were—everyone had their hands up to answer questions."

Nova Scotia has some of the highest levels of chronic disease in Canada, which can be combated with increased education about the benefits of healthy living. The Dalhousie medical students have recognized this need, and continue to contribute their time to build momentum for the Everest Project every year. "We're excited that medical students can work together and spend a morning promoting healthy lifestyles with a population that's really impressionable," says Haverstock. "We're spreading a really good message."

The DMAA is pleased to support this program and will work closely with student representatives to introduce measures of success and gauge behaviour patterns. □



Medical students Jessica Butler and Laci Stevens teach children about physical fitness in the Everest Project.



# Making a difference

By Dr. Annette Bell, '97

**I**N THE EARLY MORNING OF January 4, 2007, Helen Hill, wife of Dr. Paul Gailunas, Class of 1997, was taken from us unexpectedly when an intruder broke into their New Orleans home, then shot and killed her. The Canadian and U.S. media immediately picked up on the story and news of her death spread quickly from New Orleans to Halifax. As it did, it became apparent to all that a senseless tragedy had occurred—those of us who knew Helen awoke with the realization that the world had lost an incredible individual.

Helen, in only 36 years, had become a wife, mother, daughter, sister, best friend, award-winning filmmaker, peace activist and person of great conscience. She was a perfect fit for Paul, who from day one at Dalhousie began making a difference in our community by helping the less fortunate.

Helen was in California at film school when we started medical school in August 1993, but by the time we graduated in 1997, she had moved to Halifax and was a staple at class functions and the numerous volunteer activities she and Paul organized. Although it was Paul who was enrolled in the medical program, he and Helen worked together to better the world around them. We all came to know and love her for her infectious smile and pleasant, gentle nature.

After graduating from Dalhousie, Paul began his medical career at the North End Clinic in Halifax but it was New Orleans where they longed to be, for it was there they began their courtship and fell in love several years earlier. They moved to New Orleans in 2001, where Paul founded a low-cost medical centre and Helen founded the New Orleans Film collective. Together they established a chapter of Food Not Bombs and shared a love of music so beautifully memorialized at Helen's visitation where New Orleans jazz played as her friends and family gathered to remember her. Their friendship and love for one another was exceptional and inspirational.

In 2005, finding their home uninhabitable in the aftermath of Hurricane Katrina, they relocated to Columbia, South Carolina, where they continued their work of helping and advocating for the poor. However, after 11 months they returned to New Orleans—home was where Helen wanted to be, and New Orleans was home. They had been back less than five months when tragedy struck again.

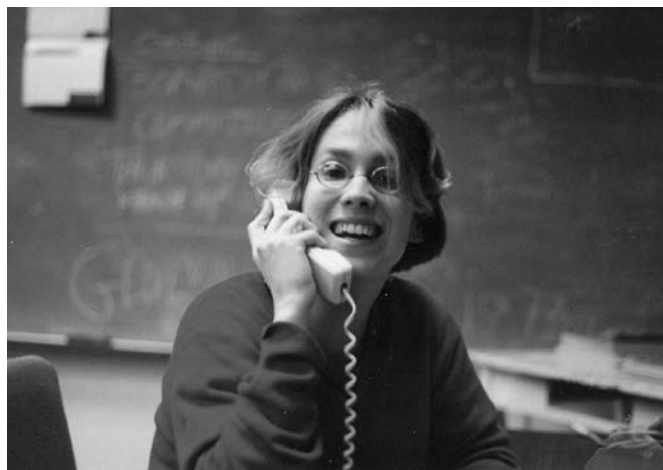


The incredible irony of Helen's death is that she and Paul dedicated their lives to selflessness, only to lose the one thing they could not afford to give. It made me wonder how this tragedy would affect our medical communities' willingness to become involved, including my own.

But exactly one week after attending Helen's visitation in Columbia, I did my monthly commitment at the Samaritan Clinic, a clinic staffed by volunteer physicians who provide care to those without medical insurance in the small town in Florida where I live. Although I have been volunteering for several years, that first night back after Helen's death was more meaningful than ever before. Sadly, it has taken Helen's death to make me realize that one person can make a difference in this world and that it is worth developing and maintaining relationships, advocating for those in need, and

standing up for what is right even when it is easier not to.

I don't know that Helen knew the difference she made to those who had the fortune of knowing her. I am grateful, however, that those left behind, especially her two-year-old son Francis, will know of the incredible life his mother led and how much we all loved her. Hopefully, this will bring some solace and peace. In her memory, Paul and family have continued to keep her spirit alive by asking that donations be made to Médecins Sans Frontières (Doctors Without Borders) by visiting the website dedicated to the life of Helen Hill ([www.helenhill.org](http://www.helenhill.org)). □



The DMAA retains full copies of some alumni obituaries. For further information, e-mail [medical.alumni@dal.ca](mailto:medical.alumni@dal.ca).

**Seymour Strong '27** passed away on August 22, 2003 at the age of 100. He was living in Morro Bay, California and had immigrated to Canada in 1906 with his family from Russia.

**John Hubert Molloy '43** died peacefully on November 23, 2006 at the age of 90. He was born in St. John's, Newfoundland, on April 17, 1916. Hubert served with the RCAMC in Holland and later in Germany. He completed postgraduate training in the specialty of ENT.

**Murray McCulloch Davis '44** died on December 6, 2006 in the Halifax Infirmary at the age of 86. He was well known throughout Atlantic Canada for his work in obstetrics and gynecology.

**Charles Edward Doyle '45** passed away on September 12, 2006 in Riverview, New Brunswick. He was 86 and had been a general surgeon.

**Dr. Howard Allen Locke '45** passed away in New Glasgow, Nova Scotia on May 22, 2006 at the age of 84.

**Mark Lorne Bonnell '49** passed away October 9, 2006 at the age of 83. He was born in Hopfield, P.E.I. and served as a physician, provincial politician and senator.

**Joseph H. Lesser '49** passed away on June 10, 2006

**Liam L. McKeough '49** passed away on August 15, 2006 at his home, following a long illness. He was born in Sydney Mines, Nova Scotia and returned to Sydney after his schooling. He was chief of surgery at St. Elizabeth and then Northside General hospitals.

**Daphne Parsons '50** passed away on July 19, 2006 in St. John's, Newfoundland at the age of 81. Daphne was Newfoundland's first woman to become

a doctor and return home to practise medicine.

**Donald Rice '51** passed away May 19, 2005 at the age of 85. He spent many years as the executive director of the College of Family Physicians of Canada.

**Laurie Malcolm Brown '52** passed away January 4, 2007 at his Williston, North Dakota residence. He was raised in Halifax and obtained a specialty in anesthesiology.

**Robert W. Healy '53** died at home in Kentville after a brief illness on August 29, 2006 at the age of 82.

**Maynard F. Taylor '53** died May 28, 2006 at the age of 81, in New Port Richey, Florida, after a brief illness. His specialty was thoracic and pulmonary surgery.

**Stan Gerard Lannon '57** died January 19, 2007 at the age of 74 from cancer. He practised urology and helped perform the first kidney transplant in Nova Scotia in 1969.

**Rita Bistevins-Kaufmanis '60** died peacefully in St. Martha's Regional Hospital in Antigonish, Nova Scotia on August 6, 2006. She was born in Latvia and immigrated to Canada in 1951.

**Arthur Tacreiter PGM '64** passed away in early fall, 2006. He had specialized in psychiatry, practising most recently in Brockville, Ontario.

**Richard H. Kinley '65** passed away at home in Maders Cove, Nova Scotia in September 2006 at the age of 68. Richard had a remarkable career as a general surgeon.

**Dr. Ralph Loebenberg '65** passed away peacefully on September 6, 2006, after a lengthy illness. In recognition of his con-

tribution to the profession, the Department of Obstetrics and Gynecology established the Ralph Loebenberg Resident Library, a tribute to a man who cared so much for his residents and patients.

**Dr. Arthur Howard Patterson '70** passed away on June 13, 2006 at the age of 64.

**J. Donald Johnston '71** passed away at home on July 30, 2006, at the age of 65. He was born in Moncton, New Brunswick. He served with the Canadian military and upon retirement as a lieutenant colonel, he was made an honorary colonel with the 15 Medical Company in Edmonton, Alberta.

**William W. K. Wong PGM '73** passed away at home on July 23, 2006 at the age of 77. He was a dedicated anesthetist who practiced in Hong Kong and then Canada.

**T. A. "Sandy" Peacock '75** passed away at home in Kanata, Ontario on December 25, 2006 at the age of 54. Sandy had practised medical ophthalmology for 25 years in the National Capital Region and in 1980 earned his Fellowship in the Royal College of Physicians and Surgeons of Canada.

**George F. Salib PGM '76** passed away on June 7, 2006 after a short illness with cancer at the age of 73. He grew up in Suez, Egypt and moved to Canada in 1974. He served as family physician and obstetrician in Grand Falls, Newfoundland.

**Ashok L. Joshi PGM '79** passed away on January 14, 2006 in Australia.

**Jeffrey M. Hartley '95** passed away August 9, 2006 at the age of 41. He had specialized in psychiatry. He was the beloved husband of classmate Karen Smith.



**Wanita Lopeter '99** passed away on January 11, 2007 in her sleep after a courageous battle with brain cancer. **The Dr. Wanita Lopeter Memorial Scholarship** has been set up through Dalhousie Medical School to recognize her spirit of giving.

**Mary Jane McLaughlin '01** died unexpectedly at her residence in Beachwood, Ohio on September 15, 2006 at the age of 30. Daughter of Dr. Joseph ('82) and Jill McLaughlin, she received her Royal College fellowship in anesthesiology and was doing a fellowship in cardiac anesthesiology.

#### FACULTY AND FRIENDS:

**Roland Christopher Jung**, passed away peacefully on September 14, 2006 at the age of 56. He was born in Kingston, Jamaica. He was a pathologist and director of medical laboratories at both the Valley and Yarmouth Regional Hospitals. □

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Photo: Submitted

### FROM THE 1950s

**Paul Kinsman '57** has retired from active practise and is enjoying his free time.

**Joe Sidorov '57** recently retired and was surprised with a potluck dinner in November 2006, organized by **Tom Young '82**. The event was attended by Dalhousie grads (1957–2002) living in Prince George, British Columbia. All attendees were surprised to find how strong their bonds were to their alma mater and to their common experience of having been at one time or another students and colleagues of “GI Joe.”

**Robert Ulberg '57** and Juliet have been busy traveling to Costa Rica, Chile, Argentina, Brazil, Sicily, Slovenia, and Croatia. Bob still enjoys photography (now using a digital camera) and playing duplicate bridge.

**Jack Martin '59** retired in 2005 and enjoys spending winters in Fort Myers, Florida and time in the north at the “Farm” in Huntington, Indiana during the

rest of the year. He now has nine grandchildren.

**Bob Nelson '59** is “retired” but still involved with an Alzheimer clinic weekly and interested in headache medicine (with a recent paper published). He paints portraits in his spare time.

### FROM THE 1960s

**Eldon Smith '67** is now Professor Emeritus at the University of Calgary. He has retired from active clinical practice but continues to be busy as editor-in-chief of the *Canadian Journal of Cardiology* and director of a number of publicly listed and non-for-profit boards. Sheila and Eldon continue to enjoy their family and especially their three grandchildren, spending most of the summer months in Hackett's Cove on St. Margaret's Bay, Nova Scotia. They invite classmates to contact them at (902) 823-1686.

### FROM THE 1970s

**Mike Antle '72** retired in 2006 from family practice in Moncton, New Brunswick after almost 35 years. He

**Drs. Ed Rafuse and Byron Reid** recently presented a \$200,000 cheque to Dean Harold Cook on behalf of the Alpha Eta of Phi Rho Sigma Bursary Fund. The fund, which awards two \$5,000 bursaries to medical students each year, was financed through the sale of Dalhousie Medical School's former Alpha Eta fraternity house. The Alpha Eta chapter was granted at Dalhousie in 1925 and was an important pillar in the life and education of students.

continues to be active with the Atlantic Provinces Medical Peer Review.

**John B. Jenkins '72** is semi-retired but still working quite a bit. His three children (Jane, Andrew, and Chris Jenkins '08) are married and he has two grandsons.

### FROM THE 1980s

**David Cormier '82** completed Ironman Canada in Penticton, British Columbia on August 27, 2006.

**Raju Hajela '82** and Rhonda moved to Calgary, Alberta after living in Kingston, Ontario for 15 years. They are very excited about the recent birth of their twin granddaughters, Olivia and Paige.

**Karen Trollope '82** is teaching in the family-medicine department at McMaster University. She worked in India for many years and still retains a connection to the country through student trips.

**Wade Watson '82** recently returned to Halifax to establish an allergy division at the IWK.

**Greg '86** and **Elaine '87 MacIsaac** are currently living in Winchester, Virginia. Greg is medical director of the Urgent Care Center and Elaine is in family practice.

**Barbara Tiller '86** and **Rune T. Russenes '98** (family-medicine residency) celebrate the birth of twin daughters, Ingrid Elisabeth and Nancy Ann Russenes, born December 12, 2006 in Vancouver, British Columbia.



Both are thrilled to be parents of the beautiful newborns.

**Allan Abbass '87** and wife **Jennifer (BA Hon) '96** are pleased to announce the birth of their son, William Allan on February 17, 2006 at the Grace in Halifax.

**Keith MacCormick '87** has been busy with the Kieran Pathways Society for the last two years, promoting active travel infrastructure to improve population health.

**James Collings '89** is living in Hampton, New Brunswick and is deputy chief of the family-medicine department at AHSC. His wife Brenda is the town manager and an economics teacher.

#### FROM THE 1990s

**Jeannette (Clark) Dionne '94** and **Matt Dionne '95** have moved to Stittsville, Ontario with their children Adrian (age nine), Joelle (seven), Luke (three), and Jammie (one). Matt is still in the military and loving it while Jeannette is planning to get back to work after the kids and house are settled post-move. E-mail her at [Jeanette.Dionne@yahoo.ca](mailto:Jeanette.Dionne@yahoo.ca). Drop a line, and if you can stand the chaos, come for a visit.

**René Wong '98** and **Patricia (Pitcher) Wong '99** are now living in Toronto where Patricia is a family physician and René an endocrinologist at the Toronto General Hospital. They have three children: Rebecca (three), Geoffrey (two) and Ryan (two).

**Andrew Bishop '99** and his wife **Erin DDS '99** have been blessed with a second son. Grant Michael was welcomed into the world on September 10, 2006. He has a very happy and helpful big brother in Will who was born March 17, 2005. They currently reside in London, Ontario where Andrew is enjoying his work in emergency medicine. They enjoy getting home to New Brunswick frequently and the whole family flew home when Grant was two weeks old so

they could attend a wedding and he could meet his extended family and many friends.

**Tracey Williams '99** and Stephen Henderson (PhD) welcomed their first child, Robert Donald, on July 11, 2006. Tracey completed her pediatrics residency

at the University of Ottawa and is a consultant Pediatrician in Truro, Nova Scotia. Stephen is an assistant professor in history at Acadia University. They are living in Truro and Kentville. □



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# SALUTING THE BEST

## MEDICAL ALUMNUS OF THE YEAR

Presented annually since 1968, this award recognizes deserving physicians who have made major contributions to medical practice, teaching and/or research at a national level and are active in their communities or at an international level.



Photos: Submitted

Dr. Nuala Patricia Kenny, Sister of Charity, pediatrician, professor, bioethicist, author, has been recognized for her distinguished contribution by four honorary degrees and in her appointment as an officer to the Order of Canada. A graduate of Dalhousie in 1972, she had an extensive career in pediatrics and medical education, holding the position of professor and head of the pediatrics department at Dalhousie from 1988 to 1993. In 1996, she founded Dalhousie's bioethics department. She is internationally recognized as a medical educator and lecturer on fundamental ethics questions in health care and policy and has research interests, which include professionalism and role modelling and end-of-life issues. She has served on many national and international committees and was a founding member of the Governing Council of the Canadian Institute of Health Research, chairing its Working Group on Ethics committee.

### Notes from her acceptance:

"I am truly honoured to be this year's alumnus of the year. When I got the notice of the award, I immediately went back in my mind to 1967 when I started medical school. I think I had a class that was very important to me and almost as formative on the person I've become as the faculty and other influences. I was and still am the only Roman Catholic sister that's ever gone to medical school here. I can tell you that some of my closest friends and dearest memories are the experiences of having gone to med school here at Dal, and it's been so powerful for me that even though I went away... there's no question that I'm a Dal grad.

"More recently I was able to start the only department of bioethics in a faculty of medicine in this country. Ethics and health policy and the professional development, character formation of new doctors are really two places where my heart lies. I mention that because I believe that one of the things I received from my medical school training was a strong, strong sense that medicine is a calling...I hope that I have lived my life to the Dalhousie tradition and I just want to say again that I'm very pleased that a Roman Catholic sister doctor has been recognized as this year's alumnus of the year. I really love being a Dal grad. I've spent my life trying to give back to my school and to our colleagues and students and I thank you very much for this acknowledgement."



## HONOURARY PRESIDENT

This award began in 1958, with the creation of the Dalhousie Medical Alumni Association. It recognizes a physician who has had an outstanding career in medicine and has significantly contributed to the faculty and to the Medical Alumni Association.



Dr. Alex Gillis served as the chief of surgery at the IWK Health Centre from 1965 to 1994 and was instrumental in developing a pediatric surgical service in the Maritimes. Following his retirement from the IWK, he moved to Saudi Arabia where he was the chief of medical services for the Saudi Arabian National Guard in Riyadh and Jeddah. He returned to the IWK in the role of vice-president of professional and academic affairs, serving as interim president and CEO in 2002 and 2004. In 2004, he was appointed to the National Health Council. Dr. Gillis is past president of the Canadian Association of Pediatric Surgeons, as well as a recipient of the Order of Canada.



### **Notes from his acceptance:**

"Thank you for this recognition. I am grateful to the executive and others for my selection as honorary president of the Dalhousie Medical Alumni Association for the next year. I am honored and humbled by some understanding of its significance. From time to time we should remind ourselves of what our personal association with Dalhousie has meant. Through it we were exposed to the science and art of medicine with the help of dedicated teachers and role models.

"Additionally, Dalhousie has provided for many of us a milieu for a career combining clinical care and related academic pursuits. For all of that we are reasonably expected to give something back. But the rewards to us are tremendously important and I have always believed that we get much the better of the exchange. I hope that all of us will continue to support the University and this Association as the future unfolds, and collectively maintain the standards of excellence that are exemplified by Dalhousie and in a special way by its medical alumni."

### **YOUNG ALUMNUS AWARD**

This award recognizes graduates for success and exceptional work early in their career. Recipients are role models in their fields and exemplify high quality medical practice through good patient care, continuous clinical investigation and the education of others.



Andrew D. Badley, MD was born in Sydney, Nova Scotia and earned his bachelor of science degree in 1985 from Dalhousie University and his MD degree in 1990. He did his residency training in internal medicine at Mayo Clinic, Rochester, Minnesota. During that time, he received Dr. J. Geraci award for excellence in Infectious Diseases in June

1997 and the ICAAC/ASM Young Investigator Award in September 1997. Dr. Badley joined the staff of Ottawa Hospital in Ontario in 1997 as an assistant. In 2002, he returned to the Mayo Clinic as a consultant in Infectious Diseases and moved his successful research laboratory to Mayo Clinic.

### **Notes from his acceptance:**

"Thank you for this very kind honour. When I first learned of this award, I was shocked, humbled, and struck with three overriding thoughts. First is of the wonderful mentorship and role models that I encountered during my training at Dalhousie University: Dr. Lea Steeves, Dr. Wally Schlech, Dr. Jean Gray and finally, Dr. Tom Marrie. The second thought was that scientific and academic success is all about finding one's passion. From the first day I performed an experiment as an undergraduate, I became hooked on the principle of scientific experimentation.

Finally, I am extremely grateful and fortunate for the love, support, and advice of many throughout the years, including my clinical colleagues, lab mates, mentors, students, as well as my parents and family for their ongoing support, as well as the friends who have helped and supported me over the years. Thank you so much for this highly prestigious award. It truly means a lot to me." □



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**Jack Quigley '51** received the Lifetime Achievement Award at the Canadian Ophthalmological Society's Annual Meeting in June 2006 in Toronto. This award is presented to individuals who have made a sustained impact nationally and internationally to the growth of the profession and who have maintained the highest standard of patient care in their practice. Dr. Quigley spearheaded the organization and development of academic ophthalmology in Halifax and was the head of the Department of Ophthalmology at the Halifax Infirmary during the 1970s.

**Dr. Doug Wilansky '51** was honoured to be a part of the "Kum Ahaym" festival in St. John's, Newfoundland, where many residents celebrated their Jewish heritage. The five-day event recognized the more than 100 years of Jewish life in the province. Dr. Wilansky, with several others, blew a shofar to herald the day.

**David Fraser '58** has been a guiding force in the radiology community for nearly 50 years as a mentor, teacher, researcher and leader. His guidance continues through the Dr. David B. Fraser Learning Resource Centre at Dalhousie—a model for teaching radiology throughout North America. He received the Alumnus Achievement award.

**Sean A. Keyes '60** was awarded the Life Achievement Award from the New Brunswick Medical Society, after being a family physician in Saint John for more than 40 years. He is a past president of the New Brunswick Medical Society and served many years as a member of the society's Physician Health Committee. He served on the board of Centracare Inc. for 10 years and a term as chair of the board of the Saint John Regional Hospital.

**Bill Dennis '61** was awarded the Life Achievement Award from the New Brunswick Medical Society at its annual

meeting held in St. Andrews. This award is one of the highest awards in the society, which honours Saint John physicians for their service to the people of New Brunswick and the medical profession.

**Eldon Smith '67** was recognized by the Alberta's provincial government with the Centennial Medal for outstanding service to the people of Alberta. The Canadian Academy for Health Sciences also honoured him with election to Fellowship, as did the Canadian Medical Association with the 2005 Medal of Service. In June 2005, he was appointed an Officer of the Order of Canada and is also the vice-resident of scientific affairs and a member of the board of directors of Vasogen. Federal health minister Tony Clement appointed him chair of the steering committee responsible for developing a new heart health strategy to fight heart disease in Canada.

**Vincent Audain '69** was awarded an honorary Doctor of Laws at Dalhousie University on October 21, 2006. He was recognized for his ongoing work in ophthalmology and his efforts in setting up a vision care centre in his native Caribbean island of St. Kitts-Nevis. This centre was the first tertiary eye-care facility in the Caribbean. His humanitarian work was also recognized with the first annual Dr. John Savage Memorial Award in International Health in 2003.

**Gerald Maloney '70** by the New Brunswick Medical Society for president for the Year 2006/2007. Committed to the development, education and promotion of rural family medicine practitioners, Dr. Maloney serves as a rural family medicine preceptor with the Memorial University of Newfoundland medical school. In the community, he's taken an active leadership role in a number of community-initiatives. He currently serves as medical director of St. Martins Ambulance and is one of the team physicians for the Saint John Sea

Dogs (the local Quebec Major Junior Hockey League team). Dr. Maloney has been a member of the St. Martins Chamber of Commerce and also serves as a member of the Business and Community Development Committee of the Saint John Board of Trade. Dr. Maloney is also a member of the Board of Directors of the Saint John Regional Hospital Foundation and has chaired various fund raising activities.

**Ron Stewart '70** was recently named to the Order of Nova Scotia, in recognition of his contributions in emergency medicine and his achievements as Nova's Scotia's health minister. He was also recognized at the University of Pittsburgh with the establishment of the Ronald D. Stewart Endowed Chair in Emergency Medicine, a \$2-million endowment. Dr. Stewart is a former faculty member there.

**Hugh Siddall '71** was awarded the Stand Up for Kids Award by the child protection agencies of Toronto for his 25 years of working for the Catholic Children's Aid Society. He was presented the award by Mayor David Miller on October 26, 2006 for his efforts in protecting Toronto's youth from abuse and neglect.

**Nuala Kenny '72** is the co-editor of *Lost Virtue: Professional Character Development in Medical Education*, volume 10 of the *Advances in Bioethics* series. The intent of the series is to attract attention on the issue of physician's characters in the commercialized practice of medicine.

**Renn Holness '75** was awarded the Dr. John Savage Memorial Award in International Health from the Dalhousie Faculty of Medicine International Health Office on June 30, 2005. This award recognizes outstanding humanitarian contribution to international health by a Dalhousie Medical School faculty member. Dr. Holness was awarded for his significant contributions to health improvement in the Caribbean.



**Allan Purdy '74** was appointed Head and District Chief of the Department of Medicine at Dalhousie University and Capital Health, in July 2006, for a five-year term. He also received the Headache Cooperative of New England Lifetime Achievement Award in March, for significant clinical and/or research contribution to the field over a lifetime. This award follows upon the 2005 Arnold P. Friedman Award from the American Headache Society, as the Distinguished Clinician Research Award, for similar work.

**Wayne Phillips '74** of Nova Scotia, **J. Alfred Morais '85** of P.E.I., and **Robert Boulay '89** of New Brunswick were among the 10 recipients of the College of Family Physicians of Canada's award for Family Physicians of the Year for 2006.

**Dr. David McCann '88** was selected to be the head of the first certification board for physicians working in disaster medicine in the United States. Dr. McCann is the vice-chair of the American Board of Disaster Medicine (ABODM).

**Raymond LeBlanc**, Professor in Ophthalmology & Visual Sciences was given the prestigious honorary degree of Doctorate in Medical Sciences from the University of Moncton in June 2006. Dr. LeBlanc has been an active player on the national and international scene with a variety of organizations. He was also named as a Member of the Order of Canada in November 2005.

**Ivar Mendez**, Professor and Head of the Division of Neurosurgery at the QEII and the Dalhousie Faculty of Medicine, was awarded the Fourth Annual Dr. John Savage Memorial Award in International Health. He is being honoured for his extensive humanitarian work in his home country of Bolivia that has involved targeting indigenous people in rural areas of the country. □

# THE RULES of SEDUCTION



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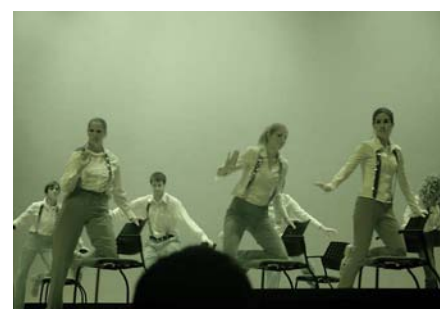
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**E**uphoria! the annual medical student fundraising initiative filled the Rebecca Cohn Auditorium this past January, 2007. As usual, the audience lines up to experience the talents and antics of the medical students as they strut their stuff to help worthy causes. The variety show is just one of the activities initiated by medical students to help their communities. Others include “spring cleaning” for shelters and community kitchens, “trick or treating” for the United Way, volunteering at medical clinics in under-served neighbourhoods, fundraising for not-for-profit organizations, and volunteering many hours of their time.



Photos: Submitted





# Dalhousie Medical Alumni Association

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## Dalhousie 1951 Medical Class Reunion



Photos: Submitted

Five years ago, we celebrated our 50th anniversary. Fifty-five of us finished in 1951 and 21 of 32 survivors last met, as we do every five years, in 2001. Last October 13 to 15, we gathered again—14 of our 19 survivors. We were a close bunch from 1946 to 1951, and that has continued with our reunions ever since!

The whole DMAA 2006 reunion gathering was well planned and did fine. We

'51ers mostly attended the Reunion Recognition luncheon. Then that evening, we gathered again at the Westin Nova Scotian Hotel for a private dinner. Each of us talked after dinner: various bits about our medical work and lives.

For lunch on Saturday we all met at Pier 21, where we also did more talking, photos and then a guided tour of that wonderful institution. That evening, most of us attended

another gathering of many DMAA members, a "Pub Supper and Piano Bar" at the same hotel. It was full of great piano music, and folks singing (particularly Dilly Macfarlane)!

Part of our ability to have good attendance is because eight of us live in the Halifax area. Plus there is one from Truro, three from Ontario, two from Florida. We were also pleased to have with us one widow of a classmate.



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## Dalhousie 1956 Medical Class Reunion

The class of 1956 celebrated its 50th anniversary in Halifax during Dal Med Alumni week in October 2006. Sixteen of an original class of 51 were present, including notables Sophie Hofstader (our only female classmate), Fred Prince (our perennial class president) and Burgess Sabean (our gold medalist). Local classmates who helped entertain included Ed Kinley, Stu Huestis, Don Weir, Phil Jardine and Robert Read. Coming from away were Milton Boniuk, Morton Aronoff, Douglas Hines, Charlie Hutton, Ed Lund, Elmer MacKenzie, Bob Parkin and Hank Presutti.

The Dean's Breakfast gave us evidence of the enthusiasm and confidence that exists in the medical school, strongly supported by the diversity and gender equality of today's students. Faculty perspectives showed recent advances in the medical school, including the emphasis on and wide scope of research activity.

Next came the annual DMAA Reunion and Recognition Lunch, which allowed us to commingle with graduates from other years.

The Class Dinner was a huge success. Lifetime friendships and memories were easily renewed. Bob Read emceed and drew out from everyone new and enlightening events of past and recent history, some humorous and some not, but always of interest and value to classmates. Updates on the activities of those unable



to attend, and memories of our 14 deceased classmates, were also shared.

Special kudos go to Ed Kinley, who made most of the arrangements for our two-day program with the generous assistance of Dr. Margaret Casey and the Dal Med Alumni office, and led a brisk and informative Saturday morning walk around the Halifax waterfront, including a quick meander through the Keith's Brewery Farmers' Market.

Classmates and spouses enjoyed an informal history lesson at a noon reception aboard HMCS *Sackville*. The ship was berthed at the Dockyard, and is an official museum of the Canadian Naval Memorial Trust. Lunch was served in the mess deck

and members of the crew gave a tour of the ship.

A rain-peppered afternoon reception at the home of one of our classmates overlooking the Northwest Arm was much enjoyed by those who were able to brave the downpour.

The Pub Supper and Piano Bar was held in company with members of the Class of 1951. The delightful evening had a lively trio featuring Dugger Roy on the piano, providing music to the enthusiastic singing of songs dear to our hearts.

As with all such reunions, the chief rewards for those attending were medical school experiences relived, subsequent life stories updated and just the sheer joy and pleasure of being in the company of a group of very special old friends of common interest, who have worked hard, made many contributions of all kinds to the common good and have enjoyed similar pleasures and setbacks over the years.

In addition, we came away with feelings of pride and confidence in our medical school, and an appreciation of its need for ongoing alumni support. The reunion reminded us of the importance that compassion, learned at Dalhousie, has played throughout our careers. Advice to new graduates (from a group of 50-year survivors): don't neglect your personal health and wellness or that of your families.



## Dalhousie 1961 Medical Class Reunion



The reunion was a great success. From all reports everyone left the reunion feeling really pleased with the accommodations, the food at the Stanley Bridge Resort, the weather and the reunion overall. The feedback made all the work worthwhile.

Although the reunion was to celebrate the 45 years since we graduated from Dalhousie medical school, the greater significance was the opportunity to celebrate 50 years of valued friendships that otherwise would not likely have

developed. Except for undergraduate acquaintances, the majority of the 22 classmates present were complete strangers 50 years ago. Some great friendships have developed since 1956. The strength that these friendships played at our reunion was obvious. It was great to have seen everyone again.

Everyone was interested in the memorial table. This was a new addition and was located in the banquet room. On it was placed graduation photos of our seven deceased classmates. Out of respect and for the first time, a moment of silence was observed at the banquet.

Also displayed at our reunion was a Memorabilia book. Classmates should think of this book as a scrapbook: a place to place letters, photos and anything relevant to our class that has been collected since 1956 that you think would be

of interest to others.

Classmates may remember that each was asked to put on paper whether or not to support a newsletter plus his/her practice and retirement plans. This note was written during the last time we came together as a class, prior to internship and have been in storage until this weekend.

A few minutes were used for business towards the end of the banquet. No decision was made however as to where we should hold our next reunion. Four classmates, including Bunnie, Brewer, Bernie, and Ed Rafuse, volunteered to choose the location. The consensus was that our reunions were more successful when held out of Halifax.

Finally, thanks to Byron, Bill Mason, Ed Rafuse and Brewer—the planning committee members who helped me get things started. Also thanks to Marvin for organizing a fun golf tournament, with prizes at Andersons Creek; Byron for offering grace and Brewer for taking on the job as class treasurer and managing the reunion registration desk. Lindsay, from the Alumni Office, mailed a package of reunion information to each classmate in March 2006 and she prepared an information package for each reunion registrant, which was appreciated. Congratulations go to Rollie and Ira Perry, Ed Rafuse and Bill Mason the best-ball tournament's winning team.






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Harlow Hollis, MD '69



## Dalhousie 1966 Medical Class Reunion

The Class of '66, one of Dalhousie's more cerebral classes, let down its hair and celebrated in grand style. It was the 40th anniversary of our graduation and the Oak Island Resort resonated with the festivities. More of our classmates attended this reunion than any previous one and the level of enjoyment was so high that it was decided that we have reunions every couple of years. The next one will be in Newfoundland. As is customary, a handsome gift was sent to the DMAA office who were, as ever, extremely helpful in arranging the reunion.



## Dalhousie 1981 Medical Class Reunion

**MD CLASS OF 1981  
25th ANNIVERSARY  
REUNION**  
*The Fairmont Algonquin  
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August 4–6/06*

That invitation attracted 52 classmates (plus spouses, friends and families) to a reunion attended by 130 people during the lazy days of August at the beautiful Fairmont Algonquin. Gorgeous weather, fabulous friends and the Algonquin provided the ingredients for a memorable weekend that left the Class of '81 rekindling relationships and enjoying each others company. Highlights of the long weekend included an old-fashioned Pub Night with Dave Abriel's band Midlife Crisis, an educational meeting with presentations from Classmates, recreational activities and lots of food, drink and dance. On Sunday Chancellor Richard Goldbloom spoke in support of our Class "50 for Life" proposal and the significant opportunity our Class has to celebrate our Anniversary and impact our Medical School in a lasting and dramatic fashion.



I encourage each of you to read the letter that I sent to our class in advance of our reunion (see page 17 of this issue). As you might expect, the proposal was overwhelmingly endorsed and supported by our class with the hope that we may initiate a "significant and sustaining" fundraiser that could be adopted and supported by medical alumni, students and friends of Dalhousie Medical School. Dr. Goldbloom and the DMAA office continue to champion this effort and develop the necessary mechanisms by which this "50 for Life" pledge can become an annual fundraiser for Undergraduate

Bursary support. I hope that as you become more informed about this effort that each of you will find this endeavor worthy of your annual support.

Sincerely yours,  
Tony Kelly, MD,  
Class of '81

## Dalhousie 1986 Medical Class Reunion



The Class of 1986 celebrated its 20th year reunion at the beautiful Digby Pines Resort in late July. We had an absolutely fabulous weekend, with lots of sunshine and warm temperatures. It was great to get together with so many old friends and we were especially pleased with the effort some classmates made to travel great distances to join in the celebrations.

Jane Crutchley came from Victoria,

Alison Wright flew in from Georgia, Ray Ke came up from Memphis and Brian McNamara traveled all the way from Dallas to do his traditional after-dinner reminiscence! The biggest surprise of this reunion was that despite the fact this was our 20th, some of our classmates are still having children! Congratulations to Rob Nunn and his wife Rowena on having triplets (now three years old). Brian and Pam have

a beautiful two-month-old boy and Barb Tiller announced she is expecting twins!

Events of the weekend included a CME. Among the talks was a detailed and fascinating account of the Chicoutimi disaster by Kevin Bourke. The golf tournament was a great success, and was won by the team of Ray Ke, David Wood and Alison and Hal Wright. Closest to the pin was Rob Nunn and David Isles blasted the longest drive. A sizable contingent of parents and children went to Upper Clements Park on Saturday and thoroughly enjoyed themselves.

All in all it was a wonderful weekend. We look forward to the 25th!



## Dalhousie 1991 Medical Class Reunion

In August 2006, the Class of '91 celebrated their 15th reunion at the Oak Island Resort in Nova Scotia. On the first day of the reunion, they enjoyed a meet-and-greet barbeque and bonfire into the night. Over the weekend, guests enjoyed

golf at the Osprey Ridge Golf Course and other activities including tennis, swimming, fishing and boat tours. On Saturday and Sunday, several classmates gave presentations over breakfast on a range of fascinating topics. On Saturday evening,

both children and adults enjoyed a good meal with live music. After guests enjoyed the speaker session on Sunday, it was time for checkout and goodbyes, until the next reunion in 2011.

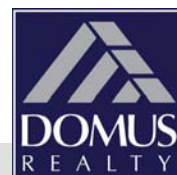


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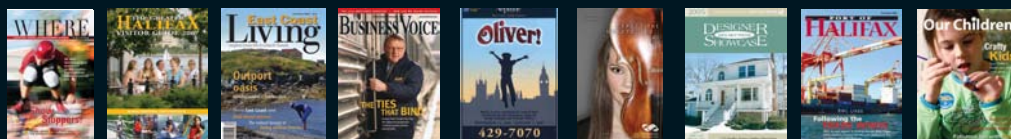
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## Dalhousie 1996 Medical Class Reunion

The Class of 1996 had their reunion this past summer, held at the Oak Island Resort and Spa in July 2006. The weekend began with a Meet and Greet event, giving everyone a chance to catch up quickly on life events over the last 10 years!! Some of our classmates brought their families along, whereas others took this opportunity as a get-away and left their children (in one case, four children) at home!

The next morning we met for breakfast, which was followed by a wonderful yoga/relaxation/ breathing exercise led by Dr. Bharti Verma. The remainder of the day was spent with our colleagues, getting to know spouses and families, in the pool, around the resort or in the close by town of Mahone Bay.

The banquet was held that evening. It began with a slide show, highlighting our "peak times" during medical school,



culminating in graduation day. It certainly sparked a great deal of nostalgia and made us all feel as if one day had not gone by since those events had taken place. The banquet was followed by live East Coast

music with a band called Jug in Hand. The children did the majority of the dancing but the adults did get on the floor after 10 p.m. for a great evening of food, music and drink.



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# Reunions 2007

## Class of 1957

September 6–9  
Charlottetown, P.E.I.

## Class of 1971

June 22–24  
Halifax, Nova Scotia

Class of 1977  
Caribbean Cruise

## Class of 1982

August 10–12  
Keltic Lodge,  
Nova Scotia

## Class of 1987

August 10–12  
Halifax, Nova Scotia

## Class of 1959

February 23–24  
Sacramento, California

## Class of 1972

June 29–July 2  
Oak Island Inn,  
Nova Scotia

### *More to come!*

Visit the Dalhousie Medical  
Alumni Association website  
for further details about  
the 2007 reunions:  
[www.dalmedicalalumni.ca](http://www.dalmedicalalumni.ca)

The final event was a wonderful morning of talks from some of our beloved speakers and teachers during our time at Dalhousie Medical School. Dr. Jean Gray gave an excellent overview on changes in medical education over the last 40 years, highlighting changing demographics in medical school classes as well as paradigm shifts in education. Dr. Karen Mann gave us an update on the COPS curriculum. This was highly anticipated by our class, as we were the guinea pigs of the COPS curriculum and filled out countless questionnaires and evaluations to attempt to improve the curriculum. Based on Dr. Mann's report, some of our feedback was helpful!

Dr. Brian Church, a member of our class, gave an interesting and eye-opening report on his experience in Afghanistan, working on the battlefield. After hearing and seeing the problems he faced there, any problems we face in North America in the practice of medicine pale in comparison. We wish Brian luck when he returns to Afghanistan in the near future. Finally, Dr. Allan Purdy, whom we cherished as one of our lecturers in neurology in medical school, gave a poignant overview of research in neurology, highlighting that the patient-doctor relationship is vital and essential to good patient care, regardless of what therapies are available.

The weekend was a fantastic combination of great weather, great conversation and great learning—similar to what we experienced 10 years ago when we were all together at Dalhousie. Some things never change and we hope to experience it all over again when we meet for our 20-year reunion in 2016! Special thanks to the Dalhousie Medical Alumni Association for helping us organize the event. □

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