

SPRING 2015

VoxMeDAL

THE VOICE OF DALHOUSIE MEDICAL ALUMNI



Dalhousie announces new dean of the Faculty of Medicine

Dr. David Anderson (MD'83) to
become medical school's new dean

Turning off the power

Dal scientist finds drug combination that
stops growth of breast cancer cells

Recapping as dean

Thomas Marrie reflects
on his time as dean

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Dalhousie announces new
dean of the Faculty of Medicine
(Photo: Bruce Bottomley)

A positive, bright year ahead

By Dr. David Amirault (MD'76)
DMAA President

This year, the Dalhousie Medical Alumni Association has been fairly active again. The alumni board and the executive have been involved in a search for a new alumni relations officer. I am pleased to announce that Ms. Evie Sabean Croucher joined the DMAA on February 9. Please join me in welcoming Evie to the DMAA team. Nicole Tanner, our alumni and communications administrator, has done an absolutely outstanding job of holding down the fort over the last year. She stepped into the breach and performed the duties of two people and was able to allow us to carry on. On behalf of the alumni executive, I would like to express my thanks to Nicole.

The 2014 DMAA Awards Gala Dinner was held in October at Pier 21. In spite of a number of conflicts that weekend, the turnout was good and the dinner was very successful. The alumni executive welcomes input on ways to improve the gala this

year. Specifically, we would like to promote interest among the alumni groups to increase attendance. Email your thoughts to medical.alumni@dal.ca.

In July, Dr. Thomas Marrie (MD'70) will resign as dean of Dalhousie Medical School. Dr. Marrie, in addition to being an outstanding clinician and dean, has been very supportive of the DMAA. Most fittingly, Dr. Marrie has been named as a member of the Order of Canada 2014. On behalf of the alumni, I would like to thank Dr. Marrie for all of his support over the years for the DMAA and wish him well in the future. His patience, guidance, and leadership will be sorely missed.

One of our distinguished Dalhousie alumni, Dr. David Anderson (MD'83), has been appointed the new dean of the Faculty of Medicine. Dr. Anderson is a very accomplished clinician scientist. He has been the head of the Division of



Hematology in the past and, more recently, has been the chair of the Department of Medicine. We welcome David in his new position and know that the DMAA will continue to have a strong relationship with the Dean's Office. Congratulations, Dr. Anderson.

The New Year will also see a changing of the guard at Dalhousie Medicine New Brunswick. Dr. John Steeves (MD'74), who has been the associate dean there for five years, has stepped down, and we would like to welcome Dr. Jennifer Hall as the new associate dean in New Brunswick. Dr. Steeves has devoted himself to this position and has done an outstanding job at DMNB. In addition, he has a strong relationship with the DMAA and is the next president-elect. We are fortunate that Dr. Steeves will continue to be involved with the DMAA.

This past year, the class of 1972 captured the DMAA 100K cup by raising over \$100,000 for the MD Class of 1972 International Health Education Endowment. The endowment provides bursaries for Dalhousie medical students to pursue global health education. To learn more about this initiative, see pages 21 and 24. This year will also see the DMAA more actively involved with the research fundraising initiative started by Dr. Marrie. We hope to be able to assist in this cause in a positive way.

In closing, I would like to state that the DMAA is looking toward a positive and bright year for all of you, the DMAA, and the medical school.

A handwritten signature in black ink that reads "D. Amirault".



Rewards and challenges: a year in review

By Dr. Thomas J. Marrie (MD'70)
Dean, Faculty of Medicine



My column in VoxMeDAL is a chance to update you, the alumni, on your medical school. Many things are going very well, but there are significant challenges, some of which are just emerging.

I'm happy to report that the results from the recent Canadian Graduate Questionnaire show that the new curriculum is working. For those of you not familiar with this questionnaire, students complete it at the end of medical school and provide invaluable feedback on their experience over the four years of the MD program. Comparing data from 2010 to 2014, we've learned that students feel more adequately prepared in several key areas, including:

- the health care system, which went from 47.9% to 79.1%;
- law and medicine: 56.6% to 85.1%;
- behavioural sciences: 56.6% to 83.6%;
- complementary and alternative medicine: 57.9% to 71.6%; and,
- ethics and humanism: 77.6% to 92.5%.

These results are significant, as they are based on responses from the first class to complete this questionnaire since the implementation of the new curriculum. Professional Competences was introduced as a longitudinal course in the new curriculum, and these positive results reflect its success. While hundreds of faculty members contribute, Drs. Lynette Reid and George Kephart led the development of this course.

We are still reviewing and analyzing the data from the questionnaire, and I will update you on our work in a future issue.

Our newest family medicine residency program in Yarmouth is doing extremely well. Dr. Darrell White (MD'91) and I visited Yarmouth early in November, and the enthusiasm of both the residents and

their teachers was amazing. Several of the clinicians commented that having residents kept them on their toes, and it was their impression that quality of care improves as a result.

Before you receive this issue, Dr. John Steeves (MD'74) will have completed his term as founding associate dean of Dalhousie Medicine New Brunswick (DMNB). He led an exceptional team of faculty and staff to make DMNB the success it is today. We are pleased to welcome Dr. Jennifer Hall as the new associate dean, DMNB. Jennifer, best wishes for every success as you take us to the next level at DMNB.

Emerging challenges and opportunities are reflected in the reorganization of the health care system in Nova Scotia. One health region and the IWK Health Centre should make it logistically easier to accomplish many things in health care. Where academic medicine fits in the new system is still unknown. Together, we (Dalhousie Medicine and Health Care NS) can accomplish a lot, but we need a coordinated approach to effect this system-wide change.

I would like to invite all of you to the Tupper Link to view the alumni photo kiosk. You can touch the screen and find your class photo. Touch again to view significant events in the history of the medical school. The DMAA, under the direction of Dr. Dan Reid (MD'70) and with help from Greg McNutt, Anne Weeden, and Nicole Tanner, worked hard to make this a reality. There are many reasons to visit your medical school but, as I'm sure you will agree, this is a special one. While you are here, we can arrange for you to sit in on a class or tour a research laboratory.

Funding for research is more difficult than ever and continues to be a concern for the medical school. I'm pleased to report that the DMRF has embarked on a capital campaign with a goal to increase its endowment from \$70 million to \$100 million. As members of the medical school community, however, we have to help ourselves by contributing to the endowments that we wish to raise. As a result, the medical school has set a goal of \$200 million to support the research endeavour. As alumni, you have been very generous to your alma mater, and I know you will continue to enable us to fulfill our research mission.

The BSc medicine program, tailored to prepare students for a career in a health discipline, is off to an awesome start. There were 800 applicants for 100 positions this year. The lowest average out of high school amongst these students was 97.7 per cent. Drs. Timothy Lee and Julia Jordan worked hard for three years to get this program up and going. The program is also an excellent example of what two faculties can do when they work together—in this case, science and medicine.

I have told you about the Research in Medicine Program (RIM) in a previous column. I am pleased to say that we are now in year two and that the summer research projects for all students went extremely well.

For more information on the medical school, I invite you to visit our recently updated website at medicine.dal.ca.

Feel free to contact me if you have any questions or concerns. I welcome your feedback.

A handwritten signature in black ink that reads "Tom Marrie". The signature is written in a cursive, slightly slanted style.

Dalhousie Medicine New Brunswick update

“The journey, not the destination you thought you were going to, is what matters... It’s the dealing with the surprises along the way.”

—Dr. John MacFarlane Steeves

**By Dr. John Steeves (MD’74)
Associate Dean, DMNB**

My last official day was December 31, 2014. By the time you read this, I will be enjoying my post-DMNB career. I truly feel the past five years have been an extraordinary journey and the surprises that have come along the way have helped strengthen and enrich not only my experience, but our presence as a program in New Brunswick. Thanks to Vox, I’ve been able to keep you abreast of developments that have happened over the years. I will not dwell on these today, except to say I’ve had the wonderful opportunity to work with some really extraordinary physicians, staff, and students.

SO, WHERE DO I THINK DMNB IS HEADED?

By January 2015, I expect we will have a new agreement and funding in place for DMNB for the next five years. This will reflect on our growth as a program to the stage that we will be the administrative arm of the Dalhousie Faculty of Medicine in N.B. This new role allows us to expand our influence across the full continuum of medical education: undergraduate, post-graduate,

continuing medical education, and research. For example, we will now provide the administrative support for the appointment and promotion process for all Dalhousie faculty in New Brunswick.

The expansion of the Longitudinal Integrated Clerkship Dalhousie (LICD) to Moncton (2015) and the expression of interest by faculty in Fredericton to explore establishing an LICD in 2016 will enhance the opportunity of our students in N.B. to experience today’s gold standard in clerkship. While our results are consistent with several decades of international results of LICs, there still remains concern about changes to traditional approaches. Innovation is always challenged by the traditional ways of practice, but without change there can be no improvement.

Recently, I learned about the impact of a medical school in the Philippines on improving the health of the population they serve. It is clear that faculties of medicine of the future will have to focus on linking their educational programs to measurable improvement of health care for the people they are asked to serve. The patient-centred approach of our new curriculum positions us well to move in that direction at Dal. DMNB, through its power of small, presents a great opportunity for testing this in the Faculty of Medicine. Fundamentally, students buy into this concept. They are currently looking to open a



student-run clinic linked with Centre for Research, Education and Clinical Care of At-Risk Populations (RECAP) in Saint John in the next year. This will not only provide them with valuable experience, but will also help provide health care to an at-risk population. Additionally, the clinic is designed as an interprofessional environment with nursing students from UNBSJ and Allied Health providers at NBCC participating, learning, and practising the team skills they will be expected to apply after graduation.

As the research link between Dal and UNB exemplifies, increased collaborations in Maritime health research are clearly in our future. All of our first- and second-year students in the Research in Medicine unit were matched, with over 60 research mentors being identified. Their projects are underway. I look forward to seeing the effects of these projects in the next few years.

The destination for a medical school and its components is an ever-changing one with surprises along the way. We have achieved the first milestone of our journey with the graduation of our first cohort of students in 2014. The challenges ahead will be associated with many surprises that will make the rest of the journey at least as exciting as the first five years. I wish the new associate dean for DMNB, Dr. Jennifer Hall, all the best in dealing with those surprises on the next leg of the journey.



Dr. Steeves hands Dr. Jennifer Hall the keys to DMNB

VOICE OF ALUMNI

I recently received the Summer/Fall edition of *VoxMeDAL*.

I thought this edition was well-balanced and informative. There was a good selection of articles re: Halifax vs. non-Halifax practitioners and younger vs. older alumni.

Keep up the good work.

D. Ralph Single (MD'74)

I received the latest *VoxMeDAL* in the mail yesterday. In the past I've had concerns about the Summer/Fall issue and its coverage of convocation. In particular:

- coverage of families of doctors with no coverage of people who were the first in their family to become doctors or had overcome obstacles
- male-dominated coverage
- limited coverage of doctors outside of the Maritimes
- limited coverage of doctors working outside of the ivory tower

I think this year's edition is a huge step in the right direction. Thanks for an enjoyable issue.

Sarah Giles (MD'05)

I have just received the latest issue of *VoxMeDAL*. It is really good—a wide spectrum of interesting material presented in an engaging way. Well done!

Margaret Casey (MD'68)

Just wanted to let you know what a lovely event you organized for us on Friday night at the DMAA awards dinner/gala. It was smooth and pleasant from beginning to end, even bearing in mind having to give a small speech. Lovely food (gluten-free no problem!), great tablemates, wonderful award, and great to catch up with old friends. The poster was a real hit with my mother, who felt badly she was not up to attending.

Thank you so much for all the effort and special touches. They were much appreciated.


Shelagh Leahey (MD'75)

2014 DMAA Family Physician of the Year



Have your say! We welcome comments from alumni and friends. Send your feedback to medical.alumni@dal.ca and include "Vox feedback" in the subject line.



Correction: The previous (Summer/Fall 2014) issue of *VoxMeDAL* incorrectly identified the Dr. G.W. Archibald Gold Headed Cane Award as the Dalhousie Gold Headed Cane Award. We regret the error.



The Legacy Effect Jock and Janet Murray

“Universities are incredibly important. They are agents of social change and need to be supported. It's up to us to do something, and there are so many ways to contribute. We have a vision for how we want to make a difference. Our bequest to Dal will see it fulfilled.”

Thinking of including Dal Medical School in your estate plan? We can help. Explore the possibilities at dal.ca/plannedgiving or get in touch with Ann Vessey at **902-494-6565** ann.vessey@dal.ca



Visit dal.ca/murray to get the Murrays' story.

Action on Aboriginal health care

Dalhousie Aboriginal Health Interest Group holds fourth annual career fair

The Dalhousie Aboriginal Health Interest Group (AHIG) hosted its fourth annual Health Professions Career Fair in Eel Ground First Nation, N.B. (Mi'kmaq territory) on October 27, 2014. AHIG is a medicine-led, interprofessional student initiative that engages both Indigenous and non-Indigenous students in advocacy and action around Aboriginal health issues. AHIG believes to improve the health of Aboriginal peoples, there must be an increase in the number of Aboriginal health care providers and enhanced capacity among non-Aboriginal health professionals to provide culturally safe care. The career fair encourages Aboriginal youth to consider a career in the health professions. Dal students were well received by the community, and over 300 First Nations youth were in attendance. AHIG would like to thank the Dalhousie faculties of Medicine and Health Professions, the Colleges of Physicians and Surgeons of N.B. and N.S., and Doctors Nova Scotia for helping to make this initiative possible.



Dr. Jennifer Hall appointed associate dean, DMNB

A practising family physician for 20 years and currently practising in Saint John, N.B., Dr. Jennifer Hall has been appointed the associate dean of Dalhousie Medicine New Brunswick. A graduate of Memorial University's undergraduate and postgraduate medical programs, Dr. Hall joined Dalhousie Medical School in 2002. Since starting to practise medicine, Dr. Hall has been involved in medical teaching, first with Memorial University and then with Dalhousie. For the past eight years, Dr. Hall has held the position as the director of postgraduate medical education in the Department of Family Medicine at Dalhousie. Her five-year term as associate dean begins January 1, 2015.

Dr. Wendy Stewart appointed director of the Humanities-HEALS program



Dr. Wendy Stewart, associate professor and coordinator of DMNB humanities, is now the director of the Humanities-HEALS program at Dalhousie. Her new role allows her to continue to pursue her love of learning, music, education, and teaching in a more formal capacity.

Dr. Stewart hopes to see a longitudinal integrated curriculum of the humanities that will weave throughout the four-year undergraduate curriculum and beyond. "This fits best with the

professional competencies and clinical skills components of the curriculum," she says. "There are medical schools that have integrated humanities courses into the curriculum, but what I'm looking to do is a little different. I want to remove the separation that this is the 'humanities' component and have it be included as part of regular medical studies and medicine."



BY THE NUMBERS MD CLASS OF 2018

1013	109	3.8	30	24	55	54
Total Applicants	Total Class	Average GPA	Average MCAT score	Average Age	Number of Female Students	Number of Male Students

Evie Sabean Croucher joins the DMAA

We're pleased to announce that Evie Sabean Croucher has joined the DMAA as its alumni relations officer. Evie will be responsible for planning and implementing engagement strategies with Dalhousie's medical graduates and will lead the DMAA's event planning, communications, and fundraising initiatives.

A graduate of Holland College and Nova Scotia Community College, Evie has a diploma in journalism and an advanced diploma in public relations, respectively. Her studies in writing,

language, and communications have supported professional and association-type organizations around the Maritime provinces. Prior to joining the DMAA, she was the communications coordinator for the Professional Association of Resident Physicians in the Maritime Provinces (PARI-MP), where she led Maritime-wide physician recruitment projects, implemented internal communications strategies, and managed all communication media for the organization.

Feel free to contact Evie anytime at 902-494-4816 or evie.croucher@dal.ca



Photo: Danny Abriel

Occupational Medicine holds first conference

The first Primary Occupational Healthcare conference was held on October 14, 2014, at the Delta Brunswick in Saint John, N.B. The conference encouraged better understanding of occupational disease and fostered collaborative working relationships between occupational health disciplines and researchers. The conference also raised awareness of the economic

burden of occupational disease and the opportunities for gaining better information to allow informed policy decisions make positive interventions for the benefit of the Maritimes' workforce and the regional economy. To learn more about occupational medicine and upcoming events, visit medicine.dal.ca/departments/core-units/DMNB/research/occupationalresearch.html

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DALHOUSIE ANNOUNCES NEW DEAN OF THE FACULTY OF MEDICINE

Dr. David Anderson (MD'83)
to become medical
school's new dean

By Ryan McNutt/Dal News

On Wednesday, December 10, Dalhousie announced the appointment of Dr. David Anderson (MD'83) as dean of the Faculty of Medicine, effective July 1, 2015.

Dr. Anderson is currently head and district chief of the Department of Medicine at Dalhousie, a position he's held since 2011. A faculty member with Dalhousie Medical School for over two decades, he's an award-winning teacher with over 150 peer-reviewed publications to his name.

Photo: Bruce Bottomley

“Dr. Anderson brings to the Dean’s Office a great passion and enthusiasm for our medical school and its mission, along with deep relationships within the Faculty and across the region and a strong national reputation,” said President Richard Florizone in a memo to the Dal community. “His character and experience make him exceptionally suited to the tasks of maintaining the high quality of our medical education, of continuing to build significant research capacity, and of increasing the national and international stature of Dalhousie Medical School.”

Dr. Anderson, who earned his MD from Dalhousie in 1983, was previously head of the Division of Hematology at Dal and holds cross-appointments in the Department of Pathology and the Department of Community Health & Epidemiology. He’s been active in the classroom at the undergraduate, postgraduate, and continuing medical education levels throughout his career and is an esteemed researcher.

Among his accomplishments is co-founding the VECTOR Research Group, a multi-centre Canadian collaborative team focused on thromboembolic research that has received more than \$50 million in funding. Dr. Anderson’s research has been supported by peer-review granting councils throughout his career and he also chaired the Department of Medicine’s research committee for nearly a decade.

Dr. Anderson says he’s excited about taking on the deanship of the Faculty of Medicine, which includes campuses in Halifax and Saint John, 14 affiliated teaching hospitals, and more than 100 teaching sites across the Maritimes.

“I very much look forward to working with the excellent faculty, staff, and students to further the growth and development of our medical school, building upon the long tradition of excellence of high-quality undergraduate and postgraduate education,” he says. “I am particularly keen to work with our basic and clinical scientists to continue to facilitate the performance of world-class research.”

In his memo to the Dal community, Dr. Florizone also thanked the outgoing dean, Dr. Thomas Marrie (MD’70), for his service. Last year, Dr. Marrie agreed to postpone his retirement to ensure continuity of leadership during the search for a new dean. Among the many accomplishments during his tenure were a successful new accreditation for the medical school, a complete overhaul of the undergraduate medical curriculum, and the successful launch of and first graduating class from the Dalhousie Medicine New Brunswick program.

Turning off the power

Dal scientist finds drug combination that stops growth of breast cancer cells

By **Melanie Jollymore**

Dalhousie Medical School’s Dr. Paola Marignani and her team have successfully tested a combination of drugs that shuts down aggressive, metabolically active HER2-positive breast cancers.

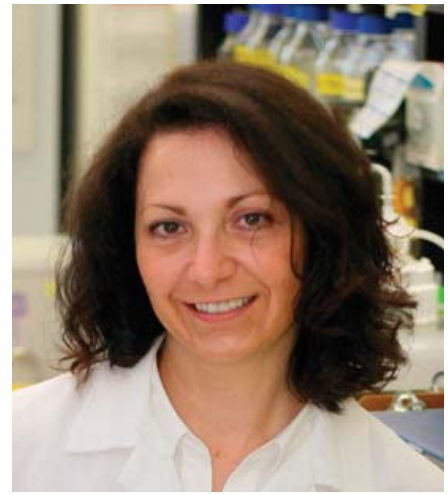
“By combining the drugs, we were able to hit two critical pathways: the signals that tell cancer cells to grow, and the mitochondria that drive energy production within individual cancer cells,” notes Dr. Marignani, an associate professor in the departments of Biochemistry & Molecular Biology and Pathology.

“As a result, we found that both the size and overall number of tumours was dramatically reduced. In some cases, we even had a hard time finding tumours to analyze after the treatment was complete.”

This is a promising finding in the fight against HER2-positive breast cancer, a particularly aggressive form of breast cancer that makes up about one-fifth of all breast cancers and can be extremely difficult to treat. The study results were published in the current issue of the high-impact scientific journal *Oncotarget*.

A UNIQUE MODEL

Dr. Marignani and her team have been on the trail of effective treatments for HER2-positive breast cancer for more than a decade. In 2009 and 2013, the scientists made key discoveries about the mechanisms of metabolically active HER2-positive breast cancer. Essentially, they found that this kind of cancer is very low in a tumour suppressor protein called LKBI, which is abundant in healthy breast tissue. From this discovery, they engineered a highly reliable mouse model of LKBI-negative, HER-2 positive breast cancer, published in 2013 in the scientific journal *PLOS ONE*.



Provided photo

Dr. Paola Marignani wants to move her team’s breast cancer discovery to clinical trials

“We are very excited that we’ve been able to use our own unique mouse model of breast cancer to test a novel drug combination that’s showing such encouraging results,” says Dr. Marignani. “Because the drugs target specific growth-signal and energy-production pathways in the HER2-positive breast cancer cells, they’re able to effectively shrink tumours without harming healthy tissues—and may help prevent the cancer from recurring as well.”

The Dalhousie team tested AZD8055 and 2-DG. While both of these drugs are known (AZD8055 is being developed by Astra Zeneca and 2-DG is commonly used in research studies), they have never been used in combination in an animal model of cancer before.

“Used separately, we found that each drug was significantly effective against metabolically active HER2-positive breast cancer, but administering the two drugs together dramatically enhanced the cancer-killing effects,” Dr. Marignani says. “Now our goal is to find funding to move this discovery into clinical trials.”

OTHER APPLICATIONS

She adds that the drug combination may also prove effective against other forms of cancer with mechanisms similar to HER2-positive breast cancer.

Dr. Marignani’s research is funded by private donations through Dalhousie Medical Research Foundation’s Adopt-a-Researcher program and grants from the Beatrice Hunter Cancer Research Institute and the Nova Scotia Health Research Foundation.

Stopping Alzheimer's disease in its tracks

Dr. Sultan Darvesh (MD'88) pioneers technology for early diagnosis while searching for cure

By Melanie Jollymore for Dalhousie Medical Research Foundation (DMRF)

(Originally published in the Fall 2014 issue of DMRF's *The Philanthropist*)



For 20 years, Dr. Sultan Darvesh (MD'88) has searched for a key to unlocking the mystery of Alzheimer's disease. A neurologist and a chemist, Dr. Darvesh felt he would find such a key in the brain chemistry of people who had died of the disease. With this vision in mind, he worked to establish the Maritime Brain Tissue Bank, where he could carefully store donated brains and study how brains affected by Alzheimer's disease differ from healthy brains and those affected by other forms of dementia.

"We discovered that an enzyme called butyrylcholinesterase, or BChE, gathers around the plaques and tangles you find

in Alzheimer brains," says Dr. Darvesh, a professor in the Departments of Medicine (Neurology and Geriatric Medicine) and Medical Neuroscience. "When we found that it ignores similar plaques in normal brains, we realized we had discovered a unique marker of Alzheimer's disease."

From this discovery, Dr. Darvesh is pioneering the world's first technology for diagnosing Alzheimer's disease in its early stages. He and his collaborators have found a compound that binds with BChE in the living brain and lights up in PET and SPECT scans to reveal the disease. "Until now, the only way to positively identify Alzheimer's

disease has been to examine the patient's brain after death," notes Dr. Darvesh. "Our new technology is a huge advance that opens the door to the possibility of stopping Alzheimer's in its tracks."

Dr. Darvesh has also found that BChE plays an active role in the Alzheimer's disease process. He and his collaborators are now working to identify a compound that will block BChE and prevent Alzheimer's from taking hold.

"The Maritime Brain Tissue Bank is fundamental to our work," says Dr. Darvesh, "to what we've learned so far, and to our search for a cure."



Photo: Pridham's Studio Ltd.

Left to right: David Sobey, Donald Sobey, Dr. Darvesh, Frank C. Sobey

SOBEY CHAIR ANNOUNCEMENT: Members of the Sobey family celebrated the appointment of Dr. Darvesh as the new "DMRF Irene MacDonald Sobey Chair in Curative Approaches to Alzheimer's Disease" at an event held at the Crombie House on May 30, 2014. As the name of his research chair suggests, Dr. Darvesh aims to halt the devastating impact of this disease on our aging society. For more information, please contact Joanne Bath, DMRF Director of Development, at 902-471-7032



DALHOUSIE FUND

Advancing Opportunity

Help support Dalhousie Medical School through the Dalhousie Fund. Your support is vital to the DMAA's ability to provide for important initiatives like entrance scholarships, convocation awards, resident research prizes, and support for student projects.

Please support the Dalhousie Fund by making a gift online at giving.dal.ca or by calling 1-800-565-9969.



ALUMNI SUPPORT MAKES IT POSSIBLE

Dal-led research offers hope for psoriasis sufferers

Breakthrough by Dr. Richard Langley (MD'90) and his team

By Allison Gerrard

In one of the largest psoriasis studies ever reported, an international team of researchers led by Dalhousie Medical School's Dr. Richard Langley (MD'90) has verified the key protein responsible for the inflammatory skin disease and identified a promising new treatment.

The study findings were published by the *New England Journal of Medicine*, one of the most prestigious medical journals in the world.

Psoriasis is a chronic skin condition affecting approximately 1 to 2 per cent of the world's population and about one million Canadians. It causes painful, itchy lesions and has been linked to a host of other health problems such as psoriatic arthritis, inflammatory bowel disease, depression, obesity, hypertension, ischemic heart disease, and stroke.

"Psoriasis is a systemic illness with widespread implications throughout the body," says Dr. Langley, professor and director of research in the Division of Dermatology.

A NOVEL TREATMENT

It was initially thought that psoriasis was caused by excessive cell turnover in the skin. But recent research has shown that the body's immune system releases small proteins called cytokines, sparking the development of the disease.

Dr. Langley's research team confirmed that in psoriasis patients, their IL-17A cytokines are altered.

Using a novel antibody called secukinumab, the team conducted a phase III clinical trial to see how well the antibody worked at relieving psoriasis symptoms. Results showed that for more than 80 per cent of study participants, the secukinumab

injection cleared up their skin lesions.

"Identifying that secukinumab blocks IL-17A is one of the most—if not the most—impressive results that we've seen to date in psoriasis research," says Dr. Langley.

"Until now, we've not been able to identify the key players in the cause of this common skin condition."

Secukinumab has proven to be almost twice as effective as some other psoriasis treatments currently prescribed. It achieves levels of clearing not reported in the past—even in patients who failed to see results from other therapies.

"It is a breakthrough in the treatment of psoriasis," says Dr. Mark Lebwohl, one of the study's co-authors and currently president of the American Academy of Dermatology.



RESEARCH WITH GLOBAL IMPACT

Dr. Langley hopes the team's research will help find better treatments for other inflammatory diseases related to the immune system.

"This is landmark study," says Dr. Gerry Johnston, Dalhousie Medical School's associate dean of research. "Dr. Richard Langley and his team have shown that secukinumab shows very promising results for the treatment of psoriasis. This work from Dalhousie Medical School has global impact for patient care and is a milestone in treating inflammatory diseases."

The promising new treatment has been approved by the United States Food and Drug Administration and is awaiting approval from Health Canada.



A patient with guttate psoriasis.

Department of Psychiatry celebrates 65 years

A look back at the department's humble beginnings

By Kate Rogers

Last year marked the 65th anniversary of the Department of Psychiatry at Dalhousie University. On June 20, 2014, faculty, fellows, residents, staff, and special guests joined together to celebrate 65 years of excellence in education and research. Invited speakers Drs. Jock Murray (MD'63) and Jane Murphy engaged the audience with talks about R.O. Jones (MD'37) and the Stirling County Study, respectively, and a panel of past and present department heads spoke candidly about their time at the reins.

The Department of Psychiatry was founded in the spring of 1949 under the very ambitious Dr. R.O. Jones. The first three residents in the department began their studies in July 1949 with the objective to receive training in psychiatry to work in government services in the area, pass the Royal College Certification Exam in psychiatry, and receive a Dalhousie University diploma in psychiatry. To accomplish this task, a basic two-year course covering general psychiatry, for which candidates were registered with the Faculty of Graduate Studies at Dalhousie and accepted as residents at the various hospitals, was developed. Residents would spend several months rotating through the different psychiatric areas: general hospital outpatient psychiatry, inpatient medicine/

neurology, child psychiatry, and psychotic inpatient psychiatry. In addition to the clinical portion of training, residents had regular seminars, journal clubs, supervised reading, and basic science lectures in neuroanatomy/neurophysiology.

After the two-year course, residents were required to complete two additional years in a Dalhousie-approved setting in order to receive a diploma in psychiatry, after which they could write the Royal College Speciality Exams. Dr. Jones was responsible for most of the training during the first year, feeling his way through different types of instruction. He reported after the first academic year that it was going well, stating: "I feel it's going ahead successfully... perhaps, more importantly, I think the residents feel the same."

In the early 1950s, the department enhanced its continuing medical education for general physicians, broadening their psychiatric knowledge and skills. More psychiatrists joined the faculty and resident numbers continued to grow, with a total of 15 residents in 1954. By 1959, 45 physicians had entered residency training in the Department of Psychiatry, and only five did not complete their training. During this time, more emphasis was put on research, and residents were encouraged to complete



Dr. R.O. Jones (MD'37) founded the department in 1949.

a research project in their final years of training. The program went through changes and restructuring in the early 1960s as more instructors joined the expanding department.

From Dr. Jones to current head Dr. Nicholas Delva, the Department of Psychiatry has benefited from competent leadership and strong directors. There have been struggles (developing a solid reputation as an excellent clinical and teaching program, attracting faculty and learners, flourishing when health care resources are diminishing and expectations are increasing) but the department has thrived and is one of the premiere psychiatry training programs in the country. Researchers continue to make discoveries in a wide variety of topics related to mental health, and the clinicians are committed to identifying and promoting the highest standards of clinical practice. With advances in technology and medicine, there is no telling what the department will look like in another 65 years.



Drs. Jane Murphy, Jock Murray, and a panel of past and present department heads spoke of the history and their memories of the department.

3 BIG IDEAS TO IMPROVE HEALTH CARE IN CANADA

Dr. Danielle Martin proposes three key ideas that, if adopted, will have far-reaching implications for health care and health in our country:

1. 20 Drugs to Save a Nation

Canada is the only developed country with universal health insurance that doesn't include prescription drugs. As a result, one in 10 Canadians can't afford to take medication as prescribed. This is a particularly harsh reality in Atlantic Canada, where nearly 30 per cent of people lack drug insurance, while carrying the country's highest burden of chronic disease. Dr. Martin calls on provincial health systems to work together to identify the 20 most crucial drugs for managing chronic disease and negotiate purchases as a single unit to secure the best price. She argues we could actually save public money with this approach and cites examples of countries, like New Zealand, that achieve enormous savings by buying drugs in bulk for the entire nation.

2. Doing More with Less

Dr. Martin challenges health care providers, administrators, patients, and citizens to move away from the idea that "more"—more money, more doctors, more tests, more procedures—is the answer to our challenges in health care. Instead, she urges more intelligent use of available resources, by identifying and seeking to resolve pressure points in the system and ensuring that people are not receiving unnecessary and potentially harmful tests, procedures, and medications. This, combined with centralized intake systems (i.e. for tests and surgeries) and better use of multidisciplinary teams, would make a huge dent in wait times and free up services for those who really need them. She notes that Canadian physicians are already moving on this through a national campaign called Choosing Wisely Canada, which has medical societies creating "Top Five" lists of "things physicians and patients should question."

3. Guaranteed Basic Income

Poverty is the strongest predictor of ill health. The evidence clearly shows that low-income Canadians are more likely to die earlier and to suffer more illnesses than Canadians with higher incomes, regardless of age, sex, race, and place of residence. Dr. Martin asserts that a guaranteed basic income to ensure a decent standard of living for all Canadians is one of the most important things we can do to improve health in this country. Numerous pilot projects have shown positive impacts on health and social outcomes with this approach, which is less costly to administer and more effective at eliminating poverty than current social assistance programs.

Defending an essential yet fragile system

Dr. Danielle Martin on how to strengthen health care, and health, for all Canadians

By Melanie Jollymore

When Dr. Danielle Martin faced down powerful American senators during a March 2014 televised U.S. Senate Committee hearing—Health Care: U.S. versus Canada—she struck a chord with Canadians that continues to resonate. More than 1.2 million people have so far watched the YouTube clip in which Dr. Martin calmly presents clear evidence that swiftly and completely refutes sensational criticisms of Canada's publicly funded system.

"I think my testimony at the hearing tapped into Canadians' sense of pride and that we are fundamentally committed to the values that our health care system represents," says Dr. Martin, an academic family physician with faculty appointments in the University of Toronto's Department of Family & Community Medicine and Institute of Health Policy, Management & Evaluation. She is also vice president of medical affairs and health system solutions at Women's College Hospital. "Simply put, Canadians believe access to health care should be based on need rather than ability to pay."

Dr. Martin's research focuses on how to make evidence-based policy and practice



Photo: Michael Wong

changes that result in measurable improvements in publicly funded health care systems; she is also a well-known advocate of public health care and founding member of Canadian Doctors for Medicare.

Since her defence of Canada's system at the U.S. Senate hearing, Dr. Martin has been flooded with positive responses and invitations to speak to communities about how Canadians can work together to preserve and improve our publicly funded, single-payer system.

It was such an invitation that brought her to Halifax in September 2014 to share "3 Big Ideas" for making the health care system better for all Canadians (see sidebar, page 18). In addition to speaking at the public forum (*Now or Never: Innovation in Health Care*) attended by more than 600 people, Dr. Martin met with health officials, clinicians, and academics to talk about what can be done to improve health care in Nova Scotia.

"People are hungry for a new conversation about health care," says Dr. Martin of the response she's been receiving.



Dr. Danielle Martin's "3 Big Ideas" generated a lively discussion in Halifax at the Now or Never: Innovation in Health Care Forum in September 2014, hosted by Capital Health, the IWK Health Centre, QEII Foundation, and IWK Foundation.

Photo: Keith Jollymore, provided courtesy of event hosts

“For years we’ve been hearing doom and gloom about the coming collapse of the publicly-funded system in Canada, but that’s not a productive discussion. People want to talk about what we can do to improve our system and why it matters so much.”

According to Dr. Martin, improving the health care system is not just about cutting costs and boosting efficiency—it’s also about ensuring equitable access to quality, appropriate care. That’s where the three big ideas—20 Drugs to Save a Nation, Doing More with Less, and Guaranteed Basic Income—come in. And, physicians have a huge role to play.

“Physicians are ideally positioned to lead the way to positive changes in our system,” she says. “We understand the importance of evidence, we know the pressure points in the system, and we see the human impact of policy changes on the ground, every day. As doctors, we have a responsibility to take this information to policymakers. In my experience, they are receptive to doctors who want to help.”

As a teacher, Dr. Martin seeks to instill this idea in residents from the outset of their training: “I always tell my residents, when they come across a problem in the system that affects access, equity, or quality of care, not to just accept it or pass off the responsibility to someone else. No. I tell them to ask themselves, ‘how can I help fix it?’ Residents love this message.”

Dr. Martin feels Canadian medical schools could do more, at all levels of training, to increase students’, residents’, and practising physicians’ understanding of healthy policy. “A lot of universities provide ‘health system 101’ in the undergrad program, but I’m not so sure we do a good enough job talking about health policy and its real impact on people,” she says. “Understandably, there’s an intense focus on patient care, but we need to step back and look at the big picture as well.”

Research, she says, is key. “We can’t change our system based on ideas that just sound good; we need solid evidence and ongoing evaluation to ensure the changes we make are really working.”

It is Dr. Martin’s hope that the new generation of doctors—and citizens—takes up the torch in defence of Canada’s health care system. “It’s important that young people in Canada—those who grew up with publicly-funded health care and don’t know what it was like before—realize how crucial, how fragile, how special it is. It needs to be defended.”



An advertisement for New Brunswick Health Services. The top right corner features the logo for "New Brunswick / Nouveau Brunswick" in green and blue. The main text, in dark green, reads: "Have a successful career. Achieve balance in your life. Choose New Brunswick! www.gnb.ca/health". Below this, in French, it says: "Ayez du succès dans votre carrière et un équilibre dans votre vie. Choisissez le Nouveau-Brunswick! www.gnb.ca/santé". The bottom half of the advertisement shows a group of four healthcare professionals (three women and one man) in white lab coats and blue scrubs, standing in a clinical setting with their arms crossed and smiling.

Making alliances

Dr. Saini's work at the Lown Institute focuses on patients, community, and clinicians working together

By Suzanne Rent



Dr. Vikas Saini's (MD'80) path to the Lown Institute came with a rejection. He met the Institute's founder, Dr. Bernard Lown, when he chauffeured him from the airport before a conference.

At that point, Dr. Saini was in his residency in cardiology at Baltimore City Hospitals/Johns Hopkins Bayview. But he was fascinated by Dr. Lown's work on psychological factors in heart disease more than his approach to care, which focuses on protecting patients from the overuse, underuse, and misuse of medical treatments and tests. He approached Dr. Lown with what he thought was a modest and non-controversial proposal: allow him to work at the Institute for six months learning laboratory techniques. Dr. Lown's answer was a resounding "no."

"He wouldn't hear of it," he laughs. "He said, 'No, if you want to learn from me, you have to come for three years and be a fellow. That's the only way you can come.'"

Dr. Saini joined the Institute in 1984 where

he took a fellowship at the Brigham and Women's Hospital and the Harvard School of Public Health.

Dr. Saini's career with the Institute took a detour to entrepreneurship when he left to cofound Aspect Medical Systems where he helped initiate the development of the BIS Monitor, which assesses the depth of anesthesia. He then was a founding partner in The Cardiovascular Specialists on Cape Cod, specializing in preventive cardiology. He also founded and ran a primary care network taking financial risk with global budgets.

In 2007 Dr. Lown called him again and Dr. Saini returned as president of the Lown Institute and practiced with the Lown Cardiology Group. But another encounter led to another area of research for the Institute.

He read *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer* by Shannon Brownlee. After a phone call to the author, the pair decided to invite to lunch a few dozen experts to talk about overuse, underuse, and misuse of treatments.

But that one lunch idea turned into the first academic conference on overuse in the world in April 2012, which in turn gave birth to the Right Care Alliance, a network of clinicians, community leaders, and patients to address the

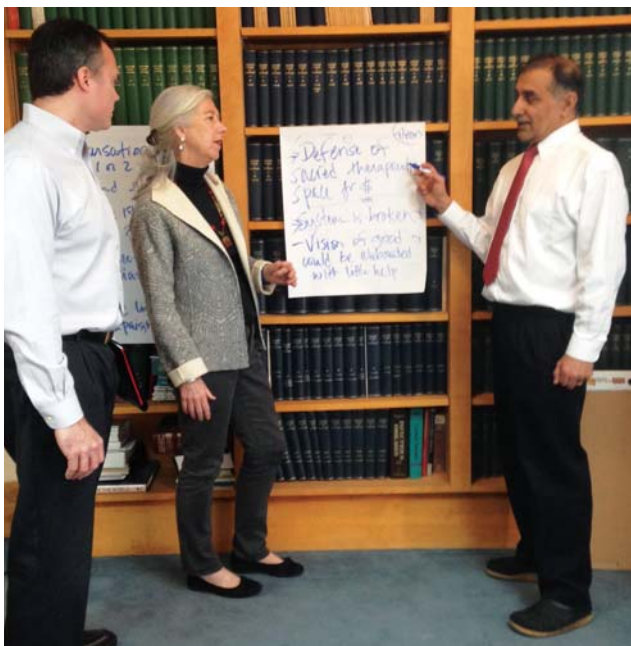
issue of overuse, misuse, and underuse. As the movement has evolved and developed an organizational structure, Dr. Saini has learned that it's addressing an issue for health care systems around the world.

"There's something in the air, certainly in the U.S., where there's a lot of ferment about the health care system, but I think even globally...other countries are looking at how they spend their money on health care and are scratching their heads and thinking and wondering, 'How can we do it differently to get more health,'" he says.

Dr. Saini says he's also learned that the health care systems all over the world are becoming more transactional and based on money, rather than on relationships with patients. "I was stunned that doctors from all these other countries with varying systems were all saying the same thing. That tells me that something is just not right and we all need to band together to fix it," he says.

Secondly, he says he admits he had two "fairly naïve views" prior to working on the Alliance: One, that people with insurance were more likely to get overtreated, and two, people without coverage were likely to get undertreated. "That turned out to be incredibly simpleminded," he says. "Now I think it would be better to say, first of all, underuse and overuse are everywhere. They occur in systems regardless of physician payment schemes and N.S. regulatory regimes. Indeed, overuse and underuse can co-occur in the same country, in the same health organization, and within the same patient."

What makes the Alliance unique is



Left to right: David Martin, vice-president at Lown; Shannon Brownlee, MSc, senior vice-president at Lown; and Vikas Saini, MD, president at Lown.

that it includes other stakeholders in the health care system, notably patients and community leaders. That inclusiveness, he says, has led to surprising responses from participants. He says patients and community leaders have the chance to see clinicians in a different, more civic role, while the clinicians have the opportunity to learn how treatments play out in the community and the lives of patients.

"It's quite something," he says. "In the first conference people walked away saying, 'You reminded me of why I went into medicine. This is the most important conference I've been to in a decade.' So it was clear that we were onto something important."

With experience as a cardiologist, private practitioner, entrepreneur, and now with the Lown Institute, Dr. Saini offers a wealth of knowledge to pass on to new graduates. First, he suggests they take a year off and do something very different than their main career plans, but still connected to medicine. Work in Northern Canada, he says, or go travel abroad, or work in a small community where you're the only doctor for miles.

"Give yourself permission to do that; it's not going to be wasted," he says. "It will enrich everything else that happens."

Secondly, he says read lot of books outside of medicine. "It's not only okay, it's actually really important," he says. "Know a little about what has happened in history. Know a little of what's going on in economics and politics. And read a lot of novels." He says he realizes medical school may not be the time to read anything beyond medical textbooks, but he suggests cultivating a reading habit eventually. "You have to round out yourself and while med school may not be the time, there is definitely time later if you give yourself permission and force yourself."

As for his proudest moments, he says he's had many, including caring for patients in private practice.

"It's so different from an academic setting," he says. "I would say that's what I cherish the most, being part of a community and going grocery shopping, going out with my kids somewhere and running into patients all the time. It's wonderful."

In the end, he says he gained something important during his studies at Dalhousie. He says the faculty then was a "great sprinkling of Brits, Yanks, and Canadians," and gave him a real sense of what was clinically important. "I think Dal was fantastic," he says. "I noticed it the minute I came to the States. I wasn't chasing some falsely glorified image of medicine. I didn't have a mindless awe of technological medicine then, and I don't have it now."



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RECAPPING AS DEAN

Dean Thomas J. Marrie (MD'70) reflects on his time as dean

In 2009, Dr. Thomas Marrie entered Dalhousie Medical School as its 12th dean. His deanship, as he says, happened very organically—he didn't go seeking it; it just happened. He says the same about most aspects of his career: while clinical research had always been his passion, his decision to specialize in infectious diseases happened very naturally.

As a past student of Dalhousie Medical School, a teacher to a new generation of physicians, and now dean, Dr. Marrie has come full circle. As he enters the last months of his term, he looks back on his time at Dalhousie and his career in health sciences.

HOW HAS MEDICINE CHANGED SINCE YOU WERE A STUDENT?

A lot has changed. There have been major changes in our understanding of diseases, we can make better diagnoses through markedly improved technology, and treatments have become better through years of clinical trials.

What must remain the same are the human aspects of medicine. As a physician, you've got to form a relationship with your patient. Good doctors are the ones that interact with their patients, form trust with them, and advocate for them.

DID YOU FIND IT HARD TO PRESERVE THOSE HUMAN ASPECTS?

It's difficult to preserve them in the "real world." Students start with all the right ideals but soon realize the enormous pressures that they'll face: pressures of time, limited resources that will restrict the kind of care they want to do, they may not have access to expensive medications, and so on.

I stress to students the importance of forming those human relationships with patients. That's the key concept I want them to remember.

AS A STUDENT, WAS THERE ANYTHING ABOUT MEDICAL EDUCATION THAT YOU WANTED TO CHANGE?

I don't think I was a very radical student, but I wish we had electives. The medical curriculum at the time didn't offer students the chance to see how things were done somewhere else.

That said, I was able to work at Johns Hopkins Hospital in Baltimore one summer.

Coming away from that experience, I knew it was the one piece that medical students were missing.

WERE THERE ANY PATIENT STORIES THAT WERE DEFINING POINTS IN YOUR CAREER?

There were certainly many patient stories that led to findings or research discoveries. More than anything, though, it's been the courage of average people that stands out.

You become very humble when you work with patients that face extraordinary challenges and adversity. In the early days of the HIV/AIDS epidemic, people saw it as a death sentence. It makes you feel very small seeing people face that.

WHAT HAS IT BEEN LIKE TO BE A STUDENT EDUCATOR?

It's been incredibly rewarding to see students change over their training. During the first two years, students are mostly in lectures with some patient experience; it's in the latter half that you see how quickly they've picked up clinical skills. Being part of that training is amazing.

You hope that what you've taught students has a lasting effect on them, that they'll become better doctors than you and push the world's medical knowledge.

WERE THERE ANY RESEARCH QUESTIONS THAT YOU HAVEN'T ANSWERED IN YOUR CAREER?

I started to research pneumonia because I was seeing lots of patients with it and didn't know what the cause was in most patients. Every question you ask just scratches the surface and raises several more.

Every day there are situations, whether with research or patients, where you don't know the answer. You realize that the answers are often not known. The amount of research that still needs to be done, despite all of our medical advances, is mind-boggling. The focus we have now is on the



"everyday" things and finding how to measure the outcomes of various interventions.

DO YOU HAVE ANY ADVICE FOR STUDENTS AS THEY APPROACH THEIR CAREERS?

I think most people in medicine could be happy doing many different things, much like I've done. Students will quickly find several things they like, and some things they'd rather not do. A career in infectious diseases was probably the best route for me, but at one point I really liked plastic surgery.

The important points to remember are try a variety of things, do some teaching, and have some scholarly enquiry. A mixture will keep you fresh so you won't burn out.

WHAT'S NEXT AFTER YOU STEP DOWN AS DEAN?

My first priority will be welcoming Dr. David Anderson (MD'83), who was appointed as the medical school's incoming dean. Dr. Anderson is very familiar with the medical school. He's been active in the classroom at the undergraduate, postgraduate, and continuing medical education levels throughout his career and is an esteemed researcher.

After that, I still have two research teams at the University of Alberta where I have a lot of data analysis work to do. But I'd also like to take a couple months off to visit our grandchildren in Australia.

Class of '72 Endowment Fund:

Advancing global health engagement at Dalhousie

By the Global Health Office

Global health matters to everyone, not just those in developing countries or marginalized communities. The Institute of Medicine defines global health as “health problems, issues, and concerns that transcend national boundaries, may be influenced by circumstances or experiences in other countries, and are best addressed by cooperative actions and solutions.”

Dalhousie's Global Health Office (GHO) recognizes that by working together, we can find solutions to address health issues that go beyond geographic borders and help decrease health inequities around the world. The GHO takes an interprofessional and interdisciplinary approach to build global health leadership within the Dalhousie community.

Working to support Dalhousie Medical School and the faculties of Health Professions and Dentistry, the GHO provides many opportunities for Dalhousie students and residents to develop their global health skills both in Canada and overseas. Program offerings include local and international electives, global health courses, one of the most advanced pre-departure training sessions available to students in Canada, and the Advocates in Global Health Certificate, the first of its kind.

An important initiative that supports global health engagement at Dalhousie is the MD Class of 1972 International Health Education Endowment. In their final year of studies, medical students are able to access bursaries to support their participation in global health experiences abroad. As such, the MD class of 1972 has so far enabled seven students to achieve their global health, academic learning, and career objectives. Coordinated through the time and dedication of Drs. Thomas Peters (MD'72), Ian MacDonald (MD'72), and Russell H.T. King (MD'72), the fund has reached over \$100,000 in donations, and pledges are continuing.

Students are overwhelmingly appreciative for the support this endowment fund offers. The true value of these experiences is evident in the calibre of health care professionals graduating from Dalhousie. These emerging professionals are becoming global health leaders engaged in clinical outreach, advocacy, and research to promote healthier communities locally, as well as beyond national borders.

For more information on the work of the Global Health Office, visit dal.ca/globalhealth.

STUDENT TESTIMONIALS

The GHO and the MD Class of 1972 International Health Education Endowment have enabled students to complete electives around the world. Here is what a few of them have said about their experiences abroad (see page 24 for more student testimonials).

“Global health is an incredibly fascinating field, and so often we look at the differences in people—ethnic background, financial resources, family organization, bureaucracies, etc. It was through the intimacy of the psychiatric interview that I was able to see that, when all the external factors are stripped away, we are all essentially the same.”

—Magda Szumilas, Med 4 psychiatry elective in South Africa.

“This elective was an invaluable learning experience. Medically, it provided me with a wealth of novel clinical experiences that will be beneficial in my future career of emergency medicine. Culturally, it was an eye-opening venture. These are skills I can carry forth into my career for the benefit of my future patients. Thank you for your support in making it happen.”

—Peter Reardon, Med 4 emergency medicine elective in South Africa

“Participating in this elective further increased my respect for the incredibly fascinating, complex, and changing entity that is global health. I think this is one of the best ways to learn about health care systems, including one's own: things that are universal, things that may be lacking, and things that seem to come down to cultural difference.”

—Ellen Boyd, Med 4 obstetrics – labour and delivery elective in Argentina



Photo: Ellen Boyd

“There are many thresholds and transitions throughout life that offer bountiful opportunities to create meaningful new chapters in our life’s journey.”

Goodness to Go: Empowering girls in India

By Dr. Fran I. Hamilton (MD’89)



I remember receiving the phone call in 1985 with the exceptionally good news that I’d been accepted to medical school. Beside myself with happiness, I’d leapt onto a nearby chair and had to climb down to hang up the phone! Of course, I couldn’t know at that moment how profoundly the educational excellence and humanitarianism of Dalhousie Medical School would change my life in countless positive ways.

Neurologist T.J. “Jock” Murray (MD’63) was our dean. Dr. Thomas Marrie (MD’70) was the infectious disease department head who allowed credit for my tropical medicine elective in rural India. Professor June Penney encouraged my inspiration to start a Student Support Committee, and a research scholarship allowed me to explore how medical education can change the thought processes of first-year students. Playing the role of Snow White in Euphoria was simply fun! As the daughter of a surgeon from

Ontario who was directing a private school in Colorado at the time, I’m grateful indeed that Dalhousie Medical School accepted a few students “from away.”

Recently, I published a handbook for humanitarians entitled *Goodness to Go* after five years of writing. This was a labour of love that emerged over the years when patient care and mothering responsibilities allowed. The 500-page handbook is a unique resource intended to inspire people of all ages to engage in ongoing self-care as they clarify their life purpose and offer their service to the world.

My lifelong commitment to global service and holistic health was enriched by many opportunities offered by Dalhousie Medical School, including the transformative experience of my third-year elective on a mobile hospital bus north of Bombay, India, in 1987. Our international team of health care practitioners would set up tables under banyan trees or near tiny schools where long

lines of people had been gathering since sunrise. Interpreters helped us determine clinical diagnoses without laboratory tests. Chest X-rays of patients with tuberculosis were read by sunlight and hundreds of women with pale conjunctiva were sent to the pharmacy window of the hospital bus to receive tablets of iron. A deeply compassionate nurse from Australia taught me how to clean and dress children’s hands infected with scabies, and I remember the strained face of a teenager hobbling with a tree branch used as a crutch. When I gently lifted her skirt during the medical exam, a newborn-sized leg lay flaccid on the table.

It was The PRASAD Project that invited me to serve on their mobile hospital bus. PRASAD’s acronym—Philanthropic Relief, Altruistic Service, and Development—was inspired by the Sanskrit word *prasad*, which means “a gift that carries blessings, both for the one who gives the gift as well as the one who receives the gift.” The recognition that this mutually respectful cycle of giving and receiving is at the heart of medicine continues to inspire my life and medical career.

I chose family practice as my specialty and continue to be grateful for the breadth and depth of my medical education at Dalhousie. After residency in upstate New York, I served as an attending physician at a nearby family practice residency and was the medical director of a nursing home for cognitively challenged adults. In 1994, I returned to Colorado, worked in the People’s Clinic for uninsured patients, and soon joined Boulder Community Hospital where I work in the Holistic Family Practice office



Dr. Fran Hamilton and her daughter, Grace, who inspired Dr. Hamilton to found *Goodness to Go*.

GLOBAL HEALTH

that is a few minutes' walk from my home on the foothills of the Rocky Mountains.

Becoming a mother in my forties was a challenging journey, and on Christmas Eve of 2000 we arrived back in Boulder from Calcutta, India, with our newly adopted five-month-old daughter, Grace. After learning that Grace could have been sold into a brothel as an impoverished girl in India, I felt called to empower other girls in Calcutta to stay in school and out of brothels. With my daughter Grace as the gift and seed of inspiration, I founded the social enterprise Goodness to Go (GTG), and the years of writing the handbook began.

It was clear that GTG needed a philanthropic partner in Calcutta that had developed effective programs to empower girls. In October of 2010 on a return trip to Calcutta, our family met Dr. Samir Chaudhuri, the founding-director of Child In Need India (CINI). As a young pediatrician, Dr. Chaudhuri had realized that the millions of children living in extreme poverty in West Bengal were in dire need of nutrition, protection, and medical services. In 1974, he closed his private practice and founded CINI, which has earned awards from the World Health Organization and many other international agencies.

Since that visit to CINI's headquarters in 2010, the relationship between CINI and GTG has grown. After visiting us in Colorado, Dr. Chaudhuri invited Grace's father, Mark Sherman, and me to serve as co-directors of CINI-USA. Proceeds from the sale of *Goodness to Go* benefit CINI's innovative, holistic programs, and monthly GTG newsletters spread the word about CINI globally.

Future goals of GTG include the development of an integrated K-12 service-learning curriculum based on the global values that inspire the handbook and the support of ongoing GTG Action Groups in which friends empower themselves and one another to mobilize their goodness to go in enjoyable, sustainable ways. When our offerings of integral service are combined, a transformative wave of goodness can heal our communities and our planet.

There are many thresholds and transitions throughout life that offer bountiful opportunities to create meaningful new chapters in our life's journey. With an advisory board, I'm exploring ways to resource the resilience and integral service of humanitarians of all ages and life stages through workshops and webinars. Visit goodnesstogo.org and cini-india.org for more information and to offer suggestions and explore volunteer opportunities.



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A full cup: Class of 1972 raises funds for International Health Education Endowment

MD class of 1972 was recently awarded the DMAA 100K Cup (formerly the DMAA 30 Cup) for raising \$100,000 for the MD Class of 1972 International Health Education Endowment. Drs. Ian MacDonald (MD'72) and Russell H.T. King (MD'72) accepted the award on behalf of their classmates at the 2014 DMAA Awards Gala. The following is Dr. MacDonald's acceptance speech from that night.

The MD class of 1972 established the International Health Education Endowment 12 years ago at our 30th reunion. It was initially stimulated by several class members who had an opportunity to work in developing countries as a student or early in their medical career. We hope to give Dalhousie medical students an experience in developing countries, which would broaden their horizons culturally and medically, and possibly influence their future career decisions.

We have had excellent support from the class as a whole, but I must acknowledge one person in particular. In her quiet way, Dr. Judy Durance (MD'72) was very supportive of this fund during her lifetime. In her estate planning, she made a significant contribution to this class fund, without which we would not have achieved this \$100,000 level, and the Class of 1972 would not be recognized here tonight. We thank her. Future medical students will certainly benefit from her generosity.

I also thank the Global Health Office and Shawna O'Hearn for administering this fund and selecting the students for these bursary awards. In the past two years we have made seven awards to Dalhousie medical students. They have travelled to Rwanda, Argentina, Hong Kong, and South Africa. They have had rotations in internal medicine, general surgery, emergency medicine, anesthesiology, psychiatry, and obstetrics. On returning home they have all written a detailed report. I would like to give just one comment from each student, to illustrate the impact that this international experience has had on each of them.

1. I believe that the value of being able to adapt to living outside one's own culture is enormous.
2. I think that this was one of the best ways to learn about health care systems,

including one's own. I know that I will continue to be involved in global health opportunities in the future.

3. This trip was much more than medical awakening. It was a cultural awakening. It was a learning experience that cannot be paralleled in Canada. This elective was an invaluable learning experience.
4. This elective exposed me to medical practice in a culture different from what I was familiar with in Canada. I hope that medical students in the future will continue to benefit from the global health experience that this endowment encourages.
5. I cannot say enough good about my experience. The exposure to a very different culture, one with such a difficult history, was as much a part of the experience as was the formal medical learning.
6. It was very motivating and encouraging to me. I've no doubt that I will pursue further global health opportunities throughout my career.
7. So often we look at the differences in people—ethnic background, financial resources, family organizations, bureaucracies, etc. It was through the intimacy of the psychiatric interview that I was able to see that with all the external factors are stripped away, we are all essentially the same. Overall my experience can only be described as phenomenal.

The full reports from the students have been distributed to all class members, thanks to Nadine Woon, in the office of External Relations of the Faculty of Medicine. Their commentaries certainly tell us that we have achieved the original goals for this endowment.

With commentaries like these, the class of medicine 1972 is now even more committed to this endowment fund. We are sure these experiences will enhance the lives of these students, and their future patients.

I thank Dalhousie for this recognition, and I know that we will continue to work together over the years to come.



Dean Thomas Marrie presents Dr. Ian MacDonald with the DMAA 100K Cup.



Drs. Ian MacDonald and Russell H.T. King accept the 100K Cup on behalf of the MD class of 1972.

“People always say that I must be a special person to be able to work in palliative care, and it must be so depressing; however, it is one of the most rewarding fields of medicine.”

—Dr. Pamela Mansfield (MD’03)

Palliative care: Supporting patients with life-limiting illnesses

By Dr. Pamela Mansfield (MD’03)

Dr. Pamela Mansfield (MD’03) is the clinical director of palliative care for the Horizon Health Network, Moncton Zone, in New Brunswick; president of the Moncton Hospital Medical Staff; and past president of the New Brunswick Hospice Palliative Care Association. She is actively involved in the teaching of medical students and residents. Dr. Mansfield has made significant advancements in the provision of palliative care throughout New Brunswick, including helping to revise the Horizon Health Network’s resuscitation policy and advocating for the use of methadone in palliative medicine.

When I graduated from medical school, I thought I wanted to be a family physician, so I started my family medicine residency at the Northumberland Program for Dalhousie Family Medicine in Moncton, N.B. During my residency, I came to love palliative care and wanted to make it a full-time career, so I did the year of added competency in palliative medicine in Halifax, again at Dalhousie. I have now been working full-time in palliative medicine for over eight years, and in that time our field has grown in leaps and bounds. Palliative medicine was recently recognized as a specialty in Canada by the

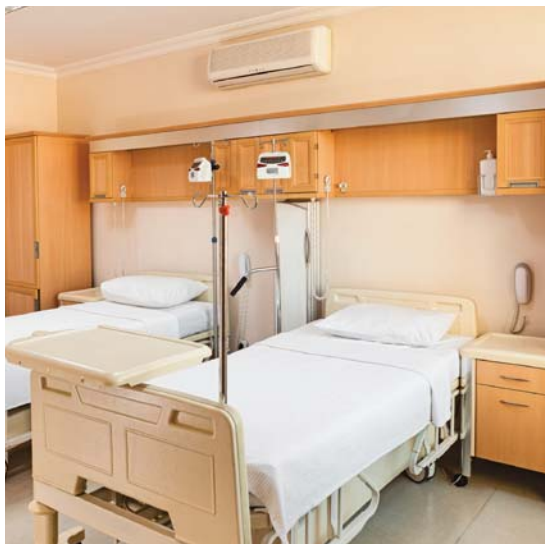
Royal College of Physicians and Surgeons, something that was long overdue. We still have a long way to go in providing good palliative care to every Canadian, no matter where they live.

Something that is very important in palliative care is equipping every physician to be able to deliver high-quality primary palliative care to their patients. Palliative care specialists cannot see everyone who has a life-limiting illness, just the same as a respirologist shouldn’t see every patient with chronic obstructive pulmonary disease (COPD); patients with complex symptom management should be referred to a palliative medicine specialist. Medical students need to spend more time learning about proper use of pain medications, how to talk about death and advance care planning, and grief. Grief starts once someone has a diagnosis, not after they have died.

People always say that I must be a special person to be able to work in palliative care, and it must be so depressing; however, it is one of the most rewarding fields of medicine. There are a lot of misconceptions about palliative care—by patients, families, and other medical providers. We fight those misconceptions daily. Palliative

care is supportive care for patients with a life-limiting illness; it is not just for the imminently dying. We help people whether they have two years, two months, two weeks, two days, or two hours to live. Yes, a lot of patients we see have a cancer diagnosis, but many patients benefit from a palliative approach—from the person with end-stage COPD or end-stage heart failure to ALS.

Whenever a patient knows they are going to see a palliative care doctor, there is some apprehension. But I explain that my job is to focus on the quality of life for that patient, whatever they consider to be quality of life for them. Palliative care is also “whole person care,” which means that we focus not just on the physical problems but the psychosocial as well. You really get to know the patient and their family and help them through this journey. Palliative care is also provided by an interdisciplinary team, so I get to work with a great bunch of people. We all bring something to help patients and families, and we are also there for each other.



Do you know of a fellow alumnus/a making a difference in his or her field? Tell us about it at medical.alumni@dal.ca, and we may feature him or her in an upcoming issue of *VoxMeDAL*.

A random passion

For Dr. Edward Tam (MD'05), what started as an elective in hepatology turned into a career researching liver disease

By Nicole Tanner



One of the few hepatologists in Canada who trained in the field primarily, Dr. Edward Tam (MD'05) is medical director of the Liver and Intestinal Research (LAIR) Centre. LAIR Centre is a community-based, non-profit medical clinic in Vancouver, B.C., devoted to the management of liver diseases, with a focus on viral hepatitis. Dr. Tam and his team have been instrumental in helping many people who could not have otherwise afforded treatment for hepatitis C.

HOW DID YOU BECOME INTERESTED IN HEPATOLOGY, AND WHY DID YOU CHOOSE TO TRAIN AS A HEPATOLOGIST RATHER THAN A GASTROENTEROLOGIST WITH A FOCUS ON HEPATOLOGY?

Becoming a hepatologist was pretty random for me. I did my postgraduate training in internal medicine at the University of Manitoba and was planning to be a general internist, with a fellowship in medical disorders of pregnancy. Very late in my training, after I thought my path was all set, I did an elective in hepatology mainly so I could see more liver disease in pregnancy. Manitoba was unique at that time as it had its own section of hepatology and also offered a fellowship straight out of internal medicine, without need for any gastroenterology training. Although I enjoyed my elective, it wasn't exactly life-changing at the time. I learned a lot and moved on. About three weeks later, the section head, Dr. Gerry Minuk, paged me out of the blue and asked if I had ever thought about a career in hepatology. I'm not exactly sure why but I switched my training around on a whim. I've never had an interest in luminal gastroenterology, but the things that I liked about general medicine I found very prominent in hepatology. Obviously the focus is on the liver, but there really is

a systemic side to a lot of the conditions we deal with and a significant component of infectious diseases as well, which has always been of interest to me.

WHAT ARE CURRENT TRENDS AND GAPS IN HEPATOLOGY?

The hot topic in hepatology right now is chronic hepatitis C. There are possibly more than 300,000 people with it in Canada (robust epidemiologic data is lacking), it's a curable disease, and, overall, we are doing a pretty poor job of addressing this epidemic. The amount of research in this field is unprecedented—we are already so far ahead of where we were when I was in training, which really wasn't long ago at all. Simple, short duration oral therapies with cure rates well above 90 per cent and excellent tolerability profiles are available now, with more to come. Still, there are major gaps including case identification (the majority of hepatitis C in Canada is amongst baby boomers, many of whom have this condition and don't know about it), access to therapy (therapy is

very costly and government reimbursement in a cost-contained environment is a very real issue and a barrier to many), and relatively few practitioners are out there with the expertise in the field and the necessary resources to treat this condition at a volume that would allow us to make an impact at the population level.

TELL ME A BIT ABOUT YOUR WORK AT LAIR CENTRE.

LAIR Centre is a medical non-profit in Vancouver, B.C., and essentially a community-based clinic where I'm medical director. I joined the clinic in 2011 with the intention of working alongside the physician who started the clinic, Dr. Frank Anderson. Unexpectedly, he retired from clinical practice only a few months after I joined. All of a sudden, I was out there, in



Dr. Edward Tam (back row, second from right) and the LAIR Centre team

ALUMNI MAKING A DIFFERENCE

my first clinical position, responsible for a lot of things that were very new to me, including going from having no practical experience in clinical studies to becoming principal investigator on a large number of them. It was a steep learning curve, but a lot of fun. Given my training, the whole clinic is now based fully in outpatient general hepatology with a necessary focus on viral hepatitis: hepatitis B and C. It has worked out better than I could have imagined. We have an amazing team of nurses, clinical coordinators, admin staff, and associate physicians. I feel very fortunate to be supported in this way.

YOU HAVE BEEN INSTRUMENTAL IN HELPING MANY PEOPLE WHO COULD NOT HAVE OTHERWISE AFFORDED TREATMENT FOR HEPATITIS C. CAN YOU ELABORATE ON THIS?

Access to care in hepatitis C is a big issue. It's a curable disease with highly-effective therapies available, and unfortunately these therapies are very costly. The reality is that we have limited health care resources with a lot of therapeutic areas that need support

outside of hepatitis C. My passion is in liver disease, so it's hard for me to downplay the importance of access to care for all with hepatitis C, but the reality is there. The way this translates to clinical practice is that usually, as is the case in B.C., provincial reimbursement guidelines are in place to restrict access to therapy, usually based on disease severity. As a physician faced with an individual in your office, how is it you rationalize this approach to a patient who is very motivated for treatment, knows they have a curable disease, and yet is baffled when you are telling them that essentially they are not "sick enough" to get treated? It's not possible to help everyone, but one of the advantages to working in this kind of setup, with a 100 per cent focus on liver disease, is that more options become available. We are very active in clinical studies, and for the right patient these can be very strong options to get highly-effective therapy. Being connected and active in the field also helps. You establish a reputation and relationships so you can access drug compassionately, understand special access programs before Health Canada approval, save up some freebies in the cupboard, whatever—you find a way to make it work

when you have to. Being very familiar with the science and data also creates freedom to discuss some more viable options with a patient when they've been told in the past that there are none.

HOW DID YOUR MEDICAL EDUCATION AT DALHOUSIE INFLUENCE YOUR CAREER?

A lot! Medical school at Dalhousie was an amazing experience—the four most fun consecutive years of my life. There's a lot more to becoming a good physician than academia, and while that is an important aspect, the opportunity I had for personal growth and development and the friends I made and still have, that is what med school at Dalhousie was about for me. Being involved in the humanities program and having an opportunity to tap into my creative side through music—that was huge. You can get a medical education in a lot of places. When I look back on my time at Dalhousie, I feel that in that environment I grew as a person, and that has everything to do with what I'm doing now, and how I'm trying to do it.



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The 56th Annual DMAA Awards Gala Dinner



Drs. Shelagh Leahey (MD'75), Judy Caines (MD'73), and Derek Roberts (MD'09).

An annual tradition since 1958, the DMAA Awards Gala Dinner was held on October 17, 2014, at Pier 21 in Halifax. Honoured at the Gala were Dr. Judy Caines (MD'73), Alumna of the Year; Dr. J. Stuart Soeldner (MD'59), Honorary President, who accepted his award via prerecorded video; Dr. Shelagh Leahey (MD'75), Family Physician of the Year; and Dr. Derek Roberts (MD'09), Young Alumnus of the Year. The evening started with a reception in the Chrysler Canada Welcome Pavilion, followed by dinner and presentations in the Kenneth C. Rowe Heritage Hall. The night concluded with an engaging keynote address from Dr. Drew Bethune (MD'74) entitled, "Personalized medicine in lung cancer: the intersection of thoracic and molecular oncology." It was a night not to miss!

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Photos 1 and 2: Guests mingle during the reception. Photo 3: Dinner is served. Photo 4: Master of ceremonies and DMAA president Dr. David Amirault (MD'76) presents medical student Jillian Carter (MD'18) with a DMAA entrance scholarship. Photo 5: Dr. David Amirault presents DMSS president Russell Christie (MD'17) with a \$12,000 donation to student projects. Photo 6: Dr. Drew Bethune (MD'74) delivers his keynote address.

Call for Nominations

Nominate a classmate or colleague now for a DMAA Alumni Award! Our awards recognize outstanding achievements in research and clinical practice and showcase the contributions made to the medical school, students, and the community.

Nomination forms are available online at alumni.medicine.dal.ca.

Nominations close April 1, 2015.

For more information, contact Nicole Tanner at 902-494-8800 or medical.alumni@dal.ca.



2014 REUNION RECAPS



MD CLASS OF 1959—55TH REUNION

The class of 1959 enjoyed a wonderful class reunion with 23 attending, including 12 classmates: Carl and Caroline Abbott, Gerry and Doreen Berry, Don and Eleanor Brown, Mack Bruce and Tony Caruso, Randy and Jackie Buchanan, Vic and Ann Bustard, Ken and Gerri Gladwin, Clair and Nola MacLeod, Harold Nason, Bob Nelson, Ed and Jean Skinner, and Sam and Mildred York. Following the gala dinner, we started with a private class mixer at Don and Eleanor's at Summerset Place. Then we all had dinner together at da Maurizio Fine Dining in the Brewery (Market), Lower Water Street, Halifax. We enjoyed renewing old friendships and reminiscing about medical school times. We were fascinated by humorous stories of many experiences of those present and others who were unable to attend.
—Don Brown



MD CLASS OF 1961—53RD REUNION

On October 16, 2014, the Class of '61 gathered in Halifax at the Lord Nelson Hotel for their 53rd reunion.

The day started with Jack Hatfield and Bob Fraser meeting Brewer Auld at Ashburn's Old Course continuing the golf tradition of our reunions. The "meet and greet" session at the hotel followed that afternoon. Most classmates and guests were in attendance, getting reacquainted and making new friends. Photos were looked at, stories were told, and a great time was had by all.

The evening brought our class dinner, held in the hotel's luxurious Georgian Lounge. Entertainment was provided by Bernie MacLean and Jack Hatfield as they relived their careers from graduation till retirement. President Carlyle received a "gift of thanks" from his reunion classmates in recognition of his and Ginny's longtime work on our classmates' behalf, keeping us informed, and for their tireless commitment in organizing the previous 11 reunions. Well done, much deserved.

Friday was the day of tours. In the morning, the Museum of Immigration at Pier 21, and in the afternoon, the Brain Repair Centre. This latter tour was conducted by Dr. Victor Rafuse, Ed's son, and was very informative. Both tours were well-attended and thoroughly enjoyed. That evening several attended the gala and others sampled the local cuisine at McKelvie's or The Five Fisherman restaurants.

Saturday was our farewell breakfast. We took time to reflect on how fortunate we are and how nice it was to get together once again. President Carlyle said how pleased he was to see everyone again and felt our class was special, that "we have a special bond." He bid us farewell, safe travels, and good health till we meet again in 2016.

—Respectfully, Bob Fraser (Chair, Organizing Committee, Class of '61 Reunion 2014.)

MD CLASS OF 1964—50TH REUNION



The 50th anniversary of the graduation of the Dalhousie Medicine class of 1964 was celebrated in Halifax from October 17 to 19, 2014. Seventeen of the 26 living members and 14 spouses registered. Organizers Dale Dauphinee, Sharon Wood Dauphinee, and Jim and Linda Smith hosted the welcome-back reception at the Lord Nelson on Friday afternoon. An informal pub-night on Friday evening at the Waterfront Warehouse featured a seafood menu and ample space for mixing and chatting. After a class breakfast at The Arms on Saturday morning, on a perfect, sunny day, attendees walked to the Band Stand in the Public Gardens for a reading of the names of our 17 departed classmates, a two minute period of silence, and a brief prayer read by Jim Smith. Then everyone strolled through the Gardens to the Tupper Building for a class meeting after which graduate students conducted interesting tours highlighting current research in the transplantation and medical neuroscience labs and at the action-mobility restoration project.

Following an afternoon of personal activities, the class dinner was held at Bistro Le Coq on Saturday evening. Afterwards, many enjoyed the walk to the hotel through streets full of students heading to the cafés and pubs—some even in Halloween costumes! On Sunday morning, everyone enjoyed an extended class breakfast at The

Arms before saying goodbye—until the next reunion, likely in 2016. The class and the organizers wish to thank the DMAA and the staff at the Lord Nelson and RCR Enterprises for their help and friendly service.

MD CLASS OF 1969—45TH REUNION



Twenty-seven members of the high-spirited medical class of 1969 attended their 45th reunion at the beautiful White Point Beach Resort from September 2 to 5, 2014. The amenities were excellent and a good time was had by all. Our guest speaker was the well-respected and entertaining Joseph P. Kennedy, chief justice of Nova Scotia. The reunion organizers were David Large, Ross Myers, and Brian Byrne.

MD CLASS OF 1979—35TH REUNION



On November 28, 2014, 22 members of the class of 1979 reunited to enjoy a fine meal, renew friendships, and celebrate the class enthusiasm that remains undiminished 35 years after graduation. As we scrolled through the class photos, reminisced of past days, and told our stories, both professional and personal, it felt like grad was yesterday. It was like winning Euphoria all over again. Can't wait for the 40th!

—Vance Logan

MD CLASS OF 1989—25TH REUNION



The class of 1989 held their 25th year reunion at the Atlantica Hotel from October 3 to 5, 2014. Twenty classmates and many spouses attended. The general impression was that

continue on page 32

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everyone looked the same, clearly collectively failing to appreciate our grey hair, and, amongst the men, a lot less hair. Somebody cleverly produced the yearbook as a senility reality check.

Hypothermia and regression were themes. Pyrotechnics with the firepit staved off the freezing of the inevitable congregation of Chi guys outside on Friday night. On Saturday, one waterlogged golfer was forced to buy new pants at the turn to counteract unconsciousness, due to cold, not to his partner's bad golf! People's kids would no doubt have been embarrassed to see their parents dancing into the wee hours to "oldies" (AKA brilliant '80s music), on Saturday night, although we all cut as suave and cool figures as ever on the dance floor. A laugh was had by all, and it was fantastic catching up. We toasted absent friends and raised \$1500 for a medical student award in memory of our classmates who have died.

As for our 30th reunion, aside from rumours of a trek to Everest Base Camp in 2015, informal polling suggested "somewhere swanky south" or... Nova Scotia again for 2019. Any takers for organizers?

MD CLASS OF 2004—10TH REUNION

Members of the terrific class of 2004 gathered for our 10 year reunion in Halifax on the weekend of August 8, 2014. Over 30 class members attended, most of whom brought partners and children along with them. In addition to much socializing, highlights from the weekend included a CME session where Drs. Jonathan MacLean, Brian Moses, Chad Williams, and Scott Wotherspoon presented topics on their respective specialties, and a fantastic family event at the Discovery Centre. A very good time was had by all, so much so in fact that the group has decided to hold the next reunion in five years.

If you are a member of the class, please keep us up-to-date with your contact info so we can contact you about future events: millerpei@gmail.com.

—Megan Miller and Jonathan MacLean
Co-Presidents, Class of 2004.

Is your class celebrating a reunion or holding an event this year? Contact the DMAA at medical.alumni@dal.ca and we can help you get the word out!

DMAA Awards Gala Dinner

October 16, 2015
Pier 21, Halifax, N.S.
Contact: DMAA at medical.alumni@dal.ca
or 902-494-8800

Save the date! The 57th annual DMAA Awards Gala Dinner will be held on October 16, 2015, at Pier 21. We welcome all Dalhousie medical alumni to recognize the exemplary contributions to medicine of our 2015 award recipients.

Phi Rho Sigma alumni dinner

May 15, 2015
Café Chianti, Halifax, N.S.
Contact: Dr. Bob Lea at rlea@eastlink.ca
or Dr. Ed Rafuse at erafuse@eastlink.ca

The Phi Rho alumni dinner will be held on May 15, 2015, at Café Chianti (1241 Barrington Street, Halifax). The charge for the dinner will be \$50.00, plus tax and gratuity. There will be several choices on the menu, and a cash bar is available. Start time will be 6:00 p.m., with dinner at 7:00 p.m. Please confirm attendance by contacting Drs. Bob Lea or Ed Rafuse.

Class of 1955—60th Reunion

October 16, 2015
Pier 21, Halifax, N.S.
Contact: DMAA at medical.alumni@dal.ca
or 902-494-8800

Class of 1955 will celebrate their 60th reunion at the 2015 DMAA Awards Gala on October 16, 2015, at Pier 21 in Halifax. Anyone wishing to organize a class dinner outside of the Gala is encouraged to contact the DMAA at 902-494-8800 or medical.alumni@dal.ca.

Class of 1965—50th Reunion

October 15 to 17, 2015
Halifax, N.S.
Contact: Merv Shaw
at mshaw@eastlink.ca

Come see what has happened in the medical school and Halifax in the last 50 years! Have fun in town, attend the DMAA Gala, and have a good time seeing old friends and meeting old classmates. I'll see you there!

Class of 1970—45th Reunion

September 10 to 13, 2015
Delta Prince Edward, Charlottetown, P.E.I.
Contact: Dan Reid at danreid2@eastlink.ca

Our 45th reunion will be held from September 10-13, 2015, at the Delta Prince Edward overlooking the Charlottetown Harbour. In fact, some of our events will be on a large patio with the harbour lapping at our feet. Please notify me when you have made your reservation. Special room rates expire July 17, so register now! Our record turnout has been 40 in the past. Of the 59 of us who remain, let's set a new record!

Class of 1980—35th Reunion

August 28 to 30, 2015
Algonquin Resort, St. Andrews by the Sea, N.B.
Contact: Michael MacKenzie
at mackenzie_ma@hotmail.com

Our 35th reunion will be held at the Algonquin Resort in St. Andrews by the Sea from August 28-30, 2015. We met there in '95 for our 15th. It has had a major renovation and is lovely! Start planning for a great getaway weekend with old friends from the Class of '80 now!

Class of 1985—30th Reunion

August 7 to 9, 2015
Fox Harb'r Resort, Wallace, N.S.
Contact: Ellen Jost at ellenjost@icloud.com

I cannot believe that four years have gone by since many of us saw each other at our 25th year reunion in St. Andrews. What's even more difficult to grasp is that our 30th reunion is coming up this year! Our reunion will be held at Fox Harb'r Resort near Pugwash, N.S., from August 7-9. Thirty years is a formidable milestone and one we should all celebrate together!

Class of 1990—25th Reunion

July 3 to 5, 2015
Fox Harb'r Resort, Wallace, N.S.
Contact: Stephen Bent at stephenbent@yahoo.com

Class of 1995—20th Reunion

August 7 to 9, 2015
Keltic Lodge, Ingonish, N.S.
Contact: Stephanie Langley at slangley@ns.sympatico.ca

Class of 2005—10th Reunion

July 10 to 12, 2015
Oak Island Resort, Western Shore, N.S.
Contact: Lori Connors at lconnors@dal.ca
[facebook.com/groups/2251027957](https://www.facebook.com/groups/2251027957)

CLASS NOTES

Do you have an award or update that you would like to share with your classmates? Let us know at medical.alumni@dal.ca.

1940s

DR. FREDERICK GEORGE (MD'43), along with 13 other New Brunswick veterans, received the French National Order of the Legion of Honour for his role in liberating France in 1944.

1970s

DR. THOMAS MARRIE (MD'70), dean of the Faculty of Medicine, will become a member of the Order of Canada in recognition of his work in infectious diseases and as a medical educator. The Order of Canada recognizes outstanding achievement, dedication to community, and service to the nation.

DR. IVAN SILVER (MD'75) received the 2014 Royal College of Physicians and Surgeons of Canada Duncan Graham Award, which recognizes outstanding lifelong contribution to medical education. Dr. Silver also received the 2014 CAME-Ian Hart Award for Distinguished Contribution to Medical Education from the Canadian Association for Medical Education.

DR. STEWART CAMERON (MD'79) received a 2014 Award of Excellence from the Nova Scotia College of Family Physicians for his excellence in innovation and research in support of family medicine in Nova Scotia. Recipients of this award are recognized for exemplifying the four principles of family medicine with extraordinary service and leadership.

1980s

DR. TONY ARMSON (MD'81) is the president of the Association of Academic Professionals in Obstetrics & Gynaecology of Canada (APOG).

DR. DAVID ANDERSON (MD'83) has been appointed dean of the Dalhousie Faculty of Medicine. His five-year term begins July 1, 2015.

DR. GREGORY TAYLOR (MD'83) has been appointed Canada's chief public health officer.

ABK Biomedical Inc. has appointed **DR. BOB ABRAHAM (MD'87)** its new chief executive officer.

DR. MICHELLE DOW (MD'87) is the recipient of the 2014 Nova Scotia Family Physician

of the Year Award. The Nova Scotia College of Family Physicians presents this award to an outstanding family physician who embodies the CFPC's four principles of family medicine.

1990s

DR. HELENA PICCININI (MD'90) received a Canadian Institutes of Health Research (CIHR) Graduate Fellowship for the 2014–15 academic year.

DR. ROGER MCINTYRE (MD'93) has been named one of the World's Most Influential Scientific Minds, 2014, by Thomson Reuters. Dr. McIntyre and other researchers on the list earned the distinction by publishing the highest number of articles that rank among those most frequently cited by fellow researchers.

The Dalhousie Department of Medicine awarded **DR. SHELLY MCNEIL (MD'94)** a 2014 Research Excellence Award in the professor category.

DR. CATHERINE CRAIG (PGM'94) received the 2014 IWK Award for Excellence in Patient and Family Centred Care. This award recognizes an IWK staff member, health care provider, or team for outstanding patient or family-centred care practice.

DR. KERI-LEIGH CASSIDY (MD'96) received the Dalhousie Faculty of Medicine R. Wayne Putnam Award, which recognizes individuals who consistently contribute in notable ways to the continuing education of Maritime physicians.

DR. MALGORZATA RAJDA (PGM'97) received the Association of Chairs of Psychiatry in Canada (ACPC) Award for Excellence in Education. This award recognizes individuals who have made a significant and sustained contribution to education in psychiatry.

2000s

The Association of Academic Professionals in Obstetrics & Gynaecology of Canada (APOG) awarded **DR. JILLIAN COOLEN (MD'03)** the Carl Nimrod Educator Award for excellence, commitment, innovation, and leadership in teaching knowledge, attitudes, and skills to the next generation of practitioners.

DR. KRISTY NEWSON (MD'03) was named Preceptor of the Year, PEI, by the Dalhousie Department of Family Medicine.

IN MEMORIAM

The DMAA acknowledges the passing of our prestigious alumni with sincere sympathy and gratitude for their contributions to medicine. If you know of anyone to note in this section, contact the DMAA by mail or email medical.alumni@dal.ca.

Dr. Benjamin DuBilier (MD'37)
Passed away January 8, 2005

Dr. Sidney J. Siegel (MD'38)
Passed away June 2, 2003

Dr. Newton G. Pritchett (MD'43)
Passed away October 13, 2009

Dr. Charles Urquhart Henderson (MD'45)
Passed away June 10, 2014

Dr. Maurice Hubar (MD'45)
Passed away July 2010

Dr. George B. Rosenfeld (MD'45)
Passed away November 11, 2010

Dr. J. Wally Thomas (MD'45)
Passed away January 15, 2013

Dr. Kenneth C. Rodger (MD'47)
Passed away September 18, 2014

Dr. J. Avery Vaughan (MD'47)
Passed away December 6, 2014

Dr. Douglas Leonard Roy (MD'48)
Passed away February 2, 2015

Dr. L. John Stevenson (MD'48)
Passed away September 17, 2010

Dr. Arthur Law Knight (MD'49)
Passed away July 16, 2014

Dr. Donald Ross MacInnis (MD'49)
Passed away October 11, 2014

Dr. Myles Gregory Tompkins (MD'49)
Passed away August 25, 2014

Dr. Robert F. O'Driscoll (MD'50)
Passed away February 12, 2007

Dr. Don MacEachen (MD'52)
Passed away June 1, 2014

Dr. James Austin Delahunt (MD'53)
Passed away January 13, 2015

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The Art of Dr. Ron Stuart

An amateur artist from a young age, Dr. Ron Stuart (MD'66) is currently enjoying a second career as a painter

By Nicole Tanner

Dr. Ron Stuart (MD'66) is an excellent example of a physician who has discovered "art in medicine." After serving three years in the Canadian Armed Forces medical services in Cold Lake, Alta., Dr. Stuart moved to Wolfville, N.S., where he practised family medicine for the next 40 years. In addition to taking care of his practice, Dr. Stuart had a second career as an artist, painting everything from landscapes and seascapes to still lifes and abstracts.

Drawn to art from a young age, Dr. Stuart often drew airplanes and cars as a boy and portraits while in university. However, a gift from his wife opened up new artistic horizons. "I received oil paints from Patti the first year we were married," he says. "I had never painted before." Lack of experience didn't stop him, and he taught himself how to paint, albeit a bit slower than other artists. "I was slow," he says. "It would take me a month to finish a painting."

To speed up his process, he took lessons from professional artists, including local artist Jean Hancock. "I showed some paintings to Jean, and she said they were good and asked how long it took for me to complete a painting. I told her a month. She

said, 'Come paint with me. You'll come in the evening and go home with the painting done,'" he says. The lessons paid off. "What used to take a month now takes a day."

Dr. Stuart has had many art shows with other artists from Nova Scotia's Annapolis Valley, as well as several solo shows. At his very first show, he sold all 25 of his paintings. "I thought, 'This is great! I can quit medicine and be an artist!' I had yearly showings after that, but the number of sales declined each year. Good thing I didn't quit medicine!" he says with a laugh.

Now retired, Dr. Stuart continues to show his art in galleries in the Annapolis Valley and is a regular contributor to the Apple Bin Art Gallery in the Annapolis Valley Regional Hospital in Kentville, N.S. Several of his paintings are currently on display outside the DMAA office.

Dr. Stuart advises other physicians who wish to pursue art to do so without hesitation. "Just start! If you think you don't have talent, do something abstract. You don't have to draw a straight line or a picture," he says. "Then take a few lessons from a number of people until you find out what you want to do."



Dr. Robert Gordon Forsythe (MD'53)
Passed away October 5, 2014

Dr. Donald Charles Moore (MD'53)
Passed away October 26, 2014

Dr. Frederic G. Inglis (MD'55)
Passed away August 22, 2012

Dr. Cecil Edwin Kinley (MD'56)
Passed away January 19, 2015

Dr. William James MacDonald (MD'56)
Passed away October 2, 2014

Dr. Harold Burgess Sabean (MD'56)
Passed away December 26, 2014

Dr. Douglas Cody (MD'57)
Passed away July 17, 2014

Dr. John Maxwell Edgecombe (MD'58)
Passed away January 30, 2014

Dr. Donald E. MacKenzie (MD'58)
Passed away October 31, 2014

Dr. Vincent Ing (PGM'60)
Passed away September 27, 2014

Dr. Ronald Craig (MD'65)
Passed away January 30, 2015

Dr. Kenneth S. MacKenzie (MD'65)
Passed away November 7, 2014

Dr. John MacKeigan (MD'69)
Passed away July 28, 2014

Dr. Ralph Burnett (MD'72)
Passed away January 15, 2015

Dr. Linda Grace Cross-Green (MD'72)
Passed away July 5, 2014

Dr. Eva Szekeres (PGM'72)
Passed away October 15, 2002

Dr. Ronald Chalmers (MD'73)
Passed away September 4, 2014

Dr. David H. Skinner (MD'73)
Passed away July 30, 2014

Dr. Morley Bleviss (MD'74)
Passed away March 12, 2013

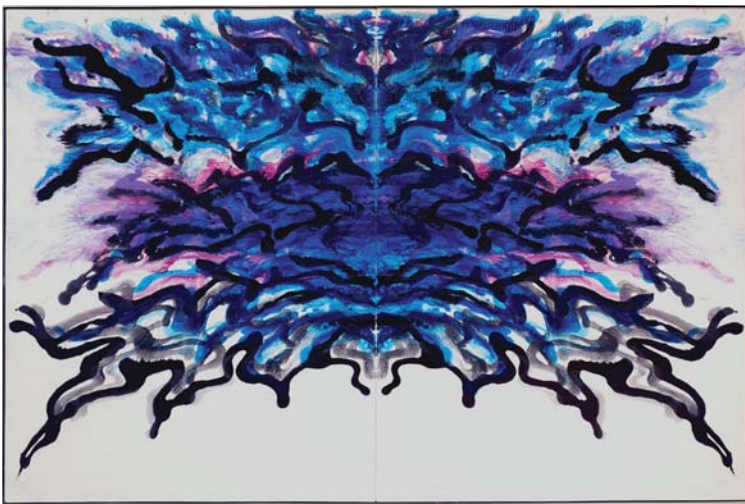
Dr. Marjorie Ann Smith (MD'73, PGM'78)
Passed away July 2014

Dr. Marcelle Dunning (PGM'73)
Passed away June 19, 2006

Dr. Andrew Douglas Putnam (MD'93)
Passed away July 20, 2014

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Jacques Hurtubise, *Dye Blue*, 1983, acrylic on canvas, 203.2 x 304.8 cm, Potential gift, NTL2012.127.

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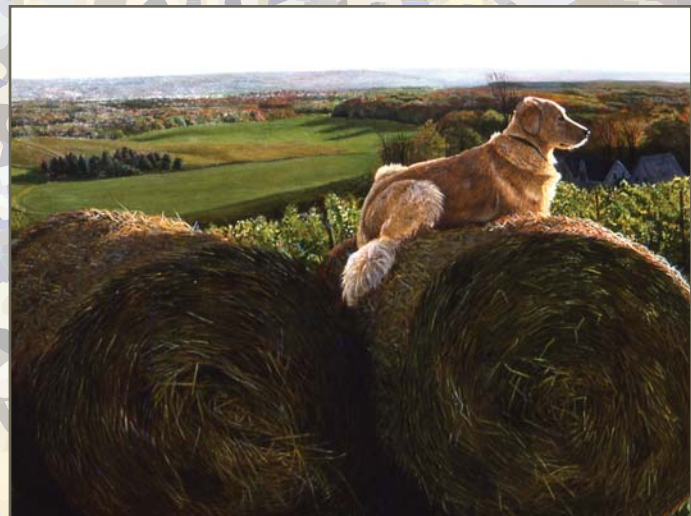


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