Message from the Dean

As I begin my second term as Dean of Medicine at Memorial University, I have been reflecting on just how far the Faculty of Medicine has come in the last five years and what the future holds. It’s been a steep learning curve for me, but one that I have thoroughly enjoyed as I have learned so much about the wonderful province of Newfoundland and Labrador and its strengths and challenges, especially with regard to health care and education.

Building on our full accreditation in 2007, we are continuing a period of intense evaluation and renewal of our MD Program. A Medical Education Leadership Team has been established to lead the work of curriculum renewal, hand-in-hand with our Undergraduate Medical Studies Committee. This active process is being informed by needs analysis, best practices, and input from students, graduates, staff, faculty, healthcare partners, and experts. The renewed program will increase its emphasis on geriatrics and genetics, as well as other regional and emerging health care needs. Our students will benefit from increased exposure to the rich learning experiences available in rural and remote parts of our province.

In addition to full accreditation for the undergraduate curriculum, all specialty postgraduate residency programs in the Faculty of Medicine are fully approved by the Royal College of Physicians and Surgeons of Canada, and the Family Medicine and Family Medicine/Emergency Medicine Residency programs are fully approved by the College of Family Physicians of Canada. We have conducted internal reviews of all program in preparation for the next schedule postgraduate accreditation visit in 2010.

The Faculty of Medicine is on the brink of expansion and will experience tremendous growth in the next decade, both in education and research. With a financial commitment from the Government of Newfoundland and Labrador for facility expansion and new annual operational costs, we will admit more students from Newfoundland and Labrador with a goal of increasing total enrolment to 80+ new students per year—a 30 per cent overall increase. Residency training program positions will also need to be increased.

We are also growing in our research endeavours, with funding and activities more than doubled in the past decade. Funding from the Canada Foundation for Innovation and the Government of Newfoundland and Labrador provides for the construction of the Newfoundland and Labrador Centre for Interdisciplinary Research in Human Genetics. We will combine this new research space and the medical education expansion in a new six story building to be constructed adjacent to the Health Sciences Centre.

It’s an exciting time to be Dean of Medicine at what I am convinced is the best medical school in Canada. Our graduates are known across the country and internationally for their sound knowledge base, practical clinical skills, excellent communication and positive attitude. Our Faculty of Medicine has won many awards for its excellence in rural medical education, most recently receiving the Rural Education Award from the Society of Rural Physicians of Canada. As we expand and continue to improve our education and research, the future looks bright for Memorial’s Faculty of Medicine.

Dean James Rourke
MD, CCFFP(EM), MCIsC(FM), FCFP

Cover photo: Dr. Carmel Casey, doctor for Canada’s Special Olympic Team, talking on her cell phone in front of the ski resort in Sun Valley, Idaho, which hosted the cross country ski competition. See page 3.

INSIDE

Unlocking the mysteries of aging......................19
Planning for the future....................................19
New faculty.....................................................20-21
Alumna named one of top 40 under 40.....22-23
Of Note.........................................................24
First graduate of MD/PhD program..............25
New scholarships..........................................25
Early career award for alumnus......................26
Alumni news...............................................26
In memory.................................................26
Dr. Wallace Ingram Award................................32
Development and alumni matters...............32
A back wards view......................................31
A frontwards view.......................................30
Stories from family medicine.......................27
Humaniies at work......................................29
A frontwards view.......................................30
Development and alumni matters...............32

Alumni news.............................................26
Of Note...................................................24
New faculty...............................................20-21
First graduate of MD/PhD program..............25
New scholarships.......................................25
Early career award for alumnus....................26
Alumni news..............................................26
In memory................................................26
Unlocking the mysteries of aging...............19
Planning for the future...............................19
New faculty...............................................20-21
Alumna named one of top 40 under 40....22-23
Of Note......................................................24
First graduate of MD/PhD program.............25
New scholarships......................................25
Early career award for alumnus..................26
Alumni news..............................................26
In memory.............................................26
Dr. Wallace Ingram Award..........................32
Development and alumni matters..............32
A frontwards view.....................................30
A back wards view....................................31
Stories from family medicine.....................27
Humaniies at work...................................29
A frontwards view.....................................30
A back wards view....................................31
Dr. Wallace Ingram Award..........................32
Development and alumni matters..............32

MUNMED News is the newsletter of the Faculty of Medicine, published by the Division of Marketing and Communications, Memorial University of Newfoundland.

MUNMED News may be reprinted or broadcast with permission from the Division of Marketing and Communications, Memorial University of Newfoundland, St. John’s, NL, Canada, A1C 5S7.

Back issues of MUNMED News are posted on the web at www.med.mun.ca/munmed/

Editor: Sharon Gray (709) 777-8397
Graphics: Sylvia Ficken
Photography: John Crowell

Printed by MUN Printing Services
018-573-04-09-4, 100
Dr. Carmel Casey (Class of 1988) played a special role in the 2009 Special Olympics World Winter Games, held in Idaho, USA, from Feb. 7-13 this year.

The Gander physician was team doctor for Canada’s Special Olympics team.

Continued on page 4
This is the first time the Canadian Special Olympics team has travelled with its own doctor. The team did well, finishing with a total of 102 medals – 40 gold, 33 silver and 29 bronze.

The ninth international sporting competition saw 2,500 athletes gather from about 100 countries. Figure skating, speed skating, and floor hockey competitions were held in Boise, alpine skiing at Bogus Basin Recreation Area, cross-country skiing at Sun Valley, and snowshoeing at Ponderosa State Park in McCall.

“It was a wonderful experience for me,” said Dr. Casey. “I was busy enough to earn my keep but not so busy that I couldn’t enjoy it.”

Dr. Casey was selected through an application process to be the Canadian Special Olympics team doctor. She has extensive experience with special Olympic athletes. In Gander she is just finishing her second two-year term as chair of the local Special Olympics committee. She reflected that activities have come a long way since 2003 when bowling was the only sport offered to about eight participants. Today there is an executive committee of 12 overseeing 30 registered athletes and nearly 50 volunteers participating in floor hockey, track and field, snowshoeing, bowling, bocce and active start.

Before going to the 2009 Special Olympics World Winter Games, Dr. Casey developed and put together medical kits for the managers containing over-the-counter medications for colds and nausea and other common conditions such as those needing skin creams. Each kit was organized with medications in small amounts. Lawtons Drugs in Gander donated all the medications and volunteers helped put the kits together.

She also prepared by reviewing 112 medical records of three to five pages each and condensing these so there were six records on one page. Then she made a list of all medications needed and made up medication regimes and allergy lists. She added small comments on the bottom of the records to alert managers about athletes with special problems such as seizures or asthma.

“The coaches and managers were glad to have me there,” said Dr. Casey. “For example I was in Sun Valley when a skier crashed and was taken to hospital. Later that evening I made the decision that she couldn’t compete for the remainder of the competition – coaches hate to make those decisions and were relieved to defer to me.”

Dr. Casey said the medical services available at the Games venues were phenomenal. “They all included small mobile hospital set ups with medical doctors on site. The floor hockey venue even had a mobile X-ray unit on site to assess for fractures. At Ice World for speed skating doctors and nurses were available to handle cuts and lacerations.”

Although there were no Newfoundland athletes in the Canadian team, it didn’t take Dr. Casey long to be well known to the team members. At the send off in Vancouver, when the entire team was together, she heard that several of the athletes from BC who had their parents drop them off at the hotel told their tearful parents not to worry about them going on this trip since they had Dr. Casey looking after them and everything would be okay. “I was touched by their complete faith and trust in me especially since I had only met them for the first time that day. The fact that I could also give them that level of comfort just by being there was very satisfying. I also had these same comments from coaches and team managers several of whom said they would never travel again without a team doctor.”

Dr. Casey said the venues for the games were spectacular. “Boise rolled out the red carpet for us. About 5,000 volunteers took one week off work to help us at these games. They were very friendly and could not do enough for us. We had families coming out and cheering for our teams every day –
they brought our athletes food and offered to do the laundry for our floor hockey team who needed their jerseys washed each night. As a Newfoundlander I kept telling everyone from team Canada that I felt right at home with this kind of hospitality. Sun Valley was exceptional for the cross country skiing. McCall did a great job hosting the snowshoers. The alpine team was very happy with Bogus Basin Mountain as their venue. The Idaho Ice world did a great job for speed skating and the figure skaters were very happy with the Qwest arena in downtown Boise.”

Team Canada quickly jelled as a team. “The six separate sports were very supportive of each other,” said Dr. Casey. “Due to different competition locations and times the athletes did not get to see each other much except travelling, opening ceremonies, team reception, and closing ceremonies. It was always nice to see how they were so glad to see each other at these opportunities. A limited number also had a chance to drop out and see some of the other team members’ competition. The speed skaters were thrilled to see the floor hockey team turn up at their first go at medal rounds. In turn the hockey team returned to their game that afternoon energized after seeing young Paige Norton win the first medal for team Canada at speed skating. The floor hockey team got to watch the final morning of figure skating while the figure skaters returned the favor the next day by cheering the hockey team on in their final match.”

Dr. Casey said the blue scarves worn by the team members were memorable for everyone. “Someone on the organizing committee thought it would be nice about a year ago to ask for home knit blue and white scarves to be donated for the athletes and coaches coming to the world games. They were hoping to get 5,000 and they received over 55,000! The idea took on a life of its own and people all over the States were knitting scarves for special Olympians — many came with personal letters saying they were in memory of a deceased special athlete. Some were knit by elderly women or cancer patients who hoped to live long enough to finish them — one lady knit over 550 herself. We all wore our blue scarves proudly and will treasure them as a valuable keepsake from these games.”

Dr. Casey particularly remembers the moment at the Special Olympics when she met Dr. Frank Hayden, the founder of Special Olympics at the Idaho Ice World. “Dr. Hayden, a Canadian, is the exercise physiologist who dared to ask the question in the 1960s ‘were individuals with intellectual disability overweight and out-of-shape because of their disability or because society did not give them an opportunity to avail of the benefits of physical activity and sport?’ He then took a group of individuals with intellectual disability and provided them with these opportunities. After an appropriate period of training he saw that these individuals did indeed become fit and they also saw incredible improvements in all areas of functioning and quality of life. Dr. Frank, as he is affectionately known throughout the Canadian special Olympic community, has worked tirelessly throughout the world to promote Special Olympics. It was a privilege for me to discuss the early days with him and to watch his interaction with our athletes at the team Canada reception. To me he is a hero.”
Memorial’s medical students did it again this year, raising well over $40,000 at the annual Monte Carlo Charity Gala, held Nov. 21 at the Fairmount Newfoundland.

This annual fundraising event started in 1977 and has raised well over $900,000 for charity in the last three decades. Each year a committee of medical students chooses different charities to benefit from the Monte Carlo Charity Gala. This year six charities received $7,000 each. The funds were distributed at a ceremony March 10.

Easter Seals Newfoundland and Labrador West Coast Programs Office received $7,000. Easter Seals is a charity committed to providing programs to enhance the lives of children with physical disabilities, with a 70-year history in the province. Recently fitness, social, and education programs have been offered to close to 50 children in Western Newfoundland as a way to improve participants’ physical and mental health. Medical student Colin Mercer accepted the cheque on behalf of Easter Seals.

The Heart and Stroke Foundation of Newfoundland and Labrador, a volunteer based health charity, leads in eliminating heart disease and stroke and reducing their impact through the advancement of research and its application, the promotion of health living and advocacy. Implementation of the Provincial Integrated Stroke Strategy is a key initiative, and the Monte Carlo cheque will be used for this strategy. Leigh Thorne and Leona Lewis of the Heart and Stroke Foundation accepted the cheque on behalf of the foundation.

The Learning Disabilities Association of Newfoundland and Labrador Inc., a not-for-profit charitable organization dedicated to the advancement of education, employment, social development, legal rights and general well-being of people with learning disabilities, received $7,000 from Monte Carlo. The association serves individuals and families throughout Newfoundland and Labrador and is dedicated to helping people with learning disabilities achieve their true potential, in schools, workplaces, and in society, all with no sustained source of funding. Sharon Maher accepted the cheque on behalf of the association.

In addition to the three other charity representatives in the pictures on this page, a donation was made to the Lewisporte Interfaith Goodwill Centre (Food bank Donations), a charitable service organization which provides assistance in meeting some of the physical and spiritual needs of residents of Lewisporte.

Seven charities benefit from Monte Carlo Charity Gala

The Autism Society of Newfoundland and Labrador is a non-profit, charitable organization dedicated to fostering the development of individualized, lifelong, community-based supports and services for persons with Autism Spectrum Disorder. David Vardy, second from left, and Anne Downton accepted the Monte Carlo cheque from medical students Karen Downton, right, Brandon Cross and Kim Babb.

The Gathering Place, founded in 1994, is a community service center, open to adults who may be lonely and need support. It is sponsored, financed, and staffed by the Presentation and Mercy Sisters who are assisted by 120 volunteers. It is open five days a week. Sister Sharon Basha, second from left, accepted the Monte Carlo cheque from medical students Karen Downton, right, Brandon Cross and Kim Babb.

In 1981 The Lion Max Simms Memorial Camp opened its doors, and for the first time, accessible camping became a reality in Newfoundland and Labrador. This camp is known as the place where all special needs individuals will receive an enriching and rewarding camping experience. Leonard Mooney, left, and Fred Thompson accepted their cheque from medical students Brandon Cross, Kim Babb and Karen Downton.
Dr. James Rourke, dean of Medicine at Memorial University, received a Rural Leadership Award on April 17 from the Society of Rural Physicians of Canada (SRPC). The award was presented during a SRPC conference in Halifax.

Dr. Michael Jong, chair of the Nominations and Awards Committee for SRPC, said nominations for this award were received from across Canada, and Dr. Rourke was recognized as an outstanding leader in rural medicine and education. The nomination came from medical students, residents and the group of doctors at Happy Valley-Goose Bay.

Sarah Cutler, a MUN medical student, said “Dr. Rourke is a wonderful example of a dean who has helped to enrich the lives of this medical school’s students. He has been a teacher and mentor to many students through both academics and extracurricular activities. He has been extremely well received by students as a guest lecturer for various medicine courses and teaching clinical skills. And, though surely busy, he takes the time to attend and take interest in student led activities and fundraisers. He can often be spotted at the medical school choir practice, the annual Monte Carlo Charity Gala, or simply chatting with students in the hallway. You can always count on him to give a smile and hello.”

Ms. Cutler added, “Dr. Rourke is both liked and respected by students because he continues to be approachable, reasonable, has the interest of the students in mind, and is an active participant in enriching our education.”

Dr. Rourke grew up on a farm and attended a one room rural public school. He graduated with his MD from University of Western Ontario in 1976, where he completed his Family Medicine training in 1978 and his master’s of Clinical Science (Family Medicine) in 1993. He is certified by the College of Family Physicians of Canada in Family Medicine (1978) and emergency medicine (1985) and was awarded Fellowship in 1990.

Dr. Rourke was an active rural family physician (including obstetrics and emergency work) in Goderich, Ontario for 25 years with his wife and partner Dr. Leslie Rourke.

Dr. Rourke has a long-standing interest in rural medicine and medical education and is a recognized leader at provincial, national and international levels. As project director, Medical Education Design Team (2000-2001), for the Northern Ontario (Rural) Medical School Project proposal, he was very involved in the initial development work that led to approval to build the Northern Ontario Medical School. He was chair of the WONCA (World Organization of Family Doctors) Working Party in Rural Practice that has organized eight world rural health conferences and was involved in developing a joint WONCA/WHO project “Health for All Rural People.”

Dr. Rourke is a champion for rural medicine nationally and internationally. He has helped SRPC develop the national rural health strategy, present the strategy to the Parliamentary Standing committee on Human Resources, Social Development and Persons with Disabilities and convince the council of the Deans of the medical schools in Canada to adopt the strategy in principle.

“We looked at all he’s done – not only as dean of Medicine at Memorial but the work he’s done to improve rural health care nationally and internationally,” said Dr. Jong. “At Memorial we are lucky to have a dean who is a rural doctor.”

This is the third time the SRPC has honoured a Canadian doctor with the Rural Leadership Award since it was established in 2006.

Dr. Rourke has received many honours and awards, including the College of Family Physicians of Canada, W. Victor Johnston (2007) “to honour renowned Canadian or international family physicians who have made an outstanding leadership contribution to the discipline of family medicine in Canada or abroad,” the College of Physicians and Surgeons of Ontario Council Award (2004) “to honour outstanding Ontario physicians who have demonstrated excellence and come closest to meeting society’s vision of an “ideal physician””; the D.I Rice Merit Award from the College of Family Physicians of Canada; the UWO Award of Excellence in Teaching by Part-time Faculty; the UWO Martin J. Bass Recognition Award for Exceptional Contribution to Family Medicine; and the Community Teacher of the Year from the Ontario College of Family Physicians. He has had more than 90 medical journal articles (most peer reviewed) published.
A new research paper concludes that a model called “MMRpredict” shows the best discriminating ability of four models evaluated to help identify colorectal cancer patients who should be screened for Lynch syndrome, an inherited cancer condition that accounts for about three per cent of all colorectal cancers. Its use could substantially reduce the proportion of colorectal cancer patients who are unnecessarily referred for genetic testing.

In a paper published Feb. 24 in the Journal of the National Cancer Institute, Dr. Roger Green and colleagues Drs. Patrick Parfrey, Michael Woods and Ban Younghusband of Memorial’s Faculty of Medicine, discuss the results of a study on the ability of four models to distinguish between individuals who did and did not carry the inherited mutations responsible for Lynch syndrome. Mutations in genes that repair DNA are the cause of Lynch syndrome.

“It is important to identify mutation carriers because their treatment will be different and because members of their extended families must also be screened,” said Dr. Green.

“However, the models to help identify Lynch syndrome patients were designed for use in high-risk patient populations and their value in the general patient population was unknown.”

The study carried out by Dr. Green and his colleagues examined a series of 725 colorectal cancer patients whose mutation status they had previously determined. By analyzing such factors as the age of the patient, the type of cancer, and the number of affected relatives, the model “MMRpredict” was the best of the four in predicting which patients carried a Lynch syndrome mutation.

“With the current criteria 50 per cent of all colon cancer patients would be candidates for molecular testing – but at this time testing is done only on a research basis,” explained Dr. Green. “If the MMRpredict model were used in the clinic, it would reduce this to 11 per cent, which is a more feasible number to test as part of clinical services.”

For colorectal cancer patients younger than 75 years at diagnosis, MMRpredict appears to be an excellent screening tool that identifies an at-risk group that should undergo further diagnostic workup, he added.
When Dr. Sherri Christian moved to St. John’s with her husband two years ago, she looked around for a laboratory where she could continue her studies in immunology. She earned her PhD in immunology at the University of British Columbia. She met with Dr. Ken Hirasawa and has been working in his laboratory since then, through funding provided by the Canadian Institutes of Health Research (CIHR) and a CIHR post-doctoral fellowship.

Dr. Christian’s focus is on why some cells are more susceptible to viral infections than others.

“In our body we have a natural immune system,” she explained. “Interferon is one of the molecules released by cells in response to viral infection. It acts as a first line of defense. But some viruses have developed mechanisms to interrupt or subvert the interferon antiviral system.”

Dr. Christian is working on identifying and characterizing some of the mechanisms by which viruses can potentially block the interferon antiviral response.

“Understanding how viruses impair the interferon antiviral machinery is important for developing new therapies to fight infection. Enhancing the host’s normal antiviral capabilities could prevent the development of viral resistance to drugs since the virus itself is not the target. In addition, treatment that strengthens the host’s normal antiviral response could promote development of drug therapies that can target many different types of viruses.”

There are many cellular suppressors that can reduce the ability of cells to respond to interferon. “Activation of the Ras pathway in the host cell allows viral replication even in the presence of interferon,” explained Dr. Christian.

Along with collaborators Thaddeus Collier, Maria Licursi, Chris M. Hough and Kensuke Hirasawa, Dr. Christian has investigated the mechanism for inhibition of the interferon pathway by the Ras pathway using Ras-transformed mouse tissue cells. Treatment of these cells with interferon results in the activation of numerous proteins inside the cell that act to promote the expression of genes that go on to directly inhibit viral replication.

“However the presence of active Ras blocks activation of some of these proteins,” she said. “In particular, we have found that Ras activation blocks the activation and decreases the expression of the STAT2 protein, an essential mediator of interferon action.”

Dr. Christian said these results demonstrate that the Ras pathway reduces STAT2 protein levels by inhibiting STAT2 transcription, which can be restored by synthesis of a transcriptional activator in response to inhibition of the Ras pathway. “Therefore, inhibition of the Ras pathway alone may improve the host’s normal interferon antiviral response.”
Ahmed Mostafa earned his MD and M.Sc. in medical biochemistry in Egypt and was granted two years to continue his studies abroad. He worked with Dr. Ed Randell for 18 months, then applied for a PhD and is now pursuing his research under the supervision of Dr. Sheila Drover.

It’s a new area for Ahmed, whose M.Sc. studies were in the area of hepatitis C. He is now working on breast cancer, specifically estrogen receptors and immune markers on breast carcinoma cells.

Breast cancer is the most common cancer affecting Canadian women and accounts for nearly 30 per cent of all newly-diagnosed cancer cases.

“Despite a large number of new treatment choices including immune-based therapies, it is still difficult to predict the outcome of breast cancer and the response to treatment,” said Ahmed. “A major goal of my research is to investigate how the presence or absence of estrogen receptors on breast cancer cells changes the expression of the immune markers, called HLA-II.”

The relevance of this research is that the immune system needs to see tumor proteins – called antigens – on breast cancer cells in the same way as it sees bacteria or viruses. “Otherwise the immune system treats the tumors like self and ignores them, or worse still, it suppresses any attempt to eliminate them,” explained Ahmed. “Previous studies in our laboratory suggest that tumor cells which carry a certain HLA-II marker tag the tumor for immune recognition. This HLA-II marker was expressed differently in estrogen receptor positive and negative breast cancers. This suggests that the estrogen receptor molecular pathway influences the immune response to breast cancer cells.”

Dr. Mostafa’s proposed research will test whether blocking the estrogen receptor and other molecular pathways will alter the HLA-II markers on tumor cells and their recognition by the immune system. “It’s anticipated that this study will improve our understanding of how a tumor cell can be altered to stimulate an effective immune response and consequently aid in developing new approaches to cancer treatment.”

Ahmed has done well so far in his PhD studies, earning an award for the top PhD Presentation in the 19th annual Immunology and Infectious Disease Graduate Student Research Forum at Memorial on Nov. 14, 2008. Recently he presented a poster in two different settings: the 22nd annual meeting of the Canadian Society for Immunology in Whistler, B.C., and the second annual Canadian Cancer Immune Therapy Forum. While working in Dr. Randell’s lab he won Best Poster Presentation from the Canadian Society of Clinical Chemistry in 2006 and 2007.
Studying hearing loss

Nelly Abdelfatah is pursuing a master’s degree in human genetics in the laboratory of Dr. Terry-Lynn Young. She is originally from Cairo, Egypt, where she received her MD from Cairo University and a master’s degree in clinical and chemical pathology at Cairo University, doing research in the relation between chromosomal abnormalities in acute lymphoblastic leukemia and prognosis status.

Nelly is currently working on a project to study a type of deafness known as otosclerosis, a common disease caused by abnormal bone remodeling in the ear’s otic capsule. “New bone deposition leads to the fixation of the stapes bone of the middle ear on to the oval window, interfering with sound transmission from the inner ear to the middle ear,” she explained.

Seven families in Newfoundland and Labrador are enrolled in the study. “We are trying to identify the gene(s) in these families that cause otosclerosis through linkage analysis by tracking chromosomes that co-segregate with hearing loss in these families from Newfoundland.”

Nelly said the cause of otosclerosis is not fully understood. “Measles virus, hormones, human leukocyte antigen and genetic factors have all been implicated in the development of this disease,” she said. “It is a common cause of hearing loss in Caucasian populations and an autosomal dominant mode of inheritance with reduced penetrance has been supported by many epidemiologic studies.”

Although eight loci for the responsible genes have been reported, not a single gene has been identified. In the study Nelly is involved in, the otosclerosis families have been genotyped for the known loci.

With her husband Ahmed Mostafa and their two young children, Nelly enjoys watching movies, cooking and traveling. She said she really enjoys working at Memorial University and has found people very friendly and helpful.
Sonya MacParland is a doctoral student supervised by Dr. Thomas Michalak, Senior Canada Research Chair in Viral Hepatitis/Immunology. Her research is funded by doctoral fellowships from the National Canadian Research Training Program in Hepatitis C (NCRTP-HepC) and the Canadian Liver Foundation.

Hepatitis C virus (HCV) infects at least 170,000 people worldwide and the majority of cases will result in chronic infection that can lead to scarring of the liver (cirrhosis), and in some cases liver cancer, liver failure and death. HCV is mainly spread by blood and bodily fluids, and high risk activities such as intravenous and inhalational drug use, unsafe tattooing and piercings. Unlike hepatitis B virus, there is no vaccine for HCV.

“In Dr. Michalak's lab, we are aiming to gain a better understanding of the molecular and immunological mechanisms responsible for the virus persistence in infected patients and how infection of the immune system contributes to the ability of this virus to induce disease,” explained Sonya.

This research involves studying the ability of hepatitis C virus to infect and persistently replicate in cells of the host's immune system, where the virus can be found in addition to the liver. “Using plasma from patients chronically infected with HCV, and those persistently infected at low levels with the virus, we are able to show that lymphoid cells can be invaded by the virus and produce progeny virions or infectious virus particles,” said Sonya.

“Recently, we have published work demonstrating that small amounts of residual virus that has been found in patients with resolution of hepatitis C retains its infectivity in vitro.”

Now in her last year of doctoral studies, Sonya became interested in pursing a PhD when she was involved in graduate work in the UK. “I was enrolled in a 50 per cent classroom 50 per cent laboratory M.Sc. program in which my thesis dealt with HIV transmission. My specific interest in virology led me to Dr. Michalak’s lab to carry out my doctoral studies.”

Further information about hepatitis B or C is available at www.aminumber12.org.
Focus on graduate research

The immunology of HIV

While completing a B.Sc. in psychology at Sir Wilfred Grenfell College, Matt Parsons developed a strong interest in HIV/AIDS and decided to pursue graduate studies in this area.

Under the supervision of Dr. Michael Grant, Matt is in his final year of a master’s degree. He will begin doctoral work researching the role of cannabis receptors in cancer this summer at the University of Aberdeen.

One of Matt’s current areas of research is a subset of cells known as natural killer (NK) cells. These are lymphocytes that kill tumor and virally infected cells.

“I am trying to elucidate the role of early NK cell ontogeny in the differences observed in the functional capabilities of these cells between individuals.”

A second area of Matt’s research involves looking at a subset of autoreactive T-cells in HIV infected patients. “These T cells kill healthy uninfected cells and are potentially important in the development of AIDS. I have investigated the phenotype of these cells and related it to phenotypic changes common during HIV infection.”

Matt is first author on the 2008 publication “Harnessing CD36 to rein in inflammation.” published in Endocrine, Metabolic and Immune Disorders-Drug Targets. In November 2008 he presented his NK cell work “Antibody dependent cellular cytotoxicity: Natural born killers or guns for hire?” at the British Society for Immunology Congress in Glasgow, Scotland. He is also first author on a second article, “Natural Killer Cell Receptors in Human Immunodeficiency Virus Infection: Pathways to Protection or Doors to Disappointment?” which is currently being reviewed.

Matt plans on continuing a career in scientific research after his PhD. He hopes eventually to have his own lab within a university.
Medical students at Memorial are helping to improve access to medical care for the refugee population of St. John's through the Gateway project.

Started in 2006, this project pairs first and second-year medical student volunteers with a newly-arrived refugee client of the Association for New Canadians (ANC) plus his or her translator. The student takes a medical history, summarizes the history into a two-page report, forwards the report to a doctor previously recruited to take on refugee clients, makes an appointment for the client and sends that information to the family doctor for the appointment. The ANC social worker then follows up with clients after their appointment to make sure their introduction to their new family doctor went smoothly.

It took a great deal of work to get the project off the ground. During the 2005-2006 school year, Monica Kidd and Yoella Teplitsky, then in their second year of medical studies, started exploring the idea of a community initiative to benefit new immigrants. Training in history taking with refugees and cross-cultural health care was already in place through Clinical Skills and Medical Ethics, and it was that course content that led to the idea for the Gateway project.

With the support of Drs. Pauline Duke and Fern Brunger, who were teaching cross-cultural training as part of Clinical Skills and Medical Ethics to first and second-year students, and Dr. James Rourke, Dean of Medicine, a proposal was developed to help newly-arrived refugees find family physicians. Dr. Brunger is in charge of overall planning and evaluation of the project while Dr. Duke co-ordinates the program itself.

Dr. Gerard Farrell, assistant dean for Undergraduate Medical Studies, was later added as a third faculty adviser. Dr. Duke’s experience as a family physician and clinical skills teacher with a long experience of working with newcomers to Canada, coupled with Dr. Brunger’s academic focus on cross-cultural issues in ethics, is complemented by Dr. Farrell’s expertise with database development and privacy assurance.

In mid-February of 2006, Monica and Yoella worked with the College of Physicians and Surgeons of Newfoundland and Labrador to sort out a number of legal issues surrounding setting up the program. A letter of support was obtained from the Dean of Medicine to the effect that the university would take ownership of the project and that it was part of undergraduate medical education.

The project was officially named “Gateway” on March 1, 2006. The name was later modified to be officially called the MUN Med Gateway project to distinguish it from other similar groups operating under the name Gateway.

In Early June of 2006 the first interviews were held with refugees. The first interviews were conducted by two groups of two students. Each group conducted two interviews back-to-back with refugees. The project only operated in 2006 for a few weeks before school ended for the year, but medical student Megan Smith was hired to continue work on it through a Summer Undergraduate Research Award.

Helping immigrants continued next page
First awards under Healthy Aging Program

Seven awards have been made in the first round of grants and fellowships under the Healthy Aging Research Program (NL-HARP). This program was established by the provincial government in 2008 and is administered through the Newfoundland and Labrador Centre for Applied Health Sciences (NLCAHR).

The aim of the program is to provide the province's research community with incentives and opportunities to focus their attention on research questions related to healthy aging in this province. Dr. Marshall Godwin, director of the Primary Healthcare Research Unit in the Faculty of Medicine, has been awarded a $40,000 grant for the project titled “Assessing Criterion Validity and Developing Population Norms for the Simple Lifestyle Indicator Questionnaire in the Elderly.”

Two NL-HARP master's research grants in the amount of $5,000 each were awarded. Fang Liu, Community Health and Humanities, is conducting research on measuring the health status of aging population with disabilities in Newfoundland and Labrador. Ellen Haskell, Department of Sociology, is researching the social organization of the RV sub-culture.

Geoff Power, School of Human Kinetics and Recreation, will receive a NL-HARP Doctoral Dissertation Award in the amount of $24,000 plus $6,000 research allowance. His research is on muscle fatigue resistance in old and very old women.

Kate Dupuis, PhD candidate at the University of Toronto, was awarded a NL-HARP Post-Doctoral Fellowship in the amount of $40,000 plus $10,000 research allowance. She is investigating the compensatory use of emotion as context in younger and older adults.

Two NL-HARP seed grants were awarded. Dr. Wendy Young, Canada Research Chair in Healthy Aging, will receive $20,000 for her work on developing an age-friendly communities research team. Dr. Victor Maddalena, Community Health and Humanities, will receive $20,000 for his research on palliative and end of life care in Newfoundland’s deaf community.

A new round of healthy aging research funding opportunities will be launched in June 2009 through the NLCAHR.
Three researchers in the Faculty of Medicine have been awarded over $2 million in the latest round of funding decisions by the Canadian Institutes of Health Research. Dr. Thomas Michalak, Canada Research Chair in Viral Hepatitis/Immunology, will receive $812,265 for his studies on hepanavirus pathogenicity in a woodchuck model of hepatitis B. Dr. Guang Sun, Genetics, will receive $806,518 for research on finding the endocrine and genetic determinants of obesity in Newfoundland. Dr. Ken Kao, Terry Fox Cancer Research Laboratory, was awarded $462,138 for analysis of the B-cell Lymphoma-9/Pygopus Protein complex in vertebrate body axis development.

Dr. Michalak heads up one of the world's leading centres for research on hepatitis viruses. The hepatitis B virus (HBV) is the most common blood-born microbial pathogen and the main causative factor behind development of liver cancer. An estimated 370 million people worldwide suffer from chronic liver diseases caused by HBV and two billion have been exposed to the virus and could be infected at low levels. In Canada about 270,000 individuals have chronic hepatitis B. There is no effective treatment to completely eradicate the virus, and despite having vaccines, the number of people infected is not declining.

Because hepatitis B virus will not grow in a cell culture, Dr. Michalak studies the virus and pathological consequences of its infection using its close relative found in some subspecies of woodchucks. He has established a large research and breeding colony of eastern American woodchucks at Memorial and with this very rare animal model he has made groundbreaking progress in understanding the mechanisms leading to induction and progression of liver diseases caused by this virus and hepatitis viruses in general and ways of dealing with them.

In the current studies the model will be used to further advance knowledge by investigating the yet unidentified elements of the natural history of infection, mechanisms of virus persistence and the roles of viral factors and host immune responses in the development and progression of liver diseases and disorders of the immune system which seem to be associated with HBV infection.

Dr. Sun’s research award will be used to further his research on human obesity. The gut produces chemicals called hormones that tell the brain how much we need to eat. If the level of these hormones is abnormal, a person may eat too much, leading to obesity.

“We think that one of the reasons why more people in Newfoundland are overweight and obese may be due to abnormal levels of these hormones,” said Dr. Sun. “This abnormality may be genetic. We will study the role of genes in causing this abnormality in the Newfoundland population by measuring food intake, total body fat and the level of gut hormones and relate these with any abnormality found in the genes we study.”

Dr. Kao’s cancer study is in experimental embryology and gene expression analysis. “The penetration of the sperm cell into the dormant egg triggers the remarkable program of events that turns the egg into a miniature but living model of the adult, called an embryo,” he explained. “While surface observation might indicate a slow, plodding course of minute changes, if one were to peer into the activities of the cells, one would see extremely busy things taking place – small hormone like molecules being exchanged between cells, genetic information being duplicated and ‘read’ by gene transcription machines that are used to make the building blocks of cells, as well as millions of other parallel processes occurring simultaneously.”

Dr. Kao’s research is directed towards understanding one gene transcription machine called BCL-9/pygo. “We are determining how this important molecular structure controls and is controlled to generate a bilaterally symmetric body, from a spherical egg.”
The first genome-wide association scan on psoriasis was published Jan 25 in *Nature Genetics* online. Dr. Proton Rahman, Faculty of Medicine, is one of the authors of the study which genotyped over 438,000 markers scattered across the entire genome.

This large multinational effort was led by Dr. J.T. Elder at the University of Michigan. Memorial was one of two Canadian centers to participate in this study.

Dr. Rahman said that other than identifying existing genes known to be associated in psoriasis, this study also identified genes that regulate cytokine signaling and modulate immune responses in psoriasis. “This study also implicated numerous candidate genes in psoriatic arthritis that are actively being screened here at Memorial and at the University of Michigan.”

Psoriasis is a common immune-mediated disorder that affects the skin, nails and joints. To identify psoriasis susceptibility loci, the researchers genotyped 438,670 SNPs (single nucleotide polymorphisms) in 1,409 psoriasis cases and 1,436 controls of European ancestry. They followed up 21 promising SNPs in 5,048 psoriasis cases and 5,041 controls. “Results provide strong support for the association of at least seven genetic loci and psoriasis,” said Dr. Rahman. “These results expand the catalog of genetic loci implicated in psoriasis susceptibility and suggest priority targets for study in other auto-immune disorders.”

Funding for this research came from the National Institutes of Health, the Foundation for NIH’s Genetic Association Information Network and the National Psoriasis Foundation. Analysis and genotyping of follow-up samples was also supported by the German National Genome Research Network, the Canadian Institute of Health Research and the Arthritis Society of Canada, the Centre National de Génotypage, Généthon and the Association Française contre les Myopathies, and by Celera Corporation.

---

**Psoriasis research confirmed by recent findings**

The recent findings published in the leading genetics publication *Nature Genetics* confirm the findings of Dr. Wayne Gulliver, local researcher and clinical professor of medicine, first published in 1999.

Dr. Gulliver’s early work identified the HLA-Cw6 and TNF∞ genes as having a strong association with the disease psoriasis. Newlab’s initial psoriasis work began in 1992. At that time, DNA from 400 patients with 100 controls, using 400 genetic markers, was studied to find the relationship between the HLA-Cw6 and TNF∞ genes and psoriasis. The latest studies, one from China and one from the U.S. with local researcher collaborator Dr. Proton Rahman, used approximately 6,500 patients, 6,500 controls and 440,000 genetic markers.

“All studies that validate our genetic findings are very important,” said Dr. Gulliver, CEO of Newlab Life Sciences. “The fact that our findings from about 15 years ago continue to be confirmed using much larger patient populations and the number of markers that the rapid advances in technology allow, shows the power of the Newfoundland and Labrador founder population and the pre-eminence of our local scientific abilities.”

Newlab Clinical Research has a patent pending on HLA-Cw6 and the response to biological therapeutics as well as a diagnostic test for TNF∞ that will be commercially available within a number of months. “The purpose of our research is improved patient care that is both for the people of Newfoundland and Labrador as well patients worldwide,” said Dr. Gulliver. “That is what drives everything we do.”

Dr. Gulliver’s paper titled Search for the Psoriasis Susceptibility Gene: The Newfoundland Study was published in 1999 in *Advances in Skin Immunology*, 2008: 167-179.
Finding answers to health research questions

Health system decision-makers in Newfoundland and Labrador are faced with many important questions on a daily basis.

The Contextualized Health Research Synthesis Program (CHRSP) of the Newfoundland and Labrador Centre for Applied Health Research (NLCAHR) aims to provide answers to some of these questions by identifying the highest quality research and then interpreting it in light of the unique geographic, economic, demographic and other characteristics. To date, CHRSP has produced three reports. The first, Examining Options for Dialysis Services in Rural and Remote Newfoundland and Labrador, was released in 2008.

A new report on childhood overweight and obesity asked the research question “What types of effective non-clinical interventions might be helpful for prevention and treatment of childhood overweight and obesity in Newfoundland?”

This question is of obvious importance for health care in the province. Rates of obesity and overweight are increasing for youth in Newfoundland and Labrador and are, along with adult rates, the highest among the Canadian provinces. The CHRSP report concluded that addressing the problem will require interventions that tackle the multiple and linked causes, and that increasing physical activity and/or reducing sedentary behaviour is key. Details on promising practices in obesity prevention, and examples of treatment components that have demonstrated positive outcomes, are included in the report.

In 2007/08, the Government of Newfoundland and Labrador indicated its intention to purchase a Positron Emission Tomography (PET) scanner within the next four years. Today, PET scanners are most often available as a “hybrid” model that includes Computed Tomography (CT). PET/CT technology is used primarily for oncology, brain and cardiac imaging. At present, patients who require a PET/CT scan travel out of the province to access this service.

The second new CHRSP report aims to assist in the development of this planned PET/CT Program by answering the research question “Given the geographic, demographic, fiscal and political context of Newfoundland and Labrador, what is the most appropriate, effective, and efficient way to operate a PET/CT program so that the population derives the maximum benefit at the best possible cost?”

The report discusses planning and operational considerations for the implementation of the PET/CT. These include the purchase and use of associated equipment, the best location for the program, management of referrals, and human resources and regulatory requirements.

NLCAHR’s Contextualized Health Research Synthesis Program is a collaborative effort of researchers and health system leaders from the Department of Health and Community Services and the four regional health authorities. CHRSP uses only high-level research, including meta-analyses, systematic reviews and health technology assessments. For each topic that is selected, a team is created to gather and synthesize the findings of this research and then contextualize it to the requirements, resources, and circumstances of Newfoundland and Labrador. This contextualization process is one of the first of its kind in the world. Before the report is finalized, an external reviewer assesses the work of the project team, providing feedback to ensure validity.

For further information on CHRSP visit www.nlcahr.mun.ca/chrsp.

High school students discover the health sciences

Dr. Dale Corbett, Canada Research Chair in Stroke and Neuroplasticity, explained the anatomy and function of the brain to a group of high school students including (from left): Ryan Wall and Erin Collins, level 1 students at Prince of Wales Collegiate; and Kathleen Hart and Kevin Smith, level 3 students from O’Donel High in Mount Pearl. The workshop was one of 11 that took place May 15 during the Canadian Medical Hall of Fame’s Discovery Days in the Health Sciences, held at the Faculty of Medicine. The day included a keynote address from pediatric rheumatologist Dr. Paul Dancey title Medicine: A Challenge and Opportunity. A total of 77 students from 11 schools participated in the all-day event.
Unlocking the mysteries of aging

Six investigators in the Faculty of Medicine are involved in a new federally-funded study that will increase the understanding of common health problems affecting seniors.

The Canadian Longitudinal Study on Aging (CLSA) will be one of the most comprehensive studies on aging ever undertaken. The Government of Canada is investing $30 million to support this study.

"About $1.5 million of the project funding will come to Newfoundland and Labrador, with many millions over time as the project unfolds," said Dr. Gerry Mugford, principal investigator for the Newfoundland site. Drs. Patrick Parfrey, Anne Sclater, Marshall Godwin, Proton Rahman and Don MacDonald form the dynamic core group of local co-investigators with direct management assistance from Elizabeth Hartfield.

The study will follow 50,000 Canadians, aged 45-85 years (at the time of recruitment), over the next two decades. It is estimated that study organizers will be hiring as many as 160 researchers and research co-ordinators, laboratory staff and IT systems personnel over the next year at 10 centres across the country.

Researchers will collect information on the changing biological, medical, psychological, social and economic aspects of the participants’ lives. The design and extended follow-up of the CLSA will enable the study team to look at more than a brief snapshot of the adult Canadian population and to critically examine health transitions and trajectories over a longer-term period.

CLSA participants will be randomly selected from across Canada and, as such, Canadians will not be able to proactively volunteer to be part of the study. Once enrolled, participants will be studied at three-year intervals and will be followed for at least 20 years.

“In Newfoundland we expect to enrol a total of 5,000 participants between the ages of 45 to 85 years to study the determinants of healthy aging,” said Dr. Mugford. “These determinants will include biological, psychosocial and economic factors.”

In addition to starting at mid-life, the CLSA is the first study of its kind to collect social and economical retirement factors, as well as clinical and biological measures.

Planning for the future

By Jane Macdonald
Eastern Health

An intensive year-long planning effort began in April 2009 when Eastern Health started work on a master program and master plan for its acute care facilities in St. John’s.

Serious challenges in providing care, such as inadequate and inappropriate clinical and teaching space, infection control issues, lack of privacy, and parking challenges exist at St. John’s acute care hospitals – St. Clare’s Mercy Hospital, the Waterford Hospital, the L.A. Miller Centre and the General Hospital at the Health Sciences Centre. These issues, as well as challenges in providing the most current standard of care, are prompting the redevelopment effort.

The Cancer Care program at the H. Bliss Murphy Cancer Centre and the Women’s and Children’s Health program at the Janeway are also involved in the planning as they are located at the Health Sciences site. Funding has been committed from the provincial government to support the planning phase.

Over the next 12 months the leadership teams, physicians and staff at the four sites will be encouraged to be involved and informed. The consultant team will work with a number of clinical services teams which will be established for the planning process. A close collaboration with Memorial University’s Faculty of Medicine and other health professional programs is critical in this planning process as the clinical, academic and research aspects of the Eastern Health and its academic partners are so intertwined.

The outcome of the planning process will be a master program and a master plan document that looks 20 years in the future. The master program will describe the secondary and tertiary health services that will be required to be offered in St. John’s, the resources needed to provide these services and the location and adjacencies required for the most effective delivery of the services. The master plan will present several options for the physical space that is best suited to deliver the care and service that will be required.

Eastern Health realizes that attention to many urgent and immediate space issues is necessary in the interim; some short-term renovations will be taking place as this planning occurs. Once the master program and plan are complete and submitted to government, Eastern Health will move to the next step of requesting funding for functional programming.

Information related to the redevelopment project is available on the Eastern Health website at www.easternhealth.ca. Comments or questions may also be directed to Jane Macdonald, planning specialist, at jane.macdonald@eastern-health.ca. Regularly scheduled and advertised information sessions will be held at the four hospital sites throughout the planning process.
Dr. Nik Makretsov has joined the Faculty of Medicine after completing a breast cancer fellowship at the University of Cambridge in the UK, funded by the International Union Against Cancer and American Cancer Society, and the Government of Newfoundland and Labrador.

Dr. Makretsov is a pathologist with an MD and a PhD. His academic interests are translational research in breast cancer, such as validation of new prognostic and predictive biomarkers for future treatments of breast cancer, and teaching. He has extensive expertise in research and clinical immunohistochemistry, tissue microarrays and automated image analysis, and is an active breast cancer clinical scientist and practicing pathologist. He is certified by Royal College of Physicians and Surgeons and by European Board of Pathology as a specialist in anatomical pathology.

Dr. Makretsov earned his MD in 1993 from the Far-Eastern State Medical University, Eastern Russia. From 1993 to 1995 he completed a PhD in oncologic pathology at the Cancer Research Centre of the Academy of Medical Sciences in Moscow. He completed two residencies in anatomical pathology, the first from 1993-1997 at the NN Blokhin Cancer Centre, Academy of Medical Sciences in Moscow and the second from 2004-2007 in anatomical pathology at Memorial University.

From 2001-2004 Dr. Makretsov did a clinical research fellowship in cancer pathology at the University of British Columbia, Vancouver, and, earlier in 1999, a fellowship at the Rizzoli Institute, University of Bologna, Italy.

Dr. Makretsov also holds a Faculty Certificate on Teaching and Learning in Higher Education from the University of British Columbia and is teaching the basic science of medicine pathology course to undergraduate medical students.

Dr. Makretsov is the breast pathology site group co-chair of the Laboratory Medicine Program at St. Clare’s Mercy Hospital.

“I believe the best of people in my field,” he said. “We are going through the crisis time in pathology in Newfoundland and in Canada. We need more specialists, investments and new standards of quality in pathology. This is a painful developmental period but it brings us out of darkness of the hospital lab basements, improves patient care and makes us closer to the needs of people to whom we serve, because, in the words of Sir William Osler ‘as your pathology, as your medicine.’”

Dr. Kris Aubrey is the newest member of the Faculty of Medicine’s Primary Healthcare Research Unit (PHRU). Prior to his appointment at Memorial, Dr. Aubrey practiced full scope rural family medicine including clinic, emergency, obstetrics, inpatient, palliative care, remote First Nations clinics, minor surgery, and long term care.

Dr. Aubrey’s primary research interests are in the larger field of health services. Specific research interests have arisen out of his experiences as a rural family physician, and the frustration of seeing many people forced to travel long distances to obtain care that may be reasonable to offer in small local hospitals. To that end, he has recently completed a study looking at the outcomes of caesarean sections by family physicians.

He is currently continuing his work in rural hospital services research. Ongoing projects include the examination of obstetrical and neonatal outcomes based on the level of service at a woman’s local hospital and the impact of hospital remoteness on outcomes. A related project to clarify methodological issues with the first one is currently underway. Projects to examine the health outcomes of other events, illnesses or procedures in rural and underserviced populations are in their initial stages.

Dr. Aubrey’s long term research interests include the development of an emergency medicine research group at Memorial and the examination of different models of health care funding.

Dr. Aubrey completed his medical education at the University of Ottawa in 2001 and family medicine residency training with Family Medicine North, based in Thunder Bay and affiliated with McMaster University. After that, he went on to complete additional residency training in rural advanced skills including gastrointestinal endoscopy, emergency and intensive care. He also holds a master’s degree in Kinesiology from the University of Western Ontario.
Dr. John Shik is a staff nephrologist with Eastern Health and an assistant professor with the Faculty of Medicine. He recently took on the role of clerkship director for internal medicine residents.

After completing his MD at the University of Toronto in 2000, Dr. Shik did postgraduate training in internal medicine at Memorial University from 2000-2004, followed by sub-specialty training in nephrology at Memorial from 2004-2005. He is also working on a master’s of clinical epidemiology at Memorial.

Dr. Shik has considerable research experience in various areas. He is the regional principal investigator for a study on quotidian dialysis registry being conducted through Eastern Health’s Nephrology Department. This study is part of an international registry to compare daily dialysis with twice weekly conventional hemodialysis.

From 2001-2005, under the supervision of Dr. Brendan Barrett, Dr. Shik evaluated the rates of catheter-related blood stream infection as part of as part of continuous quality improvement in patients undergoing hemodialysis at the Health Sciences Centre in St. John’s.

While a resident at Memorial, Dr. Shik won the 2003 Dr. John Simpson Award for Excellence in Teaching, the 2003 Dr. David Hawkins Research Award and the 2002 Pfizer Quality Assurance Research Award.

Dr. Shik has his nephrology certification from the Royal College of Physicians and Surgeons of Canada.

Dr. Sahar Iqbal has extensive hands-on experience in basic general medicine as well as the intricacies of subspecialty internal medicine. She has a special interest in preoperative medicine, preventive medicine and community health.

Dr. Iqbal’s goal is to see a program that provides prevention advice in primary care, involving specialists such as cardiovascular surgeons and cardiologists. “I believe internists should intervene at the primary health care level,” she said. “In my own practice I assess patients and intervene immediately, even with diabetic patients, so they can participate in preventive care.

“Once you have had an event such as a heart attack, there is a huge cost to yourself and society. We should catch people at the stage when they are not sick and give them the information to stay healthy.”

Dr. Iqbal said that acute medicine takes the bulk of the health care budget, but more money and resources should be spent on prevention.

“As part of that I would like to get equipment (at St. Clare’s Mercy Hospital) to see which risk profile patients have. There should be all sorts of cardiovascular pre-operative clinics. We want to bring people in early and reduce their risk through programs such as smoking cessation, obesity reduction and psychological counselling. This program should also involve an exercise physiologist.”

Dr. Iqbal notes that the rates of failure after an event like a heart attack are really high because people don’t stop smoking, reduce their cholesterol and manage their blood pressure. “We need a multi-disciplinary approach to provide help.”

Born in Pakistan, Dr. Iqbal earned her bachelor of medicine and surgery (MBBS) at the University of the Punjab in 1991, and a diploma in nutrition at Allama Iqbal Open University in Islamabad in 2000. She did her residency in internal medicine at Memorial from 2003-2007. She also completed a M.Sc. in community nutrition at Memorial in 2003, and a diploma in clinical epidemiology at Memorial in 2007. She is a Fellow of the Royal College of Physicians of Canada.
Dr. Fiona Costello, a medical graduate from the Class of 1995, has been named one of Canada's Top 40 Under 40 by the *Globe and Mail*. Aged 39, she is an associate professor of neurology and ophthalmology at the Hotchkiss Brain Institute, University of Calgary.

Fiona Costello grew up in Stephenville, one of three children born to Fintan, originally a teacher, and Teresa, a nurse, who had emigrated from Ireland in 1967. She did her undergraduate degree at Memorial in Biochemistry before entering medical school. She is now a neuro-ophthalmologist and MS-treating neurologist at the University of Calgary.

When she started at Memorial University, she considered journalism because she liked writing. She is quoted in the May 1 article in the *Globe and Mail* as saying that she thought journalism was the only creative outlet that there was, “but I realized ... science was creative in its own way. In science you don’t have to accept anything anyone tells you, you can come up with a hypothesis and test it yourself. And you can be the first one to do it.”

She knew right away about her interest in neurology and it didn’t take too long for Dr. Costello to pinpoint the sub-specialty she would pursue. “We didn’t have a neuro-ophthalmologist in Newfoundland ... and I noticed [while at medical school] that everyone seemed to be a little bit afraid of it. So I said to myself “I can go through the rest of my career trying to avoid this or I can just jump in headlong.”

“I went after neuro-ophthalmology because it seemed to be the one people knew the least about. ... It’s a real grey zone area between disciplines and you either have to live there or never go there.”

Dr. Costello remembers many of her professors at Memorial who influenced her in her career. “During my undergraduate studies in Biochemistry, Drs. Willie Davidson, Eric Bullock and Peter Golding had a major impact on me with their teaching and the support they provided in my application to medical school.”

During her undergraduate medical studies, Dr. Costello said Drs. Wally Ingram and Mary O’Brien had a significant impact on her. “They both brought a standard of excellence and ‘sixth sense’ to patient care that I was incredibly impressed by.”

During her clerkship, Dr. Fiona said she was very much influenced by the work ethic, humour and sheer artistry of Dr. David Jewer. “I did my first clerkship rotation with him in Plastic Surgery. I knew I would never have the ‘hands’ to be a surgeon like Dr. Jewer, but I was so impressed by what he did I urged my classmate Don Fitzpatrick to work with him...and Donny went into Plastics!”

Dr. Costello’s first internship rotation was in Neurosurgery, and she was amazed by the dedication and competence of Dr. Falah Matoun and Dr. Gerry Murray. “I was so awed by their work that I briefly considered going into Neurosurgery as a discipline. Neurosurgery is lucky that I didn’t!”

As a Neurology resident, Dr. Costello said her mentors were Drs. Alan Goodridge, William Pryse-Phillips and Abayomi Ogunyemi. “I owe these men a tremendous debt because they put up with me through three years of core neurology and were tireless in their teaching and mentorship despite serious manpower shortages and overwhelming demands on their time. They have all worked hard to provide me opportunities in my career for which I am grateful as well. Alan Goodridge still manages to do more in an hour than anyone I have ever met. I met Dr. Pryse-Phillips in my second year clinical skills teaching, and after one hour in his teaching group I vowed to do Neurology and never looked back – he is an incredible clinician and mentor. Dr. Ogunyemi taught me the power of independent thinking – he showed me how important it is to never stop questioning...
and challenging accepted norms in neurology and to come up with my own hypotheses about things.”

Dr. Costello said the heart of the Neurology program was clinic nurse John Murphy, an incredible person and friend. “John always had the interests of the patient as a top priority and we all miss him.”

Fellow resident Dr. Mark Stefanelli motivated Dr. Costello by his knowledge, compassion and humanity for others. “He will be mortified to hear me say that, because he is so understated.”

Dr. Costello said she was also influenced by Dr. Gordon Mathieson in Neuro-Pathology, who taught her the value of methodology, precision, and excellence. “He was tireless and very selfless in the time he took to teach. And Dr. David Buckley in Pediatric Neurology showed me how one could remain fiercely academic, even as a relatively independent entity.”

Dr. Costello said she has many memories of medical school that she cherishes. “I was in the class of 1995, and got to go through medical school with a fantastically gifted group of people. There are too many good memories to mention, but our graduation definitely stands out. Dean David Hawkins was presented with white gloves because the entire class graduated together after four years. That moment captured the spirit of camaraderie that defined my class.”

Dr. Costello went on from Memorial to study Neuro-Ophthalmology at the University of Iowa for two years. She then accepted a co-appointment to the Departments of Medicine and Ophthalmology at the University of Ottawa, where she worked from 2002 to 2007. Opportunity drew her to Calgary two years ago; she is teaching and doing both research and clinical work. She has developed a system model of MS that is being applied in clinical and experimental models of the disease. Her research focuses on nerve damage in the eye and its apparent similarities to nerve damage in multiple sclerosis patients, with a view toward potential new MS therapies.

“I would love to see MS cured, because this disease affects so many young people in the prime of their lives,” Dr. Costello said, adding she sees the real chance of a cure, particularly given the strengths of the “great group” she’s working with in Calgary.

Married to Kris Norman (MUN BComm Class of 1995), and with two boys and two girls ranging in age from eight years to six months, Dr. Costello said she doesn’t want to perpetuate any idea that being a working mother is easy “because that would devastate a nation of mothers. And they would all know I was lying.”

She said she doesn’t know anyone who’s expert at balancing the demands of work and family. “I think the reality is ... you can maybe do one thing well at a time. ... What I hope is that on a good day my kids see it’s important to work hard toward something that matters, that helps people.”
Dr. Colette Dawson, a first-year Family Medicine resident, received a 2008 Medical Student Leadership Award from the College of Family Physicians of Canada (CFPC). The award, in recognition of her leadership activities in her last year of medical school, allowed her to travel to the CFPC’s Family Medicine Forum held in Toronto in November 2008, where she particularly enjoyed participating in a leadership workshop. During her MD studies, Colette was chair of the Family Medicine Interest Group at Memorial, playing a major role in enhancing the awareness of family medicine among her undergraduate peers. She was a student representative of the CFPC Newfoundland and Labrador Chapter Executive Committee, where she was an active participant in planning the College’s activities, and further contributed to the promotion of family medicine in Newfoundland and Labrador through presenting at the Provincial Community Preceptor’s Meeting. In recognition of these activities, Colette received a 2007 CFPC Medical Student Scholarship, valued at $10,000 plus travel and expenses to attend the annual Family Medicine Forum, awarded annually to 17 top Canadian medical students who plan careers in Family Medicine. As a family medicine resident, Colette continues to be involved in CFPC activities.

Dr. Daniel MacPhee, BioMedical Sciences, has won a 2009 Certificate of Merit Award from the Canadian Association of Medical Education (CAME) for his contributions to medical education at Memorial University. Along with 35 other Canadian winners, he was recognized at the May 24 CAME Annual General Meeting in Edmonton, held in conjunction with the 2009 Canadian Conference on Medical Education. An associate professor of reproductive and developmental biology, Dr. MacPhee conducts research on mammalian placental development and the function of the uterine musculature during pregnancy. In addition, he teaches in the pre-clerkship portion of the undergraduate medical program such as in the first year Basic Science of Medicine I, and in the second-year Integrated Study of Disease – Women’s Health Course. Dr. MacPhee has also contributed to medical course development and improvement. With other faculty members in the Division of BioMedical Sciences he has promoted modifications to the histology section of Basic Science of Medicine I (Anatomy/Histology). Administratively, he served as vice-chair of the Undergraduate Medical Studies (UGMS) committee and on the the UGMS committee during the recent accreditation of the medical undergraduate program, contributing to the formal development of policies and procedures of the curriculum as well as compliance of the curriculum with institutional educational objectives and accreditation standards.

Dr. S. Bharati Reddy received a Royal College of Physicians and Surgeons of Canada’s 2008 Specialist of the Year Award. It was presented to her by Dr. Wallace Ingram, who nominated her for the award, and Dr. Sharon Peters, vice-dean of the Faculty of Medicine. A gastroenterologist, Dr. Reddy is also certified in internal medicine and plays an active role in the emergency department at St. Clare’s Mercy Hospital in St. John’s. Raised in St. John’s, Dr. Reddy graduated in 1981 with her MD from Memorial University. She went on to a rotating internship and core internal medicine training at both Queen’s University and the University of Toronto, where in 1987 she completed a general internist fellowship. In 1988, Dr. Reddy returned to St. John’s to join the staff of St. Clare’s Mercy Hospital. She is a clinical assistant professor in the Faculty of Medicine at Memorial with clinical and research interests that include inflammatory bowel disease and viral hepatitis. Over the years, Dr. Reddy has served on numerous committees, including pharmacy and therapeutics, residency training and the selection committee for postgraduate year one. The Specialist of the Year Award, also known as the Prix d’excellence, is conferred annually in five regions across Canada. This award recognizes Fellows of the Royal College who have outstanding qualities and have made significant contributions as medical educators or provided outstanding service to their community and to the Royal College.

Dr. Gabe Woollam received a 2008 Family Medicine Leadership Award from the College of Family Physicians of Canada. This award recognizes the leadership abilities of outstanding senior family medicine residents. One resident from each of the 17 university departments of Family Medicine is selected each year. Dr. Woollam was nominated for going above and beyond his duties as an administrative resident for the Family Medicine Residency Program for 2007-2008. He is now in practice in Happy Valley-Goose Bay.
Dr. Lisa Barrett added another “Doctor” to her name at convocation when she received her PhD in immunology. She is the first graduate of the joint MD/PhD program offered by the Faculty of Medicine.

Before entering medical school, this accomplished young woman did her honours thesis for her B.Sc. with Dr. Michael Grant, an immunology researcher in the Faculty of Medicine.

“I was really quite undecided between medical and graduate school,” she said. “I did decide to go to medical school but spent my summers during first and second year medicine working with Dr. Grant and laying the groundwork for a PhD project. I started the actual PhD between pre-clerkship and clerkship, after the second year of medical studies, and spent three years just in the lab while doing a little bit of clinical work on the side to maintain the few clinical skills I had gained. Then I went back to clerkship, completed my MD in 2005 and moved on to an internal medicine residency at Dalhousie, where I am just finishing up.”

The work Dr. Barrett did with Dr. Grant relates to how the immune system reacts to different viral infections. “In particular, I try to delineate why the immune system allows viruses like HIV and hepatitis C virus to persist. We have described a novel cell type circulating in the blood that may help downregulate responses to HCV and promote viral persistence.”

Dr. Barrett did a year of related research during her residency as part of the Clinician Investigator Program. This summer she heads to Toronto for further studies in infectious diseases.

The decision to complete her PhD came when Dr. Barrett realized she wanted to contribute to great patient care, not just at the bedside but also in the generation of knowledge. “I thought I’d need further training to do that well, and Dr. Grant has great skills. My ideal position at the end of my training would be in a clinician scientist capacity where I do 80 per cent research and 20 per cent clinical work.”

For anyone embarking on the rigorous MD/PhD program, Dr. Barrett’s advice is to know what you want and stick with it. “Think long and hard about your reasons for doing an MD/PhD before starting because if you don’t really love it, life will not be fun. I’m lucky – I have had a great time, and still love the work I do, even though I’m still a trainee after all this time. The rewards are absolutely amazing but there can be some personal sacrifice along the way. I’d also say find the right supervisor both clinically and research wise. If you don’t have people who fully support your endeavor, you’re not going to succeed no matter how much you deserve the Nobel Prize!”

Dr. Barrett has one caution about the combined MD/PhD program at Memorial. “There are lots of great opportunities, but there certainly are some wrinkles left to iron out. For example, people who are doing residencies have different timelines and commitments, and I think the structure of MD/PhD programs have to reflect that.”

New scholarships supported by medicine alumni

The Christopher & Donna Cox Scholarship

The Christopher & Donna Cox Scholarship is a new annually funded scholarship valued at $500 per year. Drs. Donna Hardy Cox BSW ’83 and Christopher Cox, (class of 1994) have established this scholarship in gratitude for their well-rounded student life and academic experiences. The scholarship will be awarded annually to a full-time undergraduate student on a rotating basis between the School of Social Work and the Faculty of Medicine. The first award will be given in May 2009 to a new medical graduate. In the Faculty of Medicine, the scholarship will be awarded to a graduating MD student who has a strong academic record and who has expressed an interest in specializing in oncology. In the School of Social Work it will be awarded to a graduating BSW student who is in scholarship standing and who has made the greatest contribution to student and community leadership.

The Dr. Peter Grant Memorial Scholarship

The Dr. Peter Grant Memorial Scholarship is a new endowed award that has been established through generous gifts from the classmates, friends and family of Dr. Peter Grant (Class of 1994). Peter died on Aug. 5, 1998 leaving behind, his wife, Cliona McManamon, and parents, Sydney and Christina Grant, his sister, Erin, and brother, Shannon, as well as an extended family and countless friends and acquaintances across Canada, in the Fredericton area, and in St. John’s. Peter lived life to the fullest and enjoyed every moment. This scholarship is a lasting tribute in memory of Peter’s life, and to honour his enduring spirit. It will be awarded annually, based on scholarship standing and financial need, to a second-year medical student who has contributed greatly to the class spirit. **Thanks to the generous response of family and friends, over $30,000 has been raised and in October 2009 the first scholarship, valued over $1,100 will be awarded.**
Early Career Development Award for alumnus

Dr. John Campbell (Class of 2002), a doctor in Grand Falls-Windsor, is one of two Canadian family physicians who received an inaugural 2008 Early Career Development Award. These new awards from the College of Family Physicians of Canada (CFPC), supported by TD Meloche Monnex and the CFPC Research and Education Foundation, recognize the efforts of new family physician leaders of tomorrow (in active practice for five years or less) for their outstanding contributions today.

The awards are valued at up to $4,000, including $1,500 to offset travel and other expenses to attend the annual Family Medicine Forum. Dr. Campbell said he will use the money from the award for continued skills development and perhaps for training in formal negotiating skills.

Dr. Campbell is a leader and one of the driving forces behind a key primary health care reform, Killkic Health Care Services, a grassroots physician-driven initiative which employs the latest technology to deliver evidence based care in a patient-centered way to produce measurable results. The clinic has eight family physicians providing a comprehensive basket of services with opportunities for residents to learn core competencies in general family practice, procedural skills and practice management as well as selectives in oncology, low risk obstetrics, primary care for psychiatric inpatient and emergency medicine. The clinic is computerized using the Nightingale EMR with internet access to such online resources as PubMed and Up To Date.

Also heavily involved in emergency medicine quality improvement, Dr. Campbell is co-chair of the Emergency Medicine Quality Initiatives Team at the Central Newfoundland Regional Health Centre and has led several projects in emergency medicine to develop protocols for triage nurses, standardize equipment throughout central health, and develop community based communications. Academically, he has collaborated with the Office of Professional Development at the Faculty of Medicine to develop an enhanced skills project for rural family doctors. He is also involved with developing bridging programs for international medical graduates.

In addition to all this, as a family doctor, Dr. Campbell has taken over a retiring physician's large busy practice, which includes a large geriatric population.

Alumni news

Class of 1999

Dr. Valerie Taylor has completed her PhD in Medical Science from McMaster University. She is an assistant professor in Psychiatry and Behavioral Neurosciences at McMaster, where she heads the Mood Disorders Somatic Health Program. She is also director of the bariatric surgery psychiatry program.

After graduating from Memorial with her MD, she completed her FRCPC training in psychiatry at McMaster in 2004, a two-year post-doctoral research fellowship in mood disorders with the Faculty of Psychiatry and Behavioral Neuroscience in 2006, and a clinical investigator four-year fellowship in 2007. Dr. Taylor is involved in clinical and research work looking at the associations between addiction, obesity and mental health. Her current focus is on mechanisms of medication induced weight gain and cardiovascular disease and obesity in patients with chronic mental illness. She has also integrated mental health research with a variety of different medical subspecialties.

Dr. Taylor has published in numerous peer-reviewed journals and lectures internationally. Her first book will be available in November 2009. She has grant funding from numerous funds and foundations, including the Canadian Institutes of Health Research. She is the recipient of numerous academic and research awards and fellowships, including the Etherden-Suzas two-year post-doctoral fellowship, the American Association for Academic Psychiatry Fellowship, the Wyeth-Ayerst Fellowship from the Association of Women Psychiatrists and the Stepping Stones Geriatric Fellowship, American Geriatric Society.

Dr. Treena Greene (Class of 1999) and Dr. Lisa Gillis (Class of 1998) offer special congratulations to Valerie.

In Memory

Dr. Anne Marie Hynes, Class of 1992 and a graduate of Memorial’s Family Medicine Residency Program, lost her battle with cancer Feb. 14, 2009. She was surrounded by her family – Mom, Dad, sister, Loretta and Jennifer. She passed away exactly three months to the day that she lost her lifelong companion Rachel, her 16-year old poodle. Anne Marie was laid to rest in Prince Edward Island where her parents live, and there were also services in Leamington, Ontario.
Many small joys
By Dr. Paul Patey

Spasm
The young, worried mother rushed her three year old daughter into the emergency department of the small rural hospital. The child was conscious, but very quiet and looked unwell.

Mother explained, "Nancy was in the living room. I was in the kitchen. I heard her cry out. I rushed where she was. She was lying on the floor. I didn’t like her colour. I grabbed her up and brought her here. Her colour is still not right."

A swift focused examination showed the child was breathing normally, with no airway obstruction. Pulse and heart sounds were normal. Temperature normal. Oxygen saturation normal. No neck stiffness.

Something sudden and dramatic had happened to Nancy when she cried out at home. Was it a seizure? Was it the first sign of some other major problem such as a brain tumour? Had she had temporary airway obstruction? What?

Over the next half hour as we observed the child we got more history, reviewed her thin chart, and did a more extensive physical examination with particular attention to brain function. All findings were normal. The child improved. The mystery remained.

We asked about activities that morning. "I took her with me to the supermarket. She likes being in the cart."

"Did anything unusual happen?"
"No. I didn’t buy much. I met a friend. We talked."
"And your daughter?"
"Oh my!” said Mom, “Now I remember. I bought a package of bubble gum. At the check out, I discovered the empty wrappers. Nancy ate the works. Eight knobs."

In my relieved mind I pictured all that bubble gum in Nancy’s little stomach, and imagined how the valve – the pylorus – at the lower end of Nancy’s stomach must have struggled with the challenge of letting the gum pass onward into the small intestine. The spasm probably lasted several seconds. What a cramp! No wonder she cried out! No wonder she lost her colour! Pyloric function was explained to Mom.

Further passage of the bubble gum through the gut should be uneventful.

Expect child to do well. Return if necessary.

Simple problems presenting as possible major problems are much more common than major new problems. That’s one of the joys of family medicine. Sorting them can be a challenge.

Legs
Little Andrew was brought one day to clinic by Mom and Dad. As I entered the room I saw two concerned parents and a happy boy. Mom explained, "Andrew is 17 months old. He’s still not walking. We’re worried."

I had known Andrew since before he was born. I had attended his birth, and provided newborn and child medical services since then. His growth and development were normal. Gross and fine motor skills were progressing well. Language and social development were good. Dad had been present when his wife gave birth to Andrew. I knew Mom tended to worry. I respected her worry. I respected her husband’s supportive presence.

I listened. I questioned. I examined. I described. All normal. I knew that witnessing my examination of their child was reassuring to both parents.

Then, taking Andrew from his mother’s lap, I stood him on the floor beside my chair: “Look at these normal, sturdy legs,” I said. “He stands without holding on. He will walk when he is ready.”

Immediately Andrew walked the five steps from me to Daddy! His first steps! The timing was amazing! We were all excited, but Andrew was the calmest one in the room. It was a joyful moment for all four of us.

The dance
It’s common for young children to be with their mothers, attending a prenatal clinic. Lucy, age three, is proud to be with Mommy today. Lucy watches as I put my hands on her mommy’s big round belly and examine the uterus with its 34-week pregnancy. Both hear the rhythm of the baby’s heart beat when I put the doptone – a small ultrasound instrument – on the belly.

After the examination I declare that all is well, whereupon Lucy starts to dance, and as she dances she sings, “Mommy’s got a baby, in she’s belly! A baby. A baby. In Mommy’s belly!”

As I watch the happy dancer I ponder how much more magnificent the reality of reproduction is than the old silly falsehoods often told to children years ago. I ponder the magnificent opportunity family physicians have to observe the beauty and variety of human existence. Amidst my gratitude for the privilege of being a family physician I hear in my mind a line from a song about life’s mysteries: “I am the Lord of the dance said He.”

The touch
Lloyd’s advancing Parkinson’s disease impedes his speech, but gradually he is able to tell me more about his other troubles, including diabetes and arthritis. I know it’s important to Lloyd that he retain and use whatever independence he still has.

Gloria, his wife of many years, is sitting beside Lloyd and could speak for him. She refrains. I could ask focused questions. I refrain. We both wait and listen. At a particular halting point in his talking efforts, I notice his wife gently pats him on the leg. Her right hand gently and briefly pats the inside of his left thigh, halfway between knee and groin. I perceive the pat as expressing love, acceptance, and encouragement. It also affirms their intimacy. Anyone else would have only patted the knee.

Family medicine has many opportunities to perceive the numerous special ways love gets expressed. That too is one of the frequent joys of family medicine.

Comments
1. The preceding little stories illustrate the many joys happy family physicians encounter in their daily work.
2. When family physicians meet, if one reports a little joy, others often promptly chime in with stories of joys they have recently encountered in their practice.
3. All names changed.
Super

We wonder whether we’ll become part of the superAGING
generation — one of those high-functioning, super-SHARP
seniors who has reached three score plus twenty or so years?
Who knows how much we can help ourselves to achieve this,
even if we drink at today’s “Fountains of Youth” that range
from antioxidants to Viagra to, as in the postcard illustration,
wintering in Florida?

If we have any chance of being
designated a super senior, hazards
must be survived. One is the preten-
tiously named super Mail Box. We
are not sure when the term was
coined – it has not yet reached the
Canadian Oxford Dictionary – nor
does it clearly fit into generally
accepted meanings of super. Larger
yes, but not like, say, a supertanker,
merely variable-sized, honeycomb-
like stacked metal boxes.

On the reverse of this Fountain of Youth postcard, mailed in 1941, Florida is extolled as the “land of sunshine” and the “Winter Playground of the nation.”

At least we have survived to be part of today’s era of super
this, that, and the other. Although society – through its writ-
ers and scientists – anatomists, chemists and others – has been
coining new words with the prefix “super” since at least the
14th century, the pace of new “super” terms has quickened in
recent times. An abundance of technical terms, slang and other
words has entered our dictionaries, generally with the sense of
being “above or over,” “higher rank,” “additional,” “better
than,” and “larger than,” etc.

In recent years dictionaries have sanctioned super-achiever,
superculture, superfood, super Tuesday, and many more.
Moreover, other “super” terms are lining up for official sanc-
tion as a regular part of our language, even super pills for
longer life. How much of this fulfills a need to demonstrate
that society is making real or perceived “advances?” And, how
much is due to commercial pressures to sell products? We are
concerned that the term “super seniors” pigeon-holes groups
in society (like baby boomers, the X generation), so seniors can
be targeted to buy super vitamins to make super seniors. But
then we have to ask, “Do we prefer an alternative term also in
use, namely elite seniors?” Probably not, since it hints even
more at discriminating one group of seniors from another.
Will it foster more negative attitudes toward the frail elderly?

Introduction of the boxes include the occupational safety of
postal workers. Yet what about the hazards for individuals
when picking up the mail? The complaints of many are under-
scored when one sees in urban St John’s, seniors walking up an
icy hill, leaning into an icy wind, on the way to their box.
Perhaps, too, they carry chisel and screw-driver to force open
a frozen box, or a whistle to use if they fall. And, in rural
Newfoundland, hazards arise with cars parked on narrow
roads as the owner negotiates mud and snow to reach a box.
On top of individual frustrations, this youthful vision of a new
economic service depersonalizes relationships between the mail
service, its home delivery workers, and mail recipients, and
ignores the carbon footprints of multiple cars being driven to
the boxes. Such “friendlier” terms as “group” or “neighbour-
hood” boxes, also being used, seem to us to be hollow public
relations.

Definitions

Super

We wonder whether we’ll become part of the super-aging
generation — one of those high-functioning, super-sharp
seniors who has reached three score plus twenty or so years?
Who knows how much we can help ourselves to achieve this,
even if we drink at today’s “Fountains of Youth” that range
from antioxidants to Viagra to, as in the postcard illustration,
wintering in Florida?

If we have any chance of being
designated a super senior, hazards
must be survived. One is the preten-
tiously named super Mail Box. We
are not sure when the term was
coined – it has not yet reached the
Canadian Oxford Dictionary – nor
does it clearly fit into generally
accepted meanings of super. Larger
yes, but not like, say, a supertanker,
merely variable-sized, honeycomb-
like stacked metal boxes.

And what is so super about the
health hazards that have come with
the boxes? Post office arguments
advanced to support the widespread

On the reverse of this Fountain of Youth postcard, mailed in 1941, Florida is extolled as the “land of sunshine” and the “Winter Playground of the nation.”

Seniors’ musings

Raoul Andersen (L) and John Crellin

www.med.mun.ca
Humanities at work

Physician heal thyself by writing about thyself?

By Dr. Jim Connor

Doctors often tell tales of their professional lives lived through writing books. Over 60 years ago two medical historians explained how medical autobiography, which began in the 16th century, depicts “successive stages in the development of an individual… [where] finally there will emerge the structure and significance of the life as a whole.”

Along the way such writing is “preoccupied with conflict” and “results from the collapse of a frontage in response to personal experience, for the impression of such experience creates a need for sympathy, self-justification, appreciation, or communication.”

Physician and literary scholar Rita Charon also believes that medical autobiography “embroils” physicians in “the public examination of the private self… in order to justify or cohere or accept choices made and deeds done.” Just as significant is her observation of the new trend among recently minted doctors to write autobiographically of their medical schools days and early years of physicianhood as during this period they “undergo dramatic transformations, often in a relatively short time, that render them unrecognizable to themselves.” These character changes insert an “obligatory discontinuity into any medical autobiography.” Charon continues that the “publication of many memoirs about medical school suggests the urgency to tell of these transformations—and to tell of them in sadness, rage and contrition. The width of the alienating discontinuity opened by medical training suits physicians particularly well for writing autobiographies and even suggests that they, more than other professionals, need to write them.”

The autobiographical writings of Sir Wilfred Grenfell exemplify a former generation of “old-school” doctors which record the selfless patient-care delivered over many decades of challenging rural and remote practice in the North. As MUN scholar Ronald Rompkey has concluded, Grenfell’s memoirs are in the form of a “spiritual autobiography” hearkening back to John Bunyan where each trial and tribulation is designed to inspire and instruct readers and imbue them with Christian ideals. Shane Neilson’s Call Me Doctor is entirely representative of “new school” autobiography in which he relates his experience of medical school at Dalhousie University at the beginning of the 21st century. “Call Me Doctor documents the gruelling hours, personal misgivings, bizarre incidents and profound ambivalence of the entire process,” the publisher’s blurb announces. It continues: “Ultimately, this is a tale of assuming responsibility, of a man responsible for others but not yet responsible for himself, of someone becoming a doctor despite his own worst efforts, and of someone enriched by the experience.”

Yet for all its 21st-century training tale traits and its display of medical student frustration, Call Me Doctor is, like Grenfell’s autobiography, a spiritual and healing one—but admittedly without the overt Christian allusions and references. By his own admission Neilson wrote this personal account to instruct others and to heal. “My own tortured route through the academy should not be emulated,” he writes. “I offer my own record in prose so that others will not have to follow. That I walked a willfully difficult path will become clear. At times it will appear as if I suffered from a penchant for self-mortification. All of this is to say that I have investigated the role of the bad medical student, that living this role has caused me pain, and that trick of writing out my experiences—the mysterious urge to write it down—has been the only way I could make sense of the time I spent bumbling on the way to becoming a doctor. Writing has been a form of medicine; I wrote and I write to self-heal, feeling the need to put my experiences into words…I knew that I had to have catharsis, an emotional outlet, a conduit to name and understand the challenges I faced…Of course, it’s pure vanity to imagine that the resultant writing might be of interest to others. But I do hope that such is the case.”

Neilson’s discourse smacks of a Victorian religious tract. This medical autobiography is an allegory of the lost medical student who later finds his way as a good doctor—he gets back on track along the path that is straight and narrow, which turns out in this case to be the Labrador Highway when Neilson crashes into a snow bank and finds himself and his young family stranded in the winter wilderness. Neilson’s rerouting appropriately takes place in Grenfell country. During a training rotation in St. Anthony in the hospital established by Grenfell, Neilson remembered the great doctor’s near-death experience almost a century earlier on an ice-pan. “I know that comparison between myself and the foolhardy Grenfell is ridiculous” Neilson mused, “but his misadventure is always on my mind when I’m travelling in this province…”

Autobiographical writing and, perhaps, the humanities in general, seemingly have evidence-based therapeutic properties for physicians.

Dr. J. T. H. Connor is the John Clinch Professor of Medical Humanities and History of Medicine.
I remember hearing Mary Walsh (LLD’00) saying something about it being critical for Newfoundlanders to spend some time (i.e. years) living off the island, before you can really appreciate it. I also remember reading Wayne Johnston’s *The Colony of Unrequited Dreams* and there being something of the same concept buried within its pages.

I’ve been (gasp!) a mainlander in geographic location for almost eight years now. Heck, I’ve been an Ontarian, and now I’m even a Newfie in a Calgary hat! (Yes, I have the hat, the boots, the buckle....) Even so, I always click the NL on the CBC website to hear the latest, watched the “Yes We Have” video on YouTube a bunch of times, and delight in the latest oil find off our shores. In these things, I’ve sought them out.

But there have been two key things that push Newfoundland and Labrador to the top of my awareness and that of lots of others here on the mainland. The first has been the amazing and unparalleled tourism campaign that shows rust and green hills overlooking frigid charcoal water, sweeping views of rivers and brooks, sapphire skies and majestic creatures of the sea.

I remember the early versions of this campaign when I lived in St. John’s and Placentia. And I loved it then. They seemed to capture what I knew about the place where I was from.

Here, it’s a different ball game altogether. You can’t look up from the newspaper ad or commercial with St. John’s houses or Gros Morne views and see the same or similar thing out the window here. Instead, you glimpse these images, and feel this unapologetically raw beauty and quirkiness, and wonder “where is that?” I’m lucky enough to know, but to many others, it is a different tantalizing thing and they want to find out.

The second push is not entirely different. The re-branding of our university, with new logo, new marketing themes, new contact experience and web presence, new advertising strategies and new public use name has been comprehensive, to say the least. It has also been different.

When it happened, I was torn: I loved the new logo and the explicit departure from an emblem that was not dramatically different from those of almost every university around. It was unapologetically raw, rugged, real, powerful, quirky, beautiful.

BUT, it lost our place. Our name, our anchor, “Newfoundland” was banished. A memorial of what? to whom? from when? for whom to remind? Like most Newfoundlanders, I have always had a strong sense of roots – that the grit and rocks of the place is ground into our muscles and bones. And for our university to cut off this root seemed unforgivable.

I called up the new associate director in charge of marketing, Michael Pickard (whom I knew from him being a couple of years ahead of me at Brother Rice High School in St. John’s). I told him my concern – mostly that a memorial for people who died in battle for a nation known as Newfoundland could hardly be a memorial without the nation’s name in there somewhere. My grandfather fought at Beaumont Hamel and lived, but we all know many died, there and elsewhere. How can you have a memorial without mentioning the common identifying name? The root?

Yet, in the years since (with no change in the new funky logo to include “Newfoundland”), I’ve had to admire their success. In ads and brochures, you notice Memorial. I laughed out loud on the Toronto subway one day when I looked up to find Memorial “owned” the train. Every ad was a quirky ingenious pitch.

So maybe, just maybe, the rocky rugged quirky whole marketing thing says “Newfoundland” more than any word ever could. Yet, whenever I try just “Memorial,” I usually have to add some geography.

Dr. David Keegan (Class of 1995) is an associate professor and undergraduate director at the University of Calgary’s Faculty of Medicine.
Etiquette
By Dr. Bill Eaton

As a professional service to you, my colloquia medicini, I offer up these words of advice concerning the behaviour of a doctor during these troubled times. Delving into the depths of historical writings, while continuing the long tradition of fabrication, Dr. Bill will sort out your issues with medical etiquette.

Rules for doctors

1) Be polite. According to my sources at the Canadian Medical Protective Association, lack of politeness is the frosty base of most actions in this arena. Show respect for people and their sensitivities, especially after you screw up (word to the wise…works better before).

2) Be on time. Let’s face it; being late is a power trip. Keep those high-priced executives waiting: everybody knows who’s important here. On the other hand, being on time for mothers and their small children keeps your waiting room quieter. Blood pressures will drop as those executives wait in peace and tranquility.

3) Don’t let comments go to your head. People, who tell you you’re the greatest, probably have an equal amount of psychopathology as those who think you’re not fit to treat a pig. So don’t let your ego or any other body part, be puffed up or dragged down by what people say about you.

4) Don’t eat in clinic. It’s often the sick people who visit doctors, bringing their bacteria and viruses along with them. Apparently some such microbes can survive for hours on surfaces like your sandwich. Besides it’s hard to be taken seriously if you’ve got bits of food sticking out from between your teeth.

5) Don’t mumble on camera. This looks bad even when done by professionals like hockey players or celebs in rehab. Appear to answer the questions and don’t use medical terms. Wear a shiny bit of medical gear, lean forward, and put your hand over your heart when you speak a “deep truth.” Works every time.

6) Be nice to people. For some doctors this is the hardest of all the rules. You don’t have to like your patients but you do need to show respect and caring. A doctor in a sour mood stimulates healing only because the patient will do anything to get away from the sour doctor, including getting better. I meant this metaphorically.

7) Be of good humour. You could lighten up a bit I’m sure. Test yourself – who laughs more, you or your patients? If neither laughs, you might ask yourself why?

8) Wash your hands. I can’t reinforce this enough. People know your office is full of bugs and are reassured when they see you wash up. Do it in front of the patient and spend a little time at it, long enough to sing “Happy Birthday” once through. Lots of people have taken first aid courses and know this singing-timed rule. Besides it might help you avoid illness yourself.

9) Look after yourself. Exercise daily. You could go to work 15 minutes early and walk about. Do it again after you leave, and you’ve added two and a half hours of exercise to your week.

10) Be humble. Come on here. Don’t make me laugh.
Sprig is here, meaning that reunion time is nigh. Classes ’74, ’79, ’84, ’89, ’94, and ’99 are poised to enjoy three great days of reconnecting with old friends. As requested by Dr. Ruth Condon (’84), anesthetist, residing in Calgary, I will now present this bran muffin recipe. This recipe was made by a lot of my contemporaries. Certain alumni would meet on Sunday night to make these. I would always have the batter in the fridge to make instant muffins. A friend and fellow alumni, after celebrating on George Street, dropped in to a bran muffin party at my house. He was in hard shape the next day, having eaten six of these bran muffins with spirits.

**Bran Muffins**

2 cups of bran  
2 cups of brown flour  
1/4 cup of vegetable oil  
Put oil in measuring cup first for easier cleanup, and then add  
2/3 cup of molasses – 1/3 light, 1/3 dark  
1 tbsp baking soda (not powder, trust me)  
2 cups milk  
2 eggs  
1 cup raisins  
Mix dry, add to wet ingredients, pour into muffin tin and bake at 350º for 20 minutes.

On July 31 the reunion will commence Friday night with wine and snacks, and a few short presentations, including the annual Ingram Award. The George Street festival is on downtown for those night owls. Saturday morning includes fabulous speakers, all from the reunion years. Following the CME lectures, Dean James Rourke is hosting a luncheon for the attendees.

Barring snow and a hurricane, golf tees are booked for the afternoon at Clovelly. This tournament is open to all interested. If you are not a golfer, there are other available outings, which can be co-ordinated through your class rep.

Saturday night is the icing on the cake, the salt beef on the cabbage, and the blueberries in the pie! Each class is having a private meal and a chance to reconnect, with details included in the brochure. Dean Rourke will be popping in to all of the class parties, time permitting.

The MUN Med Alumni Board are now requesting applications for the Dr. Wallace Ingram Award for New Faculty. Applicants must be new faculty at MUN and must present a research proposal and budget. The applications are then reviewed by each of the board members and then awarded. The funding for the Wally Ingram Award comes from reunion donations.

The second annual MunMed alumni wine tasting was held at the Get Stuffed restaurant on Duckworth Street on March 28. Approximately 40 alumni and friends attended. Alumni from the Class of ’73 to the class of ’09 were coached in various wines, and a superb dessert scotch. Thanks to Drs. Alan Goodridge and Bill Eaton for kick starting the evening. Bill performed an original composition about a patient and over-caring relatives. The food was plentiful and delicious. We’ll do it again next year.

If you are a member of one of this year’s reunion classes you should have recently received the annual reunion fundraising appeal letter from your class leader. This is your chance to support the special reunion project – the Dr. Wallace Ingram Award for New Faculty. Since the creation of the award in 2004, annual donations from MUNMed alumni have made it possible to fund some excellent research and education programs in the Faculty of Medicine while honouring the career of Dr. Ingram, who has been a wonderful tutor, lecturer and mentor to many of our graduates. Even if you cannot attend Reunion ’09 you can still send your gift in support of the Dr. Wallace Ingram Award. For more information on how to give please call 709-777-8289, email development@med.mun.ca, or go to www.med.mun.ca/donate/home.aspx.