UBC MEDICINE

THE MAGAZINE OF THE UBC FACULTY OF MEDICINE Volume 3 Number 2 Spring/Summer 2007

Who Are These People AND WHAT ARE THEY DOING AT ART COLLEGE?

Telling Tales

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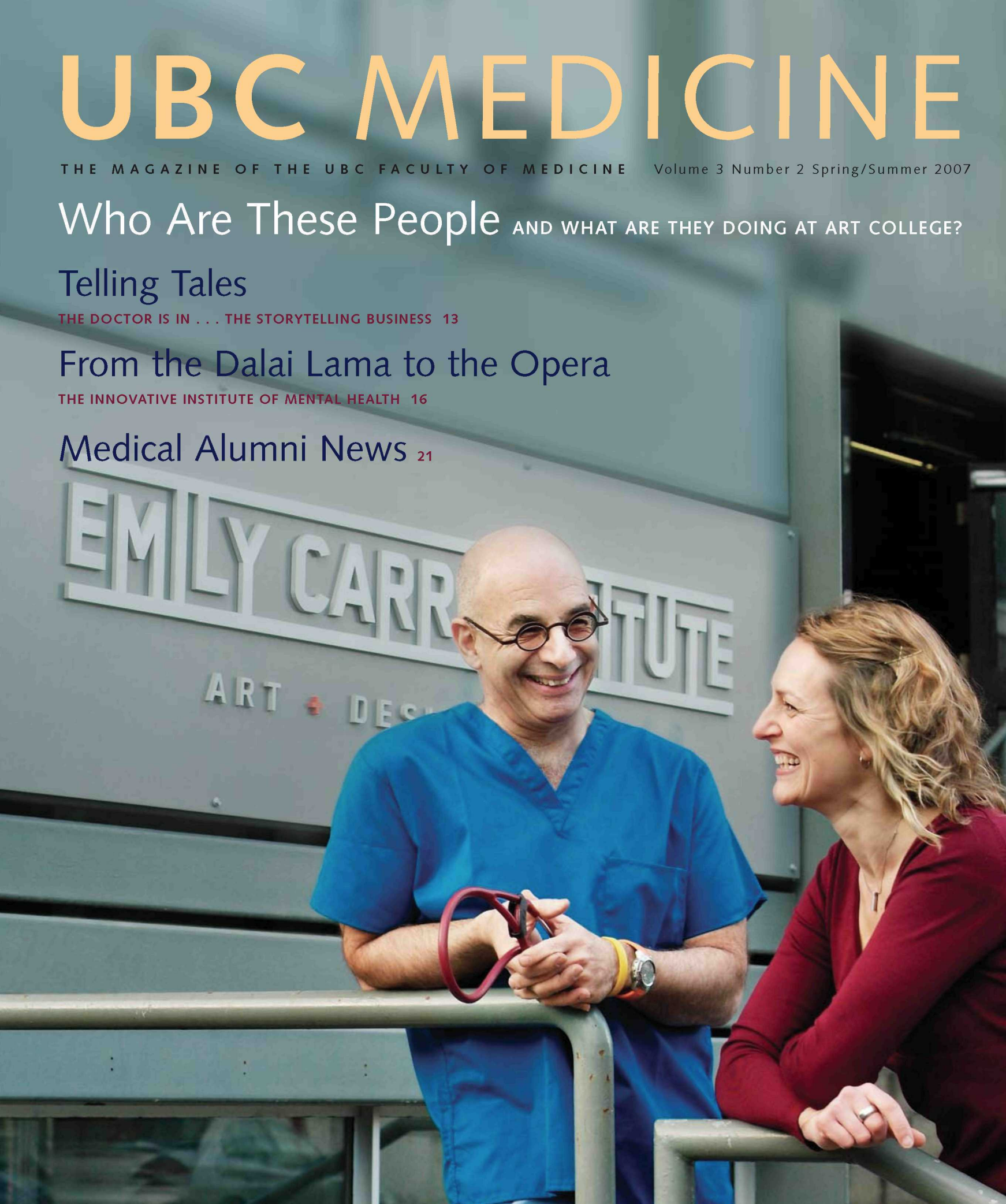

 THE DREAM HEALER — An Operatic Partnership of Art and Medicine

On stage at the Chan Centre, foreground (L) Music's Nancy Hermiston with Psychiatry's Athanasios Zis; (R) Allan Young, Institute of Mental Health, with librettist Don Mowatt and composer Lloyd Burritt.

UBC MEDICINE MAGAZINE
is published twice a year by the Faculty of Medicine at the University of British Columbia. It provides news and information for and about faculty members, students, staff, alumni and friends.

Submissions and suggestions are welcome.
Contact editor.med@ubc.ca.
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Spring/Summer 2007

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On the Cover
Cardiologist Ian Penn and architect/physiotherapist Jill Anholt on location at Emily Carr Institute on Granville Island. See page 4 for story.

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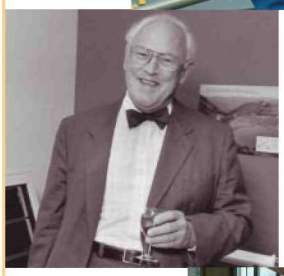
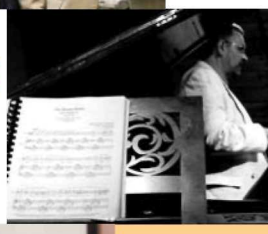
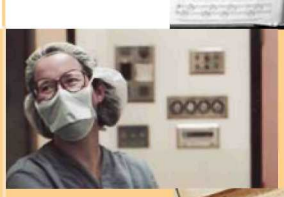






IS THERE SOMETHING IN THIS ISSUE OF *UBC MEDICINE* MAGAZINE THAT YOU FEEL STRONGLY ABOUT? YOU TOO CAN BE PUBLISHED IN THESE PAGES—A NOTE TO EDITOR.MED@UBC.CA IS ALL IT TAKES.

Death to "Passed Away"

I enjoyed reading the latest edition of *UBC Medicine*, but was surprised to see the euphemism "passed away" in the report of Dr. Vrba's death.

Euphemisms are substitutes for words "that may offend or suggest something unpleasant." *(Webster's New Collegiate Dictionary,* 1974*)* By using a euphemism, you appear to be saying that your readers would be offended or upset by the word "died." Now, I am sure that is not true of the majority of the medical community, but I believe it is true of the majority of North Americans. The word "died" has just about disappeared from the North American lexicon.

Physicians, nurses and others have made great strides in reducing people's use of euphemisms to refer to body parts, especially to body parts that are involved in the sexual act. In doing so, I believe that they have helped people to be less ashamed about their sexuality. I doubt very much that you would refer to a 'peepee' rather than a penis in the pages of *UBC Medicine*. What message would you send to your readers if you did?

In order to confront something we fear or are ashamed of, we have to call it by its rightful name. We can help others confront their fear of death simply by using the words "death" and "died."

On the other hand, we can contribute to people's fear of death by using euphemisms when we talk about it. Which of these two options will you support?

Jennifer Gait, BSN, MSc
UBC Health Planning and Administration

EDITOR'S NOTE: *Thank you for your thought-provoking observations—your point is very well taken.*

READERS: *You are invited to respond to the provocative question at the end of Ms Gait's letter. What do you think? Which option do you support?*

A Challenge from Orthopaedics

Thank you for *UBC Medicine* (Volume 2, Number 2). The quality of paper, art work and article content is wonderful. You'll be hard pressed to top it!

Sue Cutts, Administrator
UBC Department of Orthopaedics

Speech Language Pathology Grad Checks In

My partner of five years, Barb Hannah, and I recently purchased our first home in Toronto, where I have a private practice in speech pathology and psychotherapy. Proud godmothers of Jake, seven, and Ben, three, and guardians of Sparkle and Dooley, we long to return to the west coast to beachcomb and hike the rain forest.

Gwen Shandroski, Audiology & Speech Sciences'87
Toronto

Two Letters from Victoria

Just wanted to say thanks for sending me *UBC Medicine* magazine. It was great to read the Bill Webber piece, and generally inform myself more about the Faculty and its culture.

Maura Quayle, Deputy Minister
BC Ministry of Advanced Education

I received a copy of *UBC Medicine* magazine today at my office. As a new faculty member, I enjoyed reading many of the articles. Thank you.

Nancy Craven, MD
Renal Services, Royal Jubilee Hospital
Victoria, BC

And One from Nepal

I received a copy of your Spring/Summer 2006 issue from one of my students, who is from Vancouver. It was a delight going through it. The article on Nepal is really interesting—especially the photos, as I have taken very similar ones myself.

I would be obliged if you would add my name to the mailing list.

Dr. Ravi Shankar
Manipal College of Medical Sciences
Pokhara, Nepal

UBC FACULTY OF MEDICINE

Vision
Through knowledge, creating health.

Mission
Together we create knowledge and advance learning that will make a vital contribution to the health of individuals and communities locally, nationally and internationally.

Commitments
Through education, research and service, UBC's Faculty of Medicine will positively and measurably influence the health of people in British Columbia, Canada and the world.

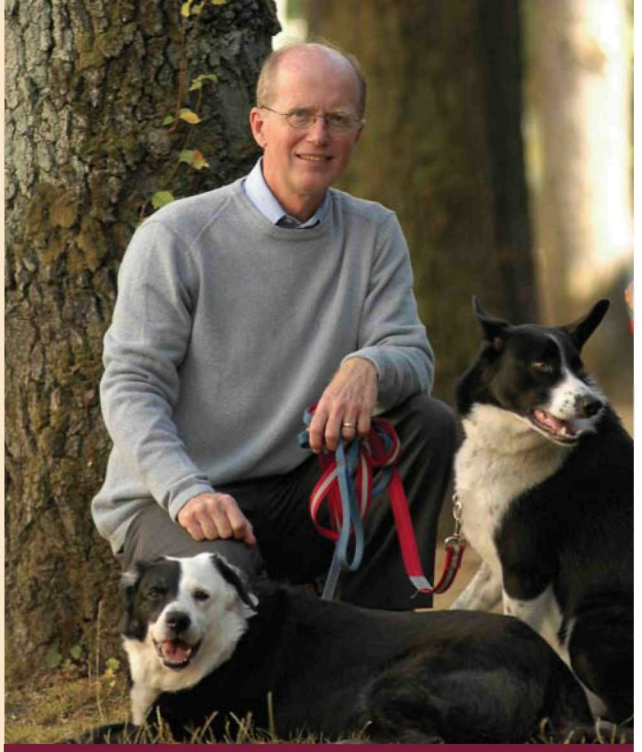
In its words, attitudes and behaviour, UBC's Faculty of Medicine will build a common identity as a single, integrated entity across British Columbia.

As a global leader in health education and research, UBC's Faculty of Medicine will be a source of pride to all its members.

We choose to advance our mission through leadership in information technology and communication.

For the full text of the Faculty's strategic plan, *Health Trek 2010*, go to "About Us" at www.med.ca and click on "Health Trek 2010."

Dr. Andrew Seal (centre) with (L to R) Aldwin Chan, Class of 2008 (Dentistry), Clara Tan, MD'06, Venetia Mah, Class of 2008, and Mark Fok, Class of 2008. They are standing in front of a quilt made by Stephanie Johnson, MD'06, displayed as part of the Medical/Dental Student Art Show in April 2006.



THE ART OF MEDICINE

My personality and interests have not been primarily focused on the arts and humanities. If you were to ask me the question that this magazine asks so many of my colleagues—"what are you doing after work?"—nine times out of 10 my answer would involve family, sports or woodwork. I enjoy reading fiction—I enjoy escaping the everyday in the pages of a thriller—and I do watch movies. And like most of us in the health professions, I am familiar with the expression "the art of medicine."

Several years ago I had the opportunity to appreciate first-hand the beneficial effect that the arts—in this case art and music therapy—can have. Their contribution to the spiritual and psychological well-being of several of the oncology patients I had the privilege to care for was clearly evident. As I continued to observe the process of making, looking at and listening to art and music in that context, I began to understand how the arts in and of themselves are a method of communication.

Early health practitioners depended almost entirely on a set of communication skills, "soft" skills like the ability to listen, empathize and inspire trust in their patients. Today, the "art of medicine" appears to have metamorphosed into the "science and technology of medicine." Recalibrating the pendulum—finding a balance between science and technology and "the human touch"—is a struggle, and currently a major focus of attention in medical schools across North America and in Europe.

In our Faculty, the arts and humanities have many champions. Chief among them is physician, professor and painter Andrew Seal. Andrew has been encouraging medical students' involvement in the arts since he joined the Faculty in 1981. It was from Andrew that I first learned about the extent and variety of the talents and interests of our medical students and the activities that celebrate them—the Spring Gala, an annual highlight since 1995; student and faculty art exhibitions; the medical school choir, now in its 14th year; and the second-year play in its fifth. I have never failed to be impressed by the performers, the exhibitors and the hardworking crew behind the scenes at these events.

Andrew's most recent commitment, with MD/PhD student Claire Heslop, is to the Arts and Humanities in Medicine initiative. This will bring together students and faculty members from the faculties of Arts and Medicine to explore their complementary interests. The response has been excellent and I look forward to seeing it grow and prosper.

To everyone in the Faculty of Medicine involved in the arts and humanities—students, staff, faculty members, and alumni from all our departments, programs, schools, and research centres—I say "Bravo!" You have a rich and valuable source of energy, inspiration and knowledge to draw on and to share with others.

GAVIN C.E. STUART, MD
Dean, Faculty of Medicine

Every month, Dean Stuart posts a new video message on the Faculty website. To watch—and respond—go to www.med.ubc.ca.

by Tim Carlson

WHAT ARE A PHYSIOTHERAPIST AND A

The Physiotherapist

Massive steel tubes poke out of the ground at 45-degree angles in front of a Coal Harbour high-rise at Nicola and Hastings in Vancouver. Viewers peer down into these industrial-strength spyglasses to find images of the neighbourhood's past—fishing and coal mining—etched upon the sky.

Jill Anholt's public art piece *Scopes of Site* (2003) is a mind-altering conjunction of past and present. It's curious, at first, to think that the imagination behind this sculpture shares brain space with that of an accomplished physiotherapist. How can they co-exist? But Anholt reveals that the magic behind seeing the sky when you're looking into the earth is grounded in a periscope idea that she developed with a UBC researcher in biomedical optics. It suddenly makes sense that it could only have been an artist with her particular balance of scientific and architectural interests who could conceive such a design.

Anholt speaks two languages: one intimately connected with the human body through medicine, and the other intimately connected with the public space that those bodies pass through.

Anholt put a successful physiotherapy practice on pause in December 2006 when demand for her work as public artist, environmental designer and educator—she teaches a class in design process and a seminar in design history at Emily Carr Institute—compelled what she is calling a "temporary" change.

Anholt's current commissions include designing a new public space at Broadway and Vine, creating a work called *Skyriver* in Richmond and advising on public art strategies for the West Donlands, part of Toronto's massive waterfront revitalization project. She is one of only a handful of Canadian artists in her field that are busy with commissions full-time.

The Kid Who Loved to Build Things

Anholt was the kind of kid who liked to build things—like an "alarm clock made of boxes and string." It's not surprising that she went on to study architecture at Carleton University after high school. When she found herself "overwhelmed" by the demands of the course, she moved to Vancouver and enrolled in UBC's Bachelor of Science program. After two years, still unsure of her career aspirations, she took off for Europe and ended up travelling with a group of physiotherapists.

"I had also been very into sports when I was growing up, so I was fascinated by their knowledge of how things worked in the body," she says.

Anholt enrolled in the Faculty's School of Rehabilitation Sciences, graduated in 1990, and began her physiotherapy career. By 1992, however, the art world was calling again. She started with evening classes at Emily Carr and ended with her second UBC degree, a master's in Architecture.

While her knowledge of the body informs the concepts of her designs for the public, Anholt says her art skills equally inform her work as a physiotherapist.

"I think I bring in certain kinds of observation skills and types of creative problem solving," she says. "And some things are difficult to discuss with a patient in medical terms, so it's good to explain in metaphors."

CARDIOLOGIST DOING AT ART COLLEGE?

The Cardiologist

The heart on the monitor beats in grainy black-and-white, the arteries waving like branches in the wind. A cloud of light grey surges through the image. Dr. Ian Penn opens a book to show sketches of such scenes drawn in red ink.

"I've kept a visual diary ever since I can remember," says Penn. His own still life studies and sketches of images by Cezanne and Matisse fill other pages of the book.

Moments later, in an examination room, Penn considers seven screens showing a similar black-and-white video of the heart beating inside the man on the table. On a laptop, he sketches in the blockages of the man's coronary arteries using a simple illustration program—mapping out a graphic depiction of the patient's situation. Conferring with the resident at the man's side, Penn considers the options for angioplasty or surgery.

Penn is from Sydney, Australia. He studied philosophy and political science before going into medicine. An academic path appealed, but in the early '80s he was seduced away by the advances in clinical angioplasty and the use of coronary stents (metal sheaths that keep the vessels open after angioplasty). He studied with Dr. Richard Schatz in Arizona in the late '80s and was instrumental in bringing the procedure to Canada.

Painting Is Hard Work

It's surprising to hear Penn say that painting is "much more work" than his job in the Cardiac Cath Lab. The distinction he is making, of course, is that one is a medical practice that he's mastered and the other is an art practice he's seeking to master.

Two abstract studies in contrasting hues of aqua and navy hang on Penn's office wall. He explains that the shapes are based on a still life of two persimmons and a pencil box, which he arranged for an exercise at Emily Carr Institute, where he is enrolled in a degree program. A large canvas based on a view from Jericho Beach, with a brilliant yellow rectangle of sun shining hot above, hangs in the reception area.

Penn has just returned from a two-week "marathon" painting session at the New York Studio School, and the charge of the experience is still profound. He entertains the idea of full-time art making, yet acknowledges there's a side of him that would find it difficult to leave medicine.

"Maybe I'm not able emotionally to leave," he says. "I grew up among Holocaust survivors, where there was intense pressure to be practical and art wasn't something you did seriously. I still have that huge internal obligation to be productive and contribute. Art is a competing need."

In high school, Penn showed great promise in art and metalwork, which his family firmly discouraged. Although he regularly sketched throughout his life, it wasn't until he took a sabbatical in 2002 to study drawing and painting in Australia that he "got serious." The results are clear in the quality of his recent work. He might wrestle with the tension between his natural artistic talent and his commitment to medicine, but what is impressive is that Penn has the awesome ability to practise both. ■

From Victoria

BC's Family Physician of the Year

In November 2006, **DR. DARLENE HAMMELL**, (1 below) assistant dean of Student Affairs for the Island Medical Program, was honoured by her peers as BC's Family Physician of the Year. The Victoria-area physician was recognized for her exemplary work as a clinician and for her service to the community through her teaching, mentorship and activism, including voluntary work overseas.

Hammell and Dr. Jim Stockdill helped to establish the UBC Family Practice Residency Training Program in Victoria in 1992. A strong advocate of education in her clinical practice, in local Continuing Medical Education activities and in the Victoria community, Dr. Hammell organized Victoria's first Women's Health Forum. She plans to go to Ecuador in 2007 to assist with pre- and post-operative medicine in a small Catholic hospital.

1

David Suzuki and NMP Student

On Stage in Prince George

Internationally renowned scientist David Suzuki (2 below) was in Prince George on January 27 as the guest speaker at the Northern Medical Society's third annual **DR. BOB EWERT MEMORIAL LECTURE**. His lecture was titled The Challenge of the 21st Century: Rediscovering the Human Place in the World.

The event is a highlight for the **NORTHERN MEDICAL PROGRAM** and is attended by NMP faculty, students and members of the Prince George community. **SUZIE BUTOW**, Class of 2010, spoke at the event on behalf of her fellow medical students.

2

Search and Rescue Hero

Med student shares in the danger, the glory—and a night on Mount Seymour

Third-year Vancouver-Fraser Medical Program student **DOUG BROWN** (3 & 4 below) was one of seven search and rescue volunteers who spent the night on Mount Seymour with a badly injured snowshoer, who was rescued on January 19 after a three-day ordeal.

The snowshoer was hypothermic when the first rescuers got to him at dusk on January 17. Brown was one of a team of five who were able to get through to the man the next day, bringing food and supplies. Due to bad weather and avalanche conditions, Brown and the other rescuers were forced to camp out with the injured man, sheltering in snow caves. The man was airlifted out the following afternoon.

Brown has been with Lions Bay Search and Rescue for 10 years. Current medical students **JACQUIE TRUDEAU**, Class of 2008 and **BRADY WARNICK**, Class of 2007 also volunteer with search and rescue teams.

Hiding in Plain Sight

Discovery may lead to "smart" therapies for breast and ovarian cancer

A team of stem cell and cancer scientists in the Faculty of Medicine has discovered that the protein podocalyxin is not only a predictor of metastatic breast cancer, but it also changes the shape and adhesive quality of tumour cells, affecting their ability to grow and metastasize.

"We believe we've found an important new culprit in metastatic breast cancer, which opens up an entirely new avenue of cancer research," says **CALVIN ROSKELLEY**, an associate professor of cellular and physiological science who specializes in breast cancer and is co-senior principal investigator. "The culprit is hiding in plain sight on the surface of tumour cells, so we are now developing 'smart' molecules to block its function. The ultimate goal is to generate new targeted, non-toxic treatments—very different from the standard 'slash and burn' chemotherapy."

For more about this discovery and the people who worked on it, go to www.med.ubc.ca/news/News.htm.

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Clinical Academic Campuses Open

Government, health authorities and the Faculty collaborate

Minister of Health George Abbott joined Dean Gavin Stuart at the **ROYAL JUBILEE HOSPITAL** (7 below) in Victoria on March 27 to open new clinical academic facilities at the Royal Jubilee, the **ROYAL COLUMBIAN HOSPITAL** (8 below) in New Westminster, the **PRINCE GEORGE REGIONAL HOSPITAL** (5 below) and the brand-new **GORDON AND LESLIE DIAMOND HEALTH CARE CENTRE** (6 below) at Vancouver General Hospital. Students, faculty members and the media at all four sites participated via the Faculty's state-of-the-art video-conferencing system.

The Ministry of Health provided $27.6 million for new or renovated teaching space in clinical academic campuses and related facilities, and a further $14.9 million for the audiovisual information technology (AVIT) infrastructure. Faculty members can conduct classes with medical students and residents between and among any and/or all of these locations.

In his remarks Dean Stuart acknowledged the support of the hundreds of clinician-teachers whose enthusiasm and dedication make the Faculty's distributed education programs possible. "The clinical academic campuses will help provide communities across BC with access to a major medical centre committed to training the next generation of doctors and health care professionals," he continued, "and will make a major difference to the health of British Columbians."

Pathology Goldmine

Free access via pathology portal

The Knowledge Hub for Pathology©, created by **DR. DAVID HARDWICK**, professor emeritus and special advisor to the dean, is being promoted as "the largest book—e-book or otherwise—in the history of pathology." Access is free at www.uscap.org.

Body and Brain

The Alzheimer's–oxygen connection

A study by **DR. WEIHONG SONG**, Psychiatry professor and member of the Brain Research Centre, found that Alzheimer's may be triggered when the flow of oxygen-rich blood to the brain is reduced because of hardening of the arteries or strokes. Song reports that a reduction of oxygen in the brain can affect the progress of Alzheimer's disease by increasing the formation of plaques leading to dementia.

The study was published in the *Proceedings of the National Academy of Sciences* on December 5, 2006, and received major news coverage worldwide.

Breathing on Their Own Again

Diaphragm "pacemaker" piloted at Vancouver Coastal Health

DR. JEREMY ROAD, a specialist in respiratory medicine and the medical director of the provincial Respiratory Outreach Program, and **DR. JOHN YEE**, assistant professor, and surgical director of the Lung Transplant Program for the province, are the physicians responsible for bringing the pilot study to Vancouver—the second site in the world to become a trial centre for the new technology.

"I was struck by how life changing this procedure is," said Road, principal investigator of the research trial. "Mechanically ventilated patients almost always have severe impairments for smell, taste and speech. With diaphragm pacing, they are able to regain their sense of taste and smell, improve speech and live life with a much higher level of independence."

For more about the project, go to www.med.ubc.ca/news/News.htm.

IMP Students & the Medical Community

Celebration at the Empress in Victoria

On Vancouver Island, on January 27, the Victoria Medical Society and the Medical Staff Association held a gala dinner at the Fairmont Empress Hotel to welcome the **ISLAND MEDICAL PROGRAM CLASS OF 2010**.

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Cesarean Risk

C-sections three times riskier than vaginal births

The rate of elective cesarean delivery continues to rise, in part due to the widespread perception that the procedure is of little or no risk to healthy women.

"Some women might seek a C-section because it appears to be easier and more convenient than a vaginal birth," says **DR. ROBERT LISTON**, professor and head of the department of Obstetrics & Gynaecology. But surgery is not without risk. Liston led a study that indicates the rate of severe complications among those having a planned C-section was 2.7 for every 1,000 deliveries, compared with just 0.9 for every 1,000 vaginal deliveries.

The study was published in the February 13, 2007, issue of the *Canadian Medical Association Journal*.

Statins and Survival

Women don't benefit

A study co-authored by **DR. JIM WRIGHT**, professor, department of Anesthesiology, Pharmacology & Therapeutics, raises questions about widespread use of "the fastest growing drug class in Canada." The study, published in *The Lancet* in January, says healthy women should not take the cholesterol-lowering drugs to prevent heart disease.

"Our analysis suggests that lipid-lowering statins should not be prescribed for true primary prevention in women of any age, or for men older than 69 years," say Wright and his Harvard Medical School co-author Dr. John Abramson, quoted in the UK's *Daily Mail*.

Estrogen Therapy Challenged

Avoiding the risks

Women seeking treatment for hot flushes can avoid health risks associated with estrogen by taking medroxyprogesterone. In the first direct comparison of the two drugs ever undertaken, **DR. JERILYNN PRIOR** and an international research team has shown that medroxyprogesterone, a progestin or synthetic version of the hormone progesterone, is as effective in controlling hot flushes and night sweats as the standard estrogen treatment. "Women now have a true choice," says Prior, professor in the department of Medicine and founder of the Centre for Menstrual Cycle and Ovulation Research.

The study has recently been published in *Clinical Science*. More information can also be found at www.cemcor.ubc.ca.

KUDOS

A snapshot of recent honours, awards, offices and achievements

Order of Canada

JON STOESSL, (9 below) professor, dept. of Medicine (Neurology), and director, Pacific Parkinson's Research Centre.

Howard Hughes Medical Institute International Research Scholars

PHIL HIETER, (10 below) professor, dept. of Medical Genetics, and director, Michael Smith Laboratories.

NATALIE STRYNADKA, (11 below) professor, dept. of Biochemistry & Molecular Biology.

YU TIAN WANG, (12 below) professor, dept. of Medicine/ Brain Research Centre.

International Academy of Pathology

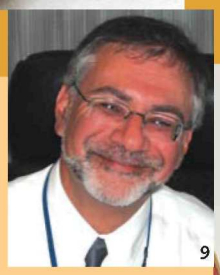
Newly elected IAP secretary **DAVID HARDWICK** (13 below) is a professor emeritus and special advisor to the dean. The IAP, founded in Montreal in 1906 by—among others—F.F. Wesbrook, UBC's first president, is the world's largest and oldest pathology organization.

Physicians for Social Responsibility

PSR's new president-elect is **ERICA FRANK**, professor, depts. of Health Care & Epidemiology and Family Practice, and Michael Smith Foundation for Health Research Senior Scholar. For more about PSR, go to www.psr.org.

Royal College of Physicians and Surgeons of Canada Duncan Graham Award

WILLIAM A. WEBBER has been posthumously named the recipient of one of the most notable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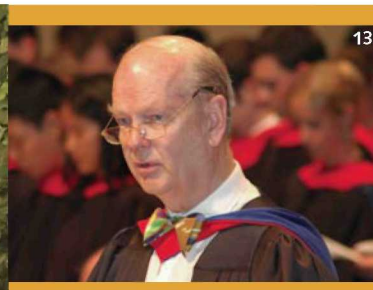
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and outstanding awards the Royal College can bestow upon an individual. This award is conferred in recognition of outstanding lifelong contribution to medical education.

Royal College of Physicians and Surgeons of Canada Visiting Professorship in Medical Research
IAN MACKENZIE, professor, dept. of Pathology & Laboratory Medicine.

Association of Faculties of Medicine of Canada AstraZeneca Award for Exemplary Contribution to Faculty Development in Canada
GORDON PAGE, Educational Support and Development, and his team—including CAROL-ANN COURNEYA, BILL GODOLPHIN, CLIVE GRAFTON, SIMON HUANG, PETER WING, and ANGELA TOWLE.

BC Community Achievement Award
KERRY JANG, professor, dept. of Psychiatry, for his contributions as a volunteer in the Renfrew-Collingwood community.

BC Innovation Council Lieutenant-Governor's Technology Innovation Award
BRUCE MCMANUS, professor, dept. of Pathology & Laboratory Medicine, and director, James Hogg iCAPTURE Centre.

BC Innovation Council Chairman's Award for Career Achievement
MICHAEL HAYDEN, professor, dept. of Medical Genetics, and director and senior scientist, Centre for Molecular Medicine and Therapeutics.

UBC Killam Awards
Research Prize – Senior Science Category
BRIAN MACVICAR, (14 below) professor, dept. of Psychiatry/ Brain Research Centre.

JULIO MONTANER, (15 below) professor, dept. of Medicine, and director, BC Centre for Excellence in HIV/AIDS.

Faculty Research Fellowship
LAWRENCE MCINTOSH, professor, dept. of Biochemistry & Molecular Biology.

University Teaching Awards
STEVEN KEHL, associate professor, dept. of Cellular & Physiological Sciences.

LAWRENCE MCINTOSH, professor, dept. of Biochemistry & Molecular Biology.

WENDY ROBINSON, professor, dept. of Medical Genetics.

UBC President's Award for Public Education through Media
THOMAS KERR, clinical associate professor, dept. of Medicine/BC Centre for Excellence in HIV/AIDS, as the UBC faculty member who has most demonstrated outstanding service to the university and the community by sharing research expertise via the news media.

Faculty of Medicine Bill and Marilyn Webber Lifetime Achievement Award
NELLY AUERSPERG, professor emerita, dept. of Obstetrics & Gynaecology.

The Faculty of Medicine celebrates the accomplishments of its staff and faculty members at a number of events throughout the year:

- For a full list of the individuals recognized at these events, go to http://www.med.ubc.ca/faculty_staff/awards.htm.
- Photos can be viewed at http://www.med.ubc.ca/news/Photo_Album.htm.

Missed the Event? Catch the Webcast

Go to www.med.ubc.ca/news/webcast.htm to see and hear:

The Heart of Diabetes
Leading BC researchers DIANE FINEGOOD, KENDALL HO, BRUCE MCMANUS, and BRIAN RODRIGUES explore and discuss what's new in the fight against diabetes and its cardiovascular complications. An interactive discussion period follows each expert presentation. Presented by the Faculty of Medicine and the Irving K. Barber Learning Centre, and supported by the Canadian Diabetes Association and the Heart and Stroke Foundation of BC & Yukon. First broadcast—live across the country—on March 10, 2007.

Managing Forgetfulness and Aging Successfully
The Brain Research Centre's MAX CYNADER, HOWARD FELDMAN and JONATHAN SCHOOLER join DR. ART HISTER, host of Canada's longest running health radio show, to talk about disorders of the aging brain and genetic influences on aging and memory loss, as well as strategies to help improve memory and age successfully. Sponsored by the Irving K. Barber Learning Centre.

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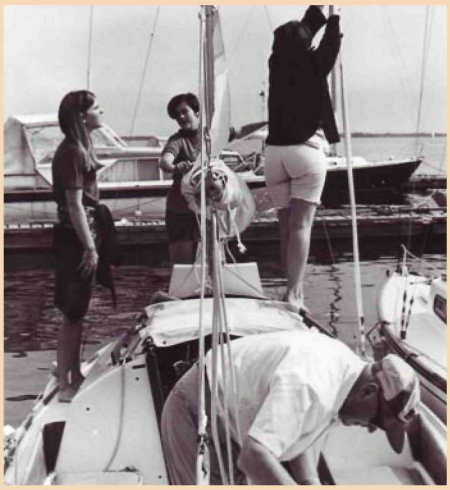


Dr. David Vincent Bates
1922–2006

" David kept an open and inquisitive mind, both in science and [outside it]. At dinner several years ago, I suggested drinking Pinot Noir with fish. There was initial resistance, but after minimal arm-twisting, David tried it and became a convert.

" My colleagues and I will miss the twinkle in his eye when he asked a leading question—and that impish grin when he made a decisive point to lead you to the answer he knew was just out of your immediate grasp. Most of all, we will miss his presence as a colleague and a true friend."

Dr. John Peters, Hastings Professor and Director, Division of Environmental Health, University of California, Los Angeles

" David had the ability to really connect with people. When my wife interviewed him about the history of the medical school, she was absolutely charmed, and fondly recalls his broad perspectives on history, literature and music—as well as his great sense of humour.

" He gave me a copy of his book, Five Minutes into the 'Eroica.' *In the inscription he drew my attention to a section containing his observations about the job of dean of Medicine. I found them very helpful and will always treasure this memento of him."*

Dr. John Cairns, Professor, and Dean of Medicine from 1996–2003

" Many people don't know that David was part of a medical team that investigated the aftermath of the atomic bomb in Hiroshima. The photographs he had from the expedition are astonishing.

" He kept working throughout his life. In fact, just last summer, David wanted to write an editorial for the New England Journal of Medicine *and asked me to participate. You should have seen the two of us 'elderly gentleman' trying to submit the article via the Internet! We had great fun trying to figure that one out."*

Dr. James Hogg, Professor Emeritus

" As soon as David began to speak, people would stop and savour his words. Whatever he said would immediately change the direction of the conversation. He was a brilliant man."

Dr. Helen Ward, Associate Professor, Respiratory Medicine, and Dr. Bates' last PhD student

Many people knew Dr. David Bates, the prominent scientist, inquisitive intellectual, air pollution expert decades ahead of his time, and dean of Medicine from 1972 to 1977. A respiratory physiologist and epidemiologist with over 260 published articles, six books, and the Order of Canada, Dr. Bates' academic strengths were widely recognized.

Far fewer had the privilege of knowing Dr. Bates, the family man, ship's captain, expert martini creator—and the man whose interest in the people around him inspired hundreds of Christmas cards faithfully sent for decades. This is the Dr. Bates we wish to share with you now.

by Erin Creak

The Science of Family Life

To describe Dr. Bates as a committed family man is an understatement.

"The whole family used to go camping every summer for a month," daughter Joanna, the Faculty's senior associate dean, Education, recalls. "Out in the wilderness, my father would insist on cooking a proper English breakfast every morning.

"He developed this detailed system for cooking eggs, fried bread, tomatoes, and coffee on a one-burner stove—for a family of five. Items were rotated, stacked and kept warm. The whole process was a work of art.

"We also used to spend a lot of time on Dad's sailboat. He lived to be captain of that boat. However, as teenagers, all that my friends and I wanted to do on the boat was wear bikinis and lounge around.

"At one point we were so frustrated with his attempts to organize us that we made him walk the plank. 'You're going overboard,' we said. And he did."

A Scientist's Martini

Dr. Bates applied scientific passion to his personal hobbies as well.

"In 1952 he spent a year in Philadelphia, where, among other things, he learned to make a real American martini," Joanna says. "He adopted this very scientific method—the exact amount of time the gin needs to be stored in the freezer; when exactly to put in the lemon and so on.

"He made one the best martinis I've ever tasted. He used to encourage us children to go to church by telling us we could have a martini. The irony is that he was never a heavy drinker. He simply enjoyed the science of it all."

A Wicked Sense of Humour . . . and Remarkable Empathy

Everyone who knew Dr. Bates will recall his sense of humour. Joanna remembers him often laughing so hard he would cry.

"He loved playing jokes on people. One year he organized a dinner for the American Lung Association. It was an international menu and most MDs had a puzzled look on their faces as they made their way through the unidentifiable starter. It wasn't until afterward that he revealed he had specifically chosen *lung* soup."

Dr. Bates' ability to connect with people from all walks of life was equally striking.

"He took the time to really talk to people and ask them questions about their lives and their work. My parents received hundreds of Christmas cards every year—including one from a woman who was my father's landlady in Philadelphia 44 years ago.

"He was also very supportive of young, up-and-coming researchers in his field. It was not uncommon for him to suggest that they write a paper with him—and then he'd remove his name before it was published."

A Man of Conviction

Dr. Bates lived a life of public service.

"He felt strongly that scientists have a moral obligation to influence public policy. He put himself out on a limb talking about air pollution back in the 1950s, but he couldn't have functioned any other way. In his mind, science existed to serve the public good."

Many years ago, listening to his son battle his way through flute practice, David remarked: "If something is worth doing, it's worth doing badly."

Dr. David Bates was human and made mistakes, but this never stopped him from exploring and asking questions—and encouraging everyone around him to do the same. ■

" David adored spending time with his wife. In the early 1990s, I invited him to a small symposium in Utah. He agreed to attend on one condition—that his wife accompany him and that they have lodging near the genealogical library, so she could do research while he worked.

"By the end of the week, it was unclear how much we had accomplished in the symposium. The Bates were quite pleased, however, with the family history documents they had located in the library."

Dr. Arden Pope, Mary Lou Fulton Professor, Department of Economics, Brigham Young University

POINT OF VIEW

WHAT IS IT ABOUT THE ARTS?

by Claire Heslop

The first step is admitting you have a problem.

I first noticed something was wrong when I caught myself carrying around contemporary novels. Next thing I knew, I had a membership to the Vancouver Art Gallery (VAG), and had signed up to participate in a local indie arts fair.

"Wait," I thought, "I don't have time for this! I'm an MD/PhD student! My obligations are to my classes, and my research project . . ." But it was too late. The arts, a large part of my life prior to medicine, had forced their way back in and would not be ignored.

So I succumbed, and with Dr. Andrew Seal, and students and members of the faculties of Arts and Medicine, we launched the Arts and Humanities in Medicine initiative—and heard back almost immediately from literally dozens of similarly "afflicted" faculty members, BC physicians and students. Some are cellists, some are painters, some teach opera appreciation, some dance, some sculpt, many write, and many more read for *pleasure*.

Is this an epidemic? They all seem to agree that creative and artistic pursuits are essential to their well-being and enhance their vocation.

> THE ARTS CONFIRM THAT THE HUMAN CONDITION IS NOT JUST STRUGGLE AND SUFFERING: IT IS ALSO ELATION, DISCOVERY, LOVE, TRIUMPH . . .

What is it about the arts that we seem to need so desperately in our busy lives in medicine?

I would argue, if you caught me reading Jeffrey Eugenides on the bus or checking out the Fred Herzog photo collection at the VAG, that appreciation of, and participation in, the arts are a natural complement to medicine. Medicine—fraught with time limitations, burdened by strict protocols, and tethered to empirical evidence—is balanced by creative activities, because of their subjectivity and their humanistic priorities.

The arts help us recognize patterns of emotion and human response, which are not reducible to physical or biological mechanisms. They give us deeper insight into the lives and concerns of others. They confirm that the human condition is *not* just struggle and suffering: it is also elation, discovery, love, triumph, and many other moving experiences that medicine includes, but often buries too deeply under evidence-based biology.

If our medical system appears to value biochemistry over biography, and to rely too heavily on technology, perhaps we look to the arts to rescue our human qualities, so we can identify and pay attention to those of our patients.

To the medical student, I say: it may be hard to find time for your creative pursuits, but maybe it is most essential that you do so now, while your ego is delicate, your emotions in constant flux. The arts can be a balm in your time of stress. They can help you retain your humanity and your altruism.

Indeed, the stress of medicine demands respite, and the arts are a haven where we can reflect on our motivations—why we try to be altruistic, why we feel resentful of our obligations, why we fear failure—and confirm to ourselves that we are as human as those under our care. When we yearn for the diversion of the arts, maybe what we are reaching for is the empathy, thoughtfulness and creativity that will help us practice the art of medicine. ■

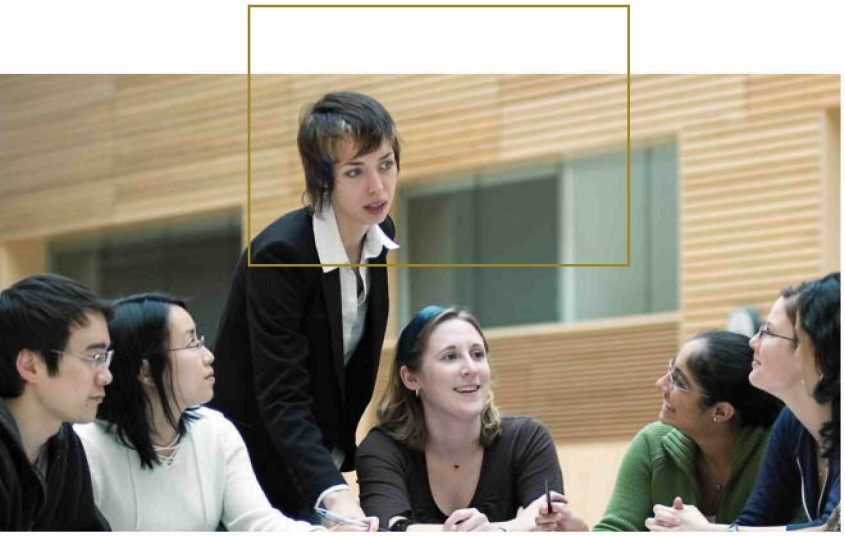
THE DOCTOR IS IN...

THE STORYTELLING BUSINESS

by Gillian Lockitch

"Listen to your patients," we were told repeatedly on ward rounds during medical undergraduate clinical training. But when we listen, what do we really hear?

Traditionally, we, as physicians, translate the histories we extract from our patients into problem-focused oral presentations, case notes, consultations, or scientific publications. The rapidly growing medical discipline of Narrative Medicine, however, takes a different approach—a medical history is not a recitation of "problems," but a life story to which the physician must listen in a different way.



Narrative Medicine transforms medical history taking from a paradigm of cross-examination into one of storytelling. According to Dr. Rita Charon, director of the ground-breaking Program of Narrative Medicine at Columbia University, "[the] temporal course [of the story], its images, its associated subplots…how [the narrator] sequences symptoms with other life events," tells us about the whole person, not just his or her problems. It melds the art and the science of medicine to enhance meaningful communication within the doctor–patient relationship.

> A MEDICAL HISTORY IS NOT A RECITATION OF "PROBLEMS," BUT A LIFE STORY TO WHICH THE PHYSICIAN MUST LISTEN IN A DIFFERENT WAY.

Listening to Life Stories

For Claire Heslop, a third-year MD/PhD student, thinking of patients and doctors as storytellers seems natural. Writing stories and poetry is an important facet of her life. "I have always had a creative writing journal…since I was introduced to it at school." And indeed, as we spoke, on the bench beside her lay her notebook.

Her interest in why and how people tell stories and what that can tell us about the storyteller grew out of her passion for both arts and science. During a survey course on comparative literature, taken while studying for her undergraduate science degree, Heslop became intrigued by the writings of Dante. Her thesis on medical imagery in *The Divine Comedy* explored the ways the physical suffering of Dante's characters—lame with dropsy, swollen with boils, gutted, or dismembered—corresponded to their sins in a very significant way.

In addition to her doctoral research in atherosclerosis, Heslop is pursuing a second research interest. Her conviction that knowledge of literature can "increase narrative competence" and "provide grounding for empathetic attention to patients" has led her to initiate a series of student workshops in the Doctor, Patient and Society (DPAS) program. These will investigate "how the humanities, and specifically literature, can be used to examine the narrative competence of medical students."

The stories her students write during the workshops will enhance their own ability to tell a story and their understanding of the storytelling process. Their stories may be published in the literary journal she hopes to produce at the end of the course.

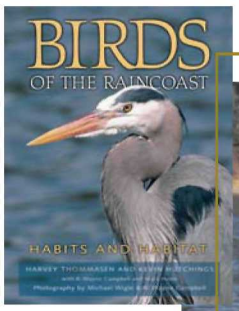
Heslop publishes her own stories, poetry and photographs in *The Sun Shines on It Twice*, her personal "zine." And recently, with arts enthusiast and faculty member Dr. Andrew Seal, she founded the Arts and Humanities in Medicine initiative to bring together medical students and faculty with common interests in literary, visual, music, and performing arts.

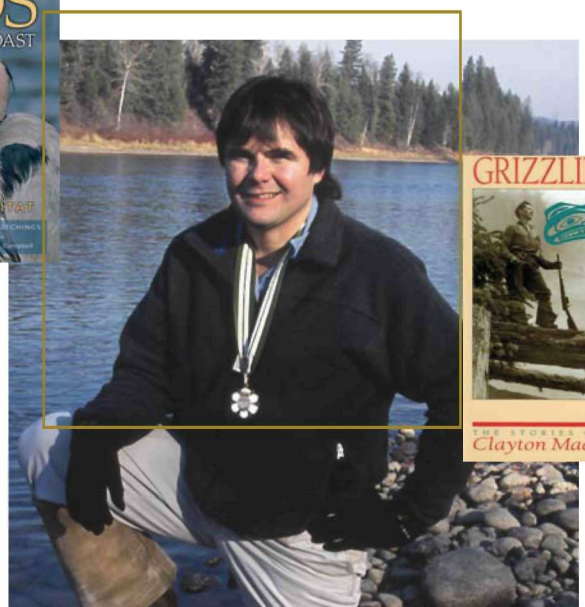
Listening to Other Voices

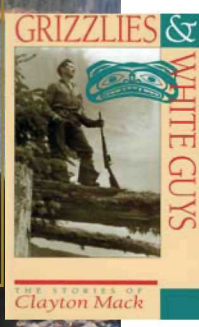
Dr. Harvey Thommasen, MD'87, has been listening to his patients' stories for over two decades. He combines medical practice in the Cariboo-Chilcotin region with meticulous research into the major health determinants of rural communities and an insatiable curiosity about the ecosystem in which he and his patients live. He has shared those stories in scientific publications—more than 50 peer-reviewed papers on rural health, and a genealogy of the Nuxalk Nation—as well as literary ones.

Thommasen, a family practitioner, encountered renowned Nuxalk storyteller Clayton Mack in the Bella Coola hospital. Mack spent 53 years as a tracker and hunting guide on the BC central coast before a stroke necessitated his admission to long-term care. From 1988 until Mack's death in 1993, Thommasen taped and edited the guide's stories and compiled them into two books.

Grizzlies & White Guys: The Stories of Clayton Mack, published in 1993, tells tales of hunting and grizzly bears. In *Bella Coola Man: More Stories of Clayton Mack*, the stories are of Nuxalk villages and how the advent of European and Asian settlers changed the old Nuxalk ways and culture. Thommasen's careful preservation of Mack's voice in these narratives gives them an authenticity and







vividness that could easily have been lost if Thommasen had not understood the important relationship between the storyteller and the story.

Thommasen is also the co-author of two award-winning nature books. *River of the Angry Moon: Seasons on the Bella Coola* won the 1999 Roderick Haig-Brown Regional Prize for an original book about British Columbia. *Birds of the Raincoast: Habits and Habitat* garnered the 2005 BC Booksellers' Choice Award in Honour of Bill Duthie for Thommasen and his writer/photographer collaborators.

In *River of the Angry Moon*, written with Mark Hume, we see the passionate commitment to a healthy, sustainable natural environment that has shaped Thommasen's life and his medical practice. The book is based on 10 years and over 1,000 pages of Thommasen's scientific observations about the ecology of the Bella Coola River. It tells of the plight of the river and its disappearing fish species, and of the Nuxalk Nation and sports fishermen who depend on its bounty.

The exquisite large-format bird photographs in *Birds of the Raincoast: Habits and Habitat* are eye-catching, but it's the stories of the unique ways that birds behave in their natural environments

WE SEE THE PASSIONATE COMMITMENT TO A HEALTHY, SUSTAINABLE NATURAL ENVIRONMENT THAT HAS SHAPED THOMMASEN'S LIFE AND HIS MEDICAL PRACTICE.

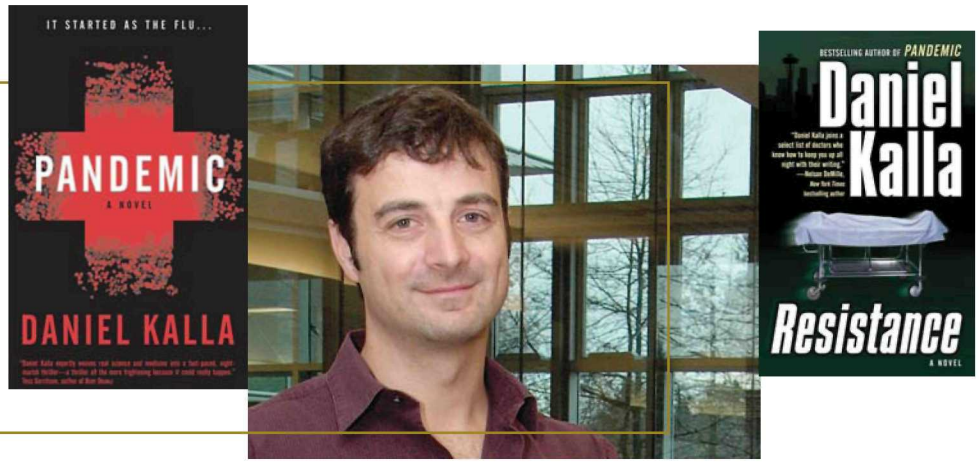
that are really fascinating. Who knew that ocean birds have salt-removal glands that allow them to drink sea water safely, or that 32 species of west coast birds eat snakes?

Whether he is letting the voice of Clayton Mack and the Nuxalk Nation speak from the page, or giving voice to those whose voices we otherwise could not hear—birds, wolves, bears, and the Bella Coola River—Harvey Thommasen is a listener and a storyteller extraordinaire.

Listening to What Scares Us

A riveting storyteller of a different kind is Vancouver's own best-selling author of medical and psychological thrillers, Daniel Kalla, MD'91. If you have recently scanned the fiction shelves at a bookstore, or if you followed the novel-writing contest in *The Province* last year, Kalla's name will be familiar to you. Kalla has turned a talent for creating likable characters who find themselves in terrifying global medical crises into a second career.

In his "day job," Kalla is an emergency physician at St. Paul's and Mount Saint Joseph hospitals, but writing consumes most of his



I PICKED UP KALLA'S TWO MEDICAL THRILLERS AT THE AIRPORT AND READ NON-STOP . . . BURNING THROUGH BOTH BOOKS ON THE FIVE-HOUR FLIGHT.

"spare" time. "I am driven to write, because I have to. I couldn't stop writing now," he says. Kalla has published three novels in the past two years. Two more will appear shortly.

His books are page-turners. I picked up his two medical thrillers, *Pandemic and Resistance*, at the airport and read non-stop—through the meal service, the bumpy landing and the long taxi to the gate. I burned through both books on the five-hour flight.

What does Kalla think is the key to successful storytelling? "I don't think it's language. I don't think it's so much plot . . . If the characters aren't real and you can't relate to them, you don't really care. [The story] has to be driven by good characters," he told *The Province* in a recent interview. Kalla's characters entertain us while making us aware of present and future global threats to our own health.

Committed, Compelled—and Carrying On

Storytelling is about people, at a personal, regional or global level. Heslop is part of a worldwide movement committed to the idea that by understanding the storytelling process, we physicians can enhance the way we hear and interpret our patients' stories and empathize with the storytellers. Thommasen is Heslop's theory in practice. He listens to the stories told by both people and nature—and applies what he hears to improving the health of both. Kalla is a physician who is simply compelled to tell stories.

In the 40 years that have passed since I first was told, "Listen to your patient," I have listened—to stories told by patients, and by family, students and peers. Now, I sit at my computer, fuelled by my own lifelong compulsion to write. My stories flow from insights and ideas accumulated through life as a wife, a mother and a physician. Yes—this doctor, too, is in the storytelling business. ■

THE INSTITUTE OF MENTAL HEALTH

A Continuum of Research, Clinical Care and Compassion

by Mari-Lou Rowley

In September 2006, His Holiness the Dalai Lama, one of the world's most illustrious and humble citizens, presided over the Vancouver Dialogues. The three-day event, sponsored by Vancouver's Dalai Lama Center for Peace and Education, attracted sold-out audiences. UBC's newly formed Institute of Mental Health co-sponsored the Saturday dialogue—Happiness and Stress as Determinants of Mental Health—which featured internationally renowned researchers in mental health and mental illness.

"The Vancouver Dialogues were a wonderful opportunity to reach out to the broader community," says Institute of Mental Health director Dr. Tony Phillips. The institute's interdisciplinary vision spans the faculties of Medicine, Nursing, Education, Law, and Arts, with the department of Psychiatry playing the leadership role. "Our mandate is to facilitate linkages between the department of Psychiatry, other groups at UBC, affiliated hospitals, and universities, including UNBC, UVic, SFU, and beyond."

Eighty basic and clinical scientists from BC prominent in the field of mental health were invited to become founding fellows. The institute hosts a monthly distinguished lecture series, workshops and dinners with keynote speakers, as well as annual symposia to encourage cross-fertilization of ideas.

The institute—funded by a $10-million bequest from a BC family, matched by $10 million from the province—supports three new endowed chairs in Psychotherapy, Child-Adolescent Psychiatry and

> "IF SOMEONE IS SUFFERING FROM CANCER AND CANNOT COPE FINANCIALLY, WE DON'T THROW THEM OUT ON THE STREET. THE OPPOSITE IS TRUE OF MENTAL ILLNESS."

Geriatric Psychiatry. In addition, two new BC Leadership Chairs in Depression and in Addiction Research have been funded by the provincial government and the Faculty of Medicine.

Neuroscience and Addiction

"At UBC, the department of Psychiatry has a long and distinguished history of basic neuroscience research," says Dr. Phillips, noting the work of Drs. Pat and Edith McGeer (see *UBC Medicine* Fall/Winter 2006). A behavioural neuroscientist, Phillips was the founding chair of the advisory board for the CIHR Institute of Neurosciences, Mental Health and Addiction.

One area of his research explores how the brain adapts and changes as a consequence of repeated drug use, and how this information can be used to develop new strategies to treat addiction and to reverse long-term damage in the brain. "When the brain malfunctions, in many instances the problem lies in the circuits responsible for memory and learning," explains Phillips. "The same circuits that allow us to adapt constructively to the world around us are hijacked by addiction." Phillips is also studying animal models of depression to develop more effective drug therapies for mood disorders.

He emphasizes that, since he is not a clinician, it was crucial to have a clinician-scientist play a leading role in the institute. "We were very fortunate to recruit Dr. Allan Young from the University of Newcastle upon Thyme in England as co-director and BC Leadership Chair in Depression Research."

Stress and Mental Health

Trained in Edinburgh and Oxford, Dr. Young researches the causes and treatment of severe psychiatric disorders, particularly mood disorders. Psychotherapy, such as cognitive-behavioural therapy (CBT), is a common treatment for depression and is often combined with drug therapies. "On average, we see an excess of stressful life events before onsets of depression," Dr. Young says. At the same time, individuals with high levels of stress hormones (corticosteroids) may not respond as well to psychotherapy such as CBT. He is working to understand the factors that predict psychotherapy response.

Stress also decreases the effectiveness of the widely used antidepressant drugs classed as selective serotonin reuptake inhibitors (SSRIs). Young is working to develop a new class of antidepressants that either block the corticosteroid receptor or reduce the synthesis of stress hormones. It seems that stress not only plays a key role in the onset of mood disorders, but could inhibit the effectiveness of both CBT and drug treatment.

Compassion for the Mentally Ill

One of the key issues Dr. Young raised during the Vancouver Dialogues was the West's overarching lack of compassion for people suffering from mental illness. "If someone is suffering from cancer and cannot cope financially, we don't throw them out on the street," he says. "The opposite is true of mental illness."

"Society turns a blind eye, and that has to stop," agrees Dr. Phillips. He says it is naïve to think that medication alone, no matter how effective, can be a panacea for severe mental illness. "Most of these people have lost their life skills, don't know how to get a job, and aren't able to stay on their medication without support. Clearly, we need a continuum of care." The Institute of Mental Health's founding fellows are working to understand the relationship between mental illness and issues such as homelessness in order to better inform public policy decisions.

Depression in the Workplace

Mental disorders such as depression and anxiety disable more Canadian employees than any other illness—and people in their prime of life are most affected. Both Drs. Phillips and Young are involved in national and international initiatives to address depression in the workplace. Phillips helped to organize a recent bilateral meeting hosted by the Global Business and Economic Roundtable on Addiction and Mental Health. Initiated by Michael Wilson, Canada's ambassador to the US, the event was held at the Canadian Embassy in Washington, DC, in February 2007. "There is a growing awareness on the part of CEOs that they are creating stressful workplaces that have a negative impact on employees," says Phillips.

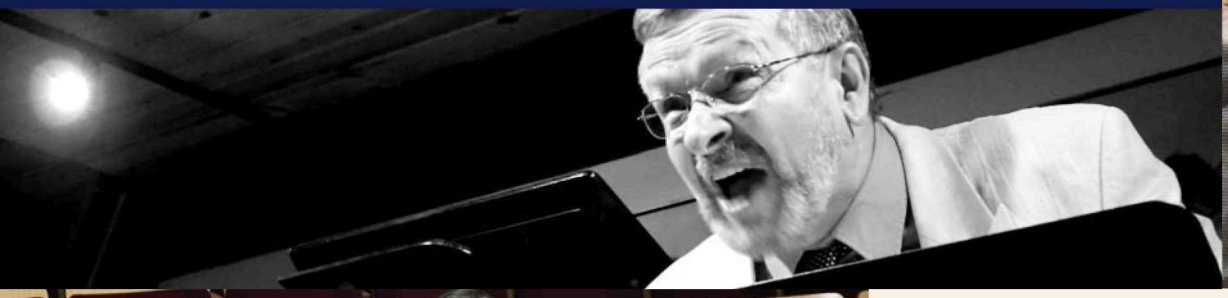
The Arts and Emotional Well-being

Early childhood environment and nurturing, the control and management of stress, support systems, and a fulfilling livelihood are all important to emotional well-being and mental health. The ability to express ourselves creatively is another key to happiness, and a tool for treating mental illness. The institute's new chair in Addictions Research, Dr. Michael Krausz, formerly from Hamburg, Germany, has extensive experience with mentally ill patients who make art as part of their cathartic process. "We have a huge opportunity to study how art therapy has a positive effect on the outcome of someone's progression through mental illness," says Phillips.

The Dream Healer

An Operatic Partnership of Art and Medicine

by Mari-Lou Rowley



The Institute of Mental Health and the department of Psychiatry are embarking on a creative partnership with the UBC School of Music. They will co-host the world premiere of *The Dream Healer*, a new Canadian opera based on the novel *Pilgrim* by Timothy Findley. *Pilgrim* explores the psyches of a suicidal patient who cannot die and his psychotherapist, the legendary Dr. Carl Jung. The opera will be staged in conjunction with a major symposium on psychiatry and mental health, a week-long event featuring an all-star cast of singers, musicians, researchers, and clinicians.

When composer Lloyd Burritt retired from teaching in 1999 and decided to write an opera, he asked the manager of a Vancouver bookstore what Canadian novel she would choose if she were to commission an opera based on its story. She handed him Timothy Findley's novel *Pilgrim*. Burritt read it twice and immediately wrote the first two arias, which he mailed to Mr. Findley. Surprisingly, the opera rights to the book were still available and Findley agreed to sell them.

Burritt then approached professor Nancy Hermiston, head of the Opera and Voice divisions of UBC's School of Music. Seven years later, *The Dream Healer* is scheduled to premiere at the Chan Centre in March 2008 as part of UBC's 100th anniversary celebration. Librettist Don Mowatt has focused the opera on Jung and his wife, and has transformed Findley's Pilgrim from a "real" person into a dream character. Set in the famous Burgholzi Clinic near Zurich in the early 1900s, Jung's dream of Pilgrim takes over and influences the clinic's troubled patients, who are all grappling with their own versions of reality.

Operatic Dream Team

The stellar cast of internationally renowned artists includes mezzo soprano Judith Forst as Lady Sybil Quartermain and baritone John Avey as Carl Jung. Maestro David Adler will conduct.

"This is a wonderful opportunity for my students to be part of a world premiere and to work with international artists of the highest calibre," says Hermiston, whose bio is equally impressive. She began her career in Europe and has performed leading roles with companies such as the Nünberg Opera House, the Boston Grand and the Canadian Opera Company. Her New York debut took place at Carnegie Hall with Mario Bernardi and the National Arts Centre Orchestra.

The Power of Music and the Art of Medicine

Nancy Hermiston believes in the healing power of music, and has had an ongoing interest in the marriage of music and medicine. She is part of a team of researchers in medicine, music, education, and linguistics who are working to form an interdisciplinary performance research institute. Hermiston has also worked with Dr. Andrew Seal to organize events for students in Music and Medicine.

When she and Burritt decided to produce *The Dream Healer*, they immediately approached Dr. Athanasios Zis, then head of the department of Psychiatry. An opera lover himself, he responded enthusiastically. "This is an important project, because the issue of mental health and mental illness is finally being recognized by society, politicians and government as a serious problem that must be addressed," Zis says.

"This is an exciting and unique experience for everyone involved," Dr. Phillip adds. "Being able to express ourselves creatively through art and science is extremely important to individual development and mental health."

For more information about the opera, see www.thedreamhealer.com. ■

The Voice Healer

By Shonna Malczewski

I love to sing. I have been taking weekly voice lessons for the better part of six years, and at the beginning of every lesson my teacher asks, "Is everything working OK?" Most often the answer is "yes"—but not always.

Occasionally I'll report a persistent "catch" in my voice, or that I don't have enough "power" to sing in part of my vocal register. My teacher then gives me a few vocal exercises to perform while he listens carefully and watches me closely. Typically, the trouble is resolved with an adjustment to my posture, suggestions for better breath control, or a gentle reminder to relax (!) while singing.

Speech language pathologist and clinical faculty member Linda Rammage offers this same advice—and more—to those who seek help through the Provincial Voice Care Resource Program at VGH. My teacher uses his eyes and ears to diagnose the problem, but Rammage, in addition to her observational skills, can call on an array of tools, technical equipment and specialists.

I was curious about who comes to the clinic for help and the causes of their vocal dysfunction. The clinic treats patients with vocal difficulties resulting from injury, physical abnormalities or chronic illness. Many are what Rammage describes as "occupational voice users." They are professional singers, teachers, recreational coaches, and instructors—anyone who uses his or her voice a lot in their profession, and often in less-than-ideal acoustic environments.

As Natural As Breathing

Babies don't have to learn proper vocal technique; they do it naturally. A toddler can shriek for hours without developing a sore throat. After the age of three, however, we start picking up bad habits. We mimic people we admire, imitate favourite singers, and are influenced by our social, cultural and physical environment.

"Vocal problems are often a combination of four factors: lifestyle, emotion, gastric reflux, and technique," Rammage says. "We refer to it as the a-LERT model of assessment and treatment." Clinic team members include an otolaryngologist, a psychiatrist, singing pedagogy specialists, and neurologists.

Clinic staff use the a-LERT model in combination with physical examinations, including a laryngoscopy—a videotaped examination of a patient's larynx and vocal folds, using either a rigid telescope placed in the mouth, or a small flexible fibre optic scope inserted through the nose—as well as video and audio recordings of patients vocalizing in a variety of ways.

The recordings become a tool to help patients understand the mechanics behind their vocal difficulties. Patients can then start making the connection between what the problem is and why it happens.

With time and persistence, many of these "occupational voice users" will recover their voices, may rediscover their "true" voice, and will likely breathe, speak and sing more naturally than they have in years.

Producing a beautiful, vibrant sound shouldn't be hard work or cause pain. It's easy—once you know how. ■

Family Medicine

a diverse specialty

a fascinating career opportunity

Are you one of a growing number of Canadians who recognize how important it is for individuals and families to have access to a caring personal physician?

Imagine yourself then, having a career as a family doctor, with the privilege of caring for and connecting with people in all walks of life, every day.

Imagine having the opportunity to put your training and skills to work in an urban, suburban or rural community, and having a profound impact wherever you choose to practice in Canada.

Imagine new challenges in caregiving each and every day, presented by patients of all ages with a variety of health problems.

Imagine a profession which lets you do all this and then gives you access to further training to develop special skills in areas of interest and adapt them to the needs of the community in which you work.

Stop imagining. Choose family practice -- a diverse specialty with many opportunities in teaching, research and frontline health care.

The College of Family Physicians of Canada
Le Collège des médecins de famille du Canada

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MEDICAL ALUMNI *news*

THE HEART OF THE MEDICAL SCHOOL

The Medical Student & Alumni Centre is here for everyone

In 2007 MSAC shows positive "vital signs" as the "heart" of the medical school. With more than 40 student and alumni events scheduled each month, and full use of the gym, computer room and lounges, the little building on the corner of 12th Avenue and Heather Street has proved itself worthy of the 1985 vision.

It truly is a place for medical students, residents, alumni, and faculty to meet and participate in social and recreational activities.

Over 700 students participated in social and recreational videoconferences broadcast from MSAC in the 2006 fall term. Students are becoming fluent in the do-it-yourself set-up, and comfortable communicating via TV cameras and screens. Spring Gala auditions, interest group workshops, student council meetings, and strategy sessions all use MSAC's videoconferencing facilities to connect Prince George, Victoria and Vancouver.

A new level in videoconferencing took place in February: the sixth annual second-year play was broadcast live to Victoria and Prince George. It was tremendous success, with distributed audiences sending their appreciative applause back to the MSAC.

MUS sports rep Lise Leveille, decided the MSAC gym needed a modern cardiovascular workout machine to complement the stationary bikes and treadmill. "An elliptical trainer provides an aerobic workout comparable to a treadmill—but the impact forces are as low as walking," she explained. David A. McLean (Hon.) volunteered to contribute funds, the MUS pitched in, and the Medical Alumni Association donated the balance, enabling the students to buy a top-quality machine.

Dance groups, choirs, string ensembles, and a student jazz band rehearse here regularly. Mentors, CaRMS applicants, prospective medical school students, and alumni groups hold receptions, including class reunions, here. When the CaRMS residency match is announced, MSAC is the place fourth-year students meet to share their news, sip champagne and celebrate!

If you want to know more about what is behind the brick walls of the facility at 12th and Heather, visit www.med.ubc.ca/msac, and take the photographic tour.

GET CONNECTED
at www.med.ubc.ca/alumni

ON THE NEW ALUMNI WEBSITE YOU CAN

Catch up with classmates and friends
Join the TrekConnect community

Plan a class reunion
MSAC is free and so is the Reunion Planning Guide

Be part of the biggest reunion of all—UBC's Alumni Weekend
Save these dates: Friday, Sept. 14, to Sunday, Sept. 16, 2007

Join the Medical Alumni Association
Click on "MD/Medical Residency" in the left-hand column

Nominate your classmates for an award
In the Faculty, at UBC or in the community

Connect with current students
Share what you know and do and you'll be delighted by the return on your investment

Get informed—and inspired
You don't have to be in Vancouver to connect with the wealth of ideas and information in the Faculty and at UBC. You can connect from wherever you are—via webcast, podcast or audiocast.

GET IN TOUCH—

What can we do for you?
The Alumni Affairs team is here to work with you—alumni-to-be as well as graduates—to help build and support a thriving community of people who share interests, experiences and good times.

Give us a call, send us an e-mail or drop in anytime. The door is always open at the Medical Student & Alumni Centre in Vancouver.

Miro Kinch & Shonna Malczewski
Call 604-875-4111 ext. 67741/62031
E-mail alumniaffairs.med@ubc.ca

PRESIDENT'S *report*

Lynn Doyle, MD'78

MEDICAL ALUMNI ASSOCIATION

EXECUTIVE

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David W. Jones, MD'70

President-Elect
Jim Lane, MD'73

Secretary-Treasurer
Harvey Lui, MD'86

Newsletter Editor
Beverley Tamboline, MD'60

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Ron Warneboldt, MD'75
Drew Young, MD'59

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Gavin Stuart, MD

Faculty Representative *(ex-officio)*
Bruce Fleming, MD'78

Medical Residents' Representative *(ex-officio)*
John Staples

MUS Representative *(ex-officio)*
Derry Dance, Class of 2009

Advisors
Arun Garg, MD'77
David Hardwick, MD'57
Charles Slonecker (Hon.), DDS, PhD

Representatives to Faculty of Medicine Committees

Admissions Policy Committee
David W. Jones, MD'70

Admissions Selection Committee
Jim Cupples, MD'81

Victoria Alumni Representatives
Basil Boulton, MD'81
William Bell, MD'54

OBJECTIVES

To support the Faculty of Medicine and its programs directly and through advocacy with the public and government;

To ensure open communication among alumni and between the alumni and the Faculty of Medicine;

To encourage and support medical students and residents and their activities;

To organize and foster academic and social activities for the alumni.

Greetings,

I hope you and those you hold near and dear weathered the wild, wet and windy fall and winter unscathed. It's hard to believe that another class of medical students will soon be joining our ranks as alumni members.

With larger classes and medical school education now distributed throughout the province, the Alumni Association faces new challenges. But we remain dedicated to supporting students through their training. Alumni throughout the province are teaching medical students in classrooms, in clinics and at the bedside. We have just helped students purchase exercise equipment for the MSAC building at the 12th and Oak campus. Similar infrastructure support is provided at the Victoria and Prince George campuses. Maintaining a long-held UBC tradition, we continue to provide every medical school graduate with a personalized, genuine cedar shingle.

There is so much more that the Alumni Association would like to do to help the students. As the class sizes increase, however, just maintaining the present programs will tax our resources. So, I encourage all alumni to help the next generation by joining the ranks of dues-paying members of the Medical Alumni Association. Thank you!

A little over a year ago, we lost a truly great alumnus, Dr. William Webber.

Bill championed the UBC Medical School and its students. As Dean Stuart so aptly put it, "Dean Webber put a human face on education, maintaining a sincere and active interest in the lives of his students and colleagues." I encourage alumni to donate to the Dr. William Webber Memorial Fund, which will, in perpetuity, provide a scholarship and bursaries for medical students.

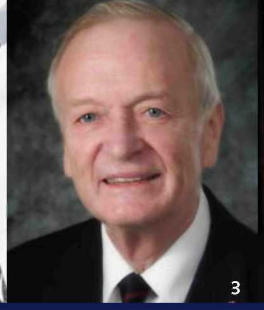
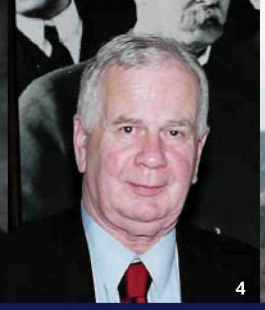
I wish you all a joyous spring and restful summer.

The Medical Alumni Association

The Medical Alumni Association is *your* association!

- Participate in association events
- Attend board meetings and the annual general meeting
- Nominate candidates for office or run yourself
- Nominate your friends, colleagues and classmates for awards
- Propose new social and recreational activities

To find out more, go to www.med.ubc.ca/alumni and click on "MD/Medical Residency" in the left-hand column.

Alumni Awards, Achievements & Activities

At the Northern Medical Society's third annual Dr. Bob Ewert Memorial Lecture on January 27, the late **JACK MCGHEE, MD'56**, (1 above) was posthumously inducted into the Northern Medical Society Hall of Fame for his contributions to medical services in the North. Jack's daughter **RACHEL MCGHEE, MD'06**, (2 above) is a UBC Family Practice resident in Prince George.

DWIGHT PERETZ, MD'56, (3 above) a retired cardiologist, has written *Born in the Lap of the Dragon*, chronicling life in Shanghai, where he was born and lived until 1946. By early 1938, eastern China was occupied by the Japanese, and Shanghai was surrounded. When Dwight and his family returned from home leave to their house on the outskirts of the city, they discovered Japanese cavalry troops and several horses living there. Shanghai fell to the Japanese in the early morning of December 7, 1941—the same day that Pearl Harbor was attacked.

And Life Is Changed Forever: Holocaust Childhoods Remembered, edited by Martin Glassner and **ROBERT KRELL, MD'65**, was published by Wayne State University Press in 2006. The stories come from a wide range of countries (including prewar Greece and Italy) and "commentary by child psychiatrist and child survivor Krell makes it an unusual addition to both the Holocaust and trauma literature," reviewer Helen Epstein writes on the publisher's website.

LARRY COLLINS, MD'68, (4 above) was a 2007 recipient of the Vancouver Medical Association's Primus Inter Pares Award at the Annual Osler Dinner, March 8.

JEFF EPPLER, MD'87, (5 above) Kelowna's chief emergency doctor, was named "Top Newsmaker of 2006" by the *Kelowna Daily Courier*. Eppler spoke out against overcrowding in Kelowna General Hospital's emergency department, advocated for frail, sick people and dispelled erroneous notions about the causes of bottlenecks at the Interior's busiest hospital.

HARVEY THOMMASEN, MD'87, was in Ottawa in February to receive the Order of Canada for his exemplary work in rural medicine. A family physician now living in Masset, BC, Harvey is also a prolific writer. Harvey and best-selling thriller-writer **DANIEL KALLA, MD'91**, who works at St. Paul's Hospital, Vancouver, are featured in the article on pages 13 to 15 in this issue of *UBC Medicine*.

LEAH SEAMAN, MD'89, (6 above) has spent the last four years in Inuvik with her two boys, Luke, 10, and David, 18. David has just returned from competing as a cross-country skier in the Canada Winter Games in Whitehorse. After 11 years, Leah, a family practitioner, reluctantly left rural BC following a series of discouraging cuts to the health care system. She is enjoying the hospital, the clinic, her colleagues, and the mix of teaching and patient care in her current community.

BILL HUNTER, MD'92, (7 above) and his company Angiotech Pharmaceuticals, Inc., have received many awards since the company was founded in 1992—including the 2005 BC Innovation Council's Cecil Green Award for Science and Technology Entrepreneurship and, with co-founder Dr. Lindsay Machan, the 2006 Manning Innovation Awards' $100,000 Principal Award.

"After 11 years of urban family practice in Calgary," **JANET NORTHCOTT, MD'93**, (8 above) writes that she "got bored and burnt out and took a job in Moose Factory, northern Ontario." She's "having a blast flying into tiny communities, working in the ER, being a hospitalist, and doing clinics where nurse practitioners do all the routine paps. Hooray!" And, she says, "Luckily, my husband and kids love it up here too, with lots of family time and outdoor activities."

KATIE MCALEER (née Longworth), **MD'06**, (9 above) is a member of the Nominations Committee for the Vancouver YWCA's 2007 Women of Distinction Awards. The awards honour women whose outstanding activities and achievements contribute to the well-being and future of the community. The 2007 awards will be presented May 29. For more information, visit www.ywcavan.org/distinction.

PATTY CLUGSTON, MD'86, (10 above) died in 2005 at the age of 46 after a lengthy battle with scleroderma. A gifted and dedicated plastic surgeon, Patty initiated the BC Breast Reconstruction Program to improve the outcomes of post-mastectomy cancer patients. To honour their friend and colleague, all 17 UBC-affiliated plastic surgeons in Vancouver donated a day of fees to help establish the **PATTY CLUGSTON CHAIR IN BREAST RECONSTRUCTION SURGERY** at UBC.

Other fundraising efforts include a marathon run—and an auction of hand-knitted scarves. Among the many

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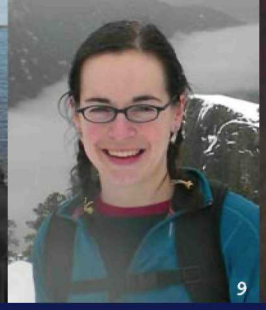
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enthusiastic knitters were **JIM BOYLE, MD'78**, who originated the idea, **URVE KUUSK, MD'76**, and **ALEX SEAL, MD'05**, (11 and 12 above) who learned to knit especially for the occasion. The project was organized by Tara Young, who worked closely with Patty (as did Urve Kuusk), and Karen Lennox, wife of **PETER LENNOX, MD'91**, Patty's office partner and current head of the Breast Reconstruction Program.

The **PROFESSIONAL ASSOCIATION OF RESIDENTS OF BRITISH COLUMBIA** (PAR-BC) has renamed the PAR-BC resident teaching award the Dr. Patricia Clugston Memorial Award for Excellence in Teaching.

LORNA SENT (HON.) (13 above) celebrated her 30 years of medical practice by participating in the 2006 Sun Run; she then combined fundraising and running by entering the five-kilometre Canadian Breast Cancer Foundation's Run for the Cure—which she completed in 31.45 minutes. With the support of family, friends, patients, and colleagues, she raised $10,046, the most money raised by an individual in Vancouver—for which she received the Ford Determination Award. Lorna has requested that CBCF give consideration to allocating the funds she raised to the Patty Clugston Chair in Breast Reconstruction Surgery.

Upcoming Reunions

MD'55 July 18, 2007 Contact Phil Narod at 604-536-6737. Gathering at Phil Narod's residence in White Rock.

MD'57 50th Anniversary Reunion, September 7 to 9, 2007
Contact Dr. John "Bud" Fredrickson at 604-739-4803 or jmfredrickson@telus.net, or Dr. David Hardwick at 604-822-8584 or david.f.hardwick@ubc.ca.

Welcome reception at MSAC; visit and lunch on campus followed by a special dinner; Sunday brunch at the Century Plaza Hotel and farewell dinner at Queen Elizabeth's Seasons in the Park restaurant.

Special rate of $155 a night for **MD Class of 1957 Reunion** attendees at the Plaza 500 Hotel at 500 West 12th Ave in Vancouver (close to VGH and MSAC). Please make your own reservations.

At **UBC ALUMNI WEEKEND**
Friday, September 14 to 16, 2007

MD'67 40th Anniversary Reunion
Contact Dr. Patrick MacLeod at macleod@viha.ca or 250-370-2961.

Reception at the Granville; dinner sunset cruise in the harbour; Sunday brunch.

Rooms have been block-booked at the Granville Island Hotel under **UBC MD'67 Reunion**.

DATES TBD

MD'58 Contact Dr. Peggy Ross (née Andreen) at peggyleross@shaw.ca or 604-263-5147.

MD'82 25th Anniversary Reunion
Contact Dr. Jeff Purkis at jpurkis@telus.net.

MD'92 Contact Dr. Nigel Aspinall at naspinall@shaw.ca.

MD'97 10th Anniversary Reunion
Contact Dr. Angela Rivers at 604-898-2000 or arivers@shaw.ca.

20th Annual **Medical Doctors' Golf Tournament**

Sponsored by the UBC Medical Alumni

June 14, 2007
Fraserview Golf Course

A 20-Year Tradition
Open to All Physicians & Their Friends

Register in a foursome or as an individual player.

PRIZES • PUTTING CONTEST • FUN

Register by May 25, 2007. Call or e-mail the UBC Medical Student & Alumni Centre at 604-875-5522 or med.alumni@ubc.ca.

Registration restricted to the first 48 golfers registered.

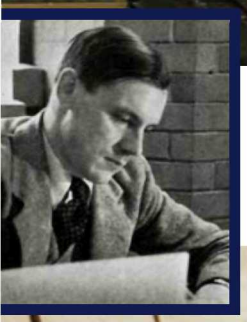
Grad Class Photos

An unframed, composite photograph of your medical school graduating class is available for $60.

Please send a cheque with your graduating year, address and contact details to:

MSAC, 2750 Heather Street
Vancouver BC V5Z 4M2

Or, e-mail med.alumni@ubc.ca.



The DOLMAN COLLECTION

by Shawn Conner

> "HE HAD NICE TASTE IN BOOKS," SAYS STANTON, "ESPECIALLY ONES ON MICROBIOLOGY, HIS PRIDE AND JOY. THE COLLECTION . . . [IS] PRICELESS IN THE SENSE OF, IF YOU WERE TO TRY TO RE-COLLECT IT, THERE WOULD BE A STAGGERING COST IN TIME AND [MONEY]."

In his corner in the Rare Books and Special Collections room of the new Irving K. Barber Learning Centre on the Point Grey campus, Ralph Stanton scrolls through a list of books on a computer monitor. Names both famous—Florence Nightingale and Louis Pasteur—and forgotten go past. These tomes, some of which date as far back as the 16th century, have titles like *Tractatus de peste, divisus in partes duas, quarum prior continet speculationem physicam* and *A Treatise on Cholera*. A few are about arctic exploration. All have one thing in common—they are part of the Dr. C.E. Dolman collection.

Born in Cornwall, England, in 1906, Dr. Claude Dolman came to Canada in 1931 to work as a research assistant and clinical associate at the University of Toronto's prestigious Connaught Medical Research Laboratories. In 1935 he was offered the position of associate professor and acting head at the department of Bacteriology and Preventive Medicine at UBC. From 1936 until 1965, he was both professor and head of the department (renamed Bacteriology and Immunology in 1951, and later, Microbiology & Immunology.)

"He had nice taste in books," says Stanton, "especially ones on microbiology, his pride and joy. He was an important scholar in his field, and understood it, from its origins to the present day."

Books on early forays into vaccination and immunology made up the first volumes Dolman donated to UBC in 1994. In 2004, a decade after Dr. Dolman's death, when the family house in Shaughnessy was about to be sold, librarians Stanton and Lee Perry were invited to look at what remained of the collection. The two found over 400 books of interest.

Stanton finds it gratifying to be reuniting so much of the original Dolman collection—if not physically, then at least in the UBC library database. "It's something librarians like to do," he says. "The books don't sit in one case anymore—but you can re-create the collection through the catalogue. You can see it there, and understand it."

It's not clear what, exactly, marked the turning point when Dr. Dolman became a serious collector. Stanton figures Dolman acquired his books while travelling, and through rare books dealers in London, as well as other collectors. All that scouring of bookshelves, of making contact the old-fashioned way—before the Internet made collecting easier—represents countless hours of passionate commitment. "The collection will get a price put on it eventually," says Stanton. "But it's priceless in the sense of, if you were to try to re-collect it, there would be a staggering cost in time and [money]."

Lee Perry presides over the Charles Woodward Memorial Room of the Woodward Biomedical Library. She recalls that, after his retirement, Dr. Dolman would come to the library to research a book he was writing on Theobald Smith, a pioneering American microbiologist. (Medical historian Richard Wolfe finished the book, *Suppressing the Diseases of Animals and Men*, posthumously. It was published in 2003.)

"He would spend hours on the bibliography," recounts bibliographer/reference librarian Perry. "He worked with a lot of German sources, many of which didn't use initials, just last names. It was a great challenge for a librarian."

Looking through the titles and publication dates in the Dolman collection online, one can literally see the history of the field of immunology. Researchers in the 1700s and 1800s, for instance, were searching for the causes of and treatment for smallpox, rabies, diphtheria, and syphilis. In the early 20th century it was diphtheria and tuberculosis.

This priceless collection of rare books, written by the greatest medical minds of their time, is just part of Dr. Dolman's legacy at UBC. In 1946, at the request of UBC president Norman Mackenzie, Dolman surveyed 22 American and all 11 Canadian medical schools for his *Report on a Survey of Medical Education*. In it he recommended that BC settle for nothing less than a first-class medical school on the UBC campus.

Having seen a few books from the Dolman collection, this writer is struck as much by their physical beauty and undiminished lustre as by their age. An English volume contains pages of precise illustrations of microbes. In a German one, the text is printed in an archaic, almost medieval-looking font. No matter what the language, however, the knowledge, work and history within these pages is unmistakable, and humbling. ■

MUS *report*

Derry Dance, Class of 2009, President

Since my last message, much has occurred. The spring brought great student events such as Med Ball, the second-year play, Spring Gala, and Dash for Doctors, as well as sporting events and great parties at the Medical Student & Alumni Centre. There were also many student seminars, including the BCMA-MUS Medicine Beyond Medicine lecture series.

The first-year class has been through their inaugural exams. The second-years, myself included, have started to plan and look forward to the clerkship years. The third-years have become more accustomed to the ward, and have likely seen their first birth and first death. The Class of 2007, having been through the CaRMS process, is embarking on the next stage of their medical careers.

Soon the cycle will repeat itself. The expanded and distributed program will extend to fourth year, and will be accompanied by a new fourth-year curriculum. Before long, the first graduates of our innovative distributed program will reach residency.

The MD Undergraduate program will be undergoing accreditation over the next year—the MUS looks forward to this opportunity to recognize the many strengths of the program, identify potential weaknesses and work toward ensuring the best educational opportunity for all UBC medical students.

As the latter portion of the 2006/07 year winds toward completion, the stage is set for an exciting year to come.

Other Highlights

Wesbrook Scholars

Amanda Johner, Class of 2007
Thelma Sharp Cook Scholarship

Shaila Merchant, Class of 2007
Harry Logan Memorial Scholarship;
Harold B. and Nellie Boyes Memorial Scholarship

Andrew Morgan, Class of 2007
HSBC Emerging Leader Scholarship

Jaspreet Khangura, Class of 2010
John H. Mitchell Memorial Scholarship

Birinder Kaur Mangat, Class of 2010
HSBC Emerging Leader Scholarship

Congratulations!

FOOLISHNESS FOR FUN AND A GOOD CAUSE

Danielle de Jong, Class of 2009, Med Play Producer

This year, in the midst of deciphering the intricacies of the lenticular nucleus, optic chiasm and commissural projection systems of the brain, the Class of 2009 staged the romantic comedy FOOLS—for six sold-out performances. As a producer—along with my extremely enabling partners in crime, Sarah Coad and Carina Perel-Panar—and as a last-minute fill-in actor, I had the unique experience of working both behind—and in—the scenes.

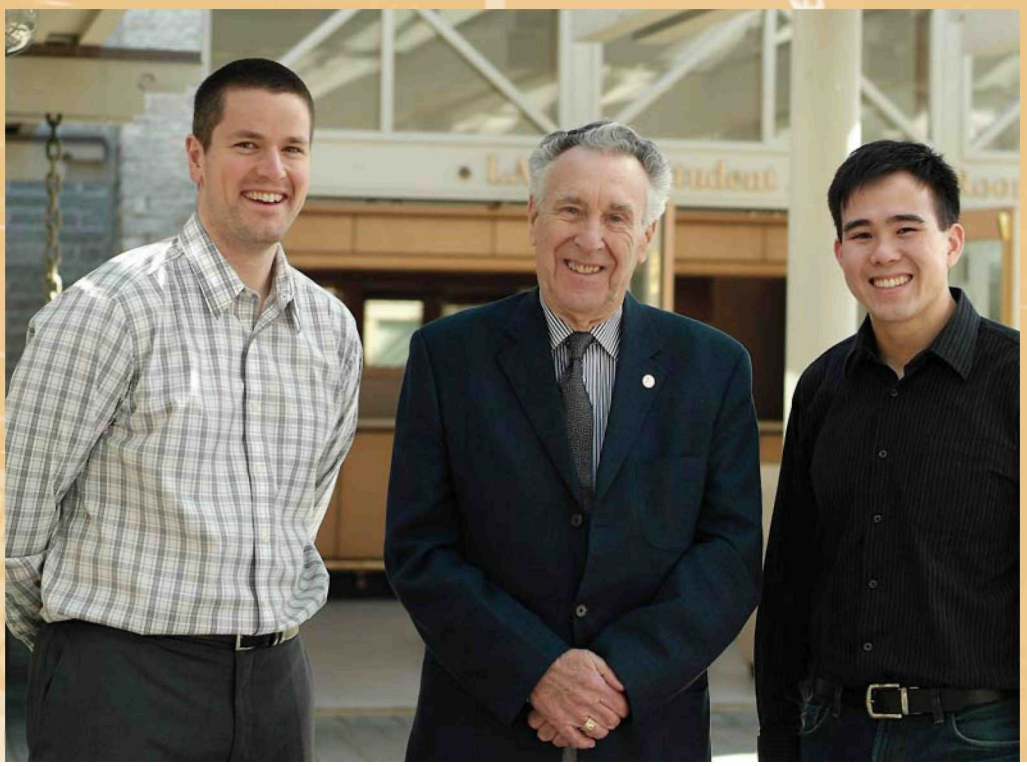
From the countless lunch-line production meetings, to watching the cast get more and more polished in their FOOLishness, I've been amazed by the energy and talent of the people in my class. Students constructed a set with four different scene locations on a 16-foot by 14-foot stage. They squeezed donations out of businesses for a play that didn't yet exist, and they expertly clothed the cast in 19th century Ukrainian costumes.

Now in its sixth year, the Med play is much looked forward to by the student body, as evidenced by their strong ticket-buying support. It's also a lot of fun for the participants. This year, one actor told me, "It was one of the best experiences of Med school—or of my life, actually!"

More importantly, the Med play is also one of the biggest and most visible fundraisers for our rural practice rotation. Recently, we received the results of the rural rotation match, which determines where we'll be spending a month of our summer. The excitement is tangible and growing as we stow away our thespian hats and prepare to don our stethoscopes for upcoming performances in communities across the province.

THE JUBILEE LEGACY

NOVEMBER 2000 The UBC Faculty of Medicine celebrates its Golden Jubilee—50 years of medical education, research and community service locally, nationally and internationally. The province's one and only medical school is justifiably proud.



JANUARY 2001 The Jubilee Legacy Campaign is launched, chaired by Al Boggie, MD'54, and ably assisted by enthusiastic and dedicated committee members Stephen Beerman, MD'85, William Bell, MD'54, Bernie DeJong, MD'57, Clarence Fernandez, MD'84, Michael Golbey, MD'80, David Hardwick, MD'57, Francis Ho, MD'61, James Hunter, MD'85, Barry Irish, MD'68, Curt Latham, MD'62, Trevor Newton, MD'87, J. Phillip Sigalet, MD'86, Charles E. Slonecker (Hon.), Michelle Sutter, MD'87, Stephen Tredwell, MD'66, and William A. Webber, MD'58.

The goal is $1 million for endowed student scholarships and bursaries, and the Faculty of Medicine pledges to match that amount.

FEBRUARY 2002 The campaign ends. Over 1,400 medical alumni have contributed an astonishing $1.5 million and 18 new endowed bursaries and scholarships have been established.

FEBRUARY 2007 Since the scholarships and bursaries were established, their endowments have grown by 26 percent, through both investment performance and additional contributions.

More than 230 grateful students have received financial support—all thanks to you!

IN 2000 AT THE JUBILEE CELEBRATIONS (TOP, L TO R)
DEAN JOHN CAIRNS, MD'68, SHARON DOUGAN, MD'69, WITH JUBILEE PLANNING COMMITTEE CHAIR ROBERT MCGRAW, MD'60, IN THE BACKGROUND; JUBILEE BANNERS; BEV TAMBOLINE, MD'60, BILL WEBBER, MD'58, AND BOB MCGRAW; THE JUBILEE HISTORY EXHIBIT.

IN 2007 AT MSAC (CENTRE)
TWO JUBILEE SCHOLARSHIP RECIPIENTS, BRIAN MAYSON, CLASS OF 2007 (L) AND NATHAN LIM, CLASS OF 2008 (R) WITH AL BOGGIE, MD'54, JUBILEE LEGACY CAMPAIGN CHAIR.

THE UBC FACULTY OF MEDICINE

Together we create knowledge and advance learning that will make a vital contribution to the health of individuals and communities locally, nationally and internationally.

A PROVINCE-WIDE FACULTY OF MEDICINE

One Faculty of Medicine—Six Health Authorities—Two Partner Universities

University Academic Campuses
University Academic Campuses are located at UBC, UNBC and UVic in Vancouver, Prince George and Victoria.

Clinical Academic Campuses
Clinical Academic Campuses are hospital based.

BC Cancer Agency
BC Children's Hospital & Sunny Hill Health Centre for Children
BC Women's Hospital & Health Centre
Prince George Regional Hospital
Royal Columbian Hospital
Royal Jubilee Hospital
St. Paul's Hospital
UBC Hospital
Vancouver General Hospital
Victoria General Hospital

Community Education Facilities Rural and Remote Dispersed Sites
Medical students and residents, student audiologists, speech language pathologists, occupational therapists, physical therapists, and/or midwives in the community.

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