THE FUTURE OF THE DEPARTMENT OF MEDICINE

The future ain't what it used to be — Y. Berra

Dr. David Eidelman
Chair, Department of Medicine

Recently, I gave a talk at MUHC Grand Round entitled “The Future of the Department of Medicine”. Though this was only intended to give a bit of context to Dr. Meagher’s presentation of the MUHC’s ongoing priority planning process; at the start of my second term, I think this subject merits deeper reflection.

I have already commented on our Department’s tendency to function in the same way as in the past. In a way, this reflects the demographic structure of a department led by a cohort of physicians and scientists who were largely recruited in the seventies and eighties. Actually, the aging of our faculty members merely reflects the aging of the population at large. In this regard, I would draw you attention to a report by the Institut de la statistique du Québec (http://www.stat.gouv.qc.ca/publications/demograp/tendance2001_2051.htm) on the demographic evolution of Quebec. Among several interesting items, one learns that Quebec’s median age has gone from 32 to 42 since the start of my career in 1986. Furthermore, the most optimistic predictions call for no change before 2051. The most pessimistic predict a rise in median age to 50 in 2049. Even more striking, this growing obsolescence will affect some regions more than others. For example, the Abitibi will see a decline in its population, which is dominated by a cohort of baby-boomers. There simply won’t be enough young people to look after the elderly.

Obviously, the demographic crisis will have important consequences for us. Firstly, the clinical importance of chronic diseases and aging will grow throughout the first half of the 21st century. Consequently, the present lack of sufficient beds and resources will persist for years to come. While the challenge is great, I remain optimistic. In this context, we have no choice but to revise our methods and our means. If we innovate and change our approaches, we can respond to societal needs.

Beyond the clinical impact, the growing importance of the elderly will also have a marked influence on our academic activities. Clearly, the training of students and residents will change in order to take into account new needs. However, paradoxically the biggest impact may be felt in research. Firstly, governments need to respond to pressure from aging baby-boomers who will...
insist that solutions are found to their problems. In fact, funding agencies have already started to insist that research be more practical, more easily translatable into treatments, more “translational”. However, this is only the start. There is an enormous gap between the social needs and current cutting edge research, which envisions personalized medicine. We have to find the ways to better align our research activities with the needs of society. More research will have to be patient centered and carried out by multidisciplinary teams including bench scientists, clinicians and evaluative health researchers.

From now on, demographics must play a greater role in our planning, particularly with regard to recruitment. The evolution of Quebec society and of the West in general will provide many great opportunities for innovation and excellence. We have to be ready to take advantage of them.

IDTC CELEBRATES 25TH ANNIVERSARY AND NEW ADULT PID INITIATIVE

Dr. Chris Tsoukas, Professor, Director of the Division of Clinical Immunology & Allergy and Director of the IDTC

This year marks the 25th anniversary of the Immune Deficiency Treatment Centre (IDTC) at the Montreal General Hospital (MGH-A5). The centre began operations in March 1984 with the mission of diagnosing and treating acquired immune deficiencies. The current facility was inaugurated on November 9, 1992 by Mrs. Gerda Hnatyshyn, wife of the Governor General of Canada. The IDTC, an integral part of the Division of Clinical Immunology and Allergy, has been very successful in achieving its initial goals. With the existing clinical expertise and state of the art research laboratory support, the Division launched a second major initiative 10 years ago to establish a centre of excellence in adult Primary Immune Deficiency. Although many pediatric centers exist for the evaluation and treatment of children with primary immunodeficiencies, the clinic is unique in Canada for the evaluation of immune competence in adults.

Primary Immune Deficiencies (PIDs) are a complex set of disorders defined by inherent immune defects, with over 200 thus far discovered. Previously, most PIDs were thought to occur in childhood and to be rare in adults. This is not the case today: adults are now increasingly being diagnosed with immune defects largely because of new knowledge and technology and the availability of specialized diagnostic tests. However, early diagnoses do not often occur, and treatment delays are common. To date, over 375 individuals have been referred to the PID diagnostic clinic for evaluation. The clinic operates every Monday and provides diagnostic expertise, as well as care, education, and research. For patients requiring treatment, immunoglobulin replacement and other therapies are given on a daily basis. The PID clinic staff includes three physicians and four nurses, two technicians (see photo) and other support staff. The clinic is also a focus for residency training and provides many interesting teaching cases.
Dr. Joyce Pickering
Associate Professor,
Department of Medicine
Associate Dean, Medical
Education and Student Affairs,
Faculty of Medicine

Quality assurance is important in all our programs and accreditation is one of the mechanisms for quality assurance in training programs. The Undergraduate (MDCM) Medical Program at McGill is accredited by the Committee on the Accreditation of Canadian Medical Schools (CACMS) and the US equivalent – the Liaison Committee on Medical Education (LCME). Many members of the Department of Medicine have participated in LCME/CACMS reviews, which measure the practices of the MDCM program of McGill against approximately 132 standards. (The full list is available at http://www.lcme.org/standard.htm) These standards vary from ensuring that we have a conflict of interest policy at the university level, to adequate library services to ensuring that clerkship students get regular mid way feedback. Recently, a major medical school in Canada was put on probation for failing to meet all standards, which engendered much media coverage. The most recent report from LCME/CACMS regarding the status at McGill finds us non compliant with 13 standards and raises the possibility of adverse actions should we not promptly remediate these difficulties.

I will mention briefly some of the 13 standards that have particular relevance to clinical teaching. Each clerkship rotation (medicine, surgery, obs/gyn, etc.) must list the clinical conditions that students should see while on their rotation, document that students have seen these cases, and develop alternative ways of exposing students to this condition if necessary. The list for the medicine clerkship is seen in the table below. Students must receive mid way feedback during a rotation, and we must be able to document that this has been given. Core teaching topics and objectives for a particular clerkship must be uniform across sites - we can’t skip a topic at one site just because no one is available to cover such a topic. Lockers as well as call room and library facilities must be adequate for all students at all sites.

Clerkships in North American teaching hospitals, including McGill, have traditionally followed an apprenticeship model. That is, students are

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assigned to a service or attending physician and they are assumed to absorb appropriate information as they are exposed to whatever cases or teaching happens to be available at the time. This model of “catch as catch can” is no longer acceptable for accreditation standards and it is imperative that we move towards more controlled and uniform clinical training for our students.

Such an endeavor requires the active participation of all our members, not just the members of our department who have administrative responsibility for teaching. Please review the clinical exposure requirements with all students on their medicine clerkship and remind them to log these exposures on line. Ensure that students are given constructive midway feedback. If you become aware of difficulties with lockers or call rooms, ensure that your local medicine teaching office is aware. Our medicine undergraduate clerkship directors are Dr. Jeff Wiseman (Clerkship Director and RVH Site Director), Dr. Suzanne Morin (MGH Site Director), Dr. Beth Cummings/Dr. Elizabeth MacNamara (JGH Site Directors) and Dr. Les Meissner (St. Mary’s Site Director). They would be pleased to fill you in on any details and value tremendously your contributions.

CAPS

Dr. Tim Meagher

Clinical Activities Priority Setting, or CAPS, is an MUHC-wide initiative designed to choose the clinical areas that the MUHC will preferentially develop over the next 5 years. The exercise will also identify clinical areas that are ‘core’ or essential for us to maintain and finally areas that we may choose to divest.

As priority setting is all about making choices and, as choices should be made in as fair a way as possible, we have selected an ethical framework called Accountability for Reasonableness (A4R) for our exercise. This framework is based on a series of process elements which, if rigorously followed, will ensure that the exercise is fair and that the result will be understood and respected. CAPS is a ‘made in MUHC’ process based on A4R that began in the summer and will shortly involve many people in the Department.

Why do this? There are many reasons. The MUHC is now 12 years old and surprisingly, no institution-wide priority setting exercise has taken place since its creation. As a result, we have become content with the expectation that all clinical activities can and should be allowed to expand without question, regardless of their nature or their relevance to an academic health centre. Similarly, there is an assumption that all requests for new program development deserve unquestioning and equal institutional support. All of which would be fine if we had limitless resources. But we don’t. Our reality is that we struggle to provide high-quality care in many clinical areas and we are unable to develop new programs. For an institution that is supposed to be providing exemplary care and developing unique and innovative programs, this is far from ideal. CAPS will push us all to review our clinical activities and decide where we want to invest for the future. The resulting priorities will guide institutional decision-making and help direct resources in a logical manner.

How does this work? In early January 2010, each division will be asked to review their clinical activities and perform a self-evaluation using an intranet-based Work Book. In addition, the division will be asked to identify priority clinical areas for the next 5 years, clinical activities that could be shared with another hospital and finally those that could be divested. The Medical Mission will review all divisional Work Books as will the Strategic Directions Committee, the group charged with finalizing the priorities.

Performed on a cyclical basis, the CAPS process will institute a culture of continual performance evaluation. Clearly stated priorities will also better position the MUHC within the healthcare network and should allow many of our clinical activities to achieve national and international recognition. For more information on the CAPS process refer to: http://www.intranet.muhc.mcgill.ca/CAPS/index.html
As at the Faculty, the JGH is currently engaged in a strategic planning exercise. Given that the department is the hospital's greatest contributor to care, teaching and research, the Department of Medicine at the JGH will necessarily be impacted by any strategic planning for the hospital as a whole. Accordingly, members of the Department leadership, in concert with ideas discussed with the leadership of the McGill Department of Medicine, have crafted plans for how they would wish to see the Department of Medicine at the JGH develop in the near future.

The Department of Medicine needs to be more than a place where excellent care and teaching are provided, but also a translational science center, which is an indispensable part of a research intensive university. Accordingly, some of our plans have to take into account the need to recruit physician-scientists who will be involved in research in the 4 pillars of CIHR: basic, clinical, outcomes and health services and population research. At the same time we have to ensure that we still have the human resources to provide for excellence in the care of patients and teaching of medical students and residents even in the context of limits in the number of recruits to each subspecialty (PREMs). The evolution of our patient population must also be taken into account, as the huge volumes coming through the Emergency Department (ED) create enormous pressure for admission to our wards. Moreover, these patients are increasingly elderly with chronic disease and many co-morbid conditions. These challenges must be faced despite chronic understaffing and suboptimal working conditions.

Space does not permit a complete enumeration of all of the excellent programs within the JGH Department of Medicine. Each division has been involved in developing lists of programs that are strong or that have the potential to develop further. The overall approach has been to look for opportunities to ally existing and developing programs with the priorities of the hospital and to seek out partners for alliances that will help the Department reach its academic and clinical care goals. This process will help drive recruitment and development in coming years so as to allow the Department of Medicine help the JGH fulfill its three-fold mission of providing care to the population, acting as a McGill teaching hospital and becoming a translation science center that will help rapidly bring biomedical progress from the bench to the bedside.
FULL PROFESSOR PROMOTIONS

Congratulations to our Faculty members for their achievements.

Dr. Robert Côté is an internationally recognized clinician scientist who has been a leader in the field of stroke research in Canada and around the world.

Dr. John Di Battista’s field of expertise is prostaglandin biosynthesis and the application of cellular and molecular approaches to understanding the regulation of inflammation.

Dr. Janet Henderson, former Associate Dean of Research and current Director of Orthopedic Research, is internationally recognized for her research in the field of bone disease and osteoporosis.

Dr. Xiang-Jiao Yang, a member of the Goodman Cancer Center, is recognized for his work on the molecular basis of cancer with a particular interest in how cell signaling regulates chromatin modification and other nuclear events.

APPOINTMENTS & NEW CHALLENGES

It is with great pleasure that we announce the appointment of Dr. Alain Bitton as the new Director of the McGill Division of Gastroenterology and the new Chief of Gastroenterology for the MUHC, effective October 1, 2009. Dr. Bitton is well known for his work as a clinician and leading clinical researcher in the field of inflammatory bowel disease. He also has an impressive record of accomplishment in education, having very successfully led the McGill Gastroenterology Training Program for many years. We are fortunate to have such a well rounded and highly respected individual take on this important job and we wish him every success in his new role.

We take this opportunity to thank Dr. George Ghattas who took on the role of acting Director after Dr. Barkun stepped down and Dr. Vicki Baffis who held the fort for many months as interim Director. We are grateful for their hard work and dedication.

In the Spring of 2009, Dr. José Morais was nominated as Head of the Division of Geriatrics at McGill University and, as of September 1, 2009, he assumed the role of Division Director of Geriatric Medicine at the MUHC. Affiliated with the McGill Nutrition and Food Science Centre, Dr. Morais is an accomplished clinician, researcher and teacher in the field of geriatric nutrition and is eminently qualified to assume this dual leadership role.

Dr. Morais takes over from Dr. Allen Huang, to whom we are sincerely grateful for his dedication and effectiveness as Division Director throughout his two terms as well as for the assistance he provided to Dr. Morais during the transition period.

Additionally, Dr. Josée Verdon has taken over as site director and chief of service in Geriatrics at the RVH site. Her broad expertise with management of elderly persons in ED, together with her superb teaching and administration skills will enable her to accomplish this new responsibility with brilliance.

(Continued on page 7)
We are pleased to welcome Associate Professor, Dr. Susan Bartlett, as a full-time member of the Department of Medicine, Divisions of Clinical Epidemiology and Respiratory Medicine. Dr. Bartlett trained as a clinical psychologist at McGill and Syracuse University and completed postdoctoral studies in obesity and behavioral epidemiology at the Johns Hopkins School of Public Health, where she was Associate Professor for 12 years. She was recruited back to McGill to run the graduate program in the School of Physical and Occupational Therapy. However, in order to focus more completely on her research, Dr. Bartlett has moved full-time into our Department as of November 1, 2009. Her research interests include behavioral interventions for chronic diseases and enhancing patient self-management and patient-physician communication.

RECRUITMENTS

We are pleased to welcome Dr. Sharon Nessim as an Assistant Professor in the Division of Nephrology at the JGH. Dr. Nessim obtained both her B.Sc. in Physiology and M.D. degrees at McGill University. She then completed her internal medicine residency training at McGill followed by a two-year fellowship in clinical nephrology at the University of Toronto where she subsequently pursued a Masters degree in Clinical Epidemiology and a research fellowship. Her research focus centered on predictors of peritonitis in the peritoneal dialysis population. In a relatively short time period, her research efforts have spawned multiple peer-reviewed publications in high impact nephrology journals such as Clinical Journal of the American Society of Nephrology and Kidney International. She also serves as a reviewer for many top journals and is a recognized national and international speaker in her field of expertise.

It is a pleasure to announce that Dr. Jonathan Wyse joined our Department as an Assistant Professor in the Division of Gastroenterology. Dr. Wyse did his training in internal medicine and in gastroenterology at McGill University and spent a large part of his formative years at the Jewish General Hospital. He went on to complete a Masters in epidemiology at McGill University in 2007 and trained in endoscopic ultrasound (EUS) at St Luc Hospital. He will be establishing an EUS program at the JGH in the coming months and will work closely with numerous physicians who have an active role in the treatment of GI and pulmonary malignancies. Dr. Wyse has research interests in pancreatic and biliary malignancies, chronic pancreatitis and in the numerous applications of EUS in digestive pathologies.

We are pleased to announce that Dr. Agnieszka Majdan joined our Department as an Assistant Professor, Division of Endocrinology, based at the Jewish General Hospital. Dr. Majdan obtained her B.A. at McGill University and completed a Masters degree at Simon Fraser University. Having pursued her undergraduate doctoral studies at UBC in Vancouver, she returned to Montreal to complete her internal medicine and endocrinology training at McGill University. Her clinical and research interests lie in the area of reproductive endocrinology and the metabolic syndrome.
Dr. Phil Gold will be inducted into The Canadian Medical Hall of Fame at a ceremony to be held in Calgary on April 13, 2010. Dr. Gold co-discovered the carcinoembryonic antigen (CEA), the first clinically useful human tumour marker that revolutionized the diagnosis and management of cancer. In 1965, he and his colleague, Dr. Samuel Freedman, published a seminal paper on their concept-shifting discovery of CEA, the tumour marker that is found in 70% of cancer patients. This marker was developed into a blood test that remains the most frequently used test in oncology around the world today, in addition to being the standard against which other human tumour markers are measured. Through this work, Dr. Gold is credited for developing the field of Human Tumour Marker Biology. His subsequent demonstration that CEA was in embryonic and fetal tissue initiated the field of oncodevelopmental biology. The impact of the CEA discovery, along with other work in the Division of Clinical Immunology and Allergy at the MGH, led to the establishment of the McGill Cancer Centre in 1974.

Dr. Gold was born in Montreal and has remained faithful to his native city for most of his life. A brilliant mind with a distinguished record of scientific achievement in immunology and cancer, Dr. Gold is Professor of Medicine, Physiology and Oncology and Executive Director of the Clinical Research Centre at the MGH. He is known to many as a down-to-earth, caring physician, an inspirational leader and a gifted teacher. He has received numerous international awards and has been elected to many prestigious scientific organizations. He was made a Companion of the Order of Canada (1986), an Officer of the Ordre national du Québec (1990) and a member of the Academy of Great Montrealers (1986). He received the Gairdner Foundation International Award (with Dr. Freedman, 1978) and the F.N.G. Starr Award from the Canadian Medical Association (1986).

Dr. Allan Sniderman, Professor in the Division of Cardiology, has been elected as a Fellow to the Royal Society of Canada (RSC). Sniderman introduced apoB into clinical practice worldwide as the key index for treating elevated cholesterol levels thus saving many lives. In 1980, he first published that apoB was a better index of vascular disease risk than LDL cholesterol and confirmed this in subsequent epidemiologic studies. In May 2008, the American Diabetes Association and College of Cardiology jointly stated that apoB is superior to other cholesterol markers. His work on the regulation of the composition, number and hepatic secretion of apoB particles, and the regulation of fatty acid transport in adipocytes provided a physiologic basis for his seminal clinical finding.

Dr. Vincent Giguère, Professor in the Departments of Medicine, Biochemistry and Oncology, has also been elected as a Fellow to the RSC. Dr. Giguère is an international leader in the field of nuclear receptors. He identified several members of the super-family of nuclear receptors and revealed mechanisms demonstrating how these proteins work at the molecular level. His groundbreaking work also led to major advances in our understanding of the roles played by nuclear receptors and their natural and synthetic ligands in embryonic development, adult physiology and several diseases, most notably hormone-dependent cancers and metabolic disorders.

Dr. Marcel Behr, Associate Professor in the Divisions of Infectious Diseases and Respiratory, has been elected a member of the prestigious American Society for Clinical Investigation (ASCI). Founded in 1908, the ASCI is an honor society for physician-scientists, to which Canadians are rarely admitted. Dr. Behr's election underscores the excellence and international impact of his innovative work in the field of mycobacteria.

Dr. Robert Sladek, Assistant Professor in the Departments of Medicine and Human Genetics and based at the McGill University and Genome Quebec Innovation Center, has been awarded the Young Investigator Award by the Canadian (Continued on page 9)
Dr. Sladek’s work centers on the development of new technologies for identifying genes conferring risk for type 2 diabetes and for studying the dynamics of gene transcription networks in living cells.

Dr. Sasha Bernatsky, Assistant Professor in the Divisions of Rheumatology and Clinical Epidemiology, has been selected to receive the Canadian Rheumatology Association (CRA) Young Investigator Award for 2010, in recognition of her extraordinary productivity and the high quality of her research.

Dr. Vicky Tagalakis, Associate Professor in the Division of Internal Medicine and GIM Program Director, is the 2009 recipient of the JGH Auxiliary - Department of Medicine Academic Enrichment Award.

Dr. Balfour Mount, Professor Emeritus, Departments of Medicine, Oncology and Surgery and Founding Director of the RVH Palliative Care Service at the MUHC, has been inducted into the Academy of Great Montrealers. He was honoured on November 4th at the Board of Trade of Metropolitain Montreal for his exceptional contribution to Montreal in the scientific sector.

At the Canadian Society of Internal Medicine Annual Meeting in October 2009, Dr. Natalie Dayan, a former Internal Medicine Resident at the JGH and now a General Internal Medicine Subspecialty Resident, received the Canadian Association of Professors of Medicine Residents Research Competition Award for her research entitled “The risk of venous thrombosis among women with thrombophilia and oral contraceptive use: a meta-analysis”.

IN MEMORIAM
By Dr. Simon Wing

The Division of Endocrinology and Metabolism suffered a great loss with the sudden death of Dr. Patrick Doran on September 21, 2009. Dr. Doran was the Director of the McGill training program in adult endocrinology and metabolism, a responsibility which he fulfilled very effectively with enthusiasm, energy and dedication. His knowledge of endocrinology was encyclopedic and he shared this knowledge with the residents to whom he devoted much time, becoming their respected mentor. He not only taught in depth about clinical medicine but he also had an excellent grasp of the fundamental science of endocrinology and could share this with our trainees. His teaching was so good that the endocrine residents selected him as the best teacher for three years in a row. So after winning that award for the third year in a row, we had to change the rules so that he could only win the award once every three years to give the rest of us a chance. As consolation, I nominated him for the Phil Hill Award for teaching in the Department of Medicine at the MUHC, which he won in 2009. His lectures and other teaching sessions were consistently excellent and in 2008, he won the MUHC Endocrine Division’s prize for that year’s best presentation at weekly Endocrine Rounds.

The aftermath of Dr. Doran’s death led the staff of the Division to much reminiscing about him. It was noted that he was a classical gentleman, polite, courteous, good looking, witty, enjoyed good food and good wine but what came out often was that he was a perfectionist. He could be demanding on others, but it was clear that he was most demanding on himself. This brought the best out of himself as well as the residents to whom he was most devoted. Dr. Doran was extremely generous in his service to the Division - coordinating Journal Club at the MGH site, directing the Diabetes Teaching Clinic at the RVH site and the General Endocrine Teaching Clinic at the MGH site, webmaster for the Divisional web page and representative of the Division on the Faculty Committee organizing continuing education program for family physicians. He also served as first Vice President of the Association des médecins endocrinologues du Québec and helped to bring back representation of McGill in the Association. It is clear that Dr. Doran’s death leaves a void in all those who knew him – family, friends, patients and colleagues. We extend our condolences to all.
IN MEMORIAM
By Dr. David Eidelman

Dr. Michael Ward passed away on November 11th, 2009 in a hospital near his home in Barrie, Ontario, after a heroic fight against brain cancer. Senior staff members will remember Dr. Ward from the time when he came to McGill as a respiratory and critical care fellow after completing internal medicine in Toronto. A wonderful clinician, he was also a driven and talented researcher. He subsequently completed a PhD at McGill before joining the staff in the Division of Critical Care. Dr. Ward was also a member of the Meakins-Christie Labs until he left for St. Michael’s Hospital in Toronto in 1999 where he finished his career as Director of Critical Care Research. Dr. Ward was a passionate researcher and a compassionate clinician. Above all, he was a devoted family man. Dr. Ward leaves behind his wife Suzanne, four children and many friends and colleagues.

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