

M U H C

MCGILL UNIVERSITY HEALTH CENTRE

HEALTH

PERSPECTIVES



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Special delivery

Spend enough time around the Women's Pavilion of the McGill University Health Centre (MUHC) and you will hear one name come up over and over again: Dr. Alice Benjamin. Whether you are speaking to a grateful new mother about the compassionate obstetrician who saw her through a difficult high-risk delivery or a fellow physician on the question of who has the greatest experience and insight into the inner workings of the Division of Obstetrics, the strength of Benjamin's presence and the pervasiveness of her influence are keenly felt and appreciated.



It is therefore something of a surprise to meet Dr. Benjamin and to find that this dynamo is in fact a quiet and introspective woman who rarely mentions her own successes, preferring to credit her colleagues and co-workers with the many considerable advancements that have taken place during her nine-year tenure as Director of the MUHC's Division of Obstetrics. When asked what aspect of her complex and multifaceted job gives her the most pleasure, Benjamin eschews teaching awards and research credits in favour of something more simple. "The best part of what I do," she says, "is seeing a patient go home with a baby. That's it. It never becomes a chore and it's never routine. Every birth is a total, absolute joy."

That joy is visible in Dr. Benjamin's face as she describes her more than 25-year career as an obstetrician, which began when she received her medical degree in New Delhi at an all-women's medical school. After moving to Canada to join her husband, a researcher in polymer chemistry, Benjamin continued her training first in Toronto and then at McGill, where, in marked contrast to her early med-school experience, she found herself the only woman in the obstetrics program. "There was one elderly female doctor working in the department at the time, but no other female residents when I started," Benjamin remembers. "It is strange to think that, even in the field of women's health, it wasn't so very long ago that female physicians were such a rarity."

Given the paucity of women in the field, what was it that motivated Benjamin to take the intrepid step of choosing to specialize in obstetrics and gynecology? "I suppose

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you gravitate towards what you're good at and what suits you," she reflects. "Throughout my training, I was always fond of the challenges of internal medicine, and OBGYN seemed to have a balance between medicine and surgery that felt right to me." After finishing her training, Benjamin stayed on at the Royal Victoria Hospital where, demonstrating her pioneering spirit, she immediately accepted the challenge of organizing an ambulatory centre for pregnant women suffering from diabetes. "I was asked to start the clinic by the head of the department at the time, Dr. Naftolin," Benjamin recalls. "This was in the late 1970s, and the standard protocol of care was that every single pregnant woman with diabetes was admitted to hospital around 28 weeks and stayed for the duration of her pregnancy."

The notion that diabetic mothers could be treated as outpatients was therefore a radical one. Under Benjamin's stewardship, however, the clinic soon began seeing patients with other medical conditions like lupus, epilepsy and hypertension, becoming Canada's first ambulatory centre for high-risk pregnancies and establishing a reputation for progressive and world-class care that it retains today.

"This move towards ambulatory care for women with even very complex pregnancies has been one of the biggest and most exciting changes I've seen over the course of my career," Benjamin says. "We now admit diabetic patients the day before or even the day of delivery, and the same holds true for women with a whole host of other problems. We are able to do so much on an outpatient basis that, for the almost 4,000 deliveries that we perform a year, including even the most complicated ones, we need only 13 antepartum beds. It's really an incredible thing when you think about it."

Only a few years after starting the clinic, Benjamin participated in another auspicious beginning with the birth of her only daughter in 1981. For her, the birthing experience solidified her

commitment to the field of obstetrics and deepened the emotional connection she feels with her patients. "Becoming a mother really sensitized me to the experience of my patients in a new way," she reflects. "There is still an element of recall and comparison every time I participate in a delivery. In every procedure, I can't help but

According to Benjamin, more clinics dedicated to other medical complications are in the works.

Another addition that Benjamin is particularly happy about is the attentive follow-up the clinic provides for new mothers and their families. "Patients with normal deliveries are now discharged within 36 to 48 hours of birth, and Caesarean patients after 96 hours," Benjamin says. "During those short stays, our nurses provide intense education on how to care for the baby and they take care to observe how the families will fare when they bring their new little person home. Throughout their hospital stay, we provide as much support and information as we can." All of this takes place in the Co-operative Care Unit, where partners can stay with mother and baby during those all-important first days and nights.

"The first period after a delivery is an exhausting, emotional and stressful time," Benjamin says. "We try to make sure that there is always someone at the other end of the phone if any of our patients or their families need answers or help."

The operation of this well-oiled machine should only improve when the Women's Health Mission of the MUHC is consolidated at its new home at the Glen Campus, a move that Benjamin anticipates with optimism. "Collaboration is at the heart of what we do, and even though we've been fortunate to have most of our activities integrated in the Women's



"The best part of what I do is simply seeing a patient go home with a baby. It never becomes a chore and it's never routine. Every birth is a total, absolute joy."

think of my own child and all of the emotions I felt when she was born."

In today's Division of Obstetrics, compassionate care is provided by clinical nurse specialists and medical specialists who, in addition to their primary focus, have a particular expertise in obstetrics. "Having hematologists, endocrinologists, general internists and psychiatrists in our clinic not only offers better care but makes things much easier for our patients," Benjamin says. In the past, she explains, women would be given separate appointments with specialists elsewhere in the hospital or in private offices outside the MUHC, and to get to those appointments only added to the stress of a medically complicated pregnancy. Now, care is coordinated through the high-risk pregnancy clinic, ensuring ease for the patient, continuity of care throughout the pregnancy, and effective communication among the entire team of caregivers.

"It's really a multifaceted and multitalented group down here," Benjamin says. "I'm very proud of how well everyone works together." Under the leadership and direction of Dr. S. L. Tan, the antenatal clinic has expanded even more. The new additions include a multiple pregnancy clinic led by Dr. Lucie Morin and a recurrent pregnancy losses clinic run by Drs. Angela Mallozzi and William Buckett. These complement existing endocrinology, obstetric hematology and psychiatry clinics.

Pavilion at the Vic, the facilities are old, crowded and in obvious need of major refurbishing. I'd also like to see better coordination with adolescent care and teen pregnancies, which will be easier when the Children's hospital is on the same site."

As she describes her Division's achievements, Benjamin is assiduous in giving credit to her many colleagues and collaborators, including fellow obstetricians, consulting specialists, nurse managers (who, she remarks, "really run the place"), ultrasonographers, support staff and a whole host of others. In fact, she is so modest that it takes a bit of coercion to induce her to reflect on her own contribution to the Division's evolution. "Well, I guess what I've done from the beginning is put the Division's focus on the medical complications of pregnancy and help us become the best we can be at treating those patients. This was my personal interest as an obstetrician, and I think I've been able to steer the Division towards the excellence we now have in high-risk, medically complicated pregnancies and deliveries. Yes, that's what I think my contribution has been."

Although the sun is nearly setting as our conversation draws to a close, Benjamin's day is far from over. She is on her way to perform a Caesarean. So what sustains her through late nights, complex procedures and administrative frustrations after so many years? Looking almost surprised by the immediacy of her response, Benjamin says, "I just totally, totally enjoy my work. It's really that much fun." ❄

M U H C HEALTH PERSPECTIVES

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Redevelopment on Schedule

This spring, Montrealers got a glimpse of the McGill University Health Centre's plans for consolidating its activities on two sites – at the modernized downtown Mountain Campus and the new facilities at the Glen Campus, which borders Westmount and NDG.

MUHC health care professionals and support staff were invited to “townhall” meetings held across all sites during the week of April 25, where Director General and CEO Dr. Arthur Porter answered questions, addressed concerns and unveiled the plans in greater detail. At a press conference held on May 10, Dr. Porter noted that, “This is the blueprint that will allow us to provide our patients and their families with the best possible healing environment while ensuring the continuum of care from newborns to adults.”

In keeping with the MUHC's commitment to maintaining good relations with its current and

future neighbours, public information sessions regarding zoning took place in May in the following boroughs: Notre Dame de Grace (May 11 and 12) and Southwest (May 18).

Two consultation meetings reserved for those who had filed written briefs or wished to express their opinions verbally were held on June 15 and 16. Final municipal approval for the project is expected this summer.

At the Glen Campus, decontamination is proceeding according to schedule. Trucks began leaving the site on May 24, and essential access work on roads and highways near the site began in mid-May. Construction of the actual patient care and research facilities is scheduled to begin



Preliminary artist's renditions of the Glen (left) and Mountain campuses.

in the summer of 2006. The Mountain Campus will continue to undergo significant upgrades and renovations, including a new Emergency Department and Trauma Centre, new operating theatres that will accommodate advanced surgical procedures, and revamped patient care units.

Both campuses will provide a healing, welcoming and easily accessible environment for patients, featuring natural lighting, ample green space and rooftop terraces. Most of the patient rooms will be for a single patient only. ❄

Portraits in Time

Thousands of individuals have helped advance the development of the McGill University Health Centre, and in every issue of *MUHC Health Perspectives* we feature one or more of these significant contributors.

RONALD CHRISTIE 1902-1986



Ronald Christie was a strong advocate of combining clinical care with research long before it became the norm to do so at university teaching hospitals. His influence was such that many residents and fellows who trained at the Royal Victoria Hospital went on to become chiefs of medicine and deans of medical schools around the world.

Born in 1902 in Edinburgh, Scotland, Christie spent the first 11 years of his life in China, where his missionary father was a doctor. After obtaining his medical degree from the University of Edinburgh, he pursued residency training at Rockefeller University in New York. In 1927, a visit to the Ottawa home of a fellow student during the Christmas holidays led to a meeting with the legendary Dr. Jonathan Campbell Meakins, who at the time was physician-in-chief at the Vic. The following summer, Christie came to Montreal to train as a medical resident under Meakins. He remained at the RVH for seven years before moving to London, England, where he established a distinguished career as a lung specialist. Immediately after World War II, he conducted a study that definitively showed that penicillin could cure subacute bacterial endocarditis, a disease that, prior to this discovery, was always fatal.

Twenty years after he left Montreal, Christie was recruited back to the Vic to become physician-in-chief and director of the hospital's University Clinic. Despite its name, the clinic, originally established by Meakins, was actually a research unit. A superb scientist and clinician, Christie concentrated on expanding the hospital's research capability, establishing the multidisciplinary Joint Cardio-Respiratory Service and recruiting chiefs of departments who were committed to both clinical care and research. As a result of Christie's leadership, the Vic's reputation for excellence in academic medicine flourished, particularly in the fields of heart and respiratory diseases.

One day in 1962, a bus carrying members of the Peking Opera Company pulled up in front of the RVH. Christie was able to greet them in Chinese and to determine that Chairman Mao Tse-Tung himself had instructed the Company to give a special performance at the RVH while on tour in Canada. (Norman Bethune, who had practiced at the Vic, was a much beloved figure in China.) Shortly thereafter, Christie established professional exchanges with hospitals in Peking (now Beijing).

The Vic's Joint-Cardio Respiratory Service, founded by Christie, grew so rapidly that by 1972, it was split in two. The Cardiology Division came into being as an independent unit and the respiratory group moved to newly created headquarters at the Montreal Chest Hospital. Named the Meakins-Christie Laboratories, a fitting tribute to Christie's passion for scientific investigation, these labs are recognized worldwide as a pre-eminent training centre for respiratory research. Christie also served as dean of McGill University's Faculty of Medicine from 1964 to 1967. ❄



Pulling Together for Life

On July 30 and 31, the Olympic Basin on Île Notre Dame will be awash in colour and the sounds of 25,000 cheering spectators. For the tenth consecutive year, over 200 dragon boat teams from around the world will churn the water in their long narrow boats made of teak and adorned with dragon heads at the front and dragon tails dangling over the water at the rear. The big difference is that this year, for the first time, a portion of the proceeds will be turned over to charity.

With Manulife Financial leading the way as Title Sponsor, this year's race hopes to contribute \$100,000 to Montreal's two university teaching hospitals – the McGill University Health Centre and the *Centre hospitalier de l'Université de Montréal*.

"Manulife's participation is fantastic news for the festival as we celebrate our tenth anniversary," says Festival Coordinator Sunny Lam. "But it's even better news for the patients, doctors and staff at both the MUHC and CHUM who will benefit from Manulife's generosity and from the fundraising efforts of the festival's participants."

Competing in 250-metre and 500-metre races will be teams from all over Canada, the United States, Taiwan, Hong Kong and Mainland China. The festival is also a family affair, featuring entertainment with a multicultural flavour, ethnic delicacies, a children's drawing contest and exhibits of various products and services.

For more information on how you or your organization can participate in this high-spirited event and pull together for a wonderful cause, log on to www.montrealdragonboat.com, or call (514) 866-7001. ❄



Photos courtesy of the Manulife International Dragon Boat Festival (Montreal)

Cedars Golf Tournament Swings into Action

It is an unbeatable combination: a chance to spend a day on the golf course indulging in one of summer's favourite pastimes while raising money for cancer care. On July 4, the Cedars Cancer Institute, in partnership with the MUHC Foundation, will host its 27th Annual Golf Tournament at the beautiful Elm Ridge Country Club. Close to 300 golfers are expected to take part, and as the evening's festivities get under way, that number will more than double.

Since its inception nearly 40 years ago, the Cedars Cancer Institute has raised over \$17 million to support improved diagnosis, treatment and research in oncology at the MUHC. Specific projects made possible by the Cedars have included the construction of modern facilities such as the Cedars Breast Clinic and the Edward J. Tabah Oncology Day Centre, the establishment of innovative programs such as Cedars CanSupport, and the acquisition of equipment used for cancer diagnosis and treatment, including a gamma camera for nuclear medicine and a video bronchoscope for radiation oncology.

Over and above ensuring the continuation of these essential programs and services at the hospi-

tal's current sites, the Cedars has made a major commitment to the Best Care for Life campaign in support of the MUHC's redevelopment. Proceeds of this year's tournament will go toward the construction of a brand new Ambulatory

Cancer Care Centre on the Glen Campus. This centre will vastly improve the care of cancer patients by consolidating all oncology-related diagnostic, treatment and support services in one easily accessible location.

Tickets for a foursome are \$3,200 and include a fabulous day of golfing followed by a sumptuous dinner and spectacular entertainment. Adding to the excitement, celebrities from the Montreal Canadiens and the Alouettes will be on hand throughout the day to encourage the golfers. July 4 is just around the corner, but if you hurry, you may still be able to reserve a foursome by calling Silvana Orrino at (514) 931-5656. ❄



Photo courtesy of Asbed

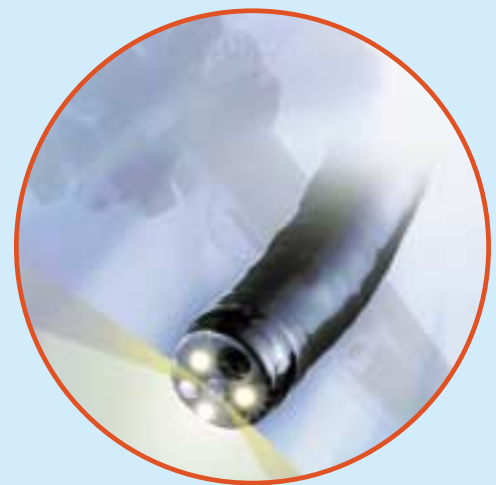
Equipping Excellence

Colon cancer is the second most frequent cause of cancer death in Canada and most of the industrialized world. Yet, it is also a highly preventable and treatable cancer, with a 90 percent five-year survival rate if the disease is caught in its earliest stage. For this reason, yearly screening through a procedure called colonoscopy is highly recommended for women and men over the age of 50 in the general population and beginning at age 40 for those who have risk factors such as polyps, inflammatory bowel disease (IBD) or a family history of colorectal cancer.

Colonoscopies are also performed to remove polyps and to further evaluate conditions such as anemia, blood in the stool, abdominal pain, lower gastrointestinal bleeding and IBD.

During this procedure, a **colonoscope** – a long, flexible instrument shaped like a tube with a small camera on one end – is used to inspect the entire colon while images are projected on a monitor that the physician can view with ease. Sedatives and medication to relieve discomfort are administered to the patient prior to the procedure, which is performed on an outpatient basis.

Tissue samples are removed from the colon with tiny biopsy forceps inserted through the scope. Polyps, which produce no symptoms but can progress into cancer if left



untreated, are removed with small electrocautery snares attached to the scope. In addition, specialized procedures such as laser therapy to seal small blood vessels may be performed during a colonoscopy.

Approximately 12,000 colonoscopies are performed at the MUHC's adult sites on an annual basis, making the colonoscope a vital cancer prevention and treatment tool. The cost of a colonoscope is approximately \$30,000. ❄

This series is intended to be informative; the McGill University Health Centre Foundation does not endorse any particular manufacturer or model of the equipment shown and described here.

Photo courtesy of The Carlsen Group