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A Stroke of Genius



Dr. Richard Riopelle, Chief of Neurology and Neurosurgery at the McGill University Health Centre (MUHC), has a riddle for you. What do a 76-year-old woman suffering from Parkinson's disease, a middle-aged man at home after a severe stroke and an eighteen-year-old living with cerebral palsy have in common? If you know a little bit about medicine, you might say they all suffer from diseases of the brain, and you wouldn't be wrong. In fact, as Riopelle points out, this is precisely the response you would hear from most health care professionals.

W

hile such a response is accurate, it is not what Riopelle wants to hear. Instead, he wants you to be aware that what really unites all three patients is not their neurological diagnoses, but the physical, social and emotional effects they suffer as a result. Riopelle and his colleagues recognize this, and their view – that the MUHC needs to oversee short-term disease treatment and lifelong disability management – is changing the way neurological patients are treated across Quebec.

“As highly specialized neurologists and neurosurgeons, we aren't necessarily trained to involve ourselves in what happens to our patients once their critical medical issues have been resolved,” Riopelle says. “After years of treating people suffering from strokes, multiple sclerosis (MS) and other debilitating conditions, I began to realize that this short-term, medically-oriented view simply isn't enough. Although improved drug therapies and surgeries have greatly increased the survival rates for a number of serious neurological conditions, many patients must suffer a lifetime of mobility problems and chronic pain. As a result, we need to see ourselves as being in the business of chronic disease management. It isn't only the health of people's brains but the quality of their lives we need to consider.”

Riopelle was a neurologist at the Queen's Academic Health Sciences Centre when he first began to think about how the health care system could be adapted to better meet the holistic needs of his patients. In addition to pursuing groundbreaking research on neurotrophins (factors in the brain responsible for nerve growth), Riopelle began to take an interest in how best to organize services in a resource-strapped Canadian health care environment. “Gradually, my interest in

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health care development expanded and I began to conceive of concrete ways that services could be restructured in order to better care for neurological patients. As a first step, I came to see that interdisciplinary groups of caregivers had to be mobilized in order to address every aspect of a patient's physical, social and emotional circumstances. Once this had been accomplished, an effort needed to be made to coordinate community services so that patients' needs outside of the hospital were also being met."

When he was recruited to the MUHC in 2001 as Chief of the Department of Neurology and Neurosurgery, Riopelle was keen to take advantage of his new position to put these ideas into practice. In deciding to relocate, he was also encouraged to see that the MUHC had already made strides in offering a broad spectrum of services to its neurological patients. Even though conventional boundaries still existed between different disease areas and professional specialties, forward-thinking doctors, nurses, social workers and other professionals had already begun to cross traditional barriers in order to address their patients' diverse needs. Riopelle recalls, "Part of what attracted me to the MUHC was that the groundwork had been laid for the integrated network of care I envisioned. I was heartened and inspired by the grassroots leadership I'd seen."

Beyond the walls of the MUHC, Riopelle recognized that neurological patients need easy, well-coordinated access to services offered through CLSCs, community hospitals, long-term care facilities and other resources. In another felicitous turn, Riopelle found that the Government of Quebec was in the process of implementing a radical restructuring of the health care system along precisely these lines. In partnership with the Faculty of Medicine at McGill, the MUHC would sit at the head of one

of the province's four RUIS, or réseaux universitaires intégrés de santé (the other three RUIS are led by the medical faculties and university hospital centres associated with the Universities of Laval, Sherbrooke and Montreal). Serving nearly 1.7 million Quebecers in an area extending south



"I'm extremely proud of what we've achieved with the stroke program. It reflects a great deal of commitment and hard work from everyone working in the Department."

to the American border, west to the border with Ontario and north to James Bay and the Cree territories, the McGill RUIS brings all of the human and institutional resources of this vast territory into one rationally coordinated care system. Every partner in the network has clearly defined responsibilities, and all are connected by "corridors of care" that ensure that patients have access to the most appropriate services no matter where they live (for more on the McGill RUIS, including a map of its territory, see HP Vol. 4, no. 2).

For Riopelle, the idea of the RUIS was a perfect philosophical fit. "Clearly, a highly specialized institution like the MUHC isn't equipped to provide disabled patients with services like long-term rehabilitation, assisted transportation and home care. The government recognizes this and, though the RUIS, is formalizing our relationships with all of the community health care providers that do offer these vital services."

Despite the eagerness of his colleagues and the advantages afforded by the RUIS, Riopelle knew that it would take time to undertake the large-scale reorganization he envisioned. For this reason he decided to start with one of the department's largest groups of patients: those suffering from strokes. "At the MUHC, we see more than 800 stroke patients every year," Riopelle says. "Most require ongoing support once they're discharged from the hospital as well as preventive care to try to avoid a recurrence, so it seemed a perfect place to begin to rework our mandate."

Prior to Riopelle's intervention, stroke patients at the MUHC were seen in something of a piecemeal fashion. Neurologists would diagnose and treat the stroke in hospital, a physio- or occupational therapist might work with the patient prior

to discharge, and then they would be sent home without a cohesive method for monitoring their ongoing care. As Riopelle points out, "there was no overarching care plan in place to keep track of patients once their acute symptoms were under control, and often we would be left waiting for them to be re-admitted to hospital before we could attend to their needs."

In order to provide a more consistent framework, Riopelle and his colleagues reorganized the stroke program around five key stages of care: pre-hospital and ER admission, acute care, rehabilitation and social reintegration and wellness and prevention. The goal is to ensure top-quality treatment at each stage and at the same time to address the transitions between the stages when patients might be at risk of falling through the cracks.

To do this, each stroke patient admitted to the MUHC is seen by a team of caregivers consisting of doctors, nurses, a clinical nurse specialist, physio- and

occupational therapists, a social worker, a speech-language pathologist and a nutritionist. The team meets regularly

with the patient and their family throughout their stay in hospital, developing and adapting a care plan that best reflect the patient's particular needs. Once the patient is ready to be discharged, the team will help her find resources in the community, such as adapted transport, outpatient nutritional support, psychological services and home care, that will help ensure that her quality of life is maintained despite the life changes imposed by the stroke. Telephone follow-ups and patient satisfaction surveys help the team stay in touch with their patients and offer ongoing support, minimizing the likelihood that they will need to be readmitted to hospital.

"The interdisciplinary team approach allows us to be flexible and responsive to each patient," Riopelle says. "With the resources of the RUIS network, we are able to direct patients to a wide range of services that they might not otherwise seek out. We've also been assiduous in establishing evidence-based methods for evaluating the success of our care so that we can continue to make improvements."

Some of these improvements involve working with the government and partners across the network to make sure that all of the services stroke patients need are readily available. As Riopelle points out, the RUIS is a relatively new construct and not all the links in its complex chain of care are as secure or well maintained as they need to be. "Right now we're in the process of making an inventory of services that are available across the RUIS and seeing where there are gaps," Riopelle says. "With the evidence we've gathered from our patient surveys and other methods, we're in a strong position to approach the government and ask that they provide the resources to fill these gaps."

Even if there are still challenges to be met, the

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M U H C HEALTH PERSPECTIVES

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A Family Tradition

For Sally Jackson, helping support patient care, teaching and research at the MUHC is more than a personal commitment, it is a family tradition. Jackson's father, the late Dr. John Meakins, was a renowned respirologist after whom the famed Meakins-Christie Laboratories were named. Her brother, Dr. Jonathan Meakins, now Nuffield Professor of Surgery at Oxford University, was formerly Head of Surgical Services at the MUHC. And, although Jackson herself has never wielded a scalpel, her generous donation to the *Best Care for Life* campaign in support of minimally invasive surgery (MIS) has made a profound difference in the lives of countless surgical patients.

Through the Sally Jackson Minimally Invasive Surgery Professional Development Fund, the MUHC's world-renowned MIS program under the leadership of Dr. Gerald Fried has flourished. MIS encompasses a wide range of diagnostic and therapeutic procedures performed by tiny instruments that are inserted through small incisions using a device called a laparoscope. Looking at images transmitted by a remote camera, surgeons are able



Alex Peterson of the MUHC Foundation Board and Dr. Hugh Scott, former Executive Director of the MUHC, honour Sally Jackson for her generosity.

to perform procedures as complex as the excision of an entire organ without leaving more than a handful of stitches.

Thanks to Jackson's support, Fried and his colleagues have been able to enhance the MUHC's laparoscopic colon surgery service and introduce new clinical programs in laparoscopic donor nephrectomy (the removal of a healthy donor kidney for transplant) and laparoscopic radical prostatectomy (the total removal of a diseased prostate).

As well, Fried has instituted a visiting professorship program in MIS, bringing top experts from around the world to Montreal to exchange knowledge with the MUHC's doctors, nurses and students. Thanks to other funds raised through the *Best Care for Life* campaign, surgeons at the MUHC can now employ their innovative techniques in three brand new MIS suites at the Mountain campus that opened last year, solidifying the MUHC's status as an international centre for excellence in the field. "The Sally Jackson fund has helped make the MUHC's MIS program one of the best in the world," Fried says. "We're incredibly fortunate for her generosity."

Through regular updates from Fried and his team, Jackson has stayed closely involved with the goings-on at MIS. "It's been incredibly gratifying to see how the program has blossomed under Dr. Fried's direction," Jackson says, "and to watch the amazing advancements that have taken place in such a short time." She adds, "It feels good to know that, in my own small way, I'm following in the footsteps of my father and brother." ❁

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.

DR. ALTON GOLDBLOOM (1891-1968)



A natural performer with a gift for storytelling, Alton Goldbloom was torn as a young man between a career on the Shakespearian stage and an education in medicine. After choosing the latter, Goldbloom attended McGill and graduated with his medical degree in 1916. He went on to complete specialty training in pediatrics in Boston and New York, and returned to Montreal in 1918 to join the staff of the Children's Memorial Hospital.

Goldbloom was the first physician in Canada to specialize in the newly emerging field of pediatrics and he rapidly gained prominence as a highly knowledgeable, dedicated and respected physician. His request in the 1930s for funding to purchase a few reference texts for interns at the Children's led to the formation of a library that, 30 years later, would be judged as one of the best medical libraries in Canada. In 1946, he was appointed Physician-in-Chief at the Montreal Children's Hospital and Professor of Pediatrics at McGill University, serving in both these positions until 1954. Following his retirement, he was named an active consultant in

medicine to the hospital and Emeritus Professor at McGill University.

A founding member of the Canadian Pediatric Society, which was established in 1922, Goldbloom was invited to serve as visiting professor at universities around the world. Despite a demanding schedule, he never lost his love of language and was the author of 75 medical publications and a best-selling guidebook for mothers entitled *The Care of the Child*. First published in 1928, this reference was subsequently published in five editions in English, four in French and two in Dutch. Goldbloom also wrote *Small Patients*, an account of his career that, to this day, is considered one of the most important autobiographies in medicine.

With characteristic humour, Goldbloom once said, "Pediatricians stay young because they are dealing with people destined to live rather than with people going down the slopes." Indeed, Goldbloom was youthful and productive until his death at the age of 77. Carrying on the family tradition, Goldbloom's sons Richard and Victor both graduated from McGill and became pediatricians. Victor Goldbloom went on to a distinguished political career, holding a number of ministerial portfolios in the Quebec National Assembly. Richard Goldbloom was an eminent physician and teacher at Dalhousie University's Faculty of Medicine and has a son, David, who is a psychiatrist in Toronto. ❁



A World of

Opportunity

When you speak to Dr. Brian Ward, Chief of the Division of Infectious Diseases at the McGill University Health Centre (MUHC) and Associate Director of the McGill Center for Tropical Diseases, one word comes up over and over again: serendipity. From the circuitous path that brought him to his current position at the MUHC to the unexpected turns his research has taken over the years, Ward describes a life and a career as dramatic and fortuitous as a picaresque novel. “When I talk about how I’ve ended up where I am, it seems as if I had incredible foresight and was following a master plan,” he reflects. “But really, it was all just chance.”

Chance may be a part of it, but Ward is also possessed of an independent spirit, a wide-ranging intelligence and a knack for recognizing sound advice when he hears it. These qualities were already in evidence when, after three years of medical school at McGill, he found that the constraints of a conventional, career-driven professional program were making him unhappy. “I realized I was miserable and that I needed to get out,” he says. “I had spent a summer working in the Arctic and decided that what I really wanted was to go back there, live with a trapper named Vince whom I’d met, and disappear for a while.”

Fortunately for the MUHC, McGill’s Dean of Students (Saeed Mirza, at that time) suggested another option, to take a leave from medical school, and apply to study at Oxford as a Rhodes Scholar. With some reluctance Ward agreed to apply and was fortunate enough to win the scholarship. Once in England, he had the opportunity to assist a team of Oxford scientists who were engaged in groundbreaking research on sexual differentiation of the brain. While “playing around with pheromones,” Ward got a taste for the excitement that comes with exploring new scientific possibilities. This bit of serendipity was the first in a series that would take him from one end of the world to the other, and then, strangely enough, right back to where he started.

After a few years in England, Ward returned to McGill “under threat of expulsion” to finish medical school. Following graduation, still chafing against the constraints of a conventional practice and restless with the desire to travel, Ward made arrangements to fly to Afghanistan to meet David Fleming, an archeologist he had gotten to know while at Oxford. Just before he was scheduled to leave, the Soviets invaded and Afghanistan was closed to foreign visitors. With fortune smiling

down on him, Ward decided instead to follow Fleming to Peru. “I loved it,” he says. “We travelled through the mountains and engaged in some of the most fascinating archeological work I can imagine. I used my medical background to

and I knew immediately that this was what I wanted to do. I had often felt helpless in the face of the parasites and viruses I saw in Peru, but in Ecuador I was working with doctors who were treating a wide range of illnesses. I learned how to make a tangible difference.”

Thinking strategically, Ward returned to Canada to undertake six months of training in anaesthesiology, a specialty he knew would make him highly employable and which paid generously enough to finance his travels. He then spent a year practicing medicine in the Cree Territories in northern Quebec, paid off his debts, and used his remaining savings to buy a round-the-world airline ticket. Ward traveled to Thailand and spent most of the next three years practicing front-line tropical medicine in refugee camps. From time to time, he would return to Canada to do a stint as a hospital anesthesiologist in Val d’Or or Kapuskasing, Ontario



Dr. Brian Ward shows off his lab with students and colleagues.

help identify bones, but also did a bit of surveying and just about everything else. I also saw firsthand the suffering that infectious diseases and parasites inflicted on people in that part of the world, and began to think about what I could do to alleviate it.”

This budding interest in tropical medicine became a full-blown passion when Ward spent time with Ron Guderian, a Canadian medical missionary working in medical clinics along the Esmerelda River in Ecuador. “What I got during that time was a guided tour of tropical medicine,

before travelling back to Southeast Asia.

“I did a lot of gratifying work in Thailand,” Ward says. “After a while though, my perspective changed. Rather than helping one sick person at a time, I began to think it would be more fulfilling to work on fundamental solutions that could potentially help hundreds or even thousands of people.” This realization led Ward back to England to complete a three-month course at the London School of Tropical Medicine where, on the advice of one of his professors, he embarked on another new path. After returning to Thailand for a short time, he applied to



and was accepted at the Johns Hopkins School of Medicine in Baltimore. "In London I was told that if I wanted to get serious about research in this field, I needed to get some specialized training. Gritting my teeth the whole time, I went to Baltimore to finish my training in internal medicine and then a complete fellowship in infectious diseases."

Other chance turns followed, most notably, the opportunity to return to Peru with his Hopkins research mentor, Diane Griffin. Eventually, Ward found himself choosing between a post-doctoral fellowship with the National Institutes of Health in the United States and a position at the MUHC. After meeting with Emil Skamene, the Director of the Research Institute of the MUHC, Ward decided to set up shop in his hometown. There was a hitch, though. Because Infectious Diseases wasn't recognized as a specialty in Quebec, Ward had to do one more year of training in microbiology. "As someone who was always trying to quit medical school, I've spent a lot of time there, haven't I?" he laughs.

Today, Ward is in charge of his own laboratory at the MUHC, which specializes in translational research in microbiology. "As a translational scientist, I'm in the middle of a research continuum that extends from basic scientists working with single microbes at one end to epidemiologists tracking trends across entire populations at the other," he explains. "Ideas originate anywhere along that continuum. I help facilitate research that will allow these ideas to be tested all down the line, from laboratory investigation to animal testing to clinical trials and back again."

In conjunction with colleagues both at the MUHC and around the world, Ward is involved in research projects that have generated millions of dollars in funding and are finding promising treatments for some of the world's most pernicious infectious diseases. In Zimbabwe, Ward and a former

Hopkins colleague are looking for ways to reduce the transmission of HIV from mothers to children. Already they have found a number of promising nutritional and genetic mechanisms by which the disease is transmitted that may lead to new protocols for limiting the spread of HIV.

Perhaps the project closest to Ward's heart is a major study on the parasitic condition leishmaniasis that he and the MUHC's Greg Matlashewski are conducting in Ward's old stomping ground of Peru. Along with researchers at the Universidad Peruana Cavetano Heredia in Lima, Ward, Matlashewski and other McGill colleagues have developed a completely new treatment for leishmaniasis, which causes chronic and disfiguring lesions on the face and for which standard treatments are quite toxic. "The therapy we've developed works by activating a recently discovered mechanism in the body known as the innate immune system," Ward says. He explains that scientists have learned that in addition to the usual immune responses mounted by the body to fight foreign invaders, there is an even more basic immune mechanism that determines which of these higher-order reactions will take place. Called innate immunity, this mechanism involves special proteins that recognize the specific shapes of different pathogens.

Following up on a clever hunch of Matlashewski's, these investigators have identified which of these proteins can be used to combat leishmaniasis. By stimulating these proteins, they hope to be able to boost the body's natural immunity to the parasite, allowing doctors to cure the condition using less of the toxic mixture of drugs. "This is a hugely exciting project, and one which is on the verge of alleviating an immense amount of suffering in the developing world," Ward says with obvious satisfaction. For their

efforts, Ward, Matlashewski, MUHC epidemiologist Theresa Gyorkos and their Peruvian collaborators were recently awarded a prestigious grant from the MSF Drugs for Neglected Diseases Initiative (DNDi) to continue their trials.

The success of their research demonstrates the productive intellectual atmosphere and the diversity of expertise that enticed Ward back to McGill in the first place. "This really is fertile ground for creative research," he says. "Although I collaborate with researchers from around the world, there is no substitute for having a critical mass of researchers within your own institution with whom you can share ideas on a daily basis. The MUHC has that now, and I'm optimistic that through the redevelopment project we'll be able to keep it in the future."

Ward supplements his research with other socially motivated projects, including acting as an expert witness on behalf of the U.S. government in cases involving side effects from childhood inoculations. "I'm a passionate advocate for vaccinations and am happy to give my time to defend them," he says. He is also the father of three, and has recently started bringing his wife, a fellow McGill scientist, and family to Peru with him.

So where does this inveterate traveler see himself in ten years? "Really, not too far from here," Ward says. "I'd want to have the same kind of lab I've got now at the MUHC – big enough to cover a lot of ground with colleagues who work at the highest level. And I'd like to keep having good ideas and publishing stuff that really makes a difference. We're changing the paradigm for how leishmaniasis is treated, and if I can keep doing things like that, I'll be happy." With a little serendipity, he probably will. ❁

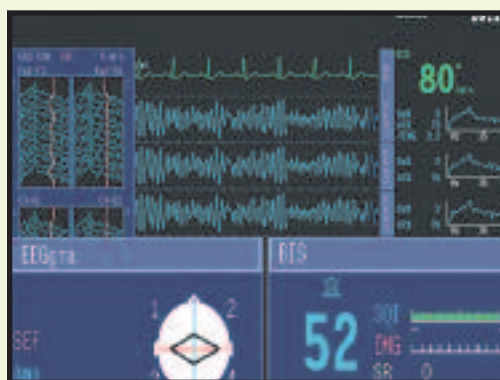
Equipping Excellence

Brain cells communicate by producing tiny electrical impulses that form patterns called brain waves. When abnormalities in these impulses arise, symptoms develop that call for the use of an **EEG (electro-encephalography) recorder**. This device records and analyzes the brain's electrical impulses so that health care providers can confirm the presence and determine the severity or causes of conditions like seizures (epilepsy, convulsions), confusion, head injuries, encephalitis (swelling of the brain), tumours, infections, cerebral infarct (caused by stroke), brain-related metabolic disturbances and degenerative diseases such as Parkinson's. EEG recording is also done in the operating room to monitor patients undergoing brain surgery and is useful for evaluating sleep disorders and periods of unconsciousness.

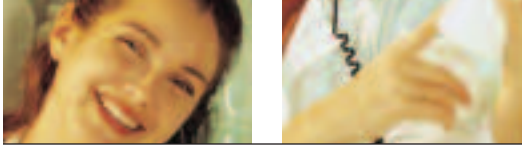
An EEG is non-invasive and painless, and is usually performed on an outpatient basis. The patient lies very still on his or her back with eyes closed (stillness is crucial because even a small movement can alter the results of the procedure). After applying a sticky paste to the patient's scalp, the technician attaches about 20 electrodes (small metal discs) onto the

scalp. Wires connect the electrodes to an amplifier and a recording machine. The machine then converts the electrical signals into a series of wavy lines drawn onto a piece of moving graph paper or displayed on a computer screen. Although an average EEG takes one to two hours, the duration can vary greatly depending on the information that is being sought.

An average of 7,000 to 8,000 EEGs are performed each year at the MUHC. These tests are conducted using only 18 EEG recorders located in outpatient clinics, inpatient rooms and operating rooms. This figure also includes mobile units for intensive care areas. The cost of an EEG recorder is approximately \$29,000, but for patients awaiting diagnosis of potentially devastating neurological conditions, readier access to these vital devices would be truly priceless. ❁



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.



New MUHC Continues to Take Shape

On time and under budget: these may not be expressions you hear too often about complex public sector projects, but they're exactly what the MUHC has achieved thus far at the Glen Campus. Soil remediation is nearly complete, preparing the way for the first phase of construction to begin later this year.

In the very latest project news, calls for tenders will soon be issued for the vital positions of Project Manager, Master Architect and Master Engineers.

The Redevelopment Project Steering Committee, chaired by MUHC Chairman David Culver and composed of representatives from across the MUHC, from McGill and from the government, has examined the criteria under which these tenders should be evaluated and has determined that the MUHC will carefully scrutinize safety records, past portfolios, business relationships, respect of scope on past projects, market knowledge and understanding of our needs. The project manager must have managed at least a \$200M project and must, among other things, have access to specialized medical equipment experts. It is these

skilled professionals who will bring the new MUHC from vision to reality, so their appointment will represent an exciting step forward for the project.

Meanwhile, renovation and redevelopment projects progress across the MUHC's sites. From telehealth consultation rooms at the Montreal Children's Hospital to new imaging equipment at the Montreal Neurological Hospital, continuing improvements to the Emergency Room at the Montreal General, upgrades to public areas at the Montreal Chest Institute and renovations to the Women's Pavilion at the Royal Victoria, evidence is everywhere that excellence in patient care, research and teaching is our number one priority. In the coming months, look for signage across the MUHC indicating where the *Best Care For Life* campaign dollars are actively at work as we build for the future.

For updates on the Redevelopment Project, visit our redesigned *Best Care for Life* campaign Web site at www.muhc.ca and click on Redevelopment News. You can also visit www.muhc.ca and click on New MUHC. ❁

(A Stroke of Genius continued from page 2)

MUHC's five-year-old stroke program is a nationally recognized model for excellence in stroke care. In fact, the Ministry of Health and Social Services has consulted with Riopelle about using the program as the basis for a Quebec-wide protocol for stroke management. "I'm extremely proud of what we've achieved with the stroke program," Riopelle says. "It reflects a great deal of commitment and hard work from everyone working in the Department, and has made a substantial difference for patients and families who are struggling with a terribly complex and painful condition."

Even as he continues to strengthen the stroke program, Riopelle's next challenge is to expand his interdisciplinary, comprehensive care model to other patient populations, including those suffering from amyotrophic lateral sclerosis (ALS, or Lou Gehrig's disease), epilepsy, movement disorders, MS, complex spine disorders, pain management, post-polio syndrome and neuro-oncology. "Both the MS and chronic pain programs are coming along well," Riopelle says, adding that the Ministry of Health and Social Services is closely following the progress in these areas with a mind to extending their protocols across the province.

Of course, like everyone working at the MUHC, Riopelle's vision for his Department is shaped by the improvements that will occur as a result of the MUHC's redevelopment project at the Glen and Mountain campuses. "We're very enthusiastic about the modernized physical environment both staff and patients will enjoy as a result of the redevelopment," Riopelle says. "We're already reaping the benefits of the Best Care for Life campaign with a new MRI machine at the Montreal Neurological Hospital, and we're excited about other much-needed enhancements."

Riopelle's optimism extends beyond the bricks and mortar construction to how the redevelopment will further solidify the MUHC's leadership role in the RUIS, which in turn will improve the ability of his Department to oversee a cohesive system of care.

"The MUHC's redevelopment project is an integral part of the government's overall vision for health care in the province," he says. "This places university hospital centres like the MUHC in charge of providing the most specialized tertiary and quaternary care, while ensuring that the channels exist to allow us to work with our network partners to make high-quality primary and secondary services easily accessible."

Despite the success Riopelle has achieved with the stroke program, he admits that extending seamless, comprehensive care across his Department is an imposing task. "It's a big job," he admits, "but I have every confidence we'll succeed. I'm constantly challenging my colleagues to listen to our patients, to think of their needs and to find creative solutions to their problems no matter how removed those may seem from their underlying neurological conditions. This has allowed us to do some amazing things already." Whether you are a 76-year-old Parkinson's patient, a middle-aged stroke victim or a teenager with cerebral palsy, that is very good news. ❁

The Best Care for Life

C A M P A I G N

C A M P A I G N U P D A T E

The *Best Care for Life* campaign continues to move forward, with events and fundraising initiatives on a variety of fronts contributing to the campaign's total – now over \$130 million – and to the sense of excitement surrounding the redevelopment project.

Along with our partners at the MUHC's constituent foundations, we continue to meet with community leaders and major philanthropists whose generosity is bringing us very close to reaching the \$150 million objective of the campaign's leadership phase. We are actively working on the logistics of the \$300 million Joint Corporate campaign, and I am pleased to report that we have recently received a third generous "pre-campaign" gift. These two phases—the leadership phase and the Joint Corporate Campaign—will be followed by the \$75 million community campaign, which will bring the Best Care for Life to its \$300 million objective.

Other areas of the campaign are also beginning to take shape. As part of the *Best Care for Life*'s \$300-million objective, \$15 million is being raised to support the Women's Health mission. Under the dynamic leadership of Maryse Bertrand and Pierrette Wong, a fundraising committee has been struck and planning is well underway to raise money and awareness for this crucial area. Events in support of Women's Health are planned throughout the year.

For more information on how you can support this important mission, look for pamphlets around the Women's Pavilion and keep your eyes on the plasma screens situated at each of the MUHC's sites, or contact the MUHC Foundation.

On January 19, the MUHC Foundation was fortunate to be among the beneficiaries of the 2006 Montreal International Auto Show Charity Preview. This lavish event raised more than \$300,000, which will be divided among the MUHC Foundation (supporting the *Best Care for Life* campaign) and the foundations of the Centre hospitalier de l'Université de Montréal (CHUM) and Maisonneuve-Rosemont Hospital. Other campaign events are planned for the coming months, including third installments of two popular Foundation fundraisers: the McGill University Masters Swim Meet on April 29 and the Texas Hold-'Em Charity Poker Championship on May 30.

Last but certainly not least, we are pleased to announce that the *Best Care for Life* campaign website has been refurbished and refreshed, offering more pictures, a streaming video of the *Best Care for Life* public launch and a wealth of new information on the campaign and redevelopment. Have a look for yourself at www.muhc.ca. ❁