



M U H C
McGILL UNIVERSITY HEALTH CENTRE

HEALTH PERSPECTIVES

PUBLISHED BY THE MCGILL UNIVERSITY HEALTH CENTRE FOUNDATION

APRIL 2008



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Putting the patient into PPP

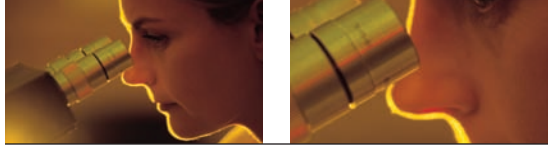
ST. CLAIR ARMITAGE, the McGill University Health Centre's newly named PPP Project Director, was recruited in December 2007 to oversee the process that will be used to design, build, finance and maintain the Glen Campus portion of the MUHC Redevelopment Project.

Before joining the MUHC, Armitage was Executive Director of Peterborough Hospital in the United Kingdom, where he capped off his more than ten years of PPP experience by acting as Project Director of a \$670-million, three-hospital private financing initiative (UK PPP) that achieved financial close in June 2007. Previously, he was Bid Director for a consortium that was bidding on a \$1.2-billion, 1,370-bed facility for University Hospital Birmingham, an academic hospital whose tertiary care, research and teaching mission mirrors that of the MUHC. Armitage has an Honours degree in Systems and Management from London's City University and is a former Commander in the Royal Navy, where he was involved in the UK's first-ever PPP project in the defence sector.



Armitage sat down with *Health Perspectives* to answer questions about public-private partnerships (PPPs), the MUHC's PPP process and what we can expect for the Glen Campus.

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PPP (continued from page 1)

HP: What is a PPP?

SCA: A PPP is a process that allows new health care facilities to be designed, built, financed and maintained by the private sector while the health care institution itself retains ownership of the facilities and continues to provide clinical care and carry out research and teaching. Although it's relatively new in Canada, the PPP process has long been popular in the United Kingdom, where it's been used to complete more than 70 projects.

The most important thing to emphasize is that a PPP is a process; in other words, it's a means to an end. And what is that end? Better health care. It's as simple as that.

HP: Why did the MUHC and the government choose the PPP process for the Glen Campus?

SCA: For a project like the Glen, a PPP has several important benefits. First, it puts us in the advantageous position of having outstanding teams compete to earn the privilege of designing and building our facilities. Because the competing consortia are keen to win the contract, we can expect them to submit the most creative, intelligent and innovative plans for the campus, and then we'll choose the solution that best fits our needs.

Second, a PPP transfers the risk associated with the construction, maintenance and financing of the facilities to the private sector. Once the consortium has signed the contract, it is its responsibility to deliver the facilities on time and on budget. In fact, it will receive no money whatsoever until the day the campus is completed, making it very much in its best interests to stay on schedule. Likewise, the quality of the construction is assured by the fact that the consortium will be the one maintaining the structures for 30 years.

Finally, a PPP allows the MUHC and the government to spread the payments out over the life of the project, with a first payment made on the project's completion date and continuing with monthly payments for 30 years. In terms of financing, a PPP is much like a mortgage – just as it would be difficult or impossible for most of us to come up with

the money to buy our house outright, the PPP saves the government the burden of borrowing funds to pay for the project all at once. Instead, the payment schedule is fixed at the beginning and the monthly payments are guaranteed to remain unchanged for the duration of the contract unless the MUHC decides to change the scope of the project.

HP: Why not use a PPP for the Mountain Campus?

SCA: In general, PPPs work best where there are no major renovations of existing facilities. This has to do with the absorption of risk by the private sector consortium that I talked about earlier. Because the winning consortium is responsible for making sure that the facilities will meet all of the various requirements of the health care centre, and because it will be the one maintaining the buildings, it's usually reluctant to take on a project where the design is constrained and the age of the buildings could be an issue. For the MUHC's redevelopment, it makes perfect sense to use a PPP at the Glen, which will be brand new facilities on a clean site, and a conventional method for renovating and expanding the Mountain Campus.

HP: With two different construction methods, how will the MUHC ensure that the Glen and Mountain campuses are built to the same standards and that their designs are harmonized?

SCA: From the beginning, and irrespective of the process used to build them, the Glen and the Mountain have always been conceived as parts of one Redevelopment Project. A single project team is overseeing both sites and the clinical plan and functional and technical program for the

new MUHC encompass both sites. I work side by side with Yanai Elbaz, my counterpart overseeing the Mountain Campus redevelopment, in order to make sure that both campuses are absolutely equivalent in terms of quality and suitability to our mission as a university health care centre.

As I said, a PPP is a process to get you where you want to go, as is a conventional construction method. Our goal for both campuses is the same: the best possible environment for our patients, visitors and staff. If you visit either of our sites in 2015 or 2020, you won't be asking whether it was built through a PPP or a conventional method. You'll be appreciating that you're being cared for in an



St. Clair Armitage examines some of the hundreds of pages of planning documents for the Glen Campus.

outstanding health care environment, and that's what we intend to create on both campuses.

HP: What are the steps that need to take place before construction can begin?

SCA: Having qualified two excellent consortia last year to bid on the Glen Campus PPP, we're now in the process of finalizing the specifications that will tell the bidders what we want the facilities to provide. These so-called output specifications must be incredibly detailed and cover everything from how many people will work in an office to

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MUHC HEALTH PERSPECTIVES

MUHC Health Perspectives is published by the McGill University Health Centre Foundation, 2155 Guy St., Suite 900, Montreal, Quebec H3H 2R9

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www.muhcfoundation.com

Produced by Knockout Communications

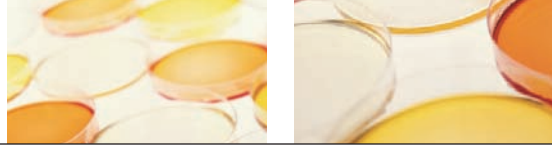


MUHC REDEVELOPMENT UPDATE

A new plan for the Mountain Campus

As the Redevelopment Project has moved steadily forward over the past few months, the Mountain campus has seen significant progress. In January, the McGill University Health Centre (MUHC) unveiled a new preliminary plan for the campus that features renovated care units with single-patient rooms, an expansion onto Pine Avenue that will certain functions of the Montreal Neurological Hospital, and more space for the Emergency Department. "Our goal," explains MUHC Director General and CEO Dr. Arthur T. Porter, "was to create a design that meets both government and community needs and that allows us to continue to provide our patients with high-quality health care. ✨"





CAMPAIGN UPDATE

Reaching New Heights: Leadership and Joint Corporate phases pushing forward

With the *Best Care for Life* campaign now well past its halfway mark, the MUHC's foundations, working in partnership, are doing more than ever to secure the important corporate- and leadership-level gifts that constitute the lion's share of the campaign's \$300-million objective. As you can read about in the story below, the Marjorie and Gerald Bronfman Foundation recently announced their generous support of two major redevelopment projects. This exemplary gift is one of many pace-setting donations we have received from Montreal's leading philanthropists, and we expect to announce several more in the coming months.

Together with our partners at the CHUM Foundation, we are also making significant headway with our Joint Corporate Campaign, with proposals now under consideration at a number of Quebec's leading corporations. Aware that we are backed by Montreal's two academic health care centres, including their faculties of medicine and medical research institutes, Montreal's corporate leaders are meeting us with enthusiasm, recognizing that our campaign presents an excellent opportunity to make a mark on our community that will endure for generations.

A gift for mind and body

Caring for our community is a priority that is shared by the McGill University Health Centre and the many private citizens who are passionately involved in raising the quality of the MUHC's services. Among the most committed of this group is the Marjorie and Gerald Bronfman Foundation, whose support for causes that encompass the arts, education and health care has made an indelible mark on institutions across Montreal. At the MUHC, the Foundation's commitment has resulted in significant improvements in the areas of cardiology and cancer research, the latter commemorated with the creation in the late 1990s of the Gerald Bronfman Centre for Clinical Research in Oncology at McGill University.

Continuing in this tradition of open-handedness, Mrs. Marjorie Bronfman recently announced her decision to make a generous donation of \$750,000 to the *Best Care for Life* campaign through the Marjorie and Gerald Bronfman Foundation. This gift will support two projects that will have an immediate impact on the well-being of MUHC patients and that will continue to yield benefits once the redevelopment is complete.

Half of the donation will enhance important renovations in the Department of Gastroenterology at the Mountain Campus. Dr. Alan Barkun, Chief of Gastroenterology, enthusiastically notes that, "In addition to patients receiving better care, doctors, students and staff will be helped enormously by this gift, which will bring video-conference capabilities to our unit and allow us to share research and educational opportunities with our colleagues." As for the improved patient care Barkun refers



to, new signage will be posted, modern intercom systems will be installed, and existing waiting rooms will be updated, all of which will mean a more positive patient experience. The donation will also provide for the purchase of new equipment to create a state-of-the-art educational centre for patients and family members, to be named The Marjorie and Gerald Bronfman Communications and Education Centre for Gastroenterology.

The other half of Mrs. Bronfman's gift will support the Personality Disorders Program of the Mental Health Mission of the MUHC. Begun on a small scale in 2001 and expanded into a pilot project in 2005, the program has demonstrated outstanding success in improving the lives of patients who suffer from Borderline Personality Disorder a notoriously intractable condition for which little therapeutic support has traditionally existed. Dr. Warren Steiner, Psychiatrist-in-Chief of the MUHC, calls the gift "inspirational" and goes on to say that "with this donation, we'll be able to retain two psychologists and one research assistant, as well as support for our administrative staff. Without these personnel, we couldn't continue to see the 100 percent success rate we do now." A plaque honouring Marjorie and Gerald Bronfman will be installed in recognition of this outstanding contribution.

The Marjorie and Gerald Bronfman Foundation's extraordinary gift is the perfect demonstration of how the *Best Care for Life* campaign can allow donors to help patients today while building a strong foundation for the future. Philanthropic tradition and a progressive vision are two more values that the Bronfman Foundation and the MUHC share. ❁

Women's Health Mission

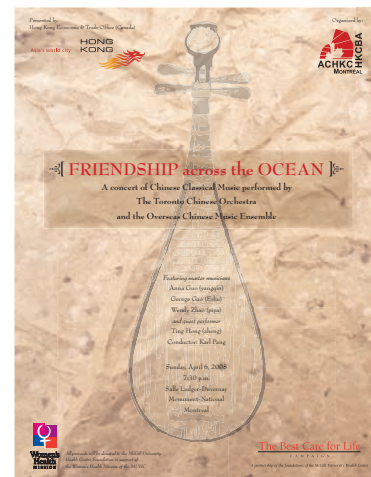
Montreal Cooks goes to reprint

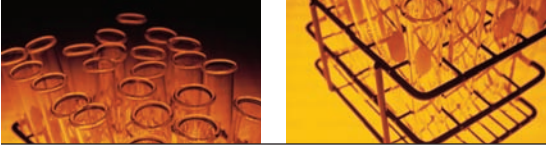
With nearly 10,000 copies sold and more than \$300,000 donated directly to the Women's Health Mission of the McGill University Health Centre, *Montreal Cooks* is an incredible success story. Now, with demand remaining high and almost all of the first printing sold out, we are pleased to announce that more copies will be available soon. This collection of sumptuous recipes from the city's top restaurants will continue to be on sale at the MUHC Foundation and at retail outlets across the island, and, thanks to a national distribution deal with Shoppers Drug Mart, will bring a taste of Montreal to pharmacies across Canada. For more information, click on www.muhcfoundation.com/en/montreal_cooks.



Friendship Across the Ocean

On April 6, the Hong Kong Special Administrative Region Government, through its official representative in Canada, the Hong Kong Economic & Trade Office (HKETO), will present a unique concert at the elegant Monument-National venue. The event, entitled *Friendship Across the Ocean*, will feature some of the best professional musicians from the Toronto Chinese Orchestra and the Overseas Chinese Music Ensemble, as well as renowned soloists playing traditional Chinese instruments. At the suggestion of Women's Health campaign co-chair Pierrette Wong, the HKETO has chosen the Women's Health Mission of the McGill University Health Centre as the sole beneficiary of all proceeds from the evening. For more information or to purchase tickets, contact Guy-Renaud Kirouac at 514-931-5656. ❁





Changing the Face of Autism

For generations of Montreal Canadiens fans, the corner of Ste-Catherine and Atwater is a place where history was made. Now, that same neighbourhood is home to a new kind of history thanks to the work of Dr. Eric Fombonne, Head of the Division of Child Psychiatry at the Montreal Children's Hospital of the McGill University Health Centre (MUHC). Fombonne's findings disproving the link between childhood inoculations and autism have broken new ground and made recent headlines following years of unrelenting research dedicated to helping understand one of medicine's most mysterious illnesses.

As a young man, Fombonne began his post-secondary schooling with no intention of becoming a medical doctor. This soft-spoken Parisian with an easy laugh and dry sense of humour initially planned to enter the engineering programs of the prestigious *Grandes écoles de France*, but soon felt dissatisfied with his chosen field and elected to pursue medicine instead. "I wasn't interested in following the regular path," he recalls. "I was interested in the personal relevance of my work – I wanted to have an impact on people."

Fombonne, the first in his family to attend university, found that medical school "wasn't enough of a challenge," so he took up an assistantship that involved overseeing data analyses for medical trials. There, he learned the research skills that would lay the foundation for his later work. He also began to focus on child psychiatry because, he says, "I was interested in looking at how childhood development can predict adult behaviours. Working with children isn't only intriguing and complex, I find it more intellectually demanding than working exclusively with adults."

After a serving with the French military in the West Indies and following what would turn out to be an influential year in Montreal working at L'Hôpital Sainte-Justine, Fombonne returned to his homeland. However, he soon became frustrated with a medical system that, compared with the evidence-based practices he had discovered in North America, lacked scientific rigour. He decided to concentrate on research rather than clinical work, eventually executing a groundbreaking epidemiological study of child psychiatric disorders with funding from the prominent *Institut national de la santé et de la recherche médicale (INSERM)*. Fombonne was pleased with the study because, he says, "I was allowed to do my own thing. It was a huge undertaking for a little guy like me who was working alone, and who was one of the first in France to take a scientific rather than sociological approach to child psychiatry."

It was while with INSERM that Fombonne became fascinated by autism. When social groups

challenged the French government to improve the quality of life of autistic individuals, Fombonne, with his reputation for conducting rigorous investigations, was asked to help. He devised a project that focused on autism research and treatment at several healthcare centres, and throughout the late 1980s his clinical research gained renown.

Yet, Fombonne remained dissatisfied with the French research model and decided once again to reposition himself, this time in London where he spent a sabbatical year working with Sir Michael Rutter, the founding father of child psychiatry. His experience in England was so positive that when Rutter offered him a senior research position, Fombonne and his family moved across the Channel. "It was a complicated decision, but in terms of my career it was hard to refuse," he says.

Fombonne took on the challenge of running Rutter's national clinical team on autism. In 1998, he became even busier when a study published in the *Lancet* by gastroenterologist Dr. Andrew Wakefield changed everyone's ideas about autism. The study claimed that the measles-mumps-rubella (MMR) vaccine increased the risk of autism in children. It caused a huge upset in the UK, and a team of scientists, including Fombonne, was hand-picked by the Medical Research Council of the United Kingdom to investigate the findings.

Of his work on the case, Fombonne says, "The studies we published had a very strong impact worldwide in terms of dismantling the claims against the MMR vaccine." His work also catapulted him into a media frenzy, something he was initially reluctant to be part of. "But I had no choice," he says, "because I was one of the few who could answer the scientific questions at the core of the controversy. I couldn't just stay in my ivory tower and say 'I'm

not involved.' " The turning point, he says, "came when I saw that the claims about the vaccine had changed people's behaviour. Children were dying because fewer vaccines were being given and parents had forgotten that measles can be a killer. It became obvious that scientific evidence had to be communicated efficiently for this debate to be resolved."

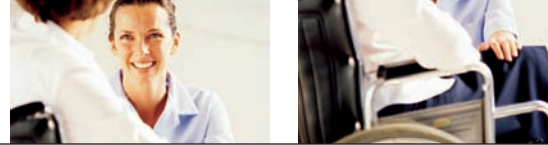
In the middle of the controversy Fombonne received a call from the Montreal Children's Hospital of the McGill University Health Centre

with another opportunity for a major life and career change. Though happy in London, he had three teenage sons who were all keen to attend American universities. While it was a difficult decision to make, Fombonne realized that it was time to try some-



thing new. He was also eager to experience the flexibility and fast pace that working in North America would bring him.

At the Children's, Fombonne continued working to disprove the connection between the MMR vaccine and autism, and in 2004 he published a study in the *Lancet* that definitively refuted it. Soon after, he was drawn into another controversy surrounding claims of a link between autism and thimerosal, a product used to sterilize vaccines and known to contain small traces of mercury. According to Fombonne, there is absolutely no link between thimerosal and autism, and he has stated publicly that the perceived higher rates of autism are a result of a combination of factors, including improved recognition of the symptoms by physicians. Nonetheless, 5,000 families who believe there is a link between autism and thimerosal are looking for compensation from the US government. In Fombonne's opinion, "This is the collision of science and social policy. I hope that once this has gone to trial concerns over vaccines will end, but it may take years before public confidence is restored."



Fombonne's involvement in such high-profile cases is a significant part of his work, but his clinical research and teaching duties never take a back seat. When he arrived at the Children's in 2001, there was already a small autism clinic in place. Under Fombonne's management it has become the most important autism clinic in Quebec, where hundreds of patients from birth to young-adulthood are assessed every year.

He also established a small adult clinic that has become a resource for psychiatrists who encounter people in their twenties who might be autistic but have never been diagnosed. "It's the lifelong approach to care that we have at the MUHC that makes this kind of work possible," he says. Fombonne points out, however, that his team is understaffed. "We work hard, but it would be great to have more support. There are 420 patients on our waiting list, and that's far too many."

Fombonne is especially proud of a social-skills training program for high-functioning autistic teens that he began with his colleagues and discusses in a paper recently published in the *Journal of Autism and Developmental Disorders*. Since 2002, children

"I think that for the Children's, the MUHC model reflects an ideal integration of research and clinical care, which leads to the kind of interdisciplinary work I've long championed."

have been coming to the after-school clinic to learn conversational, social and behavioural skills. Fombonne smiles when he thinks of their sessions. "The kids just enjoy it. They become friends and maintain relationships after it's finished."

The program's success inspired Fombonne to create a summer camp for autistic kids. Located on a farm in the Eastern Townships, the camp provides week-long sessions for groups of six to eight children and their instructors. If enough funds are raised, the coming summer will be the camp's third year. For Fombonne, it is a welcome change from clinical work. "It's so touching when these kids have the chance to go to camp," he says. "Often, it's their first time in the country and their first time spending nights away from home. I hope the camp can continue for years to come."

Fombonne also looks forward to continuing his work at the Children's. He is especially hopeful that the Redevelopment Project will allow for the type of positive evolution that has defined his career. "I think that for the Children's the MUHC model and the evolution that will be possible with the redevelopment project will reflect a better integration of research and clinical care, which will lead to the kind of interdisciplinary work that I've long championed. Getting there will be a difficult path, but the results will be so rewarding that we have no choice but to walk it." ❀

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. H. ROCKE ROBERTSON (1912-1998)



From the battlefields of World War II to the emergency room of the Montreal General Hospital and the principal's office of McGill University, every turn of Harold Rocke Robertson's remarkable life illustrates one of his favourite quotations: "As we establish our rightful place in the world, it is chiefly character that counts."

Born in Victoria, British Columbia, and educated in Switzerland, Robertson moved to Montreal to attend McGill University and, by 1936, had received both his B.Sc. and MD. Following an internship at the Montreal General Hospital,

he enlisted with the Royal Canadian Army's Medical Corps and served in Europe, where he commanded surgical units in the field and participated in the allied invasion of Italy. Returning to his native British Columbia after the war, Robertson served in the Vancouver Military Hospital before joining the University of British Columbia's Faculty of Medicine. His alma mater retained a special place in his heart, however, and Robertson returned to Montreal in 1959 as Surgeon-in-Chief at the Montreal General Hospital. There, this dedicated teacher and valued colleague oversaw the creation of the University Surgical Clinic, developed a Surgical Intensive Care Unit and was named Chairman of Surgery. His military training inspired him to streamline the General's emergency room and develop the Trauma Team concept, which is the model for trauma care today.

In 1962, Robertson was the first physician and the first McGill graduate to become the principal and vice-chancellor of the university. Under his leadership, McGill saw many significant changes, including the rapid physical expansion of the university, a dramatic increase in the number of staff and students and the introduction of an important policy that permitted students to submit papers and exams in French.

During his lifetime, Robertson received numerous awards from various institutions, including honorary degrees from Harvard University and the University of Toronto. He was a fellow of the Royal College of Physicians and Surgeons of Canada, the American College of Surgeons and the Royal College of Surgeons. In 1969, shortly before he retired as McGill's principal, he was made a Companion of the Order of Canada. A prolific and widely published writer, Robertson was also a dedicated reader with a passion for lexicography and for collecting rare English dictionaries. When he died in his 86th year, he left behind his beloved wife Rolly and their four accomplished children. To find out more about Robertson's distinguished life, check out Richard W. Pound's new book, *Rocke Robertson: Surgeon and Shepherd of Change*, published by McGill-Queen's University Press. ❀

PPP (continued from page 2)

the temperature, humidity and lighting requirements of every clinical and research space to what equipment we'll need. We also have to indicate how everything in the facility will fit together, what areas will need to be close together and what the zoning and site regulations will be.

As you can imagine, it's a complex process, but I'm pleased to say that, thanks to the incredible amount of work the MUHC has already done in developing an excellent functional and technical program and an outstanding clinical plan, we expect to issue our Request for Proposals (RFP) in late spring.

Once the RFP is issued, we'll enter what's called the open bid period, which is when we closely collaborate with both consortia to ensure that we have two fantastic bids from which to choose.

HP: What can our community do to help the MUHC during this process?

SCA: First, our community can continue to support the MUHC as generously as it has in the past. Philanthropy remains a key element in ensuring that we don't just get adequate facilities, but truly superior ones, regardless of the process that's used to complete the project. As always, a gift to the Best Care for Life campaign can be directed to whatever area is desired: the PPP has no impact whatsoever on where money goes.

Second, and equally important, help us spread the message that the MUHC Redevelopment Project is about providing the best care for life, pure and simple. This isn't about consortia or contracts or construction schedules or even buildings, it's about patients. ❀

THE PLANNED GIVING PRIMER

Life insurance is commonly seen as a safety net that will provide for your dependants in the event of your death. But there is another valuable way of using a life insurance policy: donating it to the charity of your choice. Robin C. Morton, a Chartered Life Underwriter with Kelson Financial, is a member of the McGill University Health Centre Foundation's Planned Giving Committee. In this interview, he explains the advantages of making a gift of life insurance.

IS GIVING MY LIFE INSURANCE TO THE MUHC FOUNDATION COMPLICATED?

Not at all. The ways in which you can contribute a life insurance policy to a charity are easily accomplished:

- One common option is to purchase a new policy and name the MUHC Foundation as the beneficiary and owner of the policy. Your payment of annual premiums would represent a charitable donation eligible for a tax credit.
- A second possibility is to purchase a new policy, name your estate as the beneficiary, and indicate in your will that a gift of an amount equal to the policy's death benefit be paid to the MUHC Foundation. In this case, you retain control of the policy throughout your lifetime while a charitable receipt for the value of the donation is issued at your passing.
- Another alternative is to arrange a new policy that names the MUHC Foundation as beneficiary. This would result in a charitable tax receipt in the year of your death, and you would retain control of the policy during your lifetime.
- Lastly, you can make a gift to the MUHC Foundation of an already existing life insurance policy that is no longer needed for its original intent. The net cash value and future premiums paid will qualify for the charitable tax credit. The tax implications of this gift are slightly more complex and may vary depending on the size of the policy, but your financial advisor can provide a more detailed analysis.

HOW DOES MAKING A GIFT OF LIFE INSURANCE BENEFIT THE MUHC FOUNDATION?

The great advantage of gifting life insurance is that it allows individuals to make a much more generous donation than they might otherwise be able to afford. For many donors, bequeathing \$50,000 through their will to a charity represents a weighty contribution. Through the drawn-out payments of a life insurance policy, however, those same donors could make a gift of five times that amount. This type of giving represents a wonderful opportunity for donors to make a

major contribution to a once-in-a-lifetime project like the redevelopment of the MUHC.

HOW WILL I BENEFIT FROM GIVING MY LIFE INSURANCE TO THE MUHC FOUNDATION?

If you name the Foundation as the beneficiary of your life insurance policy, you can benefit in one of four ways: 1) Because the MUHC Foundation is a charitable organization, you will qualify for a tax credit in the amount of the premium payments you have made if the Foundation is named as beneficiary and owner of the policy; 2) The death benefit paid upon your passing will qualify as a tax credit on your final income tax return; 3) Because you designated a direct beneficiary, the life insurance death benefit doesn't have to pass through your estate; and 4) Your estate can then claim a charitable donation tax credit for the proceeds of the policy that can offset income taxes payable on your terminal tax return.

You can also consider your insurance policy as "capital replacement." If you make a large capital gift to a charity during your life, your estate effectively loses the value of that gift. This "lost" capital can, however, easily be replaced by a policy of an equal amount paid for through relatively modest annual premiums. The tax savings generated by your capital gift could be used to fund an insurance contract payable to your estate.

The MUHC Foundation is also developing appropriate recognition opportunities for those who donate life insurance.

HOW DO I KNOW IF THIS TYPE OF VEHICLE IS RIGHT FOR ME?

If you have a life insurance policy that is no longer needed to secure the financial future of your heirs, naming the MUHC Foundation as the beneficiary and owner of the policy can help you offset taxes while turning your legacy into an exceptional gift to your community. As with any planned giving decision, it is best to discuss the details with a financial professional. To speak to one of our specialists, contact Dolly Shinhat-Ross at 514-931-5656. *

Equipping Excellence

For women diagnosed with cancer of the ovaries or cervix, treatment used to involve the surgical removal of not only the cancerous tumour but every surrounding lymph node. While effective in limiting the spread of malignant cells, the removal of these nodes increased the risk of post-surgical complications such as lymphedema, a potentially dangerous swelling resulting from an accumulation of lymph fluid.

Recent technological advances now allow doctors working at the McGill University Health Centre's Women's Health Mission to provide gynecological cancer patients with a new and safer standard of care. Using a **gamma detection system probe**, oncologists can successfully identify the first lymph node cancer cells will travel to and test it. Only if it is cancerous will they remove it.



Currently, the MUHC's gynecological oncologists don't have their own gamma detection system probe and must borrow one used by their colleagues in breast surgeries. There are two problems with this: the configuration of the probe isn't ideal for the anatomy of the pelvis, and gynecological cancer patients have longer wait times.

For \$70,000, the gynecological oncology division could have its own probe, which would make this treatment option safer and quicker for hundreds of MUHC patients every year. If you are interested in making a donation towards the purchase of this important tool through the *Best Care for Life* campaign, please contact Dolly Shinhat-Ross at 514-931-5656. *

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.