

UBC MEDICINE

THE MAGAZINE AND FACULTY OF HEALTH & LIFE SCIENCES AT UBC

Volume 2 Number 2 Spring/Summer 2006

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A publication of the Faculty of Medicine
at the University of British Columbia







UBC MEDICINE

is published twice a year by the Faculty of Medicine, and provides news and information about the activities of faculty members, students, staff, alumni, and friends, and their contributions to the health and well-being of people and populations locally, nationally and internationally.

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Spring/Summer 2006

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On the Cover: Nepal's Mt. Nilgiri, the western-most peak of the Annapurna chain. The mountain is on the east side of the deepest valley in the world, between Annapurna and Dhaulagiri. Story on page 12. Photo by David Stapells.

On the Inside Cover: Life Song School student Bijah Spevakow explains her science fair project. Faculty of Medicine graduate student Sara Harbord volunteered as a judge at the fair this spring. Story on page 17. Photo by Darin Dueck.

Talk to Us

Send us your news for "Flash!" and/or the "Alumni Awards, Activities & Achievements" section of the *Medical Alumni News*.

Write a letter to the editor—let us know what's on your mind.

Got a suggestion for "Point of View" and "Last Words"? Get in touch!

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The editor reserves the right to edit submissions for length, content and/or clarity, as well as the right to decline submissions.

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9 A Man for All Seasons

Dean Emeritus William Webber touched the minds and hearts of an amazing number of people during his 71 years among us. We've collected a few—a very few—of the stories being told by his friends, colleagues and students around the province since his untimely departure in January this year.



12 Inspired by the Light

Looking for a way out of the rat race? Some balance in your life? David Stapells and Michelle McCaughren drop up to drop out—and love how it puts the 24/7 demands of their lives and careers in the School of Audiology and Speech Sciences in perspective.



17 Let's Talk Science

Graduate students Derrick Randall, Sara Harbord, Melissa Hamilton, David Kent, and Hamed Nazzari (pictured here) have found a cool way of refuelling at this hectic stage in their academic careers. Little kids' excitement is contagious, they say—but check it out. How do those small people get so revved up to begin with?



New this issue

Medical Alumni News

Celebrating 20 years with a whole new look.



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WHAT ARE YOU DOING AFTER WORK?

Until very recently, I assumed that because I knew my colleagues and I were active contributors to the community, others knew that too. A few weeks ago, however, someone challenged that assumption—and certainly challenged any complacency I may have been feeling as a member of a thriving Faculty of Medicine and as a practising physician.

“Doctors don’t seem to serve the community the way they used to. I don’t see them on boards, or commissions . . . Why is that?” the person—a non-health-related professional—asked. The question presented me with an unexpected—but not unwelcome—opportunity for reflection.

It seems to me that people in health-related professions serve the community in many roles. The first and most fundamental is as professionals, caring for the sick and suffering, and teaching the next generation of professionals to do the same.

In our lives *after work*, we serve as officers and volunteers for almost every kind of organization imaginable—from national and international professional associations to church groups, arts groups and neighbourhood organizations. We can be found working with the disadvantaged or vulnerable, standing behind the bench on soccer fields or in hockey arenas—and even in government.

For all of us in the UBC Faculty of Medicine, serving the community is as important a commitment as those we have made to research and education. I am passionate about, and committed to, the goals and strategies outlined in the Faculty’s five-year strategic plan, *Health Trek 2010*. Focused on people, education, research, community, and sustainability and renewal, these strategies rely on a wide range of resources and talents. To be successful, we need the help and support of all members of the Faculty—teachers, researchers, students, staff, and alumni—as well as our colleagues at UBC, collaborating universities,

health authorities, the Province of British Columbia, the Ministries of Health and Advanced Education, other agencies, and our friends and supporters in the community.

We can’t begin to meet our goals for the Faculty or for ourselves personally, however, unless we are healthy—physically, mentally, spiritually. “Work-life balance” has become one of our 24/7 society’s most sought-after goals. We need the renewal and re-energization that comes from taking time for ourselves, our families, our friends—and, interestingly enough, from helping others. Supporting our people in their quest for that balance is a contribution the Faculty has undertaken to make to its own internal community, and is an important component of *Health Trek 2010*.

But, to return to the comment that prompted this article: it would appear that our service to the community is not as readily apparent as it could be. The stories of our involvement in the community—at home and abroad—are clearly not being told widely enough or often enough.

We’d like to help rectify that in these pages and on our website—with your help. Get in touch. Let us know what you’re doing “after work.” I’m looking forward to hearing from you.

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

UBC FACULTY OF MEDICINE

Vision

Through knowledge, creating health.

Mission

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

Commitments

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

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

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

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

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

THE STORY OF THE FROG



The Frog is a crest of the Haisla Eagle Clan. Chilkakoons was the mother of the Supernatural Frog. Although killed, the Frog was avenged when his tormentors and their village were destroyed in a volcanic eruption. The lone survivor was a young woman who helped found some of the Eagle Clans of the Pacific Northwest Coast.

Frogs are a symbol of magic and were used by ancient shamans as a spirit helper to cast spells or cure the sick.

The Haisla people have a saying:

Mistreat not the frogs, birds, fishes or any small animal, for as you treat them—so shall you be treated.

Lyle Wilson
2005

The Artist

Lyle Wilson is a Haisla artist from Kitimaat Village, near the town of Kitimat, BC. Born at Butedale Cannery in 1955, he is a member of the Eagle Clan.

Although he spent five years studying art education at the University of British Columbia, Lyle found he was more interested in making art himself. He went on to earn his diploma in printmaking at the Emily Carr College of Art and Design and works in a variety of media, including wood, jewellery and glass.

He has renewed his affiliation with the university via the Museum of Anthropology, where he has been carving a nine-foot-tall red cedar sculpture in the museum's Great Hall. Entitled *Wee-git Releases the Light*, the carving tells Lyle's version of an ancient story in which Wee-git ("Great Man" in the Haisla language) brings light to the world.

On the American Museum for Natural History website for the recent Totems to Turquoise exhibition (www.amnh.org/exhibitions/totems), the artist notes for Lyle state:

Lyle Wilson sees his art as neither "contemporary" nor "traditional." He seeks to represent the tension between older Haisla values and the influences of present-day society. "I believe my best work takes account of the past, present and future tenses."



Lyle Wilson and Bob McGraw at the UBC Museum of Anthropology.

"I credit my uncle, Sam Robinson, for sparking my interest in art. I remember once, he was upstairs carving; everything was dark, except for one light shining overhead. The shavings seemed to flow off the wood in crispy curls before disappearing into the dark. It was a magical scene that I've never forgotten."

In addition to his many solo and group exhibitions at home and abroad, Lyle has executed a number of important private and public commissions for, among others, the Museum of Anthropology and the First Nations House of Learning, both at UBC, the BC Sports Hall of Fame, and the Canadian Consulate in Osaka, Japan.

The Story Behind It All

Dr. Robert W. McGraw, MD'60, knew Lyle Wilson's work and, in the course of planning the Faculty of Medicine's Golden Jubilee celebrations, asked him to create a logo for the event. When Lyle asked Bob what the image should be, Bob, who was familiar with the significance of the frog in First Nations art, proposed that Lyle consider the frog. "I also thought the frog, which lives both on land and in the water, was particularly appropriate for UBC, situated as it is at the edge of both the forest and the ocean," says Dr. McGraw.

The handsome blue and gold logo was so well received that the Faculty asked to use it on an ongoing basis.

In 2005 Dr. McGraw purchased the original work by Lyle Wilson on which the logo was based (above) and donated it to the Faculty.

Says Dean Gavin Stuart, "Lyle Wilson is an outstanding artist. We are honoured to have the UBC Faculty of Medicine identified with his work and very grateful to Dr. McGraw for his vision and generosity in making it possible."



COURTESY OF BRAIN RESEARCH CENTRE

Throwing the Switch on the Brain's Chemical Imbalances

An international team led by UBC neuroscientist **Alaa El-Husseini** and PhD student **Kim Gerrow** has discovered a group of protein molecules that acts as the “on/off” switch for chemical messages in the brain by promoting or disrupting the formation of synapses.

El-Husseini, assistant professor in Psychiatry and a member of the Faculty's Brain Research Centre, describes the molecular activity as “the fundamental mechanism that controls chemical messaging in the brain,” and he adds that the discovery “offers a new focus for developing treatment for diseases caused by chemical imbalances of the brain.”

The research results, published in the February 16, 2006, issue of *Neuron*, could help improve treatments for brain disorders ranging from retardation and autism to schizophrenia and depression.

A World “First” in Heart Valve Surgery

A St. Paul's Hospital team recently performed the world's first minimally invasive “beating heart” aortic valve replacement surgery.

Cardiac surgeons **Drs. Sam Lichtenstein, Anson Cheung and Jian Ye** worked with interventional cardiologists **Drs. John Webb and Ron Carere** and echocardiologist **Dr. Chris Thompson** to replace the aortic valve of a patient who could not safely undergo open-heart surgery.

“We are very excited to be the first team in the world to perform this new procedure,” said Lichtenstein, clinical professor and head of the Faculty's division of Cardiac Surgery. “Most importantly, we were able to improve the health of a patient who had no other options.”

The team used a special valve that folds to the diameter of a pencil and can be inserted via a small four-inch incision between two ribs. Known as transapical placement, the new procedure is one of the therapies available in the evolving field of “closed heart” surgery.

The team's pioneering spirit is part of a grand tradition at St. Paul's—doctors and Faculty members at our clinical academic campus in downtown Vancouver have a long history of innovation, now captured in a new publication, *The Spirit of Discovery: The History of Cardiopulmonary Pioneers at St. Paul's Hospital*.



COURTESY OF PROVIDENCE HEALTH CARE MEDIA SERVICES

From left: Dr. Sam Lichtenstein, Dr. Anson Cheung, Dr. John Webb, and other members of the St. Paul's cardiac surgery team.

Less is More

Prof. Wilfred Jefferies recently made headlines with new research findings that demonstrated the possibility of developing effective vaccines that would require drastically smaller dosages—100 times less than normal.



ISTOCKPHOTO.COM

If this proves effective in humans, lower-dose vaccines will go a long way towards stopping a range of dangerous side effects associated with vaccines. The possibility of lower dosages could also result in increased vaccine supplies, at lower costs—welcome news in light of fears about avian flu and other possible pandemics.

“We're excited by the possibility that this discovery could change the face of vaccines as we know it,” says Dr. Jefferies, whose multiple affiliations include the departments of Medical Genetics, Microbiology & Immunology, and Zoology, as well as the Biomedical Research Centre, the Brain Research Centre and the Michael Smith Laboratories.

Killam Rules!

Prof. Brett Finlay (below), who is leading global initiatives to combat SARS and other lethal, drug resistant infections—including an *E. coli* vaccine for cattle—has been named one of five recipients of the Canada Council of the Arts' \$100,000 Killam Prizes for 2006.



A professor of both Biochemistry and Molecular Biology (Medicine) and of Microbiology & Immunology (Science), Finlay is the Peter Wall Institute Distinguished Professor, UBC's most prestigious academic honour. In 2005 he received US\$8.7 million over five years as part of the Gates Foundation-funded Grand Challenges in Global Health initiative. He leads an international project to change the way infectious diseases are treated worldwide, by using the body's own immune system to prevent life-threatening infections.

In addition, he directs the international SARS Accelerated Vaccine Initiative that is fast-tracking the development of a vaccine for the deadly respiratory syndrome.

The Killam Prizes are widely regarded as Canada's most distinguished annual award for outstanding career achievement by Canadians in natural sciences, social sciences and humanities, health sciences, and engineering.

In addition to the Canada Council, five Canadian universities were the beneficiaries of Dorothy J. Killam's bequest in support of "building Canada's future by encouraging advanced studies." At UBC, Killam Research prizes are among the most prestigious the university offers. In February UBC announced that physiotherapist **Janice Eng**, associate professor in the School of Rehabilitation Sciences, and Pediatrics professor **Dr. Sheila Innis** were two of 10 winners for 2005. The awards were presented at the Celebrate Research Gala in the Chan Centre on March 9, 2006.



Virtual Reality, Real Therapy

The space-age special effects (above) are being developed by **Prof. Martin McKeown** in UBC's Media and Graphics Interdisciplinary Centre (MAGIC) as part of a sophisticated virtual stimuli exercise to help the brain rewire itself after a stroke or the onset of Parkinson's disease.

Previous research has shown that synthetic stimulants, such as amphetamines, have helped stroke patients relearn movement by releasing the naturally occurring neurotransmitter norepinephrine, which in turn stimulates the brain to reprogram damaged neural pathways. But these drugs can cause heart attacks in stroke victims. Interviewed in *UBC Reports* ("Rewiring the Brain," Vol. 51, No. 12), Dr. McKeown explained: "We started looking for ways to stimulate the release of norepinephrine without the use of drugs. A virtual solution seemed perfect—patients could react to stimuli in a safe environment and we could monitor precisely the electrical activity of muscles."

With colleagues in the Faculty of Applied Science at Duke University, and visiting neurologist Dr. Yuqing Wei, Dr. McKeown—who has an engineering degree as well as an MD—has demonstrated the short-term positive results of the virtual exercise. The next objective is to determine the therapy's long-term effectiveness.



FLASH!

NEWS FROM THE FACULTY OF MEDICINE COMMUNITY AT HOME AND ABROAD...NEWS FROM THE FACULTY

Dr. Christie Newton (below), assistant professor in Family Practice and director of the new UBC Health Clinic, is celebrating the launch of one of the first models of inter-professional health care and education in BC. The clinic, on the Point Grey campus, offers a multidisciplinary



KAMI SANDHU

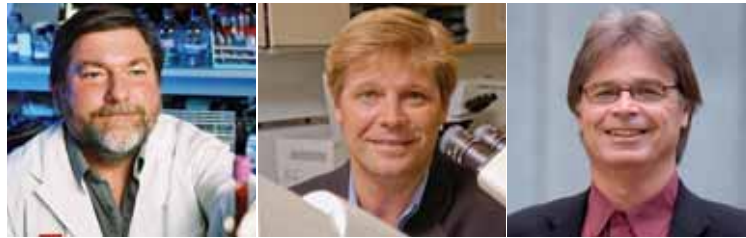
team approach to patient care, involving family practice residents, nurse practitioners, midwives, and other health care professionals. It also provides unique opportunities for interdisciplinary teaching and research.



DEIRDRE NUMANI, CLASS OF 2009

Ice Sin

NMP students (above, L to R) **Annie Docking**, **Sarah Tennant**, **Nadia Widmer**, and a bewigged **Michael Robinson** (front), all Class of 2009, with **Karen Truman**, Class of 2008 (far right), skied, skated, ran, and swam in the Prince George Iceman event. Their Ice Sin team placed an impressive first in their division and 10th overall in the 29.8-kilometre relay event.



BC Biotech Awards Highlight Faculty Innovators

Genome BC Award for Scientific Excellence: **Dr. Ross McGillivray**, professor of Biochemistry and Molecular Biology and director of UBC's Centre for Blood Research. He combines his training in protein chemistry and molecular biology with the evolving technology of genomics and proteomics to study blood proteins. Dr. McGillivray was the first in the world to clone a blood clotting factor gene, and his laboratory is internationally known for its research on the molecular genetics of blood coagulation.

Innovation and Achievement: **Dr. Martin Gleave**, Surgery professor and founder and chief scientific officer of OncoGenex Technologies, for his work at the Prostate Centre at Vancouver General Hospital. Gleave's research focuses on understanding the molecular mechanisms underlying cancer progression and the development of treatment. His spinoff company, OncoGenex, now has three products in development that target different genes and types of cancer.

Life Sciences Company of the Year: **Neuromed Pharmaceuticals** for the "tremendous milestones the company has achieved." Neuromed began as a UBC spinoff in 1998 to commercialize Psychiatry professor **Terry Snutch's** developments in pain-killing drugs. In March 2006, the company announced one of the largest-ever Canadian pharmaceutical partnerships, with Merck & Co.



TRASI JANG

Academic of the Year

Psychiatry associate professor **Kerry Jang** has been honoured by the Confederation of University Faculty Associations of BC (CUFA/BC) for his work in creating support programs for homeless people in his neighbourhood.

While on the board of Collingwood Neighbourhood House, Jang brought together residents, the police, politicians, and potential clients to discuss the causes of the problems and possible solutions. The program they developed is effective—and accepted by the community.

"Prof. Jang engaged his community in a discussion about homeless people, and created an evidence-based program to provide for some of their basic needs and in the process help [move] them towards recovery from mental illness and addiction," says Norma Wieland, CUFA/BC president.



TRASI JANG

The Faculty welcomed 36 newly promoted clinical and full-time professors to its ranks in March. For more pictures and the full list of the newly gowned professors (above), please go to "News & Events" at www.med.ubc.ca and click on "Photo Album."



UBC ARCHIVES

Celebrating Service

Over 380 faculty and staff members' long-term service—from 25 to 55 years—was celebrated at a special event earlier this year.

Dr. Sydney Friedman (top left, in 1950), who joined the Faculty in 1950, is our longest-serving faculty member, while **Cynthia Hou** (left), who has been with the Faculty since 1965, holds the staff honours for longevity. For a complete list of honourees please go to "News & Events" at www.med.ubc.ca and click on "Photo Album."



TRACY JANG



COURTESY OF THE CENTRE FOR BLOOD RESEARCH

Quality Control

A toothpick-sized vial of platelet concentrate, a specially designed holder, a beam of light, and a computer—all brought together in a deceptively modest-looking shoebox-sized device—have the potential to boost the world's supply and quality of fragile blood platelets.

Elisabeth Maurer (above), clinical associate professor in Pathology and Canadian Blood Services scientist, and **Keddie Brown** with their innovative invention, the dynamic light scattering platelet monitor (DLS-PM). It dramatically increases storage time for the short-lived blood product and can quickly—within 15 minutes—identify the best platelet product for a patient.



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Good News About "Good" Cholesterol

Hard on the heels of their 2005 demonstration of the liver's important role in the production of high-density lipoprotein (HDL), or "good" cholesterol, scientists at the Faculty's **Centre for Molecular Medicine and Therapeutics** (CMMT) have provided the first definitive proof that the intestine, along with the liver, produces almost all of the body's HDL.

"These results . . . demonstrate the importance of the intestine in developing new therapeutic approaches to raising HDL levels in the body," says **Dr. Michael Hayden**, CMMT's director and senior scientist. MD/PhD student **Liam Brunham**, lead author on the study, adds that the discovery "could have significant implications for treatment of cardiovascular disease."

Collaborators on the project included university-based researchers in the Netherlands, France and the US. The research was featured in the March 16, 2006, issue of the *Journal of Clinical Investigation (JCI)*.



KENT KALLBERG

BC Alzheimer Test First in the World

Dr. Neil Cashman has developed a diagnostic blood test for Alzheimer disease that he expects will be available in as little as a year or two.

A world first, the test will also be able to detect diseases such as Parkinson's, Lou Gehrig's and both the animal and human forms of mad cow disease, by searching out minute aggregates of the misfolded proteins that underlie these diseases.

Cashman, a physician, scientist and member of the Faculty's Brain Research Centre, holds the Canada Research Chair in Neurodegeneration and Protein Misfolding Diseases at UBC. He is recognized worldwide as a leader in the emerging fields of protein misfolding, as well as prion diagnostic and therapeutic development.

To read more about "Flash!"

news items, go to
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GETTY IMAGES

WOOD, FIRE, EARTH, METAL, WATER

Health Services students in Victoria experience first-hand the powerful synergy of multidisciplinary teams. IMP second-year student JENNY PHILLIPS reports on their first conference.

On March 11, 2006, the Health Services Student Association held its first annual Multidisciplinary Health Care Conference. Students from the Island Medical Program, biochemistry, biology, social sciences, philosophy, western and eastern medical backgrounds, and community members came together to learn, discuss and explore how teamwork among health professionals makes for better patient care, and a better work environment.

We were fortunate to have Janice Valdez, patient coordinator for the Island Medical Program and a trained drama therapist, start our morning off with a fascinating look at how health care penetrates deep into the community. She explained that unless we learn to communicate and work together, our professional isolation parallels the dysfunction that can be seen in families where parents give their children conflicting perspectives. As our aim is not to make confused patients, but to care for them in their journey through the health system,

it is important that our messages to patients are coherent and clear and that all members of a health care team are on the same page.

Dr. Wee Chong Tan, the founder of the Canadian College of Acupuncture and Oriental Medicine, also gave a very informative talk on the history and culture and merging of Chinese medicine into the dominant Western society in Victoria. Tracing Chinese medicine from its roots in Chinese society, to the first interactions between China and the West, he told of his struggles to change people's perspectives on Chinese medicine and how he brought it from being an illegal medical practice to what we know today. Dr. Tan spoke about the herbal and internal medicine (i.e., acupuncture) origins of Chinese medicine and showed us how the five elements (wood, fire, earth, metal, water) are linked to physical, emotional and mental health.

Students, enlightened by these two speakers' ideas and armed with their own knowledge, then came together to help a fictional family in crisis. The scenario

involved an elderly woman, who was the primary caregiver to her husband, a man suffering from dementia. When the caretaker was struck with a heart attack, the health professional students had to solve not only her crisis, but ensure her husband's needs were met. To add to these concerns, the daughter, who was living in China, needed support when she returned to Canada. It was fantastic to see how open students were to each other's ideas as they developed a care plan for this family.

If students at the beginning of their health educations can come together so enthusiastically to solve health problems such as the ones faced by this fictional family, it is clear that multidisciplinary teams of health professionals can provide the strength of each discipline—and more. Working together, they create a synergistic energy that is very powerful.

A MAN FOR ALL SEASONS

William Alexander Webber, md, frcpc, lld
1934–2006

*Husband, father, family man,
teacher, mentor, coach,
sportsman, scientist, diplomat, and leader*

*Dedicated, determined, kind,
accessible, articulate, incisive, wry,
knowledgeable, adventurous, generous, and wise*

A Gift of Celebration

A memorial fund has been created to recognize Dr. William Webber's lifetime commitment to the University of British Columbia.

Donations to this fund will support scholarships and bursaries for medical students. An anonymous donor has generously agreed to match every dollar donated, up to \$200,000. This is an exceptional opportunity to double your gift—and double the impact for our future medical students.

Please send your contribution to:

Dr. William Webber Fund
Attention: Natalie Zywicki
Faculty of Medicine
317-2194 Health Sciences Mall
Vancouver BC V6T 1Z3



A ROOM FULL OF LAUGHTER



UBC ARCHIVES: DR. WILLIAM WEBBER & DR. DAVID HARDWICK



UBC ARCHIVES: DR. WILLIAM WEBBER



UBC ARCHIVES: DR. WILLIAM WEBBER

Anyone fortunate enough to have met Dr. Webber knows that he was quite simply a beautiful person. Our group was lucky enough to have him as our very first problem-based learning (PBL) tutor.

There was always so much laughter in the room. Dr. Webber had a wonderful sense of humour, which quickly put everyone at ease. He was also the first to laugh at himself. We thoroughly enjoyed teasing him about the multi-syllabic words—like *pedunculated*, *parsimonious* and *mellifluous*—he used so effortlessly.

A statement like “One should exercise the parsimonious use of laboratory and imaging investigations” was inevitably met by eight blank stares. “Parsimonious?” we’d mumble. With a smile Dr. Webber would explain the precise meaning of the word and, if applicable, its Latin derivation. His love of words was impossible to conceal. And so, as a token of our fondness and appreciation, we bought him a book—appropriately called *The Superior Person’s Book of Words*. It seems fitting that a new tradition, entitled “Webber’s Words,” has now been integrated into the histology course.

Dr. Webber always made an effort to stay connected. Whenever we saw him in the histology lab—his notebook in hand, ready to transform the most complex ideas into simple and understandable ones—he would always ask how things were going. He remembered every detail. He was genuinely interested in every student he encountered and showed it with his patience and his warm, unforgettable smile.

It wasn’t until long afterwards that we realized he was the former Dean of Medicine.

We cannot imagine a more incredible role model. Dr. Webber made a point of spending a great deal of time on feedback, clearly communicating his appreciation for each individual’s unique contributions. While he always provided valuable suggestions for improvement, he also encouraged each one of us to be more of who we already were. “Each of you,” he assured us, “will be great physicians one day.” Coming from Dr. Webber, this meant a great deal.

Raina Fumerton, James Card, Shaun Coughlin, Syma Khan, David Melnychuk, Jane Oh, Michael Szeto, Michelle Tousignant, Class of 2008, PBL Group 26

— ● — ● — ● —

“ And Dr. Webber, we know you’re here somewhere. You wouldn’t miss this event for the world. And our world wouldn’t be the same if it hadn’t been for you. You were our biggest fan, the mentor to most of our mentors. We will carry what you gave us onto the soccer fields forever—and to every chance we get to help a medical student learn. Like you, we will drop everything, sit down and start going through and through, till they get it too. You didn’t just teach us things, you taught us how to teach. Thank you!”

Teresa Wood, Valedictorian, Class of 2006, speaking at the Hooding Ceremony

— ● — ● — ● —

“ For almost two decades, Bill, Herb Forward and I engaged in a sort of subliminal banter at long meetings. Herb or I would observe, ‘Surely that ought to be done now,’ eliciting a slight wrinkle in the corner of chairman Webber’s eye and the answer, ‘Of course that can be done now.’ Unspoken but clearly understood by the three of us was the addendum: ‘But don’t call me Shirley.’”

Prof. Emeritus David Hardwick



MARK FOX, CLASS OF 2008



WHAT DO YOU THINK WILL HAPPEN TODAY?

— ● — ● — ● —

“If Dr. Webber said ‘You’ll find it in so-and-so’s letter of March 1987,’ you’d go to the files, and there it would be. Sometimes he would even tell you the day, as well as the month and year.”

Ruth Smith, Dean’s secretary

— ● — ● — ● —

“On Friday afternoons around four, when everyone else had left for the weekend, Bill would often drop by. ‘How are you?’ he’d ask. And he really wanted to know. ‘Have I told you lately what a privilege it is to work with you?’ he began one memorable visit. Of course, I was embarrassed, and protested—but I can’t tell you how much that meant to me.”

Prof. William Ovalle, Histology Course Director

— ● — ● — ● —

“Dr. Webber almost always worked in his shirt sleeves, but was never without a tie. If he came in without one, we knew he must be on vacation.”

Susan Langland, Director, Faculty Affairs

In 2001 I invited Bill Webber to Kathmandu to introduce problem-based learning (PBL) at the new medical school, and to train Nepali doctors to become PBL tutors.

He said right away that he was interested, but would like the weekend to talk it over with his wife Marilyn. He called back to say he would be delighted to go—and would it be okay for Marilyn to come too? That interaction illustrates much of what I have known and admired about Bill in the 15 years that he was my academic mentor. His decisions were always carefully thought out, he was open to new ideas and adventures—and he was devoted to Marilyn.

Bill and Marilyn were great travelling companions. Nothing seemed to faze them, from uncertain itineraries that changed daily—and sometimes hourly—to epic lineups, harrowing taxi rides and volatile, accident-prone drivers.

Working conditions were equally challenging. I can still see Bill in the middle of a presentation on curriculum planning—which he was giving in the open lobby of a guest house, since the promised conference room hadn’t materialized—when the electricity went out. Bill didn’t miss a beat.

“Well. Isn’t that interesting,” he said and continued his talk as though the now-defunct overhead projector had never existed.

I also remember the joy he took in watching the young Nepali students as they made their first tentative steps towards thinking for themselves—instead of, as one young girl described it, “thinking with our professor’s mind.”

Bill and Marilyn were an amazing team. Marilyn also had an educational mission—a cultural one. Her research into the history, architecture and religions of Kathmandu provided us with a context for many of the strange and wonderful things we encountered working and travelling in Nepal. Much of what we saw as we toured around the Kathmandu Valley would have remained a mystery without Marilyn to share her discoveries.

As a mentor, Bill Webber was always available and receptive. He listened carefully, asked exactly the right questions—and could always be counted on to expose the comical side of serious situations. I will miss his steady guiding influence.

Carol-Ann Courneya, Associate Professor,
Cellular and Physiological Sciences

— ● — ● — ● —

“In the early days [Bill] would play in the student soccer games and scrimmages. As time went on he was promoted to referee and then to avid cheerleader. The students so enjoyed his participation they named their annual championship the Webber Boot.”

Prof. Emeritus Chuck Slonecker

I N S P I R E D



“Life simplifies, and all the time we’re taking in fascinating cultures and fantastic hill and mountain views. In the three weeks we were in Nepal, I don’t think we spent more than an hour total talking about work.”

For David Stapells, director of the Faculty’s School of Audiology and Speech Sciences, and Michelle McCaughan, the school’s administrator, home and office exist on the same continuum. They carry the pressures of a demanding academic environment home, mentally and physically, every night, for discussion until lights out.

But that’s only life at sea level. They regularly drop up to “drop out”—trekking four to six hours a day at the highest altitudes on the planet.

There are no shortage of peaks in plain sight from David and Michelle’s office windows, little more than a bridge away from their West End Vancouver apartment. So why Nepal?

Is this an example of what contemporary writer Douglas Coupland termed “the geographical cure”—the post-modern notion that, with the convenience of air travel, a quick jump into a new environment will prove a mental tonic? A new frame of reference clears the mind?

There’s no question that David and Michelle return from Nepal relaxed and reinvigorated. “Heading off for a trek is truly ‘stepping off the grid.’ Nothing but basic needs to think about: where to sleep, what to eat,” David says, “and very simple questions to answer. Should we sit down and rest? Should we have a shower? Is it too cold to have a shower? How are the noodles at this lodge? Which lodge has thicker mattresses?”

“Life simplifies, and all the time we’re taking in fascinating cultures and fantastic hill and mountain views. In the three weeks we were in Nepal, I don’t think we spent more than an hour total talking about work,” he says of their fourth trip to the country, in December 2005.

The main attraction, however, is that in Nepal they encounter experiences and feelings that can defy description.

David and Michelle resist calling their Himalayan sweat-a-thons a “religious experience,” but admit there *is* something akin to a spiritual dimension. The draw back to Nepal is a “calling” that has become almost a ritual since their first trip together in 1996.

by the

LIGHT

by tim carlson



They weren't interested in a relaxing honeymoon. "I'm an adventurer at heart," Michelle says. "I'll try anything once. But Nepal was nothing like I'd imagined."

She recalls one experience, exotic and hypnotic: "We were at a Tibetan Buddhist monastery, Thubten Choling, about a one-hour walk from Junbesi—about 3,000 metres above sea level. The central *gompa* (temple) is large and impressive, and it's a pretty active place given its remote location. One of the trekking books warned us to beware of the vicious Tibetan mastiffs that guard the monastery, but funnily enough, they were anything but vicious—big pussycats, really, that loved to have their bellies rubbed.

"David and I ended up in this dilapidated building which housed the biggest prayer wheel I'd ever seen. There was a monk sitting on the floor, spinning the wheel and chanting. We were spellbound for what seemed hours—the feeling in that room was powerful and still unexplainable."

Michelle, who earned her BA in English literature in 2005 after years of part-time study, reaches for a literary comparison.

"It's difficult to explain the feeling that overtakes me when I go to Nepal. I'm in no way a religious person. But, as I've told David, it's like what happens when you read Milton's *Paradise Lost*—you can't help but become "religious." Milton's writing is so captivating and beautiful that it sparks something from within—it turns you into a believer. Same with trekking in Nepal—it ignites something spiritual from within—a sense of well-being and a feeling of belonging. A feeling that doesn't get sparked from living in the Western world and working 12-hour days."

Good Medicine

David's first solo trip to Nepal was in 1990, while he was working in the Bronx, at the Albert Einstein College of Medicine (he is still a visiting professor in otolaryngology—ear, nose and throat specialization).



Trekking in Nepal

Trekking to the base camps in the Everest region is a compelling draw to Nepal, but David and Michelle wouldn't recommend it as a first trek or short trip. Having been on numerous treks, they feel confident without guides or porters, but suggest at least a guide for the novice.



"You can do 'teahouse trekking,' where you stay at lodges, or do full-service camping trips," Michelle says. "Guides can be booked through an agency here (more expensive and most of the money doesn't reach Nepal), or you can contact recommended guides directly by e-mail."

Our favourite trek: The three-week long Annapurna circuit, where one sees everything from bamboo jungles to high mountain passes, with lots of villages and peoples in between. This requires a lot of time and can be strenuous. Annapurna 1, the tallest peak in this 55-kilometre Himalayan range, is the world's 10th-highest summit (8,091 metres).

A good short trek: A not-too-strenuous trek near Pokhara (also in the Annapurna region) for four to five days or longer, where one sees lots of villages as well as spectacular mountain views.

The Everest trek: Most people fly in to Lukla and within a few days are at high altitude and above permanent villages. The mountain scenery is stunning, but there is little village culture and no vegetation, and it is cold. Many love this, but we prefer other areas for the combination of culture and scenery. However, we do love the Everest region below and around Lukla, as it is beautiful and has many villages.

When to go: The high seasons for trekking in Nepal are October and November, when the weather is generally clear and cool, and in the late spring, March and April. There are heavy rains from June through August, and it's too cold and snowy to travel many mountain paths from December to February.

Websites: David suggests that some good places to start are:

www.trekinfo.com

Canadian Himalayan Expeditions at:
www.himalayanexpeditions.com

Buddha Meditation Trekking (Kathmandu) at:
www.buddhameditation.com

Editor's Note: As this article was being written, the political situation in Nepal was still unstable. If you are considering a trip, please check the Canadian government's website at www.voyage.gc.ca for their most up-to-date advisories.

"In the city you see cows, chickens and goats walking freely within unbelievable traffic," Michelle says. "And then you trek through such diverse vegetation—everything from pine forests, deserts, rhododendron forests, high passes, and beautiful terraced farmland, all in one trek."

"The first time I went, the fascination was to see Mt. Everest," David says. "I came back completely wowed by it. I'd lived in New York for four years at that time, and drove like a New Yorker. But that trip really changed how I was for about a year. Then I went back to being a New York driver. Back to being my usual self."

Something about the country—something more than the big mountain—lured him back in 1993.

"The original fascination—Mt. Everest—is no longer the main fascination, although the scenery is, of course, still gorgeous," says David. "Now the fascination is the people and what the trekking does for us.

"I'm calmer when I return, better able to see what's important in the big scheme of things. How long does the feeling last? Much has gone away, but I think the December trip helped me cope with January to April. I always go off on 'mental treks' (or alternatively, real ones, sailing off the BC coast). For daydreaming, Nepal works really well. I'm always planning the next trek—however far into the future that might be."

He'll step down as director in the latter half of 2006, take an administrative leave and concentrate on his graduate students, writing and research—and, find time for another Nepal trek as part of the transition to the next chapter of his career.

Harmony . . .

What becomes clear as Michelle and David describe both work and trekking is that these contrasting aspects of their lives are not mutually exclusive. They're harmonious. And both contain and inspire a concern for others as well as themselves.

Says David: "My main [research] has been in improving and developing ways to test the hearing of infants, using EEG—or brain—waves. Here in BC, I am very much involved in the recently announced BC Early Hearing Program, which will provide newborn screening and follow-up assessment and intervention for those found to have hearing loss. My other area concerns understanding brain mechanisms underlying normal and impaired hearing (and language) in humans."

Michelle, who oversees strategic planning, human resources, financial management, and administration at the school (where there are



20 faculty and sessionals, 167 clinical faculty members and five staff), finds the time and energy for extracurriculars such as coordinating the 2001 UBC United Way Campaign. In 2002 she received the President's Award of Excellence for invaluable service to UBC for her United Way work.

"Nepal travel did influence me to want to do something for the community—that is a reason for my involvement with United Way," Michelle says. "Also, David and I have a foster child in Nepal." In 2002, David did a workshop at the All India Institute for Speech and Hearing in Mysore, India, and has plans to return."

. . . and Contrast

Nepal embodies some extreme contrasts.

"In the city you see cows, chickens and goats walking freely with unbelievable traffic," Michelle says. "And then you trek through such diverse vegetation—everything from pine forests, deserts, rhododendron forests, high passes, and beautiful terraced farmland, all in one trek."

The people of Nepal, their easygoing attitude and lack of anxiety "set the tone of the country," Michelle says.

David describes a car accident they saw in Kathmandu—nothing too serious, but the kind of thing that at Broadway and Granville would probably inspire at least an overheated screaming match. "The drivers thought it was funny. They drove away laughing it off."

Powder-Keg Politics

The natural beauty and a carefree attitude on the surface, however, belies a powder-keg political situation.

Nepal is the poorest nation in South Asia, with 31 percent of its 27 million people living below the poverty line. Rural poverty and charges of government corruption fuelled a Maoist insurgency aimed at the urban elite in the mid '90s. The insurgency gained support (and demanded support where it wasn't freely given) and a cycle of violence resulted in government crackdowns. In 2005, King Gyanendra ended a 12-year democratic experiment and installed a government supported by the Royal Nepalese Army.

In April of this year, protests and violence erupted and escalated rapidly. Canada's Department of Foreign Affairs advised Canadians not



to travel to Nepal. By the end of the month, however, the king had reinstated the previous parliament.

David and Michelle say that, based on past trips and news from sources within Nepal that "better reflects 'the reality on the ground,'" they would not have cancelled a trip if they'd had one planned.

"Tourists continue to visit Nepal and continue to be entranced by the people, culture and scenery," David says. "Tourism is so important to all Nepalese that they make a special effort to keep foreign visitors safe and happy." Nevertheless, both Michelle and David agree that "individuals must appropriately inform themselves and make their own decisions."

Bringing It All Back Home

Grace under pressure—the pressure of war and poverty—is something that impresses David and Michelle about the people of Nepal. It puts in perspective the challenges of climbing the mountain of work they come home to.

At a time when North Americans are pressured to commit to their work 24/7, many people climbing the ladder can't imagine taking time out to climb mountains half a world away. David and Michelle, however, see it as a good career move.

"We, too, have been swept into that 24/7 [routine]," Michelle says. "I say: take time to drop out and smell the roses. If you don't take care of yourself, no one else is going to."



Derrick Randall, winner of the 2006 Let's Talk Science Partnership Program National Volunteer Award, and students at Haa-Huu-Payuk School near Port Alberni.



KELLY POIRIER

LET'S TALK

science

by shawn conner

As someone who grew up in a small town, Derrick Randall knows first-hand what it's like to not have access to the same resources as city kids. That's one reason he's become a project leader with the Access Initiative program, the offshoot of the UBC Let's Talk Science Partnership Program (LTS-PP) that sends science graduate students out to rural communities and inner city areas.

"A lot of these kids are written off," says Randall, who is originally from Gold River, a small town on the west coast of Vancouver Island. "In general, they come from a disadvantaged background by nature of where they live, their cultural background or socioeconomic status."

But one trait common among the kids he talks to, whether in rural communities or the city, is an intrinsic curiosity and desire to learn. "If we can get those kids involved and mobilized to get into further education, I think not only will they become very successful," says Randall, "but it's going to work in a cycle where they come back to their communities and work as role models for other kids coming up."

That, in a nutshell, is what Randall and other UBC graduate student volunteers are doing as part of the Let's Talk Science Partnership Program. A national initiative since 1993, and adopted by UBC in 1996, Let's Talk Science matches emerging scientists with students ranging from kindergarten to grade 12. Access Initiative, an ancillary program, is specially aimed at reaching kids in rural and inner city schools.

Randall has been involved with Let's Talk Science for two years. He's had plenty of opportunity to interact with kids and see what's on their still-forming minds when it comes to science.



Jeset Karlen, Life Song School



Meng Yuan Dai and Claudia Le, McBride Elementary School



James Ian Thomson-McKinnon, Life Song School

“One of the things that always blows me away is when we look at the activities we’re thinking of doing ahead of time, we’ll overanalyze and say, ‘I don’t know if this is really going to have enough substance, and it might not be interesting,’” says Randall, who works to identify biomarkers and understand the pathophysiology of MPS I, a rare disease that can result in mental retardation and/or physical deformities. “And then the kids love it because it’s a hands-on activity where they get to explore something. When it’s an abstract thing, that’s tough for them to consider and do from a theoretical standpoint. It’s not quite as successful as when you get them really diving into it and getting their hands dirty, so to speak.”

Hooking the Xbox Generation

David Kent has learned to hook youngsters with flashy experiments before delving into science requiring patience, like DNA sampling. He’s on the same wavelength as Randall when it comes to what works with Xbox-tooled attention spans.

“This is definitely something we struggle with every day,” says Kent, a PhD student researching blood stem cell biology and an external relations coordinator for the Let’s Talk Science Partnership Program.

Melisa Hamilton, who works out of the Terry Fox Lab, was attracted to the program because she feels it’s crucial to get across the everyday applicability and importance of science. “When I first started I wondered how I was going to make this applicable to kindergartners,” says Hamilton, who has visited a kindergarten class at Sir Richard McBride Elementary three times since first volunteering last September. “But the kids are really excited about it. When you realize they are actually understanding what you’re talking about and getting something out of it, it’s a really fulfilling feeling. I’ll do it again next year for sure.”

A graduate student working on her master’s thesis in breast and ovarian cancer genetics, Sara Harbord became involved in the Let’s Talk Science program two years ago. She has conducted activities with grade five and six classes at two different schools, taught an afternoon of wilderness science at a day camp, judged three science fairs, and sat on a career panel for high school students. She’s also written a chapter on genetics for a handbook targeting grade six students.

Like Randall, Harbord feels students’ initial hesitation about science stems from a lack of familiarity with the material, and feeling intimidated by abstract concepts. “So, at first I just got into cool experiments. Now, I find it’s important at the beginning to make students feel like, ‘Wow, I can really do this!’ Then they get passionate about the science.”

The research work graduate students do is usually too complex to be brought to the classroom, especially with younger students. But the older kids can often grasp complex ideas if presented in an interactive and practical manner.

“I made a CSI-style murder mystery game that used genetic clues,” says Harbord. “So I got them [the students] to think about how genetics work by playing this cool game, and we extracted DNA from a plant—something where they could actually see the results.”

Often the class’s teacher will tell the volunteer what he or she has been working on with her students, and what she’d like the graduate student to talk about. Hamed Nazzari, who studies the properties and functions of pacemaker channels, signed up with the program in January. One of the teachers he’s been assigned to asked for a talk on viruses. “That’s her [the teacher’s] focus, so they’re looking for someone to complement what she’s already been teaching,” says Nazzari.

Moving Mountains

How do they do it? With their graduate work taking up most of their day, the LTS-PP volunteers have to make time. “I’m super busy,” says Nazzari, who’s working on his master’s. “There’s a lot to do with course work in the first year and thinking up your thesis proposal and presenting it—and just day-in, day-out lab work that needs to get done.”

David Kent spends between 40 and 50 hours in the lab per week, and then another 15 or so on Let’s Talk Science. “It doesn’t really feel like work. If it’s something you believe in, you’re going to move mountains to make it happen.”

Why They Do It

For Kent, his work with the program gives him perspective on why he does the work he does in the first place. “When I look at what I’m doing in the lab on any given day—say, collecting stem cells or extracting DNA—it all seems very routine. It’s not often

I get a chance to step out of that research environment and say, 'Why am I doing this?'

The answer becomes clear in a classroom of 10- and 11-year-olds. "When you go into a classroom and say, 'I'm a stem cell biologist,' the kids have 400 questions immediately. 'What does that mean? What do you do in the lab?'" Thinking about what he does from the viewpoint of a nine- or 10-year-old gives him a different perspective on his research, says Kent.

"You talk about how it [lab work] might be relevant to cancer treatment, to making unlimited populations of blood cells, and it strengthens your desire to stay in research—because you understand there are meaningful, tangible things you are trying to achieve in the lab. And you don't often get to step back and get a global perspective on your field."

Hamilton believes it's important to not only make science accessible, but to change the traditional image kids have of scientists. "Even for kindergartners, it's important they see scientists as real people, as something they can be when they grow up if they want to," she says. "Here you have a 22-year-old girl who's fun, but she wears the lab coat and does science. I think it's a really good image for them. As they get older the concepts can get more complicated, but the message of science as everyday life, of science as interesting, and of 'you can be a scientist' stays the same."

"I'm so happy that I did this program," says Harbord, who moved here two years ago from Ottawa, where she ran an afterschool science program. "I realized what I want to do with my research is take it to a level where I get to work with kids and the public, disseminating information about science topics. I never knew if I was going to be a teacher or a scientist, so it's great that there are programs like this that let me do both."

While research is rewarding in the long term, communicating enthusiasm about science to young minds, or seeing that spark, can be immediately gratifying.

Asked for a particular instance in her experience with the program that stands out for her, Harbord says, "We were judging a science fair at Life Song elementary, and there was this five-year-old, and his older sister was in the science fair. He got so excited by what she was doing, he wanted to put in his own project. So he made this huge diorama of all these dinosaurs. And he was so knowledgeable—it was great to see he was inspired by his older sister's excitement. He was already this budding scientist. And he really knew his stuff."

Frederique McGeough, Life Song School



DARRIN DUECK

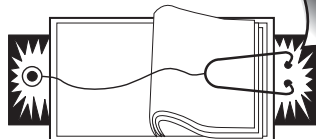
Melisa Hamilton and Taylor Drosses at McBride Elementary School

Facts & Figures

- Begun as a national initiative in 1993, the Let's Talk Science Partnership Program (LTS-PP) has grown to include nearly 1,000 post-secondary students at 22 campuses across Canada. It was adopted by UBC in 1996.
- In 2005 the national program brought together nearly 1,000 volunteers—mostly grad students, but also some undergrads—and an estimated 37,600 youth in cities and rural areas, over 15 percent more than the previous year.
- Through UBC alone, the program provided opportunities and training for 170 graduate students and post-doctoral fellows.
- The volunteers represented UBC in 64 classrooms throughout the Vancouver school district, and reached over 5,500 students through class visits, community events and science fairs.
- 49 percent of the volunteers come from the Faculty of Medicine.
- The Access Initiative, a UBC LTS-PP program, seeks to expand the reach of current Partnership Program activities to reach youth in inner city and rural areas. To that end, SMaRT Skills (formerly known as Mini-School) and Reading Week (in collaboration with the UBC Learning Exchange) involve kids in areas such as East Vancouver, or at the Haa-Huu-Payuk Elementary School on Vancouver Island. The SMaRT Skills program expanded from two classrooms into nine this year.
- Access Initiative goals for this year include 10 visits to classrooms in five rural communities outside of the Lower Mainland.
- Before the LTS-PP office was established in Brock Hall Annex in 2004, the coordinators were running the program out of their labs and homes.



DARRIN DUECK



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ALUMNI *news*



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On the Cover:

President Lynn Doyle, MD'78, and just a few of the members of the Class of 2006 with their shingles. At the annual Hooding Ceremony, the Medical Alumni Association presents each member of the graduating class with this traditional trademark of the newly established MD.



NANCY THOMPSON

This issue of the *Medical Alumni News* marks a new chapter for the publication.

For the first time, it is being included as part of *UBC Medicine*. This obviously saves production costs and postage—and we hope that you will enjoy this dual publication. In the future, we hope to bring you a history of the UBC Medical Alumni Association in these pages.

Speaking of history, most of you will remember receiving a “shingle” as part of your graduation ceremonies. The presenta-

tion of a shingle to each graduate of UBC's Faculty of Medicine started with the first class in 1954. Our editors are working on the history of this unique UBC tradition. Through the winter and spring, I explored the world of BC red cedar. I was able to find a supplier of smooth shingles suitable for finishing and applying names, which should be able to satisfy our needs for years to come. You may not realize it, but part of your dues pays for the supply and production of shingles for each of our younger colleagues as they graduate.

The distributed model of our medical school in the province of BC continues to evolve. Your association is trying to find the best way to help alumni and students—students in particular—at each of the sites. We would not be able to do this without your continued support.

This is my last president's message to you as I complete my term as your president. Your new president is Dr. Lynn Doyle, class of 1978. I wish Lynn all the best in her term over the next two years.

Fond Farewell

The UBC Medical Alumni have lost a founder and loyal supporter with the death of Dean Emeritus William Webber, MD'58, in late January 2006. No matter what his other duties and activities, he was always there for the alumni and students and was a very respected and wise counsellor. He will be sorely missed.

Annual General Meeting and Awards Reception

The Annual General Meeting of the UBC Medical Alumni Association was held Saturday, May 6, at the Medical Student & Alumni Centre (MSAC). Lynn Doyle, MD'78, assumed the presidency, and Jim Lane, MD'73, became president-elect.

Award Winners

Wallace Wilson Leadership Award:

Basil Boulton, MD'63

Honorary Alumnus:

Dr. Gordon Thompson

Honorary Alumna:

Dr. Dorothy Shaw

Silver Anniversary:

Warren R. Julien, Raymond W. Lamand **Ivo A. Olivotto, MD'81**

WE'VE COME A LONG WAY....

Medical Alumni News Celebrates its 20th Anniversary



The first Annual General Meeting of the Medical Alumni Division (photo, right) was held on January 31, 1986. President Curt Latham is behind the floral arrangement; Al Cox, MD'54, and Dean Webber, MD'58, are to his left; David Hardwick is at the far right.



The inaugural issue of *Medical Alumni News* was published on June 30, 1986. Twenty years later, almost to the day, the 2006 Spring/Summer issue was sent to the printer in its new incarnation as part of *UBC Medicine* magazine. Welcome to the next 20 years!

Although only four pages long, the *News* was crammed with information, including several "firsts": the Medical Alumni Division's first Annual General Meeting, the first Wallace Wilson Leadership Award—to Al Cox, MD'54—and a list of all 30 of the Alumni Division's

first class representatives.

The Medical Student & Alumni Centre was still only an architectural model (above left)—of a single building. Today it has three new wings and is a hive of student activity. Come out and see it for yourself—it's the only one of its kind in Canada, and as the UBC motto says, *Tuum est*—It's yours!

Yours, too, are the *Medical Alumni News* and its sister publication, *UBC Medicine* magazine. We hope you enjoy them both—and look forward to hearing from you with news, opinions and comments.





Alumni Awards, Achievements & Activities

Paula Aiken (née Levy), MD'88, was married June 24, 2005, to John Aiken. They reside in Coquitlam and she is in family practice in Burnaby.

Terrence Breen, MD'85, practised anesthesia in Calgary for seven years before moving to Duke University, Durham, North Carolina, in 1999. After six years in that centre, he opted for private practice in Southern California and loves LaJolla and the San Diego area, where there is sun and a temperature of 21°C day after day.

Kendal Ho, MD'86, (1 above) associate dean of Continuing Professional Development and Knowledge Translation, Faculty of Medicine, is chair of an e-health steering committee within Universitas 21 (U21), an international consortium of research-intensive universities. Members of the committee include health services representatives from the University of Queensland (Australia) and Hong Kong University. The committee focuses on the challenge—an enormous one—of delivering health care to under-served groups in both developing and industrialized countries. For the last three years they have been looking at how telemedicine, also known as e-health, can improve global health by making both care and knowledge more accessible through technology.

Harvey Lui, MD'86, (2 above) has been appointed head of the Faculty of Medicine's newly created department of Dermatology and Skin Sciences, the first dermatology department in Canada. In 2005 Harvey organized a fundraiser for skin cancer, with Rick Mercer as special guest.

Bill Martin, MD'60, (3 above) passed his second gold medal dancing examination in

December 2005. The first, in December 2004, was for Ballroom Dancing (waltz, quickstep, tango, and foxtrot) and the second was for Latin Dancing (samba, rumba, cha-cha, and paso doble.) These exams are conducted by the Canadian Dance Teachers Association; the candidate performs for one or two examiners. Bill noted that the examination pattern is similar to medical specialty orals.

As far as Bill has been able to determine, he is the only person in Victoria to have passed both these exams. And he did not dance a single step before age 60!

Crystal Page, MD'02, (4 above) was on maternity leave after the birth of her son, Jacob Birch Page, April 2, 2005. Otherwise, she notes she has been doing a locum in family practice, mainly in Revelstoke, BC.

Professor Fizzwizzle is the first online title for **Matt Parry**, MD'01, and his independent video game company, Grubby Games, and was one of five finalists for the Grand Prize at San Jose's Independent Games' Festival in March. Parry, "an MD-turned-graphic designer," and business partner Ryan Clark, "a microbiologist-turned-programmer," started their company on the proverbial shoestring not quite two years ago. They are off to a good start with the Professor.

Linda Rabeneck, MD'74, a gastroenterologist and professor of Medicine at the University of Toronto, has been appointed VP, Regional Cancer Services, Sunnybrook and Women's College Health Sciences Centre (Toronto) and Regional VP, Cancer Care Ontario. As well as her FRCPC, she earned a master's degree in Public Health from Yale.

Charles Scudamore, MD'75, (5 above) was one of this year's recipients of the Vancouver Medical Association's Primus Inter Pares Award on March 30 at the association's annual Osler Dinner.

At the UBC Alumni Achievement Awards Dinner, November 3, 2005, **Charles (Chuck) Slonecker (Hon.)** (6 above) received the Faculty Citation Community Service Award.

Jack Taunton, MD'75, (7 above) a sports medicine specialist, was recently selected chief medical officer for VANOC 2010. He previously served as CMO for Canada at the 2000 Olympic Games in Sydney, Australia, at the Pan American Games in Havana, Cuba, and Caracas, Venezuela, and at the World Student Games in Zagreb, Yugoslavia, and Bucharest, Hungary. He is also a professor of Family Practice and Human Kinetics. From 1979 to 2000 he was co-director, with **Doug Clement**, MD'59, of the Allan McGavin Sports Medicine Centre at UBC. When Doug retired, Jack became director, continuing in this position until assuming his recent Olympic role. In December 2005, he again became co-director, this time with **Don McKenzie**, MD'77.

Jack and Don are actively looking for a new home on campus for the sports medicine centre. They are also developing a satellite clinic, at the 2010 Olympic speed skating facility, the Richmond Oval, along with a team from UBC.

Brian Warriner, MD'71, (8 above) was appointed head of the Faculty's new department of Anesthesiology, Pharmacology & Therapeutics following the merger of the departments in 2005.

Colleen Webster (née Kennedy), MD'94, a family practitioner, has taken on the role



of lead physician for the Kingston Health Network, comprised of 11 physicians who have participated in a new capitation payment model since 2003. She has also taken a position with the Ontario College of Family Physicians as an eastern region representative to the board of directors.

According to a survey conducted by **Maryam Zeineddin, MD'03**, (9 above) as part of required research in the second year of her Family Medicine residency, British Columbians' number one priority in choosing a family doctor is the doctor's competence. These and other results of the survey were presented at a recent family medicine forum and reported in the *Vancouver Sun* on January 19, 2006. As she observed in the *Sun* article, Maryam found the results somewhat ironic, because patients aren't given any information about a doctor's competence except anecdotally, by word of mouth. "There is little they [the patients] know except that the doctor has passed their exams and been licensed."

Alumni Authors

Fred Bryans (Hon.) (10 above) has documented 30 years of the department of Obstetrics and Gynaecology in his 2005 publication: *The Early Years: The History of the University of British Columbia Department of Obstetrics and Gynaecology, 1950-1980*.

As noted by Dean Emeritus William A. Webber in the preface, Fred lived those times and was the central leadership figure in the department.

Martin Hollenberg (Hon.) (11 above) has written *Marco Polo: The Story of the Fastest Clipper*, published in May 2006. This well-researched book is the first to tell, in one volume, the story of one of the finest and most famous clippers of all time. Built in

St. John, New Brunswick, in 1850 and 1851, the *Marco Polo* astonished the maritime world when it became the first ship to sail from England to Australia and back in under six months. It also sailed twice around the world in under a year.

Incorporating a variety of original materials—including an account of Marco Polo's wreck at Cavendish, PEI, written by L.M. Montgomery—this book presents the life and times of this truly great ship and how it affected the lives of people on three continents.

Jerilynn Prior (Hon.) (12 above) had a new book published in 2005. *Estrogen's Storm Season: Stories of Perimenopause* is one of three Independent Publisher Award-winning health books for 2006. The novel is a series of connected stories about eight women from all walks of life, who see the same woman endocrine specialist. Although the physician and her patients are fictional, the book is based on science.

The stories illustrate the variety of difficulties women may experience in perimenopause and how lives and symptoms can interact. Dr. Prior notes in her introduction that the stories describe only the 10 to 20 percent of perimenopausal women who have a difficult transition. The majority of women notice changes, but are not greatly troubled.

Reunions

MD'54 held their 52nd Anniversary Reunion, May 8-11, at the Tin Wis Resort in Tofino.

MD'56 celebrated their 50th anniversary by having lunch with the Dean and a tour of the Life Sciences Centre on Thursday, May 25. They then headed to Victoria for the

weekend events, including a tour of the Medical Sciences Building—home of the Island Medical Program.

MD'67: 40th Anniversary Reunion, summer 2007. Please contact Patrick MacLeod at patrick.macleod@viha.ca.

MD'76: 30th Anniversary Reunion, July 8, 2006. Join us for an evening of cocktails, dinner and dancing at a class member's home in Point Grey.

MD'81: 25th Anniversary Reunion, October 13-15, 2006, at Brentwood Bay Lodge and Spa. Contact Dr. Penelope Osborne at posborne@vanhosp.bc.ca or Dr. Ron DeMarchi at drdemarchi@edmed.ca.

MD'86: 20th Anniversary Reunion, September 30, 2006, at the Pan Pacific Hotel in Vancouver. Join your fellow classmates for a special reception in a suite overlooking Coal Harbour, and participate in UBC's Alumni Weekend too.

Interested in attending any of the events above? Organizing your own class reunion? Do we have your most up-to-date contact info? Please contact Marguerite Collins, events coordinator for Alumni Affairs, at 604-827-3294 or marguerite.collins@ubc.ca.

Grad Class Photos

Unframed, composite copies of all medical school graduating classes are available for \$40 each.

Send a cheque and details (graduating year, quantity required, address, and quick contact details) to:

MSAC, 2750 Heather Street
Vancouver BC V6Z 4M2
Please allow four weeks for delivery.

THE JOY OF PLAYING DOCTOR

Lee MacKay, Class of 2008



The cast (L-R): James Saunders, Danielle de Jong, Paul Campsall, Mypinder Sekhon (in wig), Suze Berkout, Nathan Lim, Divya Virmani, Alan Bates.

As the producer of this year's play and an actor in last year's show, I am privileged to have a unique perspective on the whole breadth of experiences involved in putting on a show during the rigours of medical school. Now in its fifth year, the second-year play raises funds to support rural medicine and provides medical students with a myriad of invaluable opportunities.

The first opportunity that comes to my mind—as someone born and raised in a small town in BC—is the chance it gave for us, as a class, to show our support for rural medicine. One of the most sizeable and visible fundraising efforts by the second-year class, the play is a fantastic way for medical students to display their concern about the shortage of doctors faced by many smaller communities in the province and to show their excitement about working in communities throughout the province this summer.

The second important opportunity the play provides is a chance for medical students to participate in a new and unique process and to express themselves in a profoundly different medium than normally encountered in medical school. The play is a rare chance to show the community at large, as well as

our fellow students and faculty, a different side of our lives. For the majority of the cast, *Playing Doctor* was a novel journey into the world of theatre. For others, the show was a chance to take up an old passion long extinguished by the demands of science and academia.

It was also a new experience for our stage managers, costumes and props people, makeup artist, front-of-house organizer, and many others, including our wonderful director, Amy Rees, in her debut directing an entire show. The nervous energy backstage on opening night, the thrill of making 80 people roll in their seats with laughter, the rush of the first curtain call, the bashfulness following compliments from peers and faculty, the exhilaration of closing night—all were incredible firsts to be a part of.

As producer, I got the most satisfaction out of being able to provide those experiences and hearing how much they meant to those involved—more even than selling out five of our six shows. For all of us involved, possibly the most enjoyable opportunity of all was making connections, friendships and memories that may last a lifetime. This hit home for me when Alan Bates, who played Robert Brewster III, said to me backstage before a show that years down the road, when I am a family physician in some rural community consulting with him as an eminent psychiatrist, he will ask me to put Amy, our director and my partner, on the phone so he can catch up with her. For me, laughing over jokes from the show years from now with my current classmates and future colleagues will be the most lasting pleasure of all after the hard work and time spent on *Playing Doctor*.

Students Honoured



Claire Sheldon (left) and Clara Chia-Hua Tan (left below), both MD/PhD candidates, were recipients of the Outstanding Student Award at the UBC Alumni Affairs 11th Annual Achievement Awards Dinner, November 3, 2005.



At the annual meeting of UBC's Wesbrook Society, held in the Telus Theatre at the Chan Centre, February 28, 2006, 20 students received the designation

of Wesbrook Scholar. Allison Gelfer, Faculty of Medicine Class of 2007, was among those honoured.

MSAC

report

The Class of 2006 has followed the course of some of its predecessors by donating funds to MSAC. Their project was two sets of French doors for Latham Hall. Now, instead of a room with just a view of the courtyard, it is a room with access to the courtyard! How pleasant this will be in warm and sunny weather.

Students use MSAC for many activities. Since 2003 student bookings have averaged 265 per year, and the gym continues to be a popular area.

Wolf's Bar underwent a major renovation in 2005. Cupboards and drawers were added to the new bar, as was a mirror. The new countertop is attractive and much more durable. The brass foot rail was replaced.



Class of 2006 (L-R): Michelle Wong, Janel Casey, Amritpal Deep, Tabassum Firoz, Kraig Montalbetti, George Yearsley, and Randy Holmes.

The expansion and distribution of the Faculty of Medicine to Victoria and Prince George two years ago brought about a new era in the provision of health care in British Columbia. The initial rollout has put UBC and the Faculty of Medicine at the forefront in many areas. Current students receive resounding support from a number of groups: alumni, academics, clinicians, and members of the community. This milieu has proven integral to our ongoing success, and I believe this will be especially true in the face of continued expansion and distribution.

As the pioneering medical students begin their clinical years, it is likely they will increasingly look to you for guidance. Your role as a resident or staff physician affords a unique opportunity to mentor or develop the physicians of tomorrow. We students have much to gain from those in our field, and your involvement will pave the way for improved health care delivery across the province.

As physicians, you understand the importance of strong educational experiences in

determining the success of a medical student. The past two years have been remarkable, and we are about to engage the next hurdle: clinical practice. We will turn to you for education, career advice, and non-academic guidance. This support will form not only the basis of strong clinical contributions by medical students, but of their community contributions as well.

You have worked hard to strengthen medical education in British Columbia, and I want to thank you for your continued support.

Part of this work involved bridging the distance between the three sites. Social, extracurricular and academic events have successfully included students from all three locations. The presence of IMP students at the Spring Gala and NMP students at the Med Ball are just two examples. Moreover, the successful introduction of video conferencing equipment at MSAC has enabled many student groups to cooperate and share common interests.

Externally, the MUS, in cooperation with the BCMA, has begun to plan lobbying



The presidents. Rear (L-R): Christopher Zappavigna (Med I), Tommy Gerschman (Med IV), Cailan MacPherson (Med II). Front (L-R): Warren Luksun (MUS), Amanda Johner (Med III).

events directed at decision makers in Victoria. Accessibility of undergraduate medical education and post-graduate training positions are key concerns for medical students. Rising tuition costs and increased competition for residency spots continue to impact negatively on accessibility and career choice.

We have accomplished much this year—though this article highlights just a few areas. I believe the MUS and the Alumni Association are on the same continuum as part of BC's bright future. Medical students are excited to be part of such a vibrant profession, and we look forward to demonstrating the same excellence as our alumni.

REWIND TO THE FIFTIES!

Christina Ames, Class of 2008

On Saturday, March 4, the Westin Bayshore was filled with 350 students, faculty, staff, and their guests, all decked out in their finest evening wear for the 2006 UBC Medical Ball! The Glamorous Fifties: Some Enchanted Evening helped to raise over \$6,500 for the BC Children's Hospital Foundation, towards improving the care of sick children.

The theme for this elegant evening began even before the attendees entered the hotel: a cream-coloured 1955 Rolls Royce was displayed outside of the Westin Bayshore, thanks to volunteer Alf Spence, a polio survivor who was treated at the BC Children's Hospital in the 1920s. The reception featured the fabulous Dal Richards Band, a casino with prizes going to the top gamblers, and an intense silent auction! The catering staff at the Bayshore provided a delicious three-course meal, and at the end of the evening our talented DJ had everyone moving on the dance floor.

It was lovely seeing everyone elegantly dressed for an evening and enjoying themselves in support of children's health care. We're looking forward to next year's event!



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MEDICINE AND MAGIC

SHAI BREGMAN, CLASS OF 2009, gives us all “Something to Think About”

As the Harry Potter craze slowly declines once more, some may feel symptoms of depression and anxiety while waiting for the next movie or novel to appear. As a fan myself, I understand these feelings and sympathize with those who feel abandoned for the time being. However, medical students do not have to go far—or spend \$59.99 on a Harry Potter “wand and cloak” package—to experience the wizarding world. At the risk of sounding like an 11-year-old boy and losing some adult friendships, I have decided to illustrate some of the similarities between Hogwarts School of Witchcraft and Wizardry and the UBC School of Medicine.

Looking at our equipment it is easy to see a stethoscope instead of a wand; a white jacket instead of a black robe; and piles of textbooks, just like Harry’s. The Life Sciences Centre is itself an uncanny representation of Hogwarts. Each first-year student has a cubby, just like each student wizard has a trunk, and once in a while the cubby is “magically” filled up with parchment notes by “secret elves,” whom I have never seen. Like the great hall where all wizards-in-training eat their meals, the LSC atrium is where med students congregate to eat their lunch. In the books, the room is magically enchanted so that the roof displays the weather outside; the LSC’s enormous skylights also serve that purpose. And one cannot go anywhere in the LSC without an “enchanted” magnetic key card, just like Harry and his friends

cannot go anywhere in Hogwarts without certain magical passwords.

Some of you may be thinking that these are simply coincidences, or the product of the overactive imagination of a med student destined for pediatrics. However, my friends, there is much more to tell.

While “quidditch” may be the sport that consumes the wizarding world, med students are not far behind with their soccer, hockey, volleyball and, of course, occasional game of broomball. And the VFMP, IMP, NMP, and Dents can easily be viewed as house teams like Gryffindor, Slytherin, Hufflepuff, and Ravenclaw.

What about the villains, you say. Simple. While Harry goes off to fight death eaters, trolls, giant snakes, and werewolves, we spend our time warding off our own “magical creatures” called *E. coli*, salmonella, strep, and staph. In fact, I spent most of my weekend in a vicious battle with our old friend shigella. And just like Harry has Hagrid to enthusiastically teach him about wonderful beasts, we have Dr. Ovalle (not nearly as hairy), who spares no excitement when professing his love for our microscopic enemies.

As I continue to examine this important topic instead of filling in my bacteria chart, I realize that our classes are almost straight out of the pages of the Potter books. Harry may be studying Herbology, Transfiguration and Defence Against the Dark Arts, but we certainly have our equivalents with Pharmacology, Anatomy and Communication Skills. And at the end of each year, Harry

must study hard for his final exams, called “O.W.L.s” (ordinary wizarding levels), while we must put in serious time to pass the objective structured clinical examinations, also known as OSCEs.

There are many other parallels one could draw. Just like Hogwarts students who often visit the village of Hogsmeade during their time off, many of us wander off to the village of UBC whenever we have time. Harry’s friends are a mixture of students who have wizarding parents (“pure-bloods”) and students who have one or no parents as wizards (“half-bloods”), while my friends are a mixture of students who have doctors as parents and those with no doctors at all in the family. And let’s not forget Hogwarts’ Yule Ball—a chance for students to interact in a formal, elegant manner, not unlike the spring Med Ball. And, of course, Hogwarts’ most-enforced rule of not practising magic outside of school grounds mirrors our golden rule of not handing out medical advice to random people on the bus.

So during those bleak study nights when viruses and alpha-1 antitrypsin are the last things you want to be looking at, and Doctor, Patient and Society papers and clinical skills readings are looming around the corner, take a moment and think: millions of children across the world are reading about us! Maybe it’s time we started looking into some copyright infringements . . .

Get in Touch • Stay in Touch

Take a moment to let us know what has been happening to you since graduation.



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UBC Medical Alumni Association Membership

Please find enclosed my annual sustaining membership fee of \$50 for January 1–December 31, 2006.

Your membership fee supports the cost of producing this newsletter, the operation of the Medical Student & Alumni Centre and events such as the AGM, Awards Ceremony and student functions. An increase in membership would make more funds available for projects to benefit both students and alumni. Queries about the expenditure of funds are welcome, and interested alumni can have a copy of financial statements. Your support is needed and appreciated.

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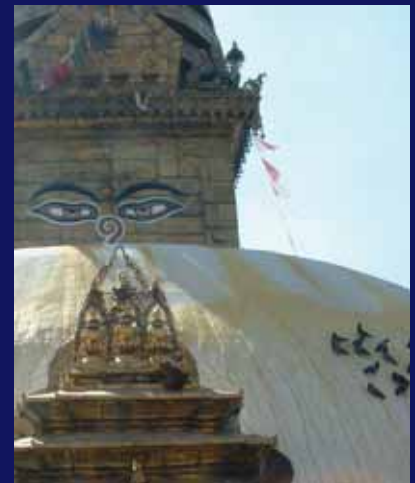
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