

Chez nous

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MCH EMPLOYEE NEWSLETTER

September 3, 2009

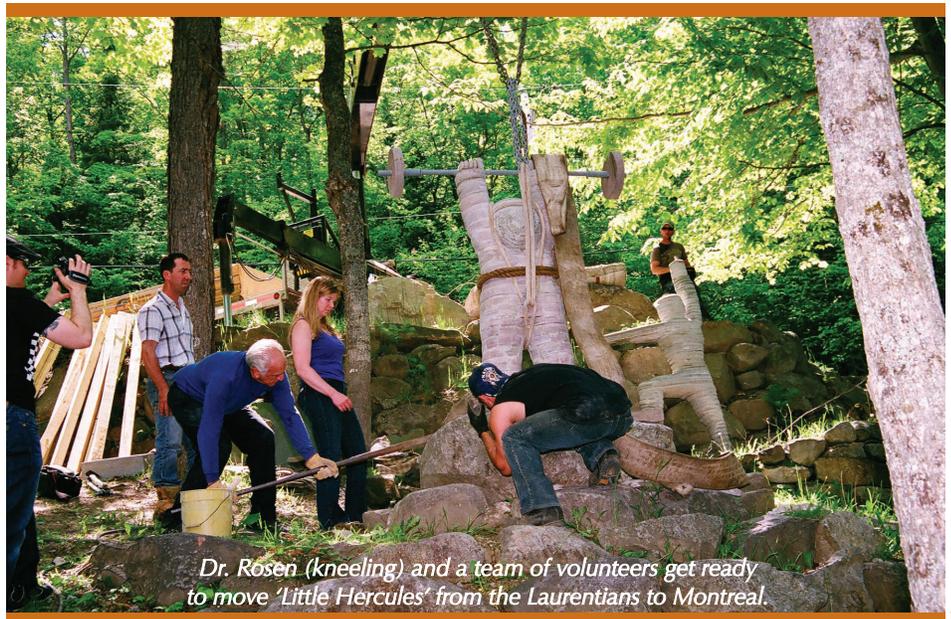
News

Little Hercules – “A Labour of Love”

By Teresa Di Bartolo, Manager, Architectural Services

In June 2009, a new stone sculpture was installed at The Montreal Children’s Hospital (MCH) and now graces its main entrance on Tupper St. “Little Hercules”, as it is known, was sculpted, donated and installed by Dr. Harry Rosen, Professor Emeritus, Restorative Dentistry and Prosthodontics at McGill University and one of the MUHC’s very own. With over 50 years of service, Dr. Rosen has spent his entire career at the MUHC practicing the art of dentistry and inspiring countless numbers of students and residents with his passionate teaching.

His love for sculpting and working with stones grew out of a project of necessity. After acquiring a county home in the Laurentians in the early 60s, he set out to move boulders from the lake so as to build a wall to prevent erosion. “When moving stones to clear an area of my lake, I realized that each stone had its own beauty,” explains Dr. Rosen. “I would expose these stones and find that each



Dr. Rosen (kneeling) and a team of volunteers get ready to move ‘Little Hercules’ from the Laurentians to Montreal.

Photo: S. Constantin

had a beautiful size, shape, colour or texture, and when I put these stones together it created a composition that was even more beautiful than the stones themselves.”

He will quickly tell you that his interest in art derives from his love of dentistry, which, according to Dr.

Rosen, is both “an art and a science”. He explains that, “In dentistry, first you deal with the task at hand by solving your patient’s problem. Then it takes a certain amount of creativity and restructuring, working with the elements that you are presented with, and in many instances, seemingly creating something out of nothing.”

(Continued on page 2)

We’re listening to you!

Chez nous opts for more environmentally-friendly printing



The recent *Chez nous* survey results (May 2009) told us that many of you have questions about paper and printing of the MCH newsletter. As many of you know, last year we reduced the number of copies printed for each issue (from 1700 copies to 1200 copies) since a number of staff are opting to read *Chez nous* online (www.thechildren.com/en/news).

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(Continued from page 1, Little Hercules – “A Labour of Love”)

The installation of the sculpture at the MCH was no easy feat, but it became a “labour of love” and a testament to the concept of “paying it forward.” Many different services, talents and trades were required for the realization of this installation. To quote Dr. Rosen, “A diversified team of enthusiastic volunteers was created for this project.” The fact is, many people were extremely touched and inspired by Dr. Rosen’s passion for his work and his commitment to getting Little Hercules to the MCH. Beginning with the transport company that moved the 6-foot, 2000 lb. sculpture from Dr. Rosen’s chalet in the Laurentians to the MCH, to the quarry which donated, delivered and installed a one-ton stone to form the sub-base of the installation and right up to the nurseries that donated and planted the shrubs and flowers surrounding the sculpture, people were so moved by Dr. Rosen’s generosity, that the majority of them in turn “paid it forward” to the hospital by providing their services for free. Of



Dr. Harry Rosen with 'Little Hercules' in front of the MCH

Photo : Daniel Héon

course the whole project could not have been realized without the hard work, tenacity and determination of Ms. Sherry Goldstein who generously gave of her time and was instrumental in the coordination of all the work surrounding this installation. Her indefatigable energy, her selfless

and unwavering commitment to this project, together with her ability to roll up her sleeves and take on any task required of her, ensured the success of this installation.

Little Hercules stands tall and transcends all race, religion and gender. Inspired by Dr. Rosen’s own grandchildren who wanted to be “stwrong” just like grandpa, it depicts a child wearing a cap backward and lifting a barbell above their head. It symbolizes the courage and strength of our young patients who are often afraid to come to the hospital or who must face painful and invasive treatments. As a recognizable landmark, Little Hercules will provide much comfort and reassurance as it represents something that is both familiar and inspirational.

** A video of the transport and installation of Little Hercules can be viewed on Youtube (Dr. Harry Rosen)*

(Continued from page 1, Chez nous opts for more...)

This fall, we’re taking it a step further: we’ll now print *Chez nous* on paper that is certified by the Forest Stewardship Council (FSC). FSC is an international certification and labeling system that guarantees that forest products purchased come from responsibly managed forests and verified recycled sources. Forests are certified against a set of strict environmental and social standards,

and fibre from certified forests is tracked all the way to the consumer through the chain of custody certification system.

It’s a smart choice for the environment – and a smart choice for the MCH. We’ll keep you posted in coming months about other suggestions from our survey that we’ll be incorporating into *Chez nous*.

Blast from the MCH’s Past

Did you know?

Today, when you come to the MCH you plunk down your medicare card and the costs are covered.

Did you know throughout much of the hospital’s early history, the majority of families could not afford to pay all or even part of the modest hospital fee? When the MCH first opened, the cost per patient day was 28 cents. Today the average cost per patient day varies

between \$2,080 and \$19,150 depending if the child is being treated in the ICU or on a regular medical unit. Records show that in 1938, for instance, only 3.8 per cent of families paid the full cost of treatment. Until Medicare was introduced, parents often spent years paying off their child’s treatment, and in the event that was impossible, the bill was simply cancelled.

New H1N1 poster

You may have noticed colourful new posters promoting the ways to prevent the spread of the H1N1 virus. The poster (shown below) was created to unify the hospital's look and message. The new H1N1 poster replaces a variety of others (see right) that can now be removed. Please take down the old posters from your area of the hospital. If you would like a new H1N1 poster please call Terry Séguin at ext. 24307.

Out with the old...

Look around your area of the hospital and feel free to take down any out-of-date, torn or ragged looking posters. Also, if there are any handmade directional signs, please call Material Installations at x24410. They can make professional looking signs at a very minimal cost. With your help we can keep the hospital looking tidy.

Aidons à combattre la grippe / Help stop the spread of the flu

Visiteurs: S'il vous plaît restreindre vos visites à moins de nécessité absolue. Vous aiderez à prévenir la propagation de la grippe.

Visitors: Unless absolutely necessary, please do not visit the hospital. This will help stop the spread of the flu.

Patients: Si vous avez un rhume ou une toux, veuillez suivre les consignes ci-dessous.

Patients: If you have a cough or a cold, please follow the steps below.

1. **Toux / Cough** / **Éternement / Sneezing**

2. **Lavez vos mains** / **Wash your hands**

3. **Toux et Fièvre = masque** / **Cough and Fever = mask**

Hôpital de Montréal pour enfants / The Montreal Children's Hospital / Centre universitaire de santé McGill / McGill University Health Centre

ARRÊT - STOP

SI VOUS AVEZ UNE TOUX, UN RHUME OU UNE GRIPPE, AVEC FIÈVRE:

PATIENTS ET FAMILLES: Dirigez-vous à la réception ou au personnel de la clinique dès votre arrivée.

PATIENTS AND FAMILIES: Please inform the receptionist or clinic personnel as soon as you arrive.

VISITEURS: SVP ne pas visiter jusqu'à la fin des symptômes.

VISITORS: Please do not visit until you are well. (If your visit is essential, contact the ward or unit personnel prior to visiting.)

... and in with the new

Please note, that you must obtain permission from Public Relations and Communications (F-372) to put up any posters on hospital walls. Anything that has not been approved will be promptly removed. Once you have permission to put up a poster or sign, you should use tacky gum (blue gum) ONLY. Never use Scotch tape or masking tape since they take the paint off the walls.

The Best Care for Children Campaign The Foundation thanks you!

Since May, The Best Care for Children Campaign has resonated deeply with staff at The Children's. The Foundation has already received many donations, from all departments and from every area of employment. The outpouring of generosity from the wonderful team at our Hospital is living proof of the importance we all attach to the construction of our new facility. Together, we are more determined than ever to build the new MCH. If you have not already contributed to The Best Care for Children Campaign, you can obtain a donation form by contacting Suzanne Korf at the Foundation at 29224. Thank you!

Shilvi—hard at work for the MCH!

The community phase of The Best Care for Children campaign will be launched this month and will include highly original billboard and mailing campaigns. Once again, our adorable Shilvi will be hard at work, spreading the word that Montreal will soon have a brand new pediatric hospital, equipped with latest technology. Look out for Shilvi, as well as Popo and Monoiseau.

And tell your friends and family too. As members of the MCH staff, you are our greatest ambassadors. We need all the support we can get in order to reach our goal of \$100 million for The Best Care for Children Campaign, to make the new MCH the best possible hospital—a hospital where the infrastructure, equipment and research facilities are state-of-the-art, for the benefit of our children.



Show your support for Dr. David Mitchell as he prepares to *Ride with Lance* on September 11



MCH oncologist Dr. David Mitchell is training--and fundraising—for the upcoming Cedars Tour de Lance '09 on September 11. The Cedars Cancer Institute is organizing this year's Tour de Lance which will see up to 50 cyclists ride with seven-time Tour de France winner Lance Armstrong in Mont-Tremblant, Quebec. Each cyclist

has committed to raising \$25,000—and the MCH's own David Mitchell is one of those riders. This is an important fundraiser for the Cedars, which supports the MUHC Cancer Care Mission by providing support to patients and healthcare professionals in the adult pavilions and, through its Sarah Cook Fund, at the Montreal Children's Hospital.

Every day, Dr. Mitchell works with young cancer patients and he knows first-hand how The Cedars Cancer Institute helps our patients in so many ways. If you'd like to support Dr. Mitchell and help him reach his fundraising goal, visit his Cedars Tour de Lance '09 web page and make a donation today: www.tourdelance.ca/bio/mitchell.html.

MCH's Sylvie Aucoin among finalists for new *Musique Plus* reality show

Sylvie Aucoin has had a busy summer. Not only does she work full time in the MCH Telehealth department but she's been auditioning for the upcoming *Musique Plus* reality show, *VJ recherché*.



Sylvie has long dreamed of a career in broadcasting and communications. "I'm a huge fan of all kinds of music," she says, "so I figured the *MusiquePlus* contest was tailor-made for me!" Out of 400 entries, Sylvie is one of 25 finalists who will appear in the first episode of *VJ recherché*, scheduled for Friday, September 11 at 8:00 p.m. That night, the jury will choose 11 finalists to take part in the three-month reality show. The 12th person – and this is where you can help – will be selected by the public. Voting takes place from September 1 to 11, online at www.musiqueplus.com/emissions/vj, so make sure to cast your vote early. Good luck, Sylvie!

Continuing Education

Pediatric Medical Grand Rounds

Wednesdays

8:00 a.m.

MCH Amphitheatre

September 16

Global Health: Sub-Saharan Africa - A Muzungu Perspective

Louise T. Auger, MD, PhD, FAAP, FRCP(C)

Associate Professor of Pediatrics

McGill University – Montreal Children's Hospital and

Gillian Morantz, MD

Social Pediatrics Fellow

McGill University – Montreal Children's Hospital

September 23

8:00 a.m.

Updates in Pediatric Food Allergies and Oral Immunotherapy

Dr. Jonathan Hourihane

Professor of Paediatrics and Child Health,

National University of Ireland, Cork

Consultant Paediatrician, Cork University Hospital, HSE, Southern Region

Research Institute Seminars

Mondays 12:00 noon, C-417

September 21

Pathogenomic Studies of Mycobacterium Tuberculosis and Mycobacterium Avium

Dr. Marcel Behr

Department of Medicine

McGill University

“I’m so mad, I could scream!” Do you rule your anger—or does it rule you?

All of us feel angry, at least occasionally. Most of the time we get over it quickly however, if we bottle it up, or worse, blow up, then anger becomes a problem.

Feelings of anger are a normal reaction to some situations beyond your control. They can also indicate that you are simply under too much stress. However, you need to look at how to deal with your anger if it’s:

- ▶ constantly on your mind for weeks and is harming your enjoyment of life,
- ▶ something that happened a long time ago,
- ▶ interfering with your ability to do your job,
- ▶ hurting your relationships with your family and friends.

Dealing with your anger

There are things you can do to deal with your anger as it happens. But you can also learn new approaches to help you better manage your anger in the long term.

Short-term solutions

- ▶ Admit you are angry. If you bottle up your angry feelings, they won’t go away, and they’ll keep coming out over and over again.
- ▶ Try not to over-react. Step back from the situation that is making you angry and ask yourself, “Is this situation really as bad as I am making it out to be?”
- ▶ Identify the source of your anger. If the actions or words of another person are hurting you, try to deal with him/her directly in a peaceful and productive way.
- ▶ Listen carefully to what others are saying to you, and let them finish without interruption. Don’t “jump in” after a few words; give people a chance to explain themselves.

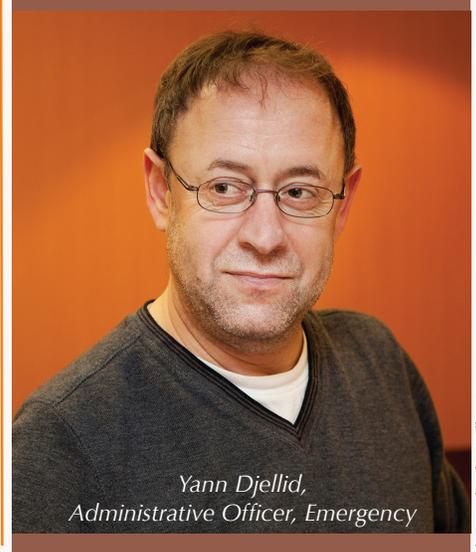
Long-term solutions

- ▶ If your anger is caused by something beyond your control, such as a job lay-off, find out how others have dealt with the problem successfully, and try to follow their lead.
- ▶ Avoid blaming yourself. It’s best to try to learn from your experiences and avoid making the same mistakes again.
- ▶ Reduce tension by finding time for physical activity such as a brisk walk, garden work, or cleaning the house.
- ▶ Learn a few stress management methods, such as relaxation and deep-breathing exercises, or try meditation to help clear your thoughts of day-to-day concerns.
- ▶ Talk to someone you trust who may be able to see things more clearly than you do.
- ▶ Seek help from a mental health professional, such as a psychiatrist, psychologist or social worker, if you think it will help. Your family doctor can give you a referral.

MCH Staff @ work



*Cassandra Lamontagne,
Housekeeping Attendant*



*Yann Djellid,
Administrative Officer, Emergency*

Photo: Claudio Calligaris

Awards and Nominations

Nominations of Nursing Educators at the MCH

Vincent Ballenas has accepted the position of Nursing Professional Development Educator for the medical and surgical areas, and

Violaine Vastel has accepted the position of Nursing Consultant in the emergency room. They started in their new roles on August 4.

Annie Capua has been appointed Interim Supervisor, Surgical Offices, in Ambulatory Services.

Lunch with Dr. Joe Schwarcz at the 3rd CNCP Annual General Assembly

The Council of Non-clinical Professionals (CNCP) is holding their annual general meeting on September 29 in D-182. The meeting is open to all members of the CNCP. There will be a lecture given by Dr. Joe Schwarcz at 12:00 noon. Please register ahead of time since lunch will be served.

The Chemistry of Love – Dr. Joe Schwarcz

This presentation features a light-hearted but scientific look at a topic of interest to all. The presence of sex

attractants in insects constitute the background to a discussion of analogues to these compounds in humans; “love molecules” that control our emotions from the initial attraction, to infatuation, and finally long-term attachment. The lecture includes a description of aphrodisiacs in history and of the more modern, and effective, analogues such as Viagra. This talk is of interest to anyone that ever has been, is at present or ever plans to be “in love”.

Pilates classes for MCH employees – Fall session:

Try one or more of the following classes:

On **MONDAYS**, 5:00-5:55 pm,
10 weeks, \$ 100 ,
starting Sept.14, 2009.

On **WEDNESDAYS**, 5:00-5:55pm,
10 weeks, \$ 100,
starting Sept.16, 2009.

For male and female employees.
2 classes per week: \$ 180.

REGISTRATION: Call Karen to reserve your spot before Sept. 11 @ 514-489-7717
Places are limited.
karenkunigis@hotmail.com

Come Celebrate International Literacy Day 2009 and The Centre for Literacy 20th Anniversary

When: Saturday, September 12

Where: Marché Vic Market
378 Victoria Avenue
Westmount, QC

Marché Vic Market cares about fresh food, health, and community—join in the fun as they show how to make fresh, organic, affordable meals that kids love!

Activities:

10:00 a.m. Healthy breakfast for kids

11:30 a.m. Healthy lunch for kids

1:00 p.m. Healthy snacks

Each session will have a 20-minute cooking demonstration plus a free recipe card for parents. You must register to participate (see right) and make a \$5 donation at the door.

2:00 p.m. Fran Avni, internationally acclaimed singer-songwriter/music educator/producer will perform from her collection of interactive songs for kids from 3 to 7 years old, **Rhythm And Rhyme Time: Snappy Songs For Little Learners** with an emphasis on fun songs about food.

Marché Vic has pledged 10% of the day's sales to the **Lire/Imagine/Read project at the MCH.**

Info: www.centreforliteracy.qc.ca or to register for the event, please contact info@centreforliteracy.qc.ca or (514) 798-5601.

Call for papers

Second Transcultural Health Conference – May 2010

Alberta Health Services and its partners invite clinicians, researchers, educators, advocates, parents, students, volunteers and members of community organizations to participate in the Second National Transcultural Health Conference. They are calling for submissions related to the conference themes:

- ▶ Overcoming racism/systemic discrimination, globalization, policy change and policy issues in transcultural health
- ▶ Fostering collaborative practice
- ▶ Constructing diverse forms of knowledge and practice
- ▶ Practicing advocacy
- ▶ Integrating/advancing cultural safety and cultural competency in practice
- ▶ Showcasing innovative practices

For details on the requirements for submission, visit www.sacyhn.ca.

Mini Med School at The Children's Fall 2009

Don't forget that the MCH Mini-Med School Fall 2009 season starts on Monday, October 6.

The six-part series will run until mid-November.

Places are still available in both the English and French series.

Visit mchminimed.com/2009/ for info and registration.

Ethics: a struggle with questions of life and death

By Lisa Dutton

A five-month-old boy is in the PICU. He has been in a car accident and is in very bad shape. The health care team tells the parents there is little to be done because the injuries are too severe. They want heroic actions but the little boy will have significant and irreversible brain damage. The parents are looking, hoping and praying for a miracle and insist that treatment continue no matter what.

Who is right and who is wrong, and who actually makes the decision to treat the child or let him go?

The MCH's clinical ethicist Kathleen Glass, DCL, and the chair of the MCH Ethics Committee, Franco Carnevale, PhD, may be called upon to help the health care team and parents come to a decision. Most often, parents and the health care team agree on a course of action. "But in those few cases where there is serious disagreement, there may not be a single right answer or wrong answer," says Dr. Glass. "There is simply an agreement everyone can live with."

When asked to assist in resolving ethical questions, the first thing Dr. Glass, who has a law degree in addition to bioethics training, does is eliminate options that are not supported by law. For example, allowing a 13-year-old to refuse necessary treatment without parental agreement is not allowed under law. Dr. Glass works with both the parents and health professionals--and the patient if appropriate--to come up with a solution. Occasionally, the Ethics Committee is convened to assist in resolving a dilemma, which happens about once or twice a year. The committee is composed of an interdisciplinary group of clinicians

who are not part of the patient's health care team, as well as a number of non-clinicians (e.g., Family Advisory Forum representative, ethicist, lawyer, ombudsman, senior hospital administrator, and pediatrics resident representative). It is important to



Franco Carnevale and Kathleen Glass

Photo: Daniel Héon

note that both the MCH ethicist and the Ethics Committee make recommendations only, and their recommendations are not binding. In the end, parents have the final say about their child's care. "Parents are the most suitable to judge what is in the best interest of their child," says Dr. Carnevale. "However, sometimes parents may express treatment preferences that can appear contrary to their child's interests."

In rare instances where a resolution is not possible, the hospital will go to court and ask a judge to limit parental rights to make a decision. One example of when the hospital turns to a judge is if a child of Jehovah's Witnesses needs a blood transfusion and the parents will not give consent. The hospital will ask a judge to overrule the parents.

The work of an ethicist isn't always easy, admits Dr. Glass. "Sometimes it can be tremendously emotional and difficult. There are cases in my mind that won't go away. But when you can find a solution to an ethical question, it can be very satisfying."

Both Drs. Glass and Carnevale agree that MCH health professionals have a high sensitivity for ethical issues and serious ethical dilemmas are usually avoided. "However, sometimes there really is no good outcome possible for the child and this brings a sense of tragedy," says Dr. Carnevale. "But ultimately, we are working to make sure the highest possible standards of health care are upheld."

Drs. Glass and Carnevale are both involved in teaching ethics and in ethics research. Also, the Pediatric Ethics Committee develops policies related to questions of ethics arising in health care. For example, the hospital's resuscitation policy was developed by the Committee for MCH Board review and approval. The ethicists also have more day-to-day responsibilities such as Dr. Glass's regular participation in interdisciplinary rounds in a number of units.

Both ethicists have witnessed a tremendous shift in the last few decades which has increased demand for their service. They say that in the 80s people were more concerned with placing limits on the treatment doctors provided to patients, asserting a "right to die". Today, many families want treatment to continue no matter what.

(Continued from page 7, Ethics: a struggle with questions...)

Dr. Glass notes that a few parents have incredible expectations of what health care professionals can do, which may be due to how health professionals are portrayed in the media. She cites recent research which found that on television, 75 per cent of patients are successfully resuscitated. Reality is closer to 15 per cent within a hospital.

However, when parents are looking for a miracle, when they wish to prolong life even just a few extra hours, or when there are doubts about the prognosis or treatment plan, then

there may be a question of ethics. It's at times like these that the delicate work of the MCH ethicists is called upon.

Did you know?

The MCH was the first hospital in Canada to hire a full time ethicist. Dr. Dawson Schultz was hired in 1984.



CONTINUING EDUCATION

Visit *Chez nous* online for a complete list of this month's Continuing Education events:
www.thechildren.com/en/news

www.thechildren.com

Moms blog at the MCH

The MCH website team has created a brand new initiative to attract web visitors. **Maman blogue à L'HME** et **A dose of reality – one mom's prescription for life with kids** are two new blogs by our webmaster, Denisse, the mother of one-year-old Frédérique, and by Julia, one of our writers and mother of Mya (7 years), Brooke (5 years) and Max (2 years). The blogs feature plenty of questions and words of wisdom from these two mothers who want nothing but the best when it comes to their kids' health and well-being. Using a mostly light and humorous tone, the blogs share little 'slices of life' with other parents... Denisse and Julia share their question and their concerns, but also information that they are able to pick up from healthcare professionals at the MCH—an advantage they can share with the many parents who don't have this opportunity in their daily work.

<http://mamanbloguealhme.wordpress.com/>

<http://momsprescription.wordpress.com/>

A new look for Child, Youth and Family Health Network website

The newly designed **Child, Youth and Family Health Network website** was launched on July 2 this year. Stemming from a partnership between the Network and the *Centre de recherche informatique de Montréal (CRIM)*, and created for all professionals concerned about the health and well-being of children, the site aims to be a tool to develop links between partners and to support knowledge sharing and communities of practices.

Easier navigation

Not only does the site have a new look, but it has also been reorganized to facilitate navigation. What's more, new functions have been added which better respond to needs as defined by a focus group made up of Network members from many regions served by the Network.

A site that brings it all together

These new functionalities will allow for the creation of links and exchanges between you and other members of the Network. Now, you can stay up-to-date on promising practices, share your experiences, and establish links with other practitioners who are opening new doors and seeking to innovate in the field. You'll also have the opportunity to create communities of practices in order to offer people from different areas who want to work together a virtual meeting space to share their viewpoints, documents, useful links and much more.

Visit the new site at www.reseaudesanteenfant.ca.

Katie's story

How epilepsy destroyed a promising future

By Lisa Dutton



Photo: Courtesy of Gabrielli Family

The Montreal Children's Hospital (MCH) is a home away from home for 16-year-old Katie Gabrielli and her mum Patsy. They have been coming to the MCH since Katie was five. "Katie has been at the MCH more than any child should ever be," says Patsy. "But she has never minded going to the hospital even when she knew she would have to undergo countless tests and procedures."

Katie's life was full of promise. Intellectually, she was far more advanced than other children her age; she even started school a year earlier than her peers. But it was not to be. On Easter Monday in 1999 Katie's life was altered forever. Katie had her first non-febrile tonic-clonic seizure. The five-year-old girl lost consciousness and suffered violent muscle spasms. The cause: intractable partial complex epilepsy, a form of this neurological disorder that responds poorly to medication.

A team of physicians from the MCH and the Montreal Neurological Hospital tried everything to control Katie's seizures. But 10 to 12 major seizures a day would overcome both her body and mind. The most severe lasted one and a half hours and left her in a coma and in hospital for months.

"At age six, Katie had exceeded maximum doses of all anti-convulsive medications. The tremendous amount of drugs made very little difference," says her mum.

Years of powerful medication and relentless seizures have left the 16-year-old intellectually handicapped. Her intellectual capacity is that of a five-year-old.

Patsy can't even begin to estimate the number of procedures Katie has endured. She reams off those that stand out most including two brain surgeries, and countless EEGs, telemetry tests, PET scans and MRIs. Katie even had major spine surgery because the seizures caused a significant curvature of her spine.

"I often wonder what could have been," says Patsy. "Every now and then, I see glimmers of a very bright child." Patsy says it is especially hard because her two youngest children are on the cusp of adolescence and are gaining their independence, but Katie continues to regress.

"It's painful to watch this happen to my daughter. Since her diagnosis we have developed a whole new family dynamic. My two younger children look after their big sister," says Patsy. "I had to quit my full-time job to provide Katie 24-hour care. My husband works ridiculously long hours to support the family." Despite the tragedy of Katie's story, Patsy remains upbeat and the family has taken the diagnosis in stride.

Today, Katie is still considered a very active epileptic with two to three major seizures a day. Despite her medical setbacks, she remains a happy child. She loves to swim and play soccer. A year ago, she joined the North Shore Cheerleading Team which has a "Dream Team" for intellectually handicapped youth. It was created in part by the West Island Association for the Intellectually Handicapped.

"Katie's brother and sister swim and play soccer. But the cheerleading is unique to Katie and she really, really enjoys it," says Patsy. "She is so very proud to put on her cheerleading costume. It has been a great activity for her."

As much as the MCH has helped Katie, the Gabrielli family has done much to help the hospital thanks to the Nickels for Neurology Fund started in 2001. To date, the family has raised \$81,000 for the MCH Neurology Department.

Lola Cartier

Clinical Manager of Medical Genetics

By Lisa Dutton

Severe: *Strict in judgment, control, strongly critical, sober or restrained.*
Merriam-Webster Dictionary

Severe is not an adjective most would ascribe to themselves. So you can imagine how surprised Lola Cartier was when she found out that's exactly how people describe her.

"I hear over and over again that I come across as a severe person," says Lola, Clinical Manager of the MCH Medical Genetics Department. But she says this is far from the truth. "I'm an open book, really." The good news is once folks get to know her they change their first impression.

Lola is celebrating her 30th anniversary at the MCH. She started as a volunteer and moved up the ladder to become the second in command of Medical Genetics.

She started at the MCH in 1979 having just completed an undergraduate degree in science with a major in genetics. Under the tutelage of Dr. Charles Scriver, she created a registry of female patients with PKU, a genetic disorder that can put the foetus of an affected woman at risk for congenital malformation.

"I volunteered for six months before saying to Dr. Scriver: 'I don't live on an inheritance. Can I please be paid?'" she recalls. "I loved the job and the place, but I needed to pay my bills."

The hospital managed to hire Lola part time. Coupled with a part-time research assistant position at McGill she avoided dining at the local soup kitchen.

She eventually began working at the MCH full time, discussing the advantages, risks, and limitations of amniocentesis with pregnant women

of advanced maternal age, at risk for chromosome abnormalities.

At the time, the profession known today as Genetic Counseling was emerging. In 1985, McGill became the first Canadian university to offer a Masters Degree in Genetic Counseling. Lola completed the M.Sc. in genetic counseling, and since the program's inception she has supervised the students during their clinical training.



"I love genetic counseling! You are never bored. The field of genetics is constantly evolving so you have to keep learning to keep up," she says.

In the last year, Lola accepted a new challenge. She became the Clinical Manager of the Genetics Department. Basically, she executes the director's vision developing new services, and participating in creating service quality improvement measures.

"I never aspired to management," says Lola, admitting that it has been a steep learning curve and she misses working with patients. In fact, whenever possible, she fills in for counselors who are sick.

But she is excited about being part of the department's reorganization. The two main goals are making sure that, when necessary, genetic counselors and/or geneticists are part of the hospital's various health teams, and improving outreach to communities within the McGill RUIS.

Regarding the latter, the department recently started offering genetic counseling via telemedicine and Lola says the difference is like night and day. Previously, for example, when a pregnant woman from a northern community had an appointment with a genetic counselor she would fly to Montreal by herself. Often she would have to make very difficult decisions alone. Lola notes that these women were worried, bewildered and scared, and during their appointment they hardly said a word. During a recent counseling session via telehealth, Lola met with a woman, her husband, her sister and the local nurse via the Internet. "The mum talked and talked," she says. "This is good health care."

*Note: If you'd like to recommend one of your colleagues for 'Our People', please send us their name with a few words about why you'd like to see them featured in *Chez nous* (email us at info@thechildren.com or send a fax to ext. 24343).*

La Fondation de l'Hôpital de Montréal pour enfants  The Montreal Children's Hospital Foundation

All information or announcements must be sent to Public Relations and Communications no later than 5:00 p.m., Friday, September 11. Remember: the texts must be in English and French, on diskette or sent by e-mail: info@thechildren.com. Info: ext. 24307



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