

# QMR

QUEEN'S MEDICAL REVIEW

## SPORTS

VOLUME 3  
ISSUE 2

APRIL  
2010

# FROM QUEBEC CITY TO VANCOUVER

Queen's Medicine  
joins in the games!

*The Queen's Medical Review gratefully acknowledges the financial support of:  
Queen's Alma Mater Society  
Rural Ontario Medical Program  
Eastern Regional Medical Education Program*

# CONTENTS

## REGULARS

- 2 From the Editors
- 3 Internal News  
AMY GLICKSMAN  
RENEE PANG
- 4 News in Medicine  
ZAINAB KHAN  
JACQUELINE WILLINSKY
- 8 Alumni Profile  
DR. ANDREW PIPE  
JOSHUA HALPERIN  
MYKOLAS KASPERAVICIUS
- 10 Point-Counterpoint  
"DOES THE NEW QUEEN'S ARC MEET MEDICAL STUDENT EXPECTATIONS?"  
MATTHEW WHITE  
ERIK VAN OOSTEN
- 25 Crossword  
CHRISTOPHER AHUJA

## FEATURES

- 5 H1N1 Update  
CHRIS AHUJA
- 6 Sex, Sport and Scandal  
SARAH LEONARD
- 14 Photo Contest  
TOP ENTRIES  
DIANA DIACONESCU  
LIISA JOHNSTON  
SARAH LEONARD

## COMMUNITY

- 12 Queen's Medical Student Carries the Torch!  
DANIEL ABRAMOWITZ
- 16 Queen's at MedGames 2010  
ERNEST EBERT
- 17 With Glowing Hearts  
OUR VANCOUVER 2010 OLYMPIC EXPERIENCE  
WHITNEY SMITH  
MARK ROBINSON
- 18 MedGames Reflection  
MEDGAMES PURSUES THE IDEALS OF THE OLYMPIC GAMES  
KATRIN DOLGANOVA
- 20 Beantown 2010  
HISTORY OF MEDICINE TRIP: BOSTON  
THURARSHEN JEYALINGAM
- 21 Cross-Country  
KINGSTON HOSTS THE FISU WORLD CHAMPIONSHIPS!  
ELIZABETH MILLER
- 22 Rugby Championship  
GAELS CAP UNDEFEATED SEASON WITH MEN'S OUA WIN  
UJASH SHETH
- 23 Queen's Suffers Nail-Biting Epidemic  
A POLISHED LOOK AT THE SUCCESSES OF THE GAEL'S 2009 FOOTBALL SEASON  
CHRISTINA DISIPIO
- 24 Importance of community  
JESSICA MOE



*Cover image  
name  
artist*

# QMR

## EDITORS IN CHIEF

Elizabeth Miller  
Sarah Kawaguchi  
Jennifer Lee

## SECRETARY

Katrin Dolganova

## TREASURER

Daniel Anselm

## LAYOUT EDITORS

Ana Bradi  
Jennifer Gao

## EDITORIAL BOARD

Idara Edem  
Ujash Sheth  
Amy Glicksman  
Sarah Leonard  
Muhammad Ali Furqan  
Filgen Fung  
Mercedes Pilkington  
Amanda Abate  
Tim Nguyen  
Aliya Nurmohamed  
Danae Krahn  
Jessica Moe  
Elizabeth Nguyen  
Andrei Vagaon  
Jaspreet Rayat  
Danyela Lee  
Carolyn Pasko  
Igal Raizman  
Sarah LeBlanc  
Katrin Dolganova  
Elizabeth Tai  
Lori-Anne Noyahr

## INTERNAL NEWS

Amy Glicksman  
Renee Pang

## EXTERNAL NEWS

Zainar Khan  
Jacqueline Willinsky

## FACULTY ADVISOR

Dr. Jacalyn Duffin

The views and opinions expressed are of the original authors and are not necessarily representative of the views of the Queen's Medical Review, the School of Medicine or Queen's University

Please address all correspondence to:  
Queen's Medical Review  
c/o Undergraduate Medical Office  
68 Barrie Street  
Kingston, ON, K7L 3J7

E-mail: [queensmedreview@gmail.com](mailto:queensmedreview@gmail.com)

## From the Editors

The 2010 Vancouver Olympic Games swept Canadians up in a flurry of patriotism, pride, excitement, and hope: feelings that radiated throughout the nation, and unified us over a common goal. The celebrations of our teams' successes were an incredible demonstration of the passion that Canadians have for their athletes and for their country. The teamwork displayed by our athletes is similar to the teamwork involved in the medical profession. In this issue, we recognize the importance of sport to Canadians and to the medical community alike. The games brought with them a wonderful sense of community that we hope to share with you.

While many of us eagerly glued our eyes to TV screens and celebrated the victories in Kingston, a few students had the opportunity to travel to Vancouver and see the games live. Whitney Smith and Mark Robinson share their experiences as spectators, and Daniel Abramowitz shares his story as an official torch carrier. With countless travelers congregating to Vancouver from all areas of the globe to cheer on their athletes, Chris Ahuja ties in his thoughts about the resurgence of H1N1 and its implications.

Our alumni profile writers, Myk Kasperavicius and Joshua Halperin, had the fantastic opportunity to speak with Dr. Andrew Pipe (Meds '74), a leading expert on smoking cessation, prevention of cardiovascular disease through physical activity, and drug use in sport. He is also a member of the Canadian Olympic Hall of Fame.

The camaraderie and exhilaration of the Olympic Games were similarly experienced by Queen's medical students who competed in the annual MedGames in Quebec City. Katrin Dolganova and Ernest Ebert reflect on this memorable weekend.

Back at home, Queen's Gaels had successful seasons on both the rugby and football pitches. Ujash Seth and Christina Disipio describe the highlights of what was a phenomenal fall season for Queen's athletes. Queen's had also gone through a myriad of infrastructural changes which includes the addition of the new Queen's Athletics & Recreation Centre. Does the centre meet the expectations of medical students? Matthew White and Erik van Oosten will sway you in either direction in this issue's "Point-Counterpoint".

Sarah Leonard provides insight into some of the issues regarding health, sex and sport, in regards to the controversy over Castor Semenya's win of the women's 800m race at the 2009 Track and Field World Championships.

Medical students had the opportunity to travel to Boston to learn about medical history from our beloved history of medicine teacher, Dr. Duffin. 2013 class president Thurarshen Jeyalingam shares his experiences.

Memorable athletic moments and beautiful scenery were captured by talented medical students on camera. Their work is displayed in the issue.

Finally, Jessica Moe reminds us of the importance of community for our own health and wellbeing.

Thank you to Canada's athletes for their inspiration! Thank you to our team of writers and editors who have made this issue a wonderful piece to share. Thank you to our faculty advisor Dr. Jacalyn Duffin, for her guidance and wisdom. Thank you to our readers for being such an important part of our community. We hope you enjoy this issue!

*Elizabeth Miller Sarah Kawaguchi Jennifer Lee*

Elizabeth Miller Sarah Kawaguchi Jennifer Lee

*Editors in Chief*

# Internal News

BY AMY GLICKSMAN AND RENEE PANG

## TIME CAPSULE

With the building of the new medical school, current medical students are undertaking the creation of a time capsule to commemorate their experiences at medical school in the present day. They will have the opportunity to place objects representing their daily life at Queen's into a time capsule to be buried in the new medical building. The time capsule will be uncovered in twenty-five years at a great celebration! Students and faculty will also be invited to select the tools, tests and exam findings that are important to different specialties and have important meanings historically, and even in present-day medicine. These items will be displayed artistically throughout the new building.

## GLOBAL HEALTH GALA

The annual Global Health Gala, organized by the Global Health Working Group, will take place March 25th at the University Club. For the past three years, this formal event has succeeded in raising between three and four thousand dollars. This year's event will see profits donated to Save a Child's Heart, an organization that provides medical and surgical care to children with cardiac conditions living in developing countries.

## THE STUDENT GIFT TO THE NEW MEDICAL SCHOOL

Last semester, more than eighty percent of medical students voted in the November referendum in favor of pledging five hundred thousand dollars toward the creation of the new School of Medicine building. The funding will come from an annual one hundred dollar donation from each medical student, in the form of an 'opt-outable' fee. Students

who participate will receive a tax credit for their donations. Additionally, the Aesculapian Society has donated ten thousand five hundred dollars of its own funds toward the new building. A fantastic gift for Queen's Medicine and for future medical students!

## MENTORSHIP GROUP TRIVIA NIGHT

Whether it was to test one's wit or random knowledge, Trivia Night was an exciting night for all medical students and faculty. This is the annual flagship event organized by the Mentorship Group Program every winter. The Mentorship Program is unique at Queen's, providing students with guidance from upper years, residents, and faculty in an informal environment. This year's event was held at the Grizzly Grill on Princess St. on March 2nd. It was a great success, with fierce competition and a great turn-out!

## AESCULAPIAN SOCIETY STUDENT RESOURCES COMMITTEE


The Aesculapian Society Student Resources Committee was formed in January in an effort to promote the use of clinical resources by students. Co-chaired by AS President Taylor Loughheed and AS VP Internal Christopher Trebb, the committee includes volunteer members from all four graduating years. The mandate of the committee is to assess the current usage of library resources and to identify any barriers for students in using the current resources offered through Bracken Health Sciences Library. By enhancing accessibility, comprehensiveness, and usability, the committee will improve the quality of

the library's collection and increase user quotas while maintaining efficiency with resources. The committee is currently searching for interested individuals to participate. Please contact [vpinternal@qmed.ca](mailto:vpinternal@qmed.ca) for further information.

## HISTORY OF MEDICINE TRIP TO BOSTON

On the weekend of January 22, fifty-five Queen's medical students took advantage of a unique opportunity to explore the history of medicine in Boston, one of the earliest and most prestigious medical centres in North America. The History of Medicine trip was organized under the guidance of Dr. Jacalyn Duffin by both Jennifer Baxter (2012) and Brian Chan (2013), and included 29 students from the class of 2013 and 26 students from the class of 2012. The trip was a breathtaking success, including tours of historical institutions and collections such as the EtherDome at Massachusetts General Hospital, Countway Library and Rare Books Museum at Harvard Medical School, and a brief tour of the Warren Anatomical Museum.

## INTERVIEW WEEKEND

This year, 530 candidates will travel to Kingston to interview at Queen's during the month of March. Interviews will take place during the weekends of March 6 and March 27. Along with the traditional interview video and speech from faculty to candidates, the weekends will include activities organized by the first-year class. There will be campus tours, Kingston bus tours, as well as billeting and transportation from bus terminals and airports. Among events and icebreakers scheduled so far, highlights include social mixers at the CoGro, dinner at Megalos, and a Martini party at Medshouse. 

# News In Medicine

## A LOOK AT MEDICINE OUTSIDE OF QUEEN'S

BY ZAINAB KHAN AND JACQUELINE WILLINSKY

### SMILING OVER SICKNESS

Smiling Over Sickness is an event run by the University of Ottawa's Faculty of Medicine. February marked this annual fundraising event, which involved a game of hockey between the Ottawa 67's and the Barrie Colts. The proceeds from the tickets, as well as money raised through shaving initiatives, were donated to the Childhood Cancer Foundation to help fight pediatric cancers. 10" or more of hair shaved helps make a wig. Congratulations to the University of Ottawa for their fantastic efforts!

### CHOCOLATE LOVERS MAY BE LOWERING THEIR RISK OF STROKE!

Giving chocolates to your Valentine may help lower his or her risk of stroke, based on a preliminary study from researchers at St. Michael's Hospital in Toronto. The study, which will be presented at the American Academy of Neurology in April, also found that eating chocolate may lower the risk of death after suffering a stroke.

Read full story: [http://www.stmichaelshospital.com/media/detail.php?source=editorial/articles/media/media\\_releases/20100211\\_mr](http://www.stmichaelshospital.com/media/detail.php?source=editorial/articles/media/media_releases/20100211_mr)

### SHORT-TERM RADIATION THERAPY SUCCESSFUL IN BREAST CANCER

An intense three-week course of radiation therapy is just as effective as the standard five-week regimen for women with early-stage breast cancer. This study was conducted by Dr. Tim Whelan, a Professor of Oncology at the Michael G. DeGroot School of Medicine at McMaster University.

Read full story: [http://fhs.mcmaster.ca/main/news/news\\_2010/radiation\\_treatment\\_for\\_breast\\_cancer.html](http://fhs.mcmaster.ca/main/news/news_2010/radiation_treatment_for_breast_cancer.html)

### UBC FACULTY OF MEDICINE MEMBERS TAKE THE TORCH IN WHISTLER

Dr. Gavin Stuart, UBC's Vice-Provost and Dean of the Faculty of Medicine, was among 20 runners representing the British Columbia Medical Association during the Olympic torch run for the 2010 Winter Games in Vancouver. The British Columbia Medical Association team, which ran with the torch in Whistler on February 5th, included nine other members of the Faculty of Medicine!

Read full story: [http://www.med.ubc.ca/media/BCMA\\_torch\\_relay.htm](http://www.med.ubc.ca/media/BCMA_torch_relay.htm)

### JEFF TURNBULL'S DRUG RECYCLING EFFORTS

Jeff Turnbull, former president of the College of Physicians and Surgeons in Ontario and member of the Queen's School of Medicine Class of 1978, is the founder of the Inner City Health Project in Ottawa, an organization that aims to provide health care services to Ottawa's homeless community. Part of the group's mandate includes a drug recycling program, in which unused prescription drugs are donated to homeless people by pharmacies and hospitals in order to provide drug therapy to those who cannot afford it. This is one of Canada's first efforts of its kind, as each province has numerous regulations against the redistribution of drugs. Various organizations in the U.S. have launched drug recycling programs, which have generally proven safe and effective.

### NEUROARM GOING GLOBAL

neuroArm™ is the first robotic surgical tool for use inside an MRI machine. It can perform minimally invasive yet extremely precise neurosurgical procedures. It was created by researchers at the University of Calgary and is currently in use at Calgary's Foothills Medical Centre. IMRIS Inc, a leader in image guided therapy, is bringing neuroArm™ to the international marketplace.

### LANCET RETRACTION

A 1998 paper showing a link between the MMR vaccine and autism was retracted from the Lancet because of new evidence that its conclusions were based on unethical and incorrect research. The article prompted many parents to refuse vaccination for their children, leading to infectious outbreaks and several deaths. The medical license of Dr. Andrew Wakefield, the author of this paper, is currently at stake.

### NOSM'S IMPACT

The Northern Ontario School of Medicine and the Centre for Rural and Northern Health Research revealed the results of a study that examined NOSM's impact on medical care in northern Ontario. Results were extremely positive from a socio-economic perspective. The school and its students generate up to \$82 million of economic activity annually, and NOSM employs several hundred people across the region. ☐

# H1N1 Update

BY CHRIS AHUJA

With the 2009 resurgence of H1N1, the world entered a bewildered health care gridlock. Striking a balance between cautious observation and total lockdown was at the forefront of many political agendas. Whether contemplating sanctions on travel or public congregation, global leadership was tested as nations haphazardly tread through murky waters. Through delivery of vaccine en masse or launching management guidelines, the public hysteria needed to be subdued at any cost.

Enter 2010 and the media frenzy has subsided. The fearsome swine flu predator has lost its claws and become commonplace, pushed aside in our minds by the majesty of Vancouver's Olympic Winter Games. Pandemic feelings of uneasiness were replaced with thoughts of crisp B.C. snow and pride in our athletes. However, the two are not mutually exclusive, for in the glory of the games lurks the greatest potential for pathogen outbreak.

## THE ENEMY

Known colloquially as swine flu, H1N1 is a rearranged mix of human, avian and swine influenza viruses. While normally accounting for a small percentage of seasonal influenza infections, 2009 saw an unprecedented surge in infection rates emanating from a Mexican epicenter. Person-to-person transmission usurped containment measures early in the pandemic sweep and created a sense of vulnerability. Virulence (disease causing ability), however, is no greater than that of seasonal influenza strains. Fever, chills, cough, sore throat, body aches and fatigue are what you can expect with infection. Disquietude over H1N1 likely stems from the young age of hospitalized patients. A 1976 outbreak immunized most of the baby boomers, leaving only younger populations as potential hosts. While the assailability of children and working populations is concerning, the magnitude of anxiety and knee-jerk responses should be afforded the greatest attention in retrospect.

## LIFE BY VIRUS

The most radical of these responses were employed in Mexico. Six million surgical masks were distributed in heavily populated Mexico City. Schools, libraries, museums and shops were closed for weeks, while normally bustling airports and bus terminals underwent quarantine procedures. The peso's value tumbled during an already hard-hitting world recession, as Mexico withdrew \$50 billion from the International Monetary

Fund to defray costs of a screeching 12-day economic halt. The rest of North America was not spared overreaction. Canada and the United States ordered hundreds of millions of vaccine doses, distributed more antivirals than ever before, and shut down thousands of schools. Emergency room wait times shot up, delaying treatments for non-flu patients. The costs were exuberant, and the health care burden tremendous.

While the measures undoubtedly blunted the spread of H1N1, their exigency may never be known. Nonetheless, that is the cost of living in fear of the unknown. That is life dictated by a virus.

The 2009 outbreak was not an isolated phenomenon. 2005 bird flu and 2002 mad cow scares saw the extermination of millions of animals as a preventative measure. A single case of mad cow in 2006 created a month-long Canadian beef import restriction in the U.S. Thousands of farmers saw their livelihoods stripped as their livestock were slaughtered in a matter of weeks. But that is the sacrifice of life by virus.

## ECONOMICS OF ILLNESS

From the ashes of fear, some do rise. Canada opened the coffers, spilling \$400 million for H1N1 vaccine. The U.S. earmarked over \$2 billion. Revenues flowed into the pockets of drug-makers Sanofi-Aventis, Glaxo Smith Kline, Roche and Novartis. Fueled by media coverage, these manufacturers realized incredible gains in influenza vaccine margins. CNN predicted worldwide deaths in the millions and reported extreme vaccine shortages, while concerned viewers tuned in for the updates. However, once the dust settled and the populous regained their wits, an eerie trend emerged. Worldwide mortality reached 25,000, 50% vaccine shortages became 25% vaccine surpluses, and the greatest threat to the 21st century became toothless.

What started the hysteria that fueled national debt? An early set of World Health Organization (WHO) reports calling H1N1 a global pandemic of true scale. Reports providing the foundation for France's \$600 million vaccine order. Reports generated by think tanks of vaccine experts from Glaxo Smith Kline, Sanofi-Aventis and Novartis. A poor choice of 'expert opinion'? Likely, but such drastic action cannot be blamed on a single mistake. It is entrenched in our 21st century life-by-virus mentality. The seed was sown with the 2005 avian flu outbreak when panicked governments employed 'sleeper' contracts for

# Sex, Sport and Scandal

BY SARAH LEONARD

If South African sprinter Caster Semenya had not become an international sensation when she won the women's 800-metre race at the 2009 World Championships, the issue of eligibility for athletes of ambiguous sex in competitive sport would not have been publicly revisited over the past six months. Nevertheless, 18-year-old Semenya's performance was overshadowed by leaked reports that the International Association of Athletics Federations (IAAF) had demanded that she undergo sex verification testing following gossip among her competitors that she looked like she could be a man. Essentially, her rivals accused her of cheating by competing as a woman despite their belief that she is male. This case raises complex questions related to multiple definitions of biological sex, the spectrum of human sexual characteristics, and the politics of sex and sport.

Semenya has a muscular physique and a light dusting of facial hair, characteristics that have prompted several people to mistake her for a man. Considering that the prevalence of androgen excess in women worldwide is about 8%, these may not be unusual features. She could have elevated androgens due to polycystic ovarian syndrome, an androgen-secreting tumour or other physiologic mechanism resulting in altered androgen biosynthesis or metabolism. Her physique and hair growth may simply be examples of natural variation. Alternatively, she may be intersex and have multiple characteristics that correspond with society's dominant understandings of both maleness and femaleness. She is not likely a man deliberately posing as a woman in a compulsive bid to win a gold medal by fraud, and it is unfair that such accusations were lofted as the world was made aware of the IAAF's request that Semenya undergo sex verification testing.

Medical experts convened by the International Olympic Committee (IOC) to discuss sex verification testing assert that it is an issue of medical concern and not competitive fairness. They argue that identification and treatment of underlying causes of typically masculine characteristics are important for an athlete's health. In some cases, such as diagnosing a malignant androgen-secreting tumour, it may be true that identifying and treating the condition would be beneficial. Nevertheless, this attitude rebuffs the athlete's right to choose to pursue or deny medical testing and treatment independently, and does not comply with the ethical principle of respect for autonomy.


It is also important to recognize that such an attitude labels extremes of human variation as pathologic when they do not conform to society's view of normal. Medicalizing human variation in this case condones discrimination based on sex, where people who do not fit so neatly into the socially-constructed categories of "normal female" and "normal male" are excluded. We would not tolerate disqualifying athletes based on other extremes of human variation that grant them competitive advantage. Fourteen-time Olympic gold medalist Michael Phelps' hypermobile ankles, large flipper-like feet, and extremely broad arm-span help him to outpace other swimmers; Shaquille O'Neal's height and overall large physique give him a competitive power advantage over many opponents on the basketball court. The massive popularity of individuals such as Phelps and O'Neal serves to illustrate that consumers of elite-level sport celebrate the strongest, fastest, most powerful athletes for pushing beyond our previous understandings of athletic achievement and breaking records previously believed to be the pinnacle of human capability. We are no less impressed with brilliant athletes of unremarkable size and strength such as Wayne Gretzky or with those whose effort and character promote their success despite their physical limitations. The notion of creating a level playing field and ensuring perfect fairness in competition is pure fantasy. Unusual traits can tip the balance, and as a society we generally approve except in cases of deliberate cheating and doping.

In Semenya's case, the most striking injustice seems to be the public revelation of the IAAF's request for sex verification testing. Although the IAAF insists that questions of an athlete's sex are typically handled with the utmost confidentiality, information about its request for sex verification from Semenya was leaked to the press shortly before her race. She was allowed to keep her medal because there was no evidence of deliberate cheating, but it is unknown whether she will be permitted to compete as a woman in the future, and the results of her many physical and psychological tests will not be made public.

Interestingly, tests were requested despite the IAAF's lack of any clear policy or procedure to use the test results in any decision about Semenya's future competition eligibility. Many athletic organizations, including the IOC and IAAF, have agreed to handle these sensitive situations on a case-by-case basis. However, because the issues are so complex, it seems unlikely that any organization will develop effective



guidelines for deciding an athlete's eligibility when his or her sex is ambiguous or questioned by jealous opponents in the near future.

It is beyond the scope of this discussion to propose solutions for such complex questions within the practical context of sex-segregated sport. There have been several past cases of athletes with biological variations such as androgen-insensitivity syndrome who were stripped of medals and disqualified from competition, many of whom would be permitted to compete today. One such example is that of the 1980s Spanish hurdler Maria José Martínez-Patiño who won back the right to compete following disqualification. Clearly, controversy over the categorization of intersex and transsexual athletes is longstanding. Such controversy will unfortunately persist until the medical community and society as a whole are better able to understand the complexities of biological sex and natural variation. 

*Author's note: This article is written from a medical perspective, and the author is by no means an expert in current sexual identity theory. Should there be inaccuracies in this regard, the author welcomes further information and feedback to sarah.leonard@queensu.ca.*

References:

Carlson, Alison. "Suspect Sex." *The Lancet*. 366 (2005): S39-40.

Dreger, Alice. "Where's the Rulebook for Sex Verification?" *The New York Times* August 21, 2009, sec. D: 1.

Genel, Myron, and Arne Ljungqvist. "Gender Verification of Female Athletes." *The Lancet*. 366 (2005): S41.

Kolata, Gina. "Gender Testing Hangs before the Games as a Muddled and Vexing Mess." *The New York Times* January 16, 2010, sec. D: 2.

Kolata, Gina. "I.O.C. Panel Calls for Treatment in Sex Ambiguity Cases." *The New York Times* January 21, 2010, sec. B: 23.

Longman, Jere. "South African Runner's Sex-Verification Result Won't be Public." *The New York Times* November 19, 2009, sec. B: 10.

Martínez-Patiño, María José. "A Woman Tried and Tested." *The Lancet*. 366 (2005): S38.

Sabatini, Luca. "Androgen Excess." *WebMD*. August 18, 2009. <<http://emedicine.medscape.com/article/273153-overview>>.

Slot, Owen. "Caster Semenya Faces Sex Test before She can Claim Victory." *The Times* August 20, 2009.

Wilkinson, Emma. "Q&A: How do You Define Sex?" *BBC News* September 11, 2009.Text

Discover what the  
**Rural Ontario Medical Program**  
 can do for you...



3rd and 4th Year Core & Elective Rotations in Rural  
 Eastern Ontario  
 Minimum of 4 consecutive weeks.  
 Funded by the Ministry of Health and Long Term Care.  
[www.ermep.com](http://www.ermep.com)  
 1-866-903-7637



- Core and elective rotations in family medicine and select specialties
- Accommodation and travel funding for clerks and residents
- Faculty development
- Preceptor funding

Providing clinical experiences to medical trainees for over twenty years.



Toll Free: 1-877-445-7667  
[romp@romponline.com](mailto:romp@romponline.com) ~ [www.romponline.com](http://www.romponline.com)

...New preceptors always welcome!



Rural Ontario Medical Program

# Alumni Profile: Dr. Andrew Pipe

BY JOSHUA HALPERIN AND MYKOLAS KASPERAVICIUS

*Dr. Andrew Pipe was a member of the Queen's medical class of 1974. He has since become one of Canada's leading experts on smoking cessation, prevention of cardiovascular disease through physical activity, and drug use in sport. He is also deeply involved in sports medicine, serving as the National Men's Basketball Team Physician since 1978. He has previously served as Chair of the Canadian Centre for Ethics in Sport from 1989 to 2003, and was extensively involved in the development of the Ottawa Model for Smoking Cessation. He is currently the Chief of Prevention and Rehabilitation at the Ottawa Heart Institute as well as the chair of the Physical Activity and Health Committee of the College of Family Physicians and of the FINA Doping Control Review Board. His extensive awards for his work as a researcher and physician include being a member of the Canadian Olympic Hall of Fame, an honorary life member of the Canadian Council on Smoking and Health, Honourary Chair of Active Health Kids Canada, the Queen's Golden Jubilee Medal, and the Order of Canada, among others. We had the privilege of speaking with Dr Pipe about his successful career, and he answered all of our questions.*



Dr. Pipe, can you describe how you became interested in preventative medicine?

I think as soon as I became a medical student and started to see patients I was struck by how many of those individuals had health problems that were often almost completely preventable. Early in my practice-days, I had a young man with lung cancer die in front of me and his wife because of a massive hemorrhage – the tragedy of that totally preventable death made me realize that the tobacco industry had a lot to answer for in our society, and this event started my interest in tobacco-related issues.

What is a typical day like for you?

There's really no such thing as a typical day, which is one of the reasons why I love a medical career. Normally, on Mondays and Tuesdays I see patients in clinic, and on the other days I'm involved in a variety of other administrative, research or educational activities. I'm usually travelling somewhere at least once a week to give a talk, present rounds, or attend a committee meeting. I'm also privileged, as a consequence of my ongoing involvement in sport, to travel with teams (soccer and basketball) or sport-related boards or committees. So I also get the opportunity for frequent, extensive international travel as well.

Weekend trips to Europe – leave Friday night, back in clinic on Monday – are not uncommon. My life is definitely busy, but “you never have to work as long as you're doing things you love!”

With your experience in high-level sport, can you comment on the prevalence of performance-enhancing drugs?

One of the great things about sport is that you see all that is remarkable and inspiring about humans, but contrary to this is that you also get to witness some of the more depressing sides of human nature. There will always be those who seek to unfairly gain advantage, falsify accomplishment, or transgress certain accepted standards – be they accountants who falsify records, doctors who participate in insurance fraud, lawyers who abuse trust funds, or athletes who try to enhance performance pharmacologically. My experiences have taught me never to be surprised by what athletes (or more typically, their advisors, doctors or trainers) may attempt in order to gain advantage via pharmacological or physiological manipulation. But I remain convinced that the overwhelming majority of athletes do not participate in such activities. It's to protect the integrity of sport and the opportunity for fair-play that the expenditure of energy and resources in doping control is, in my view, justified.

What is your most memorable experience with the national men's basketball team?

There have been almost too many to count in the course of the past 30 years, but beating the U.S. and then Yugoslavia in 1983 to win the Gold Medal at the World Student Games stands out; being around so many amazing players and coaches is also a highlight – Jack Donohue was one of the most fascinating and inspiring people I've ever known; beating the Australians in the opening game of the 2000 Sydney Olympics; watching players like Jay Triano evolve into international sport figures – and learning from them – is up there too.

Do you counsel Steve Nash on his haircuts? If not, can you?

The principles of doctor-patient confidentiality are as important in sport-medicine as any other area of practice, so I can't really comment. However, you may see a foreshadowing of the 'Nashian' style if you look carefully at a picture of yours truly in the Aesculapian Executive photograph (1973?) on the wall in Botterell Hall! Not that I would wish to take credit for creating what would later become an iconic form of hairstyle (or lack thereof). I will pass on to Steve your interest in his "doo".

How do you maintain balance in your life?

That's a great question! I try to take what I do seriously while not taking myself too seriously. I lose myself in books and music, and the variety of the activities that are part of my professional life is in itself "restorative". It's probably appropriate that you not ask this question to my long-suffering wife (also a physician and from Meds '74) who may provide a slightly different perspective – and I guess there's a lesson in that.

What interests do you have outside your work?

I've always been interested in public affairs (I started out at Queen's as an Arts student in Political Science). I enjoy music (though I have no talent whatsoever – unless you include my pretence that I can play the drums – Charlie Watts is my hero!) and drama (my Arts degree includes a Drama minor). I love to escape into BBC plays or historical series and I try to get to the Shaw festival each year. I also enjoy comedy, in particular the satire and subtleties of British comedy groups from the 'Goon Show' through 'Beyond the Fringe' to 'Monty Python' and beyond. And of course, sport has always figured

prominently although I'm not the kind of "fan" who can tell you how many 20-goal seasons were experienced by Eddie Shack. I like to lose myself in the event and enjoy the artistry and athleticism of players on both teams...though I can get pretty riled up when a team of mine competes!

Tell us about your experience at Queen's Meds.

Probably the most significant years of my life, and I owe Queen's a debt I can probably never adequately repay. I learned from so many great clinicians and teachers. I had classmates who were also inspiring and encouraging. I learned to appreciate the privilege of being able to share in the mysteries, misfortunes, triumphs and realities of patients' lives and I was reminded of the obligation we all have to society and to the less-fortunate. Intercollegiate sport, student-government, MVNs and life-long friends were all pivotal to my Queen's experience. One important lesson I learned is that those of us who ended up in medical school should be forever grateful since most people are not as fortunate. Those years will remain as being perhaps the most enriching, memorable, and significant period in my life. Those opinions may not necessarily be shared by my teachers – when we graduated the Dean shook hands with everyone...I seem to recall that he also shook his head when he came to me!

As a final question, what is your message to young doctors about educating their patients on preventative health?

It's important to remember that disease occurs as a result of two forces: one is pathological, the other may very well be political. If you really want to prevent disease it is important to ensure an environment (physical, social and economic) in which healthy behaviours are facilitated. Sadly, too many believe that "preventive medicine" involves individual lifestyle changes rather than understanding that there are a broad array of forces and factors which influence the health status of any community and its citizens. Advocacy activity in the cause of community health is an important and highly-established component of the professional life of every physician. Whenever you find yourself saying: "someone should do something about that" consider that you might be the most appropriate person to become involved. And finally, remember "wealth is health" – average annual income is a powerful determinant of the health status of everyone. 🍀

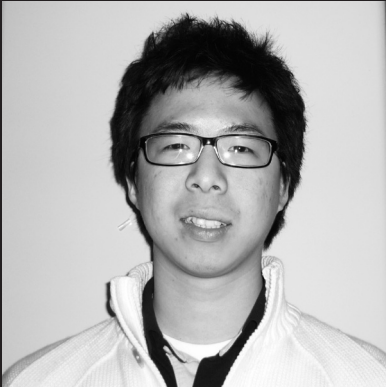
# “Does the new Queen’s

// FOR

BY MATTHEW WHITE



*“It’s great to have twice the number of dance studios... with built-in sound systems!”*  
- Susan Franchuk



*“Great variety of new equipment...but floors could benefit from a bit of rearrangement.”*  
- Taehyoung Lee



*“It’s a great place to get away from the everyday stresses of being a medical student”*  
- Ujash Sheth

There is no doubt that the ARC is far from perfect. However, while it is fair to point out how things could be improved, it would be unfair to call it a disappointment. Commonly heard complaints focus on details related to convenience and aesthetics, but such limitations do not directly impact upon the actual function of the ARC. Instead of griping about the need to walk up three sets of stairs to get to the cardio room, I propose that we see the bigger picture and realize how fortunate we are to have a brand new multi-million dollar facility to use. So, let’s look at the ARC from the perspective of function.

The major reason why the ARC was built in the first place was an issue of space; the growth of Queen’s University exceeded the capacity of the old facility. In the old facility, if I went to the weight room during peak hours, it would literally be more packed than an Alehouse dance floor on a Friday night. At the ARC, no matter what time of day, it always feels spacious, and I never have a problem getting the weights or the equipment I need for my workout. (And, as an aside, I no longer have to wash the rust off my hands after lifting weights). The same can be said if you are going to play squash, get some cardio done on the machines, or even if you want to go for a few laps in the pool. Although I admit that I am a bit disappointed that the pool is not Olympic sized, and does not facilitate competitive swimming, I recognize my own biases as a varsity swimmer. If Queen’s does decide to prioritize varsity swimming, minor changes can be made to improve the current situation. As a recreational swimmer, however, the new pool entirely meets my needs. The pool area is clean, spacious, and I almost always get a lane to myself. The bottom line? The new ARC has the space and the equipment to accommodate a very active student population. What more could you expect?

*“... the old facility would literally be more packed than the Alehouse dance floor on a Friday night...”*

# ARC meet medical student expectations?"

## // AGAINST

BY ERIK VAN OOSTEN

Admittedly, the ARC is a much-needed facility that adequately meets my needs as a medical student. I have a place to hang out and socialize while looking tough, I can shower without running out of hot water, and I can unleash my rage toward SGL in the form of inner-tube water polo. However, the ARC does not meet my expectations.

The ARC is a design nightmare. Let's start with the pool. A medical student friend of mine, Matt White, was quoted: "It's the worst pool I ever swam in". An accurate description, considering its dimensions of 25m x 38m. That's right, it's 12m short of Olympic size but at the same time ridiculously wide. Moreover, the vinyl lining of the pool not only neglects the long-term cost advantages of using proper concrete, but it is also so slippery that flip turns are nearly impossible.

And how about the member verification system, which is completely ineffective at supervising entry or directing traffic. Using an automatic, non-gated, unsupervised swiping system in a bottlenecked area is asking for chaos. The only time those machines stop beeping is when the critical load of 3 people entering and exiting at the same time has been reached and the ensuing logjam prevents anyone from passing through.

On the topic of entrances, the narrow, winding change room entrances epitomize the ARC's design woes and are at the same time a major threat to injury. Traversing this entrance is more dangerous than a soccer ball coming off The Dream's foot. And to rub it in, they put the scale right beside the entrance. If I want an accurate measure of my weight, I have to walk naked from the showers across the entire change room, then awkwardly fiddle with the scale's manual weighing system with my nakedness in plain sight of everyone colliding in the entrance.

The list goes on. The location of the spin room is simply silly. The massive hallways scream wasted space. The staircase manages to be inefficient at getting you around the building. There is a curious lack of water fountains...

It probably sounds like I'm sitting here thinking that I could have done a better job of designing the ARC, and I do. However, if I were investing millions of dollars for a supposed state-of-the-art facility, then I would not hire me, someone with zero architectural know-how, to design the place. Yet that seems to be exactly what the university has done. I would have expected more. **Q**



*"Rec swim times are much more convenient than at the PEC! More space and fewer swimmer collisions!"*

*- Leah Mirsky*



*"The ARC's open-concept design encourages students to come out and watch Queen's compete"*

*- Jeremy Setterfield*



*"Huge improvement over the PEC; love the new machines and the sheer size of the place"*

*- Teela Johnson*

# Queen's Medical Student Carries the Torch!



BY DANIEL ABRAMOWITZ

When the 2010 Olympics began, the flame had traveled for 106 days, over 45,000 km and through 12,000 hands. The most memorable 300 metres, however, took place in Napanee as the torch passed through my hands. I was selected to carry the Olympic torch after winning an essay writing contest sponsored by Coca Cola. Winning any contest is a thrill, but being selected to participate in the Olympic celebration is an honour unlike any other prize.

The morning of my run, the Olympic staff told me two things: everyday is Canada Day on the torch tour and, for 15 minutes, I will feel like Brad Pitt. At the time, the advice seemed like a hyperbole, but by the end of the morning I realized it was an understatement. While riding the bus to my drop-off location, I was overwhelmed by the tremendous support from Napanee. The torch relay brought the town together, and ignited a sense of pride and patriotism. Upon arrival, I exited the bus with the torch in hand and a smile from ear to ear. I was immediately mobbed by a swarm of people and inundated by camera flashes. The crowd included family holding signs, and classmates who came to watch, but consisted mostly of strangers coming to share this moment.

In the distance, we could see the torch drawing nearer. My heart started to beat faster and faster, and the crowd started to cheer louder and louder. My torch was lit, and I was off. I had planned to run at a medium pace to really soak it in, but once the torch was ignited, I ran what felt like the fastest 300 meters of my life. Then, just as quickly as it started, it had finished. I passed the flame to the next torch bearer, smiled for one last picture as they turned off my torch, and climbed back on the bus for the short drive back to reality. Running with the torch was amazing, and I am glad I was able to be a part of the Olympic celebration. 🇨🇦





# PHOTO CONTEST





## PHOTO CONTEST

Our annual photo contest got some fantastic entries this year. The winner was picked by the QMR exec.

Clockwise from upper left:

Winner:

Canada geese in flight at Mountsberg Conservation Area

- taken by Diana Diaconescu

Runner-ups:

"On the way to Big Sandy Bay"

- taken by Liisa Johnston

A female White-winged Crossbill at the Mountsberg Conservation Area

- taken by Diana Diaconescu

Hiking in Chilkooot Trail National Historic Park

- taken by Sarah Leonard



# Queen's at MedGames 2010

BY ERNEST EBERT

On Friday January 8th, 2009, 140 athletes from the classes of 2012 and 2013 boarded their respective motor coaches and embarked on a five-hour trek to the capital of la belle province, Quebec City. Travelling up the 401, these weekend warriors prepared themselves for what was to come. Some rested, while others were content to stare out the window, enjoying the peaceful sunset over the Montreal landscape.

Upon arrival, many of our athletes rushed to their first event of what would be a memorable three-day competition. Up first was dodgeball, which was played in the depths of a concrete maze, the Peps Centre. After a hard-fought game, our team was defeated by the Naturopathic medical students. However, that wasn't the only sport we played that weekend. On the schedule were events ranging from hockey, volleyball, and soccer, to baby foot, dance, and mural painting. Queen's performed well for a school of its size, earning a fourth place in basketball. Our men's volleyball team bumped, volleyed, and spiked their way to second place overall. Queen's also had a few individual performances worth celebrating. Our very own Heather Lamb, from the class of 2013, earned herself a first place finish in women's squash. Additionally, Jeremy Setterfield placed second overall in men's squash, and Elizabeth Miller won her 3000 m track event.



Over the course of the weekend, Queen's students not only played hard for our own teams, but we also joined students from other schools who needed extra players. This included playing alongside colleagues from Ottawa, Manitoba, and NOSM. At the conclusion of the event, as we boarded the buses to return home after a hard-fought weekend of competition, we were proud not only of our podium finishes, but also of the teamwork and great sportsmanship that were demonstrated by the representatives of Queen's Medicine! 🏆



# With Glowing Hearts

## OUR VANCOUVER 2010 OLYMPIC EXPERIENCE

BY WHITNEY SMITH AND MARK ROBINSON



So there we were, a few members of the class of 2012, front row on Cypress Mountain watching women's freestyle skiing. The crowd was unlike anything we had ever seen before – a sea of red and white Canadian flags everywhere you looked, banners for our favourite Olympians held proudly by visiting supporters, and thousands of Canadians deafening in their cheers for gold. Amidst this spectacle, we stood there under the relentless drizzle of Vancouver skies, at a chilly zero degrees Celsius. Despite the unforgiving weather, the rain never washed away our pride and spirit, as we eagerly waited for our Canadian athlete Jennifer Heil to hit the moguls. As her name was announced, the crowd roared. “Ready... go!” She sped down the hill with the speed and grace of a flawless performer; she had done her best to vie for the gold and held first place. One racer remained, however, and the sparse American supporters in the crowd finally made themselves known as their athlete stood atop the mountain. You could feel the tension growing as we knew our gold standing was in jeopardy. All the friendly Canadians helped cheer on the American competitor and, let's be honest, although wishing her the best, we hoped her best was not better than Heil's. “Ready ... go!” The American skier, Hannah Kearney, began with an amazing jump, turning in the moguls with razor precision, and finishing her spectacular run cleanly. As we awaited the scores, we all began to have doubts that Canada would take home the gold. Everyone in the crowd turned critic, analyzing the runs to predict who would be on top. With the numbers announced, a deflated sigh spread throughout the crowd as we learned Kearney would take home the gold. Heil's efforts,

however, brought home the first medal for Canada in Vancouver! It may not have been gold, but the crowd was as proud as ever for our silver-winning Canadian athlete.

As the event wound down, we, along with thousands of spectators and volunteers, made our way toward the bus-loading zone to leave Cypress. It had been seven hours since we arrived, and the rain never let up during this time. Cold and soaking wet, we looked forward to getting out of the rain onto a nice dry bus. No one anticipated another two hour wait outside! As spirits began to wane and the frustrations of the crowd continued to grow, we quickly thought of a way to help bring



back the Olympic spirit: by song! And what better song than our national anthem! “O Canada, Our Home and Native Land ...” It only took a few notes from a couple of cheery voices, before the entire crowd joined in and, for a brief moment, no one remembered the dreary weather, the cold temperatures, and the complete lack of transportation.

All in all, our time at the Vancouver 2010 Winter Olympic Games was a once-in-a-lifetime experience spent with good friends, witnessing the endurance of the Olympic spirit, the skill of world class athletes. It was an experience that united us all as proud Canadians. 🇨🇦

# MedGames Reflection

## MEDGAMES PURSUES THE IDEALS OF THE OLYMPIC GAMES

BY KATRIN DOLGANOVA

Barbara Keys, a historian of intercultural relations and globalization, observes that “[m]odern sport is today the single most important form of leisure across the globe” (Keys, 2006). It is through leisurely activities that we meet new people and solidify friendships formed at work or school. Medical students are no exception, as can readily be seen from the success of MedGames 2010.

The history of MedGames is unfortunately poorly documented. Nevertheless, however humble or controversial its origins, it has grown into a highly anticipated annual event. According to McGill University, it is “the biggest, baddest medical school event of the year. Over 2000 students from faculties across Canada get together to have one competitively wild weekend” (McGill, 2009). It is essentially the Olympics Games of undergraduate medicine in Eastern Canada.

This year, MedGames was held in the beautiful and historic Quebec City, just as the excitement of the Canadian athletic community was gaining momentum in light of the upcoming Vancouver Winter Olympics. Although separated by time, place and level of competition, several important parallels may be drawn between these two events.

### Bringing different cultures together

Looking at the past, Greek historian Spyropoulos reminds us that the ancient “Games were of the greatest significance to the Greeks and a uniting bond as they brought together the Greeks – and also non-Greeks – from all over the regions of the Mediterranean and Black Seas” (Spyropoulos, 2004, p. 66). The modern Games have gone even further to become an event that unifies nations across the globe through celebration of athletic talent. For the undergraduate medical community, MedGames is a much smaller and more exclusive event, but at the heart of it the goal is the same - to bring people of different origins together through sport and competition.

The importance of exposure to different groups of students engaged in Canadian medical education is by no means trivial. Events like MedGames, which are hosted by Quebec medical schools and are open to all Canadian English-speaking schools, enable interactions among students from a wide range of cultures. Even within Ontario the six medical schools are spread out, making MedGames an important opportunity to get to know future colleagues from other universities.

Besides helping to build new networks, events like OMSW and MedGames are also ideal settings for reunions with high school or undergraduate friends who have moved to attend a different medical school in the country. Just as Canadian athletes in the Vancouver Winter Olympics enjoyed a shared interest and pride, Canadian medical students attending MedGames enjoyed a similar “we’re all in this boat together” collegial spirit.

### An Inclusive Event: Room For the Non-Athletically Inclined

Aside from traditional sporting events, the ancient Olympic Games in Athens “were also connected with culture as poets, dramatists, artists, philosophers and musicians competed for prizes in Olympia and other venues” (Spyropoulos, 2004, p.66). At MedGames too, athletic prowess was not the only attribute that was assessed. An entire branch of the MedGames



schedule was devoted to “parasports.” At Laval, the most prominent examples included a dance competition, which drew extraordinary crowds and ample cheers, an underground passageway devoted to artistic expression through mural painting, and even an opportunity to showcase one’s skills at video games like Dance Dance Revolution and Rock Band!

### The Spirit of Med Games 2010: Queen’s Nonchalant Appearance

As a whole, we medical students are not professional athletes and yet, as future health care professionals and role models,



we have a responsibility to set a positive example and follow our own advice with regards to maintaining an active lifestyle. Queen's medical students showed that they are able to set such an example with ease. All those who participated in the MedGames events displayed talent and sportsmanship of which



we should be proud (see article by Ernest Ebert in this issue).

Even though we were not prominent winners, we went out there to have fun. It seems to me that this is very much our philosophy. Even in intramurals at Queen's, the medical teams do not always have the highest standings (not for the lack of superb players, though!). Instead, we all go to the games to de-stress, have a good time, get some exercise and play with friends. That combination of teamwork, self-improvement and being positive role models, void of aggressive competition, is what defines athletics at its core.

Similarly, the ideal Olympic spirit is to support a nation's talent and provide a venue for friendly competition. Modern Olympics may show remnants of this ideal. However, too often there is significant pressure to win medals and the focus of media and public attention becomes individual talent. At MedGames, on the other hand, even those attendees who were not athletically inclined made an effort to play for the sake of the game and not for the top score. It was not unusual to see some students attend MedGames not to participate, but rather to cheer on their classmates. Nevertheless, neither the scarcity of "gold medals" nor the nonchalant sentiment to athletic participation detracted from the overall spirit of MedGames. In fact, the relaxed, friendly environment made the weekend more enjoyable and allowed everyone to devote more time to socializing and exploring Quebec City.

#### Striving for the Olympic Ideal

The Olympic Games today are highly intertwined with complex political, economic, commercial, and cultural issues (Keys, 2006; Spyropoulos, 2004). MedGames, of course, cannot claim to be an event of the same scale or cultural impact. Yet, perhaps precisely due to its catchment of a small and select group of individuals, it has been better able to achieve the Olympic ideal than its parent counterpart.

First, there is no significant monetary reward or even prestige to be attained from being the top athlete or school. At the end of the school year, we all still remain the same medical students. Second, MedGames is a venue for friendly inter-school competition that allows each new cohort of students to establish bonds with future colleagues. Moreover, there is an opportunity to gain an appreciation for the differences and similarities in medical education and training in different parts of the country. Finally, an athletic event specifically catered to medical students ensures that we continue to participate in non-medical activities that we enjoy and excel at, and also encourages maintenance of an active, balanced lifestyle among future health professionals.

Much like the Hippocratic Oath, passed down through generations from Athens, the ancient Olympic Games has been molded by the medical community to suit the times and the circumstances, but in such a way as to preserve the integrity of the spirit and its fundamental purpose. **Q**

#### References

- Keys, Barbara. 2006. Spreading peace, democracy, and coca-cola. *Diplomatic History* 28(2): 165-196.
- Spyropoulos, Evangelos . 2004. Sports and politics: Goodbye Sydney 2000 – Hallo Athens 2004. *East European Quarterly* XXXVIII (1): 65-84.
- McGill University. 2009. Events - MedGames. Retrieved on February 10, 2010 from [http://students.med.mcgill.ca/events\\_medgames.aspx](http://students.med.mcgill.ca/events_medgames.aspx).

# Beantown 2010

## HISTORY OF MEDICINE TRIP: BOSTON

BY THURARSHEN JEYALINGAM

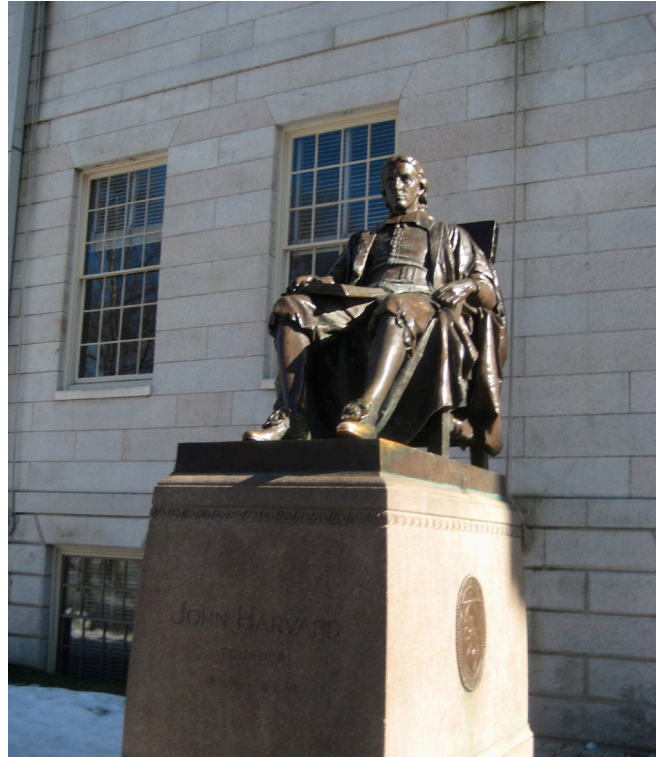
On January 22-24, Queen's medical students descended on the streets of Boston for our annual History of Medicine field trip. The excursion – a staple of our history curriculum – was overseen by Dr. Jacalyn Duffin, a historian and haematologist whose wisdom we can't help but admire. In addition to seeing Dr. Duffin in her element, we had the opportunity to visit several Boston attractions, from the historic Quincy Market to the prestigious Harvard Medical School.

The grueling Friday evening bus ride ended at a Holiday Inn Express, where the friendly staff had freshly baked cookies and a hand-crafted "Welcome Queen's Medicine" sign ready for our arrival. After checking in and dropping off our luggage, many of us headed to the north end to visit the



famous Cheers bar while others explored the streets of south Boston. Much to our good fortune, Cheers was empty and it was karaoke night. Between singing a heartfelt rendition of Don't Stop Believing and soliciting a hot-dog vendor's views on health care reform, good times were had by all.

Saturday began with a visit to the Ether Dome at Massachusetts General Hospital. As we soon learned, it was within this dome that the utility of ether as an anesthetic was first demonstrated. Upon entering, we were awestruck by the dome's architecture and extensive history. As we sat in the rickety seats, steeply inclined from one row to the next, Dr. Duffin told captivating tales of surgeries that took place on the floor just before us. A truly ethereal experience.



We then moved on to Cambridge for a guided walking tour of Harvard College. The guide gave us an overview of the college's near 400-year history! The older campus complemented its quaint Cambridge surroundings nicely. Some memorable tour sights included the Harvard library (the second largest in the U.S.), the former residence of past president John F. Kennedy, and the "statue of three lies."



The remainder of our Saturday was spent sight-seeing in Boston. We visited Faneuil hall (also called the “cradle of liberty” and a well-known stop on the freedom trail), the New England Holocaust Memorial, and the New England Aquarium. We also stopped to watch - or in the case of one



lucky student from the class of 2013, participate in - a hip-hop dance routine at Quincy Market before enjoying a classic Massachusetts seafood dinner and another night out on the town.

Finally, on Sunday morning we toured the Francis A. Contway Library at Harvard Medical School. Home to the editorial office of the *New England Journal of Medicine* and the Center for the History of Medicine, the library houses a cache of unusual gems. Exhibits ranged from letters written by Franklin D. Roosevelt and Sir Isaac Newton to the original works of Vesalius to the skull of Phineas Gage. Certainly not your typical campus library.

The trip was a resounding success for all who attended. The opportunity to learn about pivotal events in the history of medicine in the settings where they occurred was invaluable, and would not have been possible without Dr. Duffin. Thanks to Jennifer Baxter (2012) and Brian Chan (2013), our Medicine in Society Representatives, for organizing this fantastic trip! 📍

# Cross-Country

## KINGSTON HOSTS THE FISU WORLD CHAMPIONSHIPS!

BY ELIZABETH MILLER

On April 11, 2010, Kingston will welcome elite athletes from all over the world to the historic Fort Henry, for a battle of speed, strength and teamwork. The FISU (Fédération Internationale du Sport Universitaire) World

Cross Country Championships will be held on the Queen's Golden Gaels' cross country running team's home turf: on the challenging yet picturesque course atop the Fort Henry hill. The top university cross country athletes from 25 countries around the world will compete in this event, with the women running the 5km event and the men running the 10km. Currently, 25 countries have confirmed participation: Canada, Australia, New Zealand, Austria, France, Germany, Great Britain, Italy, Poland, Portugal, Spain, Sweden, Switzerland, China, Japan, Nepal, Sri Lanka, Tajikistan, India, Benin, Burundi, Chad, South Africa, Sudan, and Uganda.

This is sure to be a fantastic show! Events surrounding the races have been organized from April 7th to 11th, and the energy of the participants and fans will no doubt have a significant presence in Kingston that weekend! The XC2010 Organizing Committee is led by President Shane Lakins, who has coached Canadian FISU cross country teams,



organized the Canadian Interuniversity Championships in Kingston in 2009, and was the long-time beloved Head Coach of the Golden Gaels' cross country team. Runners, sports fans, and Golden Gaels alumni will flock to Kingston that weekend to witness this historic event, as world-class athletes battle for glory on the technical, challenging and very spectator-friendly course at the Fort.

Queen's University hosted its first cross country race in 1910, and this wonderful tradition will be carried on 100 years later with the 2010 FISU World Championship. Although there is no doubt the technologies of footwear, timing, and perhaps, even training principles, have changed in the past century, the fundamental aspects of the race are still the same – run fast, go hard, and always work together.

We hope to see you at the races! Come out and cheer our Canadian athletes on! For more information, please visit [www.xc2010.com](http://www.xc2010.com). 📍

# Rugby Championship

## GAELS CAP UNDEFEATED SEASON WITH MEN'S OUA WIN


BY UJASH SHETH

By all accounts, finishing the regular season with a stellar 8-0-0 record would be deemed a success. However, for the Queen's Gaels men's rugby team it was just the tip of the iceberg. The Gaels, a perennial rugby powerhouse, made their third consecutive finals appearance this past year with hopes of bringing home their 18th OUA rugby championship, a feat that has eluded them in their previous two attempts.

The Gaels took on the Western Mustangs in the finals, a team they defeated by the narrowest of margins during the regular season. With the Mustangs suffering their only loss of the season at the hands of the Gaels, the finals promised to be an entertaining contest. Neither team disappointed the spectators, as the Mustangs jumped out to an early lead and led by four at the half. However, after the Mustangs added another try within the first five minutes of the second half, Gaels captain Ryan Krayne brought Queen's to within a try for a tie with a penalty goal. This seemed to revive the Gaels' offence and two more tries put them ahead 23-19. The Gaels would not look back as the Mustangs could not break the Gaels' defense, giving Queen's its first OUA rugby championship since 2001!

The road to the championship was not an easy one for the Gaels, who began the season without their previous year's captain, Alistair Clark. Clark, an integral part of the team that made it to the finals last year, was selected to

play for the Ontario Blues whose season coincided with the Gaels'. But as current captain Ryan Krayne put it, "our team recognized the challenge, and everyone really stepped up to fill that obvious void". Leading the way was Krayne who led the league in scoring with 99 points on his way to being named an All-Star and league's Most Valuable Player. First-year player Liam Underwood was also named an All-Star as well as Rookie of the Year, while coach Peter Huigenbos won Coach of the Year honours. Four other Gaels also received OUA All-Star spots: Pat Richardson, Tim Richardson, Graeme Dibden, and Chris Barrett.

With a number of key players not returning next year, the Gaels will look to the extensive talent pool they have developed through the Queen's Rugby Club, currently 150 players deep, to uphold Queen's reputation as a rugby powerhouse. "All the guys filling in have been playing rugby in our club and are not new to any of the systems. Those guys practiced with us all season and some of them even subbed in for us, so I'm really not too worried about it all," says Krayne. If this past season was any indication, then neither are we. 



*photo by Queen's University*



# Queen's University Suffers Nail-Biting Epidemic

A POLISHED LOOK AT THE SUCCESSES OF THE GAEL'S 2009 FOOTBALL SEASON

BY CHRISTINA DISIPIO

September. For most of us, it means barbecues and beer-pong; tanning, trashy magazines, and jumping off Kingston's finest pier; pick-up frisbee, sand-castles, canoe-rides and strolls down Princess Street. Sunglasses, haircuts, and of course, a manicure.

A little ways west of Main Campus, the dynamics are a little different. September brings grass stains and Gatorade; sweat, bruises, and countless up-downs; field goals, pig-skins, team huddles, and discipline. The resounding echo of a cowbell... Ladies and gentlemen, let's get ready for some football!!

The Queen's Gaels, coming off an outstanding 2008 regular season, had yet another tremendous run, finishing the season with a 7-1 record. The single loss to the Wilfred Laurier Golden Hawks was the only blemish to an otherwise sparkling season, which also marked the end of their record 17-game winning streak and prevented the Gaels from having a second consecutive undefeated season. Despite the loss, the number two nationally ranked Gaels finished first in the OUA, earning themselves a first-round bye and home field advantage for the OUA playoffs.


Game Time is Pain Time. After a bye through the quarter-finals, the Queen's Gaels hosted the McMaster Marauders on November 7th, marking the beginning of their quest for the Yates Cup. With thunderous roars and a sea of red, blue, and gold, the Queen's Gaels handily defeated the No. 9 McMaster Marauders by a score of 32-6, to earn a berth in the 102nd Yates Cup!

Thirst Quencher. November 14th, the Golden Gaels wake up thirsty; the boys have never been more ready to fight for their right to drink from the Yates Cup. The showdown between the Gaels and the Western Mustangs represented the Gaels' first Yates Cup appearance since 2002 and the first time Kingston has hosted the Yates Cup since 1978. A season high 7, 253 fans packed Richardson Stadium, to watch a tug-of-war style game that saw the lead change countless times. At the final whistle, it was the Gaels who got the big W, with a 43-39 victory over the No. 5 Western Mustangs. With the win, the Gaels were set to host the Laval Rouge et Or in the Mitchell Bowl, the CIS national semifinal.

BLEU, Rouge et Or. Coming into the game as heavy favourites, the Laval Rouge et Or were looking to advance to play for the Cup at their home field PEPS Stadium. In front of 6,972 fans at Richardson Stadium, the Queens Gaels upset the No. 1 and defending national champions in yet another tight game. A combination of stellar offense and relentless defense led to the 33-30 underdog victory. The win permitted the Gaels to capture the CIS semifinal Mitchell Bowl, sending the boys to their first CIS final since 1992.

Dinosaur Extinction. As some dedicated fans hopped on the early morning buses to Quebec City, others crowded local Kingston establishments to cheer on the Gaels as they competed against the No. 2 Calgary Dinos in the 2009 Desjardins Vanier Cup. In front of a standing-room crowd of 18,628, it looked as if it would be the end of a fairytale season as the Golden Gaels left for the dressing rooms at half-time, down by a score of 25-7. Despite the deficit, the Gaels refused to back down. With the momentum seemingly back on their side, the Gaels found their glass slipper stride as they scored 26 unanswered points to turn a 25-7 halftime deficit into a 33-31 victory over the Calgary Dinos. An air of excitement immediately enveloped Kingston, as celebrations of the Gaels' eighth national championship title began.

Honourable Mentions. The inexorable defense, anchored by Osie Ukwuoma, Alex Daprato, T.J. Leeper, Chris Smith, David Rooney, Jimmy Allin and Shomari Williams and the unrelenting offence, led by Danny Brannagan, Scott Valberg, Marty Gordon and Jimmy Therrien, will not be forgotten by all those who followed the Gaels quest for the 2009 championship title.

The End. The end of yet another unforgettable football season marks the end of pancake keggers and tail-gate parties; face-paint, foam fingers and gold hot-pants; bands, cheerleaders, mascots, and die-hard fans. As I look around Kingston, I no longer see the glistening of nicely polished manicures. In actuality, it seems as if the city has been overridden by a nail-biting epidemic. I ask myself, could it be the stress of approaching exams, or the signs of a city with unremitting support for their football team? Thank you for an amazing season gentlemen, we are all looking forward to 2010! 

# Importance Of Community

BY JESSICA MOE


Medical students are a unique bunch: a stoic group of bright, independent people. Pulled from among the top achievers in society, we have worked hard to earn a place in the ranks of professional privilege. Undoubtedly, it is an impressive group.

Sometimes, though, our strength is our downfall. Early on in medical school, we are taught to play a role. We must dress respectably, extend a firm hand in greeting, and make clear, confident eye contact to mask the quiver of our inner uncertainties. As we help patients through their greatest moments of physical and emotional trial, we become the quintessential doctor: a sage advisor, a trusted keeper of intimacies, a custodian of knowledge, and a calm, dependable support in the face of adversity. Indeed, our patients expect this of us. Our job is to treat human suffering, which we observe from a safe, professional distance.

Medical students and medical practitioners have a unique vulnerability that stems from the enormous expectations heaped upon us from others and ourselves. As the achievers of society who are thrust onto a pedestal of respect and responsibility, we convince

ourselves that we are invincible, infallible people - that we are meant to serve others and not to seek support ourselves. We learn to bury our problems, and we come to think that acknowledging the need for help is synonymous with weakness and failure.

This is untrue, for before we are doctors and doctors-to-be, we are human beings who cannot survive without the support of others. We are social beings who cannot find fulfillment without building and drawing upon a strong community. Knowing and trusting that we are surrounded by caring peers and friends is essential to our personal and collective well-being, and is a large part of what will get us through the unique challenges that come along with the practice of medicine.


Community is an organic entity that arises from the collective energy of many individuals. By virtue of being together, we form a community that is stronger and deeper than the sum of its parts. We must trust in this community, nurture it, and learn to draw upon it for strength and support as we take on the new and sometimes intimidating challenges that come with each day. No man, nor medical student, is an island. 

## *H1N1, continued from page 5*

emergency vaccine production, to be activated with a WHO declaration of pandemic influenza. H1N1 fit the bill, and the WHO's think tank delivered what its members' companies needed: a financial jump-start. Public panic, media frenzy, and a biased expert opinion created the perfect storm for overreaction, which played out to the benefit of drugmakers.

### PLAY ON!

Flash forward to the recent Vancouver Olympics, where B.C. saw an unprecedented influx of international travelers. Excited patrons flocked to over-capacity venues with the hopes of cheering their nation's best to the podium. Throngs of fans from every corner of the planet intermingled, possibly creating a pool of human virus ripe for mutation. Needless to say, this left many concerned about the potential for the perfect viral storm, questioning the need for such an unchecked flow of people.

But, to all the concern over the games, all the worried glances toward these congregations of spirit, this writer's only response was, Play On! Let the life by virus take a backseat to the more fruitful life by living. For the games come only every two years and, most importantly, these are Canada's Olympic Games. And play we did! 

### References:

2009 H1N1 Flu: Situation update (2009, February 22). H1N1. Retrieved February 28, 2010, from Center for Disease Control website: [www.cdc.gov/H1n1flu/update.htm](http://www.cdc.gov/H1n1flu/update.htm)

Get the facts on the H1N1 flu virus (2009, February 24). FightFlu.ca. Retrieved February 28, 2010, from Public Health Agency of Canada website: <http://www.phac-aspc.gc.ca/alert-alerte/h1n1/index-eng.php>

H1N1 fighting flu. Special Coverage. Retrieved February 28, 2010, from CNN website: <http://www.cnn.com/SPECIALS/2009/h1n1/>

Infection, death and vaccination rates (2009, February 28). Status Reports. Retrieved February 28, 2010, from FluCount website: <http://flucount.org/>

Influenza A(H1N1). News and Broadcast. Retrieved February 28, 2010, from World Bank website: <http://web.worldbank.org/WBSITE/EXTERNAL/NEWS/0,,contentMDK:22198432~pagePK:64257043~piPK:437376~theSitePK:4607,00.html>

Pandemic (H1N1) 2009 (2009, February 26). Global alert and response (GAR). Retrieved February 28, 2010, from World Health Organization website: <http://www.who.int/csr/disease/swineflu/en/>

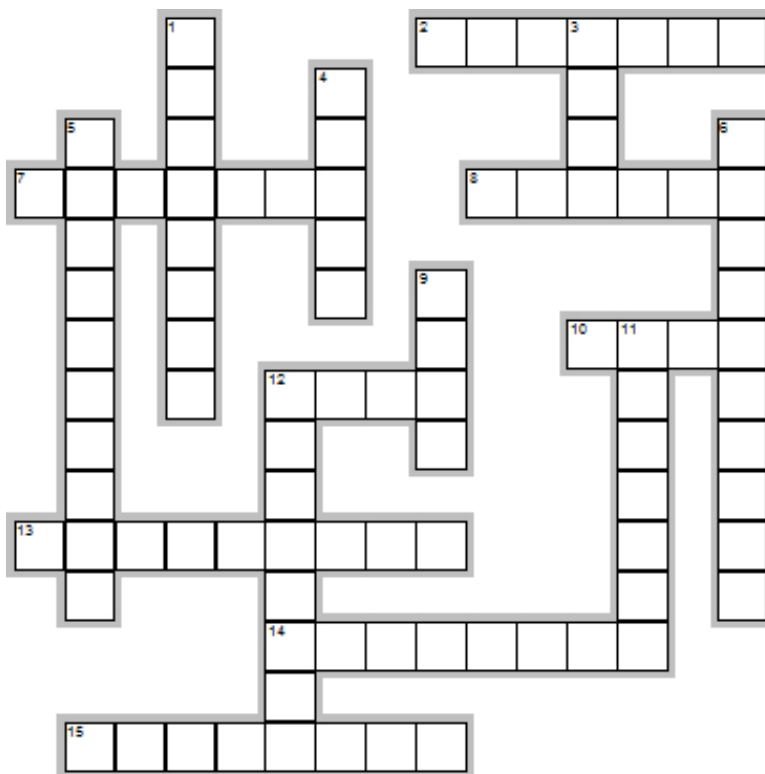
Pandemic (H1N1) 2009 (2009, February). Influenza. Retrieved February 28, 2010, from World Health Organization Regional Office for Europe website: <http://www.euro.who.int/influenza/AH1N1>

What is the pandemic (H1N1) 2009 virus? (2009, June 11). Global alert and response (GAR). Retrieved February 28, 2010, from World Health Organization website: [http://www.who.int/csr/disease/swineflu/frequently-asked-questions/about\\_disease/en/index.html](http://www.who.int/csr/disease/swineflu/frequently-asked-questions/about_disease/en/index.html)

World economy at risk from H1N1 virus (2009, June 27). Economy. Retrieved February 28, 2010, from gulfnews.com website: <http://gulfnews.com/business/economy/world-economy-at-risk-from-h1n1-1.18328>

# Crossword

BY CHRISTOPHER AHUJA



ACROSS

- 2. Rocks and sweeping on ice
- 7. Isolated and extracted insulin
- 8. Turin Hockey gold or Sundin's homeland
- 10. Years in an Olympiad
- 12. Sea bear Olympic mascot
- 13. Four person bullet
- 14. B.C. capital
- 15. Canada's second Olympic city

DOWN

- 1. Shoot and ski
- 3. Single ice sled event
- 4. Ski slope bump
- 5. Southern B.C. border
- 6. Not an Olympic ring
- 9. Present Governor General
- 11. Site of ancient Olympics
- 12. First winter Paralympic and Olympic cometitor

