

Chez nous

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www.thechildren.com

MCH EMPLOYEE NEWSLETTER

October 6, 2011

News

Shriners and MCH open first clinic in Canada to treat chest wall deformities

Shriners Hospitals for Children® - Canada and The Montreal Children's Hospital (MCH) of the McGill University Health Centre (MUHC) have established the Chest Wall Anomaly Centre, a unique, joint national clinic to evaluate and treat children with congenital chest wall deformities. Affecting as many as one child in a thousand, the disorder is often misdiagnosed or underdiagnosed in toddlers.

The two most common types of the disorder, pectus excavatum (a caved-in sternum or funnel chest) and pectus carinatum (a protrusion of the chest wall or pigeon chest) result when the ribs and sternum develop in an unusual manner. Mild deformities often are not discovered by physicians unless children are referred for coincidental scoliosis. More severe chest deformities may lead to thoracic insufficiency syndrome, which have significant impact on infants' ability to grow and to develop normally.

"These deformities are often silent sources of major distress for the growing child and teenager, as well as his or her family," says Sherif Emil, M.D., Director of Paediatric General Surgery at McGill and the Montreal Children's Hospital, who envisioned the new Centre.



Antoine Marcil, 14 years old, is examined by Dr. Robert Baird and Dr. Jean-Martin Labege during a monthly follow-up visit at the new Chest Wall Deformity Clinic at the Shriners Hospitals for Children® - Canada

"Paediatricians and family doctors often dismiss the anomaly, believing that the only treatment is radical surgery. However, in the last decade there has been a revolution in the treatment of these anomalies with many minimally invasive and less invasive options available," he adds.

The Chest Wall Anomaly Centre is the first of its kind in Canada and one of few such centers in North America. According to Jean A. Ouellet, M.D., Deputy Chief of Staff

at Shriners Hospitals for Children - Canada, "Our multidisciplinary team will develop a centre of excellence by concentrating all of our expertise in a one-stop centre for treatment diagnosis and evaluation."

To read more, visit:
www.newswire.ca/fr/releases/archive/

www.montrealgazette.com/health/Montreal+Shriners+Hospital+expands+services/5461941/story.html

MCH Foundation President Louise Dery-Goldberg steps down

After 13 years of devoted service, Louise Dery-Goldberg will be retiring from her role as President of The MCH Foundation. She leaves behind an organization with an excellent track record, a solid and cohesive team, and bright prospects for its future – accomplishments that she made possible.

During her tenure, Ms. Dery-Goldberg succeeded in raising the profile of the Foundation from a modest organization to one that receives twenty million dollars of new funds annually while concurrently completing the \$100 million Best Care for Children Campaign to build the new Children's. She broadened the Foundation's donor base and forged long lasting relationships with community and business leaders, volunteers, and hospital professionals. The impact of her work will last for years to come.

"I am extremely proud of the role the Foundation has played in helping

to meet the needs of outstanding physicians, nurses, healthcare professionals, researchers and everyone who makes The Children's the special place it is," says Ms. Dery-Goldberg. The MCH is certainly a much better place thanks to her vision over the years. The undertaking of the Best Care for Children Campaign was of a scope and magnitude that was not conceivable prior to Ms. Dery-Goldberg's arrival. She saw no boundaries to the Foundation's potential growth.

"It is hard to imagine what the MCH would be today without the strong commitment by the Foundation that Louise has provided over her many years of leadership. She believed in The Children's mission with all of her heart from day one and she has supported the Hospital with a passion that was contagious to all those around her. She will be very greatly missed," says Dr. Guyda, Associate Executive Director of The Children's.



Ms. Dery-Goldberg will be replaced by Marie-Josée Gariépy, who has worked for the Foundation since 2004 as Director of the Planned Giving department, and who has played a key role in helping the Foundation achieve the level of success it has.

MCH partners with Montreal media

Public Relations and Communications (PRC) at the MCH is pleased to announce it has launched a number of media partnerships with various on-line and print publications. We have partnered with *Protégez-Vous* magazine which now posts articles written by our PRC staff on its website and in its newsletter (www.protegez-vous.ca/partenaires-de-protegez-vous.html). *Protégez-Vous* reaches a francophone audience of over 300,000 people. "This is an amazing opportunity to reach French-speaking Quebecers," says Lisa Dutton, Manager of PRC at the MCH.

We also signed an agreement with Canal Savoir. The television station will begin airing videos of the 2010 edition of Mini-Med at the MCH. "We are also excited by our new partnerships with both the Suburban and Westmount Examiner newspapers," says Ms. Dutton. "Both publications will be featuring articles written by my team on a monthly basis. These partnerships not only increase the hospital's visibility and potentially attract donors, but they provide valuable health information to parents." The department will soon approach the *Courier Laval*, one of the largest French-language community newspapers in Quebec to see if they would also like to publish some of the hospital's articles. In addition, Dr. Dominic Chalut pens a regular health column for *Enfants Québec*, and Dr. Sam Daniel appears regularly on RDI Santé.

New Chair transforms the Council for Services to Children and Adolescents: CSCA to take on greater leadership role

By Lisa Dutton

"I am not your average typical bean counter," says François Laurin, a seasoned Chief Financial Officer in the mining, transportation and telecommunications industries. "I like to look at all of the dynamics surrounding an issue, not just the numbers." As the newly nominated Chair of the Council for Services to Children and Adolescents (CSCA), Mr. Laurin has launched a major reorganization of the CSCA in order to allow the governing body to assume even greater leadership at what he calls "a pivotal point in the hospital's history."

"The timing for the reorganization couldn't be better because the hospital is at a crucial junction: building a new hospital and undertaking a clinical activities priority setting exercise," says Mr. Laurin. "Both of these elements will have significant impact on the hospital and the vital role it plays in the health care system so it is very important the CSCA be better able to advise and guide the hospital through this transition."

"The role of the CSCA is not to manage the hospital - that is the job of Dr. Guyda and his executive team," says Mr. Laurin. "The CSCA is there to offer support and guidance and to bring key issues affecting the MCH to the McGill University Health Centre (MUHC) Board of Directors. In addition, prior to making decisions that affect the MCH, the MUHC board actively consults with members of the CSCA."

The CSCA was created in 1997. Its mandate is to ensure the needs of children, adolescents and families are met within the MUHC.

The 21 voting members on the CSCA comprise representatives from the

general public, McGill University, various MUHC/MCH Councils (e.g. the Council of Nurses), the Family Advisory Forum (FAF), MCH department chiefs, the MCH Research Institute and the MCH Foundation. All members are volunteers who are appointed for three-year terms.

As part of the reorganization, five new subcommittees have been created bringing the total number of subcommittees to six: nominating, transition, governance, human resources, risk and performance and advocacy and communications.

▶ The mandate of the Nominating subcommittee is to fill all vacancies on the CSCA. Right now, the CSCA is actively recruiting two new members.

▶ Members of the Transition subcommittee under the leadership of Dr. Nicolas Steinmetz will look at the move from the current hospital to the new hospital, as well as the possibility of moving some services to the community. It will also look at how the hospital can align its activities in accordance with its Clinical Activities Priority Setting exercise (CAPS process).

▶ The role of the Governance subcommittee chaired by Mrs. Jill Hugesson is to ensure the CSCA respects and acts in accordance with its by-laws, while at the same time taking action on its mandate to play a leadership role on issues affecting the MCH.

▶ The Human Resources subcommittee led by Mrs. Nicole Piggott will look at issues such as staff shortages, recruiting efforts and retention initiatives. It will also focus on how to make the MCH an employer of choice by improving the workplace atmosphere.

▶ The Risk and Performance subcommittee chaired by Mr. André Brodeur will review how the hospital manages risk and measures performance in all clinical areas. The goal is to develop an evidence-based understanding of the hospital's strengths and weaknesses (e.g. benchmarking) so the hospital can set priorities and make sound clinical and financial decisions.

▶ Members of the Advocacy and Community Relations subcommittee with Mrs. Louise Déry-Goldberg as leader will look at how the MCH can maintain its identity within the larger MUHC. It will also look at designing a communications strategy to inform the general public about the hospital's strengths, as well as lobby the government on behalf of the MCH.

The various subcommittees' membership was established this summer and they will develop their mandates and set priorities this fall.

"As Chairman I remain committed to the hospital's mandate of providing the best care for children...this is our *raison d'être*, after all. The CSCA's efforts will focus on how the hospital can become better at caring for the children of Quebec," says Mr. Laurin. "We will also strive to ensure the MCH remains a respected institution known for its excellent care."

Mr. Laurin has been a member of the CSCA since 2007 and was nominated chair to replace Mr. John Coleman.

Read our profile of François Laurin on page 11 of this issue.

Did you know?

Children, and organ and tissue donations: What patients and teens need to know

By Wendy Sherry and Bernard Tremblay

More than 4,000 Canadians are waiting for an organ transplant to save their lives. Last year, only 1,803 transplants were performed. Many patients remain on waiting lists. Unfortunately, 195 Canadians died while waiting for an organ transplant. Three-quarters of the patients on the list are waiting for a kidney transplant.

What can be donated?

Organs and tissues can be donated from birth as long as the baby is full-term and weighs at least six pounds (2.7 kilograms). Some organs and tissues can only be donated at a certain age so the Nurse Clinician for Organ & Tissue Donation will review the possibilities with the parents on an individual basis.

- ▶ **Organs:** kidney, heart, liver, lungs, pancreas and bowels
- ▶ **Tissues:** corneas, cardiac valves, skin, bones and tendons

When are the organs donated?

Most people who donate organs do so after a diagnosis of clinical brain death. Clinical brain death is legally established by two doctors not involved in the patient's care or in transplantation. Once clinical brain death is determined the body is supported on a ventilator until the organs can be removed. Tissue donation however can be carried out after a cardiac death and needs only one doctor to pronounce death.

Why is organ and tissue donation important for children?

Unfortunately not every child is born healthy. The lives of many children can be tremendously improved when they receive an organ or tissue donation. In Quebec, children waiting for a kidney donation are prioritized in order to limit the amount of medical interventions, such as dialysis, and complications related to kidney failure. For tissue donation, the greatest need for children is cardiac valves which can prevent or delay the need for a heart transplant.

How can you indicate you want to donate your organs?

As of the age of 14, adolescents can consent, without parental permission, for organ and tissue donation after death. In February 2011, Law 125 came into effect and now the Régie de l'assurance maladie du Québec (RAMQ) sends children as young as eight years old a consent form. In order to register one's choice at this age, the consent form is signed by the child and both parents.

Under what circumstances are organs and tissues removed from children?

Organs and tissues are only removed with parental consent and parents can choose what to donate. Only the organs and tissues that can be used are removed. The whole donation process takes 24 to 36 hours and the McGill University Health Centre Nurse Clinicians for Organ and Tissue Donation as well as Transplant-Québec and Héma-Québec are always available to support the family and respond to their questions.

How does the MUHC approach families about organ donation?

Identification of potential donors is done by the doctors and nurses on the treating team. They approach family to find out if they are interested in having more information on the topic. If there is an interest, then an MUHC Nurse Clinician for Organ and Tissue Donation will provide an overview of the process. Everyone does their best to respect cultural, religious and personal values. No pressure is put on the family to agree to donate.

For more information: <http://www.signezdon.gouv.qc.ca> <http://www.recycleme.org/>

(Continued on page 5)

If I sign my donor card, will the quality of my medical care be compromised?

No, the possibility of becoming a donor is only brought up when everything possible has been done to save a life.

Will my religion allow me to donate organ and tissues?

Yes, the majority of religions encourage donation. However, if you have questions concerning donation and your faith, it is strongly encouraged to speak with your spiritual resource.

Are there any costs related to donation?

No, there is no cost associated with organ and tissue donation.

Can I still donate if I have cancer?

If the cancer is active, organ donation cannot occur, however if is a solid tumor cancer, the person might be eligible for cornea (a part of the eye) donation.

Can I still have an open casket funeral?

Yes, the surgeons and technicians are very careful and respectful with the person's body so that if a family does not wish to talk about their gesture, no one will know by looking at the deceased.

Practicing Patient and Family-Centred Care: Respect the family no matter the form

Families are big, small, extended, nuclear, multigenerational, one parent, two parents, same sex parents, guardians and grandparents. Families live under one roof or many. A family can be as temporary as a few weeks or as permanent as forever. We become part of a family by birth, adoption, marriage, or from a desire for mutual support. A family is a culture unto itself, with different values and a unique way of realizing its dream. Together, our families become the source of our rich cultural

heritage and spiritual diversity. Our families create neighbourhoods, communities, states and nations. *-Task Force on Young Children and Families, New Mexico Legislature-*

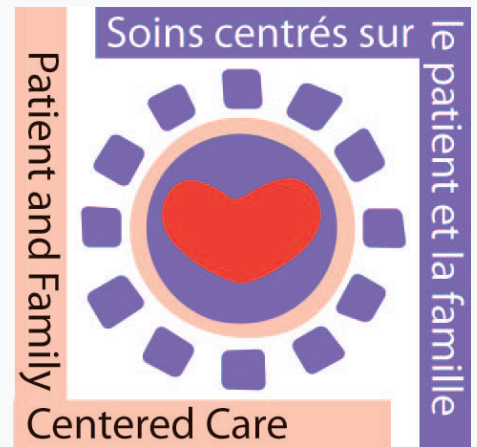
A message from Imma Gidaro, MCH Coordinator for Patient and Family-Centred Care

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To submit story ideas or texts to *Chez nous*, contact the Public Relations and Communications office at



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Investigating environmental contaminants and human growth

A profile of Cynthia (Cindy) Gates Goodyer, PhD

By Alison Burch with Cindy Gates Goodyer

From her lab in an MCH pavilion, Dr. Cynthia Goodyer is co-leading a \$2.5 million, five-year study with her McGill colleague, Dr. Barbara Hales. Under the microscope are the possible toxic effects of brominated flame retardants (BFRs)—chemicals that are almost impossible to avoid.

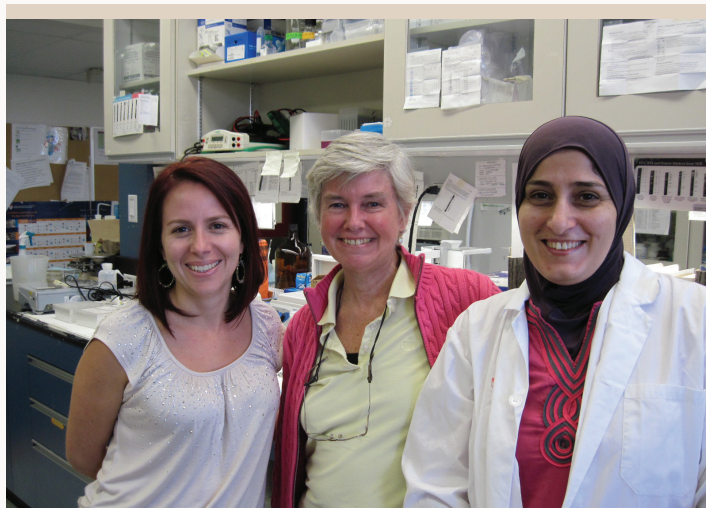
BFRs are added to consumer products to keep them from catching fire too quickly. They are present in products ranging from textiles to insulation, electrical wiring, foam furniture and electronics. Over 80% of human exposure to BFRs is from contaminated dust in our living spaces, the result of normal wear and tear on these products. The remainder comes from food.

Previous research in animals and humans suggests that BFRs may affect early stages of development as well as reproductive health. In response to these findings, Canada, the US and many European countries have banned the production as well as the use of several BFRs in manufactured products over the past decade.

Unfortunately, Dr. Goodyer points out, many of the products we use in daily life were made prior to the ban. When discarded, these products are usually sent to landfills where the BFRs enter groundwater systems and continue to exist as environmental contaminants, moving progressively up the food chain. In the past twenty years, the concentrations of BFRs in the North American environment have risen dramatically. As a result, the levels of BFRs measured in the serum of North Americans are now among the highest in the world. The highest levels are found in newborns and infants.

With funding from the Canadian Institutes of Health Research, Drs. Goodyer and Hales are coordinating a team of eighteen investigators from five Canadian universities and Health Canada to conduct animal and human studies of the effects of BFRs, both during development and on male and female reproduction. The multidisciplinary team is also exploring ethical, legal and social issues surrounding the use of BFRs and human exposures.

The goal of this research is to determine whether BFRs pose a potential health risk not only to individuals, but to future generations—information that will be important



Dr. Cindy Gates Goodyer (c.) with research assistants, Veronica Atehortua (l.) and Samar Elzein (r.)

for policy-makers, health professionals and the Canadian community at large.

Like most career scientists, Dr. Goodyer is working on more than one long-term project, and the findings from one enrich the other. The second focus of her lab is human growth.

Growth, she explains, is a complex process regulated by many genes as well as by nutritional and environmental factors. Growth hormone (GH) is known to play an essential role in the growing child as well as in the adult. It works through multiple growth-promoting as well as metabolic effects, by binding to its specific receptor (GHR) on target cells. Thus, the ability of GH to exert its actions is intimately linked to the availability of its receptor.

Dr. Goodyer aims to identify the regions within the GHR gene that are responsible for controlling GHR expression. This “biological blueprint” will provide the basis for understanding how tissue GHR levels change during normal development and differ from one individual to another. It will also help to define genetic changes in individuals at all ages who show either decreased responsiveness to GH (abnormal postnatal growth, obesity) or enhanced GH responsiveness (cancers).

All the right stuff

A combination of MCH technology and support allow very young patients to be treated at home

By Christine Zeindler

Caden was only three-and-half weeks old when he made his first visit to the Montreal Children's Hospital (MCH) of the McGill University Health Centre (MUHC). After arriving at the emergency department with a fever, he was diagnosed with a urinary tract infection (UTI). He was admitted and provided with intravenous (IV) antibiotic therapy. However, thanks to a new outpatient program, rather than completing this treatment in hospital, Caden was sent home a few days later.

"Most children less than 30 days of age are treated with IV antibiotics for UTIs," says Dr. Hema Patel, MCH Director of Intensive Ambulatory Care Services. "This is because we consider them to be a particularly fragile population – they can get very sick very quickly."

Traditionally these patients need to stay in hospital for the duration of their treatment. However, with the advent of antibiotics that require dosing only once every 24 hours

and expertise that allows use of peripherally inserted central catheters (a form of IV that can be used for a prolonged time), a new treatment regimen is possible. This allows for babies, once stabilized, to return home to complete their therapy. To receive their antibiotics, they return daily to the MCH, or in some cases, to the CLSC.

"We had all the right ingredients to start up an outpatient program for babies, which is similar to the one we have for older children," says Dr. Patel.

"The families love it," says Dr. Patel. "We have a 24-hour hotline and this, in addition to the daily visits, provides the comfort and support the families need."

"I was glad Caden was able to be home," says Tara Gardetti, Caden's mother. "We had faith in the process and were confident about his care."

The Roch Carrier Coin de lecture/ Reading Corner

During International Literacy Day on September 8, The Montreal Children's Hospital along with The Centre for Literacy highlighted the continuing challenge of literacy in Canada and the link between limited literacy and poor health. The hospital and The Centre, with the help of Canadian Space Agency Astronaut Robert Thirsk, paid tribute to Canadian writer and literacy advocate Roch Carrier, author of *The Hockey Sweater*, by naming the Hospital's reading corner in Mr. Carrier's honour.

The Roch Carrier Reading Corner is now located on 2B, the hospital's clinic area where over 125,000 children come for their doctor's appointments every year. "We are delighted to rename our little reading corner after Roch Carrier," says Jan Lariviere, MCH nurse and literacy advocate. "Mr. Carrier is an international advocate for literacy and has been a friend and supporter of Lire/Imagine/Read, a program that helps health care providers integrate literacy into pediatric practice. He has read to children in the hospital and spoken with health professionals about the importance of reading and literacy to health and wellness."



(l. to r.) Robert Thirsk, Linda Shohet, Roch Carrier, and Jan Lariviere

MCH Staff @ work



Ali Saati
Medical Imaging
1 year at the MCH

It is a fact that we all work in a hospital full of pain and the fear of what is next, so one thing I've learned from being here is to always be positive and look to the future.



Audrée Grenier
Medical Archives
10 years at the MCH

I love my work but I can unwind by running a few kilometres or going to a yoga class.



Nicole Greaves
Medical Imaging
12 years at the MCH

A happy life is time spent doing what you love and I am blessed with two great jobs: radiology technologist and now motherhood.



Isabelle Trudeau
Medical Archives
5 years, 8 months at the MCH

I enjoy the simple things – finding happiness in the little pleasures of life!

Awards and Nominations

Pediatric rheumatologist **Dr. Claire LeBlanc** joined the MCH on September 7.

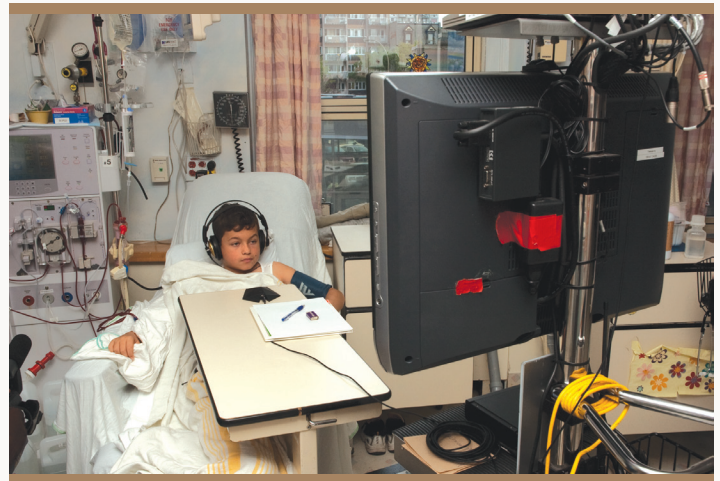
Allan Ptack, MSW, t.s., t.c.f., has been named Administrative Head of Allied Health Services Pediatric mission. Allan is returning to the MCH after an eight-year absence, during which time he worked at the Jewish General Hospital.

Making Headlines

Patient virtually in class

CTV television recently aired a report on Alex who is receiving dialysis three times a week at The Montreal Children's Hospital. To help Alex keep up with his school work, the dialysis team and Telehealth have arranged for the 12-year old to be hooked up via teleconference with his classmates in Souvenir Elementary School in Laval. The technology allows him to easily integrate into the classroom environment. He can see and talk with his teacher and classmates, and vice versa.

http://montreal.ctv.ca/servlet/an/local/CTVNews/20110913/mtl_alex_110913/20110913/?hub=MontrealHome



MCH Mini-Med on Canal Savoir

Throughout the fall, Canal Savoir (UHF29 Cable 26 - 47 Montreal) will air presentations from last year's MCH Mini-Med sessions. For complete details of topics and broadcast times, visit <http://www.canal.qc.ca/emission.php?id=10169>

Events

MCH Auxiliary Fall Events

Through its many sales events throughout the year, the MCH Auxiliary raises funds for the hospital.

Stop by for some great buys! All sales take place on 2B.

Thursday	October 13
Wednesday	October 19
Wednesday	October 26
Wednesday	November 2
Tuesday	November 8
Wednesday	November 9
Wednesday	November 16

Clothing Sale
Books
Knits
Videos
Miscellaneous
Marie Christine Poiré
Artisanal jewels
Books



For more info: Lucette Bennett, ext. 22384

Twenty-fifth anniversary of Sociocultural Consultation and Interpretation Services - SCIS of the MCH

Advancing Access to Health Equity

Half-day seminar

Oct. 12, 2011

8:00 a.m. to 12:00 noon

MCH Forbes Cushing Amphitheatre, Room D-182

This year marks the 25th year of operation of **SCIS -Sociocultural Consultation and Interpretation Services** (formerly Multiculturalism).

To acknowledge the anniversary there will be a special morning of presentations. The event entitled '**Advancing Access to Health Equity**' will highlight social determinants of health that influence equitable

access to healthcare and will discuss services that address cultural diversity and social inclusion. The keynote speaker for this event is Dr. Joseph Betancourt, a known advocate in the field of cross-cultural medicine, minority recruitment in medicine and for identifying racial and ethnic health disparities. The balance of the program will include presentations on related topics, transferable to all aspects of healthcare delivery.

For more information:

Marie Serdyska

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marie.serdyska@muhc.mcgill.ca

Memorial service

A memorial service is being organized to remember the children who have died recently at the MCH. We shall also be commemorating children who have died of SIDS. All staff members are warmly invited to attend this service, which will be held on **Tuesday October 18, at 2:00 p.m. in the Amphitheatre (D-182).**

Big Chills for Little Kids

Tom Jonas loves Halloween. He spends nearly half the year preparing for Halloween night, building a menagerie of deliciously realistic ghosts, goblins and ghouls that are guaranteed to make your skin crawl. Tom gets over 300 visitors a year and they're all encouraged to make a small donation to The Children's. Check out the photos from last year's Halloween extravaganza: <http://www.flickr.com/photos/fondationduchildren/sets/72157627558800219>

Friday, October 28 until Monday, October 31, 2011

1750 du Portage, Laval

See you there!

Get those costumes ready!
Halloween 2011

Make it a date for the MCH Halloween Party!

Date: Monday, October 31

Time: 12:00 to 1:30 p.m.

Location: MCH Cafeteria

Costume Contest: Participate as an individual or as a group

Info: Ginette Manseau, ext. 24459

Prizes for individual and group costumes will be awarded at 12:45 p.m. followed shortly after by the winning department for the Office Decoration contest.

Halloween Decoration Contest
3rd edition!

It's the 3rd edition of our Halloween Decoration Contest! Enter your office in the competition... remember we do this for our little - and not so little - patients!

You may sign up by calling Angela Formica (ext. 24466 or angela.formica@muhc.mcgill.ca). The deadline for registration is October 24. The jury panel will visit the participating offices and departments on October 27 and the winner will be announced at the Halloween party on October 31 in the Cafeteria.

Be creative and have fun!

Debt of gratitude compels François Laurin to give back to the MCH

Accountant, CFO, husband, dad, athlete, Chair of the CSCA

By Lisa Dutton

François Laurin may be the new Chair of the Council for Services to Children and Adolescents (CSCA), but his association with The Montreal Children's Hospital dates back to 1986 when he was vice president of finance of CFCF (now CTV news). "CFCF co-hosted the Telethon of Stars. I was a volunteer and visited the hospital often," recalls Mr. Laurin.

His ties to the hospital were strengthened when his children Gabrielle and Eric came along. "When my daughter was two, she was horse riding on her uncle's back and took a tumble. We brought her to the pediatrician who sent us to the MCH. She had a broken arm."

He remembers being treated gruffly by the Emergency Department doctor when he tried to explain what happened. "The doctor told me politely to go fill out the questionnaire while he would speak directly with Gabrielle. I was a bit taken aback. He wasn't interested in what I had to say. He wanted to hear my daughter's version of events. I realized he was acting in Gabrielle's best interest as he tried to determine if the injury was an accident or child abuse. This was hard to swallow, but in retrospect, I was impressed. It showed me that the health professionals weren't just there to patch kids up and send them home, but were also child protectors and advocates," he says.

It was during his wife Ingrid's second pregnancy that Mr. Laurin's bond with the hospital was cemented. After



Photo: Daniel Héon

a routine ultrasound, doctors told them that the fetus might have no diaphragm.

"We rushed to The Children's with the samples of the amino synthesis where we met with genetic specialists who explained the next steps. I remember saying that if these people could help us I would give back to the hospital in one way or another," recalls Mr. Laurin.

The couple faced a gruelling three-week wait before the test results would be known. "It was the Friday before a long weekend. My wife and I were nervous wrecks. Late in the afternoon, a nurse from the MCH called, the test results were 90% finished and they were quite certain they were normal. She didn't want us to spend the long weekend

agonizing," he says. Thankfully, everything was normal; his son was healthy.

"Shortly after that event, I called Graham Bagnall, an acquaintance I knew to be associated with The Children's. I told him he could count on me whenever the hospital needed a volunteer," says Mr. Laurin. In 2007, he joined the CSCA and in spring 2011 he was nominated chair.

Mr. Laurin is undertaking a major reorganization of the CSCA to enable the council to assume greater leadership as the MCH prepares for its move to its new facility and completes a clinical activities priority setting exercise. (See "New chair transforms the Council for Services to Children and Adolescents." page 3)

When not hard at work, Mr. Laurin is usually working out. He is an avid cyclist, swimmer, runner and skier. Just prior to talking with this writer at 10:30 a.m. he had already completed a 40 km bike ride.

During the interview, he made a pledge to participate in at least one Olympic distance triathlon in 2012. This involves a 1.5 km swim, 40 km bike ride and 10 km run. With the wave of his hand and a shrug he said, it will be no sweat. His bigger job, he maintains, is doing a great job as the new Chair of the CSCA.

Our Heroes

A Family Breathes Easier with the Help of MCH Specialists

By Pamela Toman

Photo: courtesy of Roncière family



Baby Élodie Roncière was just a few months old when her parents started noticing subtle sounds and behaviours that seemed out of the ordinary. “We started realizing that when she cried, she sounded like she was choking, and when she ate, she was having trouble swallowing,” says her mother, Lucie.

At 14 months, baby Élodie began to exhibit further symptoms. During a visit to see their family pediatrician, the Roncière family’s suspicions were confirmed. Dr. Benjamin Burko immediately suspected Élodie may be suffering from a case of subglottic stenosis, a narrowing of the airway below the vocal cords. He quickly referred Élodie and her family to The Montreal Children’s Hospital, where she was seen by Dr. Sam Daniel, otolaryngologist, and Dr. Aurore Côté, specialist in pediatric respiratory medicine.

By this time, Élodie had been experiencing a number of episodes of respiratory distress, resulting in a 10-day hospitalization and many trips to the emergency room. Lucie and her husband had lists of questions for the specialists. Dr. Daniel and Dr. Côté took the necessary time to respond to all of their concerns and present the Roncières with the options. “The approach they took with our daughter,

and with us, was just fantastic,” says Lucie, “and even though we saw each of them separately, they worked closely together as well as in partnership with our pediatrician, Dr. Burko, to decide on our daughter’s treatment.”

Élodie underwent a number of broncoscopies, where Dr. Daniel was able to confirm she was also suffering from an additional narrowing and softening of her trachea and left bronchial tube. Dr. Côté prescribed a monitor that would be attached to her foot at night. The machine would alert the Roncières when she was in respiratory distress. With some training from Dr. Côté, Lucie and her husband were taught to stabilize their daughter’s breathing through different medications at home, and knew to rush her to the ER for more urgent care in the case of a more serious episode.

“Dr. Côté provided us with so many resources. We had a number to call to reach the Respiratory Medicine specialist on call in the middle of the night, and a detailed letter so that when we had to rush our daughter into the emergency room, the physicians on staff would have a detailed summary of her condition. We also benefited from the excellent care of Dr. Burko, who remained available seven days a

week via email. This gave us comfort in difficult and stressful moments” says Lucie.

When the Roncière family contemplated relocating to the U.S. or Europe to pursue professional opportunities, they were amazed when both Dr. Daniel and Dr. Côté looked into the resources available for their daughter overseas. “In the end, we couldn’t make the move because we knew we had the most incredible doctors, right here in Montreal!” confesses Lucie.

While she still exhibits mild difficulty breathing during colds or a flu, Élodie is now a happy and healthy soon-to-be six-year-old, who has been episode-free for roughly a year. She just recently saw Dr. Daniel for her very last consultation, as she will only need to be followed in Respiratory Medicine with Dr. Côté.

“It was such a special moment,” recounts Lucie, “we realized how much we appreciated both doctors for their open-mindedness, and warm approach with Élodie, and our family, from the very beginning. Everyone should be able to count on such wonderful doctors who work in cooperation with their pediatrician to find the best treatment and follow through.”