



PORTRAITS OF COURAGE

M

Meet Eitan Nechin (26), professional musician and London-based journalism and film student with a harrowing summer adventure to relate – and to show for it, crawling up both sides of his lower right leg, a pair of raw surgical scars whose mahogany hue and lizard shape suggest Maori carvings or aboriginal tattoos signifying a young man’s rite of passage.

The venue is Ein Hod (est. 1953), a hilltop artists’ village 20 kilometers south of Haifa. Eitan grew up here, where his mother, Sue (59), runs a B&B and his father, Bob (61), is a stained-glass artist with studio and kiln adjacent to the family’s cozy, book and artifact filled home.

Nine p.m., Friday, July 24th. Eitan, in shorts and flip-flops, had just bid neighbors Emanuel and Lisa Kiriaty goodnight. It so happened that the couple’s porch light had



Eitan Nechin and an albino Burmese python get acquainted at the Haifa Educational Zoo.

burned out and that coiled in the shadows, on the step leading from their patio to the sidewalk, lurked danger.

“I felt something big bite me,” Eitan recalls.

“He was yelling and then he did a Rambo –” Emanuel demonstrates on himself by ripping open his shirt collar.

“Because already I couldn’t breathe.”

Prof. Yedidia Bentur, Director, *Israel Poison Information Center*, RHCC: “*Vipera palaestinae* is the most

common poisonous snake in Israel. It is active at night from spring through summer. It usually hides in trees and vegetation, and in junk, but urbanization has caused it to enter communities in search of mice – and Ein Hod is wild!”

Vipera palaestinae features a chevron-embellished triangular head and eyes with vertical, elliptical pupils; coalescing rhomboids form a serpentine pattern along its back. It can reach a meter and a half in length and a kilo and a half in weight. The back of its head is equipped with venom glands that pump toxin into two retractable, hollow fangs, which, from the instant they clamp down on prey, function like hypodermic needles.

“People are an object that [the viper] wants to avoid! But [in Eitan’s case,] he felt the



Dr. Yaron Bar-Lavie (l), Director, Department of Critical Care Medicine



Dr. Yedidia Bentur (r), Director, Israel Poison Information Center

vibration and [the presence of] a big, warm object, so he struck.”

In response, Eitan’s blood pressure plummeted, and he lost consciousness. He was evacuated to Rambam, where ER physicians administered anti-venom (horse-derived antibodies). A layperson might imagine anti-venom’s use to be routine, but in approximately 4% of individuals, *anaphylactic shock* kicks in. “No physician wants to risk further endangering a snakebite victim’s life, and therefore we do a risk-benefit analysis,” Prof. Bentur explains.

Eitan obviously needed the antidote, but within minutes of its receipt, his blood pressure again plummeted and he developed upper airway edema. At this point, he was transferred to the Department of Critical Care Medicine, directed by Dr. Yaron Bar-Lavie.

“By now, he was in such bad shape that we risked giving the anti-venom again, this time backed up by anti-allergic medication – adrenaline, steroids, antihistamines – because we feared that without [the antidote], what eventually *did* happen *would* happen. Either way, he might die, and we had to choose the action less likely to kill him.”

Eitan’s system again rejected the anti-venom, and a cascade of medical events dictated by the envenomation ensued.

“We owe Rambam his life, but Eitan also had something to do with it. He’s always been a very stubborn kid; he generally goes the long way about it, but he eventually achieves what he wants.”

- Sue Nechin

“He didn’t only survive on a physical level. He had a will to live, and it was expressed, and he can use that in his life, and the strength we found is also something that we can use.”

- Bob Nechin

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GREETINGS FROM PROF. RAFI BEYAR

Dear Friends of Rambam,

In January 2010, we sadly departed from **Baruch (Bruce) Rappaport**, loving husband to Ruth, dear father to Irith, Noga, Vered and Shoshana, a cherished friend, a man of giant deeds, and a true visionary who loved to see his dreams come true.

I had the honor of knowing and working with Baruch Rappaport for the past decade as Dean of the Technion's Ruth and Bruce Rappaport Faculty of Medicine and, recently, as Director of Rambam Medical Center.

For the past four decades, Baruch was one of the greatest supporters of medicine in Israel. He founded on the Rambam campus the Faculty of Medicine and the Rappaport Family Institute for Research in the Medical Sciences. He foresaw three decades in advance that the Faculty and Institute would grace Israel with the Nobel Prize. Indeed, we made history in 2004, when the Nobel Prize in Chemistry was awarded to Professors Hershko and Ciechanover, which has brought the greatest honor to science and medicine in Israel and to the Israeli people. I was the lucky Dean of the Rappaport Faculty of Medicine of the Technion that attended the Nobel Ceremony in Stockholm with Ruth and Baruch, and I saw the excitement in his eyes.

I was the CEO of Rambam during the Second Lebanon War of 2006, when the hospital was under rocket attack. I remember the Friday, just before Shabbat, when I received a call from an "unidentified donor" wishing to establish a Children's Hospital at Rambam. "You will be contacted on Sunday," I was told. The anonymous donors were Ruth and Baruch Rappaport. The Ruth Children's Hospital is presently under construction, and we will see this vision materialize in the near future.

The Rappaport Family's gifts to medicine and culture in Haifa are unprecedented in the history of Israel. I promise to Ruth and the family that we will carry forward into the future Baruch's vision for medicine as a vehicle for peace in the Middle East. ●



"EGO DOESN'T EXIST HERE"

An Interview with

Prof. Myriam Weyl Ben Arush

Head, Miri Shitrit Pediatric Hematology & Oncology Department, RHCC

Deputy Director, Children's Hospital, RHCC

Chair, Israel Society of Pediatric Hematology Oncology

On December 4th, in France, you will become a *Chevalier de la Légion d'honneur*. Please tell us about that.

Oh [embarrassed smile], Napoleon established it to honor successful senior officers in the French military, but today it's awarded to French people in theater, film, medicine, sports and so forth that have worked in their discipline for twenty to thirty years, achieved fame, and brought France international respect. Individuals are nominated anonymously; someone – I don't know who, but I know a lot of people in medicine, of course – wrote to President Sarkozy, who selects honorees from a pool [of nominees]. At first I thought, I have been in Israel for twenty-four years, what have I to do with [French knighthood], but my mother, Janine Weyl, was so excited! She's eighty-four now. Also, my paternal grandfather, Albert Weyl, received the *Chevalier* for his World War II service in the *Résistance*, so it's in the family.

INTERVIEW

Please put childhood cancer today in perspective for us.

In Israel, as in Western Europe and North America, approximately 14 out of every 100,000 children will develop cancer. Annually in Israel, 400 to 500 children are newly diagnosed with the disease. Every week, between one to two children ages 0-20 begin treatment at Rambam, and the department receives approximately 75-80 new patients per year. Because we cure more than 80% of pediatric cancer patients, today our concern is to avoid late complications of treatment: a second malignancy, sterility, cardiomyopathy, perturbation of cognitive function, growth disturbance, and social problems [such as] reinsertion into the peer group. Ten years ago, we knew we could cure children, but we didn't know [the extent to which] we could hurt them. Today, we are able to provide tailored treatments. For example, we use PET/CT to evaluate a patient's response to chemotherapy, which enables us to decide how many treatments to deliver. If the disease returns, we can cure the child with a more aggressive treatment that we've kept in reserve. In very recalcitrant cancer, we work to develop aggressive medications, but we know better how to handle the side effects – with antibiotics, for instance – and also, we provide supportive care.

What kind of supportive care?

The children are treated not just by the senior oncologist but by an entire staff – senior physicians, residents, specialist nurses, social workers, psychologists, art therapists. We also have a palliative team that helps not only the patient but also the staff. Because only 85% of the children are cured, this still means that once a month, a child dies. Because we work as a staff, we try to ease each other's distress.

What type of personality is suited to working in your Department?

Ego doesn't exist here. When [a staff member] looks in the mirror, he must think, "I'm doing what I have

to do to contribute to the patient in all aspects – [provision of] the most advanced medical care, [concern for] quality of life, and concern for the family in the best interest of the child." We care for the child *within* the family and put the child in the center. At discussions, the parents are present together with the Nurse in Charge, the social worker or psychologist, the physician and sometimes a Fellow. And from the start, we practice open communication – telling the truth. If the oncologist doesn't do that, there won't be cooperation. There is a story of a 14-year-old who wouldn't come to treatment because he couldn't understand why he needed chemotherapy to fight the "flu," and that child died. Because usually the prognosis is good, our approach is optimistic and rightly so! The children are strengthened by our approach; they want to return to regular life and will think positively.

What therapeutic advances do you foresee?

In another ten years, we won't use chemotherapy or radiotherapy, just targeted therapy using small molecules that will kill only the cancer, not the surrounding tissue. *Gleevec* is an example of small molecules that kill only the leukemia, enabling us to cure the patient. We're about to start Phase II trials.

How do you approach the sensitive issue of obtaining a family's informed consent?

An international clinical trial represents the best quality of care, but parents who give us their child to care for have to be persuaded that we know [what we're doing]. A social contract exists that includes [their] trust, [our] loyalty, and mutual respect. In addition, we ask for the informed *assent* – the agreement – of children above the age of twelve or thirteen, and I am part of a national committee working to decrease the age of informed consent to fourteen or fifteen years.

What accounts for cancer's social stigma?

People hear *cancer* and think *death*. It's particularly hard for girls in the Arab and Haredi populations; [having had cancer] hurts their marriage chances. The bridegroom or the mother of the groom have come to me for information [about the bride's health], and I have reassured them, and healthy kids have been born from these unions.

What kind of personal journey do young oncology patients make?

They are much more mature [than their peers]. Health becomes their top priority. The child comes to know people more intimately [than usual], learns who his friends are, what he must ask from others and what he can expect from them. He has learned how to be disappointed [and] how to express and cope with anger. He has learned to trust himself because he has been victorious over cancer. ●

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Rambam on Call

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ETC, ETC

On October 22nd, Rambam dedicated Israel's first emergency medical facility fortified against conventional and chemical warfare.

The aluminum-cladded Emergency Trauma Center is the new home of the Emergency Medicine Department, Internal Emergency Room, and Trauma Unit. The facility can accommodate over 100,000 patients annually, care for sixty patients simultaneously, and be expanded to one hundred treatment stations. Its six trauma and ICU stations, built in cooperation with the Technion's Human Engineering and Patient Safety Department, can be expanded to eleven stations. Additional features include two digital x-ray rooms, two isolation rooms for patients with suspected infectious diseases or weakened immune systems, and fully computerized record-keeping and monitoring systems developed in cooperation with the Technion and IBM. The soaring, fan-shaped parking roof is wide enough to shelter six ambulances.

"Now we have the most beautiful and functional emergency room in the world!" enthused Gila Hyams, RN, who coordinates the Trauma Unit and directs the Teaching Center for Trauma, Emergency and Mass Casualty

Situations. "The wide spaces are patient-friendly; the storage is transparent so that everything [will be] in my hands quickly when treating critical patients; the Shock-Trauma Room is rich in technical equipment and designed for maximum efficiency when resuscitating patients. Now, we can put into practice all that we have dreamed of, read of, and taught."

The 60 million shekel project was initiated by Rambam during the Second Lebanon War. The largesse of Mr. Nochi Dankner, Chairman of the IDB Group and first in line to back the project, attracted a consortium of funding partners: the Ministry of Health, the Jewish Agency, the United Jewish Communities (UJC) of the Jewish Federations of North America, the Claims Conference, and the NGO *Reut for the Advancement of Medicine in Israel*.

At the dedication, RHCC Director General Prof. Rafael Beyar spoke of that war and of the outdated, overcrowded and unprotected ER that cared for 7,000 routine-emergency patients and war casualties while itself under fire. "The ER was filled with badly wounded. I looked at the physicians and nurses ignoring the [exploding] missiles," he recalled, his voice thickening. "The need for a modern, protected building was obvious, and we at Rambam took it upon ourselves as a national mission."

We are honored to give Mr. Dankner the last word: "This visit closes a circle from my previous visit in August 2006, when I saw an old facility without a doubt too small to serve Haifa and the North, especially during a crisis, and only with these wonderful doctors and nurses [to keep it going]. I adore Rafi Beyar for his determination and ability to realize this project, and I am so happy to come here only three years later and see an exemplary, all-inclusive ER." ●

NATO Finances Multinational Mass-Casualty Preparedness Course

In a real mass casualty event, human lives would be at stake, but this was a NATO-sponsored tabletop drill for multinational players – a board game with emergency personnel represented by hypodermic syringes labeled *Surgeon, Registered Nurse [RN]* and so forth, and patients represented by tiny cardboard rectangles marked with each individual's age, gender, vital signs and bodily injuries.

The Emergency Department was partially full when news came of a *mass casualty situation* (M.C.S.), defined as requiring a hospital to treat a number of injured exceeding its usual capacity. Key personnel began urgently transferring patients out of the department in order to free the beds for an expected onslaught of wounded. These arrived quickly in five waves.

"Where does the Head Nurse stand?" prompted Dr. Moshe Michaelson, Director of the Trauma Unit at Rambam.

"Here," replied a visiting physician, "or maybe here."

"No 'or!'" Dr. Michaelson insisted. "You have ten seconds to decide!"

The board game, presented by guest moderator Dr. Michael Stein, Director of Trauma in the Department of Surgery at Rabin Medical Center,

was part of a 3-day advanced capacity building course, "The Best Way of Training for Mass Casualty Situations (M.C.S.)," given in Haifa on November 16th-18th by Rambam's Teaching Center for Trauma Emergency and Mass Casualty Situations.

The course was initiated by Rambam and organized in joint partnership with NATO, whose Science for Peace and Security (SPS) Committee granted scholarships in order to enable it to take place in Israel, and also enjoyed assistance from the Israeli Health Ministry and MASHAV – the Center for International Cooperation of the Foreign Ministry of Israel.

It was designed for senior physicians, nurses and administrators of hospitals and pre-hospitalization (paramedical) organizations from Commonwealth of Independent States (CIS) and Mediterranean Dialogue countries. Representatives of Azerbaijan, Croatia, Georgia, Malta, Moldova, Russia, Serbia, and Ukraine, and of Israel's neighbor, Jordan, participated.

The training stressed the central importance of logistical pre-planning and organization, and of periodic drilling and debriefing of personnel.

Co-directing the course with Dr. Michaelson was Brigadier General (ret.) Dr. Leo Klein of the Czech Republic, Head of the Department of Field Surgery in the Faculty of Military Health Sciences at the University of Defence. The course was coordinated



by Gila Hyams, RN, who directs the Teaching Center for Trauma Emergency and M.C.S. and coordinates the Trauma Unit at Rambam.

American, European and Israeli specialists in the field of trauma trained participants in various best practices for coping with the pre-hospital, hospital and non-conventional aspects of M.C.S.

In keeping with the course's learning-by-doing methodology, the visitors closely observed an M.C.S. drill (pictured below) at Rambam's new Emergency Trauma Center, and then actively debriefed their Rambam counterparts.

The course's primary aim was to give participants methods for teaching their knowledge of M.C.S. preparedness to medical professionals in their home hospitals and countries. ●



An actor is wheeled into the Emergency Trauma Center after moulage (simulated injuries) has been applied.



NOTRE CHEVALIER

DIJON – On December 4, 2009, in the city where she grew up, studied medicine and learned her pediatric specialty, and where her mother lives, Prof. Myriam Ben Arush, Director of Rambam's Pediatric Hematology and Oncology Department, was honored with the rank of *Chevalier de la Légion d'honneur*, France's highest decoration.

Gathered to congratulate her were family members from Israel, France, Belgium and Switzerland. Also present were Mayor François Rebsamen (pictured with Prof. Ben Arush, below); representatives of the city's *Centre Hospitalier Universitaire* and of the Dijon Jewish Community; Mr. Guy Wildenstein, New-York based representative of the Assembly for French Expatriates (AFE); and colleagues and friends of Prof. Ben Arush from the France-Israel Association, which had held its annual national convention in Dijon the previous evening. ●



HAUTE SOCIÉTÉ

PARIS – Light rain scrawled neon squiggles across the pavement and rippled the river's surface, whose buoyant lights fractured into stained glass shards.

Indoors, meanwhile, Prof. Michael Soudry, Chairman of the Division of Orthopedics and Director of Department of Orthopedics A, was nominated and approved for honorary membership in the French Society of Orthopedics and Traumatology (SOFcot) by that organization's General Assembly on November 10, 2009 at the *Palais des Congrès*.

The nomination recognizes Prof. Soudry's long history of promoting good relations between SOFCOT and the Israeli Orthopedic Association. It was approved in the framework of SOFCOT's 84th Annual Meeting, which attracted approximately 4,000 participants from France and francophone countries. To his French-speaking colleagues, Prof. Soudry is also known as a correspondent for SOFCOT's *Revue de Chirurgie Orthopédique et de Traumatologie*.

The next evening, Prof. Soudry and his wife, biologist Esther Soudry, were among 150 guests at a dinner hosted by Prof. Laurent Sedel, the President of SOFCOT. The dinner was held at the ornate *Palais des Affaires étrangères* of the *Quai d'Orsay*, home to the offices of French Foreign Minister Bernard Kouchner. The palace was built to provide

hospitality to international guests, and kings and queens have stayed there, but it was the first time that it had been opened to honor SOFCOT.

In addition, while in Paris, Prof. Soudry represented Rambam at meetings with Messrs. Serge Nakache and Daniel Sandler, and with Mr. Samuel Amar, who are Jewish Community leaders in La Celle St. Cloud and Vaucresson respectively.

During his European mission, Prof. Soudry also journeyed to Porto, Portugal. There, he lectured about his experience with revision knee arthroplasty to the plenary of the Portuguese Orthopaedic Society, and was similarly recognized by that group with Honorary Membership. ●



NOT AN IDLE MAN

JERUSALEM – Prof. Shmuel Eidelman has been awarded the Israeli Medical Association's Certificate of Merit for 2009 in expression of esteem for his decades of service to medicine and the public health system. The honor was presented at the 41st IMA Congress, held in the nation's capital in September 2009. At Rambam, Prof. Eidelman is Ombudsman for Patient Services, Coordinator of Residency Programs, and Emeritus Head of Internal Medicine and

Gastroenterology. Moreover, at the University of Haifa, he chairs the Rambam-affiliated Center for the Study of the Doctor-Patient Relationship (est. 2003) and delivers an elective in the School of Public Health's Masters of Public Health (MPH) program. From 1995-2001, Prof. Eidelman chaired the IMA's Scientific Council, which supervises medical residencies throughout Israel. ●



Prof. Eidelman (r) receives Certificate of Merit from Dr. Yoram Blachar (l), outgoing Chairman of the Israeli Medical Association and incoming President of the World Medical Association.

Rambam welcomes returning physicians Arie Gordin and Michal Mekel, each of whom did their medical studies, internship and residency at Rambam and has recently returned from fellowships abroad, and new-immigrant physician Prof. Ian Gralnek, and their families.

GORDIN: A LISTENING EAR

In September, Dr. Arie Gordin, newly appointed in charge of the Pediatric Otolaryngology (ENT) Service, returned to Rambam from a six-month research fellowship at Strong Memorial Hospital in Rochester, New York and a two-year clinical fellowship at the Hospital for Sick Children in Toronto.

ENT nicely combines the clinical, diagnostic and surgical aspects of medicine, Dr. Gordin says, adding, "I like surgery, and I like the combination of a pathology and a solution."

"What do Israeli doctors have to teach the Canadians? Our system is very much thinking outside the box – Israelis do! We always try to find shorter, more sophisticated solutions [whereas] there, the solution has already been defined."

In Rochester, Dr. Gordin received the tools to plan and conduct research trials using a basic-study group and a control group, he says appreciatively. He used animal models to explore changes in the brain and inner ear responsible for age-related hearing loss.

In Toronto, he was responsible for the ENT Service of the Paediatric and Neonatal ICU and, in addition, performed basic and clinical research. "SickKids is a center for all Ontario's approximately 13 million population; the amount of cases, and complicated cases, is huge. All the more advanced cases come there, so the exposure is amazing! I saw things that



in my limited time as an ENT specialist in Israel, I had never seen but [only] knew about from textbooks, and these cases I saw every week. I also performed surgical procedures that I had never done before – for example, pediatric airway procedures using endoscopic laser, cochlear implants for hearing, and operations for chronic middle ear problems or congenital head and neck tumors.

"There are many things not yet done in our hospital," he continues energetically, laying out his plans. "The equipment in my department is forty years old. The microscopes are old – not optimal, but you can live with it. But there are things [lacking] that are so obvious – for example, camera screens; here, everything is through the eyepiece. We also lack endoscopic equipment for treating foreign bodies ingested or aspirated into the airways or lungs." He intends to build the department through referrals for evaluation and treatment from community health clinics and district hospitals, he says, and to centralize all pediatric ENT surgical services in one location, adding, "I hope that in [Rambam's planned] Ruth Children's Hospital, ENT will have a designated area." •

GRALNEK: SCOPE FOR ACTION



In August 2005, Prof. Ian Gralnek, Director of Hospital-Wide Ambulatory Care Services and Senior Physician in the Department of Gastroenterology at RHCC, and the Academic Advisor for U.S. Clinical Affairs of the Technion American Medical Students Program, made *aliyah* to the Rambam campus from Los Angeles. Most recently in L.A., he had served as Director of the UCLA Center for the Study of Digestive Healthcare Quality and Outcomes, and Associate Director of the UCLAVA Center for Neurovisceral Sciences & Women's Health.

The family arrived in Israel on a *Nefesh B'Nefesh* flight. "I was interviewed by KFWB [radio station] back home," he recalls, imitating the reporter's ponderous

baritone: "Dr. Gralnek is leaving the good life in Southern California to move to Israel."

If you detect a midwestern twang, that is because Prof. Gralnek was born and bred in St. Paul, Minnesota. In his office at Rambam, he displays two framed red-and-white *homer hankies* – home-run handkerchiefs waved in the stands by Minnesota Twins' fans at the Twins' winning World Series of 1987 and 1991.

Recalling his medical studies at the University of Minnesota, he says, "I interned right at the advent of video endoscopy in '89. In the old days of fiber-optic endoscopy, the gastroenterologist would have his scope [jumps up to mime the pose of a red-bearded buccaneer peering through a pirate scope]. Today, instead, we use video endoscopes to image the GI tract, with those images displayed on a flat screen TV monitor that everyone can watch – but when I was interning in the ICU, the GI guys came to the bedside to scope a very sick patient due to peptic-ulcer bleeding, and I thought, 'Not only do they get to do neat diseases, but they see the results of the procedures immediately.'"

On fellowship at UCLA, Prof. Gralnek became interested in GI outcomes research. "Seventy percent of what [physicians] do is not truly evidence based but taught – [i.e.,] dogma based – but evidence based

MEKEL: ADRENALIZED



In July, specialist physician in adrenal, thyroid and parathyroid surgery Dr. Michal Mekel joined the team of Prof. Michael Krausz, Director of Department of Surgery A and one of Israel's best and busiest endocrine surgeons.

Dr. Mekel has returned to the Rambam campus following a two-year surgical fellowship at Massachusetts General Hospital, the largest center for endocrine surgery in the U.S. "They do 1,000 endocrine surgical operations a year; I operated on 250 patients," she says.

"The surgical profession takes time and investment because emergencies are by definition not expected. At a family meeting [at which] I was not present because I [had been] called into work, my sister-in-law asked where I was, and my eight-year-old answered, 'Someone was shot, and Mom needed to go save him.'"

When asked why she chose general surgery for her specialty, Dr. Mekel explains: "In surgery, you have not only the intellectual challenge of understanding the pathophysiology of a disease, and diagnosing and treating it correctly, but also the technical challenge. In the OR, you need to be very knowledgeable about anatomy, physiology and surgical techniques. The work is varied, challenging and heroic, and many times, you cure the patient, who comes in with a disease and goes home without it.

"Heroism, however, is only one of the attractions when you start your career," she adds. "What grows stronger as you grow in your profession is your satisfaction from helping and curing people. That's what moves you." •

"I want a modern ambulatory health care center on the Rambam campus. We have 450,000 visits a year, but the ambulatory services are spread out, some in old bungalows, some in the old Stone Building, and the [main outpatient] building is decrepit, about forty years old, and crowded! I want all physicians, nurses and administrators, all ambulatory services, and all outlying sites centralized into one modern building with good patient and visitor access."

medicine is founded on well conceived, hypothesis driven studies that yield valid and generalizable clinical data and enable us to make better informed decisions in patient care. UCLA and the medical arm of the Rand Corporation have been a hotbed for [outcomes research], which became a new area of clinical investigation within medical subspecialties, such as gastroenterology, within only the past ten years or so.

"It sounds sort of corny," he concludes, "but I think that in my roles as a medical practitioner, researcher, teacher, and public health administrator, I can effect change in patient care." •



TORONTO – The Toronto native son, who immigrated to Israel with his wife and children in 1995 – in his case, making *aliyah* directly to Rambam Health Care Campus from the Division of Nephrology in the Departments of Medicine, Pediatrics and Clinical Biochemistry at the University of Toronto – was also made most welcome in the city of his birth.

Over 250 people attended Prof. Skorecki's lecture on "The Genetics of Being Jewish," an event co-sponsored by Beth David Synagogue's Continuing Education Committee and Brotherhood in partnership with CFRAM, and organized by Prof. Bernard P. Schimmer of the Banting and Best Department of Medical Research at the University of Toronto. In his opening remarks, Prof. Schimmer spoke warmly of his long association with Prof. Skorecki. Among those in the audience were CFRAM Board Members Cary Green, Ron Kalifer, Jules Kronis and Les Wynn, and event volunteers Gayle Hart and Jeff Sattin.

Sam and Pam Handelsman hosted an evening at which Prof. Skorecki told of the enormous strides being made at Rambam in personalized medicine, stem-cell research, and other healthcare matters. Dr. Handelsman told those assembled that his relationship with the guest of honor had begun in their student days at the University of Toronto, and spoke of his pride in his friend's achievements. In attendance were CFRAM President David Green with his mother, Rambam supporter Goldie Feldman;

Board Member Bayla Chaikof with her husband, Leo; Board Member Diane Wilson with her husband, Dr. Jonathan Wilson (who serves on CFRAM's Medical Advisory Board); and many well known members of the Toronto Jewish Community, among them Gary and Linda Goldberg, Ken and Gloria Hershenfield, Jeff and Linda Mandsohn, Dr. Uri Sagman, and Arnie and Sharyn Recht (he is past President of the Canadian Technion Society).

Board Member Jules Berman hosted a lunch at his firm Minden Gross LLB for CFRAM members and others from the financial and business community. Guests included Donald Carr, who several years ago assisted in obtaining Canadian charitable status for CFRAM; Board Members Rachel Blumenfeld of Miller Thompson LLB, Edwin Goldstein, and Ron Kalifer; and generous donor George Herczeg.

Board Member Marilyn Gotfrid and her husband David hosted an intimate breakfast at their home attended by Dr. Daphne Gladman (Chair of CFRAM's Medical Advisory Board), Carole and Lionel Schipper, Liz Wolfe, and others. Prof. Skorecki was asked why he had chosen to work at Rambam. He replied that Rambam is like a very close-knit family, and it is this workplace culture that has fostered the institution's world-class accomplishments in medicine and science.

During his visit to Ontario's capital city, Prof. Skorecki also shared a challenging exchange of ideas about Torah and science with high school students at Yeshivat Or Chaim and the Ulpanat Orot Girls' School. ●



ISRAELI FRIENDS GATHER MOMENTUM



Tel-Aviv based, internationally celebrated theater troupe *Mayumana* thrilled spectators with a show of *Momentum* – a high-voltage dance and music performance that took place on November 26th at the Rappaport Auditorium in Central Carmel. The Minister of Science and Technology, Prof. Daniel Hershkowitz, was among the speakers. The event was organized by the Israeli Friends Association, with all proceeds earmarked for stroke prevention and treatment programs at Rambam. ●

AMERICAN FRIENDS

Birthday Candles...



NEW YORK – In October, Dr. Amy Giannotti-Guralnick contacted AFORAM to discuss a gift to Rambam in her name and those of her husband Giovanni and their daughter Sasha to honor the 80th birthday of her father, Dr. Henry Guralnick. In 1929, Dr. Henry Guralnick was born in pre-State Israel at a predecessor hospital of today's Rambam, and the gift chosen for Rambam by his daughter was an inviting sofa to be placed in the Neonatal Intensive Care Unit for the comfort of nursing mothers. In this way, four generations of the Guralnick Family, including Dr. Giannotti-Guralnick's paternal grandmother, will have established a symbolic presence in Rambam Medical Center's Maternity Ward.

Chanukah Candles...

CHESTNUT HILL, MA – On November 4th, Board Member Relly Dibner and her husband Brent graciously hosted the 2nd AFORAM New England Strategic Planning Session at their home in Chestnut Hill. Distinguished community leaders discussed enhancing collaborations between Rambam and Boston medical institutions, establishing new cross-cultural exchanges for health professionals, assisting Rambam in commercialization of intellectual property, and facilitating donor development and support. Participants included representatives of Beth Israel Deaconess Medical Center, Brigham & Women's Hospital, Corindus Inc., Massachusetts Centers of Excellence Corporation, MedTech Advisors, and Millennium Pharmaceuticals, among others.

& Chanukah Gelt

“With this concert, we have brought together metropolitan-Boston area Jewish day schools from diverse ideological perspectives, and unified their voices for a common cause – using music to heal children in Israel. Now in its fourth consecutive year, *Kol HaNeshama* (a Hebrew-language play on words meaning all the soul or the soul's voice) has raised not only our community's spirit but also thousands of dollars for Rambam Medical Center, and has taught our children that through their artistic efforts, *tikkun olam* can be accomplished.”

Trudy Shulman Fagen
Program Director, Kol HaNeshama Music Festival
Arts Coordinator, Solomon Schechter Day School of Greater Boston

BOSTON – The proceeds of the Kol HaNeshama Music Festival, held on December 6th, were earmarked for Rambam's Pediatric Arts and Medical Clowning Programs. The festival included a performance by metropolitan-Boston area Jewish day school students and featured *klezmer* melodies and a bilingual (Hebrew and English) medley of songs including Sephardic and 16th-century Italian versions of "Maoz Tsur," and the song "First Chanukah Night" from the musical *Yours, Anne*. More than 300 pupils and their families attended. Participating schools included Boston's Jewish Community Day School, the Gann Academy, the Rashi School, the Solomon Schechter Day School of Greater Boston, and the South Area Solomon Schechter Day School.

Also in time for the winter holidays, AFORAM New England has introduced the Chanukah Gelt for Health Initiative, a web-based project located at www.aforam.org that encourages individuals to honor friends and family with a gift designated in support of a range of pediatric and adult patient-care programs at Rambam.

Spearheading the launch of the New England Chapter of AFORAM is Eisenhower Fellow and dynamic Friend of Rambam Robin JR Blatt, RN, MPH. She may be reached at robinblatt@biogeniunity.com. ●



PORTRAITS OF COURAGE

CONTINUED FROM P1

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"Venom is a xenobiotic – foreign material composed of proteins, enzymes and small molecules," Prof. Bentur explains, "and without anti-venom to neutralize it, it will circulate until eventually it gets detoxified or degraded within the bloodstream, each component at its own rate; but meanwhile, we had to support Eitan's respiratory system, cardiovascular system, kidneys, blood – and everything was on the verge of imminent collapse!"

"Simultaneously, the swelling of the leg had reached the thigh and higher; the swelling put

pressure on the blood vessels, and they collapsed, causing *compartment syndrome*. The orthopedic surgeon relieved the pressure on the fascia – the membranes covering the muscles – with two longitudinal incisions, [by which] the blood flow and neurological functions were restored and the leg saved.

"We are into the second day and we have an open wound, unstable blood pressure, swelling and *compartment syndrome*, *hemolysis* [destruction of red blood cells], *thrombocytopenia* [reduction of platelets] and *diffuse intravascular coagulopathy* [bleeding]. So this is the drama –"

Tension seeps into his voice, the voice of a natural storyteller.

"You have an excellent medication that *always* works and you *can't* use it! We asked ourselves, when is the right time to use it *if ever?* We decided not to make a long-term decision, but to reevaluate the situation every two hours, knowing that either way, it's going to be bad!"

Dr. Bar-Lavie picks up the narrative: "For seven days, Eitan was in critical condition – severe shock, *DIC*, multi-organ failure – and needed *very* intensive care; we gave him massive blood and blood-factor transfusions and meticulously titrated all fluids. By the second week, the venom's influence had dissipated, and the blood pressure and platelet counts had stabilized – but just when we thought he would be okay, he developed *Acute Respiratory Distress Syndrome*, bacterial pneumonia, and *methicillin resistant Staph aureus infection*. We kept him sedated, intubated and mechanically ventilated for over three weeks of the one month that he spent in the ICU. In the fourth week, we gave him a tracheostomy to wean him from mechanical ventilation, and supported him through withdrawal from anesthetics."

On August 24th, Eitan was transferred to the Department of Plastic Reconstructive Surgery. He was released from hospital on September 6th. ●

NURSES' STATION

A Stitch in Time



Pictured with senior ER nurses are (2nd from l) Hagar Baruch, Head Nurse, Department of Emergency Medicine, and (6th from l) Dr. Hanna Admi, Director of Nursing.

At a training day sponsored by Johnson & Johnson, senior ER nurses practiced the craft of surgical sewing by way of a method closest to the real thing – stitching together portions of raw chicken. In the Western world, it is already usual for hospitals to assign surgical sewing to nurses in order to reduce the length of time that patients must wait to be seen by physicians or released after surgery. Rambam is among the only hospitals in Israel and the first hospital in the North to have adopted the practice. ●

Northern Lights



Norwegian student nurses practice resuscitation techniques at Rambam; Nursing Administration Project Coordinator Nancy Black appears at far right.

Two groups of Norwegian student nurses from two well-known nursing schools, one in Bergen and the other in Oslo, recently came to Israel to complement their training at home with practical studies at Rambam. The students were made acquainted with our hospital departments, clinics and institutes, taught about the Israeli health system, and provided with seminars on such subjects as organ transplantation, patient risk management, and nursing ethics. The program was initiated by *Beit Scandinavia*, which gave the students a free place to stay in Haifa (and provided a weekly Hebrew lesson), and was organized by Rambam's Nancy Black, Nursing Administration Project Coordinator, and Batia Vexler, Deputy Director, Nursing Administration, Human Resources and Training. Rambam's Center for Advanced Nursing Studies provided academic support. ●

KUDOS!

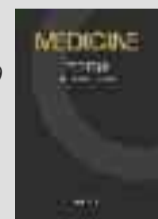
Kudos to recently published Rambam authors and editors **Prof. Avishay Golz**, Director, Department of Otorhinolaryngology – Head and Neck Surgery; **Prof. Ze'ev Hochberg**, Director, Division of Pediatric Endocrinology; **Prof. Abraham Kuten**, Director, Division of Oncology; and **Prof. Israel Zelikovic**, Director, Division of Pediatric Nephrology.



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With thanks for assistance in compiling this bibliography to Margie Serling Cohn, Head Librarian, Alfred Goldschmidt Medical Sciences Library, Technion – Israel Institute of Technology.

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