



## In Memoriam

It is with sadness that CAHS announces the passing of two of our esteemed members. Our sympathy is extended to their families and colleagues. Their contributions to the CAHS will be very much missed. We celebrate their remarkable achievements as health scholars and leaders.

David Locker was an international authority in population studies of oral health and health services. He received numerous awards for his accomplishments as a scientist and educator. He authored or co-authored five books, twenty book chapters and two hundred journal articles largely addressing issues related to the oral health of the elderly, the disabled and children. Dr. Locker contributed significantly to the understanding of the needs and deficiencies in oral health care and has also served the University of Toronto Faculty of Dentistry as Professor, Associate Dean Graduate/Postgraduate Studies and Director of the Community Dental Health Services Research Unit.

Robert B. Salter, Emeritus Professor of Surgery at the University of Toronto was a pioneer in the field of pediatric orthopaedic surgery. His many innovations include the innominate osteotomy for congenital dislocation of the hip, the Salter Harris Classification of Epiphyseal Plate Injuries, and the use of Continuous Passive Motion (CPM) of joints for regeneration of articular cartilage. As educator and mentor he trained over 300 pediatric orthopedic surgeons who practice throughout the globe and are members of the Salter Society. In 1995, he was inducted into the Canadian Medical Hall of Fame and was promoted to Companion of the Order of Canada in 1997.

## President's Message

The Canadian Academy of Health Sciences (CAHS) will hold its annual forum and general meeting on Sept 30, October 1, 2010 at the Westin Hotel in Ottawa (see preliminary program on the next page). The topic of the forum will be Advances in Personalized Health Care: Epigenetics; Ethics; Education; Economics. The questions discussed will emphasize innovation and application of information technology. This event will feature speakers from among the membership of CAHS and invited Canadian speakers who are expert in their fields. We are inviting dignitaries from the federal Ministries of Health and Industry. This will be a wonderful opportunity for our members to network and provide important input into discussion that will guide new assessments by both CAHS and the Canadian Council of Academies.

It is anticipated that in the early Fall this year, the CAHS will launch the report of the current major assessment entitled: "Health System Transformation to Meet the Challenge of Chronic Diseases" co-chaired by Louise Naismith and Penny Ballem. This assessment was launched following a CAHS forum in 2008 focused on the topic. The work of the Expert Panel will be patient-focused and action-oriented. The resulting strategy will close the gap between the good thinking about chronic disease management and effective action in the system. The assessment will examine the following specific questions.

- What are the key features of successfully implemented, comprehensive approaches to chronic disease management?
- What can we draw and build on from system changes outside of Canada and outside of health care?
- How can we use complex adaptive system theory to create effective change in the Canadian health system?
- What are the key points of leverage in the Canadian health system for better outcomes for patients with chronic disease?
- What five priorities for immediate action should be taken?

The report of this assessment promises to be highly useful in guiding innovative and effective directions for our health care leaders in Canada.

The CAHS is uniquely positioned as the only organization in Canada that so broadly represents health, biomedical and related disciplines with the most accomplished leaders who have demonstrated their commitment to improving health. During the AGM on October 1, the membership will have an opportunity to discuss the future of the organization and how we as a collective can engage in providing timely, evidence-based and unbiased advice for improved health of Canadians. The CAHS Board plans a full strategic planning process for the organization in late Fall 2010 and early 2011 with an opportunity for all members to engage in shaping our future.

## Nominations for New Fellows – 2010

This year, CAHS received no less than 53 new nominations for Fellowship. The Fellowship Committee, chaired by President-Elect Dr. Tom Marrie, met on April 24, 2010 to review these nominations together with 12 nominations from previous years. New Fellows will be notified in the weeks ahead and they will be inducted into the Academy at the annual dinner and ceremony on September 30, 2010 during the annual meetings in Ottawa.



Dr. Catharine Whiteside





## SYMPOSIUM - SEPTEMBER 30, 2010 - OTTAWA WESTIN HOTEL

### PERSONALIZED HEALTH CARE – EPIGENETICS, ETHICS, EDUCATION, ECONOMICS

*"Where is the wisdom we have lost in knowledge? Where is the knowledge we have lost in information?" TS Eliot*

In an age of exploding information and rapidly developing technology, the Canadian health system is faced with major challenges and opportunities to apply new knowledge to improve the health of individuals and populations. Personalized health care, based on information about disease susceptibility, determinants of health, new diagnostics and effective interventions, is quickly evolving. The following topics relevant to personalized health care in Canada are not mutually exclusive and will form the central themes for discussion at the Forum. We are inviting experts from among our Fellowship to share their knowledge and ideas, leading the Fellows in provocative and meaningful discussion. The intent is to prepare for future assessments by the CAHS by focusing on the articulation of the most important questions.

Keynote Address: **Tom Hudson**, President and Scientific Director, The Ontario Institute for Cancer Research

#### PERSONALIZED HEALTH CARE - EPIGENETICS

Speakers: **Cheryl H. Arrowsmith**, Ontario Cancer Institute, University of Toronto; **Michael Kobor**, Centre for Molecular Medicine and Therapeutics, University of British Columbia; **Michael Meaney**, James McGill Professor of Medicine, McGill University

Panel Co-Chairs: **Tom Hudson**, President and Scientific Director, The Ontario Institute for Cancer Research; and **Roderick McKinnes**, Scientific Director, Canadian Institutes of Health Research and Professor of Pediatrics and of Molecular and Medical Genetics, University of Toronto.

Access to rapid genetic screening is enabling the identification of individual human disease risk that heralds the era of personalized diagnosis and therapeutics. Epigenetics, the study of changes in phenotype of gene expression caused by mechanisms other than changes in the underlying DNA, is now playing a profound role in discovering and understanding disease susceptibility. Defining the external influence on genomics appears to be the next revolution in driving technological advances in disease treatment. Targeted therapeutic intervention, for instance in cancer treatment, requires innovation in technology such as medical imaging and nanopharmaceuticals. This can only be accomplished by interdisciplinary biomedical scientific approaches and investment by both the public and private sectors. What role will the Canadian scientific community play in translating epigenetic discoveries into effective personalized health care?

#### PERSONALIZED HEALTH CARE - ETHICS

Speakers: **Timothy Caulfield**, Research Director, Health Law Institute, University of Alberta; and **Abdallah Daar**, Director of Ethics and Commercialization at the McLaughlin-Rotman Centre for Global Health, University of Toronto

Panel Chairs: **Bartha Knoppers**, Chair, Human Genome Organization's international Ethics Committee and University of Montreal; and **Anita E. Molzahn**, Faculty of Nursing, University of Alberta

The approach to information management in the health system has significant implications for those who provide and receive health care. Privacy, data ownership, data integrity and the policy frameworks necessary to manage these critically important aspects of health data are highly relevant to personalized care. What data are public, who has access and for what purposes? The ethics of health care in this era of advancing technology must also address how health professionals interact with patients and their families. What do we understand about optimizing the function of the health care team to provide evidence-based and best practice? Quality assurance requires standard operating procedures reflecting accountability, e.g., surgical checklist that creates new ethical levels of practice. How will new standards be managed in the Canadian health system so that personalized care is improved?

#### PERSONALIZED HEALTH CARE – EDUCATION

Speakers: **Carol Herbert**, Dean of Medicine and Dentistry, University of Western Ontario; **Mary Ensom**, Director, Doctor of Pharmacy Program, UBC Faculty of Pharmacy; **Jay Rosenfield**, Vice Dean, Undergraduate Medical Education, University of Toronto

Panel Co-Chairs: **Jean Gray**, Dalhousie University; and **Thomas Feasby**, University of Calgary

Who will educate the public? The ready access to online information is changing the approach to health care. But is this for better or worse? Just-in-time information for practicing health professionals who can immediately consult the most recent diagnostic and therapeutic guidelines should enable personalized health care. Who will ensure that health professionals keep up to date and have access to the most reliable evidence-based information? What new models of education are necessary to enable future generations of health professionals to effectively deliver patient- and family-centered care? How will health professions education in Canada address the glaring quality care gaps in our society, e.g. care of marginalized individuals and populations?

#### PERSONALIZED HEALTH CARE – ECONOMICS

Speakers: **Robert Evans**, Department of Economics, University of British Columbia; **Stuart Peacock**, School of Population and Public Health, UBC, and BC Cancer Agency;

Panel Chair: **Morris L. Barer**, Director, UBC Centre for Health Services and Policy Research

Provincial health budgets are under considerable pressure to bring spending under control. Who will make the decision about implementation of personalized health care? How will this decision be made? What are the "economic" conditions under which provinces will move to adopt personalized health care technologies into clinical care? What evidence should researchers and innovators in the field of personalized health care be prepared to produce to help guide these funding decisions?