

DR. ALICE BENJAMIN:

GRATEFUL PATIENTS GIVE BIRTH TO NEW FUND

/ by PHILIP FINE /



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Dr. Alice Benjamin, Associate Professor, Obstetrics & Gynecology, has delivered thousands of babies, inspired decades of McGill residents, and set up antenatal clinics for diabetic and renal patients that significantly reduce stillbirths and miscarriages. At 72, the maternal-fetal medicine specialist is still hard at work, turning high-risk pregnancies into textbook deliveries. But if someone compliments her on her achievements, she redirects. Praise, she feels, should be given to her peers in the developing world.

“Look at those doctors there with so little, yet they can manage so much. How can they do that? And how can I translate that here?” she asks in her usual soft-spoken manner.

For Benjamin, who has always encouraged her residents to volunteer in the developing world, there is a lot to be learned from exposure to this kind of resourcefulness.

It is in support of this educational philosophy, with its emphasis on appreciating what you have and making do, that a group of Benjamin’s grateful former patients, along with their families and friends, have come together to launch a two-stage campaign in support of McGill Global Health Programs (GHP) and the McGill Department of Obstetrics & Gynecology.

In the first stage of the campaign, the Dr. Alice Benjamin Fund will provide recipients with an opportunity to witness maternal health care as it’s practiced in low-resource settings. The hope is that in working alongside their counterparts in developing countries, the McGillians will also impart valuable knowledge and skills. Although preference will be given to medical residents, the award will also be open to undergraduate students, graduate students and fellows of any McGill Faculty of Medicine program or school.

It is important to realize how innovative those in developing countries can be, says Dr. Madhukar Pai, Director, GHP, Associate Director, McGill International TB Centre, and Canada Research Chair in Translational Epidemiology & Global Health. He gives the example of Rwanda finding success through health workers with rudimentary training. “They give iron supplements, check on the baby’s growth and make sure there are no danger signs such as high blood pressure.” If they see red flags, they refer the woman to a higher level of care.

At the same time, the challenges are legion. “Maternal mortality is shockingly common in many countries. We are losing 300,000 moms during pregnancy and childbirth every year, mostly in the poorest countries,” says Pai.

“Trying to save moms in those countries is one of the best ways to honour the legacy of Dr. Benjamin,” says Pai, whose professional and personal experiences feed his commitment. His daughter Annika was born three weeks early and at a low birth weight. She was delivered by Benjamin and is now a healthy 10-year-old girl.

His wife, Dr. Nitika Pant Pai, Associate Professor, Department of Medicine, describes some further complications, including an earlier miscarriage, high blood pressure, a placental abruption and the umbilical cord wrapped around the baby’s neck. She remembers Benjamin’s calm approach during the delivery and pure joy when the baby was born.

Benjamin’s patients talk of her love for her patients. “I felt like she was my second mother,” says Nitika.

Alexia Calvillo, whose daughters Athena and Olivia were both delivered by Benjamin, also felt that care. Just days after giving birth to her second child, she received a cancer diagnosis and had to spend a week in the hospital without her infant and toddler. “As soon as she found out I was admitted, she came to see me. If she had a break in her schedule, she would make her way over to the oncology wing and she would see me every day,” says Calvillo, the wife of former Montreal Alouettes quarterback Anthony Calvillo.

Anthony also saw that same care, during office visits. “It wasn’t ‘Okay, gotta get to the next patient.’ You knew you were going to be in the waiting room for a while, but when you got into that room she was going to give you her full attention and be genuine about it.”

Benjamin recalls that as a 16-year-old student in South India, she came across a female doctor treating an older man. She was struck by both the confidence and empathy shown by this young doctor and the effect on the patient. “All of a sudden, the trust came on to his face,” she says. “I said this is a profession I want to be in.”

She attended medical school in Delhi before moving to Toronto to specialize in internal medicine at Women’s College Hospital. “I liked internal medicine a lot,” she says. She enjoyed the debates and the discussions, as well as listing symptoms and narrowing things down to get closer to the cause. Her supervisors there convinced her to enter obstetrics, where she was quickly accepted.

That was 1973. Just a few months before she was to start, her late husband, who had been working for the National Research Council, was transferred to Montreal. But, in Montreal, the OB/GYN residents at the Royal Victoria Hospital had already been chosen. Undeterred, she went to see the head of the department. He confirmed there was no space for her, however, he added, there was one new hire who had been wavering. That person ended up turning down the position and Benjamin got in.

The old Royal Vic would become a special place for her. “This hospital made me who I am,” she says.

She would have a profound influence on many during those years at the Vic. One of them was Armand Aalamian, MDCM’88, PGME’90. “There are a few people, if you’re fortunate, who will influence your career and your life, and, for me, Alice Benjamin is that person. She both inspired and lit the flame for being a medical educator,” says Aalamian, Associate Dean, Postgraduate Medical Education, who worked with Benjamin as a resident in 1989, as well as the previous three years as a medical student.

“She always approached every single high-risk pregnancy from a meticulous, compassionate and skilled angle,” says Aalamian. “She’d say we need to learn about the illness, about the disease. She encouraged us to do more research, that we always be on top of things and know the literature.”

She opened her own practice in 1990. There, she would see about 100 women a week, all with the help of her longtime receptionist Palma Campagnolo. Over time, thousands of baby pictures came to adorn her office walls.

In 2017, Lorne Lieberman, BA’94, voiced the sentiment felt by so many parents of those thousands of babies: “How can we as a community give back to her?” asked the father of four, three of whom were delivered by Benjamin. His answer came during a meeting with VP-Dean David Eidelman, MDCM’79, when Eidelman encouraged him to form a committee with other families who had been touched by Benjamin’s work.

The fund’s committee now numbers 13 and has already raised more than \$100,000 towards an initial million-dollar goal. If this target is reached, it will provide exchanges for Faculty residents to volunteer abroad and foreign residents to visit McGill. It will also bring guest speakers for grand rounds and lecture series in the Department of Obstetrics & Gynecology. In its second stage, the campaign will support even more enriched educational and research opportunities in the Department of Obstetrics & Gynecology such as postdoctoral fellows, seed grants for faculty working in maternal and women’s health, and possibly even a chair in maternal and women’s health.

“Dr. Benjamin has been an excellent educator to our trainees for many decades,” says Dr. Togas Tulandi, Professor and Chair, McGill Department of Obstetrics & Gynecology, the Milton Leong Chair in Reproductive Medicine, and Chief of the Department of Obstetrics and Gynecology at the McGill University Health Centre. Benjamin, he says, is an advocate for women’s health, and the fund in her name will recognize this.

As Benjamin continues to threaten retirement, her patients and their families will continue to sing her praises, for what Lieberman calls her David Copperfield skills such as the ability to zero in on a fetal heartbeat. “When she puts on that heart monitor, it’s bang on,” he marvels. In the meantime, the demure obstetrician will deflect the compliments as she goes about delivering babies and appreciating their miracle.