



Placing a Premium on Research *the dividends cross the generations*

Dennis W. Jeanes
Special to the Canadian Orthopaedic Foundation

The response to the Canadian Orthopaedic Research Legacy (CORL) programme is heartening and generous. Established in response to many surgeons who wished to create a lasting legacy of funds for research, CORL must have the enthusiastic support of its donors – those who make the vision possible – to be successful.

If you're considering a donation, you might be interested to read the perspective of three CORL Founding Contributors. They all share a passion for research, but each has their unique approach to giving.

Dr. Cecil Rorabeck

"I've been involved with the Canadian Orthopaedic Foundation for many years," says Dr. Cecil Rorabeck. "I've always supported its mission, and in particular its commitment to supporting orthopaedic research across Canada." COA Bulletin readers will recognize this as somewhat of an understatement, given that Dr. Rorabeck has been President of both the Foundation and COA, a key contributor to *Hip Hip Hooray's* continued success, as well as a leading orthopaedic researcher, academic and clinician.

As someone who is well positioned to appreciate the cumulative effect of sustained research, Rorabeck notes that "the progress we've made in joint-replacement surgery has occurred largely because of the orthopaedic community's commitment to clinical research. I think that's been a significant legacy, particularly in Canada. One of the good things about Canadian health care is that patients generally come back for follow-up, and we're able to track them. Follow-up is much more difficult in other health care jurisdictions, notably the United States. This has allowed us to make a major contribution in clinical research on the world stage and given our researchers a certain cachet and credibility among our peers around the world."

Continuing Canada's contribution to global orthopaedic excellence will forever be a work in progress, and laying the foundation for sustained funding for research demands an enduring commitment from as many stakeholders as possible. "I've always been struck by the harsh reality that there isn't as much money donated to the Foundation as one might hope," says Rorabeck. "Many orthopaedic surgeons, myself included, have been involved in trying to raise the Foundation's profile. And by so doing, attract more donors, which will then have an impact on orthopaedic research." As it grows and matures, the Canadian Orthopaedic Research Legacy (CORL) will create the kind of fund-raising impetus that attracts new and repeat donors. If surgeons believe in research, then they should be contributing to CORL.

Dr. Dominique Rouleau

Someone who has joined the ranks of the true believers is Dr. Dominique Rouleau, now completing her last year of residency at the Hôpital Sacré-Coeur and Université de Montréal, specializing in upper-limb surgery. She credits exposure to clinical research early and often throughout her years of study for not only sparking her own genuine interest in research, but also for giving her the resolve to continue through the most grueling parts of her training. "I'm involved in a few small clinical-research projects, and I'm starting a master's degree in research this fall," says Rouleau. "As an orthopaedic surgeon, I will try to work in a university research programme, probably in Montreal."

But aside from her natural inclination to pursue research, Rouleau also feels a strong obligation to provide the patient with the best of care: "There are a lot of different health problems in orthopaedic surgery, where nobody really knows the answer. I've worked in different hospitals for my training, and in one hospital I see people doing one thing, and in others I see them do something different. Which is best? Sometimes, it's more art than science. So, it's really for the patient that we need to know."

In her five years in the surgical programme, Rouleau says she has seen real growth and diversification in orthopaedic research at the Université de Montréal. As Co-President this year of the Canadian Orthopaedic Residents Association (CORA), she notes that the majority of scientific papers submitted to CORA's annual meeting "were from my university. Every resident is doing at least one project. Some people, like me, are doing two or three. I think the quality of the papers will help the quality of care for patients. I'm proud of what we're doing there." While Rouleau doesn't have a lot of money to donate, she says she will continue to support CORL and the Université de Montréal's fund for research and teaching in orthopaedic surgery (FREOM). "A few people have asked me about my CORL lapel pin. I'm happy to tell them about CORL and my reasons for ensuring a research legacy."

Dr. Derek Cooke

A lifelong interest in research has led to life-time support for the Foundation by Dr. Derek Cooke, an orthopaedic consultant in Kingston, Ont., and President of OAISYS, a company specializing in precision radiographic imaging: "I've always wanted to give because I was so interested in research, and the Foundation was the supporter of that research." It was during his term as President of the Foundation, he recalls fondly, that the Young Investigator's Award was launched as a focus for the surgeons' wives who were at the time the driving force behind fund-raising: "It was remarkable to me that they would come up with thousands of dollars in a year." He also remembers with understandable pride how a germ of an idea about a fund-raising walk based on a British event was planted during his term - a seed that then went on to flourish thanks to the leadership of later Presidents as *Hip Hip Hooray*.

And in a gesture that surely is noteworthy for its foresight and long-term commitment, about 15 years or so ago, Dr. Cooke took out a life insurance policy for \$10,000 naming the Canadian Orthopaedic Foundation as his beneficiary: "One of my friends who sells insurance said to me, 'You know you can set up a policy on your life for charity. You pick an amount that you want to endow to charity, and we'll figure out what the terms would be.' I asked my friend when I could anticipate there would be enough paid-up equity for the policy to pay for itself, and he said 'about ten years.' Well, I think it was actually about twelve."

Most planned-giving scenarios go no further, but in added twist Cooke has transferred maintenance of the policy to the Foundation, which now looks after the monthly premiums, thus adding value until the time of his death: "It's really an excellent vehicle for the Foundation. If a number of us were doing this, then the Foundation would have a mechanism for receiving substantial money periodically that would help it grow and ensure funds for orthopaedic research. Everybody has their own way of giving. This actually gave me peace of mind."