

and distinct.” He concludes that a moral view is justified only if its values are grounded in fact and science.

Although this book in general would not serve as appropriate reading material for an undergraduate medical ethics course, its second chapter is an exception and would provide any physician

or medical student with a concise history of virtue ethics and justifiable health care values. It eloquently summarizes the views of classical and modern philosophers ranging from Plato and Aristotle to Kant and Adam Smith. Overall, the book’s heavy philosophical content and rich theories should at least

provide several issues for debate among those interested in the ethical education of health care providers.

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## Room for a view

# Jerusalem life

I heard the sound of three sirens. When there are two sirens, one rising whine interweaves with the other, catches it, and intensifies the sound. Two sirens can be melodic, a children’s two-part round bouncing off stone walls. Two sirens can mean two ambulances called by chance at the same time. Two sirens, if one has an interest in harmony or perhaps counterpoint, can be quite pleasant.

Three sirens, however, make the heart stop: it is the sound that comes after a suicide bombing. Jerusalem is too small a city to have three ambulances travelling at once, unless there has been a mass disaster. Three sirens are the herald. Sometimes you can hear the explosion itself; I did, once. I was hanging laundry on the veranda, squinting in the brightness of the Mediterranean sun ricocheting off white Jerusalem stone walls. Explosions can be many things, though: construction noises, backfiring cars, the fireworks set off at Arab weddings,

children playing with firecrackers. That time it was a bus bombing. I held my breath, waiting, while the sirens rose and fell. It was a terrible sound.

Between the bomb and the sirens, there is always an eerie, silent moment as everyone waits. Then comes the cacophony of cellphones. Für Elise starts, then Yankee Doodle, something from Riverdance, Hava Nagila. And the frantic voices: “*Are you alright?*” “*Do you know which bus he was on?*”

My first patient here in Jerusalem was involved in that bombing: thrown from the driver’s seat, he landed on his back, stunned at first by the sound and later by all that he saw and felt. Did the suicide bomber know that a fellow Arab was driving the bus beside him? My patient had seen other physicians to treat the assault on his body: his bruised back, his diminished hearing, the whistling sounds that never ceased. He came to our psychiatry clinic, one might say, because he was suffering from an assault on his senses. The sights, the smells, the

sounds and the sensations haunted him. Over and over he revisited the scene that had met him when he crawled from the bus: scattered body parts, rag-doll children. Worse, though, was the stench of burning bodies and the sickening feel of someone else’s disembodied flesh flung upon him, which now would not

let him be. All his senses were on fire.

In a Jerusalem besieged by terror not only physical sensations have intensified. Friends and family of victims have unearthed deep wells of kindness and heal their own pain by helping others. One couple, in response to the murder of their thirteen-year-old son, help siblings of terror victims rediscover joy. The dedicated young volunteers who run their camp programs were themselves inspired by the loss of friends. They have developed exquisite skill in dealing with bereaved families. With the bombings in their fourth year, however, some are beginning to feel out of their depth: “We know how to help families, even those who have lost more than one member in a single bombing. Now we are seeing the same families suffering more losses. We don’t know how to comfort them.”

Volunteers rush to join the Red Star of David, the Israeli counterpart of the Red Cross. Most paramedics here are volunteers. I meet with a new group of recruits, who are just beginning to learn resuscitation skills. They worry most about whether they will be competent; cautiously, they expose their uneasiness at the gruesome scenes they know they will have to face. Soon they will learn to cloak their fears in black humour.

My most recent patient can scarcely leave her house. She was once a confident young woman, but her imagination has been ignited by the explosion she and her family survived. She fears her children will be snatched from her home; the bars on the windows aren’t strong enough. She cannot shower without her husband nearby, cannot



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DOI:10.1503/cmaj.1040955

sleep without the lights on. When he is near, or when she sits with me, the nightmarish images fade. She shows me the newspaper photo of her baby son, enveloped by fire, just before they were evacuated to separate hospitals.

Religious Jewish families now commission local scribes to write Torah scrolls in memory of murdered relatives. My patient tells me of a friend whose story is even sadder: a mother of two small children, both murdered in an-

other attack. During the Torah dedication ceremony, she imagined her children leaping and dancing, perched atop the parchment. Where sense failed her, she found comfort in the spiritual.

Springtime in Jerusalem delights the senses: the fields push up masses of scarlet poppies; cyclamen spring effortlessly from cracks in rocky walls. Trees bloom here in unlikely shades of lavender and azure, their fragrances a sweet surprise. The pomegranate flowers,

metamorphosing into bell-shaped fruit, promise a sweet summer. An ad appears in today's newspaper: "Our Day Camp: The camp area is completely walled in, with an armed guard at the entrance." I imagine joyful shouts, peals of laughter, swelling and tumbling over shimmering stone walls.

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## Lifeworks

# Tools of the trade

For a week in June, the elevator door on the second floor in the Camp Hill Veterans' Memorial Building — the geriatric facility in Halifax's sprawling QEII Health Sciences Centre — opened to reveal a unique scene: an exhibit of new designs for some of the more common implements used by health care practitioners. *Tools for Health* brought together the results of an ongoing collaboration between hospital staff and the faculty and students of the Nova Scotia College of Art and Design (NSCAD), whose first-ever product design course yielded functional and creative innovations for everything from reflex hammers to staff uniforms and linen carts.

Each of the roughly 25 prototypes aimed to find solutions to specific problems or flaws in the delivery of health care and to make the experience less stressful and more humane for both practitioner and patient.

Graphic design student Alan White created a self-contained handwashing station to replace the random collections of small plastic bottles of antibacterial liquid usually provided in hospitals for this purpose. White was influenced early on by his mother, a former nurse. "In a hospital, hand sanitation is paramount, but there's no direction or system to get people to do it," he explains, adding that once you get someone, whether staff, patient or visitor, to remember to wash their

hands, the next problem is to communicate good technique. White's solution was to make the station prominent without taking up excessive room. He decided to make it bright green, "because people associate that colour with cleanliness. It has a bright rapport with users. It's curved, organic and contemporary." The station provides a clear "how-to" through a combination of clean, colourful illustrations and easily read lettering — particularly helpful for elderly patients. Functional design details include an automated faucet that allows users to avoid touching the tap.

Student Margot Durling designed a belt to be worn by a patient, facilitating the caregiver's ability to lift, steady and walk a patient in smoother, less strained motions. "There were a lot of ergonomic improvements, keeping in mind both the caregiver and the patient," Durling says, adding that she had to keep in mind that some caregivers are elderly and frail themselves. Durling padded the belt with an inner foam lining, inserted rubber mesh to increase traction and added straps to provide support along the pa-

tient's thighs, rather than just around the waist.

NSCAD is planning to create courses under the rubric of Design for Health and to establish a business arm to produce and market the best of the students' work. White and Durling have already been approached about manufacturing their products and are looking into patenting their designs.

Geriatrician Kenneth Rockwood, a staff physician at Camp Hill, attributes the success of the project to the "dialogue between the students, staff, researchers and patients" that resulted from the students spending course time at the Camp

Hill site. Rockwood remarks, "This work is an outward and visible signal, a metaphor, saying that we can do the job better than we did before."

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**Alan White's handwashing station: Semmelweis would approve**