

\*\*\*To all the members of the Department of Pediatrics on behalf of  
Dr. Michael Shevell\*\*\*

"It aint over till it's over"  
Yogi Berra

Hi Everyone,

Usually I try to avoid clustering the attribution of the weekly Departmental Acknowledgement to a particular service area within the Department. However I can't avoid given a second consecutive one to Pediatric Critical Care Medicine. It rests on the fortuitous meeting first thing Monday morning upon entering the hospital when I bumped into **Pramod Puligandla**.

Monday was Pramod's first day back from what is every middle aged guy's (and I still qualify...just barely) nightmare. Just a few short weeks ago while playing tennis, his favorite game, Pramod had a heart attack that required on-court defibrillation. What followed is the all too familiar arc of CCU admission, angiogram and open heart surgery. Like Catherine Millar a couple of weeks prior, I was so happy to welcome back from significant illness a valuable member of our team. Thankfully for Pramod, his wife and family and for all the rest of us, he had had a smooth recovery that enabled him to return to work quickly.

Pramod occupies a rather unique niche within our Department. A general surgeon by training and avocation, he joined our Division of Critical Care Medicine over 10 years ago, in addition to his assignment to Pediatric General Surgery. This is rather fitting as our PICU services both the medical and surgical components of our mission. Lines of responsibility and attribution of 'turf' occupies not a black and white space in the PICU, but a smear of gray in between. Intensivists bring to the table a remarkable knowledge of physiology, plus interventional skills that daily involve the laying on hands (think lines, intubation etc). This is done in the context of grievously and acutely ill patients across the pediatric age spectrum who all share the common feature of a failing and/or severely stressed organ system. Each of these children, in order to survive the next few hours, need the highest level of care and technology available in medicine. They and their family also need compassion and the ability by caregivers to do the most difficult thing for interventionist to do; realize when enough is enough.

I have had the opportunity to directly observe Pramod do this on many occasions. He always does so with a fluidity and grace that to my observation leaves no perceptible wake or turbulence around him. In essence he glides. He does not outwardly seem to be stressed. This grace also extends into his other role within our hospital network. This is the one of doing the thankless but necessary task of having been our hospital's Chair of the Council of Physicians, Dentists and Pharmacists that deals with many aspects of the quality of care delivered. He did such a great job in this role that remarkably, for an adult dominated hospital, he was elected to lead the MUHC's Executive Council.

Please join me in welcoming Pramod back and wishing him a full recovery that sees him return as soon as possible, and as fully as he wants, to the operating theatre and the PICU where he can resume doing what he does so well.

Have a great weekend everyone!

Michael

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