

February 20, 2015

## "I'm not going to buy my kids an encyclopedia. Let them walk to school like I did"

Yogi Berra

Hi Everyone

A fundamental paradigm that underlies all of pediatrics is a developmental framework. The patient is an evolving dynamic organism that is constantly changing throughout the pediatric timeframe, striving ultimately to achieve adulthood and autonomy. This passage to adulthood is marked within health service delivery by the 'transfer' of the care of children around their 18<sup>th</sup> birthday to adult-care locales and service providers. For children with chronic disorders and longstanding therapeutic relationships with pediatricians and pediatric subspecialists, this 'transfer' is fraught with challenges and anxiety. For her efforts at making the 'transfer' process one that is characterized by a smooth transition, **Lorraine Bell** receives this week's Departmental Acknowledgement.

Lorraine is a McGill lifer (one of many - it can be hard to leave) having received her BSc, MDCM and post-graduate medical training here. She was probably among the last to do a Mixed Internship (that is a word we don't use much anymore in medicine - think [i.e. intern] what it meant in terms of work hours...) and had a general community practice before she came to the MCH for a residency in pediatrics and subspecialty training in nephrology. She came on to the MCH as an attending staff and founded the hospital-based programs in dialysis and end-stage renal disease. These chronic and challenging conditions have remained her clinical focus and, not surprisingly, she also developed expertise recognized at a national and international level in the medical management of renal transplantation. She has also been much involved in medical education, serving as an Osler Fellow, fellowship Program Director and examiner at the Royal College level. She is a member of the McGill Centre for Medical Education and an Associate Professor. As a fellow sub-specialist, I have always admired Lorraine's dedication to her patients, her passion for what she does, and her thorough comprehensive approach to clinical matters.

Somewhere along the line, probably as a result of her own personal experiences with her chronic-diseased patients, Lorraine developed an interest and expertise in the transition to adult care. Indeed, organized efforts at transition are a relatively recent phenomenon and reflects our success across a spectrum of pediatric disorders in achieving survival of many of our sickest patients to adulthood. Pediatric care providers to these children, whether they be in complex care, nephrology, cardiology, respirology, GI, neurology, endocrinology, hematology-oncology, rheumatology, allergy-immunology etc develop close and very tight bonds to those children and their families that are each specialty's 'frequent flyers' in our clinics. We learn to look forward to their visits, learn their quirks (and they learn ours) and special needs, celebrate their successes and life events, and form partnerships that work to maximize health and quality of life. For these disorders, there are no 'magic bullets' or cures, but rather a comprehensive effort to make things as best as they can be. Thus the 18<sup>th</sup> birthday, one for which for most children represents simply attaining the age of majority, becomes one that is dreaded for the 'goodbyes' that must be said. Indeed at that final visit, tears are often shed on both sides of the therapeutic alliance and I don't think one passes without hugs all around.

Lorraine is our hospital's Director of Pediatric Transition to Adult Care. Over the past 5 years, she has worked hard to develop transition protocols and to find partners in the adult care community to provide a proper landing pad. She has taken very much an evidence-based approach to this issue, adopting and adapting established proven efforts from elsewhere, as well undertaken research to evaluate components of the transition process. It is clear that successful transition requires an active engagement of all stakeholders that involves a process that extends over years on both side of the divide. The desired outcome is one that ensures stability, preserves health, and respects the emerging autonomy of the

patient. Much of Lorraine's work has involved knowledge translation efforts for which she has beaten a steady drum with a resulting emerging awareness and sensitivity with better results on the ground.

We can all take pride in Lorraine's efforts. Even better, we can resolve ourselves to transition our patients rather than merely transfer them.

Have a great weekend everyone!

Michael

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