"We are here to add what we can to life, not to get what we can from it."
- Sir William Osler

Hi Everyone

First let me wish everyone all the best for 2013—may it be a healthy and happy year for all of us. I do hope that everyone was able to take some time off during the holidays to enjoy the company of those we care about and recharge our batteries for what no doubt will be a challenging year ahead. As I see, our major challenge will be staying true to our Mission in the face of what had become alarming fiscal and capacity restraints at multiple levels that are beyond our control. Only collectively and collaboratively can solutions that are needed be found.

Perhaps fittingly the opening Departmental Acknowledgement for 2013 is not for an individual. It is for something that is exceptional within the scope of things yet is routine within the confines of our Department and hospital. It is also the product of my own experience recently. I would like to single out the PICU (9D) and NICU (9C) teams over the holidays—attendings, house staff, nursing together with palliative care, social work and pastoral services amongst others. I don’t want to single out individuals for fear of missing someone. It also truly was a team effort.

I was on service for neurology for a week over Christmas. In over 20 years of attending, quite frankly I have never encountered such a concentrated level of substantial mortality and morbidity as a result of neurological illness. On average each day over that week we diagnosed and prognosticated and discussed with team members and parents dreadful disorders for which from a purely medical perspective we could not offer hope for any outcome that would be considered desirable by any amongst us. This during a "festive" holiday season that no doubt only served to aggravate the enormous pain that these families were experiencing,

As difficult as it was from a professional perspective for myself and my residents, I knew that we had it "easy". The challenge fell upon those in the ICUs who provided direct ongoing and supportive care to these children and their families as disease played itself out over the coming days and weeks. The science of medicine is perhaps no more evident than in the technological bells and whistles of an ICU, but it’s there you will also find the art of medicine. When the two come together and the needs of children and their families come to the fore it’s an amazing sight to behold. It’s something that budgetary and administrative difficulties simply cannot influence or take away.

As an example of what happened I will reprint below a message sent by Stephen Liben regarding but one of the cases I was aware of.

The PICU team performed at a very high level of compassion in the care of the infant with SMA who died today.

Nurses held that baby for two days while the mother was unable to be here - an invaluable act of care and caring that made all the difference to that infant.

The MD's thoughtfully and carefully managed symptoms and maintained open communication in an emotionally charged family situation.

Also thanks to S. who somehow managed to keep the patient in the PICU for the weekend - it would have been "technically correct" but practically less than ideal to have transferred him to the wards on Friday night once he was extubated.

Whoever says that "there is nothing we can do" is always, always,
wrong (and I do mean always).
The doing and caring even (and perhaps especially) when death is certain, makes all the difference to the kids, parents, and also, I think, to us as caregivers..

Similar acts of kindness were evident in the other cases as well.

I would like the members of the Department to keep in mind the foregoing as our ship sails on rough seas.

Have a great weekend everyone.

Michael