"Love is the most important thing in the world, but baseball is pretty good too"

Yogi Berra

Hi Everyone,

This week's Departmental Acknowledgement is prompted by a remarkable story that I only learned about this week. For reasons of confidentiality, I cannot name the person but rather would allow this individual to stand in for a whole class of individuals without whom we, as an academic centre, would cease to exist. I am referring to those patients who are our teaching sources to our trainees.

The story begins with myself as an early first year pediatric resident (1984-1985) in the NICU. A newborn is admitted one night when I am on call with a 'routine' problem; jaundice (hyperbilirubinemia). Typically there are a host of common things that may cause this, but in my youthful enthusiasm I take a detailed family history that leads me to suspect a very rare inherited disorder (Crigler-Najjar Syndrome Type I). I present the case the next morning at rounds putting forward my ‘zebra’ diagnosis and am greeted with justifiable skepticism. Diligently I work through the common possibilities, eliminating them one by one, and do the confirmatory tests to confirm the rare possibility. Unfortunately there is no current definitive treatment, and the bilirubin levels climb steadily to near-kernicterus levels (this is a devastating neurologic syndrome that leads to dyskinetic CP [wheelchair bound], deafness and cognitive limitations). Only continuous phototherapy is preventative however. Ultimately the child goes home on continuous triple phototherapy. Arrangements are made for daily bilirubin levels and the infant is put on the liver transplant list as theoretically a donor liver would provide the infant's missing enzyme. This has not been done before in this disorder. A bond develops between myself and the family. They call me daily at home where I tell them the results of the daily bilirubin tests and together, with supervising staff, we adjust the hours and intensity of phototherapy balancing this against the infant's need to develop. As the levels dance dangerously close to the need for even more interventions to prevent kernicterus, a liver becomes available when the child is eight months of age. The liver transplant is done here over night (Frank Guttman is the lead surgeon) and I spend the night in the OR channeling progress reports to the child's family. The transplant is an immediate success and from that night forward, she no longer needed any intervention for hyperbilirubinemia.

Needless to say I learned a lot about medicine and physicianship from that little girl and her family. I even published the case in the Journal of Pediatrics (J Pediatrics, 110:429-431, 1987) after presenting her at Chief of Service rounds.

Time passes. I move on to neurology and would get periodic updates from Frank, the team in Complex Care that would follow her as was on an intensive immunosuppressive regime, or from random encounters with the parents. She more than survived. She thrived. Growing to adulthood and a degree in social work and marriage.

Fast forward to Fall 2010. My oldest daughter Allison is a first year medical student. Her Osler Fellow (Jean Tchervenkov, an adult transplant surgeon) assigns her a patient with a chronic disorder whom she gets to know through a series of encounters. Over the year, Allison learns a lot about how an individual lives with a disease. It is her first encounter with a patient. It is her initial introduction to the patient and the role of being a physician. It is a seminal experience for her that does much to set her on her person path as a physician.

Fast forward to March 31, 2015. My 57th birthday. It is also the day of Allison's first Chief of Service rounds here as a Pediatrics Resident where she expertly presents the case of a little boy with an autistic spectrum disorder. Over a birthday dinner that evening she asks me about my own Chief of Service rounds as a pediatric resident. I tell her about the infant with a rare case of hyperbilirubinemia who had
gone on to get a liver transplant. Allison then reveals to me that this was the patient assigned to her by her Osler Fellow in first year medical school. A remarkable circle was closed. The same patient had given of herself to teach two generations of physicians the most fundamental aspects of this wondrous profession. Two generations of physicians linked by the most fundamental bond of being parent and child. I was blown away by the karma of it all. And of course had my Departmental Acknowledgement for the week and a story to tell my eventual grandchildren.

We are a teaching institution. This is driven by the care we provide to our patients. Without their involvement in teaching, we would be reduced to textbooks and simulation centres which, as good as they can be, will never replace the complexity and uniqueness and challenges of the 'real' patient. Remember to continuously thank them for their participation in our collective teaching efforts.

Chag Shameach to all those celebrating Pesach,
Happy Easter to those celebrating Easter,
Happy Long Weekend to everyone else,

Michael

Michael Shevell, MD CM, FRCPC, FAAN, FANA, FCAHS
Chairman, Department of Pediatrics
Professor (with Tenure)
Departments of Pediatrics and Neurology/Neurosurgery
McGill University

Guyda Chair in Pediatrics

Pediatrician-in-Chief
Montreal Children's Hospital/
McGill University Health Centre (MUHC)