

“A Letter to my Younger Colleagues” is a series of essays written by selected senior Canadian paediatricians, who were named as outstanding mentors by a prominent group of their younger peers. I hope you enjoy and treasure the rich pearls of wisdom that each author offers, based on a lifetime of professional practice and personal reflections.

Andrew Lynk MD
Assistant Editor, Paediatrics & Child Health

Listen to your drummer

Bryce Larke MD CM DCISc FAAP

Why should we be in such desperate haste to succeed and in such desperate enterprises? If a man does not keep pace with his companions, perhaps it is because he hears a different drummer. Let him step to the music which he hears, however measured or far away.

Those wise words, written by the 19th-century American transcendentalist Henry David Thoreau (1817 to 1862) in the last chapter of his memorable book *Walden* (1), neatly scripted and mounted in a plain black frame, have hung on the walls of my office for the past four decades. I was introduced to the writings of Thoreau by a medical student whose family home in Boston (Massachusetts, USA) had facilitated frequent visits to nearby Walden Pond, the tranquil site that had inspired the author's book. She was taking a year-long elective to work in the virology laboratory I shared during my first faculty appointment at Case Western Reserve University in Cleveland, Ohio, USA. As a young, naive Canadian, I was somewhat taken aback by the fiercely competitive, almost cut-throat academic life I encountered at what was, in 1966, one of the leading medical schools in the United States. The young medical student loaned me her beautifully illustrated copy of *Walden* and urged me to heed the opening words of that most-quoted passage in the book: “Why should we be in such desperate haste to succeed ...”, which concludes by admonishing each reader to step to the music only he or she may hear. This wisdom established the template for the tenor of all my future professional activities and the intensity with which I pursued them.

With the opening of a new medical school at McMaster University in Hamilton, Ontario, many young physicians, like me, were enticed to return to Canada. At this time, many clinicians dismissed any value of ordering viral studies on their patients, but a few medical centres, such as the Mayo Clinic, had begun to promote rapid viral diagnosis (2). I convinced McMaster University of the contribution this new approach could make and then spent the next few



Bryce Larke

years establishing the successful Regional Virology Laboratory in Hamilton.

By the fall of 1975, I had been recruited to my home province where the University of Alberta (Edmonton, Alberta), with its Boreal Institute for Northern Studies, had established a research base encompassing a wide range of northern issues. An Alaskan group reported that clusters of hepatitis B virus (HBV) activity were scattered widely among their Aboriginal communities (3). Danish investigators found a similar pattern of HBV infection among native Greenlanders (4). I reasoned that northern Canada might also harbour many people with hepatitis B and proposed a serological survey of communities in the Northwest

Territories (NWT). Although the project received strong support from senior government authorities, I was surprised and disappointed that there was initial disinterest and open discouragement from several established northern health practitioners. They claimed that I would be simply scare-mongering because they had not seen a patient with hepatitis B in NWT.

Despite this skepticism from some quarters, I continued to ‘step to the music’ that I heard. Along with one very dedicated nurse practitioner, I visited 51 communities in NWT (included what is now Nunavut) collecting blood samples from more than 14,200 residents. By March 1985, we had identified widely scattered pockets of HBV infection (5). Several months later, we returned to the ‘increased risk’ communities, and gave hepatitis B vaccine to hundreds of residents younger than 21 years of age and to household contacts of HBV carriers identified in the survey (6).

With our life experiences and professional opportunities comes a responsibility to effectively communicate our work to others. As advocates for the health of children who rarely have a voice of their own, paediatricians often find themselves taking a leading role on issues that attract the attention of the media. Done properly, working with the media can amplify your message and, through that medium, you can educate and enlighten a broad section of the public.

Professor Emeritus, Department of Pediatrics, University of Alberta, Edmonton, Alberta

Correspondence and reprints: Dr Bryce Larke, 6215 – 129th Street Northwest, Edmonton, Alberta T6H 3X7. Telephone 780-436-1974, e-mail bryce.larke@gmail.com

Of course the media marches to its own drummers, with a beat that may not always be consistent with our professional views. Unfortunately, many health professionals have had unpleasant experiences with the media and henceforth shun further interviews. The media will often aim to arouse or exploit controversy. When approached by a reporter, I do not hesitate to first ask my own questions to determine where the story line appears to be going and who else will be interviewed. Much as I have given lifelong support to childhood immunization and will seize every opportunity to promote it, I have declined interviews that will put my views head to head against the very negative comments expected from an outspoken anti-immunization lobbyist. Without your agreement to participate in an interview, the reporter does not have the confrontation they are seeking and the news story goes flat. At worst, the reporter can simply claim that you refused or declined to be interviewed.

Introductory or lead-in comments to an interview by a reporter may be erroneous and misleading. Skillfully challenging those comments can turn the tables on the interviewer, putting him or her on the defensive (7). Media personnel often try to put words into your mouth. My response to this approach is to state: "Those are your words, not mine. What I am saying is ...", then give, as briefly and clearly as possible, the message you want others to hear. There is no obligation to reply to what you sense may be a trap question. Politicians do this evasion skillfully much of the time. I just repeat the message I want to give. The media can edit out whatever they choose, but at least they won't have you saying something you never gave the reporter a chance to record.

Two important lessons when dealing with the media are the following:

- there is no such thing as speaking 'off the record'; and
- the microphones or cameras are on from the moment you enter an interview situation until you have left the scene entirely. What may seem like harmless, polite conversational chit-chat by the reporter about some subject completely unrelated to the interview before or after you go "on air" can lull you into making unguarded (but recorded) remarks you may later regret. Politely suggest that the reporter just gets on with the interview.

REFERENCES

1. Thoreau HD. Walden. <<http://www.vcu.edu/engweb/transcendentalism/authors/thoreau/walden/chapter18.html>> (Version current at May 25, 2009).
2. Herrmann EC Jr. Experience in providing a viral diagnostic laboratory compatible with medical practice. *Mayo Clin Proc* 1967;42:112-23.
3. Schreeder MT, Bender TR, McMahon BJ, et al. Prevalence of hepatitis B in selected Alaskan Eskimo villages. *Am J Epidemiol* 1983;118:543-9.
4. Skinhoj P. Hepatitis and hepatitis B-antigen in Greenland. II: Occurrence and interrelation of hepatitis B associated surface,

After retiring from academic appointments spanning 35 years, I was offered the position of Chief Medical Health Officer for Yukon. It was an appointment I served with great personal reward and satisfaction for nearly seven years. Living and working in the Canadian North is a special privilege. Think about spending some of your professional life 'North of 60'. While there, *The Medical Post* profiled my career under the headline "Nothing Ordinary" (8).

What is the message or advice I am trying to convey through this story? Be willing to depart from the accepted routine and launch out into unfamiliar territory if an opportunity arises. Listen to the words of Thoreau and 'step to the music' that you hear. Dare to take another direction if you hear 'a different drummer' strike a beat that presents you with a new and hopefully exciting challenge.

BIOGRAPHICAL NOTE: BRYCE LARKE

After graduation from Queen's University, Kingston, Ontario, in 1960 and a rotating internship in Toronto, Ontario, Dr Larke spent five years at The Hospital for Sick Children, Toronto, earning the degree of Doctor of Clinical Science (DCISc) in virology and paediatrics. He held medical faculty appointments at Case Western Reserve University and at McMaster University before returning to his native province of Alberta in 1975. For the next 26 years, he was a Professor of Pediatrics at the University of Alberta and from 1985 to 2001 was also Associate Medical Director of Canadian Blood Services, Edmonton. Dr Larke served on the Canadian Paediatric Society Infectious Diseases and Immunization Committee from 1968 to 1986 and was Chair from 1971 to 1981. His sabbatical year, 1986 to 1987, was spent at L'Institut Pasteur in Paris, France, doing HIV research in the laboratory of Professor Luc Montagnier. Dr Larke was the first Director of the Provincial AIDS Program established by Alberta Health in 1988, later becoming Provincial Medical Consultant for HIV/AIDS and Viral Hepatitis.

He left the three appointments in Edmonton in October 2001 and moved to Whitehorse as Yukon's Chief Medical Health Officer until 2008. Dr Larke is currently back in Edmonton at the Provincial Laboratory for Public Health. He serves on several national committees (including the Canadian Paediatric Surveillance Program Steering Committee) and has published numerous scientific articles on infectious diseases and immunization.

core and "e" antigen-antibody systems in a highly endemic area. *Am J Epidemiol* 1977;105:99-106.

5. Larke RPB, Froese GJ, Devine RDO, Petruk MW. Extension of the epidemiology of hepatitis B in circumpolar regions through a comprehensive serologic study in the Northwest Territories of Canada. *J Med Virol* 1987;22:269-76.
6. Larke RPB, Froese GJ, Kinloch D. Initiation of a hepatitis B vaccination program in the Northwest Territories of Canada. *Arctic Med Res* 1988;47(Suppl 1):719-22.
7. Turning the tables on *The Current*. *National Post* 2008 (Nov 22):A18.
8. Kosub D. Doctor in profile. *The Medical Post* 2002;38(18):1,36.