

"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.

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Looking back, looking forward

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The 2008 Canadian Paediatric Society Annual Meeting held in Victoria, British Columbia, was my first conference as a fully retired member. As I watched the younger delegates striding by, I thought to myself how confident they looked and reflected on how I must have seemed at the same stage of my career. I admit that my feelings included the sentiment, "if I only knew then what I know now...."

I started my paediatric training at The Montreal Children's Hospital (Montreal, Quebec) in the summer of 1964. Those were wonderful days and, as the late Allan Ross was fond of saying to us, "they would be the best years in your careers". We saw lots of 'pathology', had a free hand in case management and had the benefit of exposure to wonderful mentors. Those were the days of measles epidemics, frequent meningitis outbreaks and adolescents dying from cystic fibrosis – so different from the typical caseloads in today's teaching hospitals. There were a multitude of clinics but there was a dearth of nonemergent ambulatory care experience. There were no opportunities for international or remote area electives. Health promotion was not even in our lexicon. In addition, we had no pagers, cell phones, laptops, wireless Internet, intravenous insertion teams, computed tomography or magnetic resonance imaging. Thanks to advances in investigation and treatment, today's paediatric residency experience is much different and our understanding of diseases more sophisticated. However, there continues to be a heavy emphasis on infants and children, and much less exposure to contemporary adolescent medicine.

My career became identified with advocacy on behalf of the issues of adolescents. However, I must confess that, in its early stages, I went out of my way to avoid working with adolescents. While I had some memorable clinical encounters



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with adolescent patients as a resident and young faculty member, I failed to recognize the handwriting on the career wall or the future path that caring for adolescent patients would take me along. As is often the case in one's professional life, the evolution of a career is shaped for and determined by opportunities and circumstances encountered while one is doing something else.

In my case, I was doing something else when my department head asked me to cover the adolescent ward while a colleague was on sabbatical. The rest is history! I quickly realized that adolescent medicine was, like paediatrics, a developmental/behavioural discipline for which adolescent eating disorders served as a metaphor. Meanwhile, adolescents' primary care needs (in British Columbia at least) were usually capably addressed by

family physicians or community health nurses. In that context, the larger issues and special needs of adolescents tended to become lost or were not given sufficient priority. Our adolescent services were neither youth friendly nor youth competent. As in my situation, there was too much 'learning on the job' and too little collegial support. At the time, it was not a welcoming or well-supported field, and left one with a sense of being like Don Quixote.

The chance to work with adolescents proved to be a gift, but the rewards were not always evident or immediate. However, I discovered that with patience and persistence, positive outcomes in seemingly hopeless situations did occur. For example, a determined 12-year-old anorexic girl from northern British Columbia was referred to me and, over the next four years, she managed to sabotage every treatment plan and defeated all available treatment resources. At

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16 years of age, she weighed 23 kg and made the front page of the notorious tabloid *Family Enquirer*. While those in the field generally like working together and share a sense of enjoyment of the energy, enthusiasm and humour that adolescents inject into the clinical milieu, she tested our mettle; many in our hospital wished to wash their hands of her. Eventually, we were forced to make some dramatic shifts in our treatment approach by discharging her and continuing her care as an outpatient. In doing so, we transferred ownership of her diet and weight back to her. Within the next year, she began to gain weight and started on the road to recovery. By 18 years of age, she was at a healthy weight and had become engaged to be married. I still hear news of her progress, and each note received reminds me of our struggles and her resilience. I once asked her what made her recovery possible. She was not sure what to say but admitted that despite her best efforts to sabotage things, she knew that I would “never give up on her”.

Clinicians should learn to enjoy their adolescent patients and savour their energy and resilience. Let me also suggest that you try to learn to actively listen to parents and patients as they struggle with the range of developmental challenges of adolescence. Be humble in displaying your expertise and judicious in your use of technology and jargon. Practice the art of history taking and physical examination. Learn to listen to your clinical intuition. Ensure that your communications with families and colleagues are open, understandable and nonjudgmental. Try to continue to develop your personal skills and continually evaluate and adapt them to the changing nature of your paediatric career.

Given the inevitability of change in our clinical lifetime, what should we do to ensure that we experience a satisfying and productive career? As I came to appreciate, doing what you enjoy and doing what you are good at ensures that you will be able to retire with a sense of satisfaction with your accomplishment. It is essential that you confront and adapt to the changing nature of your discipline, but it is equally important for you to set aside time for personal growth and development. Take the time for the pursuit of a healthful lifestyle and be sure to nurture satisfying personal relationships. Expand your reading list beyond the narrow confines of the paediatric literature. Both the scientific and non-scientific literature offer opportunities for enrichment, new learning and broadening of your perspective. Become a perpetual student in the nonmedical aspects of your life...the arts, adventure travel, active recreation, etc.

Today's paediatric challenges are not those of 40 years ago nor will they be the same 40 years from now. Indeed, the

shelf life of a core training experience is approximately 40 years. While our discipline requires that we constantly update our knowledge and hone our skills, we must also recognize that there comes a point when our energy levels and/or health wane, and our focus may begin to narrow. Keeping up may become too challenging, which signals to us when it is time to move on.

Knowing when it is time to quit is just as important as choosing the right career path at the outset. As your career horizon fades and your signature on the order sheet or chart becomes shakier, there comes a time when you must step aside and make room for the next generation of paediatricians. Knowing when our contributing years are behind us and our retirement years are upon us requires wisdom, humility and a great deal of preparation.

My hope is that those who strode forth at the Canadian Paediatric Society in Victoria will invest some energy in assessing the future of their paediatric careers. Hopefully, they too, will discover that they enjoy working with adolescents and feel appreciated by them and their families.

BIOGRAPHICAL NOTE: ROGER S TONKIN

Born in Montreal, Quebec, in 1936, Dr Roger Tonkin studied at the University of Toronto (Toronto, Ontario) before receiving his medical degree from McGill University (Montreal). He joined the Department of Pediatrics at the University of British Columbia (Vancouver, British Columbia) in 1968. Soon after joining the University of British Columbia, he spearheaded the development of the REACH Community Health Centre, a community clinic on Commercial Drive in Vancouver. His interests lie in adolescent medicine and eating disorders, for which he is an internationally recognized health visionary in standards of practice, curriculum development and research. He is a strong advocate for positive approaches to youth health issues and helped to develop many youth empowerment programs. Since 1977, he has served as an Executive Director of the McCreary Centre Society – a nonprofit agency concerned with the health of young people in British Columbia. He conceived, built and ran Camp Elsewhere on Gabriola Island (British Columbia) – a refuge for kids with eating problems. In 1981, Dr Tonkin developed the Youth Clinic at BC Children's Hospital (Vancouver). From 1994 to 2003, he served as President of the International Association for Adolescent Health, and in that capacity, he chaired the multinational Youth Health Assembly held in Vancouver in 1995. Although retired and living in Nanaimo (British Columbia), his work continues. Dr Tonkin was the 2010 recipient of the Canadian Paediatric Society's Alan Ross Award.