What I've learned

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I graduated from medical school in 1965 when mercurials were still widely used as diuretics; a combination antibiotic of penicillin and streptomycin (Dicrysticin, ER Squibb & Sons, USA) administered intramuscularly was used by some physicians for croup; Rh hemolytic disease was a plague and premature babies weighing more than 2000 g were still dying of respiratory distress syndrome. The 'big three' of meningitis (*Haemophilus influenza*, pneumococcus and meningococcus) were omnipresent. The mortality rate for acute lymphocytic leukemia was virtually 100%, chronic dialysis and transplantation for children did not occur, and acute dialysis was rarely tried.

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Clearly, those were not the 'good old days', but were defining for my colleagues and me. But we are not frozen in time. Things change and usually for the better. It is critical in one's professional life to always question, and to be a lifelong learner by staying on top of the latest research.

How do you get to where you are? I reflected on this recently when I retired from active practice. It is more than being smart and working hard. It is learning from those around you, the role models you try to emulate (occasionally you find a true mentor) and your patients. It may sound trite, but paediatricians have an advantage over all other physicians besides family doctors. In my area, I can say I have known and cared for this boy since he was an 18-week-old fetus into adulthood. As an example, I still get calls from an old patient, who is now more like a surrogate son and friend. He brings me up to date on his life, his family and extended family, and with news he is slipping further into chronic renal failure and will need his third kidney transplant. This is sad, but uplifting when you consider what the alternative would have been when I began this journey. It is such a privilege to learn about life this way.

I have spent all of my professional life in academic medicine, and what follows are some suggestions that have been useful. I got great advice from my old 'boss' Keith Drummond as I was leaving McGill and the Montreal Children's Hospital (Montreal, Quebec) for my first job at McMaster University (Hamilton, Ontario), 'There are two ways of making it in academic medicine: by your data and integrity, and politically. Data and integrity can never be taken away, but if you advance politically, remember that you exist at the whim of the voters'. His other piece of advice was 'don't neglect your family'. Arthur Shimizu, a master clinician nephrologist, taught me to take chances for my patients and not to assume that it cannot be done, just because it has not been done before.

So, is any of this relevant in today's medicine? I'm not sure. We have seen vast changes in the way medicine is learned, which I believe is for the better. Today's facts are tomorrow's antiquities. I once struggled to write a page-and-a-half on what was known about the thymus. And do we need to know about the mechanism of mercurials now?

Work patterns are changing quite dramatically. Mostly gone are the days of solo practitioners and tiny groups of subspecialists in academic environments and the expectation of being a 'triple threat' clinician, teacher and researcher. Some might add administrator to the list. Triple or quadruple threats no longer exist; if they ever did. Today, the child in hospital is usually more ill and complex, and the treatments more demanding, than when I began.

The way we are funded is also changing. Many of us in academic medicine were paid by a blend of salary and fee for service to our patients. This method, I feel, was a direct cause of limiting the growth of some subspecialty areas, particularly those of high work and low volume because fee for service is driven by volume and procedures. Only recently, with the more widespread adoption of various types of global funding packages, have we seen the ability of the small subspecialties to grow and develop, enabling their members to have more time to seek the answers to questions raised by their very complex patients. Time will tell if this is successful.

Finally, a few thoughts on advocacy. Remember why you went to medical school in the first place. Although saving lives and stamping out disease may have been part of the reason, being an advocate for your patients, and children in general, may not have crossed your mind. But advocacy is an important part of being a paediatrician. Children have two distinct disadvantages: they have no money and they cannot vote. This is why, year after year, decade after decade, we hear pious pronouncements from governments and agencies about how things will change to help children. How many times have we heard 'children are our future'? This brings us to our role as paediatricians. Demand the best for those we serve.

BIOGRAPHICAL NOTE: DR R MORRISON HURLEY

Dr Hurley graduated from The University of Western Ontario (London, Ontario) in 1965, and then completed a rotating internship and his first year of paediatric training in London, Ontario. He completed his Masters degree and paediatric training in Montreal, Quebec, in 1970, followed by a three-year fellowship in paediatric nephrology at McGill University/Montreal Children's Hospital in 1973. He moved to McMaster University (Hamilton, Ontario), where he developed the first paediatric nephrology program. In 1981, he did the same at Loyola University of Chicago Stritch School of Medicine (Chicago, Illinois, USA), and subsequently became Chairman of the Department of Pediatrics. In 1992, he was recruited back to the University of Western Ontario to set up the first paediatric nephrology program there, and to serve as Chairman of the Department of Pediatrics. He then moved to British Columbia Children's Hospital (Vancouver, British Columbia) where he served as Program Director of the paediatric nephrology training program.

Dr Hurley is now retired from active practice but maintains a teaching role at the University of British Columbia/University of Northern British Columbia Prince George medical school campus as teacher of the week, and at the University of British Columbia's Vancouver campus as second year tutor in 'Doctor, Patient and Society'. He continues to serve on the Board of the Kidney Foundation British Columbia Branch, and as medical director for the Zajac Ranch for Children (Mission, British Columbia).

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