How does one manage to have a good job, balanced life and enjoy their work?

A Rick Cooper MD FRCPC

My father was very upset when I told him – it was bad enough that I did not want to be an accountant and had decided to go to medical school, but when I decided to become a paediatrician instead of a surgeon, well, his reaction is too ridiculous to even write about. Dad was not wrong very often (which made me a little nervous about my decision), but 40 years later, I am confident that paediatrics was the right life path for me. I have had a wonderful career and, after all these years, I go to work, enjoy my practice and still have a lot of fun along the way. (If you are not having fun, you should quit your job; do accounting, practice law or open up a hamburger joint.)

You may wonder, how does one manage to have a good job, balanced life and enjoy their work? We may all have different answers to that question, but I would like to share with you what has worked for me over the years.

Before anyone can be happy as a physician, it is crucial that one must be happy with oneself and their family. I have been blessed with a wonderful spouse and five great kids, all of whom have been incredibly supportive over the years, and they have been key to my happiness and success.

The best part of my job is meeting with children and their families. It is really that simple. It gives me incredible satisfaction. It is why I do what I do. There are a few ground rules to being a good paediatrician – which in essence means being an excellent communicator. It is important to be a good listener, ask the right questions and not rush – take the time to make the child feel relaxed, especially when you are examining them. Never be in a hurry, always be honest and communicate in a way that is understandable. Know your stuff! You are the expert. Be thorough and up to date in the information that you are providing. Make sure the family really understands your advice – writing it down for them always helps. Never be angry, judgmental, sarcastic, dismissive or flippant with caregivers. Do not be afraid to pass compliments, especially to new moms and dads! Be honest with parents if you do not agree with their care. It is important to say, “It is wrong for a parent to smoke near a child”. Most importantly, always treat them with respect.

As incredibly difficult as it is, it is important not to become too emotionally involved with a sick child. Our role as paediatricians is to be supportive, attentive and available, but the patient is not our child, and we have to try and remain objective even in the worst of situations.

Parents and caregivers, especially when their child is really sick, need to be able to keep in touch. In situations in which the child is really sick, I write my numbers on a piece of paper towel (never a business card – they will lose the paper towel when the child is better; the card gets taped to the fridge!).

I could never practice paediatrics without a fantastic team of support staff, including nurses and colleagues. Always respect them and never forget to use the two most important words in medicine: thank you. If there are problems, always be honest and discuss it with them privately and be supportive of the situation. Never forget to smile.
A letter to my younger colleagues

There is a huge amount of information about paediatrics out there, and we need to try and keep up to date in the conditions we treat. Doctors need to schedule the time to process new information everyday. Go to rounds, discuss problems with colleagues, attend conferences, read a journal or go online and research a topic.

Next to seeing children and their families, teaching is very satisfying and rewarding. As professors, students appreciate it when we are well organized, prepared and enthusiastic about a basic problem or principle they need to know about. Again, always respect the students – after all, they will someday be looking after your grandchildren. Be patient and do not be in a hurry. Offer constructive, helpful criticism when there are differences. Do not forget to say thank you, and let them know when they do a good job. It is important to not treat a resident the same way you would an intern. Give them lots of space as they move into their new role as doctors. Encourage them to be independent.

Dealing with administration, government officials and politicians can be challenging. They often do not agree with health care providers’ vision of how we think the health care system should be. Ten years previously, our government and Healthcare Corporation (St John’s, Newfoundland and Labrador) announced they were moving our hospital and we would become a part of the adult hospital. Our junior colleagues were outraged at the time and wanted me to take affirmative action. We did plenty of research and wrote detailed summaries of the importance of having a freestanding women and children’s health centre. We were never critical during the process – we were always respectful but continued to quietly lobby for a new centre. It worked! We now have a beautiful new building. I firmly believe that our quiet, well-researched, diplomatic and respectful approach was what was effective in the long run. Antagonizing a bureaucrat or administrator is always the worse strategy if you are trying to get things done. Always work with administration, and give them your time, experience and well-researched ideas. Above all, be advocates for child health. Never turn down an opportunity to talk or meet with people about your ideas for improving child health care. Work as a team and involve nurses, other physicians, allied health workers, board members and informed lay people.

I have been interviewed by the media many times over the past 40 years. Speaking with the media is a great public opportunity to advocate for children. However, one always needs to be well prepared, present key messages and ensure we know exactly what we are talking about. The press can be good allies and we need to respect and support them. Unless the topic is confidential, we should always be willing to comment and answer their calls as soon as possible, in a frank, unambiguous, supportive fashion. Never say anything off the cuff. I once (if only once) told a reporter that although I am a practicing Catholic, I think that sharing a

communion cup is dirty and unsanitary – boy, did that ever cause a commotion in my community! I was just about excommunicated from two churches. If for whatever reason you are angry or upset, never share it with the media; always be careful about what you say and how you say it. We need to remember why we are talking to the media – and that is often to support families who have had tremendous loss.

All physicians, especially paediatricians, need a hobby or sport. Some play golf, sing in a choir or play bridge. I like making and fixing furniture. We also need to be involved in community projects. Physicians are usually respected in their communities, and there are lots of opportunities for advocacy on a variety of issues – find one that you are passionate about and make a difference. Some groups have made huge contributions to child health; for example, the Rotarians and their involvement in polio eradication.

As difficult as our profession may be, we are like everyone else, and we need to relax and spend time with our families despite the huge demands, and often stress, placed on us. Sometimes we just have to say no…and that is okay.

If you have not already figured it out, I have really enjoyed paediatrics as a career. Every day brings new challenges and surprises. I work hard at what I do and continually work at maintaining the balance between family and career. I would never change my path, and would do it all over again in a heartbeat.

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He graduated from Dalhousie University (Halifax, Nova Scotia) in 1969 and did paediatric training at the IWK Health Centre in Halifax and Case Western Reserve in Cleveland, Ohio (USA). He has been a Fellow of the Royal College in Paediatrics since 1973, and has practiced general paediatrics, infectious diseases, neonatology and child development at the Janeway since 1974. From 1996 to 1998, he was Chair of the Division of Pediatrics, Memorial University, and Chief of Pediatrics, the Janeway. His research interests include bronchiolitis, rheumatic fever surveillance and the history of child health in Newfoundland in the 20th century.

In 1977, 1991, 1996, 2001 and 2005, he received teaching awards from Memorial University’s medical students. He also received the Royal College Regional Award in 2005 and the Canadian Paediatric Certificate of Merit Award for outstanding commitment to the health of the children and youth of the province. He received the Craig Loveys Teaching Award in 2008 for excellence in the teaching of family medicine residents.

He has been married to Grace for 40 years, and the couple has five children and two grandchildren.

His hobbies are furniture-making and repair, hiking, gardening and the study of medical history.