Above all, follow your dreams

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It is difficult and a challenge to give advice to younger colleagues, but a review of my experiences may provide useful ideas. I come from a modest background, and although I wanted to go to university to study medicine — my first choice — it seemed out of reach financially. So I initially enrolled in engineering, my second choice. Although first-year engineering went well, with the encouragement of my parents and friends, I decided to switch to premed and never looked back. This illustrates my first principle. If you want something, make the decision to do it and everything will fall into place. My year in engineering was not wasted. Survey school in the summer helped to finance my medical training.

Having a supportive spouse is fundamental to success. We married while in second-year medicine — a decision greeted by others with misgivings. To further complicate life, by graduation we had two children. In retrospect, marrying my soulmate was the best decision of my life, although life was tough in those early years, especially during the winters in Edmonton, Alberta. We made ends meet by living frugally, freezing in basement suites, using public transportation and borrowing only the minimum needed to prevent going too far into debt.

Generally, decisions were made jointly. Shortly after internship, we were offered a two-year posting in Pangnirtung on Baffin Island (Nunavut). However, Marjorie put her foot down. As a young wife with two small children, she said emphatically, “No way!” Instead, I accepted a position in family practice in British Columbia.

The seven years I spent in family practice in a rural setting before entering a specialty were invaluable. It gave me a broad sense of what medicine was all about as well as where my interests lay. Paediatrics and cardiology topped the list, and in the context of paediatric rotations at the University of Alberta (Edmonton, Alberta) and later in Cleveland, Ohio (USA), I was able to pick and choose the rotations that most interested me. Meanwhile, the family had grown. By the time I embarked on residency training, we had six children. Although life was difficult at times, we stuck to our plan. Looking back, we have no regrets.

All of this illustrates a fundamental principle. Consider all options, make a joint decision and do not look back. Once you have decided on a course of action, do not waste time on what might have been. General practice afforded a variety of experiences that were fundamental to my decisions on what further training I needed, and the kind of future we wanted together. We identified three goals: to work in Canada’s Far North, to work in what was then called the Third World and to do both under an umbrella of academic medicine. We have had the opportunity to do all three.

My 20-year experience in the western Arctic was as a faculty member in the Department of Pediatrics at the University of Alberta. The frequent northern visits gave me opportunities to meet very interesting people, to observe Inuit and First Nations culture first hand, to mentor medical students and residents, and to do research.

Many of you are interested in serving overseas, and questions on the timing of these adventures will arise. Is it best to be well established in practice or in a faculty before going overseas, or to volunteer when young and unattached? It is true that by going overseas before embarking on a career, your income may suffer, but the experience is invaluable and will not be wasted. Many young people have decided to pursue a career in International Health as a result of their experience overseas.

Should we put off having children so we can pursue these goals or should we put off international experience...
A letter to my younger colleagues

until our children are grown up? Our six children have always been a great part of whatever path we pursued, whether during residency or later overseas, although we often had initial misgivings as to the wisdom of our choices. In 1969, in the middle of the Nigerian-Biafran war, I accepted a Canadian International Development Agency-funded two-year term teaching paediatrics at the University of Lagos in Nigeria.

Our friends were appalled by our decision to take our children, aged six to 16 years, with us instead of placing them in boarding schools. “What are you doing to your children?” they said. “It’s the middle of the war and besides, what about schooling?” Our answer was “The real question is: What are we doing for our children? – the chance to live in another culture, to travel, and to have the advantage of staying with family during an important period in their lives”. Although at first we had misgivings – especially when we were met by soldiers with machine guns at the airport and, for the first night in our apartment, were kept awake by a chorus of frogs – it turned out very well. The four older children enrolled in correspondence courses from British Columbia; the two younger ones attended an international school in Lagos, Nigeria. On holidays, we travelled extensively throughout West Africa in our colourful Volkswagen bus, affectionally called “The Red Pepper”. Socially, the family turned inward for support and companionship. The children became close friends, and even after many years, they state that the two years in Nigeria were highlights of their lives. In 1972, three of our children accompanied us to Tunisia for five years – again a positive experience.

In summary, decide on your goals and stick to them. Once a decision is made, all else tends to fall into place. Discuss and decide courses of action with your ‘significant other’, who has as much at stake as you do.

Management of finances can be challenging. Live within your means, especially if you are still in residency. Do not be tempted to go into deep debt just to ‘keep up with the Joneses’. Budgeting is important. Although doctors have the potential to earn a lot of money, as a group, they are notoriously poor at investing. Find a financial planner you can trust.

Live within your means and, if necessary, get help managing your finances. In your dealings with the public, remember that the patient comes first. Do not cut corners just to accommodate more patients.

Keep your knowledge up to date. Remember, at the end of residency, you are at your peak, so make sure you make the most of your residency. Experience can keep you at your peak for a while, but unless you work to keep your knowledge and experience up to date, it is all downhill from there.

Finally, be an advocate for children, especially underprivileged children in Canada and abroad. Deal directly with government in all of its forms or through organizations such as the Canadian Paediatric Society and nongovernmental organizations that can help provide the voice for change that children do not have.

Above all, be adventurous. Brainstorm. Do not be afraid to make decisions. Finally, no matter what your age, always look toward the future, not back at the past.

We are now retired, yet still find time to continue pursuing our goals. I hope that some of the principles we have outlined will be helpful to you. The future is yours. We look forward to your contributions.

BIOPGRAPHICAL NOTE: JOHN GODEL

Born in Saskatoon, Saskatchewan, Dr Godel attended school in Saskatchewan and Alberta, followed by medical school in Edmonton, Alberta, nine years of general practice in Vanderhoof, British Columbia, and then pediatric training at the University of Alberta (Edmonton, Alberta) and Case Western Reserve University (Cleveland, USA).

African outreach followed, including two years of teaching at the University of Lagos (Nigeria), five years as Chief of Pediatrics, Sidi Yahia Hospital, Menzel Bourguiba, Tunisia, and involvement with several smaller sub-Saharan Africa projects.

In 1979, he returned to Canada as Clinical Professor, Department of Pediatrics, University of Alberta, and Head of Pediatrics at the Charles Camsell Hospital (Edmonton, Alberta) – a position that included mentoring medical students and residents, and frequent visits to the Inuvik Zone, Northwest Territories, doing research and practice with Inuit and First Nations groups.

As a member of the First Nations, Inuit and Métis, and the Nutrition Committee of the Canadian Paediatric Society, his activities included advocacy, research and writing.

Honours included Teacher of the Year, Pediatric Residents, University of Alberta Hospital; Lifetime Achievement Award, Canadian Society for International Health, Distinguished Alumnus, Faculty of Medicine, University of Alberta Hospital; Lifetime membership, Canadian Paediatric Society; and Paul Harris Fellowship, Rotary Club International.

In 1997, he retired on Quadra Island, British Columbia, from where he continues his overseas work.