

WILLIAM SEIDELMAN

My main recollections from medical school are a mix of tension and camaraderie. Tension: exemplified by the anatomy lab and the announcement of marks. Camaraderie: exemplified by the partners at the dissecting table, the "study club" in the VGH library and pathology lab and just hanging out. I loved Dr. Bill Gibson's lectures on medical history. Memorable teaching moments were those of the bombastic gastroenterologist, Dr. Al Bogoch's lectures on malabsorption, The Internist Dr. Rolly Launer's lectures and rounds, the idealism and commitment of the Dept of Pharmacology, together with anaesthetist/pharmacologist Dr. Leonard Jenkins. A favorite place to doze off was the Woodward Memorial Library which had the most amazingly comfortable leather armchairs! The secretary for the Library was tasked with waking up students who pretended to be reading a historical tome but were in a deep sleep; often with head askew and mouth open!

My professional career largely encompassed family medicine in the inner-city; Vancouver at the REACH Clinic (UBC Pediatrics), North Hamilton Community Health Center (McMaster Univ.); HIV Ambulatory Program, St. Michael's Hospital, U of Toronto. Dealing with HIV/AIDS at the outset of the epidemic was a major challenge. I retired from clinical practice in 2002 and became CEO of a charitable organization, Associated Medical Services (AMS), that was responsible for helping establish, among other things, innovations that became CanMEDS etc. I Had the good fortune of working with a great group of colleagues everywhere I practiced. Loved the creative energy of REACH, the innovative academic environment of McMaster. Arrived in Toronto just in time for the chaotic "restructuring" of the Ontario health care system and the shift from the late Wellesley Hospital to St. Michael's amidst the AIDS epidemic. When I started caring for patients in Hamilton with HIV/AIDS in the 80's the diagnosis was a death sentence. When I retired from practice over a decade later, the disease was becoming manageable. A medical miracle, really.

Inspired by the UBC medical historian, Dr. Bill Gibson, I pursued medical history with a focus on medicine in Nazi Germany. I sort of fell into this not realizing what I was getting into. In reality I was poking my finger into a seething cauldron of secrets and lies carefully covered up by the universities and the academic and scientific elite. My questions were not well received and the work became increasingly engaging. I had great support for this work from my colleagues in Hamilton and Toronto. Fortunately, a new generation of German and Austrian scholars is pursuing this subject to a degree that I could never have imagined. I have had a number of papers published in last few months with one due out in "Surgery". The latter is a collaborative effort with folks from Harvard, Washington U., Boston U. I never dreamt that I would be doing this in my 78th year!

How things have changed! When we were students there was no such things as CT or MRI scanners. Primitive ultrasounds were scarcely available and of limited use. Intensive care units were only beginning to be established. St. Paul's Hospital had the first sophisticated ICU. The VGH ICU was improvised in the basement. It was assumed that hepatitis was caused by, yet to be discovered, viruses. HIV/AIDS and SARS were unimaginable. Antibiotic resistant bacteria was not a worry at that time. Heart surgery was being explored; mainly in children. There was no joint replacement only pinning of fractured hips.

Looking back 54 years later, the advancements are astonishing. But so are the challenges. In your future professional lifetime you will be faced with unimaginable advances that have to be absorbed and incorporated in your thinking and practice. Unfortunately, you will also probably face new and deadly diseases like we did with HIV/AIDS and SARS. When we first encountered the reality of AIDS, a time when physicians actively shunned affected patients seeking help, fear of contagion was so high that severely ill and dying patients were isolated in their rooms and meals left at the door. Visitors and staff were covered, head-to-toe, in protective clothing. SARS created a sense of panic to the point

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that clinical wards were closed and medical schools not affected by the SARS virus refused to accept students from the Toronto area because of the fear that they might be silent carriers.

A notable achievement in the advance against SARS was the remarkable contribution of the Michael Smith Genome Sciences Centre of the BC Cancer Agency whose scientists identified the SARS genome early in the epidemic; a spectacular scientific accomplishment.

How do you respond to these changes and threats and function as an effective professional, not to mention surviving as a person. In my personal experience the key to survival is a professional support system, colleagues you can speak to, ask questions, provide advice and support and cover for you so you can have time for yourself and your family. These colleagues are not just physicians but other professionals like nurses and social workers who know the system and patients and the community. It is difficult to do all of what is required, alone. Everyone is fallible and we all make mistakes. We can't be harsh in judgment of ourselves or our colleagues. That's where the support system, and collaboration and collegiality play an important role; whatever you choose to do and wherever you may practice. Today you have the added benefit of modern methods of communication which facilitate access and networking and connecting with colleagues, almost anywhere in the world.

It is an exciting and challenging path you will be following; smiles and frowns, laughter and tears, satisfaction and frustration. Ultimately, a sense of achievement and contribution.

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