

2005 Awardees

What do Star Trek, Philosophy and Martial Arts Have in Common with Rheumatology? Meet the 2005 Young Investigator

Who is Robert Ferrari and where does he come from?

I was the first professional in a family raised by 1950s Italian immigrant parents. I was always told by my mother that it did not matter what I did for a living, so long as it was an honest job. Despite this advice, I went on to become a doctor. One of my earliest memories is a sense of enthusiasm that was fostered by the character Spock, from Star Trek, whom I watched in re-runs of the original Star Trek (I was too young to have seen the series when it first aired). The enthusiasm was fostered by the fact that I could hardly understand a word he was saying and therefore thought it was important. Only later would I learn that the problem was my limited vocabulary at the age of five years, especially considering Spock was speaking the language of science. I have no other recollection of a role model for a burgeoning interest and habit in science. This interest followed me throughout my education and it became clear that I was to be a science type.

What was your undergraduate training and how did it influence your decision to become a physician?

My undergraduate training was two years of university studying a mix of the sciences, as I was not yet fixed on one degree. I was probably meant to be a mathematician, as that was always my best subject. I took advanced calculus courses as a way to get an "easy A." One day, someone told me I should apply to medicine. So I did. I got an interview. I got accepted. So I went. At first, I expected that medicine would be a reasonably valid place to hone a scientific enthusiasm, where the working body would be appreciated through scientific principles. I fully expected to become a bench-side researcher, until I became more and more awed by how illogically humans behave. I was discovering that people went to doctors for reasons that often did not make sense, and for reported pain that could not be found, and expected doctors to solve problems that doctors are not trained to solve. Eventually I left the research bench alone; sick people were much more interesting.



2005 Young Investigator:
Robert Ferrari, BSc, MD, FRCPC

Have mentors or role models played a role in your career path?

When I was a fourth-year medical student, I met rheumatology specialists Dr. Percy, Dr. Davis and Dr. Russell in Edmonton. There was something odd about them: they were happy in their clinics. The other spe-

cialists I had encountered seemed to be grumpy old men and frazzled in their work. I could not really tell what it was that made the rheumatologists seem cheerful: were they on drugs? were they driving sports cars? were they synchronously in the manic phase of a collective manic-depressive disorder? Whatever it was, I knew I wanted a piece of their action. But what kept me in touch with the notion of rheumatology, and musculoskeletal medicine in general, was seeing that rheumatologists were the most traditional physicians: talking to patients, asking many questions, being much more hands-on and gathering clues. This traditional style appealed to my interest in the traditionalist Greek and Roman philosophers, such as Plato, Vesalius and others who taught that people had to be encountered to be understood. While other specialties were moving further away from patients and burying their heads in technological gadgets, rheumatologists sat opposite their patients and looked them in the eyes.

What led to your interest in whiplash injuries and their sequelae?

What struck me as most odd about patients with whiplash was not the patients, themselves, but the rheumatologists. These specialists were sharp and helped a lot of patients—even the most severe rheumatoid patients. These specialists were not only practicing rheumatology, but producing the research that helped define the practice of rheumatology. But they could not help these whiplash patients. That puzzled me. These

very astute rheumatologists did not have the answers to why these patients behaved the way they did and really could not solve their problems. Chronic-pain patients left the clinic the way they came in: as “souls living under a pall” (to use a “Hadlerism”)—looking in absolutely the wrong place for a solution to a desperate existence. I, therefore, began asking questions, and the more I looked, the less I understood. I was hooked.

What do you hope to be doing professionally in 10 years?

Winning the Canadian Rheumatology Association Senior Investigator Award.

Outside of medicine what are your goals?

I was always fascinated with martial arts, but never made

the time for it. So, two years ago, I began using martial arts as a way to lose some weight and get fit, as I was getting soft around the middle. I have been privileged to be a private student under an old Chinese Master from Tibet. Over the past two years I have learned enough to soundly “beat the crap” out of black-belt students, but I have never competed in the ring. I feel too old to start now, although my Master reminds me that Genghis Khan began conquering the world at the age of 40 years...

What would you say to a medical student contemplating his/her future training options and career choices?

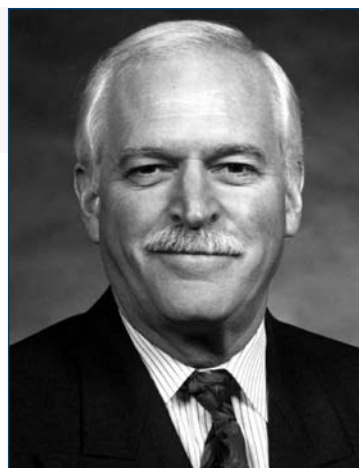
I never went into medicine for the money—never gave that a thought. But if I knew then how much money I could make as a doctor, I would have gone into medicine for the money.

***The 2005 Distinguished Rheumatologist:
You Know You're Distinguished When
They Call You "Colonel"***

Who is David Hawkins and where does he come from?

David Hawkins was born in St. John's, Newfoundland and received his medical degree from Dalhousie University in 1960. Following postgraduate training in internal medicine at Dalhousie University and McGill University, he spent three years as a research fellow at Scripps Clinic and Research Foundation in La Jolla, California. He returned to McGill University in 1968 as a Medical Research Council (MRC) of Canada Scholar, and subsequently was appointed professor of medicine and director of the Division of Rheumatology at the Montreal General Hospital. In 1980, Dr. Hawkins returned to Newfoundland as Chair of Medicine and in 1987 was appointed Dean of Medicine.

In 1991, he was appointed Vice-President of the MRC. In 1993, the MRC and Memorial University jointly endowed the annual David Hawkins Lectureship in Health Sciences Research. In 1995, Dr. Hawkins was named Alumnus of the Year by the Dalhousie Medical Alumni Association. In 2002, he received the Ronald V. Christie Award of the Canadian Association of Professors of Medicine in recognition of outstanding contributions to academic medicine. In 2003, he was the laureate awardee of the Atlantic Provinces Chapter of the American College of Physicians and he was commissioned a colonel in the



***2005 Distinguished
Rheumatologist:
David Hawkins, MD, FRCPC***

Honorable Order of Kentucky Colonels.

This year, Dr. Hawkins was named Distinguished Rheumatologist of the year by the Canadian Rheumatology Association. Dr. Hawkins is an adjunct professor of pediatrics at the University of Ottawa and has a consulting practice in pediatric rheumatology at the Children's Hospital of Eastern Ontario.

What careers did you contemplate in addition to medicine? What convinced you to become a physician and later a rheumatologist?

During my second year of an honours chemistry program at Memorial University, I had every intention to go on to do graduate studies and probably a doctorate. In the spring of 1955, my father, a very traditional, conservative gentleman, insisted that I apply to a professional school. He didn't seem to care which one, so I applied to Dalhousie University for medicine, even though I really had no intention of going to medical school. That

summer, while I was sailing with the Royal Canadian Navy, I got a wire from my father indicating that I'd been accepted to Dalhousie, that he'd accepted their offer on my behalf, and that I was not to return to St. John's. As of September 1955, I was a medical student. I'm not sure I was ever convinced I should become a physician, but I was clearly steered into it, and once there, I enjoyed it immensely. In 1971, I was in the Division of Clinical Immunology at the Montreal General Hospital when Dr. John Martin, then the Head of Rheumatology, was recruited to Memorial University. The Chairman of the Department of Medicine asked me if I would take over the Division of Rheumatology and build it into a strong academic unit. Since much of my interest lay in patients with connective-tissue diseases, this was a fairly easy transition.

Who and what were the major influences for your career in medicine?

A few people stand out as being important in some of the choices I made along the way:

– Dr. John Woodbury, a Halifax rheumatologist, was my second-year clinical skills teacher. When we didn't have an appropriate patient he would use himself. He had fairly advanced ankylosing spondylitis and, accordingly, classical clinical findings.

– Dr. Robert Dickson, the Chairman of Medicine at Dalhousie University, encouraged me to take research training when I finished my residency in internal medicine, and this led to my fellowship in immunology and rheumatology.

– Drs. John Esdaile, Hyman Tannenbaum and Charles Bruneau, all of whom I was fortunate to be able to recruit to the Division at the Montreal General Hospital, and all of whom proved to be extraordinary colleagues. They all came with external awards for personal support and research and all have gone on to distinguished careers.

– Finally, the year I spent in Denver, Colorado at the National Jewish Hospital and Research Centre allowed me to work with Roger Hollister, the only pediatric rheumatologist in the Rocky Mountain area at the time. I had a wealth of exposure to pediatric arthritis and connective-tissue disease during that year.

What lessons did you learn from rheumatology that had an impact on your life as a dean and as an administrator?

Rheumatology is a great teacher. It teaches one how to

live with ambiguity and uncertainty, which is helpful in all kinds of roles. It has also given me great satisfaction, particularly in the last decade, in getting to know patients over the long term, and in the case of pediatrics, their families as well.

You have had a distinguished career in many aspects of medicine, from clinical to the highest administrative roles. What have been the highlights along this varied path? What do you view as your major contributions to Canadian rheumatology?

I think the highlights were my nine years as Director of the Division of Rheumatology at the Montreal General Hospital and my eight years as Dean of the Faculty of Medicine at Memorial University. Also, I have long been interested in student issues and my various roles have permitted me a fair bit of student interaction, even up to the present time.

I think the important contributions I've made, if any, have been in the area of recruiting young, bright rheumatologists—first in Montreal and later in Newfoundland at Memorial University.

If you had the chance to do it over again, what aspects of your career would you change?

If I had a chance to do it over again, I would probably choose to do pediatrics and pediatric rheumatology. I haven't seen an adult patient for 10 years and doubt that I would go back to adult medicine.

What are your goals for the future?

I still have a fairly busy practice at the Children's Hospital of Eastern Ontario. Given the fact that there are not too many pediatric rheumatologists in the pipeline, I will probably continue there as long as the hospital and my colleagues feel that I am making a worthwhile contribution. I've also been very involved in medical school accreditation, not only in North America, but in South America and the Middle East. I will probably continue to consult in this area over the next few years. I don't contemplate retirement, or at least full retirement, for the short- to mid-term future.

Outside of medicine, what are your hobbies and passions?

I have a great love for the Laurentians. Five years ago, my wife and I built a house at Mont-Tremblant. We take advantage of the tremendous resources in the area and

go kayaking, cycling and down-hill skiing. These are indeed activities that I'm more than enthusiastic about. I also enjoy cooking and look forward to being able to do more of it when my workload is not quite as heavy. My wife and I play cribbage Friday and Saturday afternoons and on Sunday we complete the Herald Tribune crossword puzzle. We have three daughters who live close to us and we see them regularly in Ottawa, Montreal and Mont-Tremblant.

The 2005 Distinguished Investigator: A Man on the Move Since Birth

Who is John Esdaile and where does he come from?

My parents were English. After the war, my father obtained a job with an oil company in the Dominican Republic, where I was born. Subsequent travels led to Trinidad, the United Kingdom, the United States and, finally, Canada, where I grew up in Montreal and then Toronto.

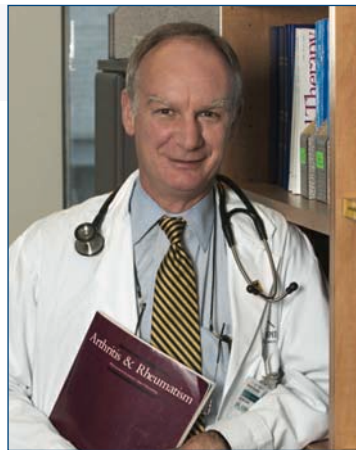
What were the influences that led you to medical school and later rheumatology?

At the age of 17 years, I decided I wanted to be a country doctor. I suppose I had been thinking about it, but I can recall making the decision. At the time, McGill University had a program that permitted acceptance into medical school straight from high school, thereby allowing for a year of schooling to be skipped. I applied and, fortunately, they accepted me. I had declined my acceptance to the University of Toronto and had to wait until August 21, 1965 to hear from McGill that I was accepted.

I never intended to go into rheumatology. In 1974, I was training in Clinical Immunology at the Montreal General Hospital (MGH). The MGH had the best Clinical Immunology program in the country and life was good. Then the Clinical Immunology division decided there should be an academic Division of Rheumatology at the MGH. David Hawkins moved from Clinical Immunology to head this new division. Edward Dunlop, the head of The Arthritis Society, encouraged "the Hawk" to hire rheumatologists. So I was sent to the Wellesley Hospital in Toronto (the epicentre of Canadian rheumatology training at that time) to spend a year as the Hunter Fellow and be transformed into a rheumatologist by Metro Ogryzlo, Hugh Smythe, Murray Urowitz and Irving Fox.

What message would you like to share with your colleagues in the CRA?

My wife has been exposed to the company of many physicians over the years, particularly during my time as Dean of Medicine. She has concluded that rheumatologists are among the most sophisticated, intelligent and amusing of physicians, and great company to be with. She never misses an opportunity to go to a rheumatology meeting. How could I possibly disagree with my wife?



***2005 Distinguished Investigator:
John Esdaile, MD, MPH, FRCPC***

Had you not become a physician, what professional path might you have pursued?

It did not occur to me that there was another path.

Who were/are your mentors or role models for your career in medicine?

The Clinical Immunology group at the MGH was created and led by Samuel O. Freedman, who took

me under his wing as a medical student. I never said "no" to Dr. Freedman and he never led me astray. He was a superb guide. The remaining members of the group—David Hawkins, Phil Gold and Joseph Shuster—had a great influence on me. David Hawkins, as Head of Rheumatology when I returned to McGill in 1978, did his utmost to keep me out of trouble. For the Royal College examinations in Internal Medicine he advised emphatically, "If it arises, don't tell the examiners that you think they are stupid." But I was not able to follow his advice. Some key advice that I did adhere to was, "Don't speak to the Dean and don't speak to the Chairman of Medicine until you check with me." Finally, Alvan R. Feinstein at Yale taught me everything I know about Clinical Epidemiology and Clinical Research. He was the most clever man I've ever met; he was also the most demanding and among the most supportive.

You have distinguished yourself at both McGill University and the University of British Columbia. What would you see as your main career highlights at both institutions?

Alvan Feinstein would have advised not to reply to this question. He would have said one could not be distinguished until one was dead and the whole page could be read. So, ignoring the distinguished bit, I have most enjoyed seeing trainees and colleagues perform research that has made a difference to people with disease.

What lessons did you learn at McGill University that have influenced you in your new challenges at the University of British Columbia?

Firstly, McGill was a large university that was able to remain very small. One could call the Dean up at home and one could throw together a team for a research competition overnight. Everyone understood the university

game. Individual faculty members might be competitors, but could work together with gusto when the need arose. Although there were politics, it was an internal thing. When the chips were down, everyone was on the same team. Yale was similar, but most universities are not.

Secondly, McGill had only one faculty. There was no designation of "clinical" faculty. Salaries differed, but titles didn't. The clinicians always made more money than the full-time research faculty and rarely were promoted beyond Assistant Professor, but they were respected as the expert teachers and clinicians that they were.

What do you view as your major contributions to rheumatology research?

Determining the value of certain treatments and training a number of scientists who are already demonstrating how skilled they are.

Opportunity for Interaction

1st
Mexican-Canadian Congress of Rheumatology

34th
Mexican Congress of Rheumatology

61st
Annual Meeting of the Canadian Rheumatology Association

*The Hilton Hotel Sessions:
08:00-13:30 daily*

CANCUN
17-21 february 2006

IMPORTANT
Abstract deadline:
September 30, 2005

CRA
The Arthritis Experts

What are your professional goals for the future?

I started my medical career as a country doctor, then went on to train as an immunologist and a rheumatologist, teach clinical rheumatology, train as a clinical epidemiologist, perform clinical research and help run an academic rheumatology division. I have no idea what will be next—I never have!

Is there life outside of rheumatology? Is there anything you do differently in the balmy climate of the West Coast vs. along the shores of the St. Lawrence?

I work hard or harder, but work doesn't have to be Number One in life. I gave up shovelling snow and can barbeque outdoors and play tennis year round. Also, the West Coast has Cheryl Koehn and is closer to Whistler and Hawaii. Otherwise, I am at home in two great Canadian cities.

What message would you like to give to residents contemplating a career in rheumatology?

Only the best should apply! Being a rheumatologist requires intelligence, a "thinker"-type nature, the desire to develop great clinical skills, the desire to really want to make a difference and enjoying the company of great colleagues. If these attributes do not apply to someone, he/she should consider training in one of the many lesser specialties.