

# 40 Years

## Dr. Seamus Donaghy



There was definitely a great sense of collegiality, a great sense of knowing there was always someone that you could call if you were in a bind.

What made you aware that you were now the senior colleague? Being a resource for other younger physicians. I think that that was just a kind of a transition that happened without a defining point to it.

It was just a great transition to see the hospital kind of progress and grow and continue to provide the services that we wanted to provide to our Community.

This new hospital will be built that hopefully family physicians will continue to be able to practice in the same diverse way that they wish to, whether that be doing obstetrics doing emerg doing anesthesia and so on.



# 40 Years

## Dr. Christopher Patterson



In 1981 I began my second career (my first was a general practitioner in Northern Ontario), as a general internist and geriatrician, dividing my time between Chedoke Hospital and MUMC. The McMaster Medical School still had a fresh feel and the spirit of innovation was very much present. I was privileged to work alongside some of the founders: Bill Spaulding, William Walsh, Ed Genton, Howard Barrows, Bill Goldberg, Moran Campbell were some of the most memorable.

Between Chedoke and MUMC, there was something of a town and gown feeling, which persisted well beyond the amalgamation. In 1981 Chedoke Hospital felt like the sick bay of the Ancaster Golf and Country Club. There were pillows in display cases which had been sown with the Union Jack, to be sent to the troops in WW2. There lingered a sense of pride that Chedoke had once been the “largest tuberculosis sanatorium in the British Empire” with 1700 beds. Remnants of those times were seen in glass cases of exquisite Inuit soapstone carvings, occupational therapy for the patients who were so very far from home. At the same time, Chedoke had an active surgical service, and the orthopedic surgeons were particularly fond of the operating rooms. There was still an emergency room and a small ICU.

I was recruited to work in the Geriatric Unit at Chedoke, which housed one of the very first geriatric assessment units in the province and in the whole of Canada, as well as a combined medical and psychiatry service. This was all due to the vision of the late Ronald Bayne, and I enjoyed working with Graham Marson (the definitive general internist who might spend the morning doing endoscopies, afternoons doing allergy testing and supervising exercise testing), John Roy the erudite Scottish psychiatrist, and Miss. Inez Foster, the elegant and dutiful head nurse on the inpatient unit.

It was from the beginning a challenge to establish Geriatric Medicine as a visible specialty, and I am eternally grateful to my close association with my dear colleague and singular character Irene Turpie, who was recruited by Ronald Bayne at the same time as me.

The academic division grew slowly, but the recruitment of Willie Molloy helped us to become established as a center of expertise in cognitive disorders. Many will remember his mercurial personality, indisputable charisma and undoubted genius.

The amalgamation between Chedoke-McMaster and the Hamilton Civic Hospitals seemed to move ahead more smoothly than the previous one, likely due to skillful administrative leadership and enthusiastic cooperation between the medical staffs. I particularly miss the marvelous Medical Staff shows each Winter, led for years by the talented Frank Smith (orthopods featured prominently perhaps due to their innate extroversion), but sadly now just a happy memory.

The inpatient geriatric unit moved from the main building at Chedoke to the Holbrook rehabilitation centre, thence to Hamilton General, later to the Henderson (now the Juravinski), and finally to St. Peter's hospital. At the Henderson we occupied the old maternity ward, and I will never forget an elderly lady who was brought to the floor, looked around and said “I've been here before!” remembering the birth of 2 of her children. I remember too a visit to the ward by a consultant who was struggling to exit by the keypad, when he was approached by a patient with dementia who said “here I'll show you how to do it!”

My favorite location for the Geriatric Assessment Unit was the Hamilton General, such a bustling organization with access to all the necessary diagnostic facilities, and to a wide range of other consultants. Geriatric units should be in general hospitals, not sequestered away even in the serene surroundings of St. Peter's. Geriatricians must be accessible and visible to all, especially to learners, to share their expertise in frailty, cognitive disorders, multimorbidity and the other geriatric giants. Thankfully the growth of geriatric medicine has raised the profile to its present level of visibility, with acknowledgment of its clinical contributions, educational strengths and research achievements.

Over the last 40 years, advances in medicine have been simply breathtaking. I arrived in Canada before the first CT scan. I well recall a lecture during my residency by Godfrey Hounsfield and seeing the very first hazy CT pictures. Today the ability to visualize the intracerebral circulation completely noninvasively would have been unimaginable in 1981. The growth of laparoscopic surgery, the extraordinary advances in oncology, in the management of coronary artery disease, revolutions in heart failure management, novel antimicrobials, antipsychotics has been truly dramatic during one short career.

I remember SARS coming and going, and now we find ourselves in a horrifying pandemic. In the future we will remember these times and reflect upon the deaths, the vaccines and the amazing ability of the staff of Hamilton Health Sciences to work together to defeat this present day plague. I am so fortunate to be part of this extraordinary organization.



# 45 years

## Dr. Edward Dore



In Hamilton Health Sciences, everybody gets along. Everybody collaborates for the better of the patient. Everybody who has an individual skill contributes.

It comes down to collegiality and working environment. They make you want to come to work.

How do you manage the work life balance? Somehow you figure it out. You just do what you have to do sometimes.

In a busy place, its not always possible to have a 9-5 job.

For the new physicians: you're going to make mistakes. Try to keep up. Do the best job you can. You can always rely on your colleagues to help you.

## Dr. Anthony Kerigan



What kept you at HHS? There were increasing opportunities that came up that was attractive and made me stay there... the camaraderie; the nursing colleagues were highly respected and we worked well together.

As a hospital-based specialist, keep in contact with the community in which people live and be aware of where people are coming from and where they are going back to.

# 45 years

## Dr. Kanwal Shankardass



As a physician, you have to be a good human being to do everything the right way.

What protected you from burnout? Because I was interested. I wanted to do everything.