



Reflections

My mentor, my friend

A.S. Abdulla, MD, LMCC, CCFP, DIPSPORTMED(CASM)

I have had the good fortune to meet and be influenced by many great teachers throughout my academic life. I recall my grade 4 math teacher who opened my eyes to the simplicity of geometry. I recall my grade 9 literature teacher who unraveled the mysterious iambic pentameter of Shakespearean prose. I recall my university embryology teacher who dissected away the vagaries of comparative physiology and taught me about the continuity of life. I recall my medical school preceptor (a sex psychiatrist) who challenged me to relate to people and topics beyond my comfort level. Above and beyond all these teachers sits my mentor and friend: Dr Bob.

Life of Dr Bob

Dr Bob was the retiring physician of the family practice rotation during my rotating internship. I was the “fast-tracked” wonder kid who wanted to move on to bigger, better, and more challenging aspects of medicine: cardiac surgery, intensive care, neurology. I was 22; Dr Bob was 68. I really did not have time for family medicine and diagnosing upper respiratory infections, or so I thought.

Dr Bob was the son of a minister and middle child in a family of five boys. He was an avid reader, especially Charles Dickens and Shakespeare. He had been an accelerated student. His entrance into university was delayed because of his age. He spent 1 year in divinity college, expanding his perspective for his father. He met his wife there. She was the daughter of a well-known general practitioner in Port Elgin,

Ont. They married. He enrolled in the Air Force and served as a wing commander in World War II. He returned to Canada as a hero and entered medical school. He graduated magna cum laude and promptly took over his father-in-law’s lucrative medical practice.

When his father-in-law died, he moved his burgeoning family to Toronto, Ont, and quickly restarted his career. His medical career spanned four decades. He was an emergency doctor, an obstetrician, a family physician, a professor, an administrator, an activist during the socialization of medicare, a writer, a painter, a poet, an ecclesiast, a preceptor, a department head, a chief of staff, a Christian, a mentor, and a friend.

We had nothing in common, but everything in common. We were “kindred spirits” of different generations. There was a simplicity in our conversations, a mystery in our understanding, a unity in our thought, and, especially for me, an enigmatic reverence at his approach to medicine that I could not get from Harrison’s and Merck. The challenge of medicine went beyond the pedantic diatribe of differential diagnoses almost to the subtle and the sublime.

I know what you are thinking. Family medicine has all of a sudden become my “grail” from the crusades of an old doctor—seen it, done it, bought the T-shirt. But wait. The transformation required the conversion of the biggest sceptic: me. I wanted to become the new Banting, a Nobel laureate. I was not going to give up my dream for the “touchy-feely” art of family medicine. The transformation was accomplished through the unrelenting experiences with my new-found mentor.

Advocate, not saviour

It began with a whisper. We were sitting in the conference room discussing a new case. I had made a great presentation, including a comprehensive management plan. Then Dr Bob asked me about the patient's family. The sheer irrelevance made me shudder: the absolute importance diminished my academic approach. I watched him interview patients, saw his ability to put them at ease, open their hearts, and expose their idiosyncrasies, and then watched them allow him to guide them. I wanted to impress him. But even my next evaluation neglected to mention the patient's religious beliefs, which were crucial to the diagnosis and treatment.

Our consultations taught me to look beyond a physician's obligation to make the diagnosis through his or her own intellect in spite of the patient, but to work toward an awareness of the condition and its effect with the patient. The goal was not to prove my intelligence, but to assist patients to cope and be involved in the healing process. I was the patient's advocate, not his or her saviour. I was more than a physician. I was also a

husband, a father, a Canadian, and a human being with frailties and aspirations. These were radical thoughts for a young physician.

Dr Bob challenged me to engage in critical research and writing, to paint, to read great books, to work as Chief Resident, to apply to the second year of a family medicine residency program, to work in small, rural and large, inner-city communities, to buy his medical practice, to not make the same mistakes he did by working too hard to succeed, and to become a leader and a member of his circle of family and friends.

He had watched my children grow, gone on housecalls with me despite being retired, invited me to his church, explained his reasoning for not treating his malignancy. I have watched him from the pinnacle of community and family medicine to his decline after his wife's death to dementia and death. I shared my heart and mind with one of the greatest physicians—a humble laureate. I watched him die. ❁

Dr Abdulla practises family medicine and is a sports medicine specialist in Ottawa, Ont.

