Kevin Sliwowicz  MD CCFP(EM)

Jazz as another means to explore a sound; the improvisational breaks around a structured melody; a way to wring the most out of a performance. Over 20 years ago, Dr Sliwowicz and his wife walked into an auction hoping to bid on a carpet; they got the carpet, but they also got a baby grand piano. The idea was, with the piano in front of him that night: I would like to play this. And with the piano in front of him at home, he thought: I would like to play this. He was naturally good at rhythm, improvisation, but couldn’t read music. Does one have to be able to read music in order to improvise? One needs to prepare, practise, to meet the notes.

Al Purdy called hockey “a combination of ballet and murder,” and Dr Sliwowicz could already skate, do the rudiments. He hadn’t played until he met a friend recently passionate about playing. This friend had gone through an adult hockey school in Toronto and was converted to the game; Dr Sliwowicz, exposed to that passion, thought: I would like to play this. And so the basics: stick handling, puck control, skating. From those early days of indoctrination, it’s been 22 years of hockey through every season, a beer league of 20- to 50-somethings. For the ballet, for the murder, Dr Sliwowicz must prepare: because the sport is anaerobic, he exercises regularly so as to meet the game. His position: forward. Winter team name: Smashing Pumpkins. Summer team name: The Darkness. No team yet with the name of a jazz master or chanteuse, but to every game ever played the controlled chaos of improvisation.

With the music and with the hockey there are moments Dr Sliwowicz goes beyond his abilities, where his performance surpasses a typical baseline. Both the music and sport are fast, require quick decisions, multitasking; in the emergency department, though, there is less of an element of rehearsal. Though the requirements of practice and preparation to do a job well are shared with medicine, being a doctor has more fraught implications in terms of outcome. There is the good song and the good game, but is there the good patient? The good treatment of the patient? The good diagnosis?

There is the outcome.

Yet there is also the enjoyment of all 3 of these kinds of work and play despite the impediments. For hockey, the hack and hold; for music, the privacy and reluctance to perform in public; in medicine, the obstacles to care. Yet also the jazz thinking: the differential diagnosis, the different possibilities a complaint could go, the synthesis of these complaints into a set of likely possibilities (the composite of a song) and the simultaneous chasing down of these possibilities and the simultaneous treatment of these possibilities and the variousness of how to do all of these things, in what sequence, when to rework them, to improvise.

Cover photo: Chris McCallan, Toronto, Ont
Story: Shane Neilson  MD CCFP, Erin, Ont
D’autres photos et la traduction en français du récit se trouvent à la page 342.

The Cover Project  Canadian Family Physician has embarked on a project to assemble the portrait of family medicine in Canada. Each cover of the journal will feature a family physician chosen at random from our membership list, along with a short essay—a brief glimpse of the person and the practice. Over time, the randomness will become representative and the differences, taken together, will define what it is that all family physicians have in common.