

54-year-old male—Chief of Pediatric Surgery

Sherif Emil 

Volume 11, Number 2, 2024

Vulnerability in Medicine

URI: <https://id.erudit.org/iderudit/1112321ar>

DOI: <https://doi.org/10.26443/ijwpc.v11i2.426>

[See table of contents](#)

Publisher(s)

McGill University Library

ISSN

2291-918X (digital)

[Explore this journal](#)

Cite this document

Emil, S. (2024). 54-year-old male—Chief of Pediatric Surgery. *The International Journal of Whole Person Care*, 11(2), 7–10.
<https://doi.org/10.26443/ijwpc.v11i2.426>

© Sherif Emil, 2024



This document is protected by copyright law. Use of the services of Érudit (including reproduction) is subject to its terms and conditions, which can be viewed online.

<https://apropos.erudit.org/en/users/policy-on-use/>

érudit

This article is disseminated and preserved by Érudit.

Érudit is a non-profit inter-university consortium of the Université de Montréal, Université Laval, and the Université du Québec à Montréal. Its mission is to promote and disseminate research.

<https://www.erudit.org/en/>

54-YEAR-OLD MALE—CHIEF OF PEDIATRIC SURGERY

Sherif Emil

Department of Pediatric Surgery, Faculty of Medicine and Health Sciences, McGill University, Montreal, Quebec, Canada
sherif.emil@mcgill.ca

KEYWORDS: Vulnerability

It is a chillingly cold winter morning. I wake up at 7:00 AM, shower, put on some casual clothes, and head to my office at the hospital. It is still eerily quiet. The team has not arrived, and rounds have not started. I remove my wedding band and watch, and change into my scrubs – a routine I have carried out hundreds of times. But this is not just another day of surgical practice. It is a Saturday. I am not on call, and I have no cases pending. I will not be seeing any patients. I am here for an MRI – my sixth in four years – and I learned that it is much easier to change and leave everything in my office rather than to do the same at the MRI suite. Rewind the clock four years. As I approach the gastroenterology reception, I unfold the consult request given to me on discharge 72 hours earlier. I take a quick peek at the text as I hand it to the receptionist. It starts, “54-year-old male, chief of pediatric surgery....”.

Nothing could have summarized my journey of the previous five days better, a pendulum swinging constantly between another 54-year-old male patient and my professional position as a pediatric surgeon. The dull epigastric pain had been intermittent for several days. It was not terrible, but something was different. I had never experienced such pain. I never suffered from dyspepsia, gastroesophageal reflux, or biliary colic. I worked through the pain, denying the distraction. After 48 hours, I mentioned it to my colleagues, seeking reassurance more than a diagnosis. No one seemed too concerned. That is all I needed to keep going.

Seeing me quite uncomfortable in clinic the following day, my fellow asked, “Could you have pancreatitis?” “Why would I have pancreatitis?”, I replied dismissively. I had just had an ultrasound a few months before for follow-up of two small gallbladder polyps, revealing no change and no stones. I drank sparingly, but I had been on a vegan diet, without alcohol, for the previous several weeks, observing Lent.

The pain continued. Like every bad doctor, I self-medicated, starting a proton pump inhibitor that my wife had used in the past. It did not help. So, I called a friend – two friends actually – pediatric gastroenterologists. I liked their advice. Proton pump inhibitors can take some time to kick in. I could use some antacids in the meantime. I did.

But the pain got worse.

Finally, just before midnight on a Thursday, the sixth day of symptoms, my denial started to crack. The epigastric pain was severe. I elicited definite tenderness on self percussion and palpation of my abdomen. Each breath was uncomfortable. I left my wife and daughters sleeping and drove myself to my own hospital – a children’s hospital. I asked for an abdominal series. Good. No free air. Nothing impressive. I filled a requisition for some lab tests and asked one of our emergency room nurses for a favor. He drew them and I went to my office to wait. An hour later, the diagnosis was obvious. I had pancreatitis.

I printed a copy of my labs and walked around the corner to the adult emergency room. “I am a surgeon at the Children’s and I have quite severe abdominal pain from pancreatitis”, I said quite calmly. Perhaps too calmly. The ER clerk responded, “Sir, just have a seat. I am getting an ambulance right now.” She did not seem to have heard what I said. Here we go – another 54-year-old male in a large busy urban emergency room. Luckily, the triage nurse across the hall approached me in a hurry. “Did I hear you say you’re a surgeon and you have pancreatitis?” “Yes,” I replied in a very matter of fact manner. “Come with me.” From there, things seemed to move at lightening speed. ER room found. IV placed. Labs repeated. Morphine given. CT scan done. Having accompanied family members to the same ER before, where the trajectory of these steps was significantly slower, I realized that now I was in “chief of pediatric surgery” mode. I experienced a mix of guilt and relief.

Shortly after the CT scan, a junior surgical resident walked up to my bed, as I was finally starting to experience some narcotic-induced relief. He had rotated on my service less than a year before. “Dr. Emil, your CT shows pancreatitis and an IPMN.” I am a pediatric surgeon. Pediatric pancreatic lesions are extremely rare. I last recertified in general surgery 10 years ago. For the first time in several hours, I swung back to the 54-year-old male. “IPMN – what is that?”, I responded, shamefully revealing my ignorance to one of my junior trainees. “It stands for intraductal papillary mucinous neoplasm – we sometimes observe it”, he answered in a somewhat nervous tone.

Pancreas? Neoplasm? Sometimes? After 28 years as a physician, I had promised myself never to be surprised if I was to be suddenly diagnosed with a grave illness or condition, no matter how serious. I had promised myself to never ask “why me?”, but rather to ask “why not me?” Nevertheless, a streaming filmstrip

of images started to play in my head – my wife, my young daughters, my clinic tomorrow, my operating room next week, my trainees, my research, the book I had just completed against all odds over four years of continuous work, my mother who died of un-explained pancreatitis, my father who practiced medicine actively until two weeks before his death from a myeloproliferative disorder.

I interrupted the stream by uttering my go to prayer – the Jesus prayer – “Jesus Christ, son of the living God, have mercy upon me, a sinner.” I uttered it repeatedly until I fell asleep.

I was awakened by a mild jolt to my bed. “I am taking you to your room,” whispered a young patient care attendant. A miracle or the “chief of pediatric surgery”? I had expected a day or two in the ER before an inpatient bed could be found. Before dawn, two more residents examined me. I appreciated their need to appear thorough in their evaluation of the 54-year-old male with pancreatitis, but also noticed the cursory exam motivated by their discomfort evaluating the chief of pediatric surgery, one of their faculty.

As morning broke, I couldn't help but feel that my life had been severed in two parts by the scalpel of the diagnosis. Yesterday, I was chief of pediatric surgery. Today, I am a 54-year-old male with pancreatitis and a pancreatic neoplasm. During my 36-hour hospitalization, the first in my life, I would call for my own inpatient gastroenterology consult, ask my radiology friends to expedite an in-patient MRI, and insist on lowering my intravenous fluid infusion rate so I can decrease the frequency of my trips to the bathroom. But I would also experience the challenges of the hospital environment like any patient. I knew that, at the input of a few letters on a computer screen, I could read the latest literature on IPMN's but I did not have any desire to do so – for four weeks after my diagnosis. At every visit and consultation, I would wonder if I was receiving the 54-year-old male recommendation or the chief of pediatric surgery recommendation.

When you are the chief of pediatric surgery with a diagnosis that can dramatically change your life, you get advice – lots of advice from other doctors. “The Board answer is to get a Whipple.” “Get the surgery while you are young.” “You should stop your mission trips to Africa.” “Get a fifth opinion.” “See this person. He is the best.” As the diagnosis settled in, I gradually resolved to flee from such advice. I resolved to continue to live my life as I have always lived it, until the day comes when I can no longer do that, whether in a week, a month, a year, or a decade. I continued my busy practice, my research, my teaching, my leadership position, and most importantly my overseas missions, which annually renewed my purpose, hope, and faith. When COVID hit and many panicked because of losing control, I was well ahead. I had already learned to live with little control of what came next, believing wholeheartedly that while I am not in control, God always is. And when I had a patient or family in shock about a diagnosis, I could look them in the eye and say “I understand. Not just because I have shared the journey of many like you. But because I have been there myself.”

Four years, six MRI's, one CT scan, two PET scans, three endoscopic ultrasounds, and two biopsies later, I am still here. On this cold winter morning, I complete the MRI and return to my office. A few minutes later, I look at the images on my computer screen and measure my lesion. After four years of intermittent growth,

it seems stable. I can continue as chief of pediatric surgery. As physicians, we understand the ingredients of healing – faith, family, friends, love, purpose, and caring physicians. As I continue my journey, I am certain the now 58-year-old male patient and the pediatric surgeon will occasionally clash, but they will also increasingly find common ground in this universal path of healing. ■

Biographical note

Sherif Emil, MD, CM, FACS, FRCSC, FAAP is the Mirella and Lino Saputo Foundation Chair in Pediatric Surgical Education and Patient and Family-Centered Care in the Faculty of Medicine and Health Sciences, McGill University, Montreal, Canada. He is also the Associate Chair for Education in the Department of Pediatric Surgery, and Professor of Pediatric Surgery, Surgery, and Pediatrics at McGill University. He currently serves as the Pediatric Surgery Specialty Consultant for Mercy Ships International, and was recently awarded the 2024 Donald E. Meier Humanitarian Award by the American Pediatric Surgical Association. In addition to his academic work and publications, he enjoys writing and has published multiple pieces on a number of topics in the lay media.