Medical Class of 1972 Virtual Time Capsule

Transcript of Interview with Dr. Andrew Padmos

Introductory Text:
McMaster University established the School of Medicine in 1966.

The Undergraduate Medical Program for the Doctor of Medicine Degree (MD) welcomed its first class in 1969 and they graduated in 1972. In 2022, MD ’72 marked the 50th anniversary of their convocation.

During that time, we recorded interviews with members of that class in which they discussed their reason for choosing McMaster University, memories of their experiences in the program, and their career achievements that followed.

Question:
Before choosing McMaster what was your background and what made you pick McMaster University?

Dr. Andrew Padmos:

Well, I had maybe an unconventional approach in the sense that my undergraduate program at Trinity College in the University of Toronto was in political science and economics, and I had taken a year off after second year to now it would be called a gap year. I traveled the world and during that year did some thinking and made some decisions about heading for a career in medicine rather than law, which was my original sort of inclination. And so, I took in my year, my advisor at Toronto said, "Well, why don't you carry on in your program and take the prerequisites to enter medicine as extra courses," which I did in year three and year four. So, I was able to apply to a medical school at graduation or before graduation. So, I applied at that point to University of Toronto, but was made a aware that McMaster was opening its medical school in that next year, which was 1969.

And of course, I had been scheduled to graduate in '68, but was delayed a year because of my travel. So, I applied for Mac really because it was there and also because by that point my wife Patricia and I had been talking after being together for quite some time about getting married and we were thinking of getting married in that part of fall of 1969. So, the McMaster had an appeal because it was a three year program. My wife was just graduating from teachers’ college and was going to be a job and be the main breadwinner while I went to medical school. So, it was a really a happy set of circumstances that brought McMaster within reach. And we looked at it, thought it was new and different and exciting and elected to choose going to McMaster at that time, I only did apply to Toronto and Mac. I think the other element was Toronto wanted me to do an additional course, I think it was statistics the summer before entering school, which wasn't a huge barrier, but it was maybe a I was disinclined to use up the summer with more studies.

So that's how I ended up at McMaster.

Question:
What are your strongest memories of McMaster? Tell me about your mentors, how successful the program was in setting you up for your career (including how the experience might have been improved)?

Dr. Andrew Padmos:

Of course, the experience was new and different and we were a very small class and we bonded I think because we were in such a new set of circumstances and quite a variable group. And also, you may know that the medical school was physically located at Chedoke McMaster up on the mountain. And we basically spent a lot of time in the basement where they had a room with 20 study carrels. And that's where we listened to an inexhaustible supply of slide tape shows. So, this was before video, and we were together there. We had a room upstairs for events. I remember we thought it was quite funny, but somehow appropriate. We called the learning events “happenings”, sort of, but those were the days of bell bottom jeans too. So, we were a little bit new age, I guess, in our thinking and our vocabulary. So, I remember it as fairly collegial but somewhat perplexing.

Lots of small group sessions with tutors who seemed, in retrospect, maybe as puzzled as we were about how to proceed and quite a what appeared to be this large inventory of learning materials, some in textbooks, some in papers that we would go to the library to find and some in sort of mimeographed or photocopied materials that were presented to us in the various small groups. And I think one of the overarching feelings was uncertainty in the early days. Did we actually know enough and where we organized in our approach to a topic? You may recall that the educational sort of outline had us moving in largely in body systems? So we did cardiac or cardio respiratory, I can't remember if it was one or both, as a section for a few weeks. And then we did gastrointestinal and then we did something else. And these were early days. And the basic theory was problem solving. So, one always had this sense of incompleteness that you hadn't really got to the bottom of a problem or you hadn't explored all the breadth of a problem. So, there was always some degree of tension. And that tension was addressed, I think, in part by constant comparison to each other. And if you felt that your classmates and particularly your small group mates were in about the same state of uncertainty or ignorance or anxiety as you were, then you were probably in a good position. But I think a lot of it was somewhat pretend that we really had mastered the content in so many dimensions because in one of those systems, we had to think about histology, we had to think about anatomy, physiology, pathophysiology, and then all of these little clinical medicine insights that the tutors would bring to the table, because more often than not, they were medical specialists. So, they'd easily get into talking about a patient with this or solving a problem in a certain fashion. So that's what I remember in the early days.

Later on, we of course shifted to being clinical clerks in hospital units. And that seemed very exciting, very different. And we tried to keep our side up, not showing ourselves to be as foolish and stupid as we really felt that we probably were. So, when it came to the end of the program, I think our class was probably largely full of people who had never had much difficulty in doing examinations, whether they were essays, short essays, or multiple choice questions. So, I can remember that we studied like fury and to review things and looking for review courses and other aids to master the content. This would be for several weeks.

I can remember the faculty being clearly anxious about how we were going to do on these examinations at the end, because by and large, our program was characterized by the lack of tests and examinations. So, we were back in the fray. And I think that when our LMCC grades came out after the school program ended, and they were very satisfactory, there was a sigh of relief you could hear all the way from Chedoke to the Hamilton Harbor. People were so comforted by that information. And I do think, as I recall, our class average on the LMCC was second in the country. So, we did really very well in that first round.

Question:

Tell us about your career(s), and how you decided which medical paths to take or avoid, academic articles you wrote, other medical accolades and awards, etc.

Dr. Andrew Padmos:

What I remember, which I think is true first of all, is that we, like most medical students, were greatly influenced by the people that we were attached to for clinical placements, particularly in the clinical world, rather let's say, than laboratories. So, I don't recall that many, if any, had electives in a sort of research environment. But I do remember that all of us seemed to be very busy on the wards and in the hospital environment. Now, we did have, I think we all had assigned mentors from the community because I had a relationship with a family practitioner in Lancaster with whom I went around to his office to see patients. I think we did some home visits and some hospital care. But to me, somehow fairly early on, I decided that I wanted to be a surgeon, I was interested in being a surgeon, but then contemplating some of the procedures involved more than the lifestyle. I veered away from that towards internal medicine. And I think I was taken by the idea of hematology from exposure to a very strong group of hematologists, both clinically and in terms of the research activity. So, of those, the one for me that was most significant was Ted Wilson. And Ted was a clinical hematologist based out of mostly Henderson Hospital, but also active at Hamilton Civic. And when I came across Ted, I would've been in my internal medicine residency years, although I knew of him, and I guess I was just impressed that he seemed to have this practice. It was very people focused, but also had a laboratory component that was very diverse in terms of the patients he had. And so, I signed up for hematology. By that time, Michael Brain, Mo Alley were also hematologists that I had encountered and found very admirable. And I know that certainly Michael, more than any one of the others, took an interest in my career at that point. And they helped me sort of solidify my plans in that regard.

So, you may recall that hematology training is made up of three years of core internal medicine training. And the first year of that I did as a straight internship right after medical school. So I went into internal medicine, did the rotations in the different services, mostly almost all in the hospital setting. Then went into hematology for two years before finishing. And now during that time, I got caught up with the political association, the Interns and Residence Association, which was known as PARO, Professional Association of Interns and Residents of Ontario. And that was because the PARO negotiated with basically the Ministry of Health, although there was a committee consisting of leaders of the major teaching hospitals that dealt with PARO across the table for annual changes to their employment contract in the hospitals. And I started my residency in 1972, and later that year, I started in July, and later in that year, the contract for PARO was amended as it always was on an annual basis. And lo and behold, the salaries for first and second year residents were reduced, and the salaries for third and fourth year were correspondingly higher than if there had been an even adjustment across the board. Well, I found this very upsetting and it caused me to be quite angry and vocal. And so, at a meeting of residents in Hamilton at that time, and it wasn't as if everybody turned out, but there was a big and fairly stirring group of people. I found myself after talking to be elected as their representative to go to meetings in Toronto of the provincial group to find out what was going on and try and rectify it.

And so, I did go into a meeting in Toronto, which I remember quite clearly because it was in the OMA headquarters building, not where it is now at Blue and Avenue Road, but it was a low building. It had a round board table, which would probably seat 30 or 40 people around it. And again, I spoke out quite strongly at that point. And I think the leadership of PARO was really quite, I guess, weakened by the adverse response they had had to this brainless decision. I mean, their thinking was that if you were a first-year resident and you were only there for a year because you were going into practice in general practice, the next year you'd make it up and it didn't matter. But if you were staying on as a resident in your second, third, fourth year, you needed the extra income because by then you may have a family or a larger family.

So, this was their thinking. Obviously, the agreement was worked out with third- and fourth-year residents in the leadership positions. So, I spoke against it and got quite carried away and found myself elected as the president of this rather down in the mouth organization, and took them into the next year's discussion of the changes to the contract. And we were told at the time by the leaders of what was called OCATH, the Ontario Committee or Council of Academic Teaching Hospitals, of which there were five leaders in that committee. One from London, Ontario and Western, one from Hamilton, one from Toronto, one from Kingston and Queens and one from the University of Ottawa. And we received this letter and message saying that this year, the global increase in the health budget was 7%. So that was how they did budgets in those days.

They were just a broad general increase. And our job, according to OCATH was tell us how you would like to have that 7% distributed. Was it 7% to everybody? Was it 4% for the early years and 12% for the later years, et cetera? Well, they were somewhat surprised when I said, "We don't accept 7%." And they became rather flustered and said, "Well, what do you mean?" I said, "Well, it's not enough. It's not what we want. We want 9%." And I had a reason for it, and I had things that would cost us 9%. So, we had a bit of homework, but the end result was that they were flustered, they became quite angry and they took off. So, we said, well, now this all rolled

out in time, but the end result was that we said no. We then went on a organized work protest, which was a work to rule, and that was in, I think early 1974.

So, time had gone on in fruitless discussions, and we had this short work to rule, which was well publicized in media, radio, and television. And it was lots of fun because we still maintained in the hospital our commitments to the emergency room and the intensive care unit as residents. And you probably understand that most of the actual care and continual supervision of patients in those settings is done by the residents, usually quite senior residents. And the staff or faculty are often there, but not continuously there. But in this circumstance, the staff had to make arrangements to have a roster for on calls coverage, which is something they were quite unfamiliar with because they hadn't done it for years since they were in the residency setting. And so there were some amusing scenes and some sort of bizarre situations where patients would turn up, need a consultation, say by cardiology, you'd have to go and look for the cardiologist who was cowering in their on call room because they hadn't slept or they were off busy seeing other patients because it can be busy. Or they wanted to have a shower and shave and put their tie on before they ran to the emergency room. Some of this was picked up by media, et cetera. And so, we eventually agreed at that point on binding arbitration. And the government, the Ministry of Health had to agree to this. And we had binding arbitration that took place in the summer of that following year. I think this was the summer of '74. And the arbitration, our team went down to Bellville, Ontario because the arbitration was in front of Judge Anderson in Belleville. And the arbitrators are selected by the Ministry of Labor on request of a party to set up arbitration. And we had five of the hospital CEOs who were the OCATH group there as well. Well, judge Anderson was by that time, quite old, and he had a lot of, I think looking back, he probably had COPD and he didn't appear to be great.

We were worried if he'd make it through the process, which took most of an afternoon. But we also had a key piece of information that obviously the OCATH team didn't have, and that was that Judge Anderson's older brother had written a textbook of that name, Anderson's textbook of Pathology. And so, the judge actually had recollection of his brother being an intern and a resident and how he was treated at that time, and the difficulties he went through, which were of course more profound than what we were experiencing. But in any case, when it came down to the provisions of this arbitration, Judge Anderson I remember him asking the OCATH, he looked at them somewhat sternly and said, "Is it your understanding or my understanding that you want to take away the meal tickets that are given to residents on call in the hospital at nights?" "Yes, your worship." And he said, "Okay, next question." And he went on to say, "Am I to understand that you want to remove the provisions of paying for medical protective membership and liability insurance for the residents, even though you've been paying that every year for since the beginning of time?" "Well, yes, your worship." And so, he went through provision after provision of the contract with the clear signal that he was going to favor the residents who he, by the nature of his questions, seemed to assume that we had been badly treated by these older tough guys in administration. Well, indeed that was the case. So, he issued ultimately an arbitration award that basically gave us everything we asked for. And when it came to salaries, he generated the largest arbitrated salary award in the history of labor relations in Ontario. And as far as I know, that still stands because the interns were granted

effectively 75% increase in their salaries from one year to the next.

And I think at the top end, it was close to 50%, but the interns were the ones that had the largest increase. So it was pretty exciting times. And I spent quite a bit of time during my residency, which would've been senior years in internal medicine, and maybe my... Yeah, I think that was when the tough part was going. And it wasn't until that was all finished that I then started hematology residency. So that was more calm. And I did carry on with PARO, and I became the president of the National Association, which had much less *Sturm und Drang* to carry through because it was more of a relationship building arrangement. But that's sort of what happened in residency. I did get into hematology, and then I was very much enjoying that. And I was going to do a fellowship year in Seattle because they had started doing bone marrow transplants and were just starting to do bone marrow transplants for leukemia.

And I got a fellowship, which was a kind of fellowship that would bring me back as a junior faculty member. But the chief of medicine at the time called me in and said, "I am having trouble. I can't guarantee that we'll have this position for you on return." And I sort of looked at him and said, I didn't actually say it to him, but when I went home, I said to my wife, "Well, we're going to move to Seattle and then maybe get a job to come back," and didn't seem like a great idea. So, I chose to look for a position and I chose a position in Calgary where they, at a hospital, a large hospital, which had no hematologist. In fact, there was no clinical hematologist in southern Alberta. So when we got there, I became very busy very quickly, and that's when I enjoyed the fruits of my training, I guess to the greatest degree.

Question:

Now for your life since medical school, what experiences do you look back on now and reminisce?

Dr. Andrew Padmos:

I mean, the most important things in one's personal life are marriage and children. I suppose our dogs on the list too, but maybe a little further down. So, as I mentioned before, Patricia and I had been together not always or completely during our undergraduate years in Toronto, but I met her on day two of university, and I at least was pretty stuck on her from that point. She not completely until I think by third year we were pretty much an item of some permanence. And so, we decided to get married and did at Thanksgiving in first year of residency, which I was a straight intern, and so she was a teacher. She taught in north sort of Hamilton in a fairly not depressed area, but a low income area. And so, she had quite a transition to take up teaching. It's not for the faint of heart in elementary school. And so she had a lot of great experiences there.

She gave up teaching in, however, a year later, her mother died in January of that second year, and we just had our first child. And so, she came home, stayed home and did so for the rest of my residency training. So, our first son was born in '73, our second was born in '75. By that time, I was a pretty senior resident. I do remember that there were an awful lot of colleagues

in the labor room when Patricia was having our son, Alistair. I think all my colleagues, friends and co-conspirators had turned up for the event. And then we started, as I say, our practice professional life in Calgary. So, we went to Calgary. I started this practice at the Calgary General Hospital as the only hematologist. I got very busy very quickly and enjoyed it immensely.

However, in February, so we started in 1977. I would've started out there in sort of the summertime, but by the next February I was at a dinner for a colleague in internal medicine who's departing for Riyadh, Saudi Arabia to work at this very amazing and prestigious royal hospital. Now, I had actually been approached by recruiters for that particular hospital called King Faisal specialist, would've been December of '76 when I was starting to look and figure out what I was going to do. And I had said, "Gee, I've just signed a lease for an office in Calgary, and I'm going to start practice there. And sorry, it sounds very interesting," and set it aside. But at this dinner, so now flipping ahead a year and a bit, I've been in practice in Calgary. I'm busy as heck. We're working on a house building a fence around a bungalow on the north side of the nose hill in Calgary and having a grand time trying to get a few trees to grow.

And Michael, this internist said, "If they need a hematologist in Riyadh, shall I give them your name?" And I said, "Sure, Michael, why not?" It was just a conversational thing. But that was in February and around in beginning of May, the recruiting company called Hospital Corporation International based out of Nashville, called home, and they spoke to Patricia and she called me and I was in my office and seeing an afternoon patient list. And she said, "I've had this call from this recruiter, Glenn, and they're talking about going to Riyadh and et cetera." And I said, "Well, that's interesting. What do you think?" And she said, "Well, the boys are young." They were, this would be in '77, so, our oldest was four going on five, and our youngest was two going on three. And she said, "The kids are little. We could do it for a year or two. It'd be a hoot to get out and then we'll come back, maybe get a bigger house and have some real trees." So, we basically said, yes, that's a good idea. And we had an interview. The guy flew up from Nashville to interview us, sent them my CV and said yes. And we took off first for Nashville to gather our group together, who was traveling over to Riyadh in early September and landed at King Faisal Hospital in Riyadh, which I was the only hematologist, not just in the hospital, but basically in the kingdom. Now, they had some lab pathologists who did hematology and stuff, but they had nobody whose specialty in medical practice was a hematologist. So, I got very busy very quickly in that time and enjoyed it. We loved the expatriate life. We're in a group of young people like ourselves, all with little kids, and the mothers had great things to do. And culturally it was so exciting and different. Patients were absolutely marvelous to work with. And the hospital's idea was to be the best in the world. So, it was a nice place to be there because of this dynamic of exploration. So, the two years sojourn in the dusty desert actually turned into 15 years over there. So, my main professional career in hematology was at King Faisal Specialist Hospital in Riyadh. And although I started as the only hematologist, when I finished 15 years later, I was head of a department of Oncology and Cancer Medicine with a division of hematology for adult patients, a division for pediatric patients, a group of medical oncologists, and a group for transplantation. I think there were 12 hematologists altogether and plus other specialists in that department which gives you an idea of just how quickly things grew. And we had started to be a transplant center, which I

started in 1980 and was probably the first one in the Gulf. There were only a couple in the world at that time, and we rapidly became one of the busiest transplant centers in the world. And they now do, oh, I think they now do well over 100 a year. They may do 200 transplants a year. So, it's a very big operation at this point.

So, we came back in to Canada in 1993, and that's when I started in Kingston as the head of the cancer center. So, by that time I was in administration and leadership, and I came back as CEO of the Cancer Center and Head of Oncology. I enjoyed that. We loved Kingston. I stayed five years, but then was recruited to Nova Scotia to start up cancer care in Nova Scotia, which was their provincial cancer program. And I was also at the hospital, the QE2 Health Science Center in Halifax and became involved in administration. I was a vice president there and then was recruited to Ottawa in 2006 to be CEO of the Royal College of Physicians and Surgeons of Canada, which seemed like a very sort of completion of a circle, which started when I was head of peril so many years before. And I retired from the CEO position at the end of 2019, stayed on for a year as the president of CEO of Royal College International, finishing at the end of 2020, which was a queer year because it was the first year of the pandemic and then planned to retire, but continue my small non-malignant hematology practice in Halifax and have done that. But I was asked by the president of Ryerson University, now Toronto Metropolitan to help with the establishment of a new medical school in Brampton. And so, since the middle of 2021, I've been doing that. And I'm currently the so-called dean of record at the medical school, which is the position to sort of, it's like the pilot who steers the ship into Harbor. I'm sort of the one the senior administration official who's getting the medical school starting up and prepared for accreditation, for senate proposals, for clinical relationship building with the health authority. And during this time, the recruitment of an inaugural dean will take place, and probably that person who takes that role will start up sometime next year. So that's kind of in a nutshell what I've been up to.

Question:
Do you think that your being part of the first MD class at McMaster has had a ripple effect on future classes and the University?

Dr. Andrew Padmos:

Yes and no. I mean, I think we were an item of curiosity and interest early on. I think naturally and appropriately, the interest shifted to the McMaster Medical School and it's innovative approach to medical education. And we went our merry way. And of course, the school grew from 20 in my class to 40 the next year to 60. I think it stayed at 60 for a while, but then continued its upward sweep. So now it's one of the biggest schools in Canada. So, it is huge. I think we've been back, I think we all feel we did our part in sort of pushing the envelope of medical education into some less traditional areas. And I think from my perspective now was trying to develop a new and modern curriculum for the TMU School in Brampton, Ontario. I'm sort of struck by the similarities, but also the difference, the progression, the evolution of the education concepts that we are struck by.

So, in the day when I was in an undergraduate or a postgraduate position, I think we had more confidence or less anxiety about access to medical care in the system. I'm sure there were people that still didn't get good access to care or good care if they had access, but it didn't seem to be a prominent part of the public sort of perspective on schools. And I think that's quite different now. I think back then, family medicine, primary care, Marcus Wellby, all of those things seemed to be in the right place moving at the right time. Family doctors still were coming to the hospital seeing and looking after their patients in the hospital, but that started to change during the time that I was a resident. And now it's rare for family physicians who are running a comprehensive primary care practice to do anything in the hospital, but many of them are leaving comprehensive primary care and taking up positions in the hospital to look after hospitalized patients.

So that's kind of a distortion of, I think, what the system was supposed to do back in the day. So do I feel five decades later that, well, I feel that we're recognized to some degree as pioneers or guinea pigs or whatever. I recognize that for most of us, the school program worked out. But I'll tell you one thing, although I didn't have a, don't vote on these things, but I can always ask the questions, at Toronto Metropolitan University, our curriculum is a four year curriculum, not a three year. And one of the reasons is that my perspective that I was shared by a number of people in our working group and planning is that a longer period of time was appropriate and welcome for the kind of social, cultural development as a physician. And that it was probably, if you could, it was probably beneficial to spend more time, have more summer breaks, where you could either retool yourself from a personal point of view or you could reimagine things and career options by doing electives or summer projects, which could be research, it could be experiential. So, we're thinking now that a four year program for the type of students we want to attract to TMU would be the best option.

Question:

Do you have any family that have chosen the path of medicine?

Dr. Andrew Padmos:

No, I have three boys who have chosen not to pursue medicine, and it's possibly because they have seen what I do, the way I work and how consuming it is because certainly there were a lot of times when I wasn't around very much because I'd be doing rounds in the hospital and I'm the sort of person I've said, and I mean it, "I don't think I've ever worked day in my life." And so the idea of being in the hospital on the weekend or after hours to me is that's a bonus, not a burden. And that's been that way, I've always been fortunate in either being invited and to some degree being recognized for wanting to put in more. But I think it probably had an effect, certainly on the perception of our sons. Our oldest boy is an engineer by training and an executive in a health related in sort of supply chain management. He works all with computers and stuff, but he does big hospital projects in the US market to set up systems to run the infrastructure.

Our second son is in Nova Scotia, just moved from Halifax to a small place called Canning and

works mostly virtually for the infrastructure department. They keep changing its name but it's basically the central computing services. And so, he manages a lot of the software, the applications, the connections, the security for programming that comes into the government and spreads out through the ministries. And he and his wife, have a developing sort of business in their home, is sort of a spa and retreat that they're trying to get going.

And our third son is a scientist, a chemist with a PhD in nanotechnology. And he works at the DuPont Research Center in Kingston. And he has a very exciting career, which is developing nicely and rapidly in sort of research, but applied research with a chemical and technological background. And probably most importantly, each of them have families with wonderful daughters-in-law wives. And we have seven grandkids, six of them are granddaughters and one grandson. So, we're blessed in that way.

Closing text:
Thank you, Dr. Padmos!