Medical Class of 1972 Virtual Time Capsule

Transcript of Interview with Dr. Arthur Leader

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. Arthur Leader:
I was a student, an undergrad, in medical science and economics with the University of Toronto, with an interest in urban planning and urban economics. My intention was to go to the Wharton School to do a PhD in what's called urban geography or urban planning. In the summer of 1968, I needed... '67, I needed to make money to pay for my tuition, and a job offering that I had hoped for fell through, and my professor of computer science said, "Well, there is an opportunity in the faculty of medicine." They were looking for someone with a background in computer science, who could model the economics of new models of medical education. At that time, the innovative medical education center was Duke and Case Western. Both were moving towards a systems-based approach to medical education, a more holistic approach, and a more integrated approach between the basic sciences and the clinical sciences.

I was a part of a group of medical students from the University of Toronto that visited these different centers and then wrote an evaluation of what they thought would be the ideal medical school. My job as an economist was to cost out different models of medical education. At the same time, the fellow who headed this unit, a remarkable person named Dr. Richard Wilson, had a classmate and friend by the name of John Evans, who was starting a medical school out in Hamilton and wanted to have some medical students to interact with, to try out his ideas of new models of medical education. So with this group of medical students, I worked with the planning committee for the faculty of medicine at McMaster, and I said, "This is really interesting”, and not only is it interesting from a medical side, but more interesting was the social, because I saw the power that medicine had to do good and to change society, and coming from a social sciences background, I was more interested in medicine from that perspective than from the

basic sciences.

So, Richard Wilson said, "Medicine..." I remember his words, "Medicine could do with radicals. It needs to change, and I think it would be ideal to help bring about that change, so I am going to be your mentor, and I'm going to sponsor your applications to whatever medical schools we think are the best." So, I applied to... I think I applied to four. I applied to Mac. I applied to U of T, Stanford, and Harvard, and got interviews at Stanford and Harvard. Did not get an interview at the University of Toronto because I hadn't done the premedical course. Stanford got cold feet in the middle of the process and decided that they weren't going to accept social scientists into the medical class. And Harvard, I went through the interview, and they were so offensive, because they had these stress interviews. They basically thought that if they stressed a person to the max, that would be some indication of how they would perform under emergent conditions in medicine.

In any case, when I was offered the position in the first class of McMaster, I took it in large part because the curriculum was integrated. It was close to home. It was in Hamilton. My family, my parents and my brother, lived in Toronto, and it treated you like a... It seemed to treat you like a graduate student, and there seemed to be some degree of social relevance. Remembering that this was the late '60s, student uprisings at the universities all across Europe and North America. This was the time of Vietnam and the antiwar demonstrations. It was a time of turmoil and change, and medicine was... medical education was undergoing the same sort of turmoil as well.

So, I decided not to pursue the degree in urban economics and urban planning, which was my intention coming out of my undergrad program and decided to go into medicine. And McMaster seemed to be the best option. I didn't want to go to a traditional medical school, where you had to memorize a lot of facts that would become outdated by the time you graduate. So that's how I ended up going to Mac.

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. Arthur Leader:

Well, that's a loaded question. In preparation for this, I happened to be fortunate to get a copy of my education record at Mac, and I read it again this morning. In reading the evaluations that I had through all of the different systems, I was not an easy person to teach. I was not the ideal student, and there's some acting out, but I came into medicine with the idea that medicine was the platform that you could change much of society. In other words, the public health aspect of it, if you could change behaviors, if you could change access to the system, if you could make healthcare accessible and relevant, then you could make a difference not only to the health of the person, but the health of society.

McMaster Medical School was unique in the fact that it was a systems approach, that it was a tutorial- based, problem-oriented approach to medical learning. That was special. That was unique, and the people that were the faculty came to McMaster because they also wanted to break out of the silos of the different disciplines. They wanted to have a more systems or integrated approach to disease. My mistake was is in assuming that people who were interested in that approach to medicine were also interested to a more progressive attitude towards science and the role of medicine in society, and I was wrong.

What I found was, and where I had the greatest difficulty, was that there were still misogynists who were in obstetrics and gynecology, that one of the vice deans believed in eugenics, was a very strong advocate of eugenics, that Carl Nimrod, the late Carl Nimrod, who was a resident when I was a student, who was black, when he had a misadventure in his wife's delivery of their first child, he was threatened that as a black person, if he questioned the malpractice that had caused his child to have cerebral palsy, he would have had a difficult time ever finding a job in Canada, and on and on and on.

So, what I've found was really difficult, especially coming in as a social scientist, and a progressive or radicalized, I wasn't communist or socialist, but I was progressive, I found it really difficult. There was only really Jim Anderson who was a social anthropologist and an animist who taught us. He was probably the only person who I could relate to in the entire faculty. They were a group of people who wanted to create a vision of medical education, but didn't want to change the essence of medical education. They wanted to change the way it was delivered. That was innovative. They had an excellent idea. They did a great job. The fact that I was allowed to continue in medical school and that I graduated is to the credit of the patience, especially reading through the notes of my medical school years, my evaluations, is I was always seen as a person who had problem solving skills. It's just that I wasn't applying it to the problems that they wanted, but the problems I wanted.

So, it was an interesting time, but on the other hand, with Jack Fernashik, Sheila, and Peter, and I, we set up the first latchkey program in Hamilton, because Mac allowed you to do that. The latchkey program, people don't know that, that storefront doctors was the big thing in the late '60s, early '70s. In other words, you had medical students providing medical advice to people who couldn't afford to go to a doctor. In Hamilton, what the people said was, "We don't want a bunch of medical students being our doctors. We want someone to take care of our kids so we can go see a doctor, and that'll improve our healthcare," in essence. So, what we did is we established, in a church basement, we established our after school or latchkey program, that was supported by the Catholic and Jewish faiths, so it was an interdenominational program, and we provided the labor, and they provided the supplies. I understand that that program evolved to sort of other daycare programs, but that was the attitude that we had, was it was more how do we improve the health of the people in the community that we're in?

The memories, the positive memories are with the excellent teachers that I had, so Bill Goldberg, who was a Jewish person who was the head of medicine at Saint Joseph's. He and I wrote a book for medical students called *Where Do We Go From Here?* He was probably one of the greatest problem solvers that I ever encountered in clinical medicine. And the funny thing is that I so disliked the way obstetrics and gynecology was presented that I walked off my clerkship and went and did it through my mentor, Richard Wilson in Toronto.

So that there were pockets of very traditional medicine and a very modern curriculum, and those two elements came in friction with one another. McMaster Medical Program taught about evidence-based medicine. That was David Sackett, brilliant man, founder of the whole idea of evidence-based medicine and modern clinical epidemiology. But when I did a rotation in gynecology, I looked at women who were coming in for a hysterectomy, because as a clerk, you had to basically take their history, arrange their blood tests, and so on. I couldn't find any of the indications for a hysterectomy, any of the indications that were in my textbook, in the patients who were before me, and when I said that, I was treated as a radical and a rebel. So that's just one example of where McMaster as a forward-thinking medical school and McMaster as a traditional medical school, the two were at friction. And I don't think McMaster has ever solved that issue, that it wants to be the best at being a traditional medical... at being a source of research, of new information, but it's not on the forefront of leading social and public health changes that are so desperately needed.

So, because of Bill Goldberg, I decided that when I finished my medical school, I would be an intern. That's because he became a very important role model. But my mentor, Richard Wilson, had moved on to the World Health Organization in Geneva, and as the sort of manager of a contraceptive development unit, and he said, "Well, will you join me for a year and help set up our modeling system for contraceptive development in Geneva?" So that's how I ended up where I am now, but we'll talk about that.

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. Arthur Leader:

Well, that's talking about 40 years. I would have to say that it was most of my life has been serendipity. I had applied when I was an undergraduate in economics, to do an elective at a bank in Stockholm, because Stockholm was the urban planning center of the world at that time. Because that job was... the job offer was late in coming, I took the job offer with the faculty of medicine. Because I took the job offer at the faculty of medicine, I went to medical school instead of urban economics school. Because Richard Wilson was my mentor and my role model, because he went to Geneva and asked me to join him as a consultant with WHO at the age of 27, I went there and became interested in contraceptive development, and became the admin assistant for 12 tracks of contraceptive, injectable contraceptive, vaginal rings, IUDs, all sorts of

medications that are now available, but at that time were just in development.

And because I worked with WHO, I came in contact with some of the brightest minds in human reproduction and reproductive medicine in the world, and I said, "These people are very bright. What they're doing is very socially relevant, and I find very exciting," so I switched out of internal medicine and applied to do a training in obstetrics and gynecology in London, England. As luck would have it, I was accepted and did my basic training there. Through the contacts in WHO in Geneva, I became interested in prostaglandins and went to the Karolinska in Stockholm and then in Sahlgrenska in Gothenburg, and did electives, fellowships actually, in both places, on the role of prostaglandins in human reproduction.

And when I was finished my core training in London, England, I looked around me and I was close to 30 at that time, and I saw that people weren't going to be consultants until they were at least in their 40s, and that I'd have to spend the next 10 years sort of being a resident somewhere. And that wasn't interesting. So, I thought maybe I could go back to Canada and complete my training in obstetrics and gynecology for Canadian qualifications, but I didn't know how to start.

And it was coincidental that my mother went to see her gynecologist for her annual pap exam and mentioned that she had a son who was blah blah blah, and they said, "Well, it's interesting that you'd say that, because the guy who was supposed to be chief resident at the University of Toronto and of Mount Sinai decided he was going to go to The States, and I don't have anybody, and maybe your son could be a chief..." Because I had to do a year of obstetrics and gynecology and six months of general surgery in order to qualify for the Canadian exams. So, the incidental pap smear discussion in the pap smear, I ended up coming back to Toronto.

And then I finished my training in... My core training was done by December, I think December '78 or '79, so I had six months to kill before I could... Or actually, I had more, because the exam was... I had nine months to kill before I could do my exams. So again, coincidental, I spoke with a general surgeon who was the time Mervin Deedle, who was doing bypass surgery for morbid obesity, and he said, "Well, there's this woman in Montreal, Agnes Higgins, who runs a Montreal Diet Dispensary and counsels poor women in Montreal, and she's been having excellent results in terms of perinatal outcomes, and by just helping women choose a better diet," so I went and I did an internship with her.

My neighbor where my parents lived, he was a dentist in Kapuskasing and he said, "Well..." I met him for coffee one day and he said, "Well, we need doctors here. We need gynecologists and obstetricians, so if you're not doing anything, there's an urban travel grant program. Why don't you apply?" So I applied, and I was accepted, and I went to Kapuskasing for six months as a obstetrician gynecologist, where I saw Northern medicine evidence firsthand. In my oral exam for my specialty exams, my examiner asked me what I was doing now that I completed, and I

said, "Well, I have applied for a green card," because I had a practice lined up in Portland, Oregon, but I hadn't heard anything about the green card, and he said, "Well, if you ever get stuck and you want a job, come work with me in Calgary." That was a man named Pat Taylor.

So after a while, I got tired of doing emergency... I was working as an emergency physician in Northwestern Hospital, which was a rough side of town, Keeler. I think it was Keeler [inaudible 00:21:31] So I called Pat Taylor up and I said that I'm interested, and he said, "Well, come on out. I'll take you on as a fellow, and if everything works out after a year, we'll join the practice," which I did, so I was appointed... Excuse me, I got an academic appointment in Calgary and helped set up the IVF program, the in vitro fertilization program in Calgary, and we worked well together.

And then I was sitting at an investigator's meeting for a clinical trial for a new contraceptive, and a guy named Peter Garner from Ottawa sat beside me. He said, "Well, we need fertility people here in Ottawa. Would you be available to come?" And I said, "Let me think about it." My parents were getting older. They were in Toronto, and Calgary was a long way off, so I applied, and that's how I came to Ottawa. And on and on.

So, most of my life has just been serendipity, and it's not that I…It's not been any great planning, and I don't think I've made any great achievements, but it's been an interesting rollercoaster. And Ottawa was good, because that's where I met my wife. We got married in 1989, and Ottawa became home. It allowed me to pursue my interests in social political determinants of health, being in the capital, while at the same time, providing medical care. And I love the patients. I love the stories. I love being able to help them. I love being able to console them. And because my wife and I suffered from infertility, I was able to understand, perhaps better than others, what they were going through and could mobilize resources to try to help them not only through the physical pain, but also the emotional pain that they were suffering.

In terms of career, I mean, I have 120 peer-reviewed publications. Many of them are with others. A lot of them are translational, so translated from basic science to clinical science, as well as some policy papers, and I have a very sort of Catholic [inaudible 00:24:12] sort of open or universal approach to knowledge, and I think Mac... What Mac did is it allowed me to in fact interact with people from all sorts of disciplines. It taught me how to learn to be a self-starting, self-taught learner, to... I don't know, how to be... to do what you need to do when you need to do it. So in terms of the skills, in terms of the fundamentals, in terms of the attitude, McMaster was superb. Where I think it fell down is it didn't have a social conscience.

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

Dr. Arthur Leader:

Like all graduate schools, I think it was a period of... First, it was a period of freedom and self-indulgent, where your focus was on, "How can I have the best experience?" I reminisce about

the close friendships I had, particularly with Peter Milder and Jack Fernashik. We were good friends, and because I ended up going to Europe after medical school, and they ended up going different ways, we sort of lost touch, but I think maybe that cohort, the three of us having that kind of friendship is something that I'll always look back favorably.

In terms of the faculty, I didn't really have much of a relationship with any particular faculty member. I think the dean who I spoke with, John Evans when I started medical school, and I spoke to him for the second time when I left medical school, so didn't have much interaction with him. But people who are more humanistic, people who have more of a social conscience were the ones that I related to. Medical artists…Jeff Norman was a physicist who was contemplating a career change from nuclear physics to medical education. But I think my greatest and fondest memories are going through medical school with Peter and Jack, and my greatest regret is that that friendship has been lost or its broken. There's no antagonism. It's just that we've lost touch with each other.

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. Arthur Leader:

I don't know. It's probably better for others to say what the impact was. I think our class was a shock. It didn't go according to plan. The basic scientists and the social scientists didn't sort of sit around and sing Kumbaya to each other. There was quite a significant antagonism between the two, and that's probably the impact that it would have is that they've tried to find better ways to integrate the basic and social science students into the medical curriculum. I think that the medical curriculum placed a lot of hope and reliance on self-learning, and then not everybody is a self-starting learner, so it showed them that they probably needed to have more than one model for medical education, more than one approach to medical education.

I think that about half the class went into, or maybe less than half the class went into family medicine, which was the goal of the curriculum at the beginning, and many of us went into specialties and subspecialties. So, I think they needed to modify that part. And I think that the other effect that we had on them was the examination. So, when we wrote a practice or a licensing examination out of the University of Toronto had one, I remember that our class, everyone failed. My mark was 30 out of 100, and it was a real shock to have a curriculum that had no examinations. Suddenly, in order to get a license, you needed to pass an examination, and so the curriculum had to be adjusted. But in the six weeks during the practice exam to the real one, we all worked hard, studied, and all of us passed the licensing examination. But I think that was a bit of a shock to the school.

I think the success of the first class gave the faculty in the university the courage to continue, and with a few bumps along the way, but the success of class after class has obviously given

Mac the courage to continue and be innovative in both medical education and a unified approach to medical training. But what our impact was, I don't know.

Question:

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

Yes and no. I have a daughter who was thinking of doing medical school, but realized that that really wasn't what she wanted, so she's doing a PhD at Harvard in public health, so sort of related to medicine, but more along the way of public health, and particularly interested in reproductive health. I have a cousin who graduated from Mac in medical school in order to become a family doctor. I have a brother who went to medical school in Toronto. But I don't think that... I think for some of the people that I knew, the fact that I got into medical school, that I survived medical school, and then became a physician gave them... I don't know, gave them the hope that they could do the same or allowed them to also dream, and they've done well, whether it be psychiatry or family medicine. They've done well.

But I still question, and I think this is what the medical school has to look at, is to what extent are they a social agent for change in society, or are they just doing what medical schools ought to do but doing it better, in terms of training people? Because training is one thing, but being social advocates, being socially active, and changing society, especially now that we've come to the point where we aren't... It's not a question of dollars. It's the way in which we provide care, and the way in which we manage care. And I don't see Mac as on the forefront of that. I see Mac on the forefront of research, but not in systems research, and I think if I had that one wish, it would be that Mac would be more socially relevant and more socially oriented in the field of healthcare.

Closing text:
Thank you, Dr. Leader!