

New Kid On The Blog

By Philip A. Baer, MDCM, FRCPC, FACR

After twelve years of stellar leadership, Glen Thomson has retired as editor of the *CRAJ* (see the Fall 2011 issue for Glen's valedictory editorial). I have been asked to take over the Editor-in-Chief position by the CRA Board. As the last thing I edited was a guide for first-year medical students, put out by McGill's second-year medical students over three decades ago, I assume the board approached me based on potential, rather than any actual accomplishments as an editor. Maybe someone remembered from an advisory board that I am a good proofreader of PowerPoint slides.

I confess I have never been a member of the *CRAJ* Editorial Board. Chairing a committee or a board without any experience as a member is nothing new to me, however. I started small, chairing a hospital Library Committee. As we had a tiny budget, and printed medical books and journals were facing a secular decline, I couldn't get into too much trouble in that position. From there, I went on to chair a hospital Pharmacy and Therapeutics Committee without any experience. My major talent was in keeping the meetings to the allotted time. The professional pharmacists really ran the operation. Moving on to *CRAJ*, I am sure the editorial board members and the professional staff at STA Healthcare Communications will help me find my editorial feet.

By way of introduction, I attended medical school at McGill University, where Cathy Flanagan was a classmate; so we produced at least two rheumatologists out of our class. I trained in Internal Medicine at the Montreal General Hospital, first meeting up with John Esdaile, the late David Hawkins, and Hy Tannenbaum there. Other colleagues and mentors in Montreal included Bob Terkeltaub, later of gout fame, Julie Paquin, and the late Jeff Shiroky. Rheumatology beckoned as a career, so I moved to Toronto to complete a rheumatology fellowship a few years ahead of Glen. My initial stop was in the relatively calm world of Sunnybrook Hospital, with the late Hugh Little and Adel Fam. Then came the higher voltage world of the Wellesley Hospital, familiar to many Canadian rheumatologists and well-described in Glen's last editorial.

I considered further training in epidemiology, but was dissuaded by Hugh Smythe's opinion that we already had too many rheumatologist-epidemiologists. Judging by the developments in that field, I don't think he was correct, but no harm done. Basic science did not beckon either. My only real experience with that had been a summer in a lab at McGill studying an atherosclerosis model in rabbits. I was a small cog in a 25-year enterprise which produced never-ending grant support to the professor in charge, but



1980: Trying to look older



2011: Failing to look younger

little in the way of concrete results other than a substantial reduction in the laboratory rabbit population.

That left clinical practice in rheumatology, which worked out very well. A rheumatologist in eastern Toronto had just left his practice to move back to Ireland. He tried to sell his practice to me, but I already “knew” a rheumatology practice had no monetary value. Hanging out the proverbial shingle was enough to generate a steady stream of referrals. I was confident enough that, after seeing my first referral, with an empty appointment book staring at me, I told the patient they did not need to follow-up with me and could return to their family doctor!

This year, I completed my 25th year in practice. I still have the same secretary I started with, so I can't be a terrible boss. She reminds me that our initial interview consisted in part of me asking her if she smoked, and administering a typing test on my then state-of-the-art ATARI computer. I probably could not get away with either of those today.

A wise physician once said that medicine is the only profession which puts intelligent people in an isolated office for 40 years, restricts their interactions with their clients to the emotionally detached clinical encounter, and then wonders why they burn out. That wisdom and my libertarian desire not to be solely dependent on the state as my employer have kept me involved in numerous activities outside of the office. I started a career as a consultant in the insurance industry at the same time I opened my office. I worked as a general internist at a hospital for over 15 years. I have also done my share of research (involving patients, not rabbits), medico-legal work, and CME delivery over the years.

More recently, with my children getting older, I have had a chance to be involved in a very rewarding way in our professional organizations. I was a founding member of the Ontario Rheumatology Association (ORA), together with Carter Thorne and Algis Jovaisas. I am currently completing my term there as Vice-President. I will continue to chair the Section on rheumatology of the Ontario Medical Association (OMA), where our small specialty has had a chance in recent years to create specialty-specific fees which are starting to narrow the traditional income gap between rheumatologists and other specialists. I had a prior stint at the Canadian Rheumatology Association (CRA) as co-Chair of the Therapeutics Committee. Of course, I joined as co-Chair with no prior experience as a member of the committee, but it really helps to have a world leader in rheumatology like Vivian Bykerk as the other co-Chair.

I look forward to building on the accomplishments of Glen and our prior *CRAJ* editors (Barry Koehler and Art Bookman) as the *CRAJ* celebrates its 20th anniversary in 2012, confident that the journal has a long and successful future ahead. To start, let me encourage any of our *CRAJ* readers to become a *CRAJ* writer by submitting an article on any subject related to rheumatology to me or our staff at STA Healthcare Communications—all submissions are welcomed.

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