An Interview with Dr. Paul Davis

Dr. Paul Davis was awarded the CRA's Distinguished Rheumatologist award this past season for his contributions to advancing the field of rheumatology in Canada. Through his eyes and experience, we reflect on the history of this specialty.

Q  
**Dr. Davis, what encouraged you to choose rheumatology as a career?**

Before I went to medical school, I had packed my bags from regular school—because I hated it—and came back to my hometown of Maidenhead, 30 miles west of London in England. I had decided that I was going to “dig roads” for a time, but my father suggested that, maybe it would be wise (since I wanted to go to medical school eventually) to take a job that would be in some way useful to my future.

The Canadian Red Cross Memorial Hospital happened to be in Taplow, which was nearby, and I got a job there as a laboratory assistant, taking blood tests and doing routine blood counts.

This hospital was one of the UK’s leading research centres in rheumatology at the time (1960s), and was really a referral center for all of England, especially in juvenile arthritis and rheumatoid arthritis. Naturally, I learned about the specialty and its diseases working there, and eventually I began working with the antinuclear antibody (ANA) tests and tests for RF factor. I think this early work piqued my interest in ANA, in which I’ve subsequently had a long-term research interest.

At medical school, I went on to pursue an interest in internal medicine, and, over the long vacations, would work back at the Canadian Red Cross Memorial, this time involving myself on the clinical side. I was privileged to work as a locum for Dr. Barbara Ansell, one of the leading researchers in juvenile rheumatoid arthritis at that time, looking after patients.

After graduating med school, I happened to see an ad for the Royal Postgraduate Medical School in London, which is affiliated with the Canadian Red Cross Memorial. I was fortunate enough to land a position as registrar (like a resident, really), working with Professor Eric Bywaters, one of the world’s leading rheumatologists, Lennox Holt and Graham Hughes. I was handling inpatient services, and I think it was then that I got interested in the application of gold therapy as a treatment for RA.

During my time in Taplow I met Tony Russell, who was also a resident there. We got on fairly well, but lost touch with each other when he left for the USA and, subsequently, Canada. A few years later, in 1974, I came to Canada to attend the PanAmerican Congress of Rheumatology in Toronto and met up with Tony again.

Tony informed me that rheumatologists were being recruited in Edmonton, due to a manpower shortage in academic rheumatology. Just as today, we weren’t training enough people to fill the positions, and there was a gap in Canada that it was thought I could fill.
The University of Alberta flew me over to visit, and I came to Edmonton as a rheumatologist for them in 1975, with a view toward spending a year here.

I have stayed 25 years, I suppose, because, initially, it was my perception that there were more professional and academic opportunities here than in England. Once I began working in Canada, I found that, indeed, there were great opportunities for research and research funds. And I liked the open style of Canadians.

**Q** How has rheumatology in Canada changed over the course of your career?

Much of Canadian rheumatology has been traditionally practiced in academic centres, and I think there has been a greater attempt in recent years to address rheumatological issues in the undergraduate, postgraduate and continuing-medical-education (CME) settings.

Canadian rheumatologists are doing a particularly good job involving themselves in medical education, including CME—acquainting general practitioners with current rheumatological issues, aiding them in sifting through all the information they receive on this specialty and assisting them in dealing with the daily tasks of identifying rheumatological diseases.

There has also always been a tremendous commitment in Canada to laboratory research, and the evolution of bringing as much information as possible from the bench to the bedside has helped us, fundamentally, in identifying patients with early or mild disease, who are suitable for active treatment. Lupus tests in the early 1970s, for example, were a research activity, but they’re now used daily in hospitals, identifying disease when it’s at a stage where the patient can be helped the most.

**Q** How has the practice of rheumatology evolved (academic or community settings) since you started?

By translating what we’ve learned from our clinicians and researchers, we’ve developed treatment strategies aimed toward the causes of arthritis, rather than the symptoms. As we’ve added pieces to the RA-treatment jigsaw puzzle, for example, the picture of the disease becomes clearer, resulting in today’s “designer drugs”: therapies created with specific roles in disease fighting, such as the COX-2 inhibitors, the anti-TNF drugs and the biologics.

In the past, drug therapies were more serendipitous, fallen upon more by chance. Now we’re looking at the fundamental cause of the disease and how we can block it.

**Q** How do you see the future of rheumatology evolving in Canada?

In general, I think the future is good, although I do see some challenges. Since 1988, my interests have moved almost fully into the field of medical education, and I see potential threats to our ability to provide a good education in rheumatology. There are more medical subspecialties than ever today, each fighting to ensure that their subjects occupy a larger share of students’ time. Undergraduates should be offered as much exposure to
all specialties as possible, to give them a broad picture, but we also need to prioritize their time to cover such important areas as rheumatology.

I also think rheumatology research is underfunded at present. Every specialty is fighting for its share of the funding pie; and while the Arthritis Society has been highly effective in promoting awareness of and generating funds for arthritis research, we rely also on the government, charity and pharmaceutical companies for training and research funds. I don’t expect that the government will be providing more funds for training in rheumatology any time soon, but we do need skilled rheumatologists in the community. We also must really promote the need for additional research funds.

Q What advice would you give to those following in your footsteps?

Get a good in-depth grounding in clinical rheumatology. Success in this specialty depends highly on good clinical skills. It’s also very valuable to have experience in research, which not only gives a person essential skills in the methods of research, it gives them the ability to critically evaluate results.

I would actually like all medical students and residents to be offered more research opportunities, but the structure of academia is such that they don’t all receive these opportunities. Being trained as a subspecialist takes a great deal of sacrifice and time, of course, and one can understand why a finishing student wouldn’t want to spend additional years [before going into practice]; but I would counsel anyone starting out in rheumatology today to consider doing research for a period of time and getting experience in a variety of clinical settings.

Q Would you choose to become a rheumatologist in the year 2000?

Yes! Academically, this profession offers a lot of flexibility; and the opportunity to pass on one’s knowledge and skills is also very satisfying. There are similar rewards associated with research as well: knowing that the contributions you’ve made—however small—will make a difference. I’m most proud of the understanding I’ve achieved regarding the mechanism of action of gold salts in the treatment of RA, the mechanism of action of Felty’s syndrome and the clinical application of autoantibodies.

“I would actually like all medical students and residents to be offered more research opportunities, but the structure of academia is such that they don’t all receive these opportunities.”

Another positive aspect of being part of this field is the friendship and camaraderie of Canadian rheumatologists. We’re a small, competitive group of people—and a real mixed bunch—but it’s still cohesive, professionally and socially. I was proud to serve a two-year term as president of the CRA in the early ’90s, and find working among this group a very positive experience.

Many of Canada’s rheumatologists have international stature as researchers, so, although it’s a small group, it’s got bang for the buck! And because Canadian rheumatologists are so active all over the globe, we’re always rubbing shoulders, despite our widespread geography at home.