

Interview with Dr. Karen Devon

Dr. Sunit Das

In this interview, Dr. Das sits down with friend and colleague, Dr. Devon, to reflect on the various stages of medical training and practice as well as the nexus between their professional and personal lives. Their discussion serves as valuable insight for anyone at the early stages of a medical career.

Dr. Sunit Das is a neurosurgeon and scientist at St. Michael's Hospital and the Keenan Research Centre for Biomedical Science, and an Associate Professor in the Division of Neurosurgery at the University of Toronto. He holds degrees in English Literature from the University of Michigan and Philosophy from Harvard University and attended Northwestern University for medical school. Dr. Das completed a PhD in Neurobiology at the National Institute of Neurological Disorders and Stroke as well as neurosurgical and post-doctoral training at Northwestern. His research and clinical interests revolve around primary tumours of the brain, and his lab is focused on elucidating cellular and molecular mechanisms that may be harnessed to improve therapies for these diseases.

Dr. Karen Devon is an Endocrine and General surgeon at Women's College Hospital and the University Health Network and an Assistant Professor in the Department of Surgery at the University of Toronto. She obtained her MDCM degree from McGill University and completed General Surgery training at the University of Toronto, during which time she also received an MSc degree in Clinical Epidemiology as part of the Surgeon Scientist Program. Dr. Devon has completed Endocrine Surgery and Surgical Ethics fellowships at the University of Chicago. She has also completed the Education Scholars Program at the University of Toronto. Her academic interests are in surgical ethics and education.

SD: So I'm here with Karen Devon. We are sitting at her kitchen table, whispering because her two kids are asleep upstairs. Karen and I have been trying for the past two and a half months to find a time to sit down together for an interview for the UTMJ. We have somehow previously found time to sit together for a drink and to throw axes – see Karen Devon, Instagram – but this is the first time we've actually gotten to sit and chat. The UTMJ editors had asked if I could write a focused piece about work/life balance. And as soon as I thought of that as a topic the first person who came to mind was my friend Karen Devon. So-

KD: Can I say that I really don't like that term, "work-life balance" because it suggests that work is not part of your life and that the two have to be totally distinct entities, and I feel as a physician and even more so

probably as a surgeon that's A, impossible and B, I'm not sure that's what I'm striving for. I'm striving for all kinds of other things to keep my life balanced, but I'm not sure this sort of distinct separation and that term, "work-life balance" resonates with me. I think my life includes work, and it includes play, and it includes my baby monitor battery dying [as monitor beeps]. And it includes enrichment and includes fitness or other things. It's still hard to find a balance, but the term itself – I don't like it anymore.

SD: Doesn't fit.

KD: Yeah. Especially because, I mean probably in all professions but certainly in ours, it's not the case that we go to work and come home and shut off work and then start our life and then we go to sleep and wake up and it's work-time again. It's just, our lives don't work that way. So there's always a little bit of each mixed into the other.

SD: Do you think you came to medicine already kind of knowing that to be the case?

KD: It's been so long that I don't even remember. I don't think so actually. I mean I think we all come into medicine sort of feeling that it's a calling, and to be honest, I didn't think about these issues. I just knew what I wanted to do and how I wanted to spend my life. But I didn't really map out what that would look like in terms of the practicalities. And it's probably been about 20 years since I applied to medicine or began thinking about it, so definitely at that time, these were not issues that were at the forefront. What was at the forefront was just pursuing a passion.

SD: When did you start thinking about medicine?

KD: I'm pretty sure my parents brainwashed me. They say that I told them at age 5. I mean this is so cliché, but my mom tells me stories about how you know I'd be on the bus with her or something, and I'd see someone with a disability and would be very sensitive and sort of almost tearful and kind of wanted to try and help them even though they probably didn't need any help from me. So I think that aspect showed up pretty early. And so I'm definitely one of those people who kind of knew off the bat what I was going to pursue.

SD: You're the only living daughter of two Holocaust survivors. You grew up here in Toronto?

KD: Yep.

SD: Did you feel pressure to-

KD: No. The only requirement my father ever placed on me, actually, was that I be independent – that I don't ever have to rely on anyone to put a roof over my head or feed me or whatnot. And other than that, it was definitely up to me.

SD: When did you start hearing that?

KD: Oh gosh. You know I don't know.

SD: It's always been there?

KD: It's always been there. And I think just for that generation, my father treating me absolutely no different than if I was a little boy, I definitely always felt that message that I could do whatever I wanted and that I should make sure that I could support myself.

SD: When did your parents come to Canada?

KD: They came - well my mom actually was born during the war in Russia and then lived in Vienna for 20 years but my father came after the war as an orphaned child basically.

SD: How old was he?

KD: He was 12 years old during the war while he was in hiding, but they went to Germany and then he came to Canada maybe a year or two after.

SD: And the two of them met here?

KD: The two of them met here, but that's a long story. They were set up.

SD: You and I, I think, kind of stand together in this idea that the idea of work-life balance is faulted by that requirement of work and life to be disparate from each other, as if work takes away from life or if life has to be something stolen away from work. One of the things that I've realized over the last decade was that a lot comes at once. You start your clinical practice, you start your academic career, you start your family – all these things – that each on their own is a huge transformative thing to go through. And you have them all together. Did you have anyone, any mentors, who prepared you for it or gave you any advice to get you through it?

KD: Hmm... I've had a lot of different mentors for different things, but I'm not sure that anyone prepared me for the onslaught of all of those things. That being said, I feel like going through school and residency for about 20 years sort of prepares you in its own weird way – basically prepares you for just being able to tackle many things and generally do them well. I feel like there was previously not a lot or enough emphasis on mental health. Only recently have I been giving that more thought and more effort. I don't think there was anyone who led me in that direction, but I would say if I were to mentor someone now, I would encourage them to build that part of their resilience – their own kind of emotional intelligence, communication skills, mindfulness, things like that. But those weren't words that we used.

SD: They didn't exist then.

KD: And we're not that old.

SD: Are there particular mentors who you've stolen from? Who really come to mind as people who molded you or who gave you parts of yourself?

KD: I think from a career standpoint, yes there have been several along the way. You know one of them was my Master's supervisor, another one I did my fellowship and ethics work with. And then I've definitely had people I've been able to lean on in terms of making hard personal and career decisions. The way you describe it, sort of like becoming part of you, I'm not sure.

SD: As you start mentoring young students and residents, do you find yourself consciously taking on roles that you didn't find or that would have been helpful to you along your own path?

KD: You know I probably should do that more. Here's where the balance part comes in. When I first started on faculty, I probably shared more of myself in that way, and so I think I did have some influence on some of the trainees going through. In the past two-and-a-half years where I've taken two maternity leaves and I'm just trying to kind of keep everything together, I'd say I've made less of an effort in that regard. But I think all of these things come in waves, and so hopefully that will be a bigger part of my identity in the future. The residents who were coming through when I first started my faculty position, I had them do this – I mean I'm sure the students are all very aware of this – but I had just learned about reflective journaling, and I sort of did this experiment where I had them do some reflective journaling. I think some of them did not find it useful, and it's probably not for everyone, but I think some were surprised that they did find it useful. So that's sort of an example of something

that no mentor would have introduced me to. And I'm not disparaging them for that, but it just wasn't something they would have learned about.

SD: It's interesting as a surgeon you can identify, or at least I can identify, people who make me think to myself, "This person really taught me how to operate; this is the person who was kind of technically the person whom I got this from." It's a different level to think of someone teaching you compartment and teaching you how to consider the world beyond just the operating room itself.

KD: I feel like it's a lot more just trial and error. Like you realize that this way of communicating really isn't getting me anywhere. I'd better learn to improve how to do this part.

SD: Do you think those are things we can teach?

KD: I think they can be learned. I don't know if we teach them. But I think one can learn them. So I don't know for example if I can teach you to become a certain type of communicator or to improve in the way that you are in this world. But I think people can self-improve – always. And we recently had an excellent lecturer come and talk to us about trust in the doctor-patient relationship, and he suggested that it's not about either what you've done in the past or comparing yourself to others but that you can basically be better every day. So that's an example of someone who is not a mentor but that within a very short interaction, I feel like had some influence and sort of changed my mindset.

SD: [Motions to picture on phone] This is Carlos Pellegrini, who was our recent visiting lecturer.

It's interesting: there's so much focus now on coming to terms with, I don't want to say failures, but with our limitations as physicians, as communicators, maybe as healers. And I know you and I both went to medical school at a time where there was an infusion of humanities into medical school education with the goal of ameliorating that. Do you think it's made a difference?

KD: Yeah I think, you know history sort of repeats itself. I think it's made a difference for sure. I think, though, that in each and every age, things may be seen similarly. So there is this essay by Francis Peabody. I think it was 1927, and he talks about how new technology is going to make us forget what we're really doing as physicians and his last line in this essay is, "The key to the care of the patient is caring for the patient." And so I feel like you could read that essay now and have all of the same concerns and anxieties about technology and the way we communicate and that last line still stands – "The key to the care of the patient is car-

ing for the patient" – and that may manifest in many different ways. It may not manifest in me spending as much time with the patient but me doing the work behind the scenes to make sure that they get the best quality care. So, I do think that the general trend is in a positive direction. But I think it could be more focused on the human side, just like they thought that back then. Or some thought that back then. The renegades thought that.

SD: 90 years ago.

KD: Right.

SD: You said something that made me wonder if our failures as doctors aren't so far off from the way we fail over time as humans. The way we fail our friends, the way we fail our family, and that is always part of life. You brush yourself off, and you try a little bit harder.

KD: And it's not all failure. I don't want it to come across as like it's all failure. There are a few failures, but we're doing pretty good. Otherwise it would be hard to go back to work every day.

SD: So tell me about what you do at Women's College [Hospital].

KD: I'm an endocrine surgeon. I treat diseases of the thyroid, adrenal, and parathyroid glands. I'm also a general surgeon, so I take on-call general surgery at the Toronto General Hospital. And I am also an ethicist, so a lot of my academic work, research, and teaching revolves around ethics rather than lab-based science or clinical epidemiology or specifically educational research.

SD: When did you start doing medical ethics?

KD: After I graduated from general surgery from the University of Toronto, I went to the University of Chicago and did a fellowship at clinical medical ethics for a year. I then came back here and tried to make that my niche.

SD: And you went specifically for ethics training?

KD: For ethics and for endocrine together.

SD: So Karen and I became friends in part because we shared the same mentor, Peter Angelos. Karen's fellowship mentor was a mentor of mine in medical school before he headed south from Northwestern to University of Chicago. It's interesting: I encountered Dr. Angelos when I was a second-year medical student, and I was in his "house" as a third-year medical student (we had these four houses named after great clinicians in Northwestern history the same way that

there's a Peabody House at Harvard Medical School named after Francis Peabody. Mine was Patterson House). Dr. Angelos was one of our house leaders. And it's interesting for me: medical ethics was always wrapped around the gentleness and uprightness that he displayed continuously. And I'd left Northwestern with the impression in my mind that you can't do ethics unless you take out thyroid nodules.

SD: This may be an unfair question: how have you changed since you were a resident?

KD: I've gained so much experience, from a technical standpoint. But I think also the more life experience you have, the more you've seen and experienced other cultures, having children – I think all of those things help you mature as an individual and therefore help you interact with every human in a better way. Now, I mean I also have far from perfect interactions where I either lose control or don't act the way I wish I had or could have. But again, I do feel like I'm much more conscious about working on those things or those moments or those interactions. And so I feel like I am continuously improving.

SD: It's amazing that life gives you time to reflect.

KD: My current Chief of Surgery long ago recommended a book to me called "Difficult Conversations" and it basically dissects a conversation into its component parts: intent, assumptions, what it means about you. It's really excellent, and if you can apply some of those techniques, you can become a better listener. And then most certainly, if you're a better listener you're a better everything: partner, physician, friend, etc.

SD: You and I have talked about this idea quite a bit: even at this point in our lives, a lot of the work of becoming a better physician, it's hard to dissociate from what you'd like to see as the process of growing up, which is a process that we confine to something that happens through your early life. But it is not at all – it's something that continues, hopefully to the end.

KD: And even though it's more pronounced in that early phase, it feels more meaningful in this second phase, I'll call it. I know it's a little more subtle, but it really makes the difference. Whereas that early phase was just like figuring out who you are, the second phase I would say is more like figuring out who you want to be.

SD: It's amazing so much of that second phase involves being in the context of another individual, whether that's your partner, your children, your patients. And one way is to say that you can be selfish in younger life. But I think it's simply that you have time and op-

portunity for self-construction when you're younger in a way that you have to attenuate or do in a different way as you enter this phase.

If we could finish with a story you have told me a couple of times – you told me the first time we went for lunch together – and every time you've told me, it takes my breath away.

KD: OK I'm going to tell you two stories. So when I was a junior resident on my 30th hour of being in the emergency department, this quite elderly man came in with bowel obstruction. He was very well-known to the hospital and to the physician that I was covering, and I was running around seeing other people so I assessed him quickly. I knew that the only way to cure his current problem would be an operation, to which he agreed. But I felt like I spent like two minutes with this person initially just because I really didn't have time. And so finally when there were a few moments where he was waiting for the anesthetist to come and put him to sleep – I had asked him what he did in the emergency department – but then, as he was waiting to be put to sleep, I looked him up on Google, and it turned out he was well-known for having written his first book of poetry after the age of 80. And I think at the time, he was in his late 80s or early 90s. And there were two or three books of poetry that he had written by then. And so literally right before he was being induced to go to sleep, I kind of ran back up to his bed and asked, "If I was to get one of your books which ones should I order? And he said, "It's all garbage. Just read Shakespeare." And so I ended up ordering one of the books and he was in the hospital for several weeks and even when I was off service, I continued to visit him. And at one point, his bed was across the nurse's station from my father, who happened to be in the hospital at the same time. So I visited him every day and finally the book arrived in the mail. And I brought it to work at 6 o'clock in the morning before doing rounds. I was going to go see him and have him sign the book, and I wanted him to know that I had begun to read it. And over those few weeks, he had told me about his daughter, who was pregnant coming in from London and whatnot. And I arrived that morning and he had died. I walked into the room you know in my scrubs and ponytail, I kind of galloped into the room with excitement. It was kind of ridiculous what I did – I ran in and announced "Hello!" and he was covered with a sheet, and his daughter was there clearly mourning. And so I explained to them that I had been taking care of him and had bought his book. And as you read this book of poetry, it's pretty remarkable the allusions to medicine that he made, but... he's definitely a patient that I will never ever forget.

My other story, which I cannot believe I haven't told you... So, these are the moments that I think make it all worthwhile. As a medical student, I was

on rotation with Sherif Hanna, who used to be a surgical oncologist at Sunnybrook, and he told me he wanted me to meet a particular patient. This patient had metastatic cancer and he had operated on him a few times, and Dr. Hanna knew that this would likely be the last opportunity we would have to really try and do something for this man. And so we operated on him and actually during the OR the patient had asked Dr. Hanna to play some Christian music, a specific mixed CD that he gave us and so we actually did play that throughout the procedure. And I've done similar things for patients even though they're not aware that it's happening. So he played this music and the patient did relatively well postoperatively but was in hospital. And I was post-call one day and really dying to go home – I was falling off my feet and slurring my words – and I actually thought I would sneak out before the attending staff got there to round in the afternoon. And it would've been fine for me to leave, but I knew that if I was still there when he arrived, I would then spend another hour and a half to round and I was tired. So as I passed by this patient's room – and I typically visited this patient everyday multiple times a day – but as I pass by his room on this particular occasion, he said, "Hey Karen" and he called me into his room. And he said "Sit here." And he sat me on his bed – this is like patient as teacher – and said, "I want to show you a couple things." So he first pulls out his laptop and shows me, I think he had maybe a 12 year-old son at the time, and he had had this private eye company create a video where his son ages into adulthood, because he knew he was never going to see that, and he wanted me to see his son as an adult. So I watched this video of his son's face transforming into an adult, and that's when I started crying, and I didn't stop for the next half hour, because after that he said, "There's another story I want to tell you about." And he took a little jar, and there were a bunch of marbles in it, and he gave me a marble, which I still have – it's in my little jewelry box that has only my finest and most memorable things like my ring from my grandmother, my wedding ring, and this marble. So the marble came with a letter, basic-

ly describing how when he knew about his prognosis, he counted the number of Sundays – as a Christian he felt Sundays were very important for him – until Christmas, because the hope was that he would make it to Christmas, but we weren't sure if he was going to make it. And so he put the number of Sundays as marbles in a jar, and he was giving a marble to anyone who had a positive influence on his life. And so here I am, little medical student, on my surgical rotation, and he gave me a marble and gave me this little piece of paper which I still have, and basically thanked me for sitting with him that day. And so as I left his room, guess who's walking down the hall – Dr. Hanna. And I'm red, there's tears, I couldn't even hold it in, I was balling, and he knew that I was right outside that patient's room and he looked at me and he said, "He gave you a marble, didn't he?" And that's the story. So at my graduation we handed out 200 marbles to the room, just to pass it on.

SD: Karen, thank you.

KD: Thank you!

SD: You know I think it is important for the students to hear that there is something about what you are given by being in the profession we're in that feels like it exceeds anything they see as a cost.

KD: Right. And that it's so unique. The thing is, I think they're closer to that now than most of our colleagues. Do you know what I mean? Like when I went in, that was me, and then no matter what, who you are, you get kind of jaded.

SD: It's hard not to lose your way a bit.

KD: Yeah. And it's still hard on some days, right? And that brings us back to where we started, that I don't like the term, "work-life balance," because it's life – family, patients, friends – that keeps you finding your way back.