

Abraham Jacobi and the Evolution of Paediatric Advocacy

Adam Paul Yan, BSc, BSc(Med), MD¹, Priya Sharma, BSc, MD¹

¹Faculty of Medicine, University of Toronto; The Hospital for Sick Children, Toronto

Considered by many medical historians to be the “founder of paediatrics”, Abraham Jacobi is a prolific paediatrician whose philosophies and innovations have immensely impacted our current paediatric practice.¹ Jacobi was the first paediatrics professor to teach at an American university, the first paediatric president of the American Medical Association (AMA) and the first president of the American Pediatric Association (APA).²

Jacobi used his influence in these organizations to bring about meaningful change in the way his peers approached and practiced medicine. As an advocate for institutionalized children, educational reform, breastfeeding and many other health issues affecting children, Jacobi revolutionized the practice of Paediatrics. In one of his most famous quotes, Jacobi argued “it is not enough... to work at the individual bedside in the hospital. In the near or dim future, the pediatrician is to sit and control school boards, health departments, and legislatures.” This powerful shift in thinking enabled the role of a physician to expand beyond that of an exclusive medical expert. Almost a century has gone by since Dr. Jacobi passed away, yet the evolution of the specialty he helped define would likely have surpassed his expectations.¹ Today the CanMeds guidelines recognize advocacy as one of the fundamental roles of all physicians. A physician with a holistic approach to their patients has become a central dogma of our modern day medical culture, yet was once an innovative aspect of Dr. Jacobi’s approach to medicine.

The field of paediatrics has come a long way in advocating for crucial changes in child health. For instance, the measles vaccine has single-handedly saved an estimated 17.1 million lives worldwide since 2000.³ During Jacobi’s practice in New York, 62.5% of all deaths occurred in children less than 5 years of age.¹ The majority of these cases were caused by infectious disease such as diphtheria; a disease which sadly claimed the life of Jacobi’s son. Today, infectious disease has gone from being the leading cause of death in Canadian children to accounting for less than 5% of childhood deaths, largely due to stronger vaccination compliance.⁵ Jacobi’s work in this

field is proof that a single physician’s advocacy work can make a tremendous difference. Interestingly however, we are still working on this very topic one century later. The 2013 Canadian Childhood National Immunization Coverage Survey revealed that the current rate of childhood vaccinations is as low as 72%, which falls short of our goal of 95-99%.⁴ With a backdrop of misinformed parents in opposition of vaccinations and an increased use of homeopathic alternatives such as nosodes, it remains crucial for paediatricians to be equipped as medical experts, advocates and educators. For example, a statement from the Canadian Pediatric Society recently released in February 2016 draws attention to the use of nosodes and leaves opportunity for physician advocacy in this area.⁶ This statement explains the homeopathic process of using serial dilutions from a pathogenic source to create nosodes, and more importantly highlights the lack of evidence for their efficacy and safety.

It is important to reflect on the history and evolution of Paediatrics to truly appreciate it as an independent medical specialty. Furthermore, important figures such as Jacobi who portrayed advocacy and brought about meaningful changes in child health, should motivate us to continue these efforts in our modern day world. Continuous reflection on our mindset and methods while working towards helping our patients is key to ensuring our practice remains ethical and genuine.

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References

1. Burke E. Abraham Jacobi, MD: the man and his legacy. *Pediatrics* 1998;101:309-312.
2. Robinson V. Life of Abraham Jacobi. *J Med Life* 1928;35:214-258.
3. Measles vaccination has saved an estimated 17.1 million lives since 2000. Geneva: World Health Organization; 2015. Available: <http://www.who.int/mediacentre/news/releases/2015/measles-vaccination/en/> (accessed 2016 Nov. 16).
4. Vaccine Coverage in Canadian Children: Results from the 2013 Childhood National Immunization Coverage Survey. Ottawa (ON): Government of Canada; 2013. Available: <http://healthycanadians.gc.ca/publications/healthy-living-vie-saine/immunization-coverage-children-2013-couverture-vaccinale-enfants/index-eng.php#a5> (accessed 2016 Nov. 16).
5. Are We Doing Enough? A status report on Canadian public policy and child and youth health. Ottawa (ON): Canadian Paediatric Society; 2016. Available: <http://www.cps.ca/uploads/status-report/sr16-en.pdf> (accessed 2016 Nov. 16).
6. Robinson MJ, Robinson JL. Nosode’s are no substitute for vaccines. *J Paediatr Child Health* 2015;20:219-220.

Corresponding Author:
Adam Paul Yan
adam.yan@sickkids.ca
Priya Sharma
priya.sharma@sickkids.ca