

Joe Sidorov: A giant in our midst

With a personal and professional history that reads like a novel, Dr Joe Sidorov has been at the vanguard of medicine for 60 years—and he’s still there today.

Angus Rae, MB, FRCPC, FRCP, FACP

Joe Sidorov was born in Yalta in 1920 at the height of the Russian Revolution. His father was killed shortly before and his widowed mother escaped the new communist state with her baby son first to Poland, later settling in the former Yugoslavia.

After completing high school Joe entered the Belgrade University medical school but his studies were interrupted when Hitler attacked Yugoslavia. The ferocious bombardment of Belgrade killed thousands of civilians and destroyed much of the university and medical school, which closed for the duration of the war, ending for the time being Joe’s medical training.

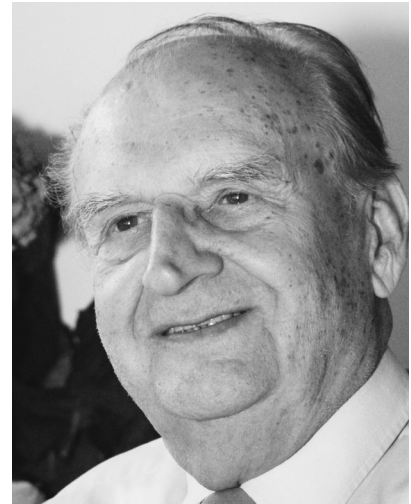
A month after Yugoslavia capitulated, an underground resistance formed and Joe, together with several other students, joined. By 1943 Joe was responsible for a youth network covering a large part of Eastern Bosnia.

The resistance members collected arms, ammunition, and medical supplies and smuggled them to the partisan fighters in the hills. At the height of the battle of Stalingrad in 1943 the Gestapo, aware of the existence of an underground movement, rounded up all senior high school and university students in the city. Joe was incarcerated in the old city jail but was later released without charges. However, he was closely watched so he and his

colleagues fled the city and joined the partisans in the forests where they fought the occupiers until the war ended.

In 1945 Joe returned to medical school at the University of Zagreb in Yugoslavia, from where he graduated in 1951. Hopes that Yugoslavia would become a democracy as Tito had promised were not fulfilled, so Joe and his wife, Nadia, an accomplished chemical engineer, escaped the country and found themselves in a displaced persons camp in Trieste, where Joe worked for the next 2 years as a voluntary physician in the British Military Hospital while Nadia, a gifted linguist, worked as an interpreter.

Dr Richard Saunders, head of anatomy at Dalhousie University, heard of Joe from a Hungarian pathologist whom he had met in the camp. The University of Zagreb was renowned for anatomy, and Dr Saunders offered Joe a 2-year contract as an assistant professor. Joe accepted eagerly and came to Canada with Nadia, who obtained a job as a biochemist in the Department of Physiology. After 2 years Joe, who had always wanted to do clinical medicine, managed to get a rotating internship at Dalhousie. On the last day of the internal medicine rotation Professor Robert Dickson, then head of the department and later president of the Royal College, suggested Joe apply for a residency in



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internal medicine. He was essentially penniless, and with a wife and two children the temptation to accept offers of practice partnerships in Cape Breton was great, but Nadia’s advice was that even if they went hungry he should take the residency. “The best advice I ever had,” said Joe, though it took them years to pay off the bank loan.

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At the venerable age of 75 Dr Sidorov joined the Prince George internal medicine group as a gastroenterology consultant

From there Joe went from strength to strength. He completed subspecialty training in gastroenterology at the Royal Victoria Hospital in Montreal and wrote his fellowship in 1961. After obtaining the prestigious McLaughlin fellowship he spent a year in London, England, with Sir Francis Avery Jones, an icon of gastroenterology, at the Central Middlesex Hospital. While there Joe attended Dame Sheila Sherlock's prestigious weekly clinical rounds, open to trainees worldwide, where patients were always presented in person and which

by coincidence I also attended from 1962–1963 when I was one of Dame Sheila's Fellows. We must have been at the same sessions, but it wasn't until 40 years later that we first met when I was doing a locum in Prince George.

On return to Halifax Joe was appointed assistant professor and charged with developing the division of gastroenterology, which he successfully established. When a few years later he became chairman of the education committee of the Canadian Association of Gastroenterology (CAG), he used his Dalhousie experience as a

model for the Royal College Gastroenterology training and accreditation programs as well as the GI examination system. Inevitably he became an examiner and later chief examiner in GI for the Royal College. Quite a few BC gastroenterologists had Joe as their examiner.

There were triumphs, too, on the international stage. As a Canadian member of the American Gastroenterology Association (AGA) and being of European origin, he was asked to chair the AGA International Liaison Committee to establish closer relations with other GI associations on scientific, clinical, and educational matters. One problem he had to deal with was the souring of relations between the US and South American gastroenterology associations. A pan-American GI congress was held in Buenos Aires during the presidency of Juan Peron (1945–55) and the US Foreign Affairs department warned they could not guarantee the safety of attendees from the USA. As a result many US participants, speakers, moderators, and session chairs cancelled at the last minute, damaging the congress. Joe was in charge of restoring good relations, which he finally did during the World Congress in Mexico City.

At the World Congress in Stockholm he was asked by the Governing Council of the Organization Mondial d'Endoscopie Digestive (OMED) to form and chair a committee on medical ethics ("I think I am ethical" Joe replied, "but I don't know about ethical theories." "This is the best way for you to learn," was the reply). He was invited to organize a workshop and 2 years later, with a budget of \$20 000, he brought 23 prominent gastroenterologists and ethicists from around the world to a workshop in St George's House, within the walls of Windsor Castle and where fable has it Edward III in 1348 pinned on his own leg the fallen garter of a noble lady saying "*Honi soit qui mal y pense.*" ("Evil be to him who evil thinks.") Nothing so

dramatic occurred at the meeting but Joe was generally applauded for having organized a very successful conference. As a result, most national and international GI congresses now have medical ethics as an important part of any program.

During these action-packed years Joe continued as head of gastroenterology at Dalhousie and remained on the editorial board of the *Scandinavian Journal of Gastroenterology*, retiring in 2003. In addition to teaching at graduate and postgraduate levels he continued with clinical research and gave presentations around the world, contributing to various GI journals and texts. A 200-page chapter on “Extra intestinal manifestations and complications of inflammatory bowel disease” is still up-to-date and available in the Prince George Regional Hospital library.

In 1986 at the age of 65 Joe retired as head of gastroenterology but continued his private practice and teaching at the university. In 1978 his daughter Jana, having graduated from Dalhousie, had gone to Prince George to set up a family practice, where Joe and Nadia visited her often while skiing in Banff. Being an experienced teacher and lecturer Joe was asked to give some CME sessions to the medical community. These were well received, and at the venerable age of 75 he joined the Prince George internal medicine group as a gastroenterology consultant, later taking his turn as department of medicine head. Though initially planning to stay for 2 years, both Nadia and Joe fitted so well into the community that they are still there.

Joe is proud of what he has achieved in Prince George. Despite his academic position as professor of medicine at Dalhousie, Joe did not contact UBC when he came to the province; after all he was well beyond their retirement age and he preferred to make his remaining contribution to the care of GI patients in the north. In 2000 following a massive rally of

Prince George citizens in support of northern doctors and greater availability of medical care, the idea of a northern medical school gained currency. Dr Charles Jago, the dynamic president of UNBC, learned about Joe’s past and invited him to discuss with senior university administrators the feasibility of starting a medical

science was taught. Students destined for community and family practice had experience with tertiary care but little of what they would later see in practice. Students of the future will learn much more of the science online and in PG we will have them learn evidence-based clinical thinking while working in the community.”

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school. Medical education was one of Joe’s primary interests, and with years of national and international experience he not only encouraged the idea but firmly stated that medical training in institutions close to the community is essential. This dream became a reality as 24 students, under the aegis of UBC, started their medical training in Prince George in 2005.

Joe doesn’t divide medical school teachers into academic and non-academic; all teachers, both full-time salaried faculty and non-salaried clinical faculty, are academic in his view. A doctor’s office is as much an academic location as are university lecture rooms, laboratories, and the hospital bedside. The difference between past and present medical education is the degree to which clinical teaching is shifting from tertiary centres to communities and the increasingly key role of practical, hands-on preceptorships. Joe looks forward to the day when all teachers will work side by side in harmony and equality.

“In past models,” says Joe, “Students were tied to a downtown university campus where the necessary

Such prophetic ideas in a man of Joe’s vintage is indeed refreshing. How many other foreign medical graduates could bring such richness and diversity to our medical scene? It is ironic that what may turn out to be his greatest achievement, leadership in launching a project to renew our ranks of rural and northern doctors, will have been done more than 10 years after most centres of learning would have had no further use for him.

I asked Joe what he considered his greatest achievements. “In Canada,” he said, “the development of Canadian gastroenterology through the establishment of training, examination, and accreditation programs; internationally, emphasizing the importance of ethics and introducing it into gastroenterology worldwide; my contribution to gastroenterology in the North and of course my contribution to the northern medical school.”

“What’s next, Joe?” I asked.

“Travel, read, ski, fly fish, and garden as long as I am able, and of course enjoy the family and our only grandchild,” was his reply. 