

Interview with Dr Nasir Jetha

BCMA President
2011–2012

Dr Nasir Jetha is a Vancouver pediatrician, award-winning teacher, and now President of the BCMA. But the road here has been anything but straight; living through two revolutions on four continents has only strengthened his resolve to help the less fortunate.

BCMJ managing editor Jay Draper spoke with Dr Jetha in late July. Here is a condensed version of their conversation.



“I am very optimistic going forward. I think it’s an exciting time.”

Can you tell me a little bit about your parents and about where you were born?

I was born in Tanzania on the east coast of Africa to parents who were second-generation immigrants from the Indian subcontinent. My parents were uprooted after the social upheaval in East Africa, around the time of Idi Amin, and the family moved to England in 1970. I’ve always studied in English schools because Tanganyika had been a British colony, so the language of instruction was English. And then I went on to study medicine at Pahlavi University in Shiraz, Iran, where the medium of training was in English and based on American curriculum.

So you went from England to Iran to study?

Yes. At the time the family had moved to England and I moved to Iran, traveling back and forth between England and Iran regularly. So I’ve been through two upheavals in my life, in Iran I was at med school when the Shah’s regime ended and then there was another revolution. So my wife and I had to leave Iran.

You don’t come from a family of physicians?

No, I hold the esteemed title of the first physician in the family. The core values that drove me to medicine, compassion and caring for the underprivileged, were rooted in my upbringing with my parents and family.

I understand you speak eight languages.

Yes, I look at it as an asset. I do a newcomer’s clinic for newly arrived Canadians. My residents joke sometimes, and say, “So in this room what language are you going to speak?” But when a patient is having so many challenges, having faced traumatic incidents, psychological trauma, being uprooted from their own community to come out to a strange land, and suddenly here’s somebody speaking their language—that puts them at tremendous ease. That’s why I encourage other physicians to learn new languages if they can.

What languages do you typically use in this clinic?

Swahili is the major language of a good part of Africa. So I speak Swahili well. I speak a little bit of English. I speak Farsi—Persian, which I learned in Iran. Persian is also spoken in quite a few countries in that part of the world, and I can understand Tajik a little bit.

So what made you decide to become a doctor? You mentioned an interest in helping people.

Early in my life I felt that I would like to be a doctor, and I always felt that I should be able to do that somehow when I grew up. I knew that it wouldn't be easy, but I was very determined and focused that this was going to be my path, and I never focused on any other.

If you weren't a physician what might you be?

If I had to do this all over again it would be medicine and it would be pediatrics. I've had such personal satisfaction doing what I've done.

How did you get into pediatrics?

Frankly I love children, and it was the love for children that drove me to pediatrics. There is great satisfaction when you see some very acutely or severely sick children recover. Even when they're very sick, children recover quickly. I also find it very satisfying to allay the fears of parents who see their children suddenly very sick. As you go along, you develop skills to look after the parents, too.

You have three grown daughters, an investment banker, a lawyer, and a kinesiologist. Can you tell me about them?

Yes. They are wonderful young people and I'm very close to them. A lot of people ask why none have gone into medicine, and it's because my wife, Shamim, and I encouraged them to pursue their passion, and they've all done well. They're very bright young

women. My oldest wanted to pursue a career in finance so she went to the Wharton Business School and then went on to Harvard to do her MBA. My second daughter did law at the University of London, so the older two are in England. The youngest went to McGill and then to the University of Calgary. I'm proud that all my kids have carried on that ethos of being volunteers.

the Wyatt Excellence in Teaching Award. I encourage my colleagues to teach because we have a shortage of physicians and we're expanding our training programs. It should be looked at as a responsibility to the profession.

What's your favorite thing to do as a doctor?

Seeing a very sick patient who I've treated in the hospital come back to

We are blessed to have all the amenities we do, amenities that somebody in a little village in Africa or Asia or South America doesn't.

You've been a clinical associate professor at UBC since 1993. Do you still teach?

Yes, I love teaching. When I started teaching I was a bit reluctant because there were too many balls to juggle, especially with my practice, but the more I taught the more I liked it. I used to teach regular sessions at BC Children's Hospital and BC Women's Hospital and Health Centre in the Department of Pediatrics. One month in six I would be in charge of the clinical teaching unit and patients would be admitted under my care and I would do rounds with residents and students. I did that for a long time and practised concurrently. I thoroughly enjoyed doing that.

What is it that you like about teaching?

I think teaching is a very noble profession, to be able to impart knowledge to your younger colleagues is just wonderful. As a matter of fact I received an award as the best teacher,

my office as a totally healthy little person. That gives me a lot of satisfaction, to see those young, healthy patients who a week prior would have been very, very sick.

What about your least favorite part?

The most frustrating part is not being able to direct a patient to the right subspecialty. In pediatrics the biggest frustration is referrals to mental health and neurodevelopmental problems. We are so lacking resources and material; we can make a difference but it is always very frustrating to try and get those patients to the right subspecialist.

Isn't that what CHARD is designed to assist with?

Yes, and I'm part of CHARD, and I'm hoping that this is one tool by which we'll be able to improve, but we certainly need resources in some specific areas.

Continued on page 330

Continued from page 329



So what else can be done in addition to CHARD?

I think that the government and front-line physicians need to dialogue on this and look at these areas critically. I know that there was some mention by the government that they would make it a priority to look after developmental disorders in the youngest of the patients, so that dialogue is beginning to happen.

What drives you?

I'm always amazed by the things that people do for each other, and it reinforces my faith in humanity. That feeling of trying to be a little part in making a difference in somebody's life is what drives me most.

What keeps you going?

I am truly blessed to have the family I have. My wife, Shamim, and my daughters are my rock and my inspiration.

Before you became president, what would a typical day for you look like?

When I was at the height of my practice, at my busiest time, my day would start at 6 a.m. I would listen to the news, read my paper, go to the gym, come back, shower, get ready for work. By 8 a.m. I was at the hospital doing my rounds. If I was teaching I would teach until about 11. If I didn't have to teach then I would go back to my office by about 10:30. I'd do a morning office then a quick lunch and an afternoon office. Then I'd do my

final rounds in the evening, and between all this and all night, I would go back to the hospital for deliveries because I loved doing neonatology. That was 24/7, 365 days.

I hope you live close to the hospital!

Yes, I live fairly close to the hospital now.

So how many years did you do that for?

I did 17 or 18 years of call every single night.

Working from 8 in the morning until...

Until 8 in the morning!

17 or 18 years of...

24 hours. But that was the culture with pediatrics. A couple of groups had call share, but most pediatricians did not. And then some of us came together, and it was quite a bit easier after that.

Are things changing with that culture, where physicians are expected to be superhuman?

I think the younger generation is smarter than our generation in that they have more balance in their life, and there is research coming out to support that.

Can you tell me about some of the international work you've done?

I've done most of my medical volunteer work with a humanitarian organization called Focus Humanitarian Assistance and the Aga Khan Development Network in Africa, as well as Afghanistan and Tajikistan. We are blessed to have all the amenities we do, amenities that somebody in a little village in Africa or Asia or South America doesn't. In Afghanistan I talked to a mother who was perhaps 38 years old and when I asked, she told me she had delivered 12 children. Only four are still alive. That is the reality of that part of the world. As physicians we can make a lot of difference in the lives of children. The

children of the world are *our* children, and our moral obligation. So as physicians if we get any opportunity to do relief work, we should.

How long have you been doing it?

I've been doing it since earlier in my practice and I continue; I'm going to continue once my BCMA involvement eases.

Can you tell me about a personal achievement that stands out for you?

I would say a few, starting out by just the fact that I became a doctor, and then I became a specialist, and then I was the medical director of the Children's Centre at Mount Saint Joseph Hospital for 11 years. President of the BC Medical Association; these are my personal achievements.

What about a highlight of your career?

I will again say a highlight in my career would be being the president of the BCMA.

What about with a patient; is there some particularly interesting patient that was difficult or something unusual that you solved?

Well there have been many. As a matter of fact, I just saw one of them in follow-up yesterday. This little girl was referred to me and she had been fatigued for a while, and she'd seen a few doctors, and there was nothing really much to write home about, but I just had this hunch that things were not right and sent her for bloodwork. I remember getting a call that evening from the Children's Hospital that she had leukemia. And incidentally this patient went on to fully recover. She's a star at Children's—she appears on the Miracle Network. She came to the office yesterday and said, "Dr Jetha, did you see me mentioning you as the doctor who diagnosed my condition?"

Is there anything that stands out for you as a mistake that you've made

that you've been able to turn into something useful for yourself and others?

In my own personal life, if that means anything, the thing that I would do differently is having more life/work balance. Doing 17 years of one-in-one

call upgrading. But there are others who can slide into our programs very easily. We have students who go away to study in Australia, Ireland, and the Caribbean, and those are good schools and we should be able to facilitate them.

Doing 17 years of one-in-one call was not the best thing to do. I'm glad that the younger generation is really in tune, wanting a better life/work balance.

call was not the best thing to do. I'm glad that the younger generation is really in tune, wanting a better life/work balance. This will of course lead to manpower issues and health human resources issues, but we will have to somehow balance that with physicians' needs for a well-balanced life.

Do you think the medical school needs to grow even more? Or should there be a second medical school in British Columbia?

About 200 000 British Columbians can't find a family doctor. So that tells us yes, even if you bring out double the number of medical students, our attrition rate is high. The recent Physician Health Survey says that only about 28% of doctors are under 45. So yes, we need more medical schools. We also need to help our IMGs, international medical graduates. Yes, I fully understand that they are not all the same; you can't put them all in the same basket. There are international medical graduates who need signifi-

How would you describe your leadership style?

I would like to believe that my leadership style is inclusive. I like to build consensus. I don't like to impose my views. So I'm a consensus-builder, which is, I believe, the best way to lead an organization. There are leaders around you and you need to listen to them. But you also have to show leadership when there is a deadlock, when you need to be able to drive the Association in the direction that you believe is right.

I know you've mentioned four goals for your presidency. If only one of them could happen, which one would it be?

In the current climate I think a lot of our efforts will go toward negotiations, so the goal is a healthy relationship with government. Another thing I'm very passionate about and firmly believe is for the Association to be able to look after its own, through the

Continued on page 332

Continued from page 331



Almost 60% of medical graduates today are female. But that's not the reflection on our Board and committees.

Physician Health Program. It is crucial that this program flourishes and does what it was mandated to do. As physicians we sometimes feel that we are invincible; we've been trained to be strong and carry a lot on our shoulders, but we do that at the expense of our own physical and mental health and that of our families. So that is why we want to really shore up this program.

Have there been any surprises in your first 7 weeks as president?

The staff at the BCMA are just superb. This is an organization that functions extremely well and I think our CEO, Mark Schonfeld, is to be commended for that. After my President's Letters I had so much positive feedback from the wider membership across the province and from local physician leadership and the Board—so that was a pleasant surprise too.

Are there any problems at the BCMA that you'd like to help turn around?

Like any large organization, we have our problems and it would not be fair to say no, we don't have problems. We have had problems about unity in the organization, but as I said I am a consensus-builder, I listen to people. I think we are moving in the right direc-

tion with that. We really have harmony developing in the last little while at the Board level and within the membership. If you look at our surveys of our membership, you see we consistently come out with high scores on member satisfaction. That tells us that we are moving along the right path, but you can't just step back and say well, everything's nice and dandy. Yes, we have issues, we have to look at them critically and see how we can resolve them.

Do you have a message for your colleagues?

I am very optimistic going forward. I think it's an exciting time. This is not the first time we are negotiating; this is a 100-plus year-old organization. Yes, we are in the negotiating cycle so there are challenges. There are also opportunities. This will be an exciting time for the Association to come together. I think there is more harmony. I want the younger members and our female colleagues to be more engaged with the BCMA. Almost 60% of medical graduates today are female. But that's not the reflection on our Board and committees. We know there are challenges that our female colleagues face in raising families and domestic responsibilities, but I think

that is also changing. Many of our male colleagues are picking up more of their domestic obligations. So I will be also looking at that very critically to see how we can facilitate our female colleagues to come on the Board. Younger colleagues too; you need to be engaged and you need to be able to influence policy. If you're not engaged, somebody else is going to make decisions for you.

Any final thoughts?

I know with the political climate, and sometimes the entitlement that our patients feel, we can feel undervalued, under-respected. But if you ask the average person on the street, there is a tremendous regard for what a physician does, and we should not forget that. We are privileged, but with that also comes a responsibility to stand up and speak on behalf of our patients and our profession.