

Unsung heroes: Drs Linda Vickars and Sheldon Naiman

Drs Linda Vickars and Shelly Naiman are a couple whose passion for hematology has left an indelible impression on the specialty in BC. Together they have cared for thousands of patients and taught countless doctors and health care workers. Their stories are so intertwined that it would be difficult to profile them individually—both their personal careers and their lives together are featured here.

Vera Frinton, MD

The professional and personal lives of Drs Shelly Naiman and Linda Vickars are intertwined in so many ways that their gestalt is far more than two individuals. As practising hematologists their paths crossed in the clinical hematology training program, at conferences, and in the lab. When they became a couple Shelly described themselves as two lonely people, each one getting over difficult times, sharing the same intellectual curiosities and other passions such as travel, sport, art, and more (not to mention blood clotting!). Their work was intertwined as the lab physician would evaluate a blood slide, recognize that the patient was

seriously ill, and notify the hematologist. The hematologist, in this instance Linda, knowing the fine teacher Shelly was, would go with her students to the lab, to also review the slides and to learn from him. They would discuss the findings and confirm a diagnosis, and Linda would then proceed to the clinical management. They worked together closely and the personal relationship developed, traveling together, buying their home in 1992, and marrying in 1997.

Shelly sees himself as coming from a different era than Linda, so the following will be about each of them, and then as a unit. It was a great privilege to interview my dear friends, and I thank them for their honesty and candidness as we discussed intimate and sometimes painful areas of their lives. As realists, they were pleased that if they were to be celebrated by their colleagues, it ought not to be only in their memory but while they were alive and well enough to enjoy their praises.

Dr Sheldon Naiman

On telling his story, regularly interspersed with anecdotes and bad jokes or puns, Shelly says he was constantly teaching. Once, when walking with a group of students between the Centennial and Heather Pavilions at VGH, so keen to hear what next pearl of wisdom he would offer, five young women followed him into the men's restroom.

Born in 1937, Shelly grew up in Toronto within a religious Jewish family. His parents were Polish immigrants who highly valued education. One brother became an organic chemist and graduated with a PhD from Columbia University, and another a professor of applied linguistics in Toronto. Shelly is extremely proud of his cousin, Irving Abella, who, with Harold Troper, authored *None is Too Many—Canada and the Jews of Europe 1933–1948*, a must-read in Canadian history. Irving's wife, Rosalie, sits on the bench of the Supreme Court of Canada.

Continued on 372

This article has been peer reviewed.

Dr Frinton is a retired obstetrician and gynecologist who worked in downtown Vancouver for 26 years. After retiring from private clinical practice in 2003, she served a term as associate dean, Admissions, for the UBC Faculty of Medicine. Drs Vickars and Naiman are her teachers, colleagues, and friends.

the good doctor

Continued from 371



Linda and Shelly have seen all seven continents on their many adventures together.

Told by a teacher that he would never be admitted to medical school as he missed classes playing and watching baseball, Shelly grinned and said, “I can get into anything.” He studied medicine at the University of Toronto. After graduating in 1962 he headed to California to intern. His plan to become a neurologist soon came to an end after his first night in the ER of LA County, having seen 23 stroke patients. He later became interested in bleeding and clotting while working on the Infected OB Ward, where many women had disseminated intravascular coagulation. This was the time of the Cuban Missile Crisis, and as his co-residents were being drafted Shelly “began to feel uncomfortable” and returned to Canada to continue his training. Dr “Mac” Whitelaw, then with the Ontario Cancer Agency, led Shelly, along with co-resident Ian Plenderleith, to Vancouver and a hematology career.

After driving across the country and seeing the mountains, Shelly fell immediately in love with the Canadian west coast and settled down in

Vancouver. After a few years Shelly completed a fellowship in internal medicine in order to attain a teaching position. He had always been an excellent and popular teacher, and in those days a fellowship (above a membership) was required in teaching hospitals. There was no full-time position at VGH in the Department of Medicine, and no hematology department, but Dr Herb Fidler of the Pathology Department hired him. Although Shelly worked primarily in the lab, he also did clinical medicine. In 1976 Dr John Dirks, the head of the Department of Medicine, moved forward with naming Shelly as the first head of the newly created Division of Clinical Hematology. Shelly was the first clinical hematologist in BC and sat on the first Canadian examining board for clinical hematology. At that time there were no effective treatments for adult leukemias, and Shelly wrote up the proposal for the bone marrow transplant program of BC, and the first transplant was done in 1980.

Shelly always worked in the lab

for 1 week each month and loved it. He enjoyed making diagnoses and the simpler life. In 1983 he was enticed back to hematopathology by his good friend, Dr David Hardwick. Shelly modernized the coagulation lab, which allowed better understanding of bleeding and clotting disorders. Shelly continued to teach, and he won many medical students’ and residents’ teaching awards, and sees teaching as his legacy (attested to by this writer, and I am sure many *BCMJ* readers). He continued to regularly present grand rounds, enjoying the opportunity to perform and make people laugh, although his jokes now would be considered politically incorrect. The BCMA acknowledged his contributions with the Cam Coady Award in 2009.

Shelly relocated to St. Paul’s Hospital in 1996 to work more closely with Linda and continued to be what he describes as a “good diagnostician, clinically, and through the microscope.” It seems to me that Dr Sheldon Naiman represents the history of hematology in BC. He gradually re-

tired, looking forward to more time with Linda, his five children from a previous marriage (including a “spontaneous” set of triplets who just celebrated their 40th birthdays), and eight grandchildren. He fully retired in 2007. Unfortunately his vision failed; he first lost his left eye to a retinal vein thrombosis in 2002 and more recently his right eye to hemorrhagic macular degeneration. He sadly smiles at the irony of having spent his career carefully viewing blood cells through a microscope, and now being completely blinded first by a clot, and then, by a bleed.

Dr Linda Vickars

A true Vancouverite, Linda was born in 1951, grew up in East Vancouver, and “proudly survived Killarney High School.” A favorite math teacher encouraged Linda to “do something with your life” and was likely the push behind her studying physiology, then medicine at UBC, leading to her MD degree in 1976. While in medical school her younger brother, with whom she was very close, died of Crohn disease. After her graduation she began a straight internal medicine residency at VGH before moving to New Zealand to continue postgraduate work, focusing on critical care. Linda’s father, in his 50s, died suddenly during a visit with her. After leaving New Zealand and 9 months of strenuous travel in Southeast Asia, Linda called UBC/VGH from Nepal looking for a job and was offered an internal medicine residency position (those were the days before CaRMs!). After completing a hematology fellowship she was on staff at VGH for 3 years before moving to St. Paul’s Hospital in 1987 to fill a vacancy left by the departure of Dr Penny Ballem.

Linda finished her residency and then practised hematology at St. Paul’s Hospital for over 25 years, and she was the division head for 12 years. A good day at work for Linda always involved the patients—caring for

them, making a diagnosis, and teaching. Watching a student engage in the subject at hand was very exciting for her, especially if they’d want to stay late and learn more! She was also very pleased when she was able to make a diagnosis outside of her field, proving again that hematology is very connected to other areas of medicine. Linda was in the habit of personally reviewing the slides of her patients’ blood in order to correlate the clinical with the hematopathology, and she taught her residents to do the same. In 2008 she was awarded the Clinical Faculty Award for Career Excellence in Clinical Teaching by the UBC Faculty of Medicine.

Linda would arrive in the hospital by 7:00 a.m. to visit her patients, to sit with them, reach out and touch them, and talk with them as long as they needed. She has an extraordinary gentleness about her, which of course was what her patients required, many of them suffering malignancies. She would return later, after a full office of similar caring and kindness, and make evening rounds again spending time with each patient, often getting home after 10:00 p.m. We obstetricians could call Linda in the middle of the night for help with a patient who was bleeding. Not only would Linda help decipher the blood work, but she would also take time from her sleep to calmly teach us, or the residents, about what was happening and what to do about it. And she always did this cheerfully.

In about 2004 a new opportunity presented itself and Linda decided to step away from hematologic malignancies and to focus on her passion for rare nonmalignant diseases that fit nowhere, and were “low volume but high maintenance.” Linda assumed the role of medical director of the Provincial Hemophilia and Inherited Bleeding Disorders Program from Dr Gerry Growe. This program cared for patients with hemophilia (factor VIII and IX deficiencies), von Willebrand

Linda and Shelly recently established the Sheldon Naiman and Linda Vickars Hematology Endowment Fund at the UBC Centre for Blood Research to support the education and research of trainees in nonmalignant hematology. The Faculty of Medicine acknowledged their generosity by naming the IRC teaching lab after them. To donate to the fund, visit <http://cbr.ubc.ca/support-us/donation-info>.

disease, and rare clotting factor deficiencies. Under her directorship, she developed an interdisciplinary team and the program expanded to become one of the largest and most recognized in the country. She established a much-needed provincial program for patients with inherited red cell disorders including thalassemia and sickle cell disease. From these conditions she became fascinated by transfusion-related iron overload and iron chelation therapy. Her group was the first in the world to demonstrate that iron chelation may improve the survival of patients with transfusion-dependent acquired anemias such as myelodysplastic syndromes. Linda was passionate about and intellectually challenged by these conditions. She traveled to international conferences and spoke as a leader in the field. Although privately a shy person, Linda was able to make presentations to very large international audiences and not experience any stage fright, remaining calm and funny.

Linda was starting a succession plan and looking forward to a gradual retirement from her clinical practice to allow more time to travel with Shelly, knowing his eyesight was failing. Unfortunately she had to stop working suddenly in July 2011, after experiencing a seizure and being diagnosed with a malignant brain tumor. With her usual cheerfulness she

Continued on 374

Continued from 373

does not despair the continuing seizures and mobility issues, but remarks on how the illness has allowed her to be home with Shelly and to connect with their friends.

Linda and Shelly

Together they have had amazing times, particularly as adventurous and intrepid travelers—they have seen much of the world, including all seven continents. Travel has been a great passion for them and in view of their age difference they strived to do the difficult trips when they were young. As Linda quips, “I was planning to push Shelly in a wheelchair around art galleries and museums when he was unable to go trekking.” This will not happen. Shelly has always been crazy for sports. He loved to watch hockey and all sports on TV, but is now only able to listen to the play-by-play. Together Linda and Shelly played tennis, bicycled, hiked and walked, in Hawaii, on their exotic travels, and in Whistler. Linda describes their Whistler home as her Valium, loving the fresh air and the beauty of the mountains. Linda’s other haven has always been her kitchen, where, even on arriving home at 10:00 p.m. she loved to create a gourmet meal, or bake all night, to relieve the stress of her work. They share a love of animals, particularly cats. Appropriate for two hematologists, they named their last two cats Baso (basophil) and Eo (eosinophil).

Linda and Shelly are an extraordinary pair. When I asked each of them privately what their greatest joy was, they quickly named the other. When I asked what their greatest sadness was, it was that their partner was suffering, Shelly living in darkness, and Linda with an incurable condition.

Linda and Shelly are true unsung heroes who have cared for thousands of British Columbians, and who have taught innumerable learners who, no doubt, are better doctors and health care workers because of them. **BCMJ**

The merit and agony of retrospective chart reviews: A medical student’s perspective

Participating in a chart review can be grueling, but the process provides many unforeseen benefits to medical students—far beyond the opportunity to add published research to your resume.

**Joanne Bleackley, BSc,
So Youn Rachel Kim, BSc**

As I flip through the history, lab values, orders, and surgery notes, my stomach gives a loud growl. Great. Another emergency note with illegible handwriting. I’ve been stuck in the chart room for nearly 5 hours—a dark, forbidden place where no natural sunlight or food is allowed. Here, in the security-guarded basement of a pediatric hospital, I am spending a beautiful spring in Vancouver.

The question of whether to participate in chart reviews is one that plagues many medical students. Is it simply a way to boost your CV in order to impress the CaRMs committee? Or is it a way to pursue the lofty quest for scientific truth? I’ve personally participated in three chart reviews over the course of 2 years, and many of my friends have spent their summers conducting the long and tedious chart review process. Speaking from personal experience, there is no doubt that many

clinically and scientifically important questions have been answered through retrospective chart reviews. But when reading each distinguished article in a respected paper, I wonder if anyone thinks about the labor of the medical students who have toiled behind the scenes. It takes incredible patience and dedication, flipping through pages and pages looking for information that sometimes simply isn’t there, and to decipher language that is still foreign to us. Too often, long hours of chart review feel like working on an automated and brainless assembly line, which contradicts the nature of medical students. Throughout this rigorous process, one hope persists in our minds: “Will this get published?”

Unfortunately, many chart reviews never end up being published for one reason or another, and one may wonder if they are a waste of time. Reviewing the charts of hundreds of patients over the course of 2 months or less, analyzing the data, and writing it all into a presentable paper is no easy task. Students think they will be able to continue the

This article has been peer reviewed.

Ms Bleackley and Ms Kim are UBC medical students in the class of 2014.