

THE JOY OF PEDIATRICS

The anticipation and thrill of match day has come and gone, and with my son Justin heading off to Washington University in St Louis for his pediatric residency, I am inspired to reflect on my path towards pediatrics and the joy and fulfillment I have obtained from my career.

My initial decision to do pediatrics was not straightforward. Following high school graduation and a mandatory one year stint in the South African army, I enrolled in medical school, where I completed six years of combined undergraduate and medical training under the British-style system. This was followed by one year of medical and surgical internships and a six month senior internship in cardiology. My initial plan was to do a six month internship in pediatrics before starting my internal medicine residency but I loved the pediatrics and decided to change my course. At that time, I did not realize I was about to embark on the first of two pediatric residencies.

My first residency in Johannesburg was excellent. The training was superb, and the clinical exposure unsurpassable. The contrast was striking when my family and I immigrated to Louisville four years later, where I began my second pediatric residency to fulfill licensure and board requirements. Although the training and guidance were comparable, the clinical side was different in many ways. Patients presented earlier, with often more subtle clinical features, and it was much less hands on. We, as residents, did not draw the labs nor did we start the IV's on most of the patients. It was an altogether different side of pediatrics compared to my registrarship at Baragwanath Hospital in Soweto, South Africa where malnutrition, measles, rheumatic heart disease, and tuberculosis were highly prevalent.

Nevertheless, I finally emerged from my training and went into practice. After six years of medical school and eight and a half years of residency, I was ready to see my first private patient.

From the start, I have always loved the way the babies would interact with me, whether they were smiling, cooing, laughing, sitting, rolling, crawling, or walking. As the toddlers and older children start to communicate, the history part of the office visit becomes a lot more entertaining.

It can be very heartwarming to get a history from a 5 year old child and be rewarded after the examination with a high-five or a great big slobbery hug. After informing them that I am five too, their initial disbelief disappears once I explain that my five has another number next to it.

I will never forget the time one of my patients, whose family was very religious, gazed into my eyes and stroked my beard as I was examining him and asked earnestly, "Dad, is this Jesus?" Or the time another patient struggled with my last name and called me "Dr. Newsnot" It was very funny, but I've been called a lot worse.

Sometimes, of course, pediatrics can be very trying. Of all the specialties, it is definitely not one of the most glamorous. It would be an unusual day, if I was not sprinkled or even showered with some secretions, whether it be saliva, urine, vomit, poop, or pus, but I just mop it up, wash my hands and move on to the next screamer (a child who screams from the time I open the door). There will sometimes be runs of successive screamers and I will think to myself, "Why, oh why am I doing this?" And I

usually get my answer in the next room when some cute little toddler talks my head off and makes me laugh.

There are other times when I consider pediatrics the simplistic art of whether to prescribe antibiotics or not. However, interspersed among the more routine patients we will often see very intellectually stimulating cases like the 3-year-old presenting with jaundice, diarrhea, hematuria, and anemia who turned out to have hemolytic uremic syndrome, followed the next day by a 13-year-old with jaundice and right upper quadrant pain who had a common bile duct stone and gallstones.

Despite having to deal with a lack of history from screaming infants, the occasional clueless parent who arrives with a list from the spouse who couldn't be there, insurance misdemeanors, like changing codes and failure to reimburse for certain shots, labs, or checkups and lastly, having our patients stolen by urgent care centers or acute-care-clinics, I still love to go to work every day.

I am very fortunate to be working with a group of excellent physicians who are always available to discuss mutual patients, providing plenty of intellectual stimulation to balance the mundane colds, ear infections, and routine health maintenance. We also have a great and loyal staff at our office, many of whom have been employed for more than twenty five years.

Guiding and educating new parents as they struggle to deal with their newborn infants can be very fulfilling. Likewise, observing children as they grow and mature through the different stages from childhood to adolescence to young adulthood is also very rewarding. It is always a sad day when we have to inform our almost 22 year old patients that they can no longer be seen in our office, but we love it when they return later with their own babies.

As my son prepares to embark on his career in pediatrics, I can quite honestly say that I have no regrets and would do it all over again. Just a few weeks ago, I realized I had reached the pinnacle of my career when, at the end of a six-year-old well check appointment, which I had thought went really well, my patient proudly handed me a drawing of the two of us, clearly labeled at the top, "DR JAMES BELZA."