

SMICS SPOTLIGHT ON CLINICIANS AT THE CENTRE OF PATIENT CARE

Charles Pilgrim



Tell us about yourself and how you came to be in your current role(s)?

I completed medical school at Monash as the class of 2000. I then entered surgical residency at The Alfred where I completed my General Surgery training in 2007. I then went on to become the Upper GI fellow at The Alfred before commencing a PhD at Peter MacCallum, submitted in 2012.

In 2012-2013 I joined the Medical College of Wisconsin USA as part of the American HPB Association fellowship and then returned to Australia as a consultant in the then combined Upper GI/HPB unit at The Alfred. That unit subsequently divided into Oesophagogastric/Bariatric and Hepatopancreaticobiliary units as the workloads and speciality focus of each unit continued to expand.

My private practice is at Cabrini Malvern and on the Mornington Peninsula at both Frankston public hospital and Peninsula Private Hospital.

I am an adjunct Associate Professor in the Department of Surgery, Central Clinical School, Monash University and work closely with the Upper GI Cancer Registry through the School of Public Health and Preventative Medicine (Monash University) where I am also appointed adjunct Associate Professor.

I also serve with the Australian Defence Force as a Lieutenant Colonel in the Army and have deployed to Afghanistan and Iraq in my other civilian role as trauma surgeon.

What is the most rewarding aspect of your role(s)?

In both my trauma and oncology work, I often come into contact with patients having a really bad day. They are often faced with life threatening problems and it's a real privilege to come into their lives at their time of need to provide my specialty advice and expertise both in the overall planning and surgical management of these problems.

Patients are often understandably fearful of what lies ahead, and being able to provide them answers and support as well as the chance of surgery when that is appropriate is a real honour and very rewarding. Surgery for problems in the pancreas and liver is often a major undertaking; sometimes taking many hours in the operating room and sometimes resulting in hospitalisations of a few weeks to recover.

Seeing a patient come back to the rooms or clinic after discharge when they are getting back to their old self is really what it is all about, and it's great to see patients carrying on their lives as the people they were before they became a 'patient'.

What is it about your work that makes you want to get out of bed each morning?

Pancreas cancer in particular has often been viewed with nihilism by clinicians and members of the community in the past and it does remain a formidable disease, but hope is present in newer and more effective chemotherapies and techniques and approaches to deliver chemotherapy to more patients, and subsequently the ability to offer more patients the chance for attempted surgical resection. That hope and the knowledge that improvements are possible plus the desire to offer those to patients is a major motivation which encourages me to keep searching out newer and innovative approaches.

What does a typical day at work look like for you?

I generally start the day (after packing up the kids for school!) by rounding on patients that I have operated on the previous day and checking in with the registrars about any events or updates that I need to know about before operating or consulting in my rooms or at The Alfred clinic.

Some mornings we have MDT meetings to discuss upcoming cases to ensure there is group consensus on treatment plans and management strategies and other administrative unit based audits of current patients and recent discharges.

Lunch is usually squeezed in between cases if I'm operating all day, or taken on the run between theatre and afternoon consulting (or vice versa) and the day usually finishes with a quick round on everyone who has had surgery that day before heading home.

Increasingly with COVID-19 and the changing nature of our workforce interactions, meetings and the like are scheduled out of hours on Zoom or Microsoft Teams or any of the other virtual platforms, so often the day doesn't finish until 7pm. There are some days where I'm not operating or consulting all day and those days usually allow time to further my research focus - there is usually a grant or a manuscript that needs writing or reviewing, and sometimes it's nice just to take the afternoon off and pick up the kids from school too!

How do you manage work/life balance?

The short answer is 'with difficulty'! I do try to arrange my private rooms to start consulting later some days at 9:30am so I really can drop the kids at school but other days start at 7am before the family is even awake so on those days I'm usually gone before anyone is out of bed.

Equally days when I'm operating in the afternoon means I can't guarantee what time I'll be finished as every operation is different and sometimes it's not until 6 or 7pm that I'm out of theatre.

I try to mostly keep my research during business hours, but there are times when deadlines mean I have to open up the computer at home, but I always do that after dinner when everyone else is in bed so I can enjoy my family time and be there with my wife and kids as much as I can.

Are there any patient success stories that you can share?

I met a patient only a year or two after I started private practice who I advised have chemotherapy for her borderline resectable pancreas cancer prior to consideration of surgery. She was 57 at the time and from out of town and just happened to be visiting a relative when she acutely went jaundiced and was admitted to Frankston hospital where we made the diagnosis when I was on call.

She took my advice but asked if she could have the chemotherapy closer to home which of course seemed reasonable. Unfortunately the local oncologist more or less told her to 'get her affairs in order' and thought it was futile to even treat her. She called me feeling understandably despondent and having decided not to go ahead with treatment, but thankfully she agreed to come back to town and obtain a second opinion from an oncologist at Cabrini. That interaction was a lot more positive and she did go ahead with the chemotherapy and ultimately proceeded to surgery a few months later.

She certainly had a rocky time post operatively and ended up staying in hospital for almost 2 months but eventually got home and I'm thrilled to report that she is now more than 5 years down the track and had a great celebration for her 60th birthday. She has also taken to fundraising for pancreas cancer having held a number of events and she really has been an invaluable source of information and support for many others in her local and surrounding community who have faced pancreas cancer themselves. She always says 'come in, we will put the kettle on and have a cup of tea' whenever anyone comes to her faced with the same issue she confronted. Her positivity and outlook are an inspiration to me, and it's always so rewarding to see her in my rooms.

It is a critical reminder to never give up on anyone, and how important hope is. We always need to be realistic of course, but there is equally always something we can offer patients even if it is nothing more than information and support so they know they are not the only ones having ever faced these diseases.