

Heart & Soul

Gens de cœur

MD helped bring fetal alcohol syndrome out of the closet in BC

Heather Kent

Dr. Christine Loock has travelled a long way from her childhood home in Fort Worth, Texas — and from her early career ambitions. “I wanted to be a small-town doctor in a native community in South Dakota and drive a pickup truck,” she explains.

The geography provided by downtown Vancouver definitely isn’t what she envisioned, but she did fulfil her aspirations in a general way. As a pediatrician in Vancouver’s Downtown Eastside, one of Canada’s poorest neighbourhoods, she works with an inner-city, disadvantaged community. Loock’s parents, a Canadian nurse and an American engineer, taught her to value community service. “I was set up to [do this sort of] work,” she says.

After competing worldwide as an Olympic-calibre diver, completing her medical training at Harvard and beginning her career in the US, Loock moved to British Columbia in 1983. Today, she is an authority on fetal alcohol syndrome (FAS), an interest that “started by serendipity” in the 1980s. Loock credits advocacy work by parents and women’s health groups, and robust research at the University of British Columbia, for “getting the ball rolling in BC.” In 1988, the first national conference on FAS was held in the province, and in 1992 she was chosen to develop a strategic plan for BC, which is now a leader in FAS prevention.

“Ten years ago we felt like an isolated group. Now FAS is on the agenda at the federal level, so we’re communicating across Canada. I’m very encouraged. Most importantly, there’s enough grassroots recognition that this won’t go away. Some people thought that this was just the ‘diagnosis de jour,’ and now their mouths have dropped open and they have realized the magnitude of substance abuse, particularly drinking, in the Canadian population during childbearing years.”

While Loock feels that most pregnant women have got the message about the hazards of alcohol abuse during pregnancy, “we still have to reach women at higher risk, women who have been significantly abused in their childhood and use drinking as a form of self-medication. We

have to prevent childhood sexual abuse and address unmet mental health needs.” First Nations communities now recognize the problems caused by excessive drinking, she says, and some of them are creating their own programs.”

Loock divides most of her clinical time between Vancouver’s Sunny Hill Health Centre for Children and the Sheway project for pregnant women on the Downtown Eastside.

Loock says Sheway, which was launched in 1993, is an example of the kind of seamless, hands-on care that works; it also provides follow-up care after the baby’s birth. “We need to go upstream rather than catching the baby downstream,” she says. About 80 women used the Sheway program in its first year, and it has grown beyond Loock’s expectations, almost doubling that number last year.

Loock is also an enthusiastic teacher at Sunny Hill, Children’s Hospital and UBC. “There were 2 career choices for me — either pediatrics or teaching,” she says. She is a course director of an innovative addition to the recently revamped UBC medical school curriculum, “Doctor, Patient and Society,” which blends

health care ethics, legal issues and communication skills. In learning about reproductive technologies, students discuss the ethics behind forcing pregnant women into treatment.

Until this year, Loock also taught the course to a group of 8 students weekly. Now she oversees a pilot project with 6 “tutorless” students who are navigating the course alone, with Loock acting as mentor. “I’m a test pilot, but I’m not sitting in the pilot’s seat. It’s truly self-directed learning.”

In the 1970s, Loock was a world-class diver — she missed the 1980 Olympic Games because of the US boycott. One of the things she learned from sport is that “the best person doesn’t always win, but you can learn from your successes. What I got out of sport were relationships. My goal is not to be the department head. You can be a leader in another way rather than in politics.”

Asked what it takes to be a good pediatrician, she says: “Compassion, competence and time. But the real answer is you need to have kids,” says the mother of 3.

“It’s humbling to be a parent.” ?



Allen Redekop, The Vancouver Province

Loock: diving into caring for the disadvantaged