Phillip V. Gordon MD PhD

Personal Statement:

I can still remember the child that launched my career. It was a cold December night in Seattle and I was the neonatal transport doctor, called in from home. My charge was a 700 gram infant who had bucked the odds, come off ventilator in the first few days of life and seemed to be doing exceptionally well. Then they found free air in her belly, suddenly, in the second week of life. They called me to come and transport her to the Children’s Hospital, so that the surgeons could go in and find the hole that had to be in her intestines somewhere.

Before the transport was over, I had to re-intubate her and put her back on the ventilator and I had to start medications to support her sinking blood pressure. That little hole, the one the surgeons eventually found in the ileum, undid all of the progress we’d made over the last ten days in less than three hours. The child survived, but she was set back by weeks, maybe months on her long road to recovery. None of my attendings had ever seen anything like it… until the following week…and the week after that and a couple weeks after that, when there were two cases just 24 hours apart. We had an epidemic on our hands. Before we’d figured out the cause, we had a cluster of 7 cases. All of them had dramatic decompenstation from the peritonitis that accompanies bowel perforation.

I published that these cases coincided with the onset of a new protocol for the use of high dose, early postnatal dexamethasone as a strategy to improve lung disease (and this association was highly significant when examined in a matched cohort analysis). Since that time, I have fought an up hill battle as a clinician and a scientist. My CV and this portfolio will demonstrate a rigorous and, I think it is fair to say, tenacious scientific approach to investigating the relationship between glucocorticoids and perturbed neonatal bowel development. The original clinical work has led to more in depth studies of the linkages between the glucocorticoids and insulin-like growth factor axes in the neonatal intestine with compelling results that have been published in leading journals. All of it has also been spear-headed by me and my memories of Savannah, Sarah, Jay, Mahalia, and Jackie. You see, I paid off most of my student loans by moonlighting as a transport doctor and I saw most of those perforations first hand. I have never forgotten how devastated those parents were, after seven to ten days (in every case) of having their children do so well and then having been suddenly afflicted by this disease.

As I look back over the last five years, certainly my national reputation as a clinical and basic science researcher represents the line item for which I was hired to this position. But I am also proud of my contributions as an educator and think that these will be just as lasting. I am now mentoring my third neonatal
fellow in the lab and have held the positions of associate residency director and neonatal fellowship director. I have a long list of residents whom I have personally mentored in meaningful ways and I have contributed to the national dialogue on resident education through an AAP resolution that I deeply care about. Additionally, every other week that I’m on service, I still take the time to do mock codes (and still really enjoy seeing the light bulbs go on). I also do this lecture called "neonatology and the evolutionary-developmental biology parallel", which is designed to motivate my students to think about the biology behind neonatal medicine (as opposed to just memorizing gestation age tables).

In closing this statement I suppose I should probably address the events of 2002 that led to the request for time off the clock. I had a venous cavernoma with arteriolar connections rupture in my left parietal lobe. No one knew it was there. I basically stroked, ended up in the hospital and had to have neurosurgery. It left my right hand (the hand I use for intubation and chest tube placement) paralyzed and my vocal chords and my face were affected as well. I had to take several months of temporary disability for rehabilitation. When I came back to work, my normal clinical routine triggered a grand mal seizure that resulted in a complete loss of consciousness.

Since that time, despite excellent seizure control, I have been unable to do night call or do primary NICU service because my epilepsy is stress sensitive. Over the past couple of years, I have managed to carve out a clinical niche in the intermediate care nursery, where I am able to manage complex patients (particularly neonates with gastrointestinal diseases) with moderate acuity and to do additional weekend day call as partial compensation to my colleagues. Sometimes events transpire in ways that cannot be predicted. I am sure that my research program and my roles as an educator and mentor are stronger because of my epilepsy and the lifestyle changes that nature forced upon me. Having said that... I do not recommend neurosurgery as an early intervention for promotion.

Thank you for the time you are about to spend in reviewing this portfolio!