

Interview with Shirley Klein, MD

Carly Krisniski

One of our staff members, Carly Krisniski had the privilege of speaking with Delaware's *CDC Childhood Immunization Champion* award recipient, Shirley Klein, MD. Dr. Klein is a board-certified pediatrician with the Pediatric Practice Program at the Wilmington Health center. She is also a clinical associate professor of pediatrics at the Sidney Kimmel Medical College at Thomas Jefferson University in Philadelphia. Although Dr. Klein is retiring in July, she will continue to be very active in the community, especially as it relates to work with the Immunization Coalition of Delaware. Read on to see more from her interview with Dr. Klein.

Carly Krisniski: It's such an honor to be able to speak with you, thank you for taking time out of your day! I just want to start by saying congratulations on your achievements throughout your career, and, most recently, Delaware's *CDC Childhood Immunization Champion* award.

Dr. Klein: Thank you. I've learned that if you are around long enough people start to give you things. There is an advantage of being in Delaware; it's a small state so it's the size that you can get things done. Everybody knows everybody and even as a non-native you begin to see the interconnections between people.

CK: First off, how did you get your start in medicine?

Dr. Klein: My mother. She subtly pushed me to pursue a medical degree. She was a psychologist and she had always wanted to go to medical school but she knew that if she pushed me to do it then I probably wouldn't go [to medical school]. I did have an interest in science and biology and my mother found a 6 year medical school program that was just beginning at Boston University. At that time, Northwestern had the only other similar program in the country and I ended up at Boston University. I was in their second 6-year medical program and their idea was to make better, well-rounded doctors, faster. The undergraduate portion of the program was liberal arts and we had just a minimum number of required science classes. It got you into medical school as long as you kept your grades up.

This was a fast-track program and I am not sure I would recommend it, it's certainly not for everybody. Today, actually, Boston University now has a 7-year program of Liberal Arts and Medical education instead. It meant we were in classes every summer and I was almost 23 when I graduated from medical school, so I was young. While a program like that gets you through faster, you can miss out socially. In the end, it all worked out and I ended up going to California for my internship. That internship was half pediatrics and at the time, it was mixed in with what you specialized in for residency. Now you pick one area to specialize in for 3 years of residency. When I went through, it was a one-year internship and two years of residency.

CK: How did you decide on pediatrics?

Dr. Klein: I found that it was more fun working with kids than anything else. I enjoy pediatrics because kids have their whole lives ahead of them and I think pediatricians can really make a

difference in their lives. When you are taking care of an 85-year old with pneumonia, for example, even if they recover, there is a good chance that they are not going to survive much longer. They can perceive their life as over.

My dad used to say when you asked him “how are you?” and he’d say “alive.” He lived to the age of 96. He was retired, he had some health issues that complicated things and his response would be “alive.” One of the things that really impresses me is when you ask your patients, “what do you want to be when you grow up?” many of them say pediatrician. Realistically, most of them will not go on to be pediatricians, but the fact that they see being a pediatrician as a career that they could have, shows their appreciation and their respect. When I decided to pursue pediatrics, I felt I could make a difference in a child’s life as opposed to working with older people. Although, as I am getting older I see many advantages of working with older people, too.

CK: You attended medical school at Boston University, in the eastern part of the US, and spent your internship and residency on the opposite side of the country. Are there any major differences that you found in practicing medicine in these different parts of the country?

Dr. Klein: With my internship and residency training in California, I didn’t see a big difference in the approach to practicing medicine but the approach to life was definitely different. Out west, it was much more casual. The med-students would come in wearing jeans and sandals, which nobody would do here, even now. That part was a shock. The quality of medicine was very good and pediatrics is pretty much the same everywhere, everybody is an advocate for children. But that personality difference kept life interesting.

I got married at the end of residency and I followed my husband around. He spent two years in the Air force, in Victorville, California. I commuted and practiced pediatrics in San Bernadino. It was a nice mixture, probably comparable to Wilmington except there were not enough pediatricians. There were 100,000 people and 5 pediatricians, so we were busy. We would have stayed but my husband had plans to go into infectious disease so then we moved to North Carolina where he did his fellowship in pediatric infectious disease and I worked in the outpatient pediatrics at the University of North Carolina at Chapel Hill.

Probably through the infectious disease connection is where I got more interested in vaccinations as a cause and started teaching and lecturing on that. Then my son was born and we moved to New Orleans and my husband worked at Tulane University and I worked for the health department on a part time basis. Much of that work was immunizations and taking care of poor kids and learning the systems that were in place. Then my husband went into practice in California so I spent some time in Ventura County and then I had another baby and we moved back east in 1980.

I started working part time for the Delaware county health department and then I started working for New Castle County Health Department and part time at A.I. DuPont Hospital. When my predecessor at Wilmington Hospital retired in 1990 I moved over there and increased my hours until I was full time and tried to balance being there for my children, as well.

CK: You say you feel vaccines are the biggest scientific advancement of the 20th century and you are a strong advocate for immunization.

What are some changes that you have you seen in immunization practices and procedures throughout your time as a pediatrician?

Dr. Klein: Well, first of all, there are a lot more vaccines today. In residency, we had the vaccines for measles, diphtheria, polio, tetanus, and pertussis, but that was about it. There have been tremendous advances throughout my career. We saw the development of the vaccine for German measles, mumps, then Hib and pneumococcal, hepatitis B. More recently we have seen the HPV, and the meningococcal vaccines.

Not all advances are for the better, and as we know in this country, people are very litigious. What we saw, for example, with the DTP vaccine, it was a fairly good vaccine but had a lot of side effects. About half of the kids that got that vaccine got fever, some had significant fever and some had seizures. It was blamed for causing brain damage in some patients, but it was never really proven. Much of it was coincidental. For a while the DTP vaccine was blamed for SIDS [Sudden Infant Death Syndrome]. Babies were getting their shots at four to six months and that is when they saw SIDS was occurring. It turned out to be coincidental, not causal. It was apparent when they looked at the numbers and realized that the risk of SIDS was the same for babies who had the shot as compared to babies that did not. So, it wasn't the vaccine but because of that, there began some fear about the vaccine and that was probably the beginning of the anti-vaccine movement. There were always some people who didn't want any vaccines but the side effects from the DTP vaccine caused a lot of backlash. They later developed the DTaP vaccine, and that has far fewer side effects.

I heard Dr. Paul Offit (Chief of the Division of Infectious Diseases at Children's Hospital of Philadelphia) speak once, and he said what people want is a vaccine that is 100 percent effective and 100 percent safe. There isn't ever going to be a vaccine like that. We are close, especially with the hepatitis B and HPV vaccines, which are made similarly, are pretty safe and pretty effective for what they are trying to prevent. Nothing is 100 percent, everything is risky; you can walk outside and be hit by a truck, that's a lot more likely than dying from a vaccine. But it can be hard to convince people.

CK: How do you address the resistance that some families might have regarding vaccines for their children?

Dr. Klein: I'm somewhat lucky because the populations that I have worked with and the families of my patients have, for the most part, trusted my medical advice and have accepted my recommendations with little resistance. Sometimes you get a patient's parent that believe they are more educated than the physician even though they did not go to medical school, nor do they have a medical degree but they believe their education level, whatever it may be, allows them to go against the medical advice of their physician. For those that are a bit more resistant, the first thing I tell them is that I do not know any pediatricians whose children are not immunized. I give out books, pamphlets, videos etc. that educate people on why you should get your child vaccinated. The one that I see turned down the most is the flu vaccine. Usually the reasoning for their refusing the flu vaccine is that they know someone who got the flu from the flu shot. As we know, this is primarily the killed virus, where it is impossible to contract the flu from that vaccine. So their reasoning is flawed and that is one that is very hard to convince people otherwise. Sometimes if you explain it to them in that way, they will change their mind.

Lately, we have taken to having patients sign a form that the American Academy of Pediatrics puts out, stating that they are refusing to vaccinate. Some people will look at that form and realize the serious nature of vaccine refusal and change their mind. There are some people you just can't convince but we continue to talk to them about vaccines and say "we are here if you change your mind..."

CK: In your experiences, what are the major barriers to vaccine schedule compliance? What have you seen as the best ways to address these barriers?

Dr. Klein: I think people are just afraid of needles and they are projecting their own fears to their kids. Most of the vaccines are needles. Also, some parents use getting shots as a threat to their child. They will say, "if you don't behave, then I'm going to have the doctor give you a shot". That is not the way to approach it. We work with families to correct that tactic.

CK: What are some of the ways that you encourage patients and families to be up-to-date on their vaccines?

Dr. Klein: I just teach the families about the vaccine. What it does. What it prevents. They don't care that I have seen these diseases, but I explain the reason that they don't see these diseases is because of vaccines. That convinces some, I am teaching residents and med- students how to talk to parents and teaching them about the schedule, why we give certain vaccines when we do, and how it came about.

CK: Obviously, immunizations are a great advancement to address public health, what do you see as another area of public health that really needs focus in order to have a lasting impact and improve the health of our communities and Delaware as a state?

Dr. Klein: Things are going in many different directions but part of vaccinations is herd immunity. If enough people are vaccinated, then there is more protection across the population. Another area that I see as very important to public health is education. Some people joke about wearing masks to work, but a lot of diseases are very contagious and that may be an appropriate action. Some diseases that people are afraid of contracting really may not be as contagious as they think. Go back and look at AIDS. The epidemic began and there was little education around it and a terrible stigma. People didn't want to touch a person with AIDS or be in the same room with them, but that's not how you get AIDS. It took awhile to educate the public, but now, partly because people live longer with AIDS, but thanks to education, the fear is not there any longer. Sometimes I think it may be too far gone because a little fear is sometimes okay. But I think education can certainly improve public health.

CK: Can you share any memorable moments in your career that you feel had a real impact on either the way you practice medicine?

Dr. Klein: I wish I had better follow-up with the kids that I took care of because you don't always get to find out what happened to them after they leave your care. I find lately I am taking care of second and third generation patients that I took care of the grandmother when she was a

teenager, and then her daughter had a baby and I have cared for all of them. It is very gratifying to see that they all turned out well. It is especially memorable when some of the patients go off to college and have careers and come back and say, “You were my doctor!” That means a lot.

Sometimes maybe they have kids too fast, but to see them healthy and doing well is nice. It’s kind of like seeing my own grandchildren. My older granddaughter who is 10 had to write a report on a career so she chose pediatrician and she interviewed me. She has since changed her mind and wants to be a radiologist because they make more money. Pediatricians are the lowest paid of all doctors so you have to really want to work with kids.

CK: What advice can you offer to young people who are interested in pursuing a career in the pediatrics?

Dr. Klein: I would say part of it is to prepare to not be paid as much as other doctors, and you have to really like kids. I say do what you want to do, but if we see a med-student who rotates through pediatrics and they say they want to be in a different specialty like radiology we encourage them to consider pediatric radiology, or if they want surgery, we say consider pediatric surgery. I think it is much more gratifying taking care of children and young people. They have such great futures ahead of them. Older people are valuable too, but a doctor is not going to have as much long term impact with an older person as they would with a child. I never tell anyone to go into medicine to make money, even for the highest paid specialty. There are many other, better ways to make money than being a doctor. It takes an enormous amount of hard work, time and money to invest in the training. You should really like it, don’t do it for the money. Not that there are many starving doctors out there. You will make a good living, but you won’t get rich in a career as a pediatrician.

CK: You are retiring in July, What is next for you?

Dr. Klein: I haven’t worked that all out yet. I might do some volunteering. There is a community group in PA. Travel more, my daughter lives in England, my son outside of Chicago. I’m going to pursue my hobbies including photography and work on travel-related projects.

CK: What has been your most favorite place to travel?

Dr. Klein: Africa. I went to Tanzania in 2012 and it was a really great trip, very different. I’m going back to South Africa and Botswana in October. The animals are beautiful and it’s nice to watch and be there and experience all of it, it is so different than anything in this country.

Seeing it with your own eyes and knowing that it is going away, these habitats and animal species are being destroyed. Even animals that are not endangered are threatened. One day there may not be any more zebras. I have seen a lot of this country, too. Places like Yellowstone, with geysers and hot springs, these places are fascinating and beautiful.

It will be nice to travel more, but I am really looking forward to having more time to devote to my interests, including working more with immunizations. When you are working, you don’t have as much time to do the extra stuff you want to, especially if you are seeing patients or teaching or whatever it is you do. They don’t want you doing administrative things, so now my priorities can shift some to include more work with immunizations and all that goes along with that.

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