

Doctor: She listened to her heart and came to Surrey

From page 1

Thirty years later, Dr. Salima Shariff sits in a small office at Surrey Memorial Hospital in front of a black-and-white image of patient William Graham's heart. With the lights dimmed, the doctor reviews the ultrasound, pointing to some remaining scar tissue that's causing concern.

On the wall behind her is a cork bulletin board pegged with papers about topics such as diastolic function and valvular stenosis. Another wall is occupied by a dated General Electric X-ray viewing box.

The patient, who's travelled from Sicamous, had bypass surgery just over a year ago, and while the digital image of his post-op heart shows improvement, it still isn't perfect. He'll have to stay on his medications for the time being.

"What's the one thing you have to do?" Shariff asks.

"Stay away from you?" Graham jokes. "Smoke more?"

The doctor laughs but says, of course, the answer is he needs to stop smoking – something he managed to do for awhile before slipping back into his nicotine habit.

"Otherwise you'll be sitting on my ward again," she warns, affectionately embracing the feisty senior's forearms as he gets up to leave.

Up in the cardiac ward, sitting on the edge of her bed in a flowery gown and plush slippers is 81-year-old Mrs. Pearson, admitted to hospital after she came into Shariff's office out of breath earlier in the week.

Shariff sets down her large binder and leans on a narrow table, moving close to talk to the seemingly spry patient.

"How are you feeling today, hon ... you okay?"

She's okay, she answers in a raspy voice.

"They did an ultrasound of your neck and it looks like a teenager, so that's good," Shariff tells her.

Pearson had two heart valves replaced eight years ago, but one of them is failing. It will have to be replaced.

Unfortunately, due to the small size of the valve, they're going to have to open her chest again rather than use a less invasive procedure.

The patient, an intravenous needle in one arm and two plastic hospital bracelets on the other, nods.

"Get them to find me a healthy pig this time," she smiles wryly.

Shariff has been a cardiologist at SMH for five years – the result of four years of undergraduate studies where she earned a Bachelor of Science in honours genetics, four years of medical school in Alberta, and another six years of residency and a cardiology fellowship at the University of British Columbia.

Then, just when she thought her years of scouring back-to-school sales were coming to an end, she was offered the rare chance to further her studies at the prestigious Mayo Clinic. She was the only candidate chosen from a pool of eight medical students short-listed from around the globe.

Her mentors advised her to go. She'd never have the opportunity again, they told her.

But Shariff felt otherwise.

"By then I had done 14 years of continuous university since Grade 12.

"I had to make a decision. What did I really want to do?"

"I wanted to work in a community hospital."

Accustomed to examining other people's hearts, she listened to her own and took a job in Surrey.

Stories by Sheila Reynolds
Photos by Evan Seal



Cardiologist Dr. Salima Shariff speaks to a patient who arrived at Surrey Memorial Hospital's emergency department feeling short of breath.

Today, it's Shariff's turn to be on call – a 24-hour shift that starts and ends at 8 a.m. Heading back down to the cardiology department on the main floor of SMH, after she's visited and met with all the scheduled patients, she's now entered the "witching hour."

It's the period of time that lasts through the afternoon and overnight. The time you never know what's going to happen. There could be a steady flow of patients or there could be an onslaught of back-to-back crises.

Already, she's been alerted there's a man in the emergency room she needs to see. He arrived earlier this morning short of breath.

Her pager beeps. It's 10:48 a.m. This one's not about a patient, but a confirmation that she'll be speaking to doctors about how to better interpret ECGs (electrocardiograms) the following morning.

She takes a quiet minute to assess a few ECGs from a stack on her desk. The long pages are opened wide to reveal the heart rhythms of patient after patient.

There are between 150 and 200 to review and provide notes on each day. The graphed pages with rows of inked peaks and valleys are one of the reasons she went into cardiology. It's a "beautiful little test," she says. It can tell so much.

By late morning, the results of six stress tests – wherein patients' heart rates are elevated and the function assessed – are also occupying a spot on her desk. Shariff reads each like a road map before picking up the phone. Dialing into the hospital's transcription service, she dictates her assessment of the files, nonchalantly speaking at a pace rivaling that of an auctioneer.

"Time is muscle. Once we get them through the door, their chances are great."

Dr. Salima Shariff

