



American Healthcare Professionals and Friends for Medicine in Israel

2001 Beacon Street, Suite 210, Boston, MA 02135

Dr. Eldar Priel is in Canada inhaling new knowledge in his chosen specialty.

The 39-year-old is an APF 2019-2020 Clinical Fellow in the Division of Respiriology at McMaster University in Hamilton, Ontario.

In American terms, a budding pulmonologist.

“This field is extremely important to medicine. Within it you’ve got conditions originating in the lungs, as well as manifestations of other diseases showing up in the lungs.

“Conditions originating in the lungs – no matter how you look at it, lung cancer is the second leading cancer in incidence in the world for both men and women and the first in cancer related mortality. So early detection and treatment are key.

“COPD too is extremely troublesome to the community worldwide. *(CDC figures indicate that 16 million adults in the United States live with COPD. The American Lung Association, however, estimates there may be as many as 24 million Americans with the disease.)*

“COPD is an example of a chronic disease. While pneumonia can be an acute exacerbation of a common disease.

“Then there are the manifestations of other conditions – lots of areas of medicine have problems that show up in the lungs, such as connective tissue diseases (lupus or scleroderma, to name two) and vasculitis – inflammation of the blood vessels. Most people receiving immunosuppressants for organ and bone marrow transplants will get some sort of long-term airway manifestation. Those who survive chemotherapy and other cancer treatments are also at risk. In fact, anyone who receives immunosuppressants is at risk

for opportunistic infections, many of which turn up in the lungs.”

Priel says the vastness of his field keeps his thinking broad. And his day-to-day work is varied as well as meaningful.

“It can be asthma in the morning, interstitial lung disease (*describes a large group of disorders, most of which cause progressive scarring of lung tissue*) in the afternoon and lung cancer the next day... not to mention sleep medicine and transplant medicine.”

Pulmonologists, neurologists and pediatricians principally treat sleep disorders, Priel says. They commonly see: insomnia, sleep apnea and restless leg syndrome and, rarely, narcolepsy.

“As far as transplant surgery goes, pulmonologists have to be trained to do pretransplant assessment and follow-up care. A very important part of posttransplant care is surveillance for rejection.

“You really can help people out on an almost daily basis.”

The Tel Hashomer native has just completed the first of three fellowship years at McMaster’s Firestone Institute of Respiratory Health. The first two years are “core” years, Priel explains. “ ‘Core’ is taking someone who is a specialist in internal medicine and training them to be a specialist in lung diseases.”

Core time is broken into 26 28-day-blocks over two years, each exploring various elements of pulmonology.

Priel’s blocks last year:

1. Sleep medicine
2. Urgent outpatient care and bronchoscopies
3. Acute inpatient service

4. Pulmonary rehabilitation and function test interpretation
5. “ “ “ “
6. Medical step-down critical care unit
7. Chest radiology and bronchoscopies
8. Acute inpatient service at nearby Juravinsky Hospital and cancer center
9. Scholarly activities – to generate some research ideas and start working on a research project, mostly for preliminary planning unless one already has a project under way
10. Thoracic surgery
11. Intensive care unit
12. Acute inpatient service
13. Urgent outpatient care

The third year is interventional pulmonology when Priel will be learning, among other things, specialized bronchoscopies and to complete work in the pleural space, the lining of the lung.

“I will learn both common and quite novel techniques and will even go to Ottawa for a month to learn how to do a fairly new procedure, a medical rather than surgical pleuroscopy. It’s done without general anesthesia, so it can be offered more widely. Clinicians insert a pleuroscope through a port between the ribs, and the lung doesn’t need to be deflated. It allows you options for many other procedures.

“It’s very exciting.”

While the Kiryat Ono resident’s father is a pulmonologist and his grandfather was an internist/radiologist, he didn’t even consider medicine until his last year in the IDF where he’d been an officer in an artillery unit. And even then he also contemplated following in his mother’s footsteps and becoming a teacher.

“I wanted to find something that would have an influence on people’s lives. But my mother told me to be a doctor because a teacher’s life would be harder. So I chose medicine.”

Priel didn’t apply to medical school right after military service. He spent a year preparing for his

exams and then attended Sackler Faculty of Medicine at Tel Aviv University.

After an internship at Rabin Medical Center, he chose an internal medicine residency at Chaim Sheba Medical Center, Israel’s largest hospital.

“I chose Sheba for the sheer volume of patients arriving there for acute medical conditions and for the opportunity to work with three old-school physicians – seasoned, smart and inspiring – Dr. Haim Maayan, Dr. Meir Mouallem and the late Dr. Rachel Pazner.

“And I knew, when I decided to become a doctor, that I’d go into internal medicine. It’s the broadest field in medicine; you treat the ‘bread and butter.’ I didn’t want to be in a narrow field. It also involves that kind of wholistic approach and detective work to figure out, ‘What causes this person’s problem? And how do we treat it?’ “

After residency Priel settled in as an attending on the unit in which he trained. When he began to evaluate further specialization he considered: pulmonology, hematology, nephrology and intensive care.

“I found I loved *practicing* intensive care and I loved *reading* about nephrology and hematology. But the only discipline I loved *both* practicing and reading about was pulmonology. That’s when I began to look for fellowships abroad.

“My father, who was director of pulmonary medicine at Edith Wolfson Medical Center and still practices, is a big inspiration in my life. I’m sure I was inspired somewhat by his career path.”

DO FELLOWSHIPS MAKE BETTER DOCTORS?

“It would be very accurate to say better trained doctors. It has to do with how versatile your training is, how many different aspects of a field you’ve seen and the volume of patients and procedures you’ve seen and done.

“We’ve got great programs in Israel for residencies and fellowships in pulmonology, but this is a different experience.

“It makes your thought process broader when you see how a different medical culture does things and what you’ve gotten used to.

“Volume is another thing. In Israel I practiced with a high volume of patients for six years. But when I came here I noted, for example, that the number of people with an exacerbation of interstitial lung disease on that unit, during my last two years there, was lower by about half than what I saw in this past year.

“As of March I’d done about 60 bronchoscopies from start to finish. (I stopped counting at March because we had stopped doing them due to COVID-19.) That’s a good number. I think that number would be hard to achieve in Israel.

“But for pleural drainings, it would be quite like Sheba where they have a pleural clinic like here.

“Year three I will do about eight endoscopies a day, three and a half to four days a week. You can’t do that in Israel no matter how big the place is.”

WHY CHOOSE MCMASTER?

“I had several options, but McMaster offered the best opportunity from both academic and clinical standpoints.

“There are world leaders here in three very important pulmonology areas: asthma, interstitial lung disease and respiratory physiology.

“McMaster has made some very important airway disorder discoveries that are in use worldwide virtually every day including the Aerochamber® (a tube placed between an inhaler and a patient’s mouth to deliver medication more effectively) and the methacholine challenge asthma diagnostic test.

“And sputum labs are very rare, but we have one here. We don’t have one at Sheba yet. One of the most important and interesting ways to measure airway inflammation is to analyze sputum. It helps you decide on an antibiotic or a steroid. The lab has changed my thinking since I arrived here in terms of how to assess patients coming in and in terms of my

research. I have two research projects with the sputum lab.

WHAT’S A DAY LIKE?

“Days begin at different times depending on what’s going on. Usually they start around 8 a.m. with radiology rounds, clinical rounds or preparation for clinics. Clinic patients start coming in around 8:30 or 9. On an average full clinic day I’d see between 10-12 patients, some of them new consults and some follow ups. On a clinic centered block I’d have up to four full clinic days a week.

“Bronchoscopies may start around 7:30.

“Academic activities start between 7 and 8. On Tuesday mornings there are academic activities such as lectures to attend, interactive case studies, etc. Journal clubs are monthly in the evening after hours. And presentations are dispersed throughout the year, sometimes during the academic half-day and at other times.

“While each fellow may have a different schedule, usually the activities are: care for clinic patients and inpatients and perform procedures. Sometimes there is some informal and formal teaching for medical student and residents and discussions with radiology.

“When I’m on acute inpatient service it’s only patients all day. The number of patients varies greatly, but I’d usually see on an average of 15-20 a day, with two to four new consults.

“For pulmonary function test reporting, the minimal number before COVID-19 would be 18-20 a day, five days a week.

“Formally the day ends at 5 p.m. And after wrap-up I leave around 6. On the odd occasion when cases need more attention, this may be later. The latest I’ve come home when not on call was 9, but this was an outlier.

“I’m on call between four and six times every 28 days. Sometimes it’s just a phone call with follow-up the next day. But often I need to return to the hospital, either to admit a patient with an acute

respiratory problem or attend to an admitted patient who has deteriorated.

“The shortest invasive procedure may be a diagnostic bronchoscopy for a survey of the airways which sometimes can take as little as five minutes. The longest procedure likely would be an endobronchial ultrasound which can sometimes take 45-60 minutes.”

HOW WAS THE APF MONEY USEFUL TO YOU?

“It’s been tremendously valuable. If we hadn’t gotten the APF money we would have had to borrow it from somewhere.

“We knew it would be a financial burden. But we took it on because it would be very valuable to my professional education. And the cultural and human experience would be very valuable to my family.

“But the biggest day-to-day expense the money goes for is the rent. It also went toward the purchase of a used car.”

HAVE YOU DONE ANY TRAVELING?

“I, my wife Hila, an artist and designer, and our two boys, Barak, 9, and Oz, 6, try to travel as much as we can. Before COVID-19 we tried to do at least a small hike every weekend. We travel in Ontario and

there are many four-to six km hikes around where we live, so it’s not a problem to take in the scenery of the Niagara escarpment. Toward the end of our stay, and hopefully things will be back to normal, we’d like to see eastern Canada, northern Ontario and the Canadian Rockies.”

HOW WILL YOUR FELLOWSHIP EXPERIENCE HELP HEALTHCARE IN ISRAEL?

“I am the first pulmonologist to do this collaboration with McMaster (there have been thoracic surgeons before me) and this may be the first of a channel between my hospital and the Firestone Institute, which opens up all sorts of potential for clinical, research and training ventures.

“The experience that I will have gotten here – the volume, the various diseases and the novel technology, will serve not only myself, but also my patients and my hospital. I’ve already had some ideas for specific clinics and procedures that don’t exist at Sheba, but that we can make happen, such as a collaboration between pulmonology and rheumatology.

“I’ve been talking to people about a sputum lab. And I realize there are costs to consider, but it would be a real healthcare ‘game changer.’ “

American Physicians Fellowship for Medicine in Israel

P: 617-232-5382 • F: 617-739-2616 • info@apfmed.org • www.apfmed.org