The Glass is Half Full

Brittany: [00:00:00] [00:00:00] Welcome to Living Transplant.

[00:00:02] **Courtney:** [00:00:02] The podcast that takes you behind the scenes of the transplant program at Toronto General Hospital,

[00:00:07] **Brittany:** [00:00:07] and brings you open and honest conversations about the transplant experience.

[00:00:11] **Courtney:** [00:00:11] My name is Courtney and I'm the communication specialist for the Centre for Living Organ Donation.

[00:00:16] **Brittany:** [00:00:16] And my name is Brittany. I'm a bedside nurse in the Ajmera Transplant Centre.

[00:00:20] **Courtney:** [00:00:20] Full disclosure: we are not physicians.

[00:00:22] **Brittany:** [00:00:22] No. And we are not here to give you medical advice.

[00:00:26] **Courtney:** [00:00:26] Think of us like your guides through the world of transplant, as we know it,

[00:00:29] **Brittany:** [00:00:29] Whether transplant is your past present or future your passion, or your curiosity,

[00:00:34] **Courtney:** [00:00:34] Living Transplant will show you the world of transplant like you've never seen it before.

[00:00:39]

[00:00:39] I loved this interview. It was such a fun group of people to sit down and catch up with. Thank you so much for putting it together, Brett, I know you had met Dr. Cole and solid before, but had you met Jacob before?

[00:00:51] **Brittany:** [00:00:51] Yeah, I had met Jacob,, once before, and that was when I actually decided I was like, you know, I'd really love to sit down with both of [00:01:00] them.

[00:01:00] Yeah. Together. And then maybe a week later I'd seen all of them together. Dr. Cole Sala and Jacob. And I was like, yes, this is perfect. All three of us in the hallway kind of, it was kind of a bubble. And I was like, you know what? It seems like, it'd be great. We were all sitting there talking and Oh

[00:01:18] **Courtney:** [00:01:18] yeah.

[00:01:18] Yeah. I mean, I think the only thing that would have made this better is if we could do it in person, but. I know, thanks for

[00:01:24] **Brittany:** [00:01:24] nothing. COVID thanks. Thanks for absolutely nothing.

[00:01:29] **Courtney:** [00:01:29] But it was really, it was, it was great. And I'm so glad that we were able to get Jacob to be there as well, just cause his, caregiver perspective is so important and I feel like one that doesn't get showcased enough.

[00:01:40] he talks about it in such a compassionate way, both for Salah and himself. Cause he mentioned that it was such a learning curve going from. You know, just being partners to being partners and then also patient and caregiver. Like that's a, it's a big shift.

[00:01:54] **Brittany:** [00:01:54] Yeah. And I love how he talked about his mom being a nurse and, but she was able [00:02:00] to be a role model for Jacob. It was amazing.

[00:02:02] **Courtney:** [00:02:02] Yeah. Yeah. He said something really amazing along the lines of like, I felt like I got to know her better, like filling in the nurse role.

[00:02:10] Yeah. Yeah. And, Dr. Cole is. Such a fun character. He's hilarious.

[00:02:14] **Brittany:** [00:02:14] I know, I know. I know. He's extremely charismatic.

[00:02:19] It's very inviting. Energy that he has. And from the moment I met him, I thought he was very funny

[00:02:25] **Courtney:** [00:02:27] Yeah, for sure. I could definitely see him being like intimidating to work with, especially when he was talking about him and Dr. Levy having screaming matches when they were like grant writing and stuff and how to love his wife said she was going to call the cops.

[00:02:41] **Brittany:** [00:02:41] Yeah, exactly. And Dr. Levy, not like Dr. Cola in that way. Like, I can't imagine. I can't really see Dr. Levy just like. Screaming match back at Dr. Cole.

[00:02:53] **Courtney:** [00:02:53] Yeah, I guess I picture Dr. Levy, like when he's angry being more like, you know, I'm very disappointed,

[00:02:58] [00:03:00] but just terrifying.

[00:03:04] **Brittany:** [00:03:04] Yeah. Honestly, both episodes really compliment each other. I think because you get to know both of them and different sides of the beginning of transplant and, and just like kidney transplant and the evolution of it and the future of it, which is really interesting too.

[00:03:18] So I. Big, both episodes obviously are amazing, but this one's really cool to hear solid's perspective Jacob's perspective and Dr. Cole's perspective, a little different from any of our other interviews. This one's more conversational, but I think our listeners are definitely. Yeah.

[00:03:35] **Courtney:** [00:03:35] Yeah. I think so too. We have a little bit of a, a brainstorming session kind of in how a kidney transplants could be improved in the middle. So it was interesting just to sit down with a bunch of people who are like,

[00:03:45] Interested in the same thing.

[00:03:47] Exactly the transplant and like how it's working now, how it's changed, how it could be better.

[00:03:51] Like all these, all these things that I think are just important conversations that need to be had for things to move forward.

[00:03:56] **Brittany:** [00:03:56] So hope you guys enjoy. [00:04:00] Let us know what you think.

[00:04:01]

[00:04:01] Like subscribe, rate, review, we're excited to hear from you, but

[00:04:07] **Courtney:** [00:04:07] hope you like it enjoy

[00:04:08] So our guest today are Salah Bashir, present emeritus of Cineplex Media member of the order of Ontario and the order of Canada and the founding member of the Canadian Foundation for AIDS Research. Salah's fundraising leadership has been recognized with name buildings at St. Joseph's Hospital and the 519 Community Centre. We're also joined by his husband, Jacob Yerex and last but not least Dr. Ed Cole, UHN physician in chief and professor of medicine at the University of Toronto. Thanks for joining us, everyone.

[00:04:46] **Salah:** [00:04:46] I think I wrote that introduction for them. I'm not sure

[00:04:50]

[00:04:50] **Brittany:** [00:04:50] So Salah, what is your connection to transplant?

[00:04:55] **Salah:** [00:04:55] I've had a kidney transplant there and I bugged them every other day, almost. I had a kidney transplant [00:05:00] last, July 17th. 2019. And, yeah, I'm being followed by Dr. Cole and, the fabulous Carlin

[00:05:05] **Brittany:** [00:05:05] okay. So can you bring us back to your pre-transplant time? What w what did it look like for you?

[00:05:13] **Salah:** [00:05:13] We were doing dialysis. I started at St. Mike's and I went to St. Joe's and then we started doing it at home. Jacob was my nurse, and we would go in almost every month for blood work. And, um, I wasn't doing it at the hospital. We were doing at a clinic on his Islington where I could just drive in and go in. Yeah.

[00:05:32] **Courtney:** [00:05:34] When did you first start dialysis and what did that, what did that look like when you first started?

[00:05:41] **Salah:** [00:05:41] I did dialysis for about seven years before. There's a very funny anecdote. I started at St. Mike's and, Jacob had driven me down and dropped me off. And I, I think it was like a January. It was pretty cold out. And, I had worked at a couple of community centers and people chewing ice, where usually [00:06:00] people who are off of certain addictions or something.

[00:06:02] So they, so all these people would swing in there. Waiting room when I just like thinking, Oh my God, all of these people have had addictions. And then I go and sit down in my chair and there's this volunteers to, would you like some chips of ice, and I said no why?

[00:06:17] Exactly funny. And that took me a couple of sessions to understand that I wasn't supposed to be drinking the large drink I had with me and that I should be having, but it became a process. And then. I wanted to switch it over. I had heard about the clinic at St. Joe's, you just drive up and it's not in the hospital. And, and I, I wanted to switch over there and to do, home dialysis and we'll go from there.

[00:06:47] **Jacob:** [00:06:47] It's really kind of the beginning of the inspiration to get involved in fundraising for the dialysis clinic, because our very first visit there, there was issues. They, they tried to [00:07:00] suggest that I couldn't come in while he was getting his treatment. And, Like right away, Salah just said, like not acceptable. You have to figure out how to make this happen. And so really that's the beginning of the dialogue for me in my mind that we saw the deficiencies right at the beginning, the space was awkward and not really conducive for healing. It was in a basement. There was a lot of restrictions. It wasn't really set up for comfort and care. and, and I think they were taxed for space and, support like usual. Right. So I think it was, the beginning of how obvious it was that some initiative should be taken

[00:07:39] **Salah:** [00:07:39] TV sets. The TV sets, didn't work and the isolation room. Was part of the whole area, so they didn't have a separation. Yeah. So

[00:07:48] **Courtney:** [00:07:48] yeah, I guess, you know, dialysis, it's not the most glamorous, but it is somewhere where people spend a lot of time, like it should be made, you know, a nice place. Yeah.

[00:07:59] **Salah:** [00:07:59] Yeah. [00:08:00] I made it the, like to me, of me, because I arrived with an entourage kind of thing. Like I would want to go spend four times. Okay. Well, I had an office or a hundred people. So people started dropping in was food and stuff and, some people brought their dogs and people complained about having a dog. We tried to turn it into a little bit more of a social activity. Different singers and belly dancers and stuff.

[00:08:29] **Jacob:** [00:08:29] It was like a scene from Fame, like Fame 2. Right.

[00:08:33] **Brittany:** [00:08:33] So, just to be clear, you were on, haemodialysis not like peritoneal dialysis or anything like that. Right. So, um, what was dialysis like if you ever wanted to travel.

[00:08:45] **Salah:** [00:08:45] You know, they did a great job, . I would do all the blood tests ahead of time. We traveled a lot. I would go to different clinics around the world. I would have a package to take with me and they would send a package ahead of time. So we did. Go to New York and Los Angeles, and Lebanon. And

[00:08:57] **Jacob:** [00:08:57] It [00:09:00] was impressive. The global network,

[00:09:04] **Courtney:** [00:09:04] Okay. So seven years on dialysis, that's like a significant chunk of time. How long had you guys been together? Before Salah started dialysis?

[00:09:14] Had you guys spent a lot of time kind of Oh yeah.

[00:09:18] **Brittany:** [00:09:18] So like right when you started Salah, went on dialysis.

[00:09:21] **Jacob:** [00:09:21] No six or seven years before dialysis. We were, we were pretty well entrenched. We'd been through a lot. We'd been through it up to that point, like other medical issues and stuff. So we weren't strangers to it.

[00:09:37] **Courtney:** [00:09:37] Okay. I mean, that seems like a big change still though. Like Jacob, what was that change, for you and well, I guess for both of you with Salah having to go to dialysis three or four times, Times a week.

[00:09:46] **Salah:** [00:09:46] Well we did it at home quite a bit, the biggest change for me is that I couldn't fight with him anymore. He was my nurse and he was sticking needles in my arm.

[00:09:53] **Jacob:** [00:09:53] Well, actually, but that's a really serious point though, because there was a big learning arc for both of us, to be a couple, but [00:10:00] then also to spend all this time where he was a patient and I was a nurse and we really had to learn how to compartmentalize those relationships because it wasn't appropriate for me to be angry or passively aggressive or anything like that when he was hooked up to the machine and the, you know, at one point.

[00:10:19] Salah would have to make that really clear that, It doesn't really matter what we're arguing about. If I'm hooked to a machine and I can't leave. And there's aggression if it's amplified. Right? So there was a whole bunch of learning curves in there around how to do it, but we were in a pretty roll up your sleeves mode anyways, we were caring for quite a lot of people between parents and, sisters and kids. You know, so at the time it was happening, we were kind of deep in, those kinds of processes anyways. So for me, it just felt like, you know, moving forward into that part of our life, where we were kind of taking care of children and [00:11:00] parents at the same time and our own health just got rolled into it,

[00:11:05] **Brittany:** [00:11:05] So you're on dialysis for about seven years. Was transplant ever an option in the beginning? Was that an end goal or what point did transplant get introduced to you?

[00:11:15] **Salah:** [00:11:15] The, the part of, transplant had been introduced a couple of times to us and the thought of transplant. And, at one point, I didn't go on any lists or anything that there were different, different people offered to give me a kidney, but I felt, a little weird taking it. So.

[00:11:32] **Courtney:** [00:11:32] I mean, I wonder if this is a conversation you guys ever had, like obviously Salah you're quite entrenched in the philanthropic world and you give so

much, why was it hard to wrap your head around the idea that someone wanted to give you a kidney?

[00:11:44] **Brittany:** [00:11:44] Good question

[00:11:46] **Salah:** [00:11:46] . It's easier for me. I don't like getting stuff.

[00:11:50] **Jacob:** [00:11:50] That's a whole other podcast.

[00:11:57] **Salah:** [00:11:57] It's almost like, yeah.

[00:12:03] [00:12:00] **Jacob:** [00:12:03] Really good at giving gifts, not so good at getting gifts.

[00:12:06] **Courtney:** [00:12:06] Well, what was it, what was it like with Jacob in the assessment process? Was that a discussion or?

[00:12:13] **Jacob:** [00:12:13] I had gone through the initial,, assessment program before we even started dialysis. So I, I was familiar with it. It's really intensive.

[00:12:24] That's The, you know, there's a lot of scrutiny there and there there's some pressure, which I didn't realize, but now I understand why, but, you know, they really probe in to make sure that you're not being pressured to do this. And what is your motivation then? And then they do a, quite a lot of psychological screening as well.

[00:12:42] So it's a, it's a pretty, it's a really comprehensive process. And I only got about halfway through. So, there's a long journey there to be a donor. And, there's quite a lot of expectations medically too. Right. So they won't do it certainly in Ontario - the reason why [00:13:00] apparently they have such a high success rate is because they don't take risks when it comes to the screening for people who are ready to either donate or receive.

[00:13:12] So it's a long process.

[00:13:14] **Courtney:** [00:13:14] Absolutely. Yeah, for sure. Salah was it, was it, um, Was it scary or uncomfortable for you knowing that Jacob was even like considering being your donor, like, was that hard to accept that he wanted to give you his kidney?

[00:13:27] **Salah:** [00:13:27] No, I mean, I, we had started the process. There were a few people from work.

[00:13:33] We were also friends who wanted to give me a kidney, but I'll be ethical. You know, I didn't, I felt more comfortable with Jacob giving me one that we had met with several people where that has happened,

[00:13:44] **Jacob:** [00:13:44] um, but having looked at it, we did. Afterwards, just think, what were we thinking? Like I know we were both going to be compromised at the same time.

[00:13:54] Right? Well, I guess

[00:13:57] **Brittany:** [00:13:57] who would be each other's nurse?

[00:14:00] [00:13:59] **Jacob:** [00:13:59] Yeah. Well, it would've just been a

[00:14:02] **Salah:** [00:14:02] You know, whatever. Um, but I didn't expect the whole sepsis and everything else to happen.

[00:14:11] **Brittany:** [00:14:11] So how did you meet Dr. Cole? Can you tell us that story?

[00:14:17] **Salah:** [00:14:17] Well, my nephrologist at St. Joe's said, I should actually go to UHN. And I met Dr. Cole. I mean,, he came around, with different nephrologists,, right. I mean, is that my recollection?

[00:14:32] **Dr. Cole:** [00:14:32] I don't think I met you till after your transplant. Am I right? I wasn't the one that saw you pre-transplant it was one of my colleagues. So. I think I met you. I must've been on service, after your transplant. And that was

[00:14:46] **Jacob:** [00:14:46] you had, you had an entourage, you had the summer entourage of interns that was following you everywhere.

[00:14:53] **Brittany:** [00:14:53] When all the doctors come in in the morning or in the afternoon, Dr. Cole leads and then there's about like six or [00:15:00] seven little. Thanks

[00:15:01] **Courtney:** [00:15:01] running. Yeah, I think I was mentioning in the pre-interview, um, that when we interviewed Dr. Levy, he was saying that when they used to go around for rounds, that they looked like the Roman Legion.

[00:15:11] Yeah. Dr. Cole, Brittany has been talking about having you on this podcast ever since it was first conceptualized. So it's very nice to have you here. You also, a number of times in the interview we did with Dr. Gary Levy and Charmaine Beal. But just if you want to refresh our memories,, what brought you to the transplant program at UHN?

[00:15:33] Yeah, Gary

[00:15:34] **Dr. Cole:** [00:15:34] and I went to school together and did some training and we went, we lived close to each other and we went to the same high school, but he was a year ahead of me. We belong to the same fraternity and high school. They still had those back then.

[00:15:49] **Brittany:** [00:15:49] I was about to say, yeah,

[00:15:51] **Dr. Cole:** [00:15:53] [Before your time], yeah, they didn't have Twitter. And,, [00:16:00] then we did some training together in Southern California in La Hoya. So we go back a long way. And then,, when we both came back to Toronto at the same time in 81, and,, I went to the Wellesley hospital and he went to Sunnybrook costs, but also neither of us was involved in transplantation. But that was before liver transplanted really started. Gary was interested in liver. I was interested in kidney transplantation, but there wasn't a job in that area in Toronto. Wellesley didn't do them, but I started working a little bit at St Mike's and one of their clinics three and a half years later, I got recruited to St. Mike's Gary moved to Mount Sinai. And we actually had a collaborative research program where, where he had some of his own research and we had some research we were doing together that

we shared his lab. So we kept in close touch. And when Gary was starting the liver transplant program, [00:17:00] I was at St. Mike's playing an active role in their kidney transplant program. I guess I became the head of their kidney transplant program. So we would talk a lot about it. And then some years later, I, I was talking to Carl Cardella who was the head of kidney disease that UHN. Yeah, I guess it was UHN in those days. And, I was interested in UHN because it had a multiorgan transplant program with a large number of people who were focused on transplantation of many organs. By that time, Gary moved over to the general. And,, had started the liver transplant program and was the head of the multiorgan transplant program. So, I guess I got interested in transplant because when I was in training in the seventies, there were not that many diseases that were as serious as kidney failure that could be treated as effectively. As kidney failure could [00:18:00] be with transplant. And that was what got me interested in it at the beginning, tell you the truth. This is a very logical sequence, but,, anyway,, Carl invited me to move to Toronto general to become, he had a kidney transplant at the general. And then,, I became head of nephrology after Carl Cardella and then I became a physician in chief, eventually 2010.

[00:18:24] **Brittany:** [00:18:24] Nice. Nice.

[00:18:28] **Courtney:** [00:18:28] So from your perspective, Dr. Cole. Thank you for that, that, that history. I feel like that, works nicely with our interview with Dr. Levy. Just filling in some of the backstory of the transplant program.

[00:18:39] **Dr. Cole:** [00:18:39] There is a good story about Gary.

[00:18:42] **Courtney:** [00:18:42] Let's hear it. Let's hear it loud.

[00:18:44] **Dr. Cole:** [00:18:44] We're both loud, aggressive. And we used to communicate by arguing with each other. And when we were writing grants, we would often be in his basement, screaming at each other. His wife almost called the police once worried about how [00:19:00] loudly, where we screamed together.

[00:19:03] **Courtney:** [00:19:03] so Dr. Cole, for someone in Salah's position, that's been on dialysis for, seven years. what are, what would all the options for, for someone who was in Salah's position, be in terms of how to move forward?

[00:19:14] **Dr. Cole:** [00:19:14] You mean options for transplant or options, including dialysis?

[00:19:19] **Courtney:** [00:19:19] I guess, I guess both, yeah. Like what would be the benefits to just obviously dialysis was a fairly smooth ride for Salah. So why not just stay on dialysis or if he was going to pursue transplant, what would those options be?,

[00:19:32] **Dr. Cole:** [00:19:32] you know, Not everyone does well on dialysis. There were a lot of people that complain of fatigue, that aren't able to do home dialysis, that haven't figured out how to integrate it very well into their lives. And for some physical reasons just don't feel very well. so in the case of a lot of patients, that's a big reason for them to move. The other thing is a lot of people feel very tied down.

[00:19:58] I mean, yes, you can travel, but it's [00:20:00] not nearly as easy as traveling is. if you're not on dialysis. So those are big issues. on the other hand, you stay on dialysis. You don't have to go through the, uh, risks of a transplant, the general anesthetic, the surgery, the potential complications, and you don't have to take the risks associated with Andy rejection treatment.

[00:20:23] So it's really a risk benefit matrix. And for some people, the risks are higher and others, the risks are lower. You know, in general, the more diseases you have apart from your kidney disease, the higher the risks are. And also, the older you are, the higher the risks are because, you know, that's just biology.

[00:20:47] So what we try and do when we talk to people is we try and review what the benefits and risks are for them. And ideally allow them to make a decision as [00:21:00] to which treatment they prefer. And, you know, the truth is that I, we can present something in either a positive way or a negative way, or,, as neutral as possible.

[00:21:13] Ideally one wants to be neutral, but the truth is if I think somebody is very high risk telling them that, because I feel obligated to, if I think they're low risk, I'm going to say the risks are never zero, but I'm going to talk to them in that way. We then take all our cases to a group where we discuss them and decide if we think it's reasonable.

[00:21:37] To transplant them. If the risks are too high, sometimes we do refuse to recommend they get a second opinion elsewhere. So that's, that's kind of a very brief view of what's involved. But, in terms of dialysis, there's hemo dialysis, which can be in the hospital or at home can be during the night, during the day and peritoneal [00:22:00] dialysis, which is generally done at home.

[00:22:02] And there are many people on both types of dialysis that do very well. I once had a patient who had a transplant for years, it failed and he was doing so well on nocturnal hemo dialysis that he didn't want another kidney. Hmm that is the exception, but you know, nothing is for everybody.

[00:22:21] I think the advantage we have is offering several different options. Now, if you're going forward for a transplant, if you've got a living donor, it offers you two benefits, likely a much shorter waiting time, and the results are a bit better. and they tend on average to last for longer. So, again, it depends on what the situation is, what different people's options are as to how we proceed.

[00:22:50] **Brittany:** [00:22:50] So you kind of answered the next question, but what are some of the transplant options that we have available for kidney?

[00:22:58] **Dr. Cole:** [00:22:58] Well, [00:23:00] so, we have the two main headings would be deceased donors and living donors. I think the optimal strategy in general is living donor because there's less waiting time and the results tend to be a bit better.

[00:23:14] It's not easy to ask someone to be a living donor. The risks are small, but they're certainly not zero. in an ideal world, one wants a living donor to be compatible. If one

doesn't have a living donor, we do have certain strategies which allow what we call kidney paired donation, which some people referred to as swapping program.

[00:23:37] And actually we were the first place in Canada in association with some colleagues at St. Mike's and then Coover to do this, but we've done. I don't know, we must be seven, 800, 900 now. so we're able to use if somebody has a medically suitable living donor, but who's not compatible with often. Not always, [00:24:00] but often.

[00:24:01] The so-called kidney paired donation program allows us to still use that living donor. If you don't have a living donor, which unfortunately is true for the majority of cases, but then you go on the deceased donor list and we have two different options on the deceased donor list. We have what we call standard criteria, donors, which tend to be younger and in general healthier.

[00:24:25] And in general, the kidneys are likely to last for longer. And then we have extended criteria donors, which tend to be older, generally in their fifties with other problems are 60 or older. And, short term results are pretty good, but statistically, they're not as likely to last as long. However, we only offer the older donors to recipients that are either older or sicker or both.

[00:24:53] Because it's felt that for people who are older and or sicker, the risks of waiting [00:25:00] are greater than the risks of taking a kidney from an older donor. Right.

[00:25:04] **Brittany:** [00:25:04] Right. So why is it that, people have a lower chance of getting a living related kidney donor?

[00:25:13] **Dr. Cole:** [00:25:13] Well, I think because, not everybody has the same number of family members or social network. Number one, number two people are most people for good reason, know nothing about this. It does sound a bit scary and it's not a zero risk. It's not a zero pain, et cetera. So, a lot of people are not keen to do it. the other thing is that we bend over backwards to make sure that people are not feeling pressured.

[00:25:47] Yeah. Okay. And, we really do bend over backwards. And so, what we want is we want people who genuinely want to, to come forward. But we don't want people to come [00:26:00] forward if they're not really a hundred percent comfortable in doing so. So the nation of all those things and, uh, you know, those who work in the center for living donation are well aware of this.

[00:26:13] And I think there's been a lot of work being done on what is the optimal strategy to encourage living donation, but not forced living donation.

[00:26:25] **Brittany:** [00:26:25] You know, I think that's one of our goals of the podcast is to spread awareness about donations.

[00:26:31] **Courtney:** [00:26:31] Yeah. And I think beyond spread awareness too, just I think, you know, a lot of people are focused on, Oh, how do I ask someone for a kidney? How do I ask someone for a part of their liver? I think what it comes down to really is just, You know, it's, I think Claudia, one of our guests said it best where it's not so much the big ask, but it's

the big tell. It's just you revealing what your health circumstances are. If living kidney donation is the best route for you than just saying that [00:27:00] you're not asking anyone to come forward for you specifically, but you're just saying, this is my circumstance. This is what doctors have recommended and you just let that sit with people because I think you'll be surprised who it resonates with and who's, Interested in coming forward, willing to come forward. But I don't, I think it's very daunting to people to think about it in this way, that how do I ask someone for,, an organ, which is like very, I can't even imagine what that's like, but,

[00:27:25] **Salah:** [00:27:25] um, I think if there was an anonymous, donation line, a lot of my friends would have called it. Like we had a friend from the office. He came in Toronto General and gave an offer for liver. But it didn't go to somebody she knew. She just decided one day to do it because she, a friend of hers had liver disease, but I'm just saying like, if there was something like, you know, somebody said, if you want to donate, contact this like, you know, blah, blah, without me being involved or of all the friends who said I would [00:28:00] love to be,

[00:28:01] **Jacob:** [00:28:01] but I never connected specifically to your

[00:28:06] **Salah:** [00:28:06] case because

[00:28:07] **Jacob:** [00:28:07] that's interesting.

[00:28:07] **Salah:** [00:28:07] Well, I have a friend who's back with, how do I do that?

[00:28:10] **Courtney:** [00:28:10] I mean to, to my knowledge and correct me if I'm wrong, Dr. Cole, but I, I think that already exists. Like you can, um, like the donor and the recipient teams are completely separate. So when you apply to be Dr. Cole, you look like you want to jump in, correct me.

[00:28:27] **Dr. Cole:** [00:28:27] So I'd make several points. Number one. What I often suggest is that the actual patient does not do the asking, but maybe another family member does, because I think people are much more uncomfortable. If they're being asked by the patient, but if a partner or a brothers, sister, parent, or whatever does asking that often can be a lot easier.

[00:28:52] I actually, yes, we've been doing an anonymous donation for years, but, but I think the point that Sal and Jacob were [00:29:00] making is an excellent one. If there were a line where people could call and just say, I'm interested in finding out more about this, um, You know, the majority of people to the best of my knowledge that are interested in organ donation, do not ultimately wind up being organ donors, but that's okay.

[00:29:21] Anonymous donation is not only good because it leads to more donations. But if we get an anonymous donor, we can use it to start what we call a chain of kidney paired donation. That's right. We can use it as a way to transplant three, four or five other transplants because we use incompatible donor recipient pairs and use this anonymous donor to set off a chain.

[00:29:46] So it, it is a, you get a fantastic turnery. Yeah, anonymous donor, but I, I do wonder about this idea of a line., you know, it's probably appropriate to say this is [00:30:00] a total tangent, but I think it's important that Nova Scotia, I don't know if you guys are aware it was on the news today. They're the first province in Canada to start a rule that says presumed consent Forrest, which means that.

[00:30:15] Unless people specifically object to donating, they're considered to be acceptable donors. We it's on your driver's license too. Yeah, yeah, yeah. That has the potential to increase donation quite a bit. Perhaps you even need your driver's license in Nova Scotia with the new rules, Jacob, I'm just not sure.

[00:30:36] **Jacob:** [00:30:36] It's just a blanket policy, interesting.

[00:30:39] **Dr. Cole:** [00:30:39] About words. It's an about face. We're talking about anonymous donors, but, but I think. Every little piece of this puzzle, living donor deceased donors presumed consent. The only way we're going to sell it, this problem is probably trying to deal to do our best with each of them. I do think the [00:31:00] anonymous donor line is an interesting idea.

[00:31:03] **Brittany:** [00:31:03] I think it is. Yeah, because then they don't feel so compelled to someone doesn't feel so compelled to, to just donate to that person. But they also feel like they can openly talk about it without feeling so judged

[00:31:16] **Dr. Cole:** [00:31:16] I

[00:31:16] **Brittany:** [00:31:16] think that's a big step.,

[00:31:17] **Salah:** [00:31:17] or even like a website, like the number of people who said, they'd love to give me a kidney. And if somebody is simply sad or even like, you know, my sister and somebody from work so well, you know, We can't get involved that go here and then all of the misnomers, but yeah, you know, I drink too much. I can't give you a kidney or that's not. Yeah. Yeah.

[00:31:37] **Jacob:** [00:31:37] The other option that that line gives is that you can probably eliminate 75% of the people just on the match, so you could get through a whole bunch of awkward conversations because a lot of people aren't eligible. One of the. One of the stumbling points I see in the process is that right now the policy is that only one donor can be worked up at a time. [00:32:00] And so in our case, we couldn't have four or five people who are interested that start the workup process to see what's the best option or whatever. so I think there was a bit of a deterrent there because not only would we have to decide who, but it would have to then start a fairly on process. And if it, and if that didn't work out, then you've got to go back to the beginning and start again.

[00:32:24] **Dr. Cole:** [00:32:24] So here's how the system ideally works. If a potential recipient comes to us, Well, we always ask about living donors. So if people say I have a living, donor, we'll ask them how many. And then we encourage any potential donor to go online and fill out a questionnaire. We would then look at the questionnaire as best we can providing all of them were interested and they seem eligible based on the questionnaire

because sometimes. Based on weight or a history of heart problems or whatever. Yeah. We exclude them right away. [00:33:00] But if not, and we'd usually look at the health history and we would, we would try and pick the one that looks most. It looks like they're most likely to be the best donor understanding. There's a lot of additional information and start to work at that.

[00:33:14] When we do hear from a lot of people. About how disadvantageous the one donor at a time rule is, but you understand why it just has to absolutely. And the amount of investigation that the hospital can do, uh, you know, admire the scrutiny. That's not one of them. Sorry, Jacob. I, interrupted, I,

[00:33:37] **Jacob:** [00:33:37] in fact, I think it's admirable. The amount of scrutiny is an, an attention paid. I was quite impressed at how well they insulate the two initiatives and also the care they take to make sure the person who's getting involved is being protected. Right?

[00:33:55] **Courtney:** [00:33:55] Absolutely. And that statistic earlier, or the rigorous process that you mentioned [00:34:00] earlier, Jacob has obviously resulted in a statistic that we've never lost a living donor and yeah.

[00:34:05] And, and having spoke to so many parents, who receive organs from their children, hearing that statistic is often the deciding factor that will. You know, make them feel like they can give their child their blessing and let them donate to them. Cause it's a really hard thing to accept, I was talking to one of my colleagues about this today, where everyone, you know, blood donation is anonymous and people just freely go and give blood, obviously giving blood, giving an organ.

[00:34:30] Very different, but the mentality around it that you're just donating to the general community who is in need of that resource. Um, I think is something that we could work really hard to. And I think it would,

[00:34:40] **Brittany:** [00:34:40] I think it would work is because exactly how people stepped forward to donate blood all the time. Exactly. If you just changed the mindset, Dr. Cole, can you explain a little bit more about the voucher system, and what that looks like?

[00:34:54] **Dr. Cole:** [00:34:54] what might happen is, let's say that I have a child who has kidney [00:35:00] disease, who does not need a transplant yet, but is at significant risk of eventually needing more and I'm getting older.

[00:35:10] And it's unclear whether I'm going to be, healthy enough to give that child a kidney, if, and when he, or she needs one. So what I can do is I can give a kidney now, as a donor and that kidney can be used to start one of these chains that I mentioned earlier, transplant three or four or five other people.

[00:35:33] And in exchange for donating that kidney providing, obviously I'm healthy enough now, et cetera to do it. But my child would then have a voucher to say that his relative had given a kidney X number of years ago, and that would prioritize that individual to get a kidney and an exchange through the kidney paired donor exchange program eventually, if, and when he or she needed [00:36:00] one.

[00:36:00] So it, allows them to take advantage of a living donor, even though the timing does not work out optimally and in the U S I think that program is growing and, it's being investigated in Canada. I'm not close enough to it anymore to know whether we've actually started or not yet, but. You know, I used to chair the group, Kathryn Tinckam took over, chairing it after me and both of us thought it was a great idea.

[00:36:29] So it's something that should be explored if it has been already. I'm just not sure, definitely where it's different is you see, normally the process starts by somebody who needs a kidney transplant coming to a transplant program. What we're talking about here is nobody needs a transplant. Somebody has earlier kidney disease, but their friend, family member, whatever needs to understand all of this to [00:37:00] come forward way in advance.

[00:37:02] So it's a little more, it's not the same pathway if you will. So I suspect not a lot of people have any idea of it. Yeah.

[00:37:11] **Courtney:** [00:37:11] And where, where is the, I mean, you said this was being piloted in the States, like,, is there any research on kind of like how, how it works if they're keeping track of people? Cause I assume you'd have to keep track. Like at least

[00:37:23] **Dr. Cole:** [00:37:23] they would be keeping track of it. I cannot tell you how many they've done so far, because it's been several years that I've been out of it. I just don't know., one of my colleagues might know, but, um, you know, the U S is different than Canada. They have, we have one, national organization that deals with kidney paired donation.

[00:37:46] And these chains like Canada does, you know, the advantage there, advantages of doing it our way, but the advantage of doing it the U S way is there competition. So the different groups compete with each other and [00:38:00] they feel that that's, that that leads to innovation. Uh, an argument that I think has some merit, so there are pluses and minuses, but, I just don't know what the numbers are. I haven't heard about it recently. I'm sorry. No, no,

[00:38:14] **Courtney:** [00:38:14] that's all right. That's totally fine.

[00:38:16] **Brittany:** [00:38:16] So I guess that answers the question of what do you think the future of kidney transplant looks like?

[00:38:22] **Dr. Cole:** [00:38:22] Well, in an ideal world, we would have as many kidneys as we needed and we wouldn't have to use anti-rejection treatment. Okay. I mean, anti-rejection treatments come along way. And when I started in kidney transplant, patients. Was when I was an intern in 1974, maybe or five, I can't no, sorry.

[00:38:44] Five or six, the success rate of transplant. Thank you. Uh, Brittany, the success rate was 50% that one year. It's now close to [00:39:00] 90% of around 90 or a little bit more one year. So now that's a long time, but it just shows you how much better we're doing. And that's been largely because of advances in any rejection drugs, and also in general medical care.

[00:39:15]an ideal world. We would be able to either make organs or, generate organs, in various ways. And the organs would be engineered such that they did not provoke a rejection response in the recipient. They'd either be matched to the specific recipient.

[00:39:35] Or they'd be generated in some other ways. So they wouldn't provoke an immune response, a rejection response, and thus, we wouldn't need anti-rejection treatment. So, I mean, that would be the ideal. We would transplant as many people as we could, who were in acceptable condition to get what, and we wouldn't run into the side effects.

[00:39:57] **Jacob:** [00:39:57] How close is that? How close is that technology to being [00:40:00] realized.

[00:40:00] **Dr. Cole:** [00:40:00] Well, I don't think it's coming in five years, Jacob, whether it will be in 10 or 15 or 20, I don't know because

[00:40:08] **Jacob:** [00:40:08] you're talking STEM cell research basically at this point.

[00:40:12] **Dr. Cole:** [00:40:12] But yeah, that's one of the ways, because if you could grow kidneys with STEM cells, that there's no rejection, then that might be a way to do it because you could take STEM cells from the recipient or from a person that was matched to the recipient. And grow kidneys.

[00:40:29] **Brittany:** [00:40:29] Didn't you mention that, print. It would print it a kidney.

[00:40:34] **Courtney:** [00:40:34] Oh yeah.

[00:40:35] **Dr. Cole:** [00:40:35] Oh, I don't know it's possible, but I am unaware of anybody using printed kidneys as transplants in patients and giving them successful transplants.

[00:40:46] **Courtney:** [00:40:46] it.

[00:40:46] **Dr. Cole:** [00:40:46] the technology ultimately get there. Yes, it could. But it's the problem is it's about more than cells. It's also how the organ is organized. So a kidney consists of a million or so [00:41:00] nephrons, which are the individual filtering units, but it has, they have to be grouped together into a functional unit.

[00:41:07] And it's not just growing and there are different kinds of cells in each nephron so, so it is complex, but that doesn't mean they won't do it. Yeah. So, but I think it's, I think it's years away, unfortunately. it's still not impossible by any means. Even if

[00:41:26] **Courtney:** [00:41:26] it is years, years away, like it is still really exciting to talk about.

[00:41:30] Um, Joanne Kearney, I did interview her and Brendan a year or so ago and asked her, which I've now been told is kind of a rude question. If that, like, how does she feel about the idea of potentially needing to be re transplanted in the future? Which I didn't realize was such a negative question, which Brittany has told me since that it is. Um, but I think she had such a fantastic answer, which was just like, I'm, I'm not worried about that at all, because I've seen the things that are going on in kidney research. And like, I think by then I have like

so [00:42:00] much faith that they'll have something that it won't be a big deal. Like it'll things will have changed. The innovation will be such that it won't matter that much, which I think is a very cool optimism.

[00:42:11] **Dr. Cole:** [00:42:11] Great answer. It wouldn't be a perfect answer for many people because we're all different. And some people are like, Joanne are extraordinarily positive, which is great. Other people are much more focused on all the negative things that can happen.

[00:42:29] So I think we got it. You know, ideally think of answers for different that suit, different people. Um, you know, I can tend to be a glass is half full kind of person. So I try and focus with, I only talk about problems with my patients when I think we have to address them. I don't talk about all the ones that could happen other than in the initial interview.

[00:42:54] And I talking, uh, in advance of the transplant, the various risks, but I. [00:43:00] I see no benefit in talking about all the potential problems.

[00:43:04] **Courtney:** [00:43:04] Absolutely. And I was pretty horrified in our pre-interview when I asked that question and Brittany later was like, that was a very negative question to ask. Why would you ask that?

[00:43:12] But I just thought, because Joanne had such like a wonderful answer. I was like, Oh, maybe

[00:43:17] **Dr. Cole:** [00:43:17] if you ask Joanne,

[00:43:19] **Courtney:** [00:43:19] it was like, maybe this is a question I should be asking everyone. Thanks, Brittany, for telling me it's not. But,

[00:43:26] uh,

[00:43:26] **Salah:** [00:43:26] so. Sorry in the same way. Dialysis has come a long way. Like I am. I think that when I get asked the question, why you wait seven years, I had a grandfather who, you know, I guess some 40 years ago was on dialysis.

[00:43:42] And when I remember and people, I would meet people on the ethics clinic who had,, one or two transplants and had failed and are back on dialysis and. You know, the problem is, and one of them was trained by Dr. Cole

[00:43:59] then [00:44:00] she had mentioned, you know, all of the negative things, you're not fueling them. No, it's just like, you know,, so what I, you don't have to eat a banana or potato ever again, big deal., but it had come a long way and you don't feel those small things that your potassium is too high or whatever.

[00:44:17] **Dr. Cole:** [00:44:17] And, um, I think that's a really good point, Sal, and I'm glad you made it. And I sometimes think we focused too much on transplants and not enough on how all kinds of treatments for kidney failure have come a long way. And as I hope I said earlier, there's some people that are doing very well on dialysis.

[00:44:38] And I don't try to talk them into getting a transplant. But that's not the majority at the moment, but you're right. It's come a very long way in that the people that are responding when I first started in this business, dialysis was much different than it is now.

[00:44:53] **Courtney:** [00:44:53] Well, what's the biggest difference from then to now?

[00:44:57] **Dr. Cole:** [00:44:57] Well, I think, you know, people tend to [00:45:00] tolerate dialysis much better. they're able to live long or they're able to maintain closer all of their usual activities, much better. so the results in terms of quality of life and quantity of life. Have improved significantly.

[00:45:16] And one interesting thing is that, you know, we use a lot of American statistics because they have many more people and more statistics, but the truth is our outcomes in dialysis are much better than in the U S now, you know why that might be as it is a whole different topic, but, but I think it's a really important point to make that.

[00:45:40] That dialysis outcomes and people's tolerance of dialysis is much better than it used to be. And I suspect that that's going to continue to improve. And of course, they're talking about artificial kidneys that can be portable and that people can carry along with them. So that's a whole other area.

[00:45:59] There's [00:46:00] very active research in that area going on. I know.

[00:46:03] **Courtney:** [00:46:03] Right. So dialysis isn't going away anytime soon kind of thing. Yeah. So,

[00:46:07] **Brittany:** [00:46:07] you speak about everything coming such a long way, which is amazing. And I'd like to just say, I know that you have a significant part in it coming such a long way.

[00:46:18] So. On behalf of everyone in the nephrology world. I'd like to thank you because you've obviously made such an impact on the healthcare system that we have here in Toronto. And I'd say, arguably Canada. so with that,

[00:46:32] **Dr. Cole:** [00:46:32] Dr. Cole now, right. Well, you know what, that's not totally true. You too. And Jacob has had an impact on the healthcare system in Toronto. Certainly at St. Joe's you're starting to impact our situation. And I think that you played a significant role in publicizing some of these issues. So you've had a substantial [00:47:00] impact. I think Brittany overstated my impact.

[00:47:05] **Salah:** [00:47:05] I just have to tell you that anywhere in Toronto and probably Canada, but. When I had dropped Dr. Cole's name, which I've been told by everybody to use doctor, if I do get quicker, even Dr. O'Brien and my surgery went into my surgery and I said, you know, she said, Oh, you're Dr. Cole's patient well ask Ed to book this for you, because it's going to take me weeks to do it. I said, okay,

[00:47:32] **Courtney:** [00:47:32] that's it. That's a hot tip for all of our listeners.

[00:47:36] **Salah:** [00:47:36] So.

[00:47:40] **Brittany:** [00:47:40] Dr. Cole. I don't know if you remember when we met, I don't expect you to, because it was a long time ago and it was quite random, but I definitely remember meeting you. but it was because you and I share the same last name and I was like, Oh, you're Dr. Cole. And you're like, yes, I, my name is Dr. Cole

[00:47:57] And I said, Oh, I'm Brittany Cole, nurse Cole [00:48:00] Dr. Cole is great

[00:48:00] **Dr. Cole:** [00:48:00] too. Dr. Cole. I usually say my name is ed.

[00:48:06] **Brittany:** [00:48:06] Okay. So it was Ed Cole and I was like, I'm Brittany. You're Dr. Cole I'm nurse called it. It's really

[00:48:11] **Dr. Cole:** [00:48:11] nice. I remembered you because you have personality you were alive.

[00:48:15] **Courtney:** [00:48:19] Salah, obviously philanthropy is a huge part of your life. Brittany and I were talking, last night as we were preparing for this interview, just like, wondering, why. Like what makes you so inspired to give and give continuously? Brittany has a theory as to, yeah,

[00:48:36] **Brittany:** [00:48:36] so we were talking about it and I was like, I understand that people like to give and, they're very generous and that you just keep giving and keep giving and giving and giving, and it's such a big part of your life.

[00:48:47] So it led me to think I'm like, you know, I wonder if he's a Libra. And naturally I was like, Hey, it's only because I remember your birthday was in [00:49:00] October. And I'm like, I think he's a Libra. And as we, anyone that has follows astrology, like myself and Courtney both know that Libras love to give. So that's what, that's how I kinda, how I knew,

[00:49:12] **Jacob:** [00:49:12] How are they at receiving gifts?

[00:49:16] **Salah:** [00:49:16] I, I honestly, it's not, there's so many people that are actually from a young age that do so much, even in the old days when stuffing envelopes and helping doing things. And, it's the whole history in our family. And I think tradition is like, My grandmother, my aunt, all kinds of stuff. If somebody came begging and there was no food, she would make sure that we came and sat in and had whatever food we had. And so it's not, not anything more. And it's not about money. There's so many people do so many volunteer things.

[00:49:51] And, you know, I could remember, even just going, being on dialysis and we all time just wanting an espresso [00:50:00] and and you know, there'll be a woman coming around or a young guy who has a kidney transplant who would come around and say, can I get you something? And. It's email we've talked. And I said, no, it's okay.

[00:50:13] And he wouldn't leave. I'm thinking like, what am I supposed to do? I'm bored. Can I get a magazine? Can I get you anything? I blurted it out once short, give me an espresso. Like, even when I did my first fundraising event, you know, Everybody put something together. So I'm part of a whole, we're part of the whole organization of people. And like, I, you know, I walked into Toronto General the first time and I, I said this to

somebody from the foundation and I haven't even said this to Dr. Cole or anybody or Kevin Smith or anybody. It's like, I walked into the lobby and I smelled that god awful of Starbucks. But my first thing was like, Oh my God, this is where insulin was founded. And I've been a diabetic for like 14 years. And this is [00:51:00] kinda, do you remember that? Like the Whoa. And so there is a kind of a thing of everything going on even during covid now but now it's the first place that a lung transplant was, done and, no, I never felt uncomfortable going in for a kidney transplant. I felt like even like having all of these other things, everybody else around me felt like, you know, they're gonna take care of me, I'm going to get through it. And so I think that's part of the big medical care we have here in Canada as a whole,

[00:51:30] **Brittany:** [00:51:30] Well, thank you for everything that you do and everything that you've given because

[00:51:34] **Dr. Cole:** [00:51:34] yeah, absolutely. This is the hundredth year anniversary of the discovery of insulin. Wow.

[00:51:42] **Courtney:** [00:51:42] That's pretty incredible. not to make you uncomfortable, Salah but I do remember when Brittany first mentioned you to me and she was talking about, she had come off a night shift and was just like, dude, last night, one of our patients just bought the whole like unit Popeye's. He just bought the whole [00:52:00] unit fried chicken. Why don't they have a bunch of nurses happy in the middle of the night.

[00:52:04] **Brittany:** [00:52:04] We were talking about movies. Specifically the Aladdin live action movie, because it's so good. And, um, You all of a sudden were you were like, Oh, by the way, there's some chicken downstairs.

[00:52:16] And I, I actually didn't even hear what you said. I was like, what? Something's downstairs. And you're like, yeah. Um, the, this guy's, uh, the front, uh, I ordered you guys something. And I was like, okay, all right. And went downstairs. And there was just, Popeye's just so much Popeye's. And I was like, guys, I'm like, you want to make a group of nurses, happy order them fried chicken at 10:00 PM. And.

[00:52:42] **Salah:** [00:52:42] Well, I've never had Popeye's so must've been somebody who said

[00:52:47] **Brittany:** [00:52:47] someone must've dropped the name Popeye's

[00:52:50] **Dr. Cole:** [00:52:50] all right, eight years ago when I could eat that stuff - I can't now - I used to love Popeye's

[00:52:56] **Brittany:** [00:52:57] Dr. Cole, it was so fresh. It was [00:53:00] so

[00:53:00] **Dr. Cole:** [00:53:00] well.

[00:53:02] **Salah:** [00:53:02] Yeah, that's I mean, it's small things like that. When I first got to the clinic. Islington there, there's no TV set. I have a lot of great friends that I have no problem asking. And so we raised, we had a non gala gala TV sets since like, well, you know, we have some art, my husband's an artist and all these people like, and get friends to get art

on the walls, but I think those things, if you can. That you can change and do. And the difference they've made over the years has, has been incredible

[00:53:32] **Dr. Cole:** [00:53:32] A lot of people, when they see something they don't like, or isn't great, they complain about it. What you do is say, how can I make it better? Yeah. Yeah. I mean, excellent quality. That's basically your philosophy. It's too bad more people don't think that way. Maybe we need to clone you, Salah instead of cloning, kidneys, Yeah.

[00:53:55] **Jacob:** [00:53:55] Be careful what you ask for Dr.

[00:53:56] **Dr. Cole:** [00:53:56] Cole

[00:53:56] **Brittany:** [00:53:58] So [00:54:00] Jacob, what kept you going through Salah's transplant experience? What are some of the things that kept you going through the difficult times?

[00:54:08] **Jacob:** [00:54:08] A big one was that my mum was a nurse. And She had recently passed away before we started doing it. And, the deeper I went into the process of being a nurse, the more and more I kind of felt like I was getting to know my mom, it was really neat. It was this really interesting. And, so the process of learning how to be a nurse for Salah, I came to some really new understandings about who she was and how being a nurse changes you.

[00:54:34] So that process it kept me going in a way that, there was a lot to push into there for me. And also, I think probably the biggest one is that it allowed salad to be at home. So we could talk about turning a negative into a positive, right. We were able to suddenly go from the situation where it was really, uh, really exhausting for him to be going off to the hospital four times a week, and to then be able to turn it [00:55:00] into what became quality time for the whole family. It was just. The work, that amount of work allowed us to be home. Yeah.

[00:55:10] **Courtney:** [00:55:10] Yeah.

[00:55:11] **Salah:** [00:55:11] I mean, I have to say he was incredibly passionate about it as well. And then, and then I followed this at St. Joe's had given us their home numbers if we needed anything, their cell numbers, but he was passionate about learning everything from the technicians and the nurses.

[00:55:29] And Like, keeping on top of our own care and, and Jacob was great at that

[00:55:33] **Jacob:** [00:55:33] yeah. I, I find this it's a bit of an artifice, but I think in my mind, there's kind of a division between old medicine and new medicine. And part of new medicine is incorporating the patient and the family into the process.

[00:55:47] So I feel like the home dialysis program is really at the forefront of this idea that. We don't want to make the civilian have an expectation of participation, but we want it to be [00:56:00] open to participation as far as they're willing to go. And I kind of see that as new medicine where they, for me, the further I could go into the process, the more secure.

[00:56:12], I felt because I felt like I was gaining power again in a situation. Whereas if I'm far away from the process, I feel really powerless. And so I think home care is a huge issue right now. And I think, all of the nuances on how we bring care into the home and bring family. And patient on board as part of the system that, you know, I think that's crucial, crucial right now, certainly in dialysis, but,, on a general sense too.

[00:56:43] I think, I mean, from one perspective you could see it as a burden, but I'm, from another perspective, you can actually see it as almost kind of a liberation. To be able to participate or feel like you can actually do something,

[00:56:54] **Brittany:** [00:56:54] have some sort of autonomy.

[00:56:55] **Courtney:** [00:56:55] Absolutely. Yeah. Like caregivers, I feel like [00:57:00] people often forget, you know, their caregivers are like kind of they're in the circle of care. I don't know if that like counts or if that's something you guys like talk about, but I think there's such an important part of patient care. So I like, I'm really glad you could join us today to kind of offer a bit of that perspective. Cause I think sometimes the caregiver or the partner, I think they kind of get ignored a little bit.

[00:57:20] **Jacob:** [00:57:20] And I think, yeah, yeah. I think we're going through a threshold right now of changing the role. Right?

[00:57:25] **Brittany:** [00:57:25] I got one more question. And this one's for Dr. Cole. So Dr. Cole, what kept you in transplant all these years? And what keeps you coming to work?

[00:57:37] **Dr. Cole:** [00:57:37] Well, I, I feel very rewarded by working with patients. That's what it's all about for me. And,, you know, there are bad days. I won't argue about that, but most of the time I find what I do quite rewarding, you know, at the moment for the last 10 years, I do a lot of administration. That's ending in a few months, but, the [00:58:00] patients is really what keeps me, uh, well actually it's not only the patients.

[00:58:04] I work with a lot of outstanding colleagues and,, they keep me on my toes. they're not afraid to argue with me. And I learned a lot from arguing with my colleagues and hearing their suggestions. So I, also believe that the senior leadership of this hospital is outstanding with some very smart people.

[00:58:24] And I think the opportunity to interact with patients, with colleagues and with the senior leadership is probably the thing that keeps me coming.

[00:58:37] **Brittany:** [00:58:37] That's fantastic.

[00:58:39] **Salah:** [00:58:39] No, I'm very grateful for all the care that we've gotten at Toronto General from Dr. Cole, being there any time. And I said earlier, like, you know, anytime I've needed, any things always responded and, uh, great care, incredible care.

[00:58:57] Very happy. Yeah. [00:59:00] Thank you

[00:59:01] **Dr. Cole:** [00:59:01] both for all you've done for us and we appreciate your support.

[00:59:05] **Courtney:** [00:59:05] Yeah. Thanks everyone for joining us today. Thanks for listening to this episode of Living Transplant. If you have questions or suggestions for future episodes, email us at livingorgandonation@uhn.ca

[00:59:20] **Brit:** [00:59:20] Don't forget to subscribe, rate, and review living transplant on iTunes, Spotify, or wherever you listen to podcasts

[00:59:26] **Courtney:** [00:59:26] and follow us @givelifeUHN on Facebook, Twitter, and Instagram.

[00:59:30] **Brit:** [00:59:30] See you next time.