

What caused you to enter this field?

I'm a pediatric electrophysiologist. And so I enjoy taking care of children. But I also enjoy the complexity and the technical advances and engineering involved with pediatric electrophysiology and device development.

What are you most excited about in current research?

My current research is on miniaturization of devices to make them less invasive and less painful, not only for children, but for anybody who needs an implanted device.

What's a patient story that sticks with you?

Two days ago, a 12 year old came in with a cardiac arrest while playing basketball. And based on that, we did an evaluation, and planned to put in an ICD because of this cardiac arrest. He was successfully resuscitated on the basketball court by a bystander, by the way, which is really cool. So we had a successful resuscitation, we did an evaluation, and they planned to put in an ICD. And as part of the ICD implant, we decided to do a quick pacing study to see if we could induce the arrhythmia, and we reproduced the abnormality. And what I found was something different than what I thought was going to happen. He had what's called SVT, which is a treatable, curable arrhythmia. And so I ended up not having to put an ICD in him and being able to treat the SVT. And he's got no further risk of having a repeat cardiac arrest. So I thought that was surprising and exciting.

How and why are you involved with the SADS Foundation?

I've been involved with the SADS Foundation probably since their founding, and was probably one of the early pediatric people involved in Long QT Clinical Research. I was talking with Dr. Vincent at the time, and got involved in the advocacy part of SADS, talking to families and patients and networking with other providers who care for those with inherited conditions.

I met Dr. Vincent in 1992, or somewhere around there. I was presenting a poster at one of the meetings, Heart Rhythm or one of the one of the cardiology meetings, and he had a poster next to mine. And so that's how I met him. We both had posters about Long QT syndrome, and how to measure the QT interval in those patients. And I was young, I might have might have been a fellow and was impressed with his large cohort of patients from Utah.

The people involved in the SADS Foundation, whether it is the staff or the volunteers, and the Scientific Advisory Committee, and people like me, who volunteer to be part of the SADS Foundation, are just really interested in making things better for families, both in terms of their medical care and in helping them understand what the diseases are. It's not just one disease, it's a variety of conditions that can lead to cardiac arrest. It doesn't have to be "sad" to be in the SADS Foundation. And I think the goal of those of us who are trying to make it better is that families aren't sad, who have these conditions, and the pun is intended.