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## Dr. Daniel Rayson in the Hot Seat



### A little bit about Dr. Rayson:

Dr. Daniel Rayson is a medical oncologist at the Queen Elizabeth II Health Sciences Centre and Professor of Medicine and Pediatrics at Dalhousie University. He completed his medical training at Dalhousie, with subsequent fellowship training in Internal Medicine and Hematology/Medical Oncology at the Mayo Clinic in Rochester, Minnesota. His main areas of clinical care and research activities are in breast and neuroendocrine oncology. He is past Chair of the Nova Scotia Provincial Breast Cancer Site Team (2000-2009), current Chair of the multidisciplinary Neuroendocrine Tumor Group (2012- ) and past chair of the Clinical Trial Grant Panel Review Committee of the National Cancer Institute of Canada (2006-2009). He has been the Director of the Atlantic Clinical Cancer Research Unit (ACCRU) since 2008, is on the editorial board of the Art of Oncology Section of the Journal of Clinical Oncology and has been section editor of the Cancer Narratives Section of Current Oncology since January, 2013. In January 2015 he was appointed Head of the Division of Medical Oncology at the QEII Health Sciences Center.

**I am a current medical school student with scattered experience in different medical specialties but I still have no idea what I want to do. Why did you gravitate towards breast and neuroendocrine oncology? Do you have any advice for a student trying to find the right career path?**

When I was in medical school, I also had no idea what career path I was going to choose and was interested in a wide variety of specialties. I think that it is actually healthy to be undifferentiated for a good part of medical school although it can be stressful as well given the current pressure to make decisions in regard to residencies. I gravitated to medical oncology part way through my training in internal medicine. Mostly, it was because of the patients and the field itself having so much diversity as well as so much to offer. As time went on I realized that the specialty suited my personality and have never looked back.

Paying attention to what might give you the most long term satisfaction in terms of mental/academic stimulation, the patient population and your own personality and drive/ambitions are key. There is really no 'right' career path. The best one is usually the one that fits with one's character. If you have no idea, then perhaps choose a path which allows for other decision making a little further down the line such as internal medicine, general surgery or family medicine; three examples of specialties that can lead to a multitude of career options down the road.

**I am a first year undergraduate student working at a pizza place. When I have a bad shift, my mood and motivation goes down. I am hoping to pursue a career in clinical care but I'm afraid that I won't be able to separate work and personal life. Do you have any strategies for maintaining a positive attitude despite work stress?**

You are describing a key struggle for so many both within and outside of medicine. Work stress is a fact of life no matter what the job/career and managing it is key to work/life balance, quality of life and overall sense of happiness and fulfillment. Everyone goes through ups and downs in their work and it is important to realize that no job comes without stress and down days. What is key is to not get into a behavioral rut or trap whereby every down day leads to progressively negative thoughts or chips away at self-esteem.

It is important to work at developing insight in to the aspects of the day, or job, that are outside one's control, and therefore there may be not much to do except deal with the stress, and those aspects that are under one's control. Focusing on the latter, it often helps to take stock every now and then about what you can do to help make the work environment better for yourself and to recall that you are not alone- everyone has to deal with work-life balance issues and there is no one solution for all. Taking time at the end of the day for self-reflection- even if it is just on the walk or drive home- before jumping directly into family life has always been helpful to me in trying to balance work-life stress and responsibilities.

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**What aspect of your work do you find the most challenging? When you approach a challenge do you tend to solve it independently or with the help of others? Do you think oncology facilitates an atmosphere of collaboration?**

All aspects of oncology care carry challenges but likely the greatest is the need to think quickly on one's feet given the intensity of the clinical situations one faces that are always in the context of a high level of patient and family anxiety and emotion. At the same time as one is formulating an evaluation or treatment plan, one must remain acutely aware of the need to communicate effectively and compassionately- a lot happens within a 15-20 minute appointment time!

Oncology is a highly collaborative discipline as evidenced by the number of branches in the field. Many patients meet with a variety of oncology specialists (e.g medical, radiation, surgical, gynecological) over the course of their illness, have their cases discussed at multidisciplinary rounds which include a number of other specialties (e.g pathology, radiology, nursing) and rely on still other teams involved in comprehensive cancer care (e.g. palliative medicine, nutrition, social work). All oncology professionals should work within an environment where territorialism is minimized and collaboration is optimized. Some problems can be solved or resolved independently but, when one needs help, it is crucial to seek it out and be supported by the system one works.

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**How do you balance clinical work while still maintaining active engagement in the medical community; including, chairing the multidisciplinary Neuroendocrine Tumor Group. What advice would you give a doctor that is having a hard time getting involved in their field?**

My involvement in administrative activities has evolved organically over my career. I never started out with administrative ambitions but have followed them where they have aligned with my clinical or research interests. On a number of occasions, leadership roles developed due to my perception that things just 'needed to change'. I think it is important to be patient with this, choose a small role that fits with your interests and work with people who you think you can get along with to achieve something. If it is for you, it will continue to develop.

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**Do you consider oncology a dynamic field? Is there a problem that you faced at the start of your career that is no longer an obstacle for new oncologists?**

In my opinion, there is no more dynamic field in all of medicine than oncology. The progress that has been achieved since I completed my fellowship training in 1998 has been remarkable. For most diseases in 1998, there were no second-line therapies of significant value and others such as metastatic renal cell, melanoma and sarcoma had no effective first-line therapies. The explosion of therapeutic options across the entire spectrum of oncology, most with a much better therapeutic window than ever before and targeting different pathways that have been elucidated by our basic science colleagues, has made the past 20 years incredibly interesting and, most importantly, has led to major gains for our patients.

Along with the explosion in clinical science has come major challenges. The first has been the need to keep up with the rapid evolution of the science and treatment options which, for our new fellows, and some of us older ones, can be very challenging. The second challenge that has accompanied the progress has been the exponential increase in cost of therapy which has made access problematic for many patients and health care systems both within Canada and globally. Despite these challenges, I don't think any of us would trade the oncology world in 2018 for the oncology world of 1998.

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**Do you still find that your goals change at this point in your career? Is there any defining moment in your oncology career that has stayed with you? A success or failure?**

I think it is important for career, clinical and life goals to change over time. Change, although potentially disruptive can also rejuvenate, inspire and motivate and we shouldn't be afraid of it. I recently took on the role of Division Head (a position I had never imagined ever wanting) in medical oncology here in Halifax and my main goal is to further improve our program and to mentor/support our junior staff in their career development both from an academic and clinical perspective. It wasn't so long ago that I was hoping someone would do the same for me! At each step in my career I always hoped I would be doing something that would bring me satisfaction and that I could be proud of. I did my best to align my goals with my interests and in the context of my family life. It is difficult to point out clearly defining moments- I view my whole career as a spectrum of interests and activities- some I have loved more than others but, in the end, every aspect has contributed to my overall career and life satisfaction in ways that I likely don't fully grasp even now.

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