

# Philip Sunshine Festschrift: a quintessential neonatologist with wit and humor

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I first met Phil in 1971 when he was an associate professor and was giving a lecture on 'Meconium Aspiration Syndrome' during an outreach community education effort in Salinas. I was at Fort Ord, as a captain and pediatrician in the US Army and was excited to hear/learn from a professor who was a pioneer in neonatology. I was already committed to this career tract and planned to pursue further training following 2 years in military service. Anyone introducing Phil is likely to remark about how incredible it is to have the name 'Sunshine', a moniker that suits him well. The lecture was memorable but I suspect Phil will hardly recall that I was in the audience. His Chief of Pediatrics at this time was my former teacher, the late Irving Schulman, who taught me pediatrics as a medical student at the University of Illinois College of Medicine. My link to Stanford and Phil was formed and it started the connection for future consultations and referrals of our Fort Ord Silas B Hayes Hospital infants who needed intensive care and pediatric subspecialty consultations. I trained with June Brady at the University of California, Cardiovascular Research Institute and Children's Hospital of San Francisco during 1973 to 1975. I remember Phil's interview (1974) and the first challenge of appreciating and assimilating Phil's humor up close. I had spent most of my career in Illinois and did not know how to respond to '...why did you not go anywhere else for your training'. My self-conscious reply was that it was home and I was doing well there. Little did I know then, as who does know these details about the interviewer, but in retrospect it was a matter of the 'pot calling the kettle black'.

I became the third neonatologist to join Phil and John Johnson who was David Stevenson's mentor. When John left Stanford for the University of New Mexico School of Medicine, David was recruited as the third neonatologist. Phil loves clinical neonatology and the families appreciate his dedication to their infants and families and his commitment to advance the knowledge and expertise for better outcomes for infants. This was an era in which pediatric subspecialists were few and far between. I recall fondly Phil's wonderful persuasion and skill in networking and in getting the help we needed to be a full service program. For example, the late Norman Shumway was already famous for his heart transplantation work, but only Phil could convince him that he was the best person to do the patent ductus arteriosus ligation on a preterm infant. The same was true with the late Roy Cohen in General Surgery and many others who were welcomed in the

newborn intensive care unit and invited to take on a larger scope of practice in uncharted waters. Neonatology would always take full responsibility for the post-operative management with the surgical expertise always available and as needed. Al Hackel from Pediatric Anesthesia, with Phil's welcome and invitation, was important in the early days in which we were trying to provide anesthesia for our infant patients. Al also introduced the radial arterial cut-down technique, which was a significant alternative to the support of the severely ill infant who no longer had an umbilical arterial catheter. This technique evolved into a percutaneous method, which continues to be a valuable approach for arterial access. Al was also a leader in the establishment of the infant and later maternal air and ambulance transport program for Northern California. Robert Moffat (Department of Mechanical Engineering), Al and Phil collaborated to develop one of the first transport incubators. Bill Northway from Pediatric Radiology has had a wonderful commitment to neonatology, as well as to Phil. He has always worked closely with us in the clinical arena and in research, particularly on the incidence and potential mechanisms for the development of bronchopulmonary dysplasia. With Phil's support and encouragement, I was able to collaborate with Robert Moffat to develop bedside pulmonary function testing, which provided the potential to study the latest innovations in high-frequency mechanical ventilator technology. Through my collaboration with Sleep Medicine we were among the first to introduce 24-h apnea and intraesophageal pH measurements in the newborn intensive care unit.

Phil's people skills are legendary. He took an interest in the lives of anyone and everyone, from housekeeping to maintenance to high administration. All of our supporting staff appreciated this attention and recognition and gave their best effort. He was on a first name basis with so many of these valued people. Another example of Phil's ability to find and support staff that would improve our care for infants and families was Rose Grobstein from Social Services who was encouraged to primarily focus on the newborn intensive care unit. She recognized all of the emotional and ethical issues that we had to wrestle with and to survive while we continued our efforts for the next infant and family. We had regular staff meetings and also emergency meetings. She effectively led discussions, debriefed and defused all of the pent up emotion that can burden a team and limit their effectiveness. Phil had the human insight to know how important this activity was for the function and well-being of our entire intensive care staff. Ernlé Young was one of the first ethicists who came to Stanford

University Medical Center. He was very interested in neonatology and high-risk obstetrics, which later became known as Fetal Maternal Medicine. Phil was very supportive of Ernlé's contribution and my collaboration in the initiation of the new ethics meetings in which we reviewed difficult cases. The Neonatal and Maternal Ethical forum was initiated and became the forerunner of ethics committees, which are now more common for intensive care practices. These meetings had erudite ethical discussions, which were based on the literature and had pragmatic significance in improving and informing decisions. This new forum complimented beautifully what Rose had already established in our program. Phil and John Kerner, a former gastroenterology trainee, initiated our Parenteral Nutrition Program. As a team, they have nurtured this program for excellence and effectiveness. They were successful in collaborating with pediatric pharmacists to make it a user-friendly component of neonatal care. Another example of Phil's talent in addressing a problem and finding the best people and his ability to network nationally was the initiation of extracorporeal membrane oxygenation (ECMO) in 1988. As many in the field, we were frustrated by the limited success with the medical management of persistent pulmonary hypertension in the pre-inhaled nitric oxide (iNO) era. We had published several papers on the use and limitation of tolazoline. Phil had decided that we should set up an ECMO program. The data on the efficacy were limited, but it was clearly an effective technique to address unresponsive cardiopulmonary failure if the failure was transient. Phil convinced the Chair of Pediatrics and the Administration to fund this new program. Phil arranged to have Allen Fisher, one of our former fellows, go to DC Children's Hospital in Washington, DC, to receive training and learn all that he could about setting up an ECMO program. We were among the first sites in California and the US to have a very successful program. When Phil returned to Stanford in 1993 after a 4-year hiatus at LA Children's Hospital, he organized a Neonatology Review for our fellows and invited speakers to address many of the topics that would be important for preparing for the Board examination. This review also provided a forum to discuss and ask questions. Alistair Philip joined Phil in this important effort, which became an integral part of our training curriculum.

I alluded earlier to how it was a challenge to assimilate and know how to respond to Phil's humor. For him I think it is the mode he uses to be serious, critical and light heartedly funny. What he says may mean everything or maybe nothing to be taken seriously. Obviously knowing where you are on the landscape would be important and educational if you got it wrong.

It would be common for Phil to say before you got up to speak, 'this better be good,' and it would be good to know that he would say this to everyone and anyone as encouragement and maybe to let you know that he would be attentive. Phil has the innate ability to read people and to seek out the best of the best. He is the most loyal colleague you will ever find and is the kind of guy to help with anything you might be facing in life and career. He is always ready to give a generous commitment of time and effort whenever needed. Those readers who know him personally will know that his knowledge of sports statistics and his ability to discuss current sports events is phenomenal as is his knowledge of the Torah and the Old Testament.

Along the way Phil has received many awards as his curriculum vitae attests; among them are the Joseph St Geme Jr Education Award (1997) and the Virginia Apgar Award (2001). Perhaps the greatest award will be the high esteem and affection from his students, colleagues, infants and families for all that he has done to advance neonatology and the health and well-being of infants and families. Many of his colleagues will want to thank him for supporting and for having a significant role in the development of their careers. He took serious interest in our neonatology and pediatric faculty's advancement and was always among the first to remind everyone of the need to promote or to nominate for an award or for society membership. He was always ready to celebrate the faculty and acknowledge their achievements.

Phil is still active and enjoying another chapter in his career. You can hear his thoughts on this in a recent interview (<http://www.youtube.com/watch?v=5fkNnBIHShc>) from a 2010 program entitled 'Senior Moments' on San Bruno (CA) Municipal Cable TV. All the best to you Phil as we celebrate you. May you, Beth and your family enjoy much happiness in the years to come.

Mazal Tov!

### Conflict of interest

The author declares no conflict of interest.

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