

ESSAY

In Memoriam: Michael G. Burke MD, MBA (1957–2019)

Michael A. Barone, MD, MPH

You can sense it coming...the response...when speaking with a medical student or resident about their interest in pediatrics. The conversation usually first covers topics such as their interest in the clinical or research aspects of conditions and diseases that affect children. And many times, it covers how a student or resident envisions contributing to pediatrics; for example, through primary care, public health, or specialty care. But you can sense the response coming; it almost always does. You might ask, "Is there anything else that makes you think pediatrics is the right field for you?" as if offering an invitation, because you know there is something more they want to say, and you know how important it is to them. You can sense that they want to say it. "Well," they say, sometimes reluctantly, "I really just like being around pediatricians."

Here the learner, early in his or her career, has already witnessed role models of dedication, empathy, professionalism, and expertise and realized they not only aspire to be like their role models, but they want to be surrounded by groups of professionals who share the behaviors and values that accompany caring for children. If there was ever a person, a pediatrician, who so clearly demonstrated all of these characteristics and values and who, through his actions, made it all look so clear and purposeful, it was Dr Michael Burke.

Michael impacted pediatrics and pediatric hospital medicine in significant ways, both locally and nationally. He was a founding editorial board member of *Hospital Pediatrics* and a leader in the pediatric hospital medicine community. Michael's education and training path included Georgetown University, the State University of New York Upstate Medical Center, and the University of Wisconsin–Madison. On completing his residency, Michael took his first practice position as a general pediatrician at the Francis Scott Key Medical Center, now the Johns Hopkins Bayview Medical Center, in Baltimore. In 1992, Michael started his tenure as chair of the Department of Pediatrics at St Agnes Hospital in Baltimore, a position he would hold until his recent and untimely passing in July 2019. St Agnes is a community hospital on Baltimore's west side that serves a diverse population of city and suburban residents in the metropolitan area. Since the late 1960s, St Agnes had maintained a freestanding pediatrics residency program, and with it one of the original pediatric hospitalist programs in the Baltimore-Washington region, where the previous department chair cared for unassigned hospitalized children and collaborated with community pediatricians on their admitted patients. On Michael taking over as chair, there was a planned integration of the Johns Hopkins Harriet Lane pediatrics residency program into St Agnes. Michael served as the steward of this academic transformation and then led the clinical and educational missions of this program for the remainder of his career.

Over the years, in addition to caring for thousands of patients, Michael worked with hundreds of faculty and residents at St Agnes and Johns Hopkins. Those who were able to work with him in the community hospitalist

www.hospitalpediatrics.org

DOI:<https://doi.org/10.1542/hpeds.2019-0242>

Copyright © 2019 by the American Academy of Pediatrics

Address correspondence to Michael A. Barone, MD, MPH. E-mail: mab11207@gmail.com

HOSPITAL PEDIATRICS (ISSN Numbers: Print, 2154-1663; Online, 2154-1671).

FINANCIAL DISCLOSURE: The author has indicated he has no financial relationships relevant to this article to disclose.

FUNDING: No external funding.

POTENTIAL CONFLICT OF INTEREST: The author has indicated he has no potential conflicts of interest to disclose.

setting remember that this is where the magic happened, something that somehow just did not, or could not, happen at a larger children's medical center. This magic included:

- Caring for undifferentiated patients, some not extremely sick, and some so ill that they needed immediate stabilization and transfer;
- getting to know community pediatricians as people, and witnessing first-hand the trust their patients put in them;
- providing an appreciated service to community pediatricians and feeling a sense of obligation in the handoff of the patients back into their care;
- residents and students, under supervision, making critical decisions. Admit? Don't admit? Discharge now? Maybe one more day because the family is feeling overwhelmed;
- and teaching. Dedicated, built-in time for teaching and creating the learning environment for education to occur in multiple directions, in particular peer to peer, and trainee to their more "senior" colleagues.

I was fortunate enough to work with Michael in this setting, as a resident and an attending, for many years. Michael and I would frequently recall something a previous teacher of ours would state: that pediatricians should always demonstrate the 3 A's of availability, affability, and ability. This statement was fun to recall, and it was grounding. It created a baseline, yet I observed Michael over the years stretch far beyond that baseline. Among the many ways he did so was his demonstration of empathy and expertise, and through his role modeling.

The empathy Michael conveyed to patients and families was simply part of his fabric. Yet it was the manner in which he incorporated empathy into his program leadership that created lasting memories among those of us who worked with him. Michael cared deeply for those reporting to him. He sought to understand the demands in their personal and professional lives and was a master of creating win-win solutions for people. These solutions explain the

remarkable staff retention under his leadership; all of us understood that Michael was completely dedicated to our personal wellness and professional advancement. Somehow, this incredibly successful man always seemed to put the needs of others above his own and sought to constantly elevate those around him.

Michael's clinical expertise was unparalleled. He worked on this with a quiet intentionality. He was incredibly dedicated to staying up to date and served as a translator of important published studies through his numerous "Top 10 Articles" talks and the Journal Club section of *Contemporary Pediatrics*, where he served as editor for >20 years. The impact of staying at the cutting edge of pediatrics was one of Michael's greatest "superpowers" in his clinical and teaching roles.

And finally, in role modeling, he was never preachy and rarely, if ever, explicit. Michael was one of those individuals who people wanted to emulate. After his recent passing, many of those who were fortunate enough to work with Michael naturally shared stories about how powerful a role model he was to us. We agreed that somewhere today, there is a physician speaking to a scared child or worried family in the tone of voice and with the seriousness of purpose they learned from Dr Burke. I am one of those people, and I know I share this with dozens of others. Some of the things we learned from him were essential clinical practice skills. Some were merely mannerisms that we wanted to incorporate into our own because we admired him so much. I recall evaluating a patient with Michael with an atypical presentation of Henoch-Schonlein purpura, so we were naturally looking for petechiae. Michael, a bit older than me, had developed mild presbyopia and needed to look over his glasses at the child's skin. I remember this like it was yesterday. I watched him with awe; he looked so skilled, so smart. I also watched the parents' reaction to the care and attention he gave their child. Next, it was my turn to look. I had perfect 20/20 vision with glasses, but I found myself looking over those glasses because I



FIGURE 1 Dr Michael Burke.

wanted to care for the patient and family just like Michael did. At the time, it did not matter to me that I actually could not see the child's skin above my glasses; I just wanted to be like my teacher. These are the stories we will remember. And yes, the child did have Henoch-Schonlein purpura.

At the time of his passing, Michael had served as chairman at St Agnes and a faculty member at the Johns Hopkins University School of Medicine for 27 years. His loss, which is strongly felt in professional circles, is certainly secondary to the personal loss of his family and closest friends. Nevertheless, Michael's loss in the pediatric hospital medicine community, the Baltimore clinical and leadership community, and the Johns Hopkins pediatrics community seems immeasurable. Many of us who knew him continue to say that it is hard to imagine a day without him. And in the same breath we acknowledge that Michael provided us with a template, a model for how tomorrow's work needs to be done. Michael Burke left us too soon, and now we all have some work to do on behalf of children, medical education, and elevating each other (Fig 1).

In Memoriam: Michael G. Burke MD, MBA (1957–2019)

Michael A. Barone

Hospital Pediatrics 2019;9;1010

DOI: 10.1542/hpeds.2019-0242 originally published online November 21, 2019;

Updated Information & Services

including high resolution figures, can be found at:
<http://hosppeds.aappublications.org/content/9/12/1010>

Subspecialty Collections

This article, along with others on similar topics, appears in the following collection(s):
Hospital Medicine
http://www.hosppeds.aappublications.org/cgi/collection/hospital_medicine_sub

Permissions & Licensing

Information about reproducing this article in parts (figures, tables) or in its entirety can be found online at:
<http://www.hosppeds.aappublications.org/site/misc/Permissions.xhtml>

Reprints

Information about ordering reprints can be found online:
<http://www.hosppeds.aappublications.org/site/misc/reprints.xhtml>

Hospital Pediatrics®

AN OFFICIAL JOURNAL OF THE AMERICAN ACADEMY OF PEDIATRICS

In Memoriam: Michael G. Burke MD, MBA (1957–2019)

Michael A. Barone

Hospital Pediatrics 2019;9;1010

DOI: 10.1542/hpeds.2019-0242 originally published online November 21, 2019;

The online version of this article, along with updated information and services, is located on the World Wide Web at:

<http://hosppeds.aappublications.org/content/9/12/1010>

Hospital Pediatrics is the official journal of the American Academy of Pediatrics. A monthly publication, it has been published continuously since 1948. Hospital Pediatrics is owned, published, and trademarked by the American Academy of Pediatrics, 345 Park Avenue, Itasca, Illinois, 60143. Copyright © 2019 by the American Academy of Pediatrics. All rights reserved. Print ISSN: 1073-0397.

American Academy of Pediatrics

DEDICATED TO THE HEALTH OF ALL CHILDREN®

