



# THE DIATRAN

## F A L L 2 0 0 2

### Profile On... Dr. Peter A.F. Morrin



MORRIN

**Dr. Peter A.F. Morrin,** a compassionate doctor and supporter, some might even say a hero, of kidney patients has dedicated over 30 years of

service at the Kingston General Hospital. In his time at the hospital, Dr. Morrin has been instrumental to the development of nephrology at the KGH.

Dr. Morrin Came to Kingston in 1961 as the Chief Resident in Medicine to complete a year of general medical training after 3 years of nephrology training in Barnes Hospital in St. Louis. His original intent in coming to Kingston bore no relation to dialysis; still, he was frequently asked to see renal failure patients. He readily complied, since, after all, it was not too difficult to do acute peritoneal dialysis. He would insert the catheter and tell the ward nurse what to do, write the orders and see the patient twice daily. There was no such thing as special units or certification protocols.

At that time, hemodialysis was very different from what it is today and Dr. Morrin initially refused to have anything to do with it on the grounds that it should be performed in a properly equipped

center by an experienced team who knew what they were doing. However, such a decision was soon made irrelevant when a multiple trauma patient from a motor vehicle accident arrived on the scene with renal failure. Peritoneal dialysis was not possible and without dialysis he would die within hours. There was a Kolff Twin Coil kidney in the basement of the Hotel Dieu Hospital, which had been bought by the Women's Aid two years earlier after a patient died in renal failure and someone had recommended that the hospital should have a dialysis machine. Of course, no one asked if there was anyone who was capable of operating it, or even interested in learning how to use it, and it had therefore lain in the basement gathering dust. Because of the patient's critical condition, they had little time to waste. Dr. Morrin started preparations immediately and after 8 hours of cleaning up the machine, preparing chemicals and so on, they finally hooked the patient up to the machine. Unfortunately, by this time the patient was moribund and he died shortly thereafter.

Out of this tragedy, however, came great fortune to others. This event galvanized the hospital to establish a hemodialysis team and draw up the necessary protocols and procedures. Thus, the next patient with acute renal failure did not meet such a

tragic end. Initially, only patients with acute reversible kidney failure could be treated, but in 1965 chronic dialysis was begun although it was not until 1967, that approval was finally given to build a 4 bed dialysis unit over what was then the x-ray department and to formally start a chronic dialysis programme for patients with irreversible kidney failure.

Since this rather dramatic beginning of renal treatment at KGH, Dr. Morrin has seen many changes over his years at the hospital. Renal treatment has progressed from a time when kidney failure meant death to the existence of an extensive renal program to treat kidney patients. No longer do patients have to meet stringent criteria such as being between 15 and 45 years of age, with no other serious disease apart from the renal failure, a capability of being restored to "normal functioning" and a willingness and ability to comply with the restrictions of the program. Indeed, all patients who can benefit from dialysis are now accepted for treatment, regardless of their age and condition.

Since his retirement in 1995, Dr. Morrin does not necessarily miss his work at the KGH; however, he sincerely misses the people, both staff and patients, whom he has encountered and worked with over the years.

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