UCLA Health System

Department of Medicine News

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Physician of the Month

Dr. Leigh Christopher Reardon

Each quarter I am always excited to see so many new faces at the Santa Monica quarterly receptions. In October I met Dr. Leigh Christopher Reardon, who graciously agreed to be featured as this month's Physician of the Month. Dr. Reardon recently joined to the UCLA faculty with a unique joint appointment in both Internal Medicine and Pediatrics, specializing in pediatric cardiology and adult congenital cardiology. I sat down with him to find out more about this new frontier.

CB: Did you always know that you wanted to become a physician?
LR: I did not think that I was going to be a physician at all, and there are no physicians in my family. I actually had open-heart surgery when I was five years old to correct pulmonic stenosis. I think because of the surgery I was resistant to becoming a physician. I went through my undergraduate education and focused primarily on humanities, graduating with degrees in both American Studies and Economics. In my last year of college I met someone in an EMT class whose daughter was undergoing open-heart surgery. After spending some time with this family I redirected my career path because medicine seemed to fit my values. I was a speechwriter for a few years and while I was doing that I did all of the pre-medical course work and then went to medical school. I suppose it isn't surprising that I ended up in Cardiology.

CB: Since your focus is both pediatric and adult congenital heart disease, is it your goal to follow a patient from birth into adulthood?
LR: Not necessarily, but I'm sure that I will have some patients who are born with congenital heart disease that will end up in my adult clinics over time. For now I am seeing all forms of adult congenital heart disease and general pediatric cardiology. One of my goals is to build a UCLA transitional cardiac care program. There has been a lot of research and discussion about transitioning patients from pediatrics to adult medicine, but it remains a little nebulous. I think it is a continual process starting around age 12 that introduces the concept to the patient and to parents. Then as children enter adolescence around the age of 14 or 15, they can begin to take autonomy over making their appointments, understanding their disease process, making sure they understand their medications and making sure that they get their refills on time. By the time they are 18, they are ready to function in an adult medical setting where they can manage their healthcare without the assistance of their parents. Unfortunately in a lot of chronic diseases, parents take over the role of disease management and it stunts the development of the pediatric patient in terms of becoming autonomous over their own healthcare and their own bodies. This often translates into other areas of their lives as well. Also, there are a lot of patients that are lost to care between the ages of 18-25 and there are a lot of potential complications that come along with that.

CB: What do you think are some reasons that patients are lost to care during this time?
LR: Well I think that we haven't done a great job of teaching children and their families that having a palliative surgery doesn't necessarily equate to a "cure." Also the phase between adolescence and young adulthood is a high risk phase; people feel invincible and are willing to take a lot of risks. I think it's a very understandable process of ignoring a chronic medical issue. I think that if you can engage patients early and bring them into the adult world in a compassionate way, you are less likely to lose those patients and more likely to prevent complications. Since around 2001, there are now more adults living with congenital heart disease than children with congenital heart disease and this population is growing every day – I'm one of them.

CB: What are the most challenging and also the most rewarding parts of your job?
LR: The most rewarding thing is that I get to develop strong bonds with my patients; they are people with whom I've shared some intense experiences. I think one of the greatest challenges is that we don't have the type of research and objective data that other specialties have because this is sort of a new frontier. When we look at adults who have had surgeries when they were children, we frequently cannot yet refer to objective data about their prognosis or what sort of future interventions they might need. Surgeries have also changed drastically so we have whole generations of people who've had palliative surgeries that are now considered obsolete. But everyday, I'm engaged with my patients and I get to enjoy a variety of diagnostic tools ranging from the clinical exam and echocardiography to catheterizations.

CB: So lastly, how does it feel to be sort of the only person doing what you are doing here at UCLA?!
LR: (Laughs) Well, it feels good to be helping to create a bridge between the two departments – Internal Medicine and Pediatrics. I also think there is a lot to learn from the cross pollination that we have here at UCLA that you cannot get from a stand alone children's hospital or a stand alone adult hospital. I think that this is such a great opportunity for the institution to build from its strengths and the legacy of the Ahmanson/UCLA Adult Congenital Heart Disease Center. I'm happy and excited to get to play a small role in that!

Dr. Reardon is open and accepting new patients. For appointments please call-Adult: 310-825-9011 Pediatric: 310-825-5296

Ahmanson Adult Congenital Heart Disease Center
From left to right: Jamil Aboulhosn, M.D. (Co-Director), Pam Miner, NP, Leigh Christopher Reardon, M.D., Linda Houser, NP, and John Child, M.D. (Co-Director).