Q: How did you come to Shepherd Center – both as a patient and a doctor?
A: In 1991, I had an aneurysm-like condition known as epidural arteriovenous malformation, which left me paralyzed. At the time, I was on summer break from college, visiting my parents in Charleston. A Shepherd Center admissions liaison came to my hospital to discuss rehabilitation options. I had never heard of Shepherd Center before – like most people who had no reason to. However, it was apparent to me that the Center had the expertise I needed since it treated more spinal cord injuries than the average rehabilitation facility.

After my discharge, I wanted to practice medicine. I spoke with (Medical Director) Dr. Donald Leslie who mentored me before, during and after medical school. When I completed my residency, we discussed my joining Shepherd, but the timing wasn’t right. I practiced general rehab medicine for a while and worked at a VA hospital for a few years. Then in 2005, I joined the Shepherd medical staff.

Q: What is it like going from patient to doctor? Does that make your approach unique from other physicians?
A: It was a transformative process. At first, it was difficult to readjust my mindset. I found myself getting lost in patients’ tragic stories. It became difficult to hear again and again. To be emotionally immersed was draining and did not allow me to be as objective as necessary. As a doctor, you have to be objective. Today, I am better able to find a balance: Be empathic when I can, but be objective when possible.

Q: Explain how your experience in internal medicine and physical medicine and rehabilitation (PM&R) work together to benefit your patients.
A: Internal medicine is the prevention, diagnosis and care of general illness, disease and injury. Having knowledge in both fields makes it easier to take patients from acute injury to preventative treatment.

I find myself able to see things happening and prevent it, rather than having to deal with the consequences. For the patient, it’s better because there are many interactions with the various medications that require deeper knowledge of the drugs and their effects.

Q: How important is research to patients with SCI? What expectations should people have about discoveries in the future?
A: Research is critical to advance the field and impacts people worldwide. Without it, we would be stuck in the past. With as many clinical trials as our staff conduct and the tremendous number of patients we see with SCI, we are becoming leaders in SCI research. Our experience and knowledge in this field goes beyond what people can get at many other facilities because they simply don’t have the same volume of cases.

When setting expectations, it’s important for patients and families to realize there are two types of research – bench research, which is conducted prior to human trials, and clinical research, which is the phase when studies start being tested on humans. For research like stem cells, which is moving to the clinical phase, it will take many years to see any impact. However, there will be a more immediate impact from testing new medications or therapies. Some of this research will have an effect within months or a year. But a cure will take many years.

Q: What advice do you give patients and their family members when they arrive at Shepherd?
A: When patients first arrive, I tell them to keep an open mind. A lot of things are possible here. Don’t be confined by presumptions of what your injury will or will not allow you to do. You have the chance to become a person with an SCI, not an SCI person.

When patients return home, it’s important to jump back into life. The most successful patients are the ones who integrate back into society and do well enough that we only see them every year or so.

Q&A with John Lin, M.D., Associate Medical Director of Post-Acute Services
INTERVIEWED BY KAYLA EUBANKS