

Clinician Highlight

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Division of Pulmonary & Critical Care Medicine
Corrigan Minehan Heart Center ICU
Optimum Care (Ethics) Committee

Tell us a little about your clinical practice and your role in your practice/division/department.

My primary clinical interests are in ECMO, mechanical circulatory support, critical care echocardiography, and bioethics. Academically, I focus on ethico-clinical decisionmaking, especially in ECMO candidacy selection and end-of-life care (with extensions to organ donation, euthanasia, disorders of consciousness, and similar topics). My clinical roles span three MGH entities that fortunately merge these interests: Primarily, as a member of PCCM division, I serve on the ECMO faculty, fellowship core faculty for critical care ultrasound, and attend on the MICU and pulmonary consult services. My other roles include attending in the Corrigan Minehan Heart Center ICU which houses most ECMO and mechanical circulatory support in the hospital, and as a clinical ethics consultant for the Optimum Care (Ethics) Committee.

When did you come to MGH and why?

I joined MGH in 2019 for PCCM fellowship. After completing both medical school and residency training at Columbia in New York, I was eager to broaden the scope of my training at MGH, and was further attracted by the warm, welcoming division that I met (in pre-COVID person!) on interview day. The fellowship affiliation with BIDMC allowed for multi-institution exposure which I thought was particularly important for critical care. Finally, the program also actively encouraged unique career paths beyond a singular focus on grant funded research which allowed for the flexibility that my interests and undefined career path required at the time.

Is there a project or program you want to tell us a little about?

I'm currently spearheading the first multi-center international database to capture ECMO candidacy decisions together with the clinical data used to reach the conclusion. Existing ECMO databases generally collect data regarding those cannulated to ECMO but lack cohorts of patients considered for ECMO but declined. We are currently piloting this at MGH, BWH, BIDMC, and University of Toronto. Other institutions are waiting to join after the pilot, and we have an upcoming accepted Commentary/Call to Action to be published in Chest outlining the problem and plan. This project may identify inconsistencies and inequities in candidacy selection processes, practice pattern variation across time and institutions, overall agreement with international guidelines, and inform other questions in the ECMO community. On another note, I am also proud of developing a unique, longitudinal, and seemingly well received critical care echo curriculum for the PCCM fellowship immediately upon joining the faculty last July.

What is one thing you love about your work?

I love, and am most grateful for, the ability to regularly work with and learn from experts across numerous disciplines. Almost without exception, MGHers are generous with their time, eager to help, share, and teach, and do so with kindness and grace. I truly learn new things, and hopefully improve, every day.

Tell us a little bit about your life outside of medicine.

My wife, Tzipora Vogel, is a Physician Assistant and also a member of the PCCM division! We have two boys, ages 1 and 3, who joyfully guide the entirety of our lives outside of medicine. We're slowly discovering all the "bouncy houses" and playgrounds in the greater Boston area.

Is there anything else you want to share?

As an Orthodox Jew with a background in Talmudic law, I also occasionally serve as a consultant to various rabbinic leaders grappling with medical judeo-legal questions that require precise and accurate information within my areas of expertise. More importantly, when able, I help mediate complex conversations between patients, care teams, and rabbis when clear communication is of the utmost importance.