



The Children's
Hospital
at Montefiore

Montefiore
THE UNIVERSITY HOSPITAL

Christine A. Walsh, MD
Pediatric Cardiology

EINSTEIN
Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Dr. Christine Walsh

PEDIATRIC CARDIOLOGIST

By Abigail Meisel | Photo by Bud Glick

When most teenage boys hear the term “sudden death,” they think of a game in overtime, but for Mitchell Quatinetz, these words hold a literal, and frightening, meaning. Three years ago, when he was 16, he learned that he carries a genetic defect for Sudden Unexpected Death Syndrome (SUDS). The disorder affects the cardiac channels that carry the electrical impulses that trigger a heartbeat. When these impulses misfire, they cause immediate cardiac arrest—a sort of cardiac blackout.

“When I first learned I had (SUDS), I told my parents I felt fine,” he said, “but I was really nervous.”

Christine Walsh, M.D., TMC ’69, one of the nation’s leading experts in SUDS, co-directs the Center for CardioGenetics at the Children’s Hospital at Montefiore, where Quatinetz receives lifesaving medical treatment.

“SUDS occurs in a heart that is structurally normal,” said Walsh, who spearheads the clinic’s pediatric services. “It can’t be picked up during a routine exam with a stethoscope—you have to have an electrocardiogram to detect it. And that’s why it isn’t caught in many people.”

The Center for CardioGenetics is the first program in the New York metropolitan area to provide families with a multidisciplinary approach to the identification and treatment of individuals at risk for sudden unexpected cardiac death, which kills about 4,000 children and adolescents in the United States each year. Walsh’s two co-

directors at the center are Robert Marion, M.D., a professor of genetics at Albert Einstein College of Medicine, and Thomas V. McDonald, M.D., a cardiac specialist who also teaches at Einstein.

One particular facet of Walsh’s expertise is Sudden Infant Death Syndrome (SIDS). Commonly known as “crib death,” SIDS is the leading cause of infant mortality in the country.

A leader in the field of pediatric electrophysiology, the branch of cardiology specializing in the heart’s electrical functioning, Walsh has also been a pioneer as a female doctor, entering medicine when it was still largely a male enclave. But her decision to become a doctor was made gradually, she said.

As a chemistry major at Thomas More College (Fordham’s undergraduate college for women before the University turned coed in 1974), Walsh, née Christine

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Kull, pulled long hours in the lab, and realized that she missed interacting with people. A forward-thinking guidance counselor administered an aptitude test designed for male students because the standard options for female professions were so limited. Her match? Being a doctor.

Walsh was one of seven female pre-med students in the Class of 1969—every one of whom gained acceptance to medical school, she notes proudly. She graduated *magna cum laude* and was accepted into the national academic honor society Phi Beta Kappa, then went on to Yale University School of Medicine, where she graduated in 1973, one of only six female students in her class.

Raised in Greenpoint, Brooklyn, Walsh credits her resiliency and confidence to parents who “felt strongly that their daughter as well as their sons could become anything he or she wanted,” she said. “My mother was a marvelous, progressive woman who held a full-time job while going to Brooklyn College at night. She graduated with honors at a time when few women shared her priorities.”

The support Walsh received from her parents, combined with her own hard work and talent, has yielded outstanding results. In addition to co-directing the Center for CardioGenetics, she is the director of the Outpatient Pediatric Dysrhythmia Center at Montefiore, and a clinical professor at Albert Einstein College of Medicine. Walsh recently was cited in a *U.S. News & World Report* survey of leading physicians in the United States, and she has been featured many times in *New York* magazine’s annual Best Doctors issue since it was launched in 1997.

“Dr. Walsh is an extraordinary physician,” said Daphne Hsu, M.D., chief of pediatric cardiology at Montefiore. “She combines intelligence and clinical acumen with a wonderfully caring and compassionate personality.”

At the Center for CardioGenetics, which she helped found, Walsh treats children who carry the defective gene for SUDS. Mitchell Quatinez and his mother, Stephanie, learned they were carriers in the most traumatic way possible. In August 2009, the Quatinetz family lost one of their four children, Rebecca, a 27-year-old newly minted lawyer. Stephanie calls it “a death out of nowhere.”

In the aftermath of Rebecca’s death, the entire family required immediate genetic testing. At the center, they received coordinated care, including a preventive regimen

and bereavement counseling. Both mother and son take medication and visit the clinic regularly for echocardiograms and other screenings to monitor their condition.

“I’ve known Dr. Walsh for three years now, and if there is one word I could use to describe her, it would be compassionate,” said Stephanie Quatinetz. “She told me right away that no matter how many families she sees, she’s always heartbroken by their loss.”

Walsh is also a co-investigator for a National Institutes of Health-funded project on the ethical and social implications of genetic testing in the case of unexpected death. “Knowledge is power, but it can be dangerous. It raises many ethical questions,” she said. “If we identify the SUDS gene in a carrier, there’s a chance that they’ll face discrimination from an insurance company. If we know that a woman carrying the SUDS gene is pregnant, should we do genetic testing on the fetus? It’s a complex issue.”

According to Walsh, many doctors, including pediatricians and cardiologists, still do not know about the genetic link to SUDS and SIDS, which has been made by researchers only within the past several years. In most cases, that identification is never made—and entire families live unknowingly in the shadow of this syndrome.

Walsh brings her expertise to Fordham, mentoring undergraduates preparing for a career in medicine, as a member of the recently launched Fordham University Science Council. She also serves as president of the Association of Yale Alumni in Medicine.

Yet nowhere has Walsh served as more of a role model than in her own family. She and her husband, Sean M. Walsh, FCRH ’70, LAW ’73, an attorney, have two sons, Sean Michael, FCRH ’04, and Stephen. And their daughter, Kathleen, is currently enrolled in the same New York Presbyterian pediatric cardiology fellowship program that her mother attended more than three decades ago.

“Growing up, I could see how fulfilled she was by her career in medicine,” said Kathleen Walsh, M.D. “She spoke of her relationships with her patients as one of the most rewarding aspects of practicing medicine.”

The elder Walsh says she feels an almost maternal love for her pediatric patients. She cares for many of them from early childhood onward.

“Dr. Walsh is very careful and spends a lot of time with me when I visit the clinic for checkups every six months,” Mitchell Quatinetz said. “I used to be nervous, but I’m very comfortable in her hands.”

—Abigail Meisel writes frequently about healthcare.