Through the generosity of Charles R. Millikan, D. Min., vice president for Spiritual Care and Values Integration, an annual award competition was established at Houston Methodist Hospital among the resident staff. To enter the writing competition, residents must submit a poem or essay of 1,000 words or less on the topic, "On Being a Doctor." A committee of seven was selected from Houston Methodist Hospital Education Institute to establish the judging criteria and select the winning entries. The following is the second-place winning entry for 2016; the third-place winning entry will be published in the December issue.

AN ANSWERED PRAYER

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"I don't want to lose my leg!" I couldn't blame him. Our patient walked into the Emergency Department with a putrid, gangrenous foot wound the night before. The necrotic skin and muscle were hanging off of the exposed bone of his great toe, oozing with pus and blood. He said this all happened over the course of a few days, but it wasn't likely. He hadn't seen a doctor in more than 20 years, and here he was with a blood glucose level above 400, uncontrolled blood pressure, and the possibility of losing his right leg.

"I know you don't want to lose your leg," I said, "but this is life-threatening. If you don't get the amputation, you could lose your life, and we don't want that to happen to you." We tried to make him understand the risks of not going forward with surgery, but he was still very hesitant. Who wouldn't be, though? I couldn't judge him. I took for granted that I had two legs to carry me. Then I considered our patient. He too relied on his legs for so many things. This was not an easy choice by any means.

"Look, maybe you can just cut off the bad part and leave the rest of my leg so the antibiotics can work on it," he proposed. It was a reasonable request, except that the "bad part" appeared to be extending past the forefoot up to the ankle, and there was concern that the bone was also affected. Based on the extent of the damage, the surgeon recommended below-the-knee amputation (BKA) and could not offer any other alternative. The patient was not a candidate for amputation of the foot, and we were told that even if they could amputate the foot alone, he would eventually end up with a BKA. We contacted the Palliative Care and Social Work departments for assistance. Everyone tried to reason with him to make him understand the gravity of the situation.

"I understand what you're saying, but give me a couple of days to think about it and keep the antibiotics going, then I'll decide." He didn't have a couple of days. The infection was not getting better and his foot could not remain intact much longer. What made things even more complicated was that he didn't have insurance, and the family could not afford to pay out of pocket for any procedures much less the amputation.

He and his wife were in tears about the whole situation. They prayed for some other possibility than death versus losing his entire right leg. He eventually rejected the idea of BKA, and we were at a loss as to what we could do to help him. There was no way our team was going to discharge him in this condition. We had to find a way to save him from the poison that was leaching into his bloodstream from the infected limb. Someone suggested contacting an acute care surgeon who specialized in similar cases; she saw many patients with severe diabetic foot wounds, and the doctor who recommended her said she was an expert in this area. We contacted her, and she came to see the patient that same day. She and the palliative care physician spoke at length with the patient and his wife, helping them understand their options. The acute care surgeon, to all of our surprise, said that she in fact could amputate only the patient's foot, but it would require his full cooperation and compliance with the plan. She explained everything in detail: she would amputate around the infected area and provide the patient with wound VAC therapy (vacuum-assisted closure). He would have to agree to follow up in her clinic regularly, stay off of his foot after the amputation, and adhere to a diabetic diet to help control his blood sugars.

Our patient eagerly agreed with the demands while his wife shed tears of gratitude. The amputation took place, and soon after he was beaming with joy, pleased that the surgeon was able to salvage his leg. The wound VAC remained in place, and the foot was healing beautifully! He was discharged to his home with a plan in place for postoperative care, and they were even able to apply for insurance through his wife's employer, which would be approved within 30 days of the application being received.

A few months later, I saw the surgeon on my way to visit with another patient. I inquired about our mutual patient, and she told me that he was doing very well. She even showed me pictures of his foot since the amputation. He was adhering to the plan and his foot continued to heal. I was so grateful for her selflessness in caring for our patient. There had appeared to be no other option besides amputating his leg, and in all actuality it was the safest and most affordable option for him as he had no insurance coverage at the time. She offered time from her very hectic schedule to talk at length with the patient and his wife about options that no one knew he had. She took the case on as charity despite of the extent of the work she would have to do to help save his leg, and she continued to support him throughout the entire postoperative recovery process. I was so inspired by this physician because she went beyond what was expected of her and gave more than what was necessary to save his life, all to save his quality of life. This was not an easy choice, but thank God there was a doctor who stepped in with a heart filled with compassion, offering an answer to a prayer.

The Arnold family endows new chair to honor Dr. William Winters

The Houston Methodist DeBakey Heart and Vascular Center (HMDHVC) is pleased to announce the establishment of the Beverly B. and Daniel C. Arnold Distinguished Chair in Cardiology in honor of William L. Winters Jr., M.D. The new chair, made possible by a generous gift from the Arnold family, will enable the HMDHVC to continue to recruit some of the world's most talented cardiovascular physicians and researchers.

The Arnold family is known for community leadership, philanthropy, and dedication to enhancing medical advancements at the Texas Medical Center and Houston Methodist Hospital (HMH). Their latest contribution honors Dr. Winters's extraordinary accomplishments over his 63-year medical career.

Dr. Winters is known as a scholar and leader devoted to educating the cardiology community. He is one of HMH's most decorated doctors, having been named Master of both the American College of Cardiology and American College of Physicians. He also received both the John W. Overstreet Award, HMH's most prestigious honor for honesty, integrity, and leadership, and the George P. Noon, M.D. Award recognizing his long legacy of service and contributions to the advancement of cardiovascular medicine. Among Winters's many notable achievements are bringing echocardiography to the southwestern United States, authoring *Houston Hearts*, and founding the *Methodist DeBakey Cardiovascular Journal*.

"The Arnold Chair a very significant honor and I feel privileged to receive it, especially from the Arnold family because they've been long-time good friends," says Winters. "To have the Winters and Arnold names linked together is very special to me."

Dr. William Zoghbi, chair of the department of cardiology at HMDHVC, introduced the Arnolds and Williamses at the June 7 reception announcing the new chair. "This is a momentous gift," he says. "It honors two amazing Houstonians: one, Mr. Arnold, who has been a major thought leader, businessman, and writer, who has been very much involved in healthcare for decades. And, two, Dr. Winters, who has been a major physician at this institution and world renowned for his contributions, including being past president of the American College of Cardiology."

Dr. Zoghbi is enthusiastic about the possibilities for recruiting new talent to the department of cardiology. "This chair emphasizes that philanthropy is so important in bringing in people of stature. We'll target someone prominent in cardiovascular imaging to fulfill the legacy of Dr. Winters," Zoghbi explains.

HMDHVC to host second annual Adult Congenital Heart Symposium in November

For the 1.5 million adults living with adult congenital heart disease (ACHD) in the United States, dealing with the lifelong realities of the disease can seem like an isolating experience. Until 40 to 50 years ago, infants born with congenital heart abnormalities rarely made it out of their teenage years. However, now 90% of patients survive into adulthood, creating what Houston Methodist DeBakey Heart and Vascular Center's (HMDHVC) Dr. C. Huie Lin, M.D., Ph.D., calls "an entirely new cohort of patients"—one for which much of the current medical establishment is unprepared. To reach out to this growing but often-overlooked group, HMDHVC will be hosting its second annual Adult Congenital Heart Symposium on November 19, 2016.

The symposium is a collaboration between Lin, founder of Houston Methodist's Adult Congenital Heart Program; the DeBakey Institute for Cardiovascular Education & Training; and Dr. Ari Cedars, director of the Adult Congenital Heart Program at Baylor University Hospital in Dallas. The symposium's goals are twofold: (1) to provide an opportunity for ACHD patients and families to come together to network and learn more about the latest innovations in ACHD treatments, and (2) to spread awareness about the disease between patients, their families, physicians, and the community. The event will be broken into a morning session for patients and families and an afternoon continuing medical education (CME) event for physicians.

"In our first year, we were really motivated by patients and their families. They wanted an environment in which they could learn more about ACHD and meet other people with the disease," Lin explains. "When you're growing up as a kid with congenital heart disease, there's a good chance that you never meet anyone else with the disease outside the hospital. So the symposium is a great opportunity for adult patients to meet, share their stories, and empower each other."

The symposium is also a learning opportunity for patients and HMDHVC alike. ACHD experts from around the region will be on-hand to discuss the latest issues and cutting-edge treatments with patients. On the other hand, clinic leaders look forward to the opportunity to get feedback from their patients on how to improve facilities to meet the needs of younger working adults. Part of the event will lead to forming a patient-family advisory board to work with the Adult Congenital Heart Program to optimize patient care.

Building on the success of last year's event, this year the symposium will include an afternoon CME session for physicians. Lin hopes to reach pediatricians, pediatric cardiologists, family medicine practitioners, OB-GYNs, and internal medicine doctors—all part of the interdisciplinary team responsible for ACHD patient success. Because of the unique characteristics of the ACHD patient population—most of Lin's patients are between 20 to 40 years old and often require additional interventions or surgeries to correct expected late complications of repairs performed during childhood—bridging the gap between pediatric and primary care and adult cardiology is critical.

"One of the struggles in this field is that, just like all of us, once patients graduate high school or leave the home, they stop going to the doctor," Lin explains. "For this population, it's a real problem because once they reach their 30s or 40s, they start to require more care. Our goal is to recapture those patients." Lin hopes that the symposium will help educate physicians who deal with all stages of ACHD patients' lives about working with adult cardiologists to optimize patient care.

None of this would be possible without the success of Dr. Lin's revolutionary ACHD clinic at HMDHVC. Dr. Lin is one of only two Houston physicians board-certified to treat ACHD, and his program is one of the only ACHD practices built around an adult hospital system. Established in 2012, the program has quickly gained national and international recognition; Lin now sees around 700 ACHD patients a year, drawing patients from around the U.S. and the world. Lin and his team of experts in heart failure, electrophysiology, cardiac surgery, pulmonary hypertension, and imaging are dedicated to leading the way in patient care and raising grassroots awareness and education for this unique disease.

For more information or to register for the 2016 American Congenital Heart Symposium, please visit ACHD-houstonmethodist.org for patients and https://events.houstonmethodist.org/achsymposium for physicians.

New CTEPH program is the first of its kind in the southern United States

Until the last 20 years, chronic thromboembolic pulmonary hypertension (CTEPH) meant a death sentence. However, even with the advent of medical treatment and curative surgery, many CTEPH patients still slip under the radar, largely due to the inherent difficulties of diagnosis and a lack of dedicated CTEPH programs around the country. "It's a grave injustice," says Dr. Myung Park, M.D., as she bemoans the thousands of patients who go untreated. Park estimates that, of the approximately 500,000 U.S. patients diagnosed with acute pulmonary embolism annually, around 15,000 develop CTEPH. Yet less than 500 of those individuals receive the life-saving surgery every year. To help solve this critical need, Park recently joined the faculty at Houston Methodist Hospital to open Texas's first and only CTEPH program in January 2016.

The CTEPH program is a collaboration between Houston Methodist DeBakey Heart & Vascular Center (HMDHVC) and the Houston Methodist Lung Center. The program is led by Dr. Park, chief of the division of heart failure, transplant, and pulmonary hypertension. She has over 15 years of experience in treating CTEPH and is joined by a team of cardiologists, pulmonologists, cardiovascular surgeons and anesthesiologists, and critical care and imaging specialists. All are dedicated to comprehensive evaluation, diagnosis, and treatment of CTEPH patients.

"CTEPH is an incredibly complex condition," explains Park. "It requires systematic methods of imaging and evaluation to detect and diagnose the disease and a large multidisciplinary group—which we have—to treat these patients. At Houston Methodist Hospital, we have the skill and knowledge of expert groups of physicians who provide care both pre- and post-operation to have successful patient outcomes."

Before Methodist's program opened its doors, CTEPH patients across the southern United States had few options and potentially thousands of miles to travel to find a CTEPH center. With the exceptions of the University of California San Diego and Duke University programs, most of the nation's handful of centers are located in the North or Northeast, so Houston's prime south-central location fills a gap in CTEPH treatment locations.

For Dr. Park, who has dedicated much of her career to improving awareness and treatments for CTEPH, the move to Houston Methodist was an obvious choice. "Here the technology is better, our knowledge base is better, and—quite frankly—the infrastructure is so robust," she says. "Everyone was on board from the beginning, so starting this program was a no-brainer. It had to be done."

The CTEPH team's top priority is improving access to the only definitive cure, pulmonary thromboendoarterectomy (PTE). "Anyone diagnosed with CTEPH deserves to—and absolutely must—undergo a full surgical evaluation. That's number one," says Park. HMDHVC surgeons Mahesh Ramchandani, Scott Scheinin, and Erik Suarez, along with anesthesiologists and critical care specialists, prepared for months to begin offering PTE to patients. In October 2015, 10 surgeons and anesthesiologists traveled to San Diego to train in PTE surgery, patient selection, and post-operative care.

However, not all patients are candidates for surgery. For those patients, the program offers a recently approved medical treatment—a drug called riociguat (Adempas)—that can improve symptoms and quality of life. Soon, non-surgical patients will have a second option: balloon pulmonary angioplasty (BPA). This percutaneous catheter-based technology was developed in Japan, but is now making its way to the United States. In July, HMDHVC Drs. Alan Lumsden, C. Huie Lin, and Ashrith Guha traveled to Japan's Okayama Medical Center to hone their technique under the tutelage of BPA's masters. Thanks to this international partnership, HMDVC will soon form Texas's first BPA program.

The opening of HMDHVC's CTEPH program offers much needed hope for CTEPH patients and physicians alike. As Park says, "For those of us who practice in end-stage heart and lung disease, there's no other treatment in which you can witness an extraordinary recovery from someone almost dying to gaining their life back. It is truly miraculous."