J. Young, M.D.

MICHAEL E. DEBAKEY, M.D.: A MENTOR REMEMBERED

James B. Young, M.D.
Professor of Medicine and Executive Dean, Cleveland Clinic Lerner College of Medicine of Case Western Reserve University, George and Linda Kaufman Chair
Chairman, Endocrinology and Metabolism Institute, Cleveland Clinic, Cleveland, Ohio

"A teacher affects eternity; he can never tell where his influence stops."
— *Henry Brooks Adams 1838–1918; The Education of Henry Adams (1907)*

It is important to remember and reflect on our mentors. Mentor, in Greek mythology, was an older trusted friend of Odysseus. He became the advisor of youthful Telemachus, as recounted in Homer's *Odyssey*, when Odysseus left for the Trojan War. Odysseus' son and palace benefited from the wise council of Mentor, who was felt mature, wise, experienced, and was to be trusted. Thus the term "mentor" has been taken to mean an accomplished and loyal advisor who was usually quite mature. Following along with mythological tales, the wise Centaur, Chiron, advised many Grecian mythological heroes about battle and leadership. Achilles, Peleaus, and Aesculapius were all mentored by Chiron. Zeus, after Chiron was mortally wounded in a fight with Hercules, placed the creature in the night sky as Sagittarius, the mentor and archer. Many likely gaze upward in the dark of night to the twinkling Sagittarius (or to the more down-to-earth Sagittarius zodiac sign), seeking counsel.

Of course, mentors are teachers, and wise ones impart their wisdom not by pontificating at the blackboard or on a stage, but rather, by example. In modern day parlance it is "walking the walk and not just talking the talk." It was with Dr. Michael E. DeBakey, mentor extraordinaire. Dr. DeBakey was the paradigm. Many have recounted the way in which they were influenced by Dr. DeBakey's daily actions and example. As those practices get passed down to our younger professional brethren and continue to spread like the wake of pebbles dropped into a pond, one can never tell, as Henry Adams said, "where his influence stops."

I first met Dr. DeBakey as a first-year medical student at Baylor College of Medicine in the summer of 1971. I was fortunate to have been accepted into the Class of 1974, which was the subject of an experimental curriculum designed to produce more "doctors for Texas" by shortening the medical school years to 3. We were the first class to start in July and then graduate a short 3 years later in May, 1974. Though the fast-track curriculum was abandoned soon after, DeBakey was committed to the concept, which had evolved from observations made during World War II when medical schools pressed hard to quickly get young doctors into the military ranks. Dr. DeBakey's keen interest in raising capital to support Baylor College of Medicine, which had not been separated long from Baylor University, and was one of the few free-standing schools of medicine in North America, drove him to the State of Texas legislature, which ultimately supported the program financially. Dr. DeBakey took a special interest in my class and frequently made himself available for Saturday morning breakfasts — early Saturday morning breakfasts (as in 6:00 a.m.). He was always dressed in his blue "MED" initialed scrubs with a jaunty, tailored cloth surgical cap and white coat starched stiff enough to stand. He ate little (while we ate for the week) but regaled us with tales of travel, adventure, medicine, and politics that were, of course, fascinating and entertaining. It was at those breakfasts I first became captivated by the story of heart transplantation, ventricular assist devices, and the total artificial heart. Little did I know then that my career would focus for decades on that world, and only after a half of a century are we finally seeing the fruits of those labors. The Saturday morning chats led to invitations to watch surgery and poke around in his research laboratories. It was an extraordinary experience for young medical students to watch from the often crowded glass

domes atop the Fondren-Brown cardiovascular operating rooms. We quickly learned that opera glasses were a must to see the detail, as well as aggressive elbows to shove away the many polyglot visitors who got in the way. We saw extraordinary procedures and watched as tensions rose, and even, occasionally, as tempers flared. It was an unusual opportunity that I now realize was unique. In my own mentoring duties at our Cleveland Clinic Lerner College of Medicine I have taken that experience to heart and try to match mentors to students in a fashion that integrates them, as much and as early as possible, into the world of clinical medicine, be that in an operating room or outpatient clinic, and research, be that a "wet" laboratory or statistician's computer quarters.

Another extraordinary DeBakey skill was to organize his day into small "day-tight" compartments (a concept championed by the grand physician and consummate mentor, William Osler) that allowed him to focus on patient care, research, education, and administration with equal passion, skill, and extraordinary results. Because of the fast-paced nature of his medical practice he did not tolerate mediocrity, error, or laziness in his cast or professional colleagues. Dr. DeBakey was certainly intense, but the issues he dealt with were serious. Perhaps he was a bit too tough at times. And some surely incurred disdain, harsh words or even worse, when undeserved. However, I saw many encounters with a variety of consultants, trainees, and support staff, and on balance, though driven, his expectations always seemed reasonable and his care and concern for those he worked with unquestioned. He was fiercely loyal to his supporting troops who shared his battlefield. Indeed, he was himself in that field leading the charge up the hill and "walking the walk." Telling is the experience of "4:00 p.m. DeBakey Rounds." As a consultant, it was a privilege and expectation to be in the "Rounds Room" promptly, and ready to report myriad details on patients assigned. There were a number of consultants present. Each had to orchestrate quite an effort to see the many patients (frequently over 100), review outside records, obtain cardiac catheterization or other vascular and cardiac imaging studies, and have an opinion about what was happening with the in-patients, alerting him (tactfully) about problems, and making recommendations regarding subsequent workups and operations to be done. Most of the time he agreed with us! Always the films and reports of the day were available by 4:00 p.m. His staff and the residents and fellows assigned to his service made sure of that, or "rounds" would become unpleasant. In retrospect that was a reasonable expectation. Today I demand that the echocardiogram done an hour before I see a new consult be interpreted and loaded up on our electronic medical record, ready for me to review personally. This was, however, a remarkable feat, remembering how there were no electronic records and digital imaging and data transmission. The ritual began with the surgical associates, consultants, residents, fellows, nurses, secretaries, and, sometimes, visitors gathering in the "rounds" room waiting for Dr. DeBakey. He generally marched in briskly and sat in the chair before an expansive X-ray viewing box where he would reach for a red and #2 pencil while looking quickly at "the list." The supporting cast would collapse into an arc around him, all standing looking over his shoulders as the list was "run." I called it the "huddle" — the quarterback was crouched at the center gathering information and ultimately calling the plays. I smile every day at 4:00 p.m. here at the Cleveland Clinic remembering this as he influenced how we organized here. Because of the complexity of our heart failure, heart transplant, and mechanical circulatory support device practice, and interrelationship required between surgeons, cardiologists, nurses, physician assistants, rehabilitation, pharmacy, and placement and social service experts, and other "special team" players, communication about the patients was a nightmare. We began, over a decade ago, our own "huddle" and, no surprise, picked 4:00 p.m. to do it. Though it is not a practice management innovation unique to MED, it is certainly one which had unusual characteristics related to his discipline and insight. Now, throughout the Clinic, you hear about team communication "huddles" being carried out in virtually every patient care unit (of course made easier by the advances made with the electronic medical record). Still, DeBakey "rounds" were different and an experience. X-rays flew up and down on the lighted wall, cineangiograms clicked and flickered on the Tagarno screen (there were always 2 projectors there in case one failed), laboratory data was reviewed and entered into a flow sheet, and patient management plans agreed upon. No idle chat. Extraordinary was watching DeBakey's large, hairy, and somewhat gnarled right hand gently grasp the pencil as he wrote out each patient's diagnosis and operation in a gentle flowing longhand script without any abbreviations. His handwriting was perfection. It was reminiscent of a young Catholic grade school nun's writing. It was artistic. But this was trumped by his pencil renderings that documented, all in its proper space, a patient's cardiovascular anatomy and the operations done. As patients returned year after year with changing anatomy and yet more operations, layers of notes would be taped one on top of another such that an extensive collection would build on some. This provided source

documentation for his many reports in the medical literature. The gentle artistry of these figures was astounding. They were beautiful and stunningly complex on occasion, and all done during the "huddle." Of course there were tedious and sometimes strained moments during "rounds." Pity the resident who could not find a recent chest X-ray to display, or the consultant who fouled the Tagarno! I remember one particular afternoon when the surgery resident assigned to the rounds room left for an emergency. My cardiology fellow at the time was Dr. Frank Smart, who many will remember as a hard-working and exceptionally bright young clinician. Many will also remember that he was well over 6 feet tall with a massive frame. In the absence of the surgical resident, Frank, not having been to many DeBakey rounds and not being familiar with the protocol and rounds room etiquette, jumped forward in his usual enthusiastic manner to help put a series of angiograms up on the view box. He loomed over Dr. DeBakey, and not being used to this task, was a bit slow while getting them up backwards. Dr. DeBakey became impatient and annoyed and started barking a bit at Frank, who reddened and flayed around with increased, but even more, ineffectual vigor. After a few minutes of entertainment I learned over and whispered in Dr. DeBakey's ear that this was my fellow who was just trying to help in the absence of the surgery resident. DeBakey smiled, laughed, and jumped up with a "let me show you how to do this, son" comment. We all had fun with that moment and ever after Dr. DeBakey greeted Frank at rounds as if he was a consultant (but I don't think we ever let him handle the X-rays again).

After the huddle DeBakey would scurry off to see the patients waiting in his office clinic and then zoom up the stairs to the in-patients (early morning rounds took care of the intensive care unit patients with a second peak later in the afternoon). A carefully scripted run around followed with not a moment wasted. It was watching this dance that I saw several amazing MED skill sets. He had the remarkable ability to be with a patient and their family for just a moment, but make them feel as if it were an hour. He engaged everyone, prince and pauper, with a compassionate and caring conversation. He had a commanding yet soothing voice and demeanor. He was constantly doing a physical examination. This began the moment he entered the patient's room. During his conversation he would reach out and shake the patient's hand and immediately feel the radial pulse, the brachial pulse, check for cyanosis and gaze up to carotids and jugular veins. Quickly he auscultated for cervical, abdominal and femoral bruits. His large right hand went to the precordium for its own manual apexcardiogram, and then the abdomen to feel for an aneurysm. "Just looking for business" he once told me, but I knew better. He was simply putting the patient's cardiovascular disease burden into perspective. In an instant he had done a more complete cardiovascular and pulmonary examination than many cardiologists I have watched. He didn't miss much and certainly no one else found more. He was a quick study, and with but a glance he could make spot-on diagnoses. I think that, though a surgeon, he still had the heart of an internist. I always thought that he understood the cultural anthropology of the differences between specialists rooted in medicine versus surgery, though he did not discuss that very much. I remember pondering a bedside EKG monitor quite early one morning in the Fondren Surgical ICU. All night had been spent trying to control a vexing and problematic ventricular arrhythmia, or so we thought. Dr. DeBakey cruised by the foot of the bed, glanced at the monitor quickly as he passed, and said sotto vocce, that we should do something about the gentleman's pericarditis and atrial fibrillation. Embarassed, I listened to the patient's chest, heard the buzz saw friction rub, and reassessed the rhythm strips carefully. Sure enough it turned out to be paroxysmal atrial fibrillation with aberrancy and a rapid, but when looked at really carefully, irregularly irregular ventricular response. The lidocaine and other antiarrhythmics were stopped, the heart rate slowed with beta blockers, and the Dressler's syndrome treated with a quick resolution. It wasn't even Dr. DeBakey's patient. DeBakey was a master clinician who practiced "blink" long before it became a popular and cultish business book concept.

Of course, Dr. DeBakey lectured widely and prominently worldwide. I was always amazed at how many invitations he was able to accept. Of course he traveled efficiently as with everything else he did. His travel schedule seemed brutal to me. Nonetheless, he would go to a small Midwest town with just as much enthusiasm as when he traveled to New York City. I don't think he looked at a prestigious, endowed, or honorific lecture any different than he did grand rounds in Hays, Kansas. His world travels, often to obscure destinations or places eschewed by more politically correct academics, gave him a forum for sharing his concepts and surely helped make him legend. I enjoyed his lectures because I enjoyed seeing the meticulously done graphics that depicted his operations. That being said, he could sometimes overwhelm the audience with a long and rapid fire multi-slide carousel presentation with hundreds of images accompanied by a soft, sometimes soporific Southern Louisiana drawl.

On several occasions, after leaving Houston, Dr. DeBakey did me the favor of lecturing at events that I was hosting. A few years after arriving at the Cleveland Clinic we had an invited lecturer drop out after a kerfuffle developed between him and one of our senior leaders. This was an endowed and named lectureship that brought world-class individuals to the clinic to be a visiting professor and spend the day with our cardiology fellows. The fellows chose the honoree and then came asking if Dr. DeBakey might consider the invitation. Of course he came, despite the short notice. It was unusual because a surgeon had never before been invited to this affair. As part of the program, the visiting professor would round with the cardiology fellows and internal medicine residents in the coronary care unit. In addition to giving his now-famous lecture on the difference in atherosclerotic risk factors based on the vascular regions affected (a compendium of his decades of surgical experience with atherosclerosis), he joyfully rounded in our CCU. His lecture was perfect for the medical audience and I think that some of the younger trainees did not think of DeBakey as a surgeon. I was pleased to see the patient chosen for presentation in the unit was a recently admitted dissecting thoracic aortic aneurysm. I was not happy, however, when the resident began the presentation by describing the dissection as a "Stanford Type B" problem. He obviously had not done his homework and did not realize the proper description, at least in my view, should have been a "DeBakey Type III" dissection. I was gritting my teeth at the back of the crowd. Dr. DeBakey proceeded to graciously give an extemporaneous 20-minute lecture on the history of the recognition of thoracic aortic dissection, its pathophysiology, and its past and present treatments. He was captivating and always used the "Stanford" classification terminology, never referencing his own classification system until our chief fellow pointed out the faux pas to everyone. MED really was brilliant in this small group setting and appreciated that fact that he was speaking with cardiologists and internists rather than a surgeon. I will also always remember one more aspect of that visit and it related to Dr. DeBakey's skills with fundraising. He wanted to know everything about the donor who had endowed the lectureship. It was happenstance that the gentleman was in the hospital at that very moment, having fallen and broken a hip. Dr. DeBakey asked if he could meet him and so off we went. When in the room, Dr. DeBakey thanked the donor profusely for creating the lectureship that enabled him to travel to the Clinic to "learn so much from my Cleveland friends." He noted his respect for the Clinic and the contributions of our surgeons and cardiologists while emphasizing how important philanthropy had been to our cardiology fellowship training program. He then suggested that the donor consider making another gift. Yes, I learned much about philanthropy watching that encounter.

As president of the International Society for Heart and Lung Transplantation in 2001 and 2002, I was honored to have Dr. DeBakey give a special "Pioneers in Transplantation" plenary session lecture on the development of ventricular assist devices. He was extraordinary. Traveling alone in spritely fashion, even though he was in his early 90s, he walked briskly into the convention hall nattily dressed. Outside of the hospital and his blue scrub suit, Dr. DeBakey was sartorially elegant. He handed me his carousels (the ones that held 120 slides) and smiled when I reminded him that the lecture would be 20 minutes. Having heard the presentation, and knowing that Dr. DeBakey "spoke to the slide," I was able to surreptitiously remove all but about 50 of the most critical slides. The lecture started and, sure enough, Dr. DeBakey addressed each slide as they appeared and he never missed a beat, finished in less than 30 minutes, and said nothing about the imposed edits. Dr. DeBakey returned to the Cleveland Clinic in 2003, shortly after his 95th birthday, when he was the recipient of the George and Linda Kaufman Award for distinguished contributions to the care and management of heart failure patients (Figure 1). He still traveled alone, and when met at the airport, he was pulling his carry-on roller bag behind him as if he were a traveling athlete, albeit, a bit slower. Again, we all had an extraordinary time sharing his joy of life and passion for our profession.

Dr. DeBakey was a cultured gentleman and enjoyed the arts and literature. Given his hellacious clinical, investigative, political, and administrative schedule, I was always amazed at how up to date he was with contemporary events, and clearly he was a student of liberal arts. He was well read and faithfully perused several newspapers daily. He was well educated and knew of my interest in the literature of medicine and literary physicians, particular those who wrote poetry and short stories. I recall one afternoon, after an abbreviated rounds session, a rare idle moment where we spoke of our interests with the medical and surgical residents in the room. Dr. DeBakey asked them to name their favorite poet or poem. Blank stares came back. It was a fascinating, yet disturbing moment. A few days later, DeBakey came into the rounds room gently cradling a distinguished-looking, leather-bound first edition of Thomas Gray's poetry that included (or perhaps was completely devoted to) *Elegy Written in*

a Country Churchyard. He read many of the now-often recited lines including "One morn I missed him on the customed hill, Along the heath and near his favorite tree." I can't remember the discussion that followed, but now wonder which departed, other than his family and loved ones, Dr. DeBakey might have missed. Perhaps it was a mentor.

Hagiographic recitations are not productive. Rather, study of experiences shared during evolving careers gives insight. Hippocrates was correct in admonishing us to remember our teachers. Exemplary mentoring is best examined and remembered from the perspective of example rather than lecture. Anecdotes become more useful when linked together to form a case series, and I was fortunate to have many interactions with Dr. DeBakey that created a robust and positive mentoring experience. Indeed, because of others who have also contributed both in positive and negative ways to my mentoring, a rather extensive case controlled series of professional events and adventures has amassed. Some of the case controls were not experiences to make one particularly proud or remember with fondness.

Dr. DeBakey's mentoring was always profound, admirable, exemplary, and taken to heart. Truly, DeBakey was a teacher and mentor who, as Henry Adams said, "affects eternity" with influence that will never stop. To realize the scope of that, one simply has to be driving on Interstate 70 through Kansas, and see the giant billboard with DeBakey's picture announcing the Michael E. DeBakey Heart Institute of Hays, Kansas, or in Kenosha, Wisconsin where a similarly named heart institute resides, or sitting in the DeBakey auditorium at the University of Strasbourg in France, or passing by the DeBakey Veterans Administration Hospital or the DeBakey High School for Health Professions in Houston, Texas. Perhaps these are the Sagittarius constellation of our profession, and turning our gaze to them will help mentor us as Dr. Michael E. DeBakey surely would have done had he still been "…on the customed hill, Along the heath and near his favourite tree." Perhaps that place is the "rounds room," the operating suite, the patient's bedside, the research laboratory, the lecture podium, or a conference room.

Figure 1. Dr. Michael E. DeBakey receiving the Cleveland Clinic George and Linda Kaufman award for meritorious contributions to the care of heart failure patients in October, 2003, shortly after his 95th birthday. Drs. Patrick McCarthy and James B. Young, surgical and medical directors of the Kaufman Center for Heart Failure, flank Dr. DeBakey left to right. The joy and passion the youthful-looking and sartorially elegant DeBakey had for our profession is obvious as he shared his wisdom with the audience.