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One year ago, when I took the stage at the American College of Cardiology convocation in Chicago, I predicted that it would be an exciting year for the college. And it has indeed been an amazing year. I am proud of the ACC's efforts to promote patient-centered care. I am proud that we have, for the first time, a public member on the ACC Board of Trustees. I am proud of our increasing global outreach and of the new resources we have developed to promote patient engagement and make life easier for the health care team. In fact, those of you who know me well know that I love technology. I suspect most of us gathered here today do as well. But as I reflected on this past year, on our collective achievements and the memories that are most important to me, I realized that the most salient features of the past 12 months had little to do with new apps, new technologies, new discoveries, or new data. Instead, what will stay with me most are those events that fostered an intense human connection.

One event stands out to me in particular—the experience of being a torchbearer at the 2012 Summer Olympics. Let me preface these comments by saying I am not a runner. I only started



Dr. Zoghbi carries the Olympic torch during his leg of the run to the next torch bearer.

to exercise regularly a few years ago, with a Russian trainer nonetheless! But I hated running. An invitation to carry the Olympic torch, however, can have a profound impact on one's preference. So, I started preparing, and then I started enjoying the idea of running with the torch. I figured I could handle 400 yards carrying a 3-pound weight overhead.

The torch itself was symbolic at multiple levels; it was made of 8,000 rings representing each of the 8,000 runners who would carry it to its ultimate destination. But it was the people who stand out in my memory. Most of the torchbearers were champions of health in some way, either as professional health care givers or by virtue of having overcome their own adversity and using their experience to help others. The person whose flame lit my torch had had craniopharyngioma. The tumor and five surgeries later had left him cured but legally blind, yet he was known throughout Oxford for his volunteer work with numerous patients at the local hospitals. The person whose torch I lit had been crippled by scoliosis, and multiple subsequent surgeries had left him paralyzed from the neck down. Yet after persistent physical therapy, he was able to walk again—and, here he was carrying the Olympic torch. Another torchbearer was a diver who had been in a coma for months; gradually, he woke up and now was back to normal. All of the people I met had amazing life stories, and I felt humbled and grateful to be among them.

Then there was the run itself. Every torchbearer is flanked on each side by two official runners from the Olympics who are there to make sure nothing goes wrong. There also is a van that follows you—I thought just in case you collapse and need to be carted away (they could have made that van a little less obvious!). Initially, I thought I would just walk, take it slow, savor the experience. But when I got to my post, the official runner asked if I had any disability, and when I said no, he said “let's run.” So we ran. For the next several minutes, I was hardly aware of my legs, or even of running. The overwhelming sensation was of the crowds cheering along the sides of the streets. Their excitement, exultation, and eagerness to cheer us on overpowered every other thought or feeling I had. I just wanted to give back to them, to acknowledge the power of the moment, and let them share in the joy of it all. Those 400 yards went by in a flash. All the preparation I had done was important, and I'm happy to say I wasn't even out of breath at the end. But the preparation was just a means to an end: it allowed me to fully experience the main event and concentrate on the human connection it was meant to foster. This is very much like the practice of medicine. The point of all the preparation, and all the checks and balances in place to help us avoid disaster, is to be sufficiently masterful so we can concentrate on the human connections we make, both with our colleagues and our patients.

New fellows and associates of the college, you are the torchbearers for cardiac health. As we meet year after year at this convocation, you are the ones starting this journey, and you will pass the torch along to subsequent generations. I can feel your excitement tonight. But remember that, just like the Olympic torch, what we give to one another is symbolic, and it is a means to an end. What we all want is human connection. Some of our patients come to us in greater need of warmth and hope than any medicine or procedure we can offer. The same is true for us health care providers, who are increasingly stretched thin—we too are in need of human connection.

This meeting, to be sure, has been focused on disseminating information—the most exciting findings, and the most promising directions in research. But the reason we come together to meet face-to-face is because there is no substitute for human connection. Technology is wonderful and it makes access to information unbelievably quick and easy. But as much as information can help our patients and help us improve our practices, mere information is not sufficient to produce change. It is relatively easy to know what one ought to do but far more difficult to do as we ought to do. For that we need motivation, support, and time for reflection and understanding. Too seldom do we talk about this gap between information and wisdom. I think it is because the solution is not amenable to posting on a website or measuring on a test. Yet it is often what we seek.

We talk about patient-centered care, and I believe it is important. I'd like to talk about human-centered medicine in general, medicine that takes into account our collective human need for communication, presence, warmth, respect, and appreciation—the very qualities that are most threatened by our increasing lack

of time and bureaucratic burdens. I'm suggesting that we put the heart back into cardiology; in fact, I submit to you that this is as important in securing the future of health care as taking care of patients. It is our collective duty. I have no doubt that each one of us does our best to carry out our responsibilities, be it as a caregiver, pharmacist, researcher, or administrator. But I want to encourage all of us to remember the importance of the human connection. Keep searching for what people around you really need, find your compassion, find your passion, and see it through. Engaging beyond the call of duty enriches our professional and personal lives. I have learned so much from being engaged in the college throughout the years. It has contributed to my own growth as a physician and as a human being. This past year has been the pinnacle of my learning process thus far, because it has brought me into contact with so many sterling individuals I would not have met otherwise.

I want to close by thanking the members of the executive committee, trustees, and governors for their wisdom; for my colleagues at the Methodist DeBakey Heart & Vascular Center who selflessly stepped in to help fill the void that opened as I carried out my presidential responsibilities; for our member volunteers and the incredible ACC staff who are tireless in their efforts to carry out the mission and vision of the college; and for my family, who have been so supportive every step of the way, keeping up with my trail on our large physical map of the world. The 65th trip of the year on this map brought me here to San Francisco, among all of you. It has been a phenomenal, enriching, and memorable year. Thank you for your trust and for the opportunity to serve.

IN THE NEWS

Cardiovascular Stem Cell Expert John P. Cooke Joins Methodist Faculty



John P. Cooke, M.D., Ph.D.

The Methodist Hospital is pleased to welcome John P. Cooke, M.D., Ph.D., as the new chair of the Department of Cardiovascular Sciences and director of the Center for Cardiovascular Regeneration at the Methodist DeBakey Heart & Vascular Center, effective July 1, 2013. Cooke will grow translational and basic medical research for three divisions of the Methodist DeBakey Heart & Vascular Center—cardiology, cardiovascular surgery, and cardiovascular anesthesia

and critical care. Cooke will also be a member of the heart center's cardiology staff.

A renowned expert on the use of stem cells to repair blood vessels, Cooke was associate director of the Stanford Cardiovascular Institute and a professor at the Stanford University School of Medicine, where he will continue to maintain collaborative relationships. Currently, Cooke and his team are working to perfect the method by which the cells lining blood vessels are created from stem cells and studying how these cells can be used to heal damaged blood vessels. Cooke is funded by the National Institutes of Health to perform clinical trials of adult stem cells for patients with cardiovascular disease. Previously, he discovered

that nicotine can speed up the growth of abnormal blood vessels in atherosclerotic plaques, cancers, and age-related macular degeneration, and his research group has developed therapies for atherosclerosis and angiogenesis.

Having received an M.D. from Wayne State University and a Ph.D. from the Mayo Clinic, Cooke has authored or coauthored more than 350 articles, filed 29 patents based on discoveries from his laboratory, is a former president and master of the Society of Vascular Medicine, and is an American Heart Association Established Investigator. Cooke currently is the project leader on four active NIH grants totaling over \$2 million annually.

"John Cooke brings immense benefits to Methodist," says Mauro Ferrari, Ph.D., president and CEO of The Methodist Hospital Research Institute. "He truly understands the team approach to science, is entrepreneurial, and his innovative, translational, transformative clinical trials show he is thoroughly committed to patients. Through John, Methodist will be establishing new collaborative relationships with Stanford's school of medicine, and we hope John in turn will find new opportunities for collaboration with Methodist faculty and with clinician researchers at our primary academic partner, the Weill Cornell Medical College."

Ferrari says Cooke's research in regenerative medicine could have far-reaching impacts on laboratories throughout The Methodist Hospital System, spanning cardiovascular and pulmonary sciences, urology, and orthopedics.