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# THE PURSUIT OF EXCELLENCE: MICHAEL E DEBAKEY AS MENTOR, COLLEAGUE, AND FRIEND

Gerald Lawrie, M.D., William L. Winters Jr., M.D.  
*From Methodist DeBakey Heart & Vascular Center, Houston, Texas*

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This past April, renowned heart surgeon Michael E. DeBakey journeyed to the nation's capitol, where he was awarded the Congressional Gold Medal by President George W. Bush. Inscribed on the medal is a quote of Dr. DeBakey's that reads, "The pursuit of excellence has been my objective in life."

For more than three decades, Michael DeBakey has been mentor, colleague, and friend to fellow MDHVC surgeon Gerald Lawrie. In an interview with William L. Winters Jr., cardiologist and editor-in-chief of the *Journal of the Methodist DeBakey Heart & Vascular Center*, Dr. Lawrie shares his experiences pursuing excellence alongside one of medicine's greatest pioneers.

**William Winters (WW):** First, I would like to congratulate you on your award as the DeBakey Chair of Cardiac Surgery. Having worked with Dr. DeBakey for so long, I cannot imagine a more appropriate person to be awarded this chair. When did you first meet Dr. DeBakey?

**Gerald Lawrie (GL):** As I began my thoracic surgical training in Sydney, Australia, one of the two cardiac surgeons in our unit had trained in Houston with Dr. DeBakey. In 1972, the hospital invited Dr. DeBakey to come to Sydney as part of a national Australian symposium on cardiac surgery at the Prince Henry Prince of Wales Hospital, the teaching hospital of the University of New South Wales. As the thoracic chief resident, I was given the honor of escorting him throughout the week, and at the end of that visit, he invited me to Houston for a year. At that time there were 14 cardiovascular fellows, and Dr. DeBakey was an utter legend internationally, so I thought this was the most incredible opportunity I could have imagined. I came to Houston in June of 1974 not knowing a soul.

**WW:** How long was your training with him?

**GL:** It was meant to be a one-year fellowship, and then I had planned to go to Mayo Clinic for a year with Dr. Dwight McGoon. I was actually interested in pediatric heart surgery at that time.

**WW:** Did you go to Mayo Clinic?

**GL:** I went over and visited, but then Dr. DeBakey offered me a staff job in Houston, and Dr. McGoon was kind enough to release me from the fellowship I had previously arranged. I joined Baylor as an instructor in 1975.

**WW:** You worked through the years with Dr. DeBakey?

**GL:** We operated together for 25 years, and I learned something new from him every day. There was a lot of learning in the beginning, and as the years went by it was not as much the amount as the quality: the hints, suggestions, and approaches to problems that continued throughout that period.

**WW:** What struck you about his work, his direction in life?

**GL:** I think he came from an era in which there was a small group of great surgeons - giant figures who were held in high regard. I'm sure there are

still some very good leaders in surgery, but there was this unique, elite group who had really devoted their lives to excellence in all aspects of surgery - in clinical care, teaching, research, and education. Dr. DeBakey didn't just talk about the importance of excellence. He truly pursued it, relentlessly, in all these areas.

**WW:** Was he performing aortic vascular surgery by the time you had joined him?

**GL:** Yes, he had completed the developmental phase and was entering the more "routine" phase. Mortality had declined but was still significant. For example, resection of an ascending aortic aneurysm was still considered a somewhat high-risk procedure, whereas now it essentially has almost no mortality. We were still in the phase where the grafts, which he had developed, were still difficult to use. The heart-lung machine technology was not well developed and still damaged the blood. Ventilators were still primitive, and we didn't really understand conditions such as acute respiratory distress syndrome and renal failure. None of the current technology was really available, and we were tackling arch aneurysms and thoracoabdominal aneurysms. This was epic surgery. And for a young

29-year-old Australian, this was like a dream come true - to be immersed in this endless volume and magnitude of surgery around the clock, seven days a week, Christmas, New Year's, Easter...

WW: His "rounds" were legendary...

GL: Yes, absolutely. His nurse, Sylvia, was sort of a sergeant major. She had this route mapped out that took us to various floors, down various fire escapes and stairs to different areas in the hospital. The residents were supposed to lead the way, followed by the other surgeons. They had all the patients' lab work and they would lead Dr. DeBakey to the patients. He would occasionally be led to the wrong patient's bed, and that would lead to a little interaction with the residents. The one I best remember was the time we were on a furious pace, and the resident opened the door to what we thought was the patient's room, and we all packed into this storage closet.

WW: Was he as much the perfectionist as history says he was?

GL: Very much so, but it was because of our patients. This is what people don't always understand. It is not us who suffer when we don't make the effort to be perfect: it's the patient who suffers. That is really what drives him to be a perfectionist. He not only insisted on perfection and attention to detail from all of us, but he also pursued it in technology, instrumentation, and materials. In fact, the majority of instruments used today have his name on them. If you go to an instrument catalog, they are the same ones that were developed back in the '60s.

WW: Have the surgical techniques changed much over the years?

GL: The cutting and sewing part of our surgery have changed very little. By the time I got here in 1974, they had perfected the surgical techniques of this

specialty. There are many places today where the pure technical part is still not performed as well as it was being done here in the late '60s. When I came in 1974, I had had some prior exposure to it, but after the first few years I was operating at a level that I had never even understood existed.

WW: Has Dr. DeBakey changed over the years?

GL: Talking with him is the same as it was in 1974; I don't discern any difference. When you meet him and shake hands, he still has these big, strong hands that he has always been very proud of, and he gives you a firm handshake. My former chief from Australia visited here just recently, and Dr. DeBakey asked us to go to dinner with him. During dinner, he was talking about the political divide in Congress, the composition of the Supreme Court and its influence on future trends in the United States. And he was the same as when I first met him; he had the same strength in his voice and the same enthusiasm and energy.

WW: What do you consider his unique attributes as a teacher and a mentor?

GL: The first thing is that he is a very accomplished leader, and that is a rare quality. Even early in his career, when he was with Dr. Alcon Ochsner, you can see that he always had this ability to lead. He was taking the initiative to produce a tremendous volume of papers; he always published the biggest review article, and this was when you had to go to the library and pull each journal individually. There wasn't even a Xerox machine you had to make notes by hand. So the physical work required to produce a review of 1,000 patients was just enormous.

He also has immense integrity. He volunteered to go into the Surgeon General's office in World War II. That was something he could easily have skipped. He went overseas to the war

zones and helped organize the first Mobile Army Surgical Hospitals, known as MASH units. Then, at the end of World War II when everyone was demobilizing, there was a large volume of veterans with serious vascular complications. He took the initiative to ask his colleagues to stay in the Army for another year to care for these veterans, and most of them re-enlisted. This is a little-known fact that illustrates his character. Very quietly and not seeking any credit, he simply wanted to be sure that these veterans who had served honorably and had been seriously wounded were cared for.

"Kind" and "shy" are two other attributes you don't often hear people use to describe Dr. DeBakey. He has helped so many people, including me, and in so many ways - with family, with education. He has tremendously good judgment, and his reputation has led many presidents to seek out his advice. And yet he's very modest for all his accomplishments. He would go off for the weekend and return, and later in the week you would find out that he had spent the weekend advising President Bush or President Nixon. He didn't talk about it on Monday when he returned; he didn't announce that he had had lunch at the White House.

WW: What do you think his legacy will be?

GL: I think he unquestionably established what we call a "school of surgery." When you look at all the great surgeons throughout history, their single greatest legacy is usually their influence on those who trained under them. Everyone who spent time with Dr. DeBakey developed the "DeBakey Approach" to patient care. I don't just mean his skill in the operating room. I mean his whole approach - being very careful about how you evaluate patients, not being in a rush to operate. We are in an era where everyone is under pressure to operate, and very often people benefit greatly

by being brought into the hospital and observed for awhile, letting the dust settle, and allowing everyone to form good judgment.

He funded a lot of research out of the DeBakey Foundation, which he personally put together through royalties from his instruments and grafts and through patient benefactors. He was committed to research, and I think at one time there was about \$40 million that had accumulated. He was a good chairman in the sense that he provided. Occasionally, when I was a bit discouraged, we would sit down and talk. I was just a young guy and he took the time to encourage me and hear my thoughts.

He'll also be known for his magnanimity and his breadth of view. Whenever he faced personal or professional conflict, he put it to one side and was never deflected from doing the right thing. He was willing to work with anybody if it would help the cause. He understood the big picture and he would strive for that. If someone was attacking him over something trivial or simply didn't like him, it didn't matter. He wanted to get the job done, and he would see it done.

**WW:** He didn't tolerate fools well.

**GL:** No, he didn't. But once he recognized that you were committed to perfection and excellence, he was very easy to work for. He had certain things he wanted you to do, and then he left you to do them, and he would support you to the hilt. I remember Hugh Tullos telling me one day that he had been called in to Dr. DeBakey's office and appointed chief of Orthopedic Surgery at The Methodist Hospital. Dr. DeBakey said, "Well Hugh, if I can help you, give me a call." Hugh didn't need any help, and so he didn't call him. Twenty years went by and there were no calls. Dr. DeBakey picked the right person, put him there and let him run the service. This was his leadership pattern: to pick someone he thought

was capable, have the confidence to set them to work, and then, when they came to him for help, he would provide it.

**WW:** I believe you have enjoyed a most unique picture of Dr. DeBakey. He truly is one of a kind, isn't he?

**GL:** I have met a lot of leading people in the course of my medical career, but I have not met anyone else who embodies his leadership or character. His commitment to the humanitarian aspect of our profession has driven him.

We hear all the time about leaders of big corporations; we read biographies of famous people, and we find things that are a bit anticlimactic, things they have promoted that weren't really true. Dr. DeBakey is one of the few legends who I believe lives up to the meaning of the word.

**WW:** Can you believe that he is still going strong at the age of 99?

**GL:** Everyone around Dr. DeBakey has worked under the assumption that we would predecease him, and that seems to be playing out.

**WW:** The fact that he is alive because of his own research and operative procedures is a unique epilogue to his extraordinary career.

**GL:** It seems only right that Dr. George Noon, whom he trained and was so very close to through these many years, performed the surgery to correct his dissecting aortic aneurysm.

**WW:** Gerald, thank you for your reminiscing with me on your experiences with a truly remarkable man and his career.