

A TRIBUTE TO MICHAEL E DEBAKEY, M.D.

A GREAT FRIENDSHIP

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In 1982, prior to accepting the position as chief of cardiology, I had my first meeting with Dr. DeBakey. It was with concern and trepidation that I went with Dr. Antonio Gotto into this meeting since rumors abounded concerning DeBakey's demands and the potential difficulties to work alongside someone of his caliber. While Dr. DeBakey was already in his 70s, he was still chief of cardiac surgery and chancellor of Baylor. I shall never forget my first interaction when, after greeting us, he immediately turned to me and said, "Bob, I know you have heard a lot of things about me and about how I am very demanding. This is really not true. All I ever wanted was the very best, and there isn't much of that."

The remainder of the interview was delightful, comforting, and one of enticement for me to pursue my dreams to develop a cardiology division based on molecular biology. Over the next 23 years, it would be reinforced many times that DeBakey truly strived for excellence in all aspects of his dealings. My office was directly across from his, and my interactions despite his busy world were frequent and always inspiring. A few months after my arrival, he received an award in Italy to which several of us were invited to attend. I left Italy on Thursday to attend another meeting on Friday, and as I was leaving, he said to me, "It might be time to restart the cardiac transplant program." He asked if we could meet that Saturday morning. On return to Houston on Friday evening, realizing that Dr. DeBakey was returning at the same time, I wondered if he really meant to meet the next morning at his usual time of 6:30 a.m. After all, he was in his 70s. I played it safe and showed up at his office on time. Michael was sitting in his office dining room with two breakfasts, waiting for me. And so began my respect for his intense devotion and endless energy. I would never again remind myself of his age.

Upon accepting the position as chief of cardiology, I had explained to him that I wanted to develop a competitive cardiology fellowship training program that would be among the very best in the country. This meant that individuals and dignitaries from different countries in

which Dr. DeBakey was well known may not easily have one of their friends accepted for training here. This had been a prior complaint. Dr. DeBakey remarked to me, "Go for the best and I shall be there for you." Over the next 22 years, whenever such events evolved, Michael always contacted me first and gave me the choice. There were many episodes, whether it was working with the CIA or taking care of royalty, that were memorable events afforded me by my acquaintance with this great man.

In my dealings with Michael, two core values were forever present. Always think big, without a ceiling, and never let the barriers of time and hard work prevent you from going for the best. In my years at Baylor, Michael E DeBakey never ceased to inspire me. His death meant the end of an era, the end of the greatest statesman medicine has ever known, and truly the end of an ever-inspiring futurist. For me, it is also the end of a great friendship.

IN PRAISE OF THE GREATEST SURGEON EVER

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In matters of longevity, very few people not only have outdone the vast majority of humankind but have made such good use of their extra years that they are a wonderment to the rest of us. These are people who stride through their ninth and tenth decades with much the same enthusiasm and productivity that characterized their fifth or sixth. We would all like to emulate them, but nature and reality dictate that only a minuscule number of us will be granted the realization of that hope. Such a devoutly wished-for consummation would demand a unique combination of nature, nurture, and luck given only to supremely rare individuals who might be called outliers on the graph of human capability.

Such an exemplar of vibrant longevity is Dr. Michael DeBakey, who died at age 99 on July 11. He performed some 60,000 operations on the heart and major arteries during his career and had a hand on the introduction of virtually every significant cardiac procedure now being done, as documented in the 1,600 publications of medical literature. I first met him in 1998 when we spent a morning

A TRIBUTE TO MICHAEL E DEBAKEY, M.D.

together in New York for the release of a book with which we were both involved. We kept in touch over the years, and I traveled to Houston in 2005 to spend a few days with him. On that trip and over the course of several conversations in both cities, he revealed the spectrum of his knowledge in various areas.

DeBakey had a knack for one-on-one talk and spoke with the authority of a man who is accustomed to being listened to. But he was a good listener as well, at least to people who had something significant to say. Our conversations encompassed topics as the history of science, the Industrial Revolution, the origins and theology of Islam and Christianity the Reformation, the renaissance, the 18th-century background to American democracy, literature, poetry, and a seeming score of other subjects. In each area, he proved himself to have mastered large amounts of information and to be very articulate in expounding on them.

But none of this broad-ranging description captures the essence of the man or the driving force that propelled him into so many areas with so much. During one interview, I asked him about such things. His answer was deceptive in its seeming simplicity:

"Curiosity and the seeking of knowledge is a transcending life force - almost, you might say, spiritual. It has a driven character to it. It drives you intellectually, and to an extent physiologically. The brain influences the body in ways we don't know about."

IMPRESSIONS OF MICHAEL DEBAKEY

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In 1984, I became a first-year medical student at Baylor College of Medicine. Baylor was without question most noted for its advances in cardiovascular surgery due to the pioneering work of Michael DeBakey. I was aware of this, but with the requisite youthful dose of "that was then, this is now," I sensed the new frontiers of medicine would be in a different dimension.

My first encounter with Dr. DeBakey was during a photo shoot for a major Baylor fundraising campaign. When he arrived, they quickly ushered him forward and showed him exactly

where to stand so they could rapidly commence. What surprised me was that rather than focusing on the cameras, he took up his assigned spot and started talking to us, asking us about what we did and where we were in our educational journey. Naturally, we all responded and looked at him while we were speaking. He joked, we smiled, and the cameras snapped repetitively. The result was a terrific serious of shots, with us, the students, looking up to Dr. DeBakey as a mentor in a very natural way, and he engaged in conversation ... because we were, and he was.

A few years later, when I was finally doing my two-month surgery rotation, my team was told that Dr. DeBakey would spend an hour with us to discuss surgery. I had expected him to pontificate with respect to surgery's profound contributions to medicine. Instead, he spoke to us as a senior colleague and a friendly advisor. He talked about choices people make in their careers and common elements required to be successful in whatever field one chooses. He shared what drove him personally and professionally, and at one point he said simply, "You have to love whatever you do in order to be good at it; me, I love surgery." For someone who was the world's recognized leader in cardiovascular surgery, with a reputation of being one of the toughest people in the surgical suite, using the "L" word in reference to work had real impact. He conveyed a deep intellectual and emotional commitment to his profession and his patients. He also communicated that both of those components of commitment were essential to being happy in your work.

I also had the opportunity to join him in clinical rounds, where again he surprised me. He was wholly focused on the patient. I recall one patient who was being prepared for a carotid artery procedure the next day. He reassured her and held her hand. It seemed as if he knew her as a person, not just a patient. He turned to us only briefly to explain a thing or two, quickly turning back to her, restoring eye contact, to discuss the upcoming procedure. He put the patient first.

Both my direct and indirect encounters with Dr. DeBakey have affected my career, my health, and my

A TRIBUTE TO MICHAEL E. DEBAKEY, M.D.

philosophy. Even if exposed only briefly, one cannot help but be influenced by someone who had such a passion for medicine and positive energy for life.

DR. MICHAEL E. DEBAKEY'S SECOND CAREER AS MENTOR

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My reflections about Michael DeBakey span back to when I first met him 38 years ago, after he already had made mammoth contributions to cardiovascular surgery. In fact, you could argue that much of my time with him resided within his second career.

In the late 1960s, almost 10% of the country's open-heart surgeries took place on Fannin Street in Houston - it was an epic addition to a well-respected but relatively minor medical school constrained by its parent university. Dr. DeBakey took the lead in compiling the building blocks that allowed the formation of the independent medical school, Baylor College of Medicine. As Baylor's first president, he immediately made it clear that his aspirations for the school were directed at making it a major force in medical research and scholarship. There was massive recruiting of faculty and changes in the curriculum.

In its first ten years, Baylor built an outstanding graduate program, founded a National Institutes of Health-funded M.D.-Ph.D. program, and was awarded the National Heart, Lung, and Blood Institute's (NHLBI) only funded National Research and Demonstration Center ("Supercenter") in heart disease after a nationwide competition. During this time, Dr. DeBakey continued his clinical load and served as chairman of the NHLBI Council while fighting the entropy of a rapidly growing medical school as it rose to the international prominence it now enjoys. He still eagerly communicated with us regarding research development and was a stern but generally amiable mentor.

In the early 1980s, Dr. DeBakey announced his intention to retire from his administrative positions at Baylor but continue his medical practice and his role in the Methodist/Baylor Cardiovascular Center. We had built an extensive core structure that facilitated research

growth in the center. When the NIH elected to discontinue that program in 1985, the center's infrastructure required support. Dr. DeBakey established the DeBakey Heart Center endowment, which supports the center to this day. I assumed the position of scientific director, and Dr. DeBakey remained the director for the rest of his life. I think it is possible that his generous guidance and mentoring during these last decades may ultimately generate a greater contribution to cardiovascular scholarship than his more obvious and prominent accomplishments. He was an ever-accessible presence to share our triumphs, help us with our travails, and demand our excellence. He wished for the heart center to be a "community of scholars" and to transcend the institution to serve the Texas Medical Center and other scholarly institutions, and he supported ventures to reach those goals. The faculty members who passed through that system reached impressive heights in their careers around the world and are certainly an important part of his legacy.

As my career evolved, Dr. DeBakey supported and boosted my research career and pushed me to assume leadership while buoying my confidence. I looked forward to our meetings and treasured their content. Science always came first, followed by the administrative issues associated with a large organization. The most amazing part of our meetings was his personal interest in me throughout my career. As my mentor, this private and gentlemanly man expressed concern and sympathy and offered sensitive advice.

In the mid-1980s, Dr. DeBakey sat down with me to discuss the future and his vision; he was approaching 80 years of age, and the DeBakey Heart Center was just beginning its maturation in the setting of a real recession in Houston. I feared that he was easing out of leadership and said to him: "Dr. DeBakey, when I came here I was warned to be careful about your subsuming my career with clinical demands. Dr. Eugene Stead told me that a 30-year-old man should not worry about a 60-year-old man because he wouldn't be around that long. Now I am 50 and you are 80; in 20 years we need to revisit this."

Dr. DeBakey smiled and said, "Well, we can always hope."

He almost made it, missed by two months - one of the few times he came up short. May his memory be a blessing.