

SCA Past President Interview Series: Jerry Reves (May 6, 2023)

Start Time	End Time	Text
00:00:00:00	00:00:41:08	All right. It's my very great pleasure to be interviewing Jerry Reves, starting out by introducing who he really is, who is the first elected president of the Society of Cardiovascular Anesthesiologists. And that occurred in 1979. The first meeting was 79. I guess you were elected in 1980. And I thought before we talked about the SCA, it would be great for all of those who watch this interview to learn a little bit about you before the SCA.
00:00:41:12	00:01:17:04	So maybe you could tell us a bit about your education and how you ended up as a cardiac anesthesiologist. Sure. Jamie, it's a pleasure to be interviewed by you. I have a great deal of respect and admiration for you and your career and me. I was born in Charleston, South Carolina, where I live now, and I went to college at Vanderbilt University intending fully to be a lawyer.
00:01:17:06	00:01:58:18	And I majored in geology, to be sure I had an easy science. And then I decided halfway through college that medicine might be more interesting. And I decided this. My mother than it was at the time, a psychiatric social worker. And my father was head of math department at the Citadel. And I found that the students with me at Vanderbilt, there was pre-law and there was pre-med, and they kind of were different.
00:01:58:20	00:02:31:10	And the more I hung around each group, the more affinity I had actually for the pre-med group. I'm not sure why I think they were a little more serious about their future. And so anyway, I found myself applying to medical school instead of law school. And I went to medical school at the Medical University of South Carolina, which is the oldest medical school in the south.
00:02:31:13	00:03:09:17	And then the summer before my medical school, I started doing Carnival vascular pharmacology research and Dr. Bob Walton's laboratory. And every day I would do open the chest of a dog and put strain gauge charge to measure contractile force and give drugs in the way we would. I would validate the equipment, blood pressure and the contractile force is I would get norepinephrine and I would see this great big response to contract force and the blood pressure would go up.
00:03:09:19	00:03:54:15	And I just loved giving drugs and seeing responses. So that led me to anesthesiology and particularly cardiovascular illnesses. And when you did your finished your medical school, then you where did you go when you pursued the anesthesia training and the cardiovascular training? Well, having decided that I loved to give drugs and see immediate responses, which do clinical pharmacology, I decided designed anesthesia was a feel for me and my love from before medical school.
00:03:54:17	00:04:38:03	The summer before was cardiac skill of pharmacology. So I wanted to go to a place that was doing first rate cardiovascular care and and research. And and I wanted to stay in the south where problems of being born a Southerner as an. Anyway, I, I looked around and it seemed to me that the best cardiovascular program that combined both clinical care and and teaching and research was in Birmingham at the University of Alabama.
00:04:38:03	00:05:11:19	Birmingham. You may remember Tinsley Harrison is his Harrison's textbook. He he was chairman of medicine. They had a very strong cardiology program. And then John Kirkland, who was the first cardiac surgeon to use for an extended group of patients, the successful use of Gibbons heart lung machine. And by that time, he had done that at the Mayo Clinic.
00:05:11:21	00:05:43:24	But by that time he was in Birmingham as chairman of surgery. And then there was this German doctor, Corson, who was bigger than he was. And he was big by bigger than he was. I mean, he he was a giant personality. And he was all about intravenous drugs, intravenous intravenous anesthetics. And ketamine at the time was his favorite.
00:05:43:26	00:06:27:09	But anyway, that combination of cardiology, cardiac surgery and an enthusiastic, innovative, creative pioneer, air and intravenous anesthesia made Birmingham UAB the spot. I wanted to go and I was fortunate to match there. And that's where I went. And and once in Birmingham, you were there after you stayed there, after you did training. Right. I went there in 1969, which is to be in Madison in the sixties.
00:06:27:11	00:07:02:28	We had everybody in the United States joined the Berry plan. The Berry plan exempted you from going immediately to Vietnam. And you got to do your medical school training, education, and then you rode the the country two years of service. You either could take it you either they told you what you would do, you would either go straight into the to the service.
00:07:02:28	00:07:31:11	The service that they decided was for you and or if you were in a specialty that they had a particular need in the war, they would let you finish it. Anesthesia was one of those. There were not that many people going into anesthesia in the late sixties. And so we got I got exempted and and got to finish my residency.
00:07:31:11	00:07:55:10	And I did a three year because one year was research. And in a way, I, I got to finish my residency and because of all of the stuff I'd done, I guess I got selected to go to the National Naval Medical Center in Bethesda and so I was in the United States Navy there. This was around 1970, right?
00:07:55:11	00:08:30:09	It's 71 two. Yeah. And and then and then I did mainly cardiac in, in the in the Navy. That was one of two places in the Navy that did cardiac. This was at a time when cardiac was just getting started. And so yeah. So after that I did go back to Birmingham and that was about the time I think, when the Association of Cardiac Anesthesiologists was being formed in Boston, which was very much a Boston thing.
00:08:30:11	00:09:01:09	And right at the start. Right. And and thanks to Uncle Sam, I was one year behind Bill Lowell. Bill Lowell was what arguably is the first cardiac anesthesia fellow. He did that with Lowenstein and the wonderful group Labor, etc., in Boston last year. Yeah, Mass General. And he was in the Navy at Bethesda one year ahead of me.
00:09:01:11	00:09:44:15	And I convinced Bill Loud sort of as well as Dr. Kirkland, that he actually should go from the Navy to Birmingham and establish a cardiac anesthesia program in Birmingham. And so I so Bill went a year ahead of me. And then and then the next year I joined him in Birmingham and Paul Samuelson, who had been a colleague of of levels at University of Rochester Medical School, came down.
00:09:44:15	00:10:19:20	And so the three of us, Bill Lowell, Paul Samuelson and I really put together a pretty good group in Birmingham at a time when when the American College, the Association of Cardiac and Statistics, was featured in and out of Boston. But we had Bill who was part of that. And ultimately I was. But anyway, we we knew there was room for more than that.
00:10:19:23	00:10:48:21	A larger crew. Larger group. Yeah. Which was became which is what became the NCAA after that. Yeah. And it was not our idea. It was George Burgess and Bob Marino and Martin Pure and Eisner Clinic. Yeah. And they had tried to join the Association of Cardiac Arrest Test. And like everybody else, we told it was a small group.
00:10:48:21	00:11:26:01	And since you hadn't been in Boston, you weren't. If we could pay a member. And so, so I mean, they had a couple of members that were from Boston, but not many and so joined it. So that the US group really seriously said we need another group. And did they reach out to you? It was interesting. They did and they did reach out to us there at that time.
00:11:26:03	00:12:03:15	Another New Orleans based organization was very successful at that time. It no longer exists. It's called the Southern Society of Anesthesia Ologist. And I still remember this quite fondly. We were meeting in the spring in Williamsburg, Virginia, at Southern Society of Anesthesiology meeting, and George Burgess came up to me and said, I know you guys are in in Birmingham and you've kind of formed a cardiac and and she's a group.
00:12:03:15	00:12:40:21	We have one and Ochsner and we think it's time for a more southern variety of anesthesiologists. But actually a national one that accepts any and all people interested in cardiac anesthesia. And we'd like to form it. And we are in fact, forming it. And will you please come and I think one of the pleasures of my life is that I've been able to hear good ideas and recognize them.
00:12:40:24	00:13:13:09	And it took about one nanosecond for me. This is really a good idea. Yeah, this is something that's needed. These guys have put it together and I think it would work. And as I say, the rest is history. Now, one of the kind of related to this in your history before that is that you wanted to pair research scientific knowledge with clinical care.
00:13:13:12	00:13:42:04	And when you when you went back to Duke and not back to very back to Birmingham with Bill, well, that was always a feature of your development of the cardiac group. Yeah, as I mentioned earlier, before even before medical school and by the way, all during medical school I had my own laboratory, which was I was doing independent work by my third year medical school.
00:13:42:08	00:14:20:21	And you paying more attention to my research than what's medical school honest. But, you know, I've always thought that having a hypothesis and finding the answer was one of the most exhilarating things to me professionally. And I thought it's that's how medicine progresses through research. And so, yeah, we always wanted research to be an important part of what we did in Birmingham and with the Society of Cardiovascular Anesthesia as well.
00:14:20:23	00:15:05:07	And, and, and at Duke. And so, yeah, research is always been a core value for me and something I've tried to encourage. And when you develop the, the group of the three of you in and at Kirkland's location in Birmingham and you created a fellowship cardiac fellowship in your group included research not mandatory, unlike the program which you Emory every year which you spent so much time and did so many good things which was I we all it was only 120 miles from Birmingham.
00:15:05:08	00:15:41:05	We always viewed that the Emory group as as an outstanding group of of cardiac anesthesiologist. And I think the emphasis there, Joel Kaplan had his book and you and your colleagues trained a great number of people each year in Birmingham. We trained very few, but part of their training was to write, to be engaged in research and to write papers.
00:15:41:07	00:16:10:02	If they didn't do that, we didn't really want them to finish. But we and we but to do that, well, we only had two or three fellows each year. We kept it small but kept it focused in those areas. So yeah, that was a difference. Obviously, if you were to ask me what the greatest contribution the SCA has made, it's education.
00:16:10:02	00:16:41:24	And I think that was a major contribution that the Emory Group made as well. I turned out a lot of great cardiac anesthesiologist and did it seemingly well and did it with volume, which is very different than the way we approach it, both at UAB. And then when I went to Duke, we kept it small there. We extended the fellowship to two years and required them to do one year research.
00:16:41:25	00:17:11:28	And you said in your your own training, in addition to the clinical training, you did a year of research which really mimics more other medical specialties. Anesthesiology fellowships don't usually include mandatory research, but you made that a feature of your training programs. Well, you bring up a sore point topic, and I if you read the launched they they the the chapter you did with Ed Long.
00:17:11:29	00:17:46:15	No the if you read my uh what's the name of that lecture. The Robbins thing. Yeah. Yeah. If you read the Robbins day lecture that I gave in 1984, published an anesthesiologist you'll see that comment on the value of research, the opportunity for us to do it, and the fact that we as a specialty have not pursued it like others.
00:17:46:17	00:18:12:06	Yeah, yeah. But I wanted to bring that up because that's a very big feature of your training. And I had a minority. You are in the midst of that. All right. So I suppose we could get into the SCA at this point. So the first meeting of the SCA was in New Orleans in 1979. Right. And at that meeting, Bob Marino was the first president.
00:18:12:06	00:18:35:21	I think it was kind of a choice. Well, the way that worked, if Bob and and and George and Martin and and, and Harmon had formed, they'd spent a year or so putting it all together. And actually the first order of business was to elect a new president, which was you, which was me. And I don't know. I don't know how that happened.

00:18:35:21	00:19:01:02	I did not I did not aspire to be president and I did not run for president. I think they had somehow decided I think they nominated me and decide, you know, how that works. The nominating committee, no one else nominates anybody from the floor. And I believe they nominated me and I got elected. But but yeah, that's that happened at the very first meeting.
00:19:01:06	00:19:36:25	And that's that was at 79 or 87 at 79. So That's right. So the 79 minutes were actually by Martin Pakula. Yes. And then the next year, the minutes which were much shorter than the current minutes were very eloquently put down on paper by you. Yeah. Yeah. And you were present for the decision was made over those first couple of years of how the society would elect officers, how long they would be officers for and created the committees.
00:19:36:27	00:20:10:24	Correct. George Burgess wife as an attorney and they already had the bylaws and we approved the bylaws, I think their first business meeting, but they got amended and they got amended to change a little bit the officers duration. I think we went from one year to two years and I think we changed some of the names. I think that we went from a vice president to president elect.
00:20:10:24	00:20:46:18	Yes. And but the main thing we did, we had the meeting and it was very good meeting. But the next but in the business meeting, which actually, as I recall, started the meeting, we formed committees. And because as all organizations work, it's the committees that tend to do the work, not the people who happen to have the titles officers, but we formed a committee.
00:20:46:20	00:21:26:23	One of the committees was a combined committee of education and research, and I ended up being chairman of that committee and president. But we emphasized education. We knew what the people in this country needed was cardiovascular disease. You don't forget, this was at a time 1979 coronary bypass operation was beginning to be done around the country in most university hospitals and even large community hospitals.
00:21:26:25	00:22:06:19	But everyone who was out in practice at that time had not been trained in cardiac anesthesia. So there were no cardiac anesthesiologist. Right. And yet anesthesiologists were asked to give anesthesia for cardiac surgery by the droves. So that's why there was the demand for education. And that's why this organization, the Society of Cardiovascular Anesthesia, fit the bill because and our emphasis really at the beginning and even till today has been education of people in cardiac surgery.
00:22:06:19	00:22:41:09	So we knew that had to be done. We knew that what we were there for. And it's been our primary emphasis the entire time. And at the beginning meeting, that's why we had a committee on it and, and, and as yeah I think that that first meeting when the minute said there were 83 attendees in 1979 and I think two years later there were 700, it just exponentially grew.
00:22:41:12	00:23:11:19	Yeah, there was a meeting in between there that, there was a meeting at Kiawah. We had the organizational meeting in New Orleans. Yeah. Which was in the, in the fall, I believe. And then, and then we decided the next spring, I guess, or anyway, we, we had a meeting at Kiawah which wasn't quite 700 people. It was, it was around 80 or so.
00:23:11:21	00:23:33:11	All right. So let's, let's move on a little bit. So you were president for two years and you were succeeded by Fozzie as often as I think. Is that right? I think he was the one right after you. And when you stopped being president, you reengaged you and you were you were the chair of the Education and Research Group.
00:23:33:11	00:24:07:11	But then you transitioned into publications, the education and and research committees truncated. John Tinker became the chairman of the Research Committee and I'm not sure who took over education, but about that time we formed another one called Publications as a Guide Committee, and I was the chairman of that. And and I can tell you about the publication committee.
00:24:07:14	00:24:42:26	Please do. Well, one of the things that happened when I was president is that I got a letter from Arthur Keats. Arthur Keats, one of my heroes in cardiac anesthesia. He had done the most remarkable thing. He had trained at the IMG Edge long before there was cardiac anesthesia. He he had been chair it had been chairman of the American Board of Anesthesia.
00:24:43:03	00:25:28:24	And he was editor of anesthesiology. But most remarkable, he was the cardiac anesthesiologist chief for two of the biggest programs in the country, in Houston, one headed by DeBakey and one headed by William Cooley, who hated each other. And somehow, somehow, Keats was in charge of anesthesia at both places. But he was you can from his career, you know, he was a very forceful, successful opinion and aided person.
00:25:28:26	00:25:58:07	He wrote me a letter when we first in decided society it right after I was elected president, and he gave me to pieces of strong advice. One was at all the meetings to be sure. We tried to include a cardiologist and surgeons, which we began to do by having them at least give the names, lectures that we had.
00:25:58:14	00:26:29:03	For example, John Kirkland come soon, early. But the other thing he that as early as only Arthur Keats could, he says, and the last thing you should do is start a journal. Okay. So, you know, I listened to Keats and I was chairman of the publication committee, so we thought it was probably a good idea not to start a journal.
00:26:29:03	00:27:07:15	You put in the minutes that two important things you wanted to defer the idea of a journal until the membership of the society reached at least a thousand because you thought there weren't enough members to justify it. And the other thing you said you wanted the society to have an academic standing without doubt. Yeah. What I meant by that is, as the new journals weren't indexed, weren't part of indexed Medica as a new journal, we start would have been oblivious to the reading scientific community.
00:27:07:17	00:27:48:07	And so yeah we we from the well from the outset still remembering what Keats said you know Keats and our view was that you wanted to do high quality research, you wanted to publish it, and you wanted to influence as many people as you could. And so the idea was if we're going to publish our research, that we put it into a widely read, widely accepted, widely valued journal.
00:27:48:09	00:28:15:01	So at the outset, what we decided to do instead of publishing a journal is we would start a monograph and we would pick a topic that and every member would get the monograph and they could read in depth about that topic. So the first one was on my revascularization that was in I have the you were the you were the author of the first monograph.
00:28:15:01	00:28:58:20	Yeah Yeah. And so you know that was at the time that revascularization of the heart was really important myocardial protection all of those things. And so we put that all in the monograph and gave it as a book to every member of and that was our publication. That's what the way we thought we should educate people. So it's a combination of a publication and education more than research, thinking that if we're going to be publishing our research, let's go for journals like Circulation, Anesthesiology, and yeah, all the wider read, bigger journals.
00:28:58:23	00:29:33:27	And so that's, that was our thinking and that's pretty much what we did. We had about ten or so monographs and then we that I was no longer chairman of the publication committee, but at some point later, I think John Waller was actually the president at the time. We did decide to have a journal and we decided to have a journal within a journal, which is when we went with anesthesia and analgesia.
00:29:33:27	00:30:17:06	But there's an important story. We've got unlimited time here. There's an important story that is still disappointing to me. And that is when we finally decided that, yes, the Society of Cardiovascular Anesthesia should have a journal. We thought that it would be a good idea for the society to join the Society of Thoracic Surgeons, who have their Journal of Thoracic surgery.
00:30:17:09	00:30:45:23	And we reached out to them. John Kirkland, my old colleague from Birmingham, was editor in chief of Now at this time you were at Duke. How was that? You had left Birmingham? I had met. I was at Duke. So it was after 1984, which is when. But this was when. So the society had decided in 1984. Yes, let's have a journal.
00:30:45:23	00:31:25:04	Let's collaborate with a well-established journal that's in our field, namely the Journal of Thoracic Surgery. And so I reached out to my old colleague John Kirkland, who wrote back in his typical way, this is a very good idea and I will take it up with our people. And he took it up with his people, some of whom were with me at that time at Duke Surgeons at Duke.
00:31:25:06	00:31:55:29	And I was hearing from them. They were my colleagues now at Duke that this is a slam dunk. We're going to do it. And we took it to the SCA board. The SCA board approved the idea that the the Journal of the SCA would be the Journal of Thoracic Surgery. And and John Kirkland holds a meeting of their editorial board.
00:31:55:29	00:32:21:25	We were the deciding factors and he and as he only he I worked with him a long time I know John Kirkland he's like a puppeteer and you know he got the people so he went through all the benefits. This is hearsay now, but this is what my friends at Duke said who went there prepared to vote for this.
00:32:21:27	00:32:54:15	And they said that. He said, you know, a lot of reasons to do this. But the problem is that there are a lot more anesthesiologists than there are cardiac surgeons. And in time, I'm sure they will find a way to be in charge of this journal. Therefore, we can't do it. And they didn't. What a story. Yeah, that's true.
00:32:54:18	00:33:35:27	Well, as you know, the is better than I am sure that the story of the journal associated with society is a multi chapter storied controversial history and we went with and a um the FDA eventually went with and I was the editor of the section yes you were the first editor of the section so you were leading the way and it was your vision that started with that early observation that what the society had to be before we even considered it, and the goal that it would be educational for the anesthesia world and high quality that has kept us on track.
00:33:36:00	00:33:59:13	When I was president time and ten years after that, or 20 years after that, actually the issue came up again. And this was a this is a this is a real major disagreement that I had with Cristina mora, who was the president after me. And she favored going and period and linking with surgical journals and thinking that and it wasn't serving us.
00:33:59:13	00:34:21:06	The way it should. And we we eventually stayed with A&E at that time. And it came up again on this board just a couple of years ago. So it's a recurring issue and I think it will be a recurring issue. And I think and I think the board has always acted in the best interest of the society.
00:34:21:09	00:34:58:02	We're lucky we've had good boards throughout throughout the history and and I leave it up to them to decide. I think what's important is that we had quality material reaching as many people as possible. And you could argue, and I would so I would agree with it, that there be far more people reading and they than, say, the Journal of Thoracic Cardiac Surgical Journal because that's a smaller community that it reaches.
00:34:58:07	00:35:40:23	Now, if you were to say circulation, it would be a different story. But I don't think we've ever been invited to be part of circulation, although it's important that our members participate in the American Heart Association and and and do present some of their best work in in that kind of circulation. Yeah, because I it's always about sending your highest quality work to the highest indexed journals so that the most people will see it And that's what it's about.
00:35:40:25	00:36:09:20	You know we've, we're in general a very clinical society and the meetings focused very much on education. But presidents like you, members like you have always helped us emphasize and know how important it is to also support and feature research in the future. Yeah, that's new knowledge. That new knowledge can track how are you, how you make progress.
00:36:09:22	00:36:44:05	But education is what the majority of people need it. Only a few people are going to be out there on the frontiers of science. Yeah, but so. But what's important is for this society to get that new knowledge as soon as it's generated out to those people through education. Right, Right. So I guess we can go back into a little bit more about the SCA and your career after you have fulfilled so many leadership roles in our society.

00:36:44:07	00:37:18:14	You know, first, president, education and research publications. And while this was going on, you became the chief of act. You did you move to Duke as the chief of cardiac. Sir John Kirkland was at UAB, was a terrific surgeon, and and he was well-grounded and pragmatic, pioneering work. That's why he took Gibbons, invented the heart lung machine. But he perfected it and used it.
00:37:18:20	00:38:10:06	That that. And he he was number one in his class at Harvard Medical School. And did his surgical training in cardiac at the at the age and then did it again where it was more practiced at Mayo Clinic. So he did two cardiac surgery training experiences. And this would have been in the 1960s, right? Yeah. So I had been invited to go to Duke to be to start a cardiac anesthesia division and program and and build all arranged for Kirkland to meet with me on Sunday.
00:38:10:11	00:38:48:27	You always knew when you met with Kirkland on Sunday it was bad news. So I went in to meet with Kirkland, and he he it was very gracious and he really was trying to keep me retained me at UAB where we had a really good program going. I tribute Bill and Paul, Bill and Paul saying this and a lot progress but we had a good thing going on.
00:38:48:29	00:39:28:03	But Kirkland said to me, he says Duke at that time was known because of Dave Sabiston, who was also a cardiac surgeon and a prominent one he'd written the textbook on on cardiac surgery and thoracic surgery and general surgery. Yeah, but anyway, yeah, but, but and he they had more our old ones and research money than any other department of surgery by far in the country and in service.
00:39:28:03	00:40:08:19	And so Kirkland says to me, his closing argument was, You don't want to go to Duke. It's just a academic place. And he didn't realize that. He don't realize that that confirmed. Yeah, exactly why I was going to go to Duke, because it believed in research. It supported research, but it also had high quality clinical care, which it emphasized, but it didn't publicize.
00:40:08:21	00:40:39:28	Like Kirkland said, he would write a report on the results from Tetralogy of Flow or whatever. And, you know, at Duke, they were doing work on protecting the heart. You know, how do you protect the heart best and things like that? So so anyway, you don't want to go there. It's just an academic place. And that's where I went because I wanted it that if you wanted place.
00:40:39:28	00:41:17:07	Yes. And in fact, it turned out to be a wonderful academic place. And and we created quite a nice program. And you created the fellowship there, Right? Right. The cardiac training fellow. Right. That was in in the 1980s. I went there in 1984. Yeah. I left in 2001. Yeah. 17 years I was at Duke and yes, we created the, the fellowship program we like at UAB, we kept a small but we extended every year.
00:41:17:07	00:41:43:24	It was a21 choir for two years, but we encouraged the fellows to spend two years, one of which was to be in research and, and they that that differentiated who who is who is you know if you tell them we'd like you to do two years and Emory told them you can one year you'll be a great cardiac anesthesiologist.
00:41:43:24	00:42:10:18	You know we've lost a lot to you guys at at Emory because it was a straightforward path out to a really high quality practice, whereas ours, they had to help us do research and hopefully get interested in it and do it the rest of their career. We had a lot who did stay in academics and. That was our goal.
00:42:10:20	00:42:36:24	Yeah, our goal was to train academic, cardiac anesthesiologist and we we had moderate good success with that. I can name a bunch of people who've gone on and done things. So in your 17 years at Duke you started as the chief of cardiac anesthesia, but you climbed the ladder there. Well, for another year you were lifted up the ladder.
00:42:36:24	00:43:37:07	You didn't actually have to climb it because your your talents and skills were recognized and you transitioned from chief of cardiac to chair to. Nature abhors a vacuum. You said that I never aspired for any of the things that happened, but one of the important things we did at Duke in around 85 or six is that this was at the time that at Emory, where Brunswick had developed PTC, a cardiology was getting into the Revascularization field, but there was a time that no one in the country was allowed to do PTC A without an operating room ready should it fail.
00:43:37:07	00:44:07:29	So they could go ahead, surgeons could go to surgery. Well, that, of course, set up a real roadblock to the PTA procedures because the surgeons could conveniently say we don't have an all are available. Send them us and we'll do an operation. And that was going on. That was going on. I know it's going on at Duke, but it was probably going on everywhere, a lot of places.
00:44:08:02	00:45:02:09	And so our solution at Duke was we had a wonderful Joe Greenfield chairman and Madison, chairman of the Department of Medicine, but also chief of cardiology, just like Sampson was chief of cardiac surgery. Anyway, those they just had at Duke, we decided we had to find a way to enhance care for all the patients who needed revascularization. And so we went around, we went to the Cleveland Clinic, we went to Texas Heart Institute, we went to Baylor, and we went to the Mayo Clinic and we decided we would create the Duke Heart Center and back to the nature abhors a vacuum.
00:45:02:12	00:45:36:00	There was no cardiology, didn't want a surgeon in charge in surgery. He didn't want a cardiologist in charge. So they asked me to do it to be the first founding medical director of the Duke Heart Center, which we created and which was quite good and became somewhat of a model because, again, we incorporated research as well as clinical care, and we certainly improved the clinical care and and the cooperation.
00:45:36:00	00:46:07:09	And so we worked as a group, all three of us. We a weekly calf conference and that sort of thing. And it worked it work. It solved all most of the problems and, and, and the Duke Heart Center. I did that for ten years. Towards the end of that time, again, the chairman of anesthesia resigned and I became the chairman of the department.
00:46:07:09	00:46:30:00	And when there again, there was that void. And I think I think you're downplaying that you're you're talking about selling into it. I think there's a vacuum. I think we all know the truth is not exactly like that. So that you became the chair at Duke? Yeah. And you were the chair there for a number of years, correct?
00:46:30:02	00:47:24:21	Ten. Ten years. And then your next step after that is to go home to be to be the dean and the dean and vice president of medical affairs at my alma mater and my home of Charleston, South Carolina. And again, I did not ever think I would be a dean, never aspired to be a dean, but became one because actually I found that the opportunity to try and continue what had started there also improving the overall statue of the College of Medicine, which was founded in 1824 and had been at the beginning one of the best in the country.
00:47:24:24	00:47:59:28	And then the civil War, which started in Charleston and which Charleston didn't recover from until after the Second World War anyway. But by that but was it was back on an ascending ascending limb, let's call it. And and I wanted to be part of that. I wanted to see this once storied place become better. And we did a lot of good things and we got some things done.
00:47:59:28	00:48:35:13	So, yeah, I look back at that and my whole career and we've it's all been based on trying to see people's careers grow. And if you do that, it's amazing what can happen. People accomplish things they didn't think possible. And I've seen it over and over again and I've just sat on the sidelines and applauded because it's and it's been the most gratifying part of my life, actually.
00:48:35:19	00:49:30:14	And I think you're talking about the word mentorship, your ability to enjoy mentorship, but I enjoy more seeing them succeed. Yeah, but they're eating their own people and ultimately becoming mentors. What you think about your association with the SCA Looking back, you think your biggest contributions and fondest memories are related to the SCA? Well, first of all, I don't think my contributions amounted to much, but but the SCA itself has been enormously successful, and I say that in two real clear domains.
00:49:30:17	00:50:24:02	First of all, in size in that first meeting we had 60 or so people and I don't know how many are here today, but 1200 registered, 1200. So, you know, it's increased that the in size it's increased. But the thing it has really done that I don't think when we started we could have imagined is the way it has spawned a separate subspecialty of anesthesia, which first had its accredited programs and then had had a certification and an active trans esophageal echo.
00:50:24:04	00:51:07:12	And ultimately now finally, after many hard work and years and lots of contributions from Alan Schwarz and many others, tie it, Dad, Daniel ties it. The the fact that we've created our own speciality subspecialty in anesthesia and it really came from the society of cardiovascular anesthesia. I think that I don't think we could have dreamed of that at the time, but it's happened and my hat is off to all people who've done that because they've really made it happen.
00:51:07:12	00:51:39:08	But that's enormously gratifying because I think we have the argument all along is we have a body of circumscribed knowledge and it needs to be well communicated. And of course, where my primary emphasis says we have to enlarge that, we have to enlarge it through and we've done that. I would argue we could do better and do more.
00:51:39:10	00:52:20:11	But but that's why you if you can establish that you have a specialty and then grow the knowledge in it through research, then you've accomplished a great deal. And that's what the society to me has accomplished over these 45 years. And it is wonderful. I can't argue. I agree. You'd better be. Well, I've been I've played one small role, but I think the the contributions from from Chris Troiano in his lobbying with the ABA and reading how it had to progress really really capped it.
00:52:20:11	00:53:14:21	And one of the my favorite expressions about the whole process was that for a long time, everybody except the ABA knew what a cardiac anesthesiologist, just one surgeons, cardiologists, our colleagues, everybody understood what we could actually do that they couldn't. Well, I think I could be wrong, but but I think when you say that the one of the major differences about the development of cardiac anesthesia is we actually had colleagues in medicine and surgery, and I'm talking about cardiologist and cardiac surgeons who were every bit as supportive of us having a subspecialty in cardiac anesthesia as we were.
00:53:14:29	00:53:58:03	In fact, your point, the ABA, I think, may American Broadband Station might have been a little threatened by the fact that all of them who could give cardiac anesthesia might be considered cardiac anesthesiology. Just but the surgeons and the cardiologists were saying, no, we want the people really well trained in it to do it. And so we had outside influences that helped that small group of truly committed cardiac anesthesiologist to take on the ABA and and the knowledge was there that everybody recognized that.
00:53:58:03	00:54:33:14	And finally the ABA was compelled to accept the, you know, understanding the politics and the other agendas that the ABA was responsible for. You know, this isn't a real criticism of the ABA, which is the reality of the membership and the contributions. And eventually it became overwhelming that that we yeah, well, we had worth we had journals, we had textbooks, and we had practice and we had surgeons and cardiologists, all of whom were in the same field saying it exists.
00:54:33:14	00:55:10:21	Let's let's acknowledge it. So, so it was and but that was not easy. It took years. Yeah, lots of hard work. And I think it's the single greatest accomplishment of the Society of Cardiovascular Medicine. And so I think that most of us could deduce what you would say and answer to this question. But my question is, if you were talking to a medical student or a resident about a career and in a seizure and specifically cardiac anesthesia, what would your advice be?
00:55:10:24	00:55:50:24	Do it. Just do it. I know. I think I think it's a wonderful field. I think it's still evolving. I think there's still a lot of progress to be made. A lot of it's no longer just in the cardiac operating room, the old traditional operating room, but in the ICU, the the support devices are being given. And then the cath lab, we're involved a lot in the cath lab these days.

00:55:50:26	00:56:47:17	So we've to we so the point is heart disease is not going away and and neither does vascular disease. And and so there's this is a wonderful field that's still evolving new things every day nearly. I just couldn't be more supportive of someone thinking about and actually signing up to do a cardiac anesthesia fellowship in practice. And last question, looking at the SCA moving forward, if you were on the board, and I know that you're not been on the board for some time and you have a whole other life separate from the SCA, but looking into the future of SCA, do you have any thoughts for where the SCA you think might go?
00:56:47:20	00:57:24:07	Well, I think the the board has been good throughout its history, but I think it's always important to remember to reach out to our colleagues in surgery and in cardiology, particularly perfusion, all those assorted groups that that we interact with always include them in in our thinking and in our planning, because that's the field. The field is cardiovascular medicine.
00:57:24:09	00:58:06:00	And I think sometimes you tend to focus on just your part of it giving anesthesia. And I think always let's focus on the larger group and the larger questions out there. The other I would always urge them, as they have done, to continue to support research, and I mean that let's develop leaders in these interdisciplinary programs that are actually leading the surgeons and the cardiologists in areas like organ protection during cardiac surgery.
00:58:06:00	00:58:37:03	But let us be at the both the bench and the bedside leading creative, innovative and important, including heart. You know, we wish we did the brain of the kidney and and but we also need to be focused on the heart. But I think there's plenty of room for our our investigators to play a larger role in that in that field.
00:58:37:03	00:59:01:09	And I would encourage us to continue to support that kind of activity. And then, as always, I would try and get the brightest and best to choose our specialty, however you do that. But that should be my advice to the to the board. I don't know whether this I'm going to ask one tacked on to the end here, really to what you said in the past.
00:59:01:11	00:59:42:17	Cardiac fellowships, like all other cardiac surgery, anesthetic fellowships, are still one year. Do you think that do you think that the society might play a role in encouraging what you have, what you initiated and promote? Well, I do think our field suffers because our fellowships are not research based. Wouldn't it be wonderful if the only one of the anesthesia subspecialties to make research part of its fellowship training was cardiac anesthesia?
00:59:42:17	01:00:24:03	I think that's a brilliant idea. I'll give you the credit for thinking of it. Right. I'm definitely not the first person who suggested it, but I would one day wonder if our board would consider extending the training with the sole purpose of it, including creating investigators who can advance the field, promoting the concept that our fellowships are predominantly clinical and centers that can do our research here somehow developing and supporting that right?
01:00:24:03	01:00:56:17	It should. It shouldn't be for all. It definitely should not be just like medical school. You know, not everybody is going to be a neurosurgeon, fortunately, only fortunately. But yeah, there there are only a few places that can do it, but they and but it would be a wise investment and the society might be able to play a role in that.
01:00:56:20	01:01:24:18	Absolutely. And it would be a good idea. And I again, I and I like your ideas. I'm a good at I'm good at picking up on good ideas. That's a great idea. Or you certainly support it given a whole lot of good ideas through your career. Gerry, what a pleasure to have this interview with you and thank you, Jamie And I again want to thank you for all you've done for this society, and I have always followed your career and I've always been impressed.
01:01:24:18	01:01:42:02	And I'm glad you're continuing it over in San Francisco. Thank you. Well, I'm officially retired, but I still do work some, so. Yeah. Yeah. Thank you. Great pleasure, Terry. Thank you.