

SCA Past President Interview Series: Daniel Thys (May 7, 2023)		
Start Time	End Time	Text
00:00:00:00	00:00:40:06	All right. Well, I'm Glenn Gravlee, a member of the SCA History Task Force, also past, present. And I'm here to interview Dan Thys, also a past president of the society. We're at the 20 23/45 annual meeting of the Society in Portland, Oregon, and I'm privileged to be able to interview Dan. Dan, welcome. Why don't we just start with what got you into medicine and a little bit of your medical education background?
00:00:40:08	00:01:15:20	Sure. Well, good morning, Glenn. Happy to be here. As you may know, it was born in Belgium, born 1946, right after the war. And when I grew up, everybody that I met, all the adults that survived the war. And so there was a certain caution that people had carried. You were not expected to deviate much from a straight track on which you had been placed.
00:01:15:22	00:01:35:19	And it just so happens that was good in math. And so my track was civil engineering, and I did a lot of math and I did more and more math, and there was just no discussion. Nobody ever came to me and said, Why don't you consider other options? What age were you when this path towards engineering was decided?
00:01:35:20	00:02:00:21	About 16. High school and I finished high school. Did very well in high school. And then my parents had a friend who was a real country doctor, lived in the countryside with his family, and he invited me to come spend the summer with him. And I followed him around for the whole summer. And I thought what he was doing was just fascinating.
00:02:00:26	00:02:30:25	He took me everywhere. Whatever he did, he did some deliveries, a little bit of surgery, did a lot of high schools. And I was with him. I was his shadow. And so I came home and I told my parents, look, engineering is not going to do it. I'm going to go to medical school. I find this much more interesting than doing math and advanced calculus, and I'm not sure they were happy, but I said, okay, now.
00:02:30:27	00:02:57:13	So now we're looking at you're about 18, 18, 18, exactly 18. Now, what will surprise many American students? How do you become a medical student in Belgium? First of all, it's straight out of high school. And so we before the classes start, you go to the registrar, you show them the high school, your high school diploma, pay them 20 bucks, and your medical students.
00:02:57:16	00:03:30:04	And it's as simple as that now. So it's just whatever you studied in high school was a matter. There's no interview, there's no process. You just sign up and your medical students and medical school, seven years. So the first year we were about 800 students and we knew that probably not more than 150 would graduate. And indeed the first two or three years they just eliminate like crazy.
00:03:30:04	00:04:00:24	The exams are very tough. You do mostly basic science. Uh, clinical studies start in the fourth year. So the first three years of pure first year chemistry, physics, moral philosophy, which was very, very difficult. And then you go to biochemistry, anatomy, physiology, and by the time you reach the clinical years, you're basically down to 150 people. Any liberal arts in the curriculum?
00:04:00:27	00:04:40:09	No, nothing unless you consider moral philosophy. Okay. So I did that, did well. And then this was still during the cold War. So we had the mandatory conscription after finishing medical school. And I decided that, uh, rather than to join the army, I want to join the Navy. I wanted to go see the world a little bit, and I was able to do that by committing a little longer than I committed for four years instead of the normal two years.
00:04:40:11	00:05:07:27	But the Navy was pretty small, and so there were very few positions and two very significant things happened during my Navy stint. At one point, I was assigned to a ship. I was the chief medical officer for a ship that had a pretty good medical facility and but the ship went into drydock for a few months and so there was nothing for me to do.
00:05:07:27	00:05:32:04	I was just unemployed. And I went to my superiors and I said, Look, I have nothing to do. Uh, can I ask to go on an exchange tour? And they said, Okay, where do you want to go? And I said, I'd like to go spend some time on an American aircraft carrier. And they said, Oh, yeah, we'll see what we can do.
00:05:32:04	00:05:57:15	And two weeks later they said, okay, you're all set. You're going. And so I went off to the Mediterranean and spent two months on the Franklin de Roosevelt, which was one of the six fleet carriers in the Med. And for me, that was an epiphany. I met people who were so totally different than the people I was used to.
00:05:57:15	00:06:33:09	They were enthusiastic, bold, big ideas, big dreams, full of humor. It was just such a total different experience than what I had known thus far. And, you know, the clearly people see America the land of opportunity. But I really saw it. I saw this incredible energy that I have never witnessed in my life and became very friendly with a whole bunch of aviators and medical staff.
00:06:33:11	00:06:51:14	And they all said, why don't you come to America? Why don't you come to America? I mean, why what you see in Belgium come to America? There's a lot of opportunities there. And it really dawned on me that that would be a really good thing to do. But I still had to go back to the Navy and finish my four years.
00:06:51:17	00:07:17:14	And so went back to Navy. The first two years I was at sea a lot really saw the world. I mean, we traveled a lot. And then the last two years, uh, there was not much for me to do. I was in the base, were pretty small. Uh, 300 people, mostly healthy. So it was hard to keep my day.
00:07:17:16	00:07:48:29	So you're basically a sort of a military GP? GP Yeah, And no internship as yet or no, that was build into the medical school. Got it. Okay. The seven years include a clinical rotations with count, which counted as internship. Uh, and so by noon, you know, I could stretch it to about noon to be busy. But then after 12:00 there was just nothing for me to do.
00:07:48:29	00:08:21:09	And so I said, I need to do something different and close to where I was stationed. There was a world class intensive care unit. It was in a large regional hospital. Uh, the guy who had built up this intensive care unit was a real visionary, and he developed a truly state of the art facility. He had. We did, he did a commercial at that time routinely.
00:08:21:09	00:09:00:19	And in 1974, you know, this was way at the edges of of advancement. And but he had a peculiar he was an anesthesiologist like most critical care physicians in Europe, but he only wanted people who would do full time critical care. He didn't want people to rotate between anesthesia and critical care. And so you had trouble staffing these units because most anesthesiologist want to spend some time in critical care, but also do operating room work.
00:09:00:19	00:09:26:20	And we wouldn't allow that. So I approached him and I said, look, I you know, I'm tied up in the morning, but I'm willing to give you a full day starting at noon, willing to do not call. We can call if you can live with that. I'll be happy to join your unit. Obviously, I was not trained as an anesthesiologist, but I could fulfill certain roles.
00:09:26:22	00:10:04:08	And you said, okay, it's good you can join. You also had because I couldn't find Belgium anesthesiologist to serve the unit, he would hire a British anesthesiologist. They would come for a year, spend the year during critical care and enjoy living in Europe for a year. I'm getting pretty well paid compared to the National Health Service. And so I spent two years with anesthesiologists, learning about anesthesia, learning about critical care, and I was very enthusiastic about that particular aspect of medicine.
00:10:04:10	00:10:26:25	So when my time to Navy was over, I decided, well, when I go to the United States and to I'm going to be a critical care buck, and when we did a commercial at the unit, uh, Bill Shoemaker would come to visit fairly regularly. I don't know if you're familiar with Bill Shoemaker, but he's one of the fathers of critical care medicine.

00:10:26:28	00:10:50:22	He was the founding member of the group Care Society, was editor in chief of Care Journal. So big shots. And he would come to help. When patients were at war. He would be they would even at that time, he was chief of critical care at Mount Sinai in New York, and he would just fly over, spend a few days, help out.
00:10:50:24	00:11:17:14	And so I thought, well, natural place to do for me is is Mount Sinai. I'll see if they have a residency position. And they did, uh, it was not the top residency in the nation for sure, but the critical care unit was, was quite good. Now, by the time I arrived in New York, uh, 1976, Bill Shoemaker was gone.
00:11:17:14	00:11:48:26	He had moved to California, uh, the unit, which was spectacular, and his leadership, uh, drifted a little bit. And so my enthusiasm for critical care drifted downward as well. But I enjoyed it and I had a really good time on the cardiac rotation. And so when I finished my residency, I decided to do a anesthesia cardiac anesthesia Fellowship at Columbia.
00:11:48:28	00:12:24:28	And it was a very interesting fellowship in that it blended adult cardiac at three months of adult cardiac anesthesia, three months of pediatric, uh, cardiac anesthesia, three months of adult cardiac, critical care and treatment of pediatric cardiac critical care. So it was a very well rounded fellowship. And when that was finished, Sinai hired me back and I returned to pracThys.
00:12:25:00	00:12:54:19	Now, Dr. Shoemaker's primary discipline was at anesthesiology. No, I think he was a surgeon by training. Okay. Yeah. And so now we're in the late seventies. We're in 1979. Okay. When I go back to Sinai. So that was about when the SCA was forming, correct? You jump in early on. Yeah, I did jump in. I attended my first meeting in San Francisco, and I think that was 1981.
00:12:54:21	00:13:28:13	I probably joined before that, but, uh, wasn't able to attend the 1980 meeting and went to San Francisco 81. And how did you engage with the society early on? Did you join a committee or not? Initially? Initially, I went for the education. The education was always a highlight of the society was the excellent program, wonderful speakers, great information.
00:13:28:13	00:14:13:18	And so initially I just went as an attendee. But then in 1983, I think Joel Kaplan came to Mount Sinai as chairman of the department and Joel was very involved with the See, I don't know where he was in the leadership. Uh, at that time, but he was, he was there, uh, clearly as a, as a leading voice in cardiac anesthesia at and Joel encouraged me very much to become actively involved and pushed me, put me on panels.
00:14:13:24	00:15:04:15	I'd be I joined some committees and he was very, very instrumental in getting me more and more involved with with us. And was what was, for example, your first committee chair program? I have my first made. I may have joined, I think, the International Committee early on, but as a member, uh, but my first major appointment was as vice chair of the Scientific program committee, and I think that was probably 85, 86, something like that, and then followed up as the chair of the scientific program committee.
00:15:04:15	00:15:59:11	And clearly that's a high visibility role. When I concluded those two assignments, uh, John Waller became president and he approached me and asked me to chair the International Committee, and I did that for four years. I think. So John Waller was president. He was president. Got Carter. Yeah. Okay. And what now? One of the things I did want to talk with you about was the is the concept of the international affiliations and outreach of society, which, as was discussed earlier today, has always been, at least on paper, a strong underpinning of the society's mission.
00:15:59:13	00:16:36:10	Yet the membership has never been more than maybe ten or 15%. So what sort of international outreach did you? Yeah, so it's complicated. It's clearly there are like we saw this morning, 300 international members, uh, but a lot of international members perceive us as a North American society, and particularly the Europeans had a hard time seeing as, as an international society.
00:16:36:12	00:17:14:16	They were happy to come to the meetings and enjoyed the great educational opportunities, but they never felt that this was their own society. Uh, there was never any leadership role for international members. Uh, if you look at the presidents, all the presidents have been North American anesthesiologists, and so it was very tricky. Uh, and certainly when I became chair in 1986, I think it started a little later than SCA.
00:17:14:17	00:17:45:25	I don't know when exactly it started, but there was some, some bad blood between the C and I, and I don't know why exactly that happens, but there were some disagreements, uh, some unhappiness, and that's European Association for cardiothoracic, European Association of cardiothoracic anesthesiologist. Yeah. And they had stood up probably in the early eighties. Uh, I don't remember exactly.
00:17:45:27	00:18:13:00	And so there was a little bit of competition and so I wanted to continue the international outreach, but at the same time, I didn't want to offend anybody. And when you had the meeting of the international committee, people would say, Well, why don't we do an international meeting, you know, in Italy or in France or in Germany? And I always thought, well, you know, that's going to step on some toes if we do that.
00:18:13:03	00:18:41:14	So when I was the chair, I decided to take sort of a middle ground and, uh, to plan a meeting in Istanbul, Turkey, which was close enough to Europe that we could invite European speakers and European participants, but wasn't quite in Europe, although, you know, Turks would like to be part of Europe, but Europeans that want Turks in Europe, so complicated.
00:18:41:16	00:19:09:23	What now? Was that our first international. No, that was our fifth. The first one was in Munich and that was early eighties. I actually attended the first and that was a nice meeting. But I heard and I don't know the details of the that it took a real financial bloodbath from that particular meeting. I don't know what the set up was, but from a financial standpoint, that was pretty disastrous.
00:19:09:23	00:19:39:03	I'm pretty sure that's correct. Yeah. Yes. And I don't know why I don't know why this happened, but, uh, and then there were a few other meetings. There was a meeting in in Japan. There was a meeting, uh, in Budapest. But those ACA participated. But they were international meetings, but they were really sponsored by the local, local society primarily.
00:19:39:05	00:20:04:15	And so it was, it was a little bit on the periphery. Istanbul. We really, uh, that was our meeting. I mean, we sponsored it completely in collaboration with the Turkish society, and we did okay. We had good participation and financially we came out okay. And when did our the collaboration with the ACT to begin, or was that after way after we left?
00:20:04:20	00:20:58:25	Yeah. All right. Well, one of the things you did when you became president or organized, maybe even before you became president was in moving SCA into a which by then was a mature organization is some 20 years old. Introducing us to strategic planning. Yes, if I have that correct. What inspired that? Well, a few things. First, I had attended board meetings for quite a number of years as scientific chair sat on the board and then President elect president, and I found that the board meetings often rehash the same topics over and over, uh, because they were important.
00:20:59:01	00:21:35:07	If you look at the journal question, this is still being rehashed today and a lot of time and energy you spend on a topic that is important but really does not give you a very decent and inspired long term planning. And this about accreditation was another topic that came up over and over and over. So the board meetings you tend to bogged down in issues that consume a lot of energy but don't necessarily lead to forward thinking.
00:21:35:10	00:22:07:18	And I at that time, when I was President elect or present, I sat on the I was chair of the Interactive Council of the American Society of Echo and participated with the leadership of the U.S. in a strategic planning session for that particular society. And they had hired a moderator, strategic planner, and we spent a full day, day and a half, just thinking long term.

00:22:07:21	00:22:47:13	And I thought she would benefit from a similar exercise. And I think you participate that we all get we set everything else aside, dedicated a full day to just strategic planning with the same moderator that we had used for a C actually. And it really allows the society to think about five years, ten years, you know, long term where it wants to be, what it needs to do to get to, uh, and not be distracted by the sort of day to day running of the society.
00:22:47:15	00:23:11:02	And how did you feel that turned out? I think it turned out well, although I haven't been able to put my hands the minutes of what came out of that process, but I think some decisions came out of it that were helpful for the society. And one of the keys to that sort of things is a follow up.
00:23:11:02	00:23:37:20	Within a year. Yes. Were you still around on the board when that happened or. Uh, for some of it, Yeah, some of it, yeah. And do you think meaningful change was implemented? Well, I think, uh, yes, I think I would imagine that, uh, the move towards electronic communication is probably something that was envisioned as a step into the future.
00:23:37:23	00:24:05:29	As you remember, in the late nineties, the Internet was still fairly new and it's in its infancy and so that we made great progress over the years. Well, in fact, I think the website was launched, yes. During your time either as president or on the executive committee. Yes, it was. Okay. What challenges and obstacles were present at that time?
00:24:06:01	00:24:31:11	Well, like I just said, I mean, it was it was in its infancy as far as the technology. And so the primary challenges were technological. You know, which vendor shall we use, how do we manage it, how do we make the best use of the Internet? This was all brand new, and those were the challenges, finding the right, the right company.
00:24:31:11	00:25:03:00	And we were fortunate. David, which was quite knowledgeable in this area. And so and he was with you at Sinai? Uh, I had left Sinai. I had left Sinai. I was at St Luke's Hospital then, but we were good friends from my time at Sinai, but at irrelevant. I mean, he was a chair of a committee of a task force assigned with developing some practical approaches to the Internet.
00:25:03:00	00:25:37:25	And he was very successful in doing that. And I think we also transitioned from the printed monographs to the CD-ROM version at about that time, right? Yeah, possible. Yeah. Uh, just part and parcel of the same electronic or electronic moving towards electronic. Yeah. Um, another thing that I, I tend to associate with you as leader of the SCA was a push towards a more democratic nomination and election.
00:25:37:25	00:26:18:21	Yes, Yes. I'm very proud, very proud of that. So SCA did surveys of members on a regular basis. After each meeting you got a survey and and I always read those with great attention to what people what members were saying and clearly uh, the good old boards comments kept coming back and forth that was very prevalent. People felt they did not have an opportunity to participate in the leadership of, of the society.
00:26:18:24	00:27:01:07	And if you remember, you would go to a business meeting and there were 20 people in the audience and it was basically a rubber stamping whatever the nominating committee had decided without much membership input. And so once we had the website going, I thought it would be feasible to at least have some elections much more democratically. Uh, and we decided with the board that, uh, directors positions would be available for competition, uh, not uh, executive committee positions.
00:27:01:15	00:27:31:29	That would be still the responsibility of the nominating committee, which was is totally fine. But the more broad director positions became available for people to apply and compete. And I thought that was a very good development. Did you feel like you were swimming upstream at times to make art, make that happen? Not really. By certainly we had extended it to the executive committee.
00:27:31:29	00:28:10:18	It would have been a battle. Uh, and I can understand why because for those positions you want to make sure to select individuals who have proven, uh, prove their worth to the society, uh, but I think for the board of directors was a little more open and less necessary to be, uh, so strictly focused on performance. And since that time, it has evolved from let's have a little bit of democracy in selecting at large directors to let's do nothing.
00:28:10:18	00:28:36:27	But I don't know what the process is today of over ten, 20 years. It's virtually transformed to where, in fact, it got to the point that, as you may recall, were the, uh, they created a presidential appointee to the board so that the president could be assured of having at least a um, but yeah, it was, it was a clear, major transition.
00:28:36:29	00:29:19:12	Yes. Well, let's move towards the tea transit. Soft fuel, echocardiography. Um, that ball was rolling before you became president, but yet the examination and certification process took, I think, major step forward during this leadership title to talk to us about that. Well, interestingly, you know, I told you that my first meeting with CIA was in San Francisco and in San Francisco, uh, microarrays then had an abstract showing ti images, uh, which I saw for the first time of a of a ventricle contract.
00:29:19:12	00:30:00:09	The, you know, bosonic image, which was pretty poor, Uh, but so, uh, that was the very first time I saw ti images that been obtained so early. Eighties 81, 81. Yeah. Uh, and that's when the Sonics came out with its, its product, which was commercially available. And what they Sonics did was they had a bunch of probes and they gave them away freely to people that they perceived to be leading members of the cardiac anesthesia community.
00:30:00:11	00:30:42:17	And so when Joel arrived at Mt. Sinai as chairman in 1983, I think, uh, he had one of these probes in his suitcase that had been used. Uh, we were fortunate in Sinai to have a nice Sonics machine, and I know if you ever dealt with the bias Linux machine was a big, ugly big it on a refrigerator, and so the cardiologist couldn't wait to get out of the vehicle because it was taking up so much space in the regular lab and to shift it over to the cardiac or uh, and so 1983 we started doing tracks of a G let go.
00:30:42:17	00:31:18:03	But I was very fortunate that even before Joel came to Mt. Sinai, we had a surgeon and the cardiologists who were very active in the pre cardio let go, and they had published a bunch of papers in the American Journal of Cardiology intraoperative echo using AP cardio probes. So the atmosphere was was very conducive to intraoperative echo with strong support from the surgeon and collaboration from the cardiologist.
00:31:18:06	00:31:46:24	And so their sonics was the first, but then very rapidly a whole bunch of other companies came on the market to be active. Some Philips and I missed probably a bunch. And so intraoperative ti grew fairly rapidly in the eighties. A lot of mostly academic programs wanted to get involved, but I think also some some private practice programs.
00:31:46:24	00:32:23:09	And what was your perspective specifically at Sinai on the interaction between cardiologists and anesthesiologists in the performance of Echo? Well, we were very fortunate. Like I said, we had a guy cardiologist who used to come to the OR all the time, and he supported us 100%. He was totally okay with us doing trips to the jail. He would come and do his at the cardio for views that we could not obtain with the very cumbersome diastolic machine that we had.
00:32:23:12	00:32:50:12	So he was teaching, he was teaching was helping. He helped us write papers. Yeah, absolutely. He was 100% with us. That was not uniformly that was certainly not a uniform. Well, along those lines, why don't you talk to us about some of the conflicts in the evolution of the interaction between cardiology and anesthesiology? As of soft, your echo story progressed?

00:32:50:14	00:33:30:03	Well, clearly, cardiac many cardiologist one perceived that Echo was their turf. Anesthesiologist had no business being involved in echocardiography, but at the same time, uh, one the surgeons, again, the surgical response was valuable. Some surgeons were very interested in exploring echocardiography, others were not, and thought it was a distraction and an annoyance. Uh, but if they were interested, then they wanted it available immediately.
00:33:30:05	00:34:02:04	And quite often the cardiologists, you know, were in the echo lab. So they were then called up to the or called to the operating room, had to change, didn't know anything about sterility or how to behave in an operating room. And so a lot of the surgeons realized that working with the anesthesiologists was probably more desirable and more in line with their daily occupations than calling the cardiologists.
00:34:02:04	00:34:38:02	The cardiologists had a schedule to work through, of course. Yeah, they were busy. There was a real annoyance to them too. But at the same time the cardiologists were concerned about the quality of the product that we would provide and they had set pretty high standards for themselves and obviously expect anesthesiologists to match those standards. And certainly they were afraid that the anesthesiologists may lower the standards.
00:34:38:02	00:35:14:15	They didn't want that at all. So how did you bridge that gap? So so in 1994, uh, the CIA decided to publish practice guidelines for, uh, interoperability. TI And, and was the president elect at the time. And he was very adamant that we should get other people involved in the process. And we reached out to the surgical societies.
00:35:14:15	00:35:50:17	They were not interested, but cardiology was interested. And so the American Society of Ethical and the American College of Cardiology each sent a representative to the practice parameter task force. And the two people who came was one was Bill Stewart, who was a highly respected echocardiography from the Cleveland Clinic, who had done a lot of the big cardio work and had published many papers on it because ideal echocardiography in the operating room.
00:35:50:20	00:36:20:22	And the other one was Alan Pearlman, who was a professor at the University of Washington and very, very highly respected echocardiography. Uh, and so they came join the task force and they thought they would sit in a corner and just observe. Uh, we said, No, we're going to put you to work. And so they became regular members of the team.
00:36:20:22	00:36:49:03	We had nine anesthesiologist, then the two cardiologists, and then the methodologies, uh, to keep us, keep us honest and that took a lot of work putting these practice parameters together. It took about two years and we would meet at Chicago. Has their board at least once a month for a weekend. And the two cardiologists were there the whole time.
00:36:49:05	00:37:23:10	They were part of the team they worked with us. They, uh, were diligent in their approach to this. And so with the end product, they totally bought into the end product, but they also communicated to their respective organizations that anesthesiologists were quite serious about approaching this and that the standards would be kept up. I mean, that this was not a fly by night kind of operations.
00:37:23:10	00:38:00:09	It was serious. And it is this for the the 300 case number emerged from that I think came from a different angle. Uh, the American Society of Ethical Published training guidelines for cardiology, uh, for the Ethical Lab. And then, uh, at some point the American Society of Ethical NACA got together and published training guidelines for perioperative ethical, and I suspect that's where the 300 came from.
00:38:00:09	00:38:45:08	I was not part of that process, but it was based on the prior cardiology guidelines and then adapted to the perioperative world. Well, was this process that you were just describing, was that related to the initiation of the examination process? So the examination process was a little bit different. Uh, the cardiologists, AC specifically decided to establish an examination process for cardiology, and that was in 1996, and that exam was what they called the advanced exam.
00:38:45:10	00:39:22:14	Uh, and they, so that was the first time the cardiologists had had it. First time, 1996 Yeah, there may have been questions on the cardiology board, but certainly was not a specific exam. So they launched that, uh, exam and several anesthesiologists participated for the very first time when, when the exam was was introduced. But clearly the exam had no intraoperative or perioperative material.
00:39:22:14	00:40:06:05	It was all focused on, uh, trans thoracic and typical rectal, uh, activities. And we see SCA perceive that a little bit as a challenge. We were concerned that at some point there may be a decision that only if you were certified by ACE that you would be allowed to perform echocardiography or get compensated for it, because always compensation was always in the background and you never know what insurance companies and Medicare would do.
00:40:06:08	00:41:04:14	And so SCA decided that since the ACE exam has nothing to do with perioperative, they go, Why don't we lounge Sharon? And that was in 1998. We did the first perioperative exam and it was a successful process. We had 200 plus individuals who participated. It was 76% of. But that preceded the national board. Absolutely. Yeah, absolutely. So how did that So so now we had two exam processes, the AC and SCA exam, and I don't know who initiated the contacts, but somehow a C in SCA got together forming the National Board of ACO and I thought you were at the table during that.
00:41:04:14	00:41:45:26	I was at the table, but I don't know who initiated. What is it? Rick Davis It could have been Rick It could have been coming from AC. I'm not sure. I don't know. I don't know what the spark was, but I was at the table for all the discussions. Absolutely. And those were difficult discussions. Re I think initially the concept of AC was that AC would be a junior partner, that AC would be the leading partner, and we would tag along as a junior and clearly we had no interest in that.
00:41:45:28	00:42:15:18	It had to be equivalent and it was intimidating because so Rick came to the first meeting, but then we had quite a few subsequent meetings to really hammer it out and Rick was not part of that. The four SCA members were Sol Aaronson, Bob Savage and Judge in Ways and myself. And on the other side you had luminaries, you know, the people who wrote textbooks.
00:42:15:18	00:42:45:15	And in echocardiography, it was quite intimidating midway and uh, from as general was, was the leading force. And he's not an easy guy to, to deal with. So we had to do pretty hard bargaining. Uh, and we had a good routine. So Aronson was the bad cop and I was the good cop and was we had it worked out really well and we, uh, but it took quite a few sessions.
00:42:45:15	00:43:18:18	I'm going to protect you from my friends all over. Here's what it's going to take. That's awesome. But so the outcome was fantastic because the two groups were totally equivalent as far as board positions, finances, everything was was evenly divided. Leadership would rotate between anesthesia and cardiology, and, uh, so it was, it was a huge success eventually, but it took some doing, I imagine.
00:43:18:18	00:43:58:11	So another thing regarding TI, you mentioned earlier the billing and there was, I believe, a standardized report that emerged at about the time you were president. Was that generated by the billing needs poster? I have never, uh, I was never deeply involved in the billing aspect of many, uh, there were other people who were much more interested in that particular aspect who worked on that.

00:43:58:11	00:44:36:11	And the TI report may have been part of that process. I'm not sure. Did you think that having a standardized report was a worthwhile. Sure. Absolutely. Absolutely. Yeah. Yeah. Any Other comments before we leave the echo domain. Uh, no, I think looking good 20 years later. I mean, we can be very happy and be proud of what has been achieved and how it has really, uh, established, uh, anesthesiology as the recognized authority for Interop, I think, or I think it's wonderful.
00:44:36:13	00:45:01:21	I think it's given a lot of energy to the society. Another thing that happened, I believe, while you were president was the renewal of the contract with Ruggles. Yes. At which time you specified that there be an executive director and specified who that would be. Heather. PS Tell us about how that came to pass. Yes. And so the contract was up.
00:45:01:24	00:45:33:03	The contract was renewed every three or four years. I don't remember what the rotation was. Uh, but as you know, for the first 20 years of the society, John Hinckley was the person that we dealt with. John, if you had a question you called John, and John would give you the response that you needed. And I don't remember what the status of John was when this particular contract came up, but I think I believe he's still alive or if he was alive.
00:45:33:05	00:45:56:15	I think that faded away a little bit from the leadership of Ruggles. I think he was, but that his health might have been failing. Yes. Yeah. I don't know when it passed exactly, but but certainly he was not as involved as. He had been for the first 20 years of the society. And so I was very uncomfortable with that.
00:45:56:21	00:46:22:17	As president, if I pick up the phone, you know, I want to speak to the person who's going to give me the answer that I'm looking for. And I don't want to be bounced around between Steward or Heather or whoever else I wanted a real dedicated individual on the accounts. And I know there was some discussion about that at the Ruggles.
00:46:22:19	00:46:49:27	They were not 100% happy about this. They were covering, as, you know, multiple out of society ideas and they wanted to have somewhat different work arrangements. We didn't. Ruggles Uh, but uh, it was irrelevant as far as I was concerned. And so because we had to work with Heather, we're familiar with her. We suggested that she be the executive director.
00:46:49:29	00:47:18:10	And eventually Ruggles came along, came around and went with that. No, I don't know what their internal discussed. I don't know how they came to that decision internally, but for us it was a satisfactory arrangement. Yeah, clearly that was the right the right call. I mean, several with all of us after that worked very closely with Heather, but there was a very satisfactory relationship thereafter.
00:47:18:12	00:48:01:17	Do you have any favorite anecdotes or stories about the SCA either when you any time when you were present leadership otherwise? No, I think it's been a wonderful, uh, you know, wonderful 30, 40 years to be associated with with this many, many friends. Uh, I think, uh, the one I thought about that as we had the, some of these historic task force meetings, uh, one aspect that was a big draw for us in the early years was the Janssen reception.
00:48:01:19	00:48:29:04	I don't know if you remember that, Uh, but the Janssen reception, when fentanyl was a very precious drug, uh, were quite elaborate. And I know that people came to society just to go to the Janssen reception because it was so fabulous. Uh, we've moved away from that a little bit, but, uh, now that was a separate freestanding event.
00:48:29:08	00:48:58:21	No, that was the area. Uh, you know, it was not. It was usually a separate ballroom. Got it. And it was one of the day, either Monday night or Tuesday night. And It was lavish. I mean, for a few years it was really over the top. Uh, people spoke about did you just did you go I mean, it was spectacular.
00:48:58:24	00:49:26:27	What do you see as important issues and challenges that society faces going forward? Well, the world is changing, right? I don't know if the model that we have lived with for the last 40 years where people come together to go to a meeting, interact with that that's going to live on, uh, I don't know if it's going to be all virtual.
00:49:27:00	00:50:00:27	And I was interested this morning after at the Wine and Onslaught, which was an excellent lecture. Clearly, Mary Beth was sitting there with people watching the presentation virtually and asking questions virtually. Uh, and as technology evolves, is that the direction that society will go as well will there be a role for this kind of, uh, travel related meetings?
00:50:00:27	00:50:23:10	I don't know. I don't know anything else we should be talking about. No, I think we covered a lot. Well, Dan, it's been wonderful having you here. And thank you. It's been a pleasure that you're dedicating your time and efforts to the society and to this interview. Thank you, sir. Thank you.