

SCA Past President Interview Series: John Waller (May 6, 2023)

Start Time	End Time	Text
00:00:00:00	00:00:40:20	It's a real honor for me to be sitting with John Weiler, one of the presidents of the SCA. And we're going to talk a little bit about your career, John, and particularly its relationship to the Society of Cardiovascular Anesthesia. But before we get to that, tell me how you got into medicine. Well, my career is unusual in that I'm, first of all, an accidental physician and secondly, an accidental anesthesiologist.
00:00:40:23	00:01:03:27	My dad was a general practitioner in the mountains of North Carolina. And as I got ready to go to college, I thought the last thing I want to do is become a doctor. I thought he lived a miserable life. He got interrupted with phone calls regularly from dinner nights, weekends, and he had totally unreliable schedule, phone calls all hours of the day and night.
00:01:03:27	00:01:34:23	And I thought, I am not going to do this. So when I went to college, I took care not to take pre-med requirements. I took astronomy and physics instead of chemistry and biology and was well along that. In about my third year in college, I would go home for visits. The only time I could get to see my dad is I would have to ride along with him, go to the hospital, make rounds, go to the emergency room.
00:01:34:25	00:02:04:29	And I started thinking, Oh, this is really a pretty good way to have your life's work. So it took me an extra year of college to get pre-med requirements, but here I am. And so you went to medical school, and after medical school, you had to choose a specialty. You chose anesthesia. What? What? What was it about anesthesia that attracted you to that field?
00:02:05:02	00:02:27:12	Well, it was another brilliant idea on my part at medical school, because we had a two week required medical student rotation in anesthesia. And I was very clever because I arranged it so that rotation would overlap Christmas vacation. So I would only waste one week of my life in anesthesia because it was going to be such a terrible thing.
00:02:27:14	00:02:55:28	And I got in on day one. The department chair there was Bernard Briggs, well known of the Briggs tea adapter and other things had been on the faculty at the Mass General before he moved to California. And Dr. Briggs took me under his wing. And by day two, as a junior medical student, I was putting in arterial lines and sitting in the room by myself with him looking in the window, me managing a case.
00:02:55:28	00:03:42:12	And I thought, This is really fun. So that's how I ended up in anesthesia again, accidentally. And that was it. And where were you? In medical school at Loma Linda. That's right. Yeah. Well, I know you did your residency at a fairly prestigious place. Tell me, what took you to that, to Boston and how that whole residency was just another in my stroke of undeserved good fortune that I had managed for internship out of California in Hartford, Connecticut, at Hartford Hospital.
00:03:42:15	00:04:02:17	And early on, I was on the E.R. rotation and there were two other guys down there that had trained at various places in New York and Philadelphia for medical school. And they were talking one night about that. They were both going into anesthesiology, and they discovered that they had both matched at the gotten into the Mass General.
00:04:02:20	00:04:27:09	And they turned to me and said, well, where are you going next year? And this is maybe August 2nd month of my internship here, and I'm from California. At that time, I haven't a clue. They said, Oh my God, we've got ours lined up two years ago. You better get on it. So I called up the Mass General, drove up there and for some reason got the last spot that was available in my ear again, blind luck that I certainly didn't deserve.
00:04:27:11	00:05:08:17	But it was really a very fortunate thing. Well, the MTA age at that time, and I'm sure today is considered one of the premier anesthesia training programs. Dick Katz was the chairman, I think about then. Right. And they also had a fledgling group of people who were doing cardiac anesthesia, labor. Lowenstein Others. What was it during your residency that attracted you to cardiac, or was it during your regimen?
00:05:08:18	00:05:45:09	Well, yes, in fact, it was it was cardiac was one of the standard rotations to a standard residency program. And I was very fortunate because my cardiac rotation landed late in my first year of residency. So I'd been maybe ten or 11 months in residency, out of internship and got assigned cardiac, just loved it. And the rest is history and history indeed, when you talk about the rest is history.
00:05:45:11	00:06:17:24	You went from them. JH Which really was the first program that actually trained Cardiac anesthesiologist. Did you do a specialized year there and that I did. So you were one of the MDH trainees, of which there were very few in the country and in the world who did an entire intense year of training in cardiac anesthesia. I mean, I don't think there were other places that were doing that.
00:06:17:26	00:06:49:14	AT I'm not aware that there were. And Jim Zeitlin and I were number four and five. There was there was one there. There was one bill, Bill. Well, Bill, that was number one, two years ahead of us. And Butch Thomas and Fred Davis were the next two. And then Jim Zeitlin and I were numbers four and five. Sounds like I guess it was brand new was it was the bleeding edge of what people were doing.
00:06:49:16	00:07:15:10	But but you decided to leave the them and did you go Well, you must you you did you do some military time. I did. I did. I did. Two years in the Air Force. Again, undeserved blind luck. Turns out that my chairman, the kids also just happened to be the Air Force Surgeon General's advisor and had a consultant in anesthesia.
00:07:15:12	00:07:40:14	And so it turns out that the Air Force at then at Wilford Hall, which was a tertiary referral hospital at the time for the Air Force, the only place that did cardiac surgery. So I got the one cardiac anesthesia job there was my in the Air Force and and, you know, I just expressed gratitude for good fortune and all the people who helped me make opportunities that I had no role in or didn't deserve.
00:07:40:16	00:08:08:00	Well, my response to that, of course, is that it does help to have friends in high places. But I guarantee you and anyone listening that they don't take just anybody and you had to have deserved all of these wonderful things you've talked about. But the next one was a really major decision. I, I assume, and that is leaving.
00:08:08:00	00:08:45:18	Wilford Hall Did you go directly Demery? I did. And why? With with the cardiac training I had, I knew there would be a lot of job opportunities. So I looked at a number of places and had offers a number of places. I think we were talking at lunch today, the Texas Heart Institute, Arthur Keats, interviewed me. I was offered a position there, offered one at the Cleveland Clinic, which was another place that was really up and coming in, cardiac surgery and anesthesia at the time.
00:08:45:20	00:09:13:28	And then John Stonehouse asked me to come take a look at Emory. And there were a number of factors, but one factor, probably not the overwhelming one was Emory Hospital at the time was a place where I could do it all. Cardiac job, only cardiac cases straight out of the chute, which was pretty rare. And the hospital had no ob gyn, no emergency room.
00:09:14:01	00:09:46:12	And I thought, this is heaven for a cardiac anesthesiologist. And so that's where I went. John, were you the first cardiac anesthesiologist who was really trained in cardiac at Emory? Actually, Jim Seiden started at the same time Gemini. Jim had been in the Army in Germany and I'd been in the Air Force in Texas. And so when when I signed up with John Stonehouse, I told him, You need to call Jim Slayton because he's somebody you want.
00:09:46:12	00:10:07:22	So John hired him, I think. I think he came over from Germany for an interview, and I think Joel Kaplan was there at the time as well. So it was a fledgling operation that was being put together and John was trying to build a cardiac team. And there, as you pointed out, not very many people with extra year training in cardiac.
00:10:07:22	00:10:44:26	So they were trying to build a team because there are some really outstanding cardiac surgeons that had just arrived as well. And they also had Emory. They pioneered the PDK and and and really put the extra cart, extra surgical approach, I would call it, to revascularization. That all really came from Emory, which so it must have been a very exciting time for you and all your colleagues in cardiac at Emory.
00:10:44:29	00:11:15:19	Yes. Andreas grunts. It was recruited from Switzerland. That was I want to say I went I started in 77. It was probably 81 or 82. I don't remember the exact year when grunts came from Switzerland and I got the assignment. I was personally in the lab for the first ten. Angioplasty was done after Andreas came to Emory. They all failed spectacularly and I took them all emerging to the O.R. and they all did fine.

00:11:15:21	00:11:41:04	And this is, as any of you who've done the pumping the chest from the lab on a stretcher down the elevator to the or get on bypass while you're still pumping the chest. And it's all very exciting. And I remember about the number of the eighth patient in this series was a woman who was probably very lightweight.
00:11:41:04	00:12:10:10	She maybe 90 -£100, and she had a big left, main lesion, and they hadn't even put the guiding catheter up. They actually just injected some dye in the left main and the dye froze just after this tight left main lesion. And she related and we couldn't resuscitate her. And it was a real it was a horror show getting her down stairs.
00:12:10:13	00:12:42:12	And I thought, oh, my, this is really terrible. I'm really worried about this woman. So I was the attending in the ICU the next day. So it went in at 7:00 the next morning and this woman was sitting up in bed, activated, doing her nails. And I thought, Wow, are we good? Well, tell us a little more about that, because you said the first 910 were very difficult and some of them not successful required rescue, cardiac surgery.
00:12:42:14	00:13:17:26	When did it become clear that Brunswick was really on to something that that ultimately almost put all cardiac surgical people out of business with the PTC, a Well, things improved a lot. I think once everybody in the lab got to know things. Brunswick had invented these angioplasty de balloon catheters and was already getting royalties on them. And so they kept refining the catheters and refining the techniques.
00:13:17:29	00:13:44:12	And I will say about the late Dr. Brunswick, he was he was a true scientist and he would not go beyond the data. A lot of people wanted to be the Wild West and let angioplasty everything. He said, No, we're going to take a certain level of lesion. We'll start at the ones that look really accessible and we'll leave the more challenging ones until we get more data.
00:13:44:14	00:14:13:00	And I had respect for him for that. But I think the next the next 20 or so, a lot of them were successful and things began coming along. But you remember there were there was no such thing as stents. There were no such things as even the bailout catheter was not invented yet. So there were a lot of technology As experience developed, people's creativity came into play.
00:14:13:00	00:14:42:25	So a lot of people played into it. So it got to be a very, very successful operation. And we ended up seeing a lot of well-known people from all around the world who would fly to Emory to get their angioplasty. Yeah, Emory was the Mecca for for that at that period of time. And and it's amazing to be talking to somebody who was there on the ground floor of all that and explaining it to us in such good detail.
00:14:42:27	00:15:30:02	Let me ask you about the Society of Cardiovascular Anesthesia that started in 1979. Can you recall your involvement in that in the society when it started? Why and your we'll talk in a little while about your leadership role. But but how did you get interested or involved in the society of Cardiovascular anesthesia? Well, we learned that Bob Marino and George Burgess and I don Harmon, had wanted to start this society, that they wanted a more inclusive group than than the smaller society, which we can talk about later.
00:15:30:04	00:15:55:15	And so several of my colleagues went to the first meeting, I think in New Orleans. It was right. I've been to other conferences and it was my turn to stay in the case, so I didn't attend the first meeting. So the first one I went to was a 1980 meeting at Kiawah Island. But right away the concept was immediately interesting and everybody in our group says, Yeah, we need to get involved in this.
00:15:55:15	00:16:17:06	So it wasn't a hard sell. I think the fact that there would be a group that would be able to expand across a lot of institutions made a lot of sense because it's a very new specialty. There were a lot more that we didn't know than we did now, and rounding up a lot of bright people to talk about, it seemed like a good idea.
00:16:17:08	00:16:49:05	Well, John, you said you were at the second meeting, which was at Kiawah. And and I know that you have been involved in in the society since that time. I believe you started doing things. I believe you were in charge of the scientific exhibits and the exhibits at all the subsequent meetings. But tell me how you got started and ultimately how you ended up becoming president.
00:16:49:07	00:17:12:29	Well, I think I was just looking back at my notes. Apparently, I was head of the International Affairs Committee in 1981. That must have been the first official assignment I got and how I got that, I have no idea. And then I was on the program committee, I think I was vice chairman for about three years until about 85.
00:17:13:01	00:17:37:07	Then there's a gap of my official involvement, which actually coincided with the fact that in 1986 I got to be department chair at Emory, and I begged out of a lot of other extraneous activities because I had no experience running an organization of that size, which at the time was five hospitals and two inventory surgery centers and critical care units and pain clinics and all kinds of stuff.
00:17:37:09	00:18:02:05	And it was pretty overwhelming for me. So I begged out of a lot of other things. So my official activities were receipts for a number of years then, but I did not know that. I mean, I knew you were chairman at a young age. You probably are one of the younger chairs of a major program. But when did you become president?
00:18:02:05	00:18:30:25	When were you elected president of the society? I was probably elected. I was president from 91 to 93. So I assume I was the next president a couple of years before that. I don't have that recorded. But that would be my guess. Well, that was a time when the society was what I would call maturing, but still had a lot a long way to go, if you can recall.
00:18:30:25	00:19:00:05	And I understand that was years ago. If you can recall, being president. Were there things that happened under your leadership that that you can look back and say, Oh, yeah, we did do that? And that was kind of important. There were a couple of major things that occurred when I was president, and I always hesitate to say that they were because I caused them.
00:19:00:05	00:19:37:04	It reminds me of the the story of the elephant and the flea walking across the bridge and the fleet says, Boy, we sure did shake that thing. And so quite a lot of things happened. The one thing that I do say I had a lot to do with was at the time the society was generating some revenue for at conferences and whatnot, and the money was just sitting in non-interest bearing accounts and banks and that always bothered me because I thought these organizations were trying to do very good things and they need more than less money to do good things with.
00:19:37:06	00:20:07:19	And so I had recruited a a business manager from the Harvard Business School who had a bunch of buddies in Harvard Business School who went to work for Vanguard and so we had come up before I was SCA president. I put together for the IRS an investment program where there could be a tiered investment program where we keep ready cash in small amounts and had longer maturity investments to earn some, earn some, get some earnings on the money.
00:20:07:22	00:20:35:13	And so I as I asked the president early on, I said we need to do that with these things, money. So basically we did that. And I thought that was really looking a foundation for the future, was going to need money. More money is better than less money. So that got put in place. And the second thing there was a conversation going on widely among the members because the society was doing a lot of a lot of research work.
00:20:35:13	00:21:05:22	There were a lot of publications coming out from society members and various journals and there were monographs being published in a newsletter being published, and there was a general consensus that just wasn't enough because this research needed a better home just to be published somewhere out there. And so there was an initiative that the society needs a journal and there were all kinds of thoughts and opinions.
00:21:05:22	00:21:34:07	Should we publish a brand new standalone journal? Should we try to partner with a surgery journal? Should we partner with an existing subspecialty cardiac journal, Should we partner with a general journal? And so there were some very strong opinions and a lot of conversations that went on. And so when I became president, it became clear that affiliating with the Journal was going to be one of the options.
00:21:34:09	00:22:01:02	And I could see immediately that affiliation with anesthesia and analgesia was going to come as one of the options on the table. I was a member of the IRS board, so I immediately recused myself from the conversation. I said there's a conflict of interest there. And so at that time, I appointed Ed Loewenstein, who was then an SCA member to head a committee, to pick a committee to study the issue and make recommendations to the board.

00:22:01:05	00:22:53:08	And so that's what happened. And their recommendation came in, I think, for the fall 93 board meeting. And it was a unanimous recommendation from Ed's committee to pick into anesthesia and analgesia, and the board agreed unanimously. So that's how that developed. So those were those were, I think, important milestones in the society, to be clear. Yeah. You presented the SCA then you took it to the IRS as the National Anesthesia Research Society's, whose board you also on and I think Dr. John Waller is responsible for creating a journal within a journal for our specialty.
00:22:53:11	00:23:20:26	Dr. Ron Miller is actually gets credit for that term. There was conversation about should we have a cardiac subspecialty journal. And the concern was how big would the circulation be, What's the revenue? And then there were others that said, you know, should we just be talking to ourselves? Because a lot of the technology developed in the cardiac or clearly had broader applications for improving care of patients throughout different surgical procedures.
00:23:20:29	00:23:45:23	And that part of the discussion that went on and so Ron had said, you know, do you really want a journal of pain anesthesia, a journal of O.B., anesthesia, neuro anesthesia, cardiac anesthesia, because our specialty just can't support all those. So why don't we build a journal within a journal, which was Ron's term? And that's that's what Ron basically apparently sold to Ed's committee.
00:23:45:26	00:24:17:22	Well, as they say, the rest is history. And I know it's had its ups and downs. It's accomplished. Two things was in place for the society's investigators, but there was first rate research and it secondly, it reached a much broader audience than have to stand alone journals. So that was a major, major contribution to the society in anesthesia and to all of the cardiovascular medicine.
00:24:17:22	00:24:54:04	I actually. John, is there a favorite anecdote? I know you well enough to know that life is always full of interesting things. Have you a special kind of humorous memory of anything in your time with the society Cardiovascular? Nothing really comes to mind, Jerry. I just have great warm feelings about the whole set of exercises around it. The opportunity that I've had, the society first of all, offered me a lot of mentoring.
00:24:54:04	00:25:20:27	Early on. I was new, new in my career, learning about a lot of things, new anesthesia Chairman So there were a lot of people in the society that offered me advice and support. And as time grew on, then more residents and fellows came along and I was able to turn around and hopefully offer them the same thing. So just the the collegiality and the friendships that are formed.
00:25:21:00	00:25:54:00	And there's also been a lot of episodes where we had a pretty good time and destroyed a fair quantity of adult beverages from time to time. And so I yeah, we want to talk about your wine cellar, I guess, but nothing really, really comes to mind. It was a it's just been a wonderful experience and I just feel very, very fortunate to have been part of it.
00:25:54:02	00:26:30:13	John, you've been a leader in all of the organizations that are part of my speaking up. You were chairman of the board shooting Search Society, President of the Society Cardiovascular and Surgery. You chairman of two different departments in anesthesia. You tell us, in your view, what are the secrets to the leadership? There are a lot of different leadership styles and a lot of them have been successful.
00:26:30:18	00:27:02:10	So I don't think I ever had I hadn't cornered the market on any particular style. Mine is not a micromanager style. My my philosophy was to pick good people, communicate the direction and guidelines clearly and get out of their way so they could produce things. And I tried to do that through my career, and I think I subscribe to your philosophy.
00:27:02:11	00:27:48:02	I think that that's what does build great organizations, is to allow people to support them and not get out of the way. And you clearly have done that in every instance and we're all cheers and that grateful to you for it. I only have one more question that is what when you think about the future, what do you think is important for Madison and this and art and the society at this time?
00:27:48:02	00:28:19:28	As you now a somewhat senior member of our profession, think about what do you think about the future that we should be mindful of or pages attention to? Well, I was I was pleased to hear in an earlier discussion today that there there will be a meeting next year, I think a joint meeting with thoracic surgery and the ACA.
00:28:20:01	00:29:01:00	I think that would be a marvelous milestone, assuming that rumor is correct. And I had thought early on that particularly when looking at how to work collaboratively in the operating room, that there wasn't any point to do that as a cardiac anesthesia alone endeavor. This is a team effort. It's going to have to involve cardiac surgeons, nurses, perfusion as others, and in order to put guidelines and particularly to work on the human interaction, human factors about how people work together effectively in the OR it has to include everybody.
00:29:01:02	00:29:38:14	I was concerned that some of the earlier efforts, even though they tried, did not successfully recruit the thoracic surgery community. And so I think if there can be collaboration, the the output from this society will gain a great deal of power and it will have a lot more impact for the good of patients. Ultimately. Well, John, in closing that in itself, I have to thank you for the many contributions you've made to our society and to cardiovascular medicine in general.
00:29:38:16	00:30:17:08	It's been the most delight discussion with you here. Thank you so very much. Well, I appreciate the opportunity. I think I would just like to say it is just been an unbelievable privilege for me to be part of the basically birth of growth and development of a new subspecialty in medicine and to see it grow in lockstep with research and the tools to monitor and manage the circulatory system.
00:30:17:11	00:30:42:11	And we've come a long way from when advanced monitoring was in addition to an arterial line and a CVP whose a die dilution, cardiac output and adult left atrial line. We're way beyond that and society benefits greatly from the advances. Thank you, Jack. Thank you.