

Section on Critical Care 2007 Distinguished Career Award

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Thank you Mary for your kind remarks. It is hard to describe my emotions after getting the news about this award. Of course I was happy and proud. Then after I sat down, the only emotion that took over was of immense gratitude. Gratitude towards the institutions that trained me, teachers who taught me, and students who made me better than I would have otherwise been. To this day, gratitude is the overwhelming emotion that I feel about this award.

Slide 1 First of all, this award would not have been possible without my wife Ingrid. It is amazing, what she has herself accomplished. A professor of pediatrics, a nationally known hematologist-oncologist, and chief of our sickle cell center; an accomplished investigator and a superb clinician. She has had similar mentors as mine, including her parents Leonora and Valentine Fernandez who made her what she is. This year Ingrid got two silver medals at the National Senior Olympics; 400 meters and long jump. Above all, she has been a constant source of support for me. So, thank you Ingrid. I am also very happy to share this experience with my brother Raghunath and his wife Leena. They represent my entire extended family which has played an important role in my development. I am delighted to have my sons Amod and Ajit, their wives Shawn and Syana, my nephew Moreshwar, and the latest addition to our family, my grandson Xavier Shiva. It is a great day in my life.

Slide 2 I looked at the list of the past recipients of this award. I have considered them to be my role models. In 1972, as a first year resident, I took care of a newborn with hyaline membrane disease. His mother told me that her baby was dying and there is nothing that can be done for him. I told her that there was something that could be done for him, and it is called CPAP. We decided to try it. That particular hospital didn't have respiratory therapists. My attending physician was ill, there were no ICU beds available to transfer him to, and I was essentially left in charge of the nursery as a PL1!! I went to the library, got

George Gregory's recently published New England Journal article, and assembled a contraption according to his instructions to deliver CPAP. To the mother's amazement and to my delight, the cyanotic baby started to turn pink over the next several hours, and despite other complications, Frankie Munaco survived to be discharged.

Slide 3 Here is little Frankie on his first birthday and the last I heard from him was a few years back, when he was sailing as a captain in the Atlantic ocean. I have been a permanent fan of George Gregory since those days.

Slide 4 In 1974, I got Jack Downes to autograph my Nelson's Text book of Pediatrics. Brad Fuhrman and Anne Thompson have become valued friends. And I have learned a great deal from books and articles written by each and every one of them. However, if you look at this list, there is clearly a sense of CHOP, Pittsburgh, Hopkins, and Harvard pedigree. That is hardly surprising because these centers have been the leaders in the field from the very beginning. Indeed, people on this list have been teaching me through their work during my years of struggles in relative isolation, obscurity and anonymity in Detroit. So, I consider it to be a great privilege to be in this select company. A privilege that I do not take lightly or with pompousness, but one that I accept with deep gratitude.

Slide 5 A distinguished career does not happen in a vacuum. It takes the right environment, right opportunities, great mentors and even a few adversities thrown in between. There are many lessons learned along the way, and I would like to recall some of them. My first break came with the family I was born in. Youngest of nine. This is Aka my mother and this is Aba my father. We were lower middle class family with no luxuries but all the necessities. Education was always highly valued. For Aba and Aka, children always came first. We were a very tight knit family.

Slide 6 My first scientific experiment came when I was 5 years old, with Suman, one of my sisters, as my mentor. We used to have a woman of lower caste come to our building to clean toilets. She was considered untouchable. The older children in the building used to say that if you touched her, you will get a disease. After working under a scorching sun, she would ask for water, and I used to love obliging her. Seeing her satisfied facial expressions after quenching her thirst brought immense joy to me. But I was told to be careful as I poured water in her cupped hands. "Don't let the water from her hands splash on your feet

lest you will get worms in them”, I was told. Suman taught me about God. She told me God is everywhere. I asked Suman if there was God in that untouchable woman. “Of course” Suman said. “God is as much in her as in you and me”. I decided to test Suman’s hypothesis. The next time I poured water into that untouchable woman’s cupped hands, I made sure that some of it did splash on my feet. Nothing happened. Growing bolder, the next few times I purposely touched her hands first time making it look accidental but next time definitely purposefully. I was happy to note, and also much relieved, that nothing untoward happened to my hands and feet. This experience might be worth only a case report, and may not qualify as a randomized controlled study, but to me the evidence was unassailable that God exists everywhere, in all of us, and much more so in the helpless and poor children that we care for on a daily basis. Aren’t we all fortunate, that our place of work is also a place of worship, and we don’t have to go anywhere else to serve God?

Slide 7 So lesson number 1 is: Serving helpless children is to serve God.

Slide 8 There are a few role models and mentors who have had an immense influence on my academic development. I am grateful for my training in the Grant Medical College. Basic sciences and pathophysiology were always stressed as fundamental requirements for clinical diagnosis and patient management, an approach that I still practice and preach. Dr. Prabhakar Udani, a master clinician and probably the most prolific researcher of his time, gave me a great start in pediatrics.

Slide 9 And when I came to the USA for further training, I could not have landed in a better place than Children’s Hospital of Michigan in Detroit. Many of you may not know it, but Children’s Hospital has a great tradition and history. Built in 1886, it is the third oldest hospital in the country devoted entirely to the care of children.

Slide 10 The American Academy of Pediatrics was founded in Detroit in 1932 under the leadership of local pediatricians who were prominent on the national scene.

Slide 11 I had wonderful teachers and mentors during my training such as Paul Woolley, Bill Gronemeyer, Les Pensler and Sandy Cohen.

Slide 12 The person who had the greatest influence on my early career was Robert Gregg who was the chief of pulmonology. An astute clinician and a strict disciplinarian, he seemed capable of doing practically anything. One of his greatest and most attractive attribute was to challenge existing dogma. I am much grateful to these people and institutions. And I believe that this feeling of gratitude carried me through many years of working as the only intensivist at Children's Hospital of Michigan.

Slide 13 So lesson number 2 is: Be grateful. Gratitude is a prerequisite to success and happiness; whereas a sense of entitlement only breeds excuses for failures and unhappiness.

Slide 14 Perhaps no other subspecialty exposes the emotional vulnerability of physicians and nurses than in the intensive care. Our patients are very easy to identify with our own children. The ecstasy of saving someone's life; and the agony of someone dying is an all too familiar roller coaster that is the staple of our profession. So, in order to make it through, we all develop our own little defense mechanisms. Unfortunately, all too often I see physicians explain an unfavorable outcome as a result of the unavoidable inevitability of the disease process. I would caution against using this logic, especially in situations that are puzzling. We must always keep these patients with us, all the time, even after their deaths, and continue to seek answers. It may take months and years for such an answer to come, but when it comes many other patients will be saved. Such patients will be your best teachers.

Slide 15 I took care of Ruby Smith in 1976. Ruby had stage IV Reye's syndrome. This was before the days of routine intracranial pressure monitoring. We simply used mechanical ventilation and mannitol osmotherapy according to clinical examination consisting of pupillary response and muscle tone. I took turns with my fellow staying up at Ruby's bedside 24 hours a day. Ruby developed renal failure, but after a week or so, she was opening her eyes and yawning, something the old-timers might remember as being the first signs of awakening from coma of Reye's syndrome. Most of the patients who regained consciousness after Reye's syndrome had excellent neurologic recovery. I extubated Ruby and I told her parents, to go home, rest up, and come back in the morning. I went home that night, tired, weary, but satisfied that Ruby had made it. In the middle of the night I got a call

that Ruby had stopped breathing, and her pupils were fixed and dilated. I rushed back, only to see her herniated and brain dead. It was one time in my career where I was the one sobbing and the parents were the ones consoling. I had no answer as to what happened. My seniors told me that such things do happen despite our best efforts. I was young and inexperienced, but I knew there had to be an explanation. And the explanation came a couple of years later with more clinical experience and better understanding of the brain's unique response to its osmolal environment. It became clear to me that Ruby had died of cerebral edema from osmotic disequilibrium. We were treating her non-oliguric renal failure with replacement of urine output and insensible losses at a time when her brain was still saturated with idiogenic osmols. The knowledge gained was valuable, as we were able to save other patients with Reye's syndrome and with similar pathophysiologic states.

Slide 16 Here is David Yavenditi with stage 4 Reye's syndrome being monitored with the old Richmond screw,

Slide 17and later on his road to full recovery.

Slide 18 As for Ruby, she remains among one of my most valued teachers, helping me in caring for patients with altered brain metabolism. After Ruby died, her mother gave me this picture of Ruby and told me never to forget her. It was a promise that was easy to keep, and today I am pleased to share her memory with you.

Slide 19 So, lesson number 3 is: Do not explain away an adverse outcome as being a result of unavoidable inevitability. Keep asking why. The answer will come eventually and will make you a better physician.

Slide 20 Approximately 20 years ago, I was at the University of Illinois as a visiting professor. Dr. Vidyasagar asked me to comment on this x-ray of a newborn. It was clearly obvious that the lung volume was diminished, and there was diffuse ground glass appearance. "Hyaline membrane disease" I said. "What else" he asked. I looked at the x-ray again, this time more carefully, looked at the bones, found nothing wrong, looked at the abdomen and again found nothing wrong. I was puzzled. What does he want me to see? Then Vidyasagar asked me "What is this". And I said, "Oh my God, that's a tail". This was a

baboon neonate with hyaline membrane disease, a model that he was working with. Apart from being made fun of, albeit good-naturedly, this illustrates an important point that I teach my students

Slide 21 which is lesson number 4: “Your eyes don’t see what your mind doesn’t think.” Many times we miss things that are staring us in our face, if our mind is not looking for them. The intensivist must see the forest AND the trees.

Slide 22 There are many lessons in life that come from unexpected sources and in our aura of self-importance we are prone to ignore them. Ten years ago, I went to the Philippines on an operation smile mission. The surgeons operated on about 150 children with cleft lips and cleft palates in 10 days. We worked all day and through late evenings; and for a few hours in night, slept on little cots in hospital room hearing rats running around, above the ceiling. Warm water was hard to come by and our meals were cooked by the local people. I was feeling very proud of myself; very pleased with all my sacrifices. Then one day, a 14 year old boy scheduled for the cleft palate repair, did not show up. His name was Victor Cortez. People had to travel several hundred miles for the surgery, and no shows were very unusual. But there was no sign of Victor Cortez, so we went along with our daily routine. As afternoon rolled around, a nurse told me that there is a 14 year old boy in the pre-op area asking her when they were going to do his operation. I asked her the patient’s name. “Victor Cortez” she said. I asked her what in the world he was still doing in pre-op area; he was supposed to be the first patient in the morning. What she told me next, was nothing short of incredible. One of the kids had spilled water on the floor early in the morning. Victor got up and took a mop and started cleaning. Another nurse mistook him for a janitor and gave him other cleaning responsibilities. Since he didn’t have a cleft lip, and did not speak English, no one suspected he was a patient. Victor kept helping out with one thing or the other until he couldn’t any more. You see, he had been NPO since the night before for his surgery, and he was hypoglycemic and feeling rather faint. When I heard of this, I felt so small for feeling so proud about my own little inconveniences, when this boy of meager means gave so much of himself with no expectations whatsoever of a reward.

Slide 23 So lesson no 5 is “When you give, don’t glow in self-adulation but just give and then give some more”. The only reason you give more is because you have more to give.

Slide 24 One of the greatest joys in life is to see your students outperform you. I have been fortunate in that too. Last year, many of our graduates came back for a reunion. I am so proud of their accomplishments. My first fellow, Percy McNeil became the President of the Bahamian Medical Association; you know Mary Lieh-Lai, Don Vernon and Andy Theodorou as leaders in critical care societies; Kathy Meert and Sabrina Heidemann are accomplished investigators, and for the young guns like Jeff Clark and Sujatha Kannan, sky is the limit. I could talk about each and everyone of them with equal pride but time does not permit it. Suffice to say that all of them have enriched my life a thousand fold.

Slide 25 The lesson number 5 is written on this coffee cup given to me by one of my residents: To teach is to touch a life forever.

Slide 26 This speech cannot be complete without telling you the story of a great man. It is unlikely that any of you know him. His name is Erik Husfeldt, a cardiothoracic surgeon from Copenhagen Denmark. Professor Husfeldt is a big name in Denmark, not only for his contributions to the field of medicine, but also for his fight for justice, principle, and freedom. From 1940 to 1945, at the peak of Dr. Husfeldt's professional career as the Chief of Surgery, Hitler's Nazi Germany occupied Denmark. At great risk not only to his professional career but also to his personal safety and his life, Erik Husfeldt went underground and became one of the leaders of "The Resistance", a group of freedom fighters. He assumed the cover name as Mr. Jensen. Mr. Jensen was an extremely dangerous and subversive person in the eyes of the Nazis. The Gestapo was constantly on the lookout for him. Erik Husfeldt frequently traveled to neighboring Sweden to purchase Swedish submachine-guns for the Danish underground freedom fighters. Back home in Copenhagen, he organized the rescue of thousands of Jewish refugees, admitting and hiding them in hospitals under false identities until they could be transported away to the boats which would take them across the Oresund to safety in Sweden.

Slide 27 After the war, Mr. Jensen again became Professor Husfeldt. He was selected to attend the first meeting of the United Nations in this city of San Francisco perhaps not too far from where we are today. Working with the World Health Organization and the Red Cross, he took his cardiothoracic surgery skills to developing countries where thoracotomy

was a kiss of death; anesthesia consisted of a nurse pouring ether on gauze on a wire mesh held on the patient's mouth and nose, and where no such things as respirators existed. Intensive care unit was a concept that had not even been developed in the Western world.

Slide 28 In Copenhagen Denmark, is this sculpture of Erik Husfeldt. His life was a profile in courage, dedication, excellence, and service to humanity. The lesson number 7 learned from Husfeldt's inspirational life story is beautifully captured by words of the famous Indian poet Ravindranath Tagore: "I slept and dreamt that life was all joy". "I awoke and saw that life was but a service". "I served and understood that service was all joy".

Slide 29 Why am I telling you about Erik Husfeldt today? Well, in February of 1953, Dr. Erik Husfeldt led a team of doctors sponsored by WHO and the Unitarian Service Committee of the United States. They went to India, Burma and Ceylon. They operated on many patients who were otherwise considered inoperable. Dr. Husfeldt also operated on 20 children in India. Only 4 survived. One of them..... possibly this one.....

Slide 30 was a six year old boy whose left lung was destroyed by lung abscess and bronchiectasis from a peanut aspiration when he was two years old. He was not given much of a chance for surviving into adulthood without surgery which itself carried a prohibitive risk. Dr. Husfeldt's surgical skill was his only hope. And today, fifty-five years later, that boy is gratefully and respectfully accepting the prestigious Distinguished Career Award from the American Academy of Pediatrics.

Thank you very much.