



## The Society for Cardiovascular Angiography and Interventions

### SCAI President's Page



## The Patient Revisited

**John McB. Hodgson, MD, FSCAI**  
Heart and Vascular Center  
MetroHealth Medical Center  
Cleveland, Ohio  
President  
Society for Cardiovascular Angiography and Interventions

Last year I told you the story of Mel and his family [1]. A father restored through the collective efforts of the emergency response system, doctors, nurses, pharmaceutical companies and device manufacturers. Thankfully Mel's recovery from an anterior infarct and cardiac arrest continues to be a happy one. He and his wife surprised me when they attended a recent community education program we were doing. I had not seen him since he had graduated from cardiac rehab (with a normal ejection fraction) many months before. But there he sat, listening to the activities of our division and the ways in which our community partners could be involved in the hospital mission. He graciously accepted my prompting to say a few words about his experience to the others gathered that evening. He had clearly undergone more than just a mechanical heart change during his infarction. He had emerged with a different perspective on life, an emotional and spiritual change. He was transformed by the care he received creating in him a desire to care for others; the "pay-it-forward" principle so well depicted in a recent movie. We don't often talk about that aspect of what our patients experience.

Near-death experiences have a way of changing how you view life. Much has been written about these mystical experiences [2]. The sensations of light or a tunnel

are common descriptions. My own discussions with cardiac survivors confirm these well-described patterns. More often, however, no surreal events are recalled. But, I believe in all cases, both the patient and the physician reflect (if ever so briefly) on the meaning of life and their part in the grand scheme of things. I haven't asked Mel specifically about his spirituality, but when our eyes meet, I sense something special. He gets it. He understands his responsibility: to his wife, to his children and to his community. I have had this same sensation with other patients I have been privileged to know.

A veteran of modest means presented with an inferior infarction in the late 1980s. We performed direct PTCA of his infarct artery and he did so well that he was ready for discharge by the third day. Being a typical red-blooded gentleman, he and his wife had relations that evening to celebrate his release. Sharp chest pain and sudden dyspnea were not the desired consequence. A

\*Correspondence to: John McB. Hodgson, MD, FSCAI, Heart and Vascular Center, MetroHealth Medical Center, 2500 MetroHealth Drive Cleveland, Ohio 44109. E-mail: president@scai.org

DOI 10.1002/ccd.20077

Published online in Wiley InterScience (www.interscience.wiley.com).

repeat cath documented a large VSD (this was many years before percutaneous occluders). Emergency surgery was complicated by poor margins in which to sew a patch and after 12 hours he was brought back to the ICU on multiple pressors with a systolic of 60 mm Hg and warnings that he was “unlikely to make it.” I joined the family in prayer that morning and miraculously he improved. After 6 weeks of renal failure, Candida and gram-negative sepsis and severe right-sided failure, he was well enough to go home. The man who left was not the same one who had rolled into the emergency room 6 weeks earlier. He shared with me that he felt “different” about everything; the sun was brighter, his family dearer, his hound dog and trailer home that much more a comfort. I had the privilege of caring for him for about another year, after which he died from complications of continued right heart failure. I loved seeing him and his family. He was always positive despite his poor physical condition and always had an encouraging word for the other patients. After he died, his daughter asked me something I have never been asked before, or since. She asked me to give the eulogy at his funeral. I was honored and, of course, accepted. I drove to his hometown one day after work and stood before about 50 of his friends and family. I remember using the analogy of the physical hole in his heart that we had repaired and the spiritual hole in his heart that had been miraculously healed at the same time. I was sure that he had been kept alive for that additional year so that he could impact others. I asked that day if anyone in the audience could recall a special experience within the year before his death. No one volunteered, perhaps from embarrassment, or perhaps because it was just too personal to share. In any case, I know he affected them. He certainly affected me.

So what about us? How do we deal with the number one killer of patients in the western world without being affected? Certainly you have had patients die. Many of you have had patients die on your cath table. Thankfully they are fewer and fewer due to our current technologic advances. But when it does happen, what do you do? Are you able to feel the loss? Or have overwork and the pressures of day-to-day practice hardened you? How does your staff deal with the loss of a patient? Can you offer consolation to them, or like me with my first cancer victim, do they need to console you?

A few years ago, I had to deal with a very special cardiac patient, my wife Dinah. She had experienced palpitations on and off for years, but they were becoming more troublesome and resulting in near-syncope. We both felt it was time to diagnose them before she (and our kids) became a traffic fatality! We suspected AVNRT, and after much deliberation agreed to an electrophysiology study with possible ablation. She ended up having a

left-sided pathway; fortunately, my colleagues were able to ablate it using a retrograde approach. Dinah recalls that facing issues of the “heart,” no matter the severity, touches your life and changes it forever. My kids and I also hugged her a little harder after that. Although not life-threatening, her condition involved her heart nonetheless.

Matters of the heart; important for both patient and caregiver alike. Important from many angles. We invasive cardiologists are entrusted with a very special organ. First and foremost, an organ critical to life (the way we usually view our profession.) We can impact cardiac disease in fantastic ways: opening narrowed arteries, correcting congenital defects, enhancing failing performance. Daily activities we perform so often they seem routine. But do we stop to look at the heart from a different angle: an organ critical to our patient’s emotional and spiritual well-being?

Solomon wrote: “a cheerful heart is good medicine, but a crushed spirit dries up the bones” (Pr 17:22). It is equally important that after we “fix them,” we encourage and care for our patients. Seeing Mel again reminded me of our shared bond. I helped him; I hope in more ways than just a stent. And (although he probably doesn’t know it) he has helped me to appreciate life as well. I encourage you to put your lead apron aside now and then. Sit with your patient and their family; use your influence to encourage and cheer them. Allow them to touch your heart; experience their sadness and revel in their successes. I believe it is just as important that we physicians give of more than our technical talent. Our patients have given us a place of esteem. It is our obligation to give something back. While you have that apron off, get involved in your community, your church, or a worthy charity. I encourage you to “learn to give.” We are all busy, and we can find endless reasons why we can’t. And if you aren’t able to find a worthy cause, why not ask your patients? I assure you they can give you some great suggestions!

Thank you for the honor of serving as your president this year. By now, you have undoubtedly caught my “The . . .” theme for these President’s Pages. I have enjoyed sharing some facts and some news, but most of all, I have appreciated being able to share a bit of my heart now and then. Mike Cowley will take over from here, and I know you will be in good hands. Have a fantastic summer!

## REFERENCES

1. Hodgson, JMcB. The Patient. *Catheter Cardiovasc Interv* 2003;59: 293-294.
2. <http://www.near-death.com/books.html>