I am certain that those of us (of a certain age) can easily remember an attending senior vascular surgeon who carried the essence of certainty and superiority.

They were pioneers in their field, creators of procedures that often carried their name, definers of the discipline. They inspired us to emulate. This streak of bravery and bravado inspired them to move forward and often to do outrageous things that seemed heretical at the time, and yet moved the profession forward even when they failed. It was a unique yet constant phenomenon.

For example, the notion that everything old is new again applies even to endovascular repair of abdominal aortic aneurysms. Our present “novel” treatment actually dates back to the 1860s when percutaneous needleling, wire coiling, and electrotherapy were attempted, albeit with limited success.

That pioneering spirit, seemingly reckless by our standards today, was captured recently in the cable television series entitled “The Knick.” Set in the 1880s in New York City, it chronicled the adventures of the fictional Knickerbocker Hospital and its failed surgeon-in-chief, Dr. Thackery, MD, as he struggled to invent new techniques and instruments to cure organ anomalies and aortic aneurysms. Preoperatively fueled by cocaine (which was favored by Freud as well), he routinely entered the operating theater in a smock so as to not soil his street clothes, using his bare hands and performing to a tiered gallery of observing surgeons and students.

And so have I often thought about this underlying current that defines us uniquely in our particular vascular specialty—which takes us beyond the mundane and propels us into the rarified atmosphere where vascular surgery resides. What makes us—who?

It was actually my vascular surgery mentor who crystallized that answer for me in a most interesting way. I had met him when I was an intern doing a rotation on his service and became so mesmerized with the craft that I essentially spent my entire training years under his tutelage.

About a year ago, while he was introducing me to a colleague, he explained that, when we met, I was a student on his service, he knew immediately that I had “the vascular gene.” That’s when the light bulb snapped on! Thething we do, our “cosa Nostra,” cannot be defined simply by book learning and experience. All the education and training in the world does not a virtuoso make. Nor does it turn out a vascular surgeon. There has to be some inner spark, a “genetic” component, if you will, that determines the final product. And so I have concluded that the elements of this vascular gene that so defines us:

Some aspects of the gene are obviously admirable qualities: the ability to learn and retain knowledge; the drive to continue learning and advancing; the gift of ingenuity and inventiveness; the manual dexterity to accomplish intricate procedures; and the physical ability to endure prolonged tasks. Yet one could argue that those characteristics also could apply to a good watchmaker. True, but there are other traits that could be considered even slightly sinister.

We are tenacious and committed beyond logic, often spending many hours in an attempt to salvage what to others looks like a lost cause. We are a bit like Don Quixote fighting windmills. We have a sense of bravado that exceeds common sense. We undertake challenges that others will not approach. Like first responders, we move toward the challenge rather than backing away.

But perhaps the most destructive component of this gene is the one that addict us to this craft and lifestyle.

I suggest that the vascular gene has a highly addictive component. That Dr. Thackery may not have needed cocaine to allow him to perform his miracles. We are the consummate addicted gambler. The proof is in our daily activities. We are like the worst player at a Las Vegas crap game when we approach the table in our gambling room.

We experience an endorphin high when we pull off a win. However, we ignore the fact that, every time, we are putting our reputations, our economic security, our mental stability, our loved ones, and our children’s futures on the line.

What we seek to earn by doing a procedure pales in the face of what we stand to lose. Yet we constantly go back to the table to risk it one more time, knowing the odds may be against us. Even Vegas bookmaking standards you can’t win all the time. And that is the definition of a true gambling addiction. He or she thinks they can.

So what makes us do it? It can’t be the money. There are easier and safer ways to earn money. And we are certainly smart enough to learn these ways. Either we have all been blessed with the heart of Mother Teresa or—and I suggest—vascular surgery carries an addictive component that compels us to roll the dice just one more time.
GUEST EDITORIAL: Taking the gamble as vascular surgeons

BY JACk ZELTZER, MD
[Editor’s Note: This editorial was based on Dr. Zeltzer’s Presidential Address at the 2016 Meeting of the Florida Vascular Society.] am certain that those of us (of a certain age) can clearly remember attending senior vascular surgeon who carried the essence of certainty and superiority. They were pioneers in their field, creators of procedures that often carried their name, definitions of the discipline. They inspired us to emulate.

This streak of bravery and bravado inspired them to move forward and do to outdo those things that seemed heretical at the time, and yet moved the profession forward even when they failed. It was a unique yet constant phenomenon. For example, the notion that everything old is new again applies even to endovascular repair of abdominal aortic aneurysm. Our present “novel” treatment actually dates back to the 1890s when percutaneous needling, wire coiling, and electrotherapy was attempted, albeit with limited success.

That pioneering spirit, seemingly reckless by our standards today was captured recently in the cable television series entitled “The Knick.” Set in the 1800s in New York City, it chronicled the adventures of the fictional Knickerbocker Hospital and its fabled surgeon-in-chief John Thackery, MD, as he struggled to invent new techniques and instruments to cure cancer, syphilis, and tuberculosis. Preoperatively fueled by cocaine (which was favored by Freud as well), he routinely entered the operating theater in a smock so as not to soil his street clothes, using his bare hands and performing to a tiered gallery of observing surgeons and students.

And I have often thought about this underlying current that defines us so uniquely in our particular vascular specialty – which takes us beyond the mundane and propels us into the rarified atmosphere where vascular surgery resides. What makes us – us? It was actually my vascular surgery mentor who crystallized that answer for me in a most interesting way. I had met him when I was an intern doing a rotation on his service and became so mesmerized with the craft that I essentially spent my entire training years under his tutelage.

About a year ago, while he was introducing me to a colleague, he explained that, when we met while I was a student on his service, he knew immediately that I had “the vascular gene.” That’s the moment the light bulb snapped on! “This thing we do, our ‘Cosa Nostra,” cannot be defined simply by book learning and experience. All the education and training in the world does not a virtuous make. Nor does it turn out a vascular surgeon. There has to be some inner spark, a “genetic” component, if you will, that determines the final product.

And so I have come to believe what just are the elements of this vascular gene that so defines us?

Some aspects of the gene are obviously admirable qualities: the ability to learn and retain knowledge; the drive to continue learning and advancing; the gift of ingenuity and inventiveness; the manual dexterity to accomplish intricate procedures; and the physical ability to endure prolonged tasks.

Yet one could argue that those characteristics also could apply to a good watchmaker. True, but there are other traits that could be considered even slightly sinister.

We are tenacious and committed beyond logic, often spending many hours in an attempt to salvage what to others looks like a lost cause. We are a bit like Don Quixote tilting at windmills. We have a sense of bravado that exceeds common sense. We undertake challenges that others will not approach. Like first responders, we move toward the challenge rather than backing away. But perhaps the most destructive component of this gene is the one that attracts us to this craft and lifestyle.

I suggest that the vascular gene has a highly addictive component. That Dr. Thackery may not have needed cocaine to allow him to perform his miracles. We are the consummate addiction gambler. The proof is in our daily activities. We are like the worst player at a Las Vegas craps game when we approach the table in our gambling room.

We experience an endorphin high when we pull off a win. I however, we ignore the fact that, every time, we are putting our reputations, our economic security, our mental stability, our loved ones, and our children’s futures on the line.

What we stand to earn by doing a procedure pales in the face of what we stand to lose. Yet we constantly go back to the table to risk it one more time, knowing the odds may be against us, even by Vegas bookmaking standards. You can’t win all the time. And that is the definition of a true gambling addict. He or she thinks they can.

So what makes us do it? It can’t be the money. There are easier and safer ways to earn money. And we are certainly smart enough to learn those ways. Either we have all been blessed with the heart of Mother Teresa and are doing this for the good of mankind or – as I suggest – the vascular gene carries an addictive component that compels us to roll the dice just one more time.

—

VASCULAR SPECIALIST Medical Editor Russell H. Samson, MD Deputy Medical Editor Malachi Shashok III, MD Associate Medical Editors Bernadette Aviz, MD, C. William Brown, MD, Elliot L. Chodak, MD, MD, Philo Day-Ohino, MD, Alan M. Dieterich, MD, RPVI, FACS, Professor Hans-Henning Eekelund, MD, John F. Eich, MD, Robert Fridge, MD, Dennis R. Gabe, MD, Joyce Harris, MD, Krishna Jain, MD, Larry Krone, MD, Joanna Loh, MD, James McKinney, MD, Joseph Mills, MD, Eric L. Mitchell, MD, MEI, FACS, Leila Mumenthaler, MD, David Bigbey, MD, Clifford Sales, MD, Bhagwan Sethian, MD, Larry Scher, MD, Man Schernherm, MD, Murray L. Shames, MD, Nitin Singh, MD, Frank J. Veith, MD, Robert Eugene Zierler, MD Resident/Fellow Editor Laura Dodd, MD Executive Director/NEVS Kenneth M. Stow, PhD Director of Marketing and Membership/NEVS Justin Cogswell Managing Editor/NEVS Beth filed

Vascular Specialist is the official newspaper of the Society for Vascular Surgery and provides the vascular specialist with timely and relevant news and commentary about clinical developments and about the impact of health care policy. Content for Vascular Specialist is provided by Frontline Medical Communications Inc. Content for the News From the Society is provided by the Society for Vascular Surgery.

The ideas and opinions expressed in Vascular Specialist do not necessarily reflect those of the Society or the Publisher. The Society for Vascular Surgery and Frontline Medical Communications Inc. will not assume responsibility for damages, losses, or claims of any kind arising from or related to the information contained in this publication, including any claims related to the products, drugs, or services mentioned herein.

January 2018