



KEY NOTE ADDRESS

delivered by

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SHOULD CARDIAC SURGEONS VENTURE OWNING HOSPITALS & DRIVE THEIR FUTURE?

Greetings to everyone assembled here. At the outset, thank you for inviting me to address this august gathering on this special occasion. The topic that I have been asked to speak on is “Should cardiac surgeons venture owning and running hospitals & drive their future”.

Before addressing that question, I would like to state that some of the views expressed here are candid and personal in nature, as a reflection of my experiences in the practice of cardiac surgery and life in general. It may seem uncomfortably truthful to some and seem somewhat out of place to be expressed before this gathering. But these are the lessons I have learnt and it is worth sharing especially with the younger generation of surgeons. I trust that those who can gain an insight from my speech will do so and the purpose of this speech will have been achieved.

This is an important moment in my life as I stand here before my friends, colleagues and professional contemporaries, fully vindicated of the events which marked a dark period and a turning point in my career.

This topic is especially close to my heart, as I have had the opportunity to witness and participate in the genesis of 4 specialty institutions, as well as a Medical College. This has offered me exposure to a variety of clinical practices in India.



MADRAS MEDICAL MISSION, Chennai
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**Frontier Lifeline & Dr. K. M. Cherian
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INTERNATIONAL CENTER FOR CARDIO THORACIC & VASCULAR DISEASES

**St. Gregorios Cardio-Vascular Center,
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The journey to build up a private venture is one fraught with many doubts and misconceptions. We are basically clinicians and our primary aim is to provide the best patient care possible. Focus on the patients' treatment and recovery is our beacon, our guiding light, which could be exploited by non-professionals.

The dawn of cardiac surgery in India was a golden era in which the possibilities were unlimited. Such highly specialized treatment was previously only available to the privileged few that could travel abroad. The minority of surgeons who returned to serve the nation, as well as those who were self-trained, were the unmatched doyens of our specialty, who blazed the trail for others to follow. In this virgin territory, each tiny breakthrough garnered instant fame and recognition, such as the first CABG, the first series of pediatric cardiac surgeries, the first heart transplant, the first heart and lung transplant and so on.

The Cardiothoracic Specialty was previously a part of the Cardiological Society of India due to the limited number of surgeons in the mid 70s. It has since branched out and established itself independently with increasing members trained in India and abroad.

The corporatization of healthcare began in earnest with the venture of different types of private hospitals that sprang up; namely

- Corporate owned hospitals started by medical professionals, notably Apollo Hospitals initiated by Dr P.C. Reddy, a medical man with a vision.
- Corporate/privately owned i.e. conceived and executed by those who already had flourishing businesses in other sectors, with commitments to shareholders. Industrialists set up the infrastructure and equipments; medical professionals are the hired help who work hard to establish a brand name and build up the hospital's image and reputation.
- Medical establishments initiated by spiritual leaders with the financial backing of countless devotees.
- An independent team of cardiac surgeons and cardiologists starting a practice, helped by industrialists.
- Family backed medical practice run by the medical entrepreneur in the family.
- And charitable trust hospitals i.e. where the money is raised and land obtained, the building conceptualized and painstakingly executed and compassionate clinical care is meant to take precedence over the profit margin.

As you all will be aware, my personal experience was with the latter model i.e. a charitable trust hospital. In my experience, heading a healthcare establishment which was run by non-professional businessmen in the role of trustees was highly distracting and conflicting. They were essentially piggy-back riders, who were more parasitic than symbiotic, benefiting from efforts which were not their own. There were the inevitable differences in opinions and priorities were vastly contradictory. Where was the fine line to be drawn without stepping on each other's toes? Well, sad to say, I got more than my toes stepped on as my blind faith in the people who were to have supported this noble mission prevented me from saving the institution from their misguided notions and agendas.

Gandhiji once said that "When the trustees of a trust start behaving like owners, then the trust is doomed".

Although a trust is initially started with idealism, its growth and success sometimes works against itself when the trust members lose sight of the original vision, mission and goals. Priorities are misplaced with an eye on power, patronage, financial gain and a place in society taking precedence.

I would not like to make uncharitable remarks so suffice to say, due to irreconcilable differences in perspective and philosophy I found myself leaving the creation in which I had invested years of hard work and youthful energy.

However, as it has been seen time and time again, when God closes a door, he leaves a window open and there is always an alternative and better course for those who persevere. In a moment of utter dejection, there is usually an epiphany which enables one to re-evaluate priorities and discover who one's real friends are. It is important to remember that the Supreme Force is a witness to all that happens and that truth and sincerity will not let one down. No-one can enjoy the fruit of others' labor for long, as natural justice will find a way to correct the balance.

One should convert adversity into opportunity. Pursuing a long drawn-out legal battle is an all-consuming and unsatisfactory course of action... justice will eventually be meted out by the Supreme Judge on the day of reckoning. Instead of brooding over it, one's energy is better invested in constructive rather than destructive activities; to ultimately become the benefactor and not the victim of one's experiences. It is a time to consolidate one's position and evaluate one's strength; **success and failure are a part of life, it's our attitude toward them that makes a difference.** You only truly fail when you stop trying.

"I have learned that success is to be measured not so much by the position one has reached in life as by the obstacles he has overcome while trying to succeed."
BOOKER T. WASHINGTON

My dedication to my profession and my patients stoked the fire in me, making it burn even more fiercely. Under the Almighty's all-seeing eye, I picked myself up and shook off the dust of that unsavory experience, bolstered by the unwavering support and devotion of my family.

"Just pick yourself up and get back in the race – That's life."
FRANK SINATRA

Good friends came to my aid and donated in a variety of ways through money, supplies and more importantly, emotional support and reassurance. Professional acquaintances from abroad supplied equipments which helped us get back up on our feet. My debt to them can never be re-paid as it is a debt of profound gratitude.

I am also deeply grateful to my patients who have loyally supported me through this major upheaval. Their encouragement and caring made me realize that a good practice is not established by fancy infrastructure but with constant patient support. Another factor which held me in good stead was the support of my colleagues who stood by me through thick and thin. As you all are aware, cardiac surgery is intrinsically dependant on teamwork. This major factor was overlooked and came as a rude shock to the so called management during the exodus which occurred following my departure.

The Greek philosopher Epictatus has stated that "Surely God chooses his men at birth and perhaps even before birth."

This seems to ring true in my case as a confirmation of my almost "pre-ordained" calling as a cardiac surgeon. This tryst with destiny would seem even more unlikely if you knew

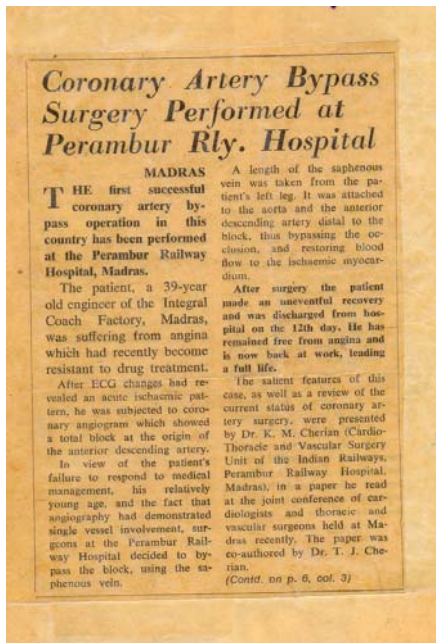
of my background. There has not been a single medical man in my extensive family tree, which can be traced back for generations. Without a mentor or a role-model to emulate, my innate interest in this specialty started as a school-boy watching in fascination, the beating heart of a lizard held in my hand. As a first year medical student in 1960, my interest in cardiac surgery was stimulated yet again when I had the opportunity to watch a PDA being operated on and donated blood for the first time. The patient died on the table but my interest in becoming a cardiac surgeon found new life that day. Opportunities somehow came along, always serving to guide me gently along that path. Here I am indebted to mention that my initial exposure to basic surgical techniques and cardiac surgery was under Dr S.R. Ullal during my MS training in General Surgery. My initial migration to Australia & New Zealand and subsequent migration to the USA, gave me the unique opportunity to be trained under the stalwarts of cardiac surgery including Sir Brian Barratt-Boyes, John W. Kirklin and Albert Starr. I also had the incomparable experience of becoming closely acquainted with pioneers of cardiac surgery such as Walton Lillehei, Christian Bernard, Donald Ross, Christian Cabrol and Francis Fontan among others.



Memorable moments with Walton Lillehei, Christian Bernard and Francis Fontan

Lifelong friendships were forged with Robert Karp, Nicholas Kouchoukos, Albert Pacifico, Sir Terence English and E. Blackstone to name a few, and I was riding on the crest of the wave of professional satisfaction. But, as I have mentioned, my life was surely pre-ordained as I found myself heading back to India at the age of 31, amidst disbelief at my decision among my friends and colleagues.

Thus, in May 1975, I found myself at the Railways Hospital in Perambur, Chennai, as a government employee at the lowest level on an ad hoc basis, yet as an independent cardiac surgeon.



1975 – CABG

1979 – TGA-Senning

The mid to late 70s was an exciting and satisfying period in my professional life, as I was given the opportunity to perform several surgeries for the first time in India; the first Coronary Artery Bypass Graft, correction of cardiac defects in infants using profound hypothermia etc. There were limitations however, as the cross-section of patients able to avail cardiac treatment in the Railway Hospital was restricted to Railway staff and families. In spite of these limitations however, I clearly remember that even in 1975, we operated on patients from Sri Lanka, Pakistan, Bangladesh and a few other Asian countries... probably the earliest instances of what is known today as "Medical Tourism". Of course the corporates have now developed this into a marketable trend.

The extensive experience offered by the Railway Hospital was an ideal launch pad and I am sure that quite a number of the established senior surgeons today like Dr M.R. Girinath, will join me in thanking the Railway Hospital for the opportunities offered by them, which had fostered an intense but healthy competitive spirit between the earliest cardiac surgeons at Railways in the 70's.

30 years later, it was the destiny ordained by my Maker which guided me at the age of 60, to start over from scratch, when others were entering their twilight years. It was an irony to observe my generation entering the sunset of their careers, even as I was embarking on the dawn of my new career! My young friends... beware of the vulnerable age 60!!

"I shall not be denied my destiny"

GENERAL GEORGE PATTON

I often praise the Almighty for His guidance as I look back in wonder at how insurmountable problems were steadily overcome. It was as if I had a hidden well of strength, resolve and conviction which I drew upon in those dark hours.

A few short months later, with no assets and completely in the red, I started operating independently once more with a dedicated team who had stuck with me through thick and

thin. Our first operations were done free of cost on 20 Iraqi children. These children literally inaugurated Frontier Lifeline's International Centre for Cardio Thoracic and Vascular Diseases, which now stands as a testimony that anything is possible, in India or anywhere else and that obstacles are nothing more than stepping stones to success.

Whether it was a co-incidence or whether it was something pre-determined, it is difficult to assess... but it does seem like an unusual occurrence to have been able to inaugurate two institutions in two different States within three days of each other, namely St. Gregorios Cardiovascular Centre which is the first ISO certified cardiac specialty unit which offers tertiary level cardiac care in a rural set-up. Our efforts have been enormously rewarded by the phenomenal growth and progress of these 2 institutions during the past 4 years, supported by family and friends alike.

It is a long way from my days of earning a net salary of Rs 1,030/- per month (US\$35/-) at the Railway Hospital, to our present venture in putting up a fully integrated medical village of international standards at the cost of US\$200 million in Chennai.

As a cardiac surgeon, my basic training and inclination is towards providing quality cardiac care to whomever I can reach. But this must be supported with practical considerations such as infrastructure, equipments, professional colleagues, support staff, post-operative care etc. which must be backed up by administration, maintenance and finance. The skills to manage these by a doctor can be conscientiously cultivated through a reputed MBA program. The advantage of a medical professional running the establishment is that the fundamental tenets of the Hippocratic Oath can be maintained at its unshakable foundation. All activities and protocols developed therein will necessarily be focused on quality patient care. With a medical professional at the steering end, management professionals can be hired to run the day-to-day tasks while ensuring that consistent interaction is maintained with others in the management hierarchy. In this way, the delicate balance between managing the hospital and treating the patients can be struck. This has been my experience of an ideal hospital management model which I am implementing in my present set-up, although without an MBA.

It is equally essential to ensure that all staff, from the surgeons to the paramedical staff, are provided with continuous training at regular intervals to ensure a steady stream of professionals with current knowledge at their fingertips. It is imperative to regularly conduct, as well as ensure, regular participation in CME programs, international conferences, hands-on workshops and academic updates etc. which guarantees the constant refreshing and upgradation of skills. Institutionalizing the set-up establishes a constant support structure which is not dependant on any one principal surgeon. This in turn ensures the success of the practice which is dependant on the cohesive nature of the team. This model is also ultimately satisfying and professionally fulfilling as everyone grows as a team which consequently fuels the progress of the institution.

Dedicated research activities are another key factor which has to be implemented in any successful healthcare model. This is understandably lacking in Government hospitals due to lack of funds and other priorities. Corporate hospitals deem research unimportant as it doesn't contribute to their shareholders dividends. Private hospitals run by corporate bodies get involved in research-oriented activities to benefit from the tax exemptions given. However it is imperative to keep contributing to knowledge enhancement in order to maintain the cutting-edge which stimulates innovation in any field.

In my experience I find that we as dedicated medical practitioners have to take a decision early in our career on whether our motivation is on earning or learning. It is difficult to strike a balance as either one will get compromised over the course of time. A constant effort to balance principles and progress in equal measure always results in a rewarding outcome.

Harry Truman has said that “It is amazing what you can establish in life, when you don’t mind who gets the credit”.

This philosophy has stood me in good stead as I believe in what I do. The most significant aspect of our efforts is that it helps lives and brings joy to families. Not many other professions can achieve this fulfillment and the satisfaction of touching people’s lives in such a personal and life-long manner. I count myself extremely fortunate that I have the absolute freedom to continue offering my professional services, for as long as I am physically and mentally able to deliver it.

My concentration now is to establish a brand name in comprehensive healthcare, which can eventually be identified globally, but wholly **“MADE IN INDIA”**.

PRAYER FOR STARTING OVER

***Dear God, give me
the courage to begin again
to overlook the difficulties
to overcome the obstacles
and to stay open to the
moment as best I can; help
me be patient enough to know
it takes time to start over,
and wise enough to ask for help
from friends and family
when I need it.***

***As I look to the future,
may I reflect on the past
and remember the lessons
It’s taught me. And, God,
may I always look to you
for strength and guidance***

I have always believed and acted on my philosophy that

“Healthcare is an industry; but care of the sick is not an industry”.

However, my personal experience is indicative of the larger picture which shows a stormy sea-change in the direction that healthcare is taking. Established and dedicated professionals are being methodically side-lined by the corporate sector with the help of ambitious but misguided doctors who are in a hurry to succeed.

In conclusion, I would like to answer the question

“Should cardiac surgeons venture owning hospitals and drive their future?”

My answer backed by my experience is a resounding YES.

But keep in mind that it is mandatory to build up one's experience first and more importantly, to build up a strong, dedicated and like-minded team with personal interest in the growth of the institution.

Let me end by sharing with you what I strongly believe are the missions of a Cardiothoracic Surgeon:

- ***Quality vs Quantity of patient care***
“PRIMUM NON NOCERE” – Care First; Cost Second
- ***Commitment to Compassionate Cardiac Care***
- ***Dedication to Future Training of Cardiothoracic Surgeons***
- ***Research & Development***
- ***Cost Effectiveness / Transparency / Accountability***

Ladies and gentlemen, once again I thank you for this opportunity to address this eminent forum and for your patient hearing of this personal account.

Thank you and Jai Hind