

The Fourth Quarter

When Bob Wandel asked me to present a paper to your club for its May meeting I was humbled. That is until I was reminded of Golda Meir's famous quotation: "Don't be humble; you're not that great!" As I looked back over the history of memorable papers to the Columbus Kit Kat Club I shuddered to even step up to the lectern. How could I come close to some of the classic papers that have come down through the years since your founding in 1911?

Some cite the paper by Emilius O. Randall on "Recollections of Royalty" as a classic. Others give the nod to Joseph V. Denney with his memorable paper on "Shakespeare as a Business Man". The outstanding presentation in 1968 by Richard M. Wolfe entitled "A Matter of Taste" focusing on the wines of the Moselle Valley included at least a half dozen wines to be sampled!

For tonight I simply plan to heed the words of your first President O. C. Hooper, that "no speaker will say aught to intentionally offend, and no hearer will go out of his way to seek cause for offense." I will try to hold up my side of that bargain. He also suggested that "we come to meetings in a spirit of good fellowship to talk for the most part informally of some things worthwhile, about which some of us know something, and all of us would like to know more"

I will dare to venture into an area which we all know something about, and, about which, all of us would like to know more: Who are we? How do we define ourselves? And how do we handle life's transitions and life's thresholds, when our self definition changes? I will tell you some of my story, and in so doing, I invite you to think about your story and how these considerations apply to you.

So- many of you know: I am a recovering pediatric heart surgeon. Of course, I am also a husband, a father, a brother, and many other roles which are equally, if not more, important to me, but for tonight, I will limit the focus to professional identity.

I began the odyssey in 1975, fresh out of training, as an East Coast transplant to Toledo, Ohio. My early years as a heart surgeon went well, and I settled in to develop a system in Toledo to safely and reliably operate on patients with malformed hearts, many of whom were blue babies. I was very focused on our local program.

There was only one event that interrupted my focus in the mid-eighties. I went on my first silent retreat. The real truth is that I signed up for the retreat to keep up with my wife, Barb, and her friends who were doing these spiritual exercises and being transformed by them. I didn't want to be left behind. For those of you who don't know, a "Silent Retreat" is this: You spend two to three days being silent: shutting up, and just being with yourself: no radio, no TV, no talking. In the present day, it also means: Blackberry off, no laptop, no email, etc. The setting pleasant, perhaps a hermitage such as the one I rented last month. You can listen to classical or meditative music if that helps your detach. Walking out side is encouraged, and, of course, journaling. At this particular silent retreat the only speaking I experienced for 2 ½ days were readings at mealtime on the subject of "call": how do we know if we are really being called to do something, or if we are doing it because it is a good career move, or would be "cool", or fun. One of the criteria referred to in the readings was that if you are drawn to an invitation to do something and it doesn't make any sense, doesn't

compute, it may well be “call”. I didn’t look at this in a particularly religious sense, but did take note.

I returned to work on Monday, after finding the experience remarkably rejuvenating and invigorating. On Wednesday, out of the blue, I received a letter from an old student of mine, Jeff Heck, who had become a medical missionary in Kenya, East Africa. He was frustrated because he was seeing lots of kids with heart disease at his clinic in Kijabe, an outpost well north of Nairobi, but he could offer them nothing. Could I help? Well there was a cry for help that made absolutely no sense. Didn’t compute. But, because I had just been to that silent retreat, I thought I should actually pay attention. So I went over to Kijabe and ended up returning three more times, twice with a medical group that Barb was instrumental in organizing, taking over our doctors, nurses, and other health professionals, to try to help them take care of more kids with heart disease in Kenya.

Then, in the late 1990’s, I got another “call”; another invitation. This time from an old acquaintance of mine: a Peruvian expatriate named Efrain Montesinos. I knew Efrain in Toledo where he was a very successful private heart surgeon. He had come from a background of poverty in Peru and had been educated for free all the way through medical school. He had never forgotten that gift. He had made a decision with his wife, Maria, to retire early and give back to their native Peru. They moved to Lima to set up a program at Hospital Dos de Mayo, the 800 bed hospital for the indigent, to do just that. Efrain’s call was to ask if I could possibly help in training his team and getting this dream of his off of the ground. When I went to visit them for the first time in Peru, I knew in a flash that he and Maria had the fire in the belly to make this work, and I was hooked. This was despite the fact that they had never done any heart surgery at Hospital Dos de Mayo. In fact, walking through that hospital was like stepping back 75 years in medical history: Big open wards: 30 beds down one side of the big open room, 30 down the other. Not even curtains separating the beds; a single straight chair between the beds for the rare visitor; harsh fluorescent lights blared down from the high ceilings, and nurses in their old fashioned caps and uniforms tended to each individual patient in full view of everyone else. But I felt we could make it work.

So we began by bringing their team to Columbus for a couple of weeks of training and planning. Shortly after that we took a 20 person team to Lima to initiate the program. We began the week by our stateside team providing the care with Peruvian assistance. By the end of the week we were the assistants and they were doing the work. That was 1999, and we returned each year for three years, increasing the complexity of cases each time. We also made a point of providing them with a year’s worth of medical supplies and equipment each year so they could keep going after we went home. The old hospital was ill-suited to recover pediatric patients from these complex procedures, so we also donated a four bed intensive care unit to recover the kids, which they never had before.

Today, the heart surgical program at Hospital Dos de Mayo is a premier program in Peru. Residents from all over the country come to be trained at what is now an officially sanctioned residency training program. And the government now pays for the heart repairs. Of course, it is the results that count. What are the stats? I was able to report at an international scientific meeting in Geneva, Switzerland the results of the first 1500 totally indigent patients, whose hearts were repaired by the program at Dos

de Mayo. They had a 98% success rate, and ONLY a 1.5% infection rate (despite re-using almost all equipment and supplies) and with a cash outlay of \$69.70 per patient! Unfortunately, the reason I gave the paper instead of Dr. Montesinos was because he was home dying of pancreatic cancer. Despite that, his succession planning had everything in place including his own replacement, such that the program has continued at the same pace and they have now repaired over 2500 hearts. And this coming week the new ultra modern wing that is being constructed in this 135 year old campus is being named in honor and memory of Dr. Montesinos.

So I tell you these stories as examples of what I call a Professional Add-Ons. They were extensions of what I was doing for my day job. The trips were basically one week per year which I took as vacation time. Of course there was lot of time involved throughout the rest of the year, and Barb was heavily involved with the logistics of the trips and the details making it all work out. Many, if not most of you have had similar experiences where you have used your professional or other skills to help those less fortunate either locally or at a distance. For me, the main lesson was to keep my mind open to the “call”, the invitation, that might not necessarily make sense, but where the real opportunity lies. In fact, in over 35 years of doing pediatric heart surgery, many of my best and fondest memories are related to those once-a-year mission trips: the fun of doing all of that for absolutely no income, the team building and relationship building that was a key element, I was also amazed at how much we learned from our hosts. It turns out we learned at least as much from them as we taught them.

Then came my retirement from surgery: that was different. That was an actual transition. I was now looking at a real change in identity. The recruitment process that took almost two years. But we brought on a whole new team that fulfilled my goal of not wanting to hand the torch over, but to hand it up. And in the past 8 years this team has gone on to accomplish things I could never have dreamed of. So I couldn't be happier with that part of transition.

But I noticed a curious thing about myself: I had no problem giving up doing surgery– I had been there, done that, got the tee shirt, 35 years, 5000 operations; great fun, very rewarding, but I was ready to do something different. On the other hand, it took me about 6 months to understand I was having a real problem giving up being a surgeon. I had no clue how much of me was tied up in that professional identity. I was cranky, arguing about little things, and I didn't even know why.

Why was I having so much trouble giving up that part of my identity? I thought back to how I got into surgery in the first place. I was never very good at sports. I went to Williams College, a very small college, indeed. I got into pole vaulting because, until I joined the team, we only had 2 pole vaulters. In pole vaulting there are three places up for grabs: first, second, and third. And third place was worth a half point toward the team total. It turns out we played several small colleges that had NO pole vaulters, so there was a third position to be had for anybody who could get over a bar at any height using a pole. I got my letter jumping heights with a pole that most of my classmates could get over without a pole. But I always longed for more– to be a real athlete.

Fast forward to the end of medical school, when I had to make a fundamental choice between going toward medical type specialties (e.g. internal medicine) vs. surgical type specialties (e.g. heart surgery), I couldn't help notice that when I rotated on the SURGICAL services, those guys:

- 1) Wore uniforms;
- 2) had Teams that they led;
- 3) they Sweated
- 4) they had Locker Rooms!

So that's how I got into surgery. Some exciting role models early on were heart surgeons— which steered me in that direction. The loss of our middle child, Leah, to congenital heart disease at only 5 weeks of age, made the pediatric branch of heart surgery particularly compelling. So it probably should not be a surprise that this particular transition would be challenging in both losing my identity as a surgeon, and having to give up my lifelong desire to be something like an athlete.

I know many of you have either gone through this or are going through this transition. Everyone ultimately will. There are mountains of literature on the transition to retirement, but many are how-to books that may work for the particular author, but not for me.

So I want to share with you a metaphor of my own which has helped me navigate these shoals. Since at least part of how I ended up as a heart surgeon was rooted in my unrequited longing to be the athlete I never was, I have begun thinking of the heart surgeon specifically, and professional identity in general, in athletic terms. Indeed, we heart surgeons are very much like professional athletes. We have a certain professional life span, which we disregard that at our peril. We are only as good as our recent statistics. Deciding how to get out at the top of one's game is of more than academic interest.

My favorite spectator sport is college football, so I have begun to view life as a football game: Four 20 year quarters (of course there is always overtime). The first quarter (age 0–20), we're just figuring things out— who are we? What works? What doesn't work? The second quarter (age 21–40) we are making things happen. We are settling into whatever roles we have chosen; making our case. The third quarter (age 41–60) we are positioning for the final push. This quarter is where we have established ourselves, and are making our reputation. Whether we are tied up in some kind of business or profession, or as a full time parent, we are consumed with “making it happen”.

Then comes the 4th Quarter---ahhh the 4th Quarter! The best part of the game. Tell me: if you can only go to one quarter of a football game, which one will you choose? Of course—the 4th: it's the best-- where everything happens-- the game is won or lost-- it's where the action is. Of course, the clock is a factor: and as time goes on, a bigger and bigger factor. Now, as I mentioned, we know there is always overtime— and that is a factor more and more often these days. But for the sake of our discussion this evening, we'll stick to regulation play.

So I have become a student of the 4th Quarter; partly because that's where I am, and partly because it's the best part of the game. I will present to you a strategic analysis of life's 4th Quarter: how to work with the clock; some penalties to avoid, and making sure you win the game.

To begin with: what is the point of a game; any game? To Win! And how do we win? By scoring the most points! So for this to make sense, we each have to know what those points mean for ourselves. What is most important to us? Money? Security? Longevity? Relationships? Well, I will take you through a brief exercise to help you figure that out for yourself: This is the audience participation part.

I will give you 10 seconds to answer in your own mind a simple question. If you can write the answer down, do so. If not, at least keep it in mind. Ready? Here is the question:

“What do you want out of life?”

Now that you have answered that question, I am going to ask you a second question. Same rules; 10 seconds: ready?

“What do you really want out of life?”

So now comes the final question; I want you to take 15 seconds, because this takes it to a whole new level:

“What do you really, really, want out of life?”

There are no right or wrong answers here. You just defined for yourself what the points mean in your game of life. I will share with you some of my thoughts about how to use the rules of the game to maximize your chances of making points in life's 4th quarter, however you have defined them, and discuss some penalties to avoid because they will keep you from getting to the goal line.

For you football fans, I will do a little explanation of the various terms so that they make sense to non-football fans. So for you women, who are really into college football, if you find your husbands getting sleepy, raise your hand and I'll put a “flag on the field”.

So let's start by talking about “a flag on the field”. The yellow flag is a part of the “rules and regulations” of football (and the 4th quarter). The yellow flag is an interesting concept. If a referee sees a violation of the rules while a play is in progress, he can throw a yellow flag on the field. This means the play can continue until its natural conclusion, and then we'll sort out the penalties, if any.

There was a flag on my field in the 4th quarter. I was clear I wanted to stop doing cardiac surgery the day my replacement arrived, but, as I mentioned before, I was struggling with what to do next. So, for a short while, I continued doing non-heart chest surgery, but I basically moved into a new career, hospital administration. Through the years, I had held some administrative posts, eg. Surgeon-in-Chief, Administrative Surgical Director and others. Nationwide Children's Hospital needed someone with clinical experience to join their administrative team, and over time I have ended up in our Hospital administration, working with a very talented group of people and having a great time. So far it is more of a re-wirement than a retirement. Barb points out that I still leave for work at 6:30 each morning.

The other thing that was not clear after stopping surgery was my mission focus: So many of the big rewards in life, for me, had come from mission work, but I didn't

want to take heart surgical teams to third world countries, when I was no longer doing it here. This turned out to be a great opportunity for me to do something else. But what?

Once again, the invitation came without any searching on my part, and from an unlikely source. An Anglican priest from Kenya, John Nganga, was here at Children's getting training in Clinical Pastoral Care. He was passionate about wanting to help AIDS orphans in his country of Kenya. He stopped me one day in the elevator, because he had heard about our project in Peru. He asked for advice about how to get started. He came to my office and I gave him very basic ideas about setting up a non-profit 501-c-3 organization to fund the building of an orphanage in Kenya. It included all the 101-102 advice that I am sure all of you have given to others about how to do that.

Two years went by, and I thought John had disappeared. Actually he had gone back to Kenya and taken all my advice. I've never had that happen to me before! He had done it all. But John had one major skill of his own, which I never taught him. It was about "The Ask". So when he made the pitch to me: "Can you help me raise money for Rafiki, the orphanage?" I was putty in his hands. How could I say no?

Rafiki, the name of John's orphanage which means friend or pal in Swahili, began in 2004 in an empty field. That 12 acres is now the Rafiki campus, which has water and electricity, dormitories, a dining room and kitchen, whose 7 stoves are fired by methane from the biogas facility onsite using cow manure from the farm's own cows as fuel. It is a working farm providing food for the kids and food to sell, making the operation self sustaining. Rafiki is also about education. Many of the Rafiki graduates go on to further education—including law school and nursing school. The campus also includes a trade school for the other orphans. And now there is a clinic that just opened a week ago providing primary care medicine, a top notch medical laboratory, and a birthing facility to the community. This was all done with a mere \$250,000 raised over 6 years from the local community including the Rotary Club, Rotary International, and Faith Based communities including particularly First Community Church, Overbrook Church, individual donors and others. Who knew where that casual elevator conversation would lead?

So there was a flag on the field early in my 4th quarter: it allowed me to continue to re-define both my professional life and to allow me to find a new focus for my mission energy that did not involve surgery. It allowed play to continue while I sorted all this out. The flag has been picked up, and play resumed.

Time Out

Another part of the rules and regulations is the Time Out. What is a time out? Anybody can call one, and it shuts down the whole game for everybody. Why are time outs called? Looking at the data, it depends on when, in the game, they are called. For the most part, until late in the game, time outs are called to gain clarity. . . there are too many men on the field; the quarterback sees a defense he doesn't recognize; the coach is signaling a new play from the sidelines. Calling a Time Out allows the caller to re-group, make a plan, and gather appropriate resources.

For me, one form of a Time Out has been a Silent Retreat. I mentioned this earlier and have found it to be a very useful way of gaining clarity as I have looked

forward at various stages in life. I have done two in the 4th quarter: one in 2004, and one just a month ago. I highly recommend that process.

However, when you get towards the end of the game, the Time Out is used for a very different purpose: to stop the clock if you're behind and need to score more points. The time out does just that– it stops the clock to give you time to squeeze in more plays. The problem, once again, is that there are only there only a limited number. Once you're out of time outs, you're out, no more. One reason for wanting to stop the clock in the 4th Quarter may relate to a statistic I heard last week that 20% of men 55–64 are delaying retirement because of decreasing values of their houses. That is a good use of a time out, but just remember, there is a finite number of time outs you can use.

Incidentally, I heard another statistic last week that surprised me: 54% of men and 32% of women make up their own statistics. I can assure you that I am not in that group.

Now, let's talk about some of the penalties to avoid, particularly in the 4th Quarter

Unnecessary Roughness

This penalty is called if, after a play is over, you unnecessarily crush your opponent: hurt them with a big tackle or twist their helmet. When called, you lose both yardage and a down, so your quest for points is really hurt. I have seen this penalty called on numerous occasions in my 35 years in academic medicine. All told, I have been through 7 college presidents, 8 deans, and 10 department chairs. In the fullness of time all of their careers have concluded. Some were able to do it well– gracefully– and some did it incredibly poorly. Activity which could draw this penalty includes, but is not limited to, trashing one's successor by attempting to make him or her look bad in order to make yourself look good by comparison. I have never seen this work, but I have seen it backfire, badly. A passive version of the same behavior is **not** intentionally paving the way to his or her success. It's not clear to me why I see this penalty called so often in medicine, and I would be curious to know if you see it as often in law, architecture, or business. But all of you are the experts on that, not me.

Delay of Game

The time out is used when you want to squeeze in more plays because you're behind. But if you're ahead in the game you may want the clock to keep running. You don't want the game to end, you want to keep it going. In football, there are rules against doing that too much. The team is allowed 25 seconds from when the clock starts after the previous play. If the next play doesn't begin by that time, the Delay of Game penalty will cost you 5 yards.

Efforts to artificially keep the game going in life's 4th quarter are all around us. Our society is heavily invested in our wanting to “delay the game”. We worship youth, and a youthful appearance. We are implored to color our graying hair, buy some side by side bathtubs for the backyard (I haven't figured that out yet), and to fight any emerging wrinkle on our shop worn bodies. I suggest we examine our motives. Many of things we try to do to “stay young” are, in fact, good for us and keep us healthy. If

we are doing them for that reason, we are winners. But if we are doing them to preserve the illusion of youth in the 4th quarter, we could end up with a 5 yard penalty for delay of game. I hasten to add that, as penalties go, 5 yards is not huge; and you may choose to take it and move on.

Two Minute drill

When you're out of Time Outs, and there are just two minutes left in the football game, it is time for the 2 minute drill in an attempt to get some last minute points up on the board. This is a hurry-up offense, with no time for huddles, immediate snap of the ball, and a number of tactics to squeeze the most plays possible into the last 2 minutes.

The most remarkable two minute drill I have ever witnessed in the game of life was executed by Lila Brewer, Barb's, mom. Earlier this year, at the age of 96, she had all of her mental facilities, but her body was way into overtime, out of Time Outs, and she knew it. She summoned Barb to her bedside and asked for her help to get a bunch of stuff done in her last few days. . . and they were able to do it all. She said good-bye in person to the whole family, she gave away all of the modest amount of money she had to her family, so she had the joy of seeing them receive it. She had already planned her own funeral service. She was not the least morose. On the contrary, she was full of joy and hope for her future, when she would join her husband, Mel, who passed away the year before. In the end she went peacefully, painlessly, and without anxiety or fear. Now that's a two minute drill! It is an interesting observation in football, that when the 2 minute drill succeeds in turning the game around, people always ask: "why didn't they do that sooner". Sometimes that's a very valid question, but the reality is, the pace of the 2-minute drill is so demanding that it couldn't be sustained throughout the game. Same thing with the game of life.

Conclusion

So, as a student of the 4th Quarter, I have set two tasks to work on during this time for me.

The first is to migrate from viewing myself as being essential to simply being relevant. That is a difficult leap, and is where I am working right now. This is a tough one—but an essential one.

If I can make that leap, my second task is to change my focus from doing to being. This is the honors course. Five years from now, if I'm still in the game, maybe you will invite me back and I can share with you my ongoing struggles in that area. But, like many daunting tasks, we can take it a step at a time. And remember, the flag on the field may be our friend; we need to use our time outs wisely, and avoid silly penalties like unnecessary roughness and delay of game.

Finally, I am hopeful that President Wandel will feel that we have "come to this meeting in a spirit of good fellowship and talked for the most part informally of some things worthwhile, about which some of us know something, and all of us would like to know more".