

Editorial

The Importance of Mentors

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I have had 3 mentors who significantly influenced my development and success. Two of these men, Dr Michael E. DeBakey and Dr Denton Cooley, were mentors during my surgical training. I was fortunate to be associated with these 2 giants during the genesis of modern cardiovascular surgery. I also cherish their post-tutorial friendship. At the proper time, I hope to write of my experience with these 2 dynamic individuals.

My third mentor was my father who taught me the fundamentals of life and whom I viewed differently during various phases of my life. He remained a mentor through all phases though I may not have recognized and/or appreciated his determined efforts. Chronologically, I remember him as (1) a disciplinarian, (2) a teacher, (3) a colleague and partner, and (4) a friend and confidant. Through these different states, our role regarding one another changed and in some respects reversed.

No doubt, my most vivid memories are those of Dad as a disciplinarian. Although my mother primarily raised us as children, the reverence for our father and particularly the fear of punishment for our misdemeanors made us clearly conscious of his presence, even in his absence. Dad insisted that we eat as a family each night; hence, supper might commence any time from 6:00 pm to 9:00 pm, depending on his schedule. No one could begin eating or be excused from this ritual regardless of the nature of conflict, and we were expected to do our homework while awaiting dinner. I can tell you it is difficult to concentrate when you are young and hungry. Because Dad went to work early in the morning and returned to work in his study shortly after eating, the supper contact was our only routine exposure to him except for Sunday afternoons. On Sundays, we would always take an automobile ride around the parks of the city. In this way, Dad could have semi-freedom from a group of jittery loud children piled in the back seat as he concentrated on his driving. As we matured, the periods of contact with him became more frequent and longer.

Our cognition of Dad came mainly from Mother conveying to us the details of his work and accom-

plishments. Our answer to the question of what our dad did for a living was “he operates on dogs and people,” the former being more important at that time of our lives. We were thrilled when we were allowed to permanently bring home from the surgical research kennel a dog we called PU, which was derived from Peptic Ulcer – #125.

The second phase of his mentorship was being a teacher. I was fortunate enough to have been one of my father’s students in medical school. There was no doubt that his greatest love was teaching. He was always aware of the susceptibility of the young minds of medical students, and his teaching methods are legendary. He believed in didactic lectures, and his lectures made significant impressions on all students under his tutelage. He never missed, nor was ever late for, an assigned lecture. If a student arrived late for one of his lectures, Dad would embarrass the student by demanding his presence in the front of the room and by making him sit in the front row. He would then refer to the student as a banker, remarking that bankers, not doctors, could afford such leisurely hours. He believed students should learn from reading current medical journals because he felt textbooks became obsolete by the time they got to print. Thus, he would select certain articles in the journals that he thought were pertinent to the subject of his lecture, and he expected all to read those and be familiar with the subject.

He expected much of his students. He sincerely felt anyone could achieve success with hard work, and there was no substitute for it. Idleness made him become truly irate. He felt it was “the greatest theft of time.”

Dad perfected a legendary method of teaching in which the medical students were required to make clinical judgments after spending only a short period of time with the patient. This strategy, known as the “bull pen,” was feared by all students. It was not uncommon for a student to faint while he was repeatedly questioned by my father with “why” and “how.” I had a tremendous bit of luck and relief that he was out of town when I was assigned to be in the

“bull pen.” His replacement was much more benign than my father.

Dad had a great command of the English language and he was particularly punctilious of how one communicated in medicine. He even published an article in a surgical journal titled “Correct Speech.” I remember him telling me I was using a bastard word when I spoke of a venogram. He corrected me by saying I was using a word that was half Latin and half Greek; the correct word was phlebogram, all Greek. He would also get upset when anyone would state, “The patient is hemorrhaging.” Hemorrhage, he said, was not a verb but a noun, and one should state, “The patient suffered a hemorrhage.” It is of interest that the dictionary in this day and time accepts hemorrhaging as a verb.

He expected much of his children, and I can vividly recall his first words to me following my medical school graduation: “Why didn’t you make Alpha Omega Alpha?” That comment even preceded “congratulations.” Some years later, when I was elected an honorary member of AOA, I was thrilled to inform him that I had finally achieved that status. Only then did he reveal to me that he did not make AOA as a student but was also elected as an honorary member at a later date.

I had none of my postgraduate and residency training under his guidance and in fact chose my own internship and residency sites. He was always interested in what I was doing, but he never commented on the method of training I was undergoing. He never criticized or lauded the training I was receiving until I had completed all of my board examinations. Because he was privy to the grades that I made on both my general and thoracic boards, only then did he comment, particularly when I made an outstanding grade in the thoracic board examinations.

The third phase of our association began when I left the surgical department of Baylor College of Medicine and returned to New Orleans to join the Ochsner Clinic. Even in the initial period of this relationship, he regarded me as a colleague and a partner as he did all members of his department. He worked to stimulate and support his associates.

He always arrived at the hospital before any of the senior surgeons, and the younger staff surgeons, who arrived earlier, were there to prepare the first of many patients he was to operate upon. He led by example, and punctuality was expected. He was always early for an appointment and made no excuse or boast of the fact.

He believed in learning from one’s mistakes and was a strong advocate of mortality and morbidity conferences. When he spoke of someone else’s error,

the tenor of his speech was conciliatory. Yet he made sure the sufferer would remember the moment and not make the same mistake again.

It was fun for me to occasionally operate with him. His surgical maneuvers were gross but extremely swift and it always amazed me how much dissection he could perform with only his fingers. Similar to most fathers, he was interested in his children’s performances, and because he was intrigued by the development of open-heart surgery, he frequently viewed my performance from the head of the table. Most of the time I was not aware of his presence. I particularly remember once when the motor driving the shaft of an old Kay-Cross oxygenator failed. He quickly volunteered to hand crank the shaft for the remainder of the operation. Needless to say, he was very tired afterward, and I told him he went beyond the duty of a father protecting his child. One of my proudest moments was when he was interviewed for a video on his 80th birthday, and he stated, “My son, John, is the best surgeon I have ever seen.” No son can ask for more. In contrast to the early years, when accolades were few and infrequent, in later years, no matter how momentous the achievement, I enjoyed the privilege of his ceremonious remarks, even for a task not worthy of note.

Our last phase demonstrated the greatest change in our relationship and came after I succeeded him as Chairman of the Department of Surgery. From that time on, he became increasingly a friend and a confidant. After my mother’s death and before his second marriage, we frequently roomed together at various surgical meetings around the world. As his time became more plentiful with the relaxation of his professional and administrative demands, our interactions increased. I can hardly recall a day when we were both in town that we did not have a visit, usually to discuss something of professional or institutional interest, but often just for a moment of frivolity. We would not always agree, yet occasionally through discussion and/or argument he would change his position, but he would not give me the satisfaction of acknowledgment. However, some time later he would tell me his change in position as if he initiated it.

I can remember vividly when he came over to dine with my wife and me and announced that the Republican Party wanted him to run for city councilman and he was going to do it. My wife, Mary Lou, quickly reminded him he was 72, there were good men already in the race, and the position was below his dignity. We discussed the issue for a long time and after dinner he left unhappy. The next day he came to me in a cheerful mood and stated, “I don’t think it is appropriate for me to run for councilman.”

He could be dogmatic yet change his position with simple logic.

My father was a conservative ideologist, yet he did many things that were considered liberal at the time. The formation of a group practice was not looked upon favorably by physicians of New Orleans, garrisoned almost entirely by solo practitioners. The New Orleans physicians sent each partner of the newly formed Ochsner Clinic a leather pouch, each of which contained 30 dimes (representing 30 pieces of silver). His crusade against smoking as a health hazard was not supported for decades, even by his fellow physicians. Some went so far as to label him a “kook.” Also, he insisted that the newly opened Ochsner Foundation Hospital be available to everyone, thus becoming the first private hospital in the south to be racially integrated.

Dad retired from active practice at the relatively early age of 70, the age that he set as retirement for all members of the Ochsner Clinic surgical staff, and he stuck to this dictum even though at the time he felt he was physically capable of continuing his surgical practice. I admired him for sticking to a rule he enforced on others, despite his feeling that it was too stringent for the time. He remained active, serving on

the boards of many civic organizations. He continued to attend and contribute to meetings of surgical societies. Every time I entered his office, he was either reading or writing. He published more than 100 papers after he retired from operating.

As my principal mentor, he influenced me throughout my life. He was an unusual man. He was a tireless worker (his day began at 4:00 am) and yet he found time for many social interactions. At one time, he was the busiest surgeon in the world. His patients came from all walks of life. He treated presidents of countries, movie stars, athlete heroes, corporate CEOs, and financial titans. Yet he was a humble man who had no desire for financial gains. Dr DeBakey once told me my father could have been an enormously wealthy man. He recalled a patient from another country who traveled by private plane for his surgical consultation with Dad; his bill was \$5.00. When asked why he did not charge one of the wealthiest men in the world more, he only stated, “That’s my usual fee.” He never made a large salary although his monetary production was enormous. He often said, “Show me a rich doctor and I show you an unworthy one.” His pension was \$18,000 per year. He never complained. He was a giant mentor.