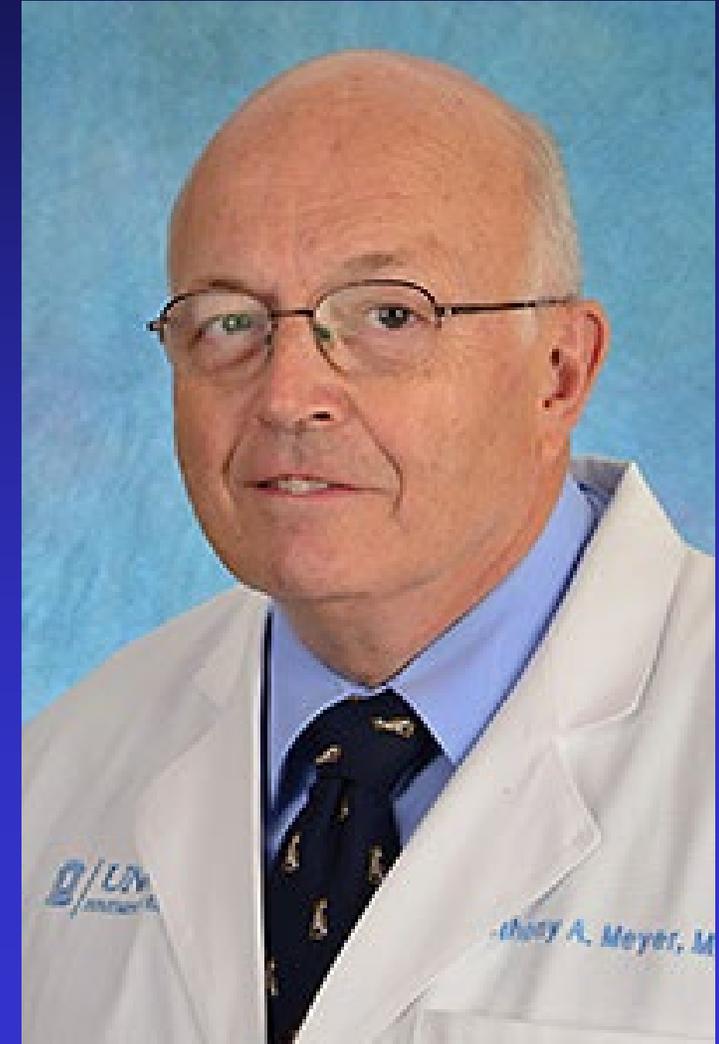


# Anthony Meyer Lectureship

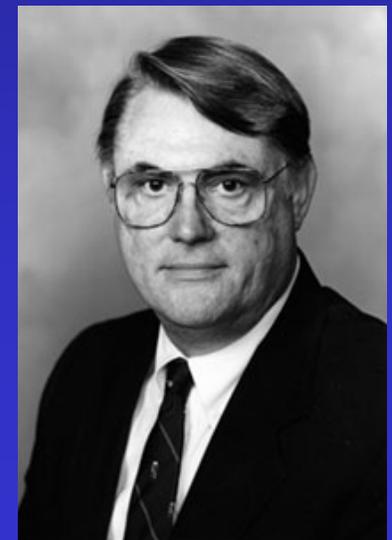
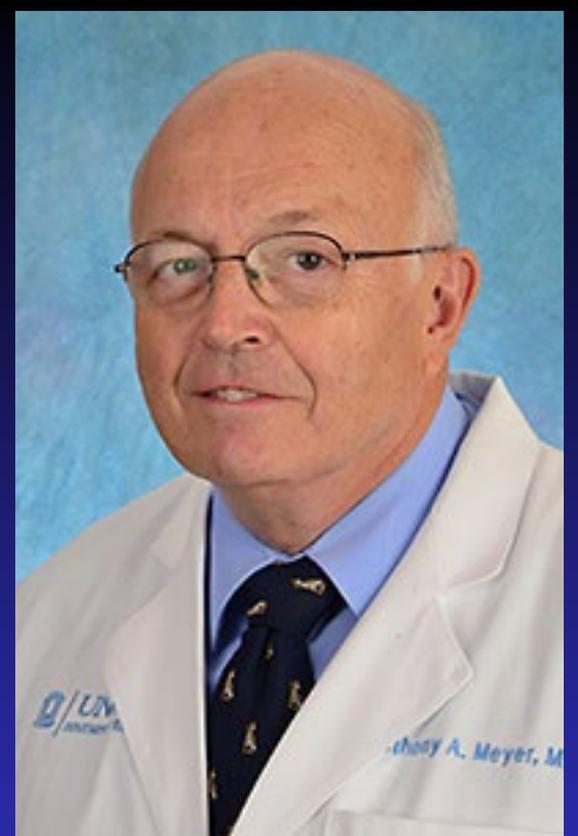
University of North Carolina  
Department of Surgery

Grand Rounds

July 20, 2022



- 4<sup>th</sup> Chair UNC Dept of Surgery
  - 2001 – 2017
- Univ of Minnesota BA
- Univ of Chicago
  - PhD in pathology and MD
- UCSF for Surgical training
- Recruited by Dr. Sheldon to UNC  
1984



# Dr. Meyer's career accomplishments

- Program Director for General Surgery and Critical Care
- Numerous Teacher of the year awards
- Honorary Fellowship Black Academic Surgeons
- National leadership as President of numerous societies
  - American Assoc for the Surgery of Trauma
  - Society of Surgical Chairs
  - Southeastern Surgical Congress
- Board member of AAMC and ABS

# Meyer research lab

- Funded support for research into immunologic responses to burns, use of cultured keratinocytes for burns, etc
- Over 170 peer-reviewed publications, over 30 book chapters, extensive list of lectures, visiting professorships
- Editorial board of numerous journals
- ETC, ETC, ETC

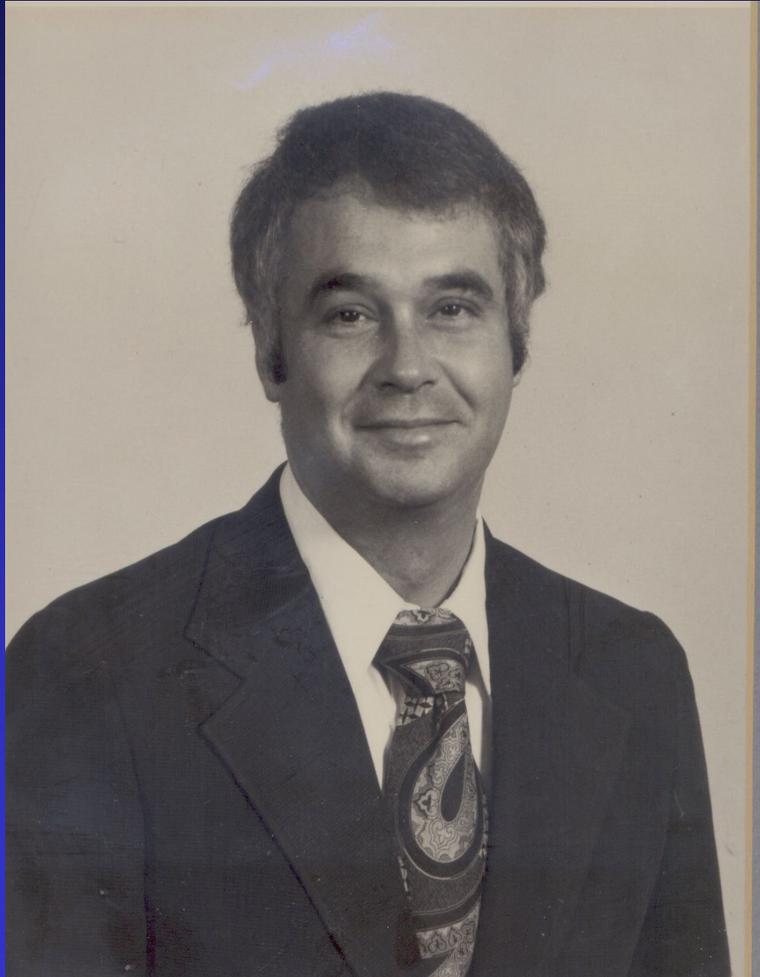


# The Right Stuff

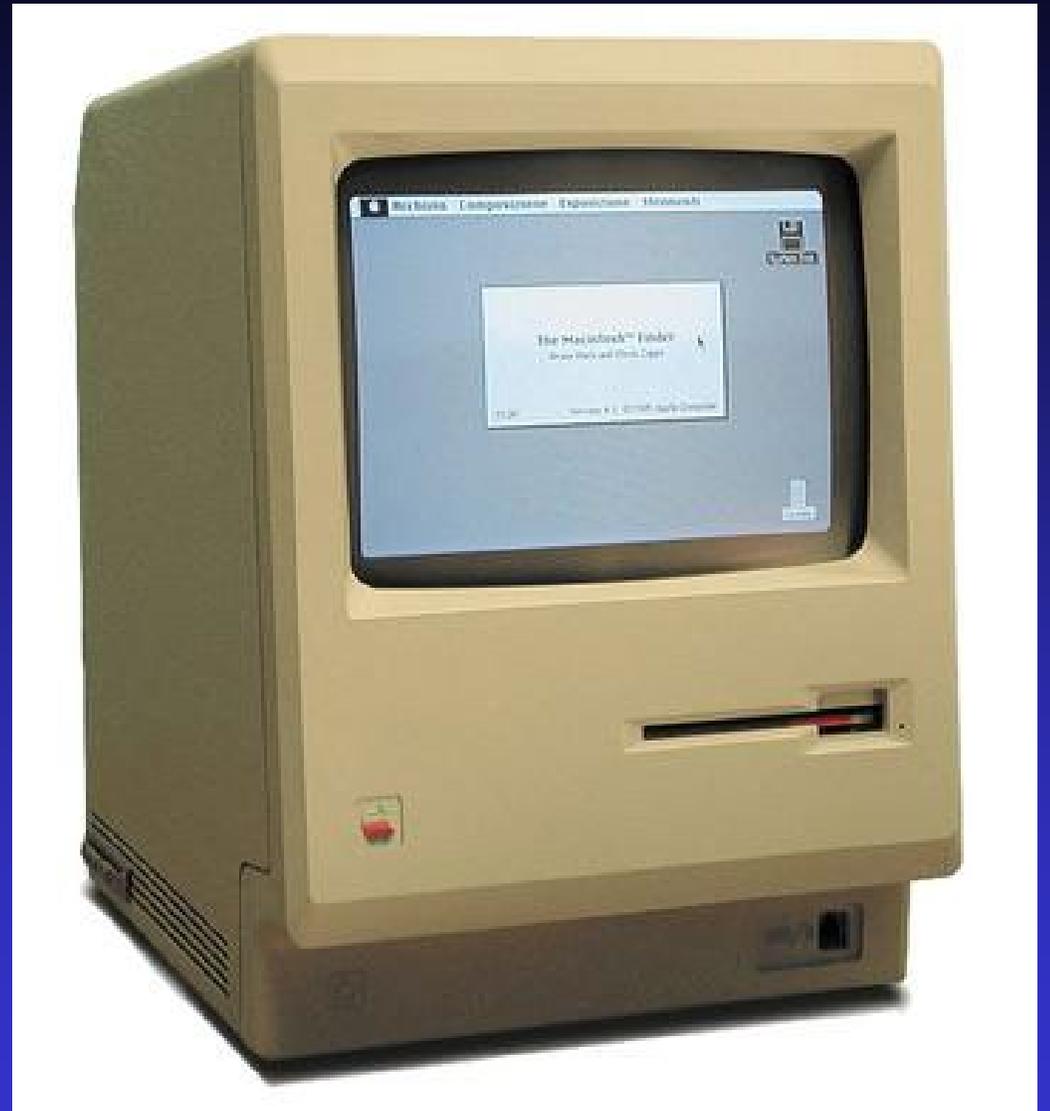
Tom Wolfe book  
1983 film



# 1988: UNC surgery



# Clinical Research tools 1989



121. Patsey T, Messick WJ, Rutledge R, Baker CC, **Meyer AA**. A Population Based Multivariate Analysis of the Association Between 911 Access and Per Capita County Trauma Death Rates. *Ann Emerg Med*. 1992 Oct;21(10):1173-8.
122. Marston WA, Ahlquist R, Johnson G, **Meyer AA**. Misdiagnosis of Ruptured Abdominal Aortic Aneurysms. *J Vasc Surg*. 1992 Jul;16(1):17-22.
123. Rutledge R, Messick J, Baker CC, Rhyne S, Butts J, **Meyer A**, Ricketts T. Multivariate Population Based Analysis of the Association of County Trauma Centers With Per Capita County Trauma Death Rates. *J Trauma*. 1992 Jul;33(1):29-37; discussion 37-8.
124. **Meyer AA**, Messick WJ, Young P, Baker CC, Fakhry S, Muakkassa F, Rutherford EJ, Napolitano LM, Rutledge R. A Prospective Comparison of Clinical Judgment and APACHE II Score in Predicting the Outcome in Critically Ill Surgical Patients. *J Trauma*. 1992 Jun;32(6):747-53; discussion 753-4.

# Surgery 2022: “The Right Stuff”

Anthony Meyer Lectureship

July 20, 2022

William Marston MD

George Johnson Jr Distinguished Professor of Surgery

University of North Carolina School of Medicine

# What comprises “the right stuff” in surgery 2022?



# Success and happiness in life as a surgeon

- Success and happiness in life as a surgeon
  - Realistic expectations of what you can accomplish
  - Understanding/agreement of work/life balance with significant others in your life
    - Time
    - compensation
  - Management of stress
  - Taking satisfaction in ALL of the things you do for patients

Special Article

FREE

April 20, 2009

# Stress and Burnout Among Surgeons

## Understanding and Managing the Syndrome and Avoiding the Adverse Consequences

Charles M. Balch, MD; Julie A. Freischlag, MD; Tait D. Shanafelt, MD

» [Author Affiliations](#) | [Article Information](#)

*Arch Surg.* 2009;144(4):371-376. doi:10.1001/archsurg.2008.575

# Origins of stress in surgery

- Long hours, physically demanding activity
- Regularly deal with mentally challenging life/death situations
- Substantial personal sacrifices required to practice at level of expertise required
- When have you done enough? Who/what lets you know when you have done enough?

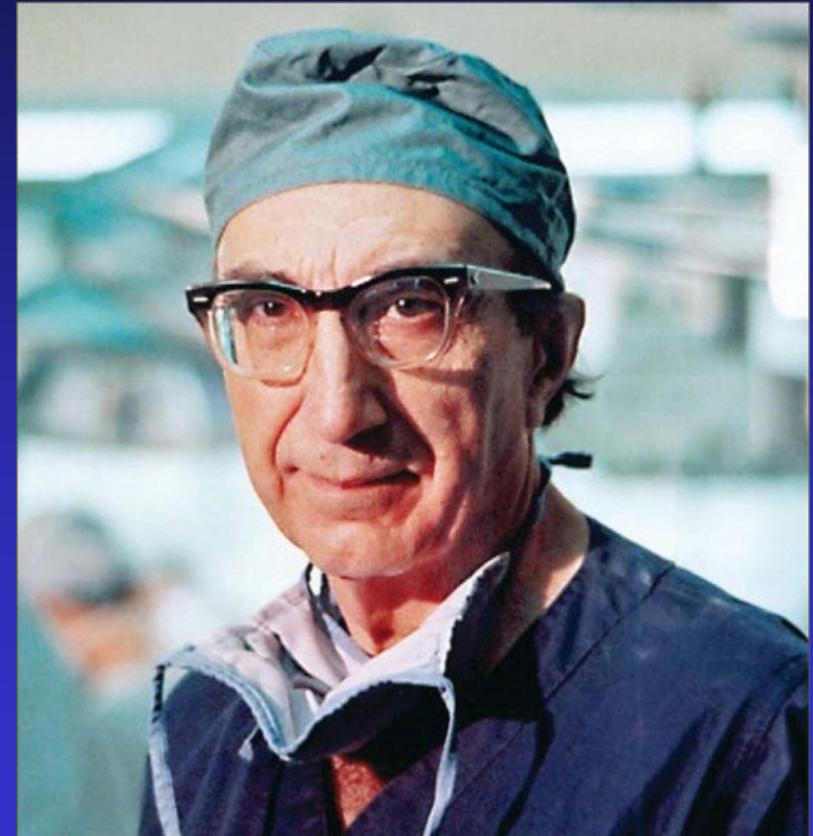
# Culture of surgery has created

- Come in early/stay late
- Night/weekend work when friends/relatives are doing fun things
- Idea of being expert in different aspects of clinical care/education/research
  - The “triple threat”



# Pursuit of the pioneer

- Academic medical centers
- Hospitals who want to be “on the cutting edge” “the first”
- Focus on the new and innovative sometimes to the detriment of more relevant, less “exciting” information on routine medical problems and their treatment



# Increasingly impersonal medical practice leads to conflict

- Rise of the EMR and dependance on physicians as data generators
- Hospital administration in ever-enlarging multi-billion dollar entities
- Reimbursement cuts
- Never ending training modules
- All result in reduced time to actually see and take care of patients

# Past President Sam Money 2017 SAVS address

- The average vascular surgeon works 63 hours per week with a significant additional workload at home
- 2/3 of female surgeons reported having a significant work-life conflict recently
- It is estimated that 53% of surgeons have reached criteria of being burnt out
- 40% of VS report being in chronic pain

# Depression/suicide

- Depression believed to be frequent in surgeons in US but few seek psychiatric help
  - 6.3% reported suicidal ideation
  - 60% reluctant to seek help due to medical licensing concerns
    - Burnout closely associated with risk for suicidal ideation

# “Just a private practice surgeon”

- Very stressful to attend academic meetings
- I don't/can't do all these things that the “experts” are talking about on the podium
  - am I not a well-trained clinical surgeon?
- How does anyone have time to support a busy clinical practice, educate, perform meaningful research??
  - And oh yeah I have a family too

# Effect of COVID

- Effects of ongoing pandemic on VS
  - Increased patient complexity due to delayed care
  - Reduced support staff
  - Increased stress level
  - Disproportional increase in stress level by gender
  - Reduced work output to to illness, long-COVID, etc
  - Early retirement

What do we need to manage stress, provide high-quality care for patients and lead a happy, fulfilling life in 2022?



A digression

**'TERRIFIC!'**  
THE OBSERVER

**JILL LEPORE**  
THE SECRET HISTORY OF  
**WONDER WOMAN**

**'RIVETING!'**  
SFX

**'GLEEFUL!'**  
THE TIMES

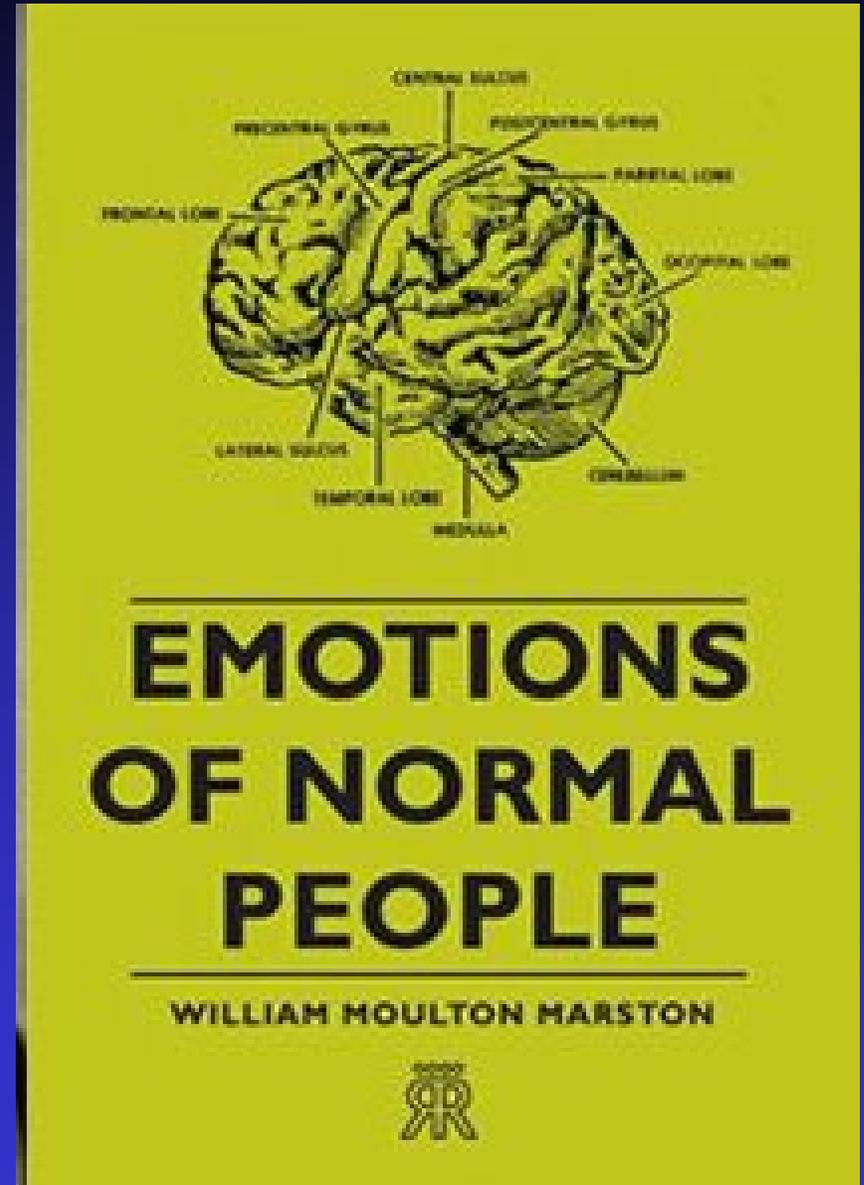


SCRIBE



# William Moulton Marston

- BS, JD and PhD from Harvard
- Developed interest in emotions and differences between genders in response to external stimuli
- Research on use of BP, HR, to detect lies



# Use of “lie detector” in legal cases

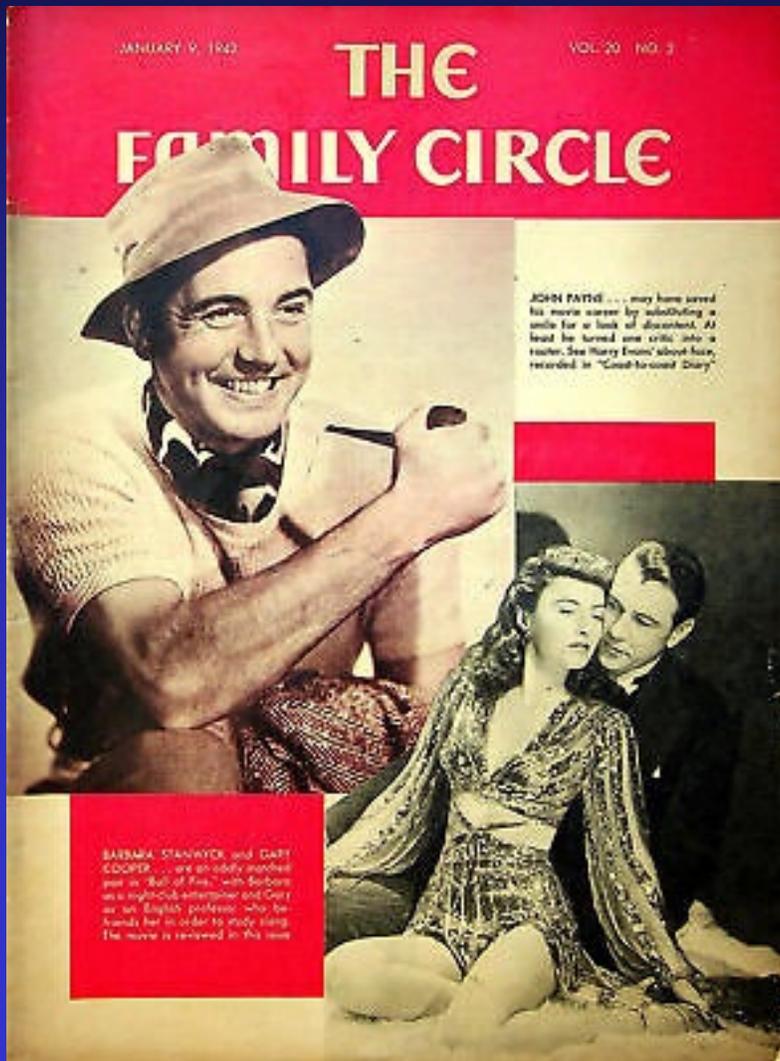
- Marston attempted to gain acceptance for lie detector test in high-visibility legal cases
- Due to insufficient development testing not accurate enough to convince courts to admit as evidence

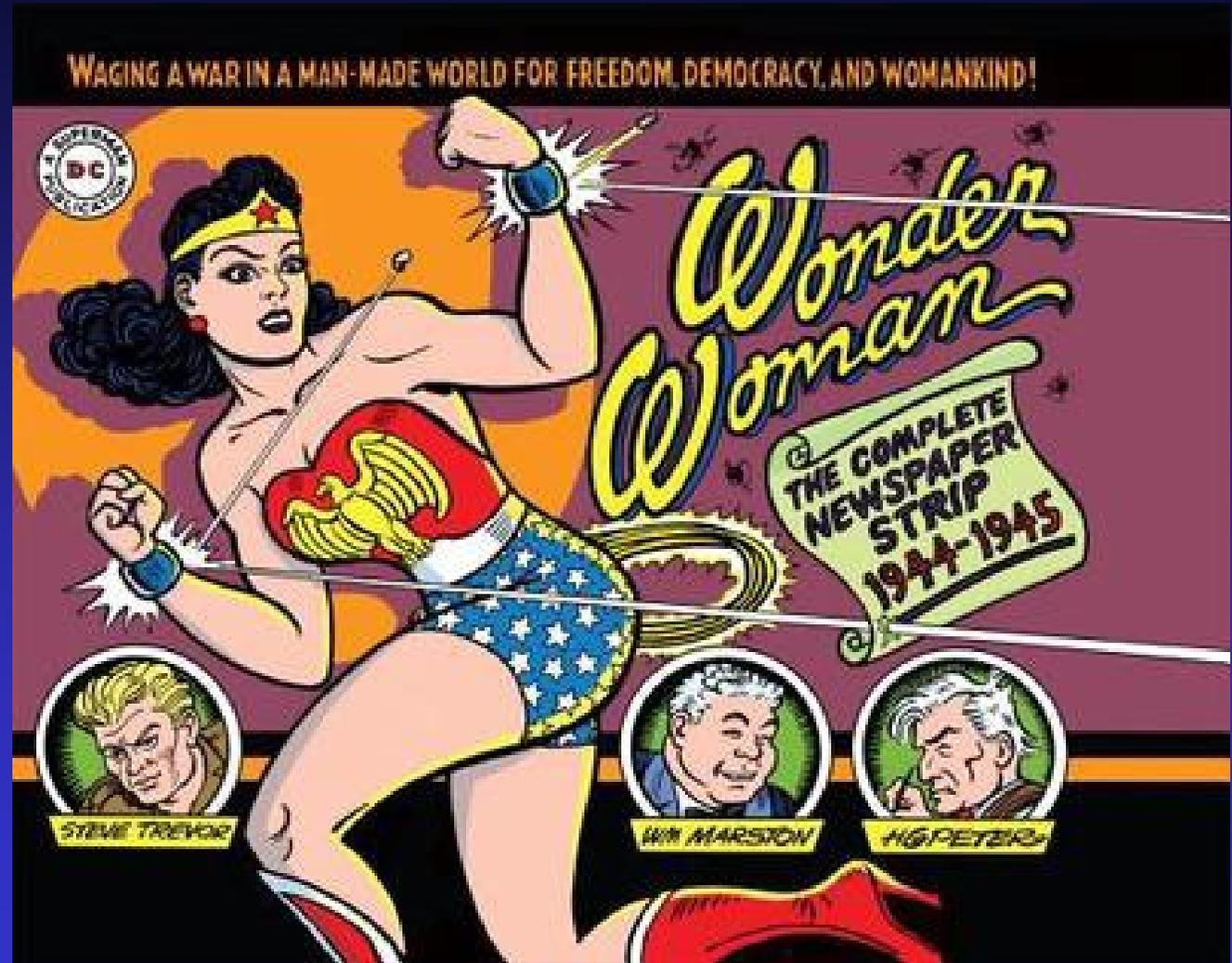


- Concurrent with polygraph work, Marston developed ideas that women were more truthful and superior to men in numerous cognitive functions and were better suited to leadership roles in business, government, law
- In a book release press conference in 1937 he stated that women would one day rule the world



# WMM Self-promotion





- Olive Byrne
- Born in 1904 to Ethel and Jack Byrne



# Ethel Higgins Byrne

- One of 11 children in Irish-Am family
- Sister of birth control activist Margaret Sanger
- Married Jack Byrne at age of 20
- When Olive was 3 years old, Ethel left her with her paternal grandparents to go to NYC



# Ethel Byrne – women's rights movement

- Had seen her mother consumed by motherhood
- Pregnant 18 times, 11 children in 22 years, died at age 49
- Desperately did not want that to be her fate



- Ethel

- Became involved in women's rights movement eventually working with her sister Margaret
- In 1916 she and Margaret Sanger opened birth control clinic in Brooklyn
- 1917 arrest for distributing information on birth control
- Hunger strike



- Olive Byrne
  - Grandparents died in 1914
  - Catholic orphanage from age 10-17
- Margaret Sanger arranged for payment of tuition for Olive to attend college at Tufts University starting in 1921



- While at Tufts she took courses from Assistant Professor in Psychology, William Marston
- His research explored the physiology of human emotions that was very interesting to her
- Eventually became research assistant in his lab



# Elizabeth Holloway Marston (Keetsie)

- Met Marston when he was an undergrad at Harvard and she was a student at Mount Holyoke
- Married right after their college graduations in 1915
- JD from Boston Univ



- Marston brought Byrne home to stay with the family and somehow this was accepted by Elizabeth
- No one knows really how this happened
  - Hollywood take
- Holloway and Byrne each had two children with Marston



Shot from “Professor Marston & the Wonder Women”

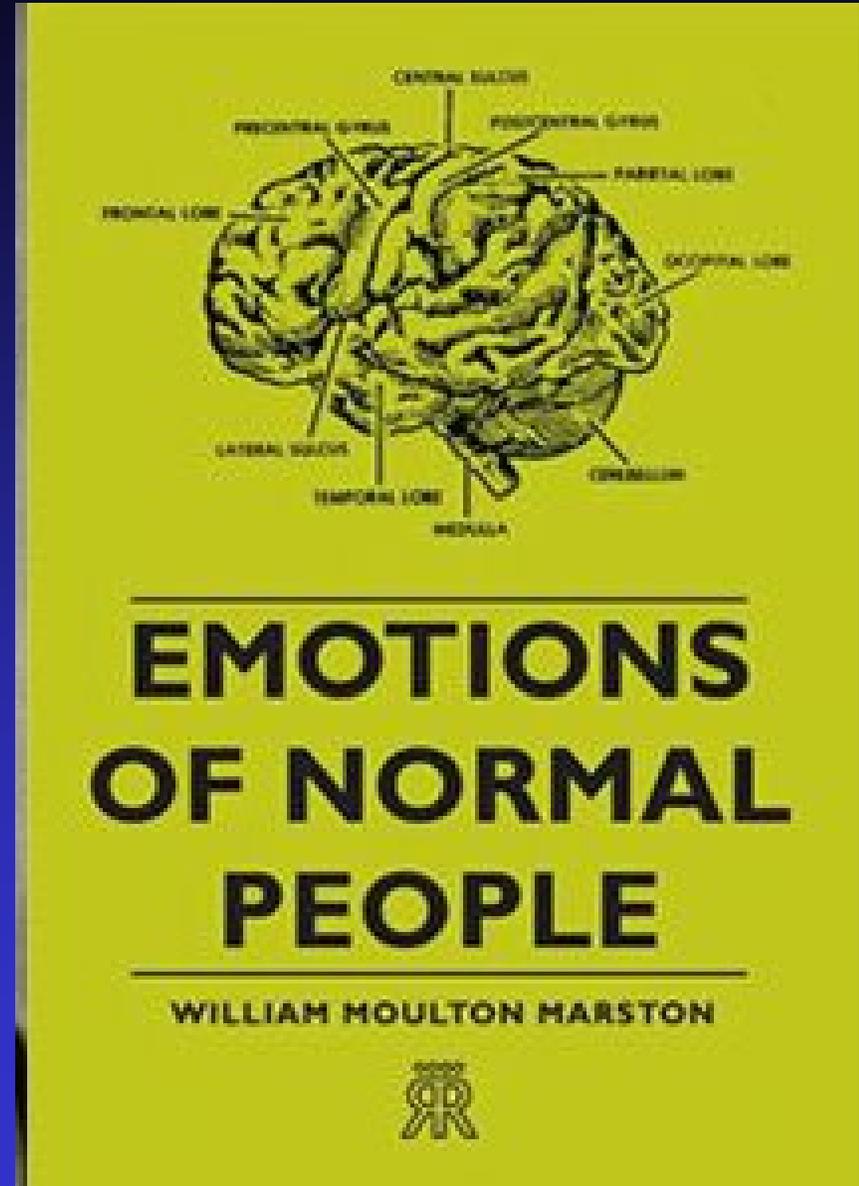


# Family life

- Family life was erratic as Marston was fired from several academic jobs either due to his controversial ideas or concerns about his family
- Elizabeth often was the primary financial support for the family
- Olive was the primary caregiver for the children at home



- Olive completed a masters degree in psychology and started work on a doctorate but when children came she gave this up to be the primary caregiver, first for Elizabeth's children
- Emotions of normal people was published at this time in 1928
- Some of the content was based on Olive's research as a grad student



# Who really came up with the idea for a female superhero?



- Olive Byrne disappeared from any public life
  - Ghost writer for many of WMM articles in lay press
  - Primarily cared for children
  - Expressed no regret at taking this role
- At William Marston's death in 1947 the obituary noted that he left behind his wife, Elizabeth Marston and 4 children
- No mention was made of Olive Byrne

- After WMM death, Elizabeth and Olive continued to live together even after all of the children were grown
- Olive died in 1990 at the age of 86
- Elizabeth in 1993 at the age of 100





# Byrne Marston

- “We had very loving parents and there were times of great fun “
- “But we knew that our family was different and there was often chaos that was hard to understand for us kids”
- At the age of 16 he prepared to enter college as his father had him skip 2 grades in elementary school



- Innately strove to create a different structure for his family
- After military service, established OB/GYN practice in Tampa, FL practicing there for over 40 years
- Married Audrey Thompson an allied health professional from Beaver Pennsylvania and together they created a solid and stable family structure that was completely supportive children

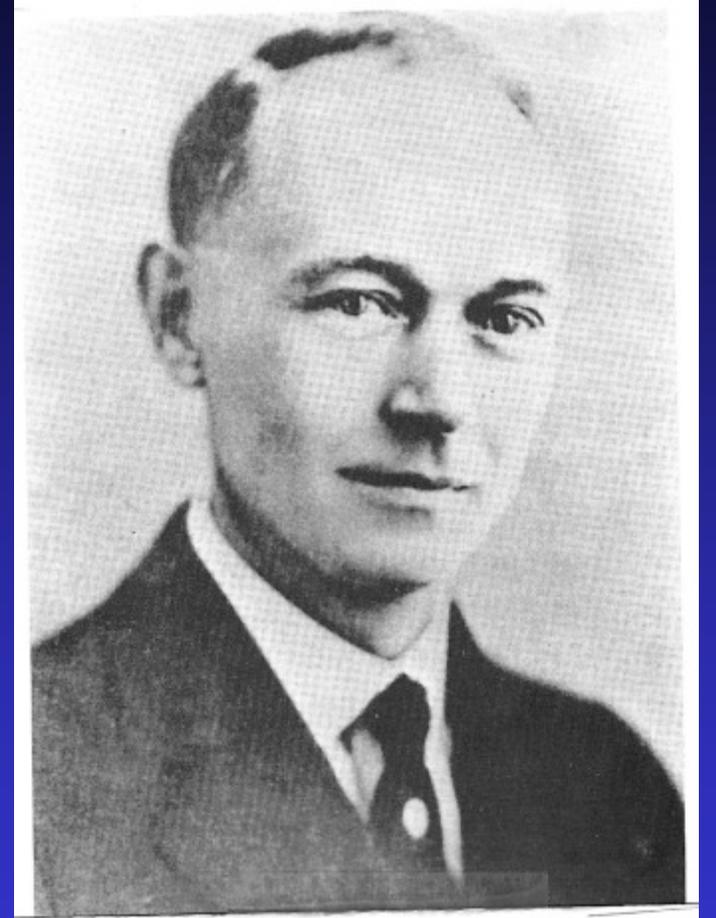
**NOT on Twitter/Instagram**



- WMM a novel thinker ahead of his time
- Olive Byrne contributed to his work but could not receive credit for it
- My parents, were not pioneers or ahead of their time
- Should be celebrated for the things they accomplished in a life that might be considered “routine”



- Most if not all who receive credit for great things are a product of their past and much of what they accomplish may be due to the efforts/sacrifices of others
- Is it not the same in medicine/surgery?

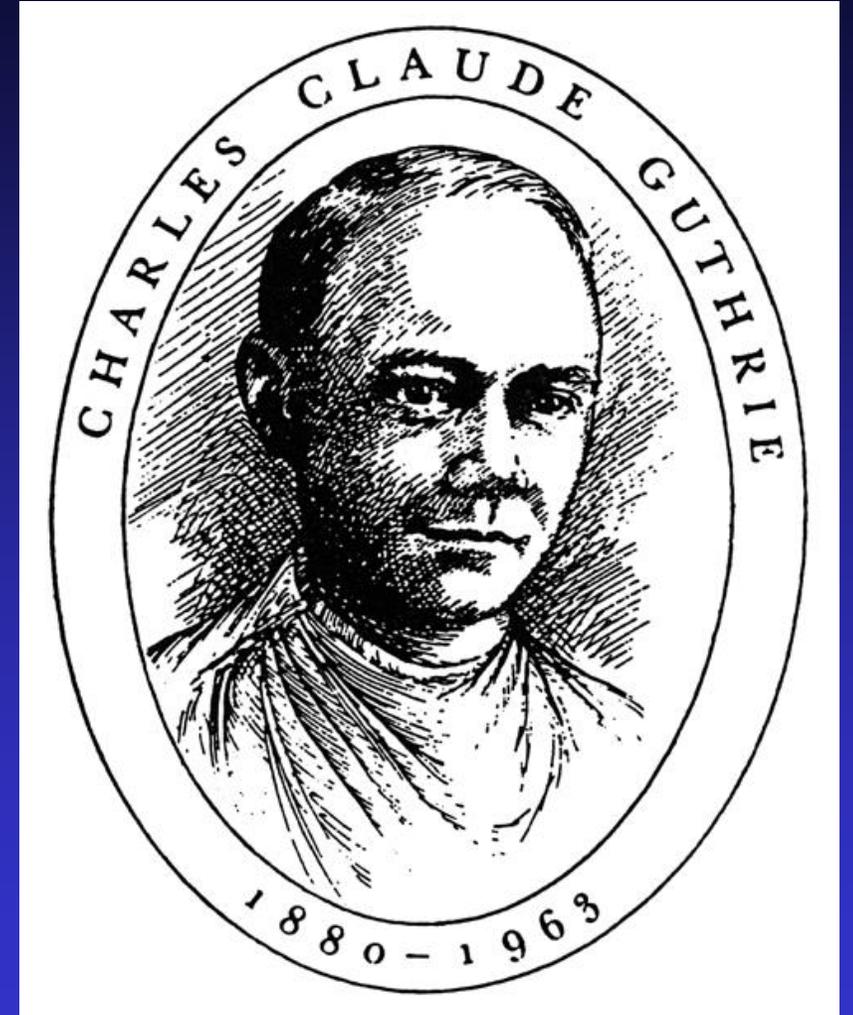


# Charles Guthrie MD, PhD

- Worked with Alexis Carrel in 1900s at Hull Laboratory
  - Collaborated on techniques of vascular anastomosis, preservation of blood vessels and transplantation of organs
  - Carrel's initial methods failed prior to including Guthrie's modifications
  - Carrel was awarded the 1912 Nobel Prize in Medicine
    - In acceptance took full credit for the work

- Why does Guthrie receive little credit for accomplishments?
  - Modest and reserved – denied most interviews
  - Rarely presented abstracts as others on team did
  - Shunned publicity, focusing on quality of his research

**Social media presence??**



# Personal well being

- Stress is everywhere in life
- Understand the things we can control and those we can't
  - Reimbursement, documentation requirements, pandemics
- Consider the consequences of your choices and how they affect your family
- Requires active consideration and forethought
  - What type of practice do I want
  - How much salary do I expect
  - How much time off do I need



**MUST BE ALIGNED**

# Surgery in 2022 – team approach

- Caring for patients with surgical diseases is complicated and often challenging physically and mentally
  - Urgent/emergent presentations
  - Complications that require rapid management
- Managing patients without help is difficult and can severely limit life outside work
- Team approaches are optimal with capability to handle urgent needs of patients at all times

# Take credit for what you do every day

- We don't give ourselves credit for the routine things we do
  - A fistula
  - A hernia
  - A varicose vein case
- We are conditioned to think that if something isn't as complicated as the cases reported at surgical meetings, then we didn't do something impactful and important for our patients

# Patient Perspective

- They don't know/care if something is complex from the surgeon's perspective
- They just hope their problem will be handled successfully by someone who is expert in whatever their problem is
- Fixing a symptomatic hernia is as important to them as fixing a AAA

# Another Digression

- Ted Marston



# The cell harvest

- “Ginger veins”



# The harpoon

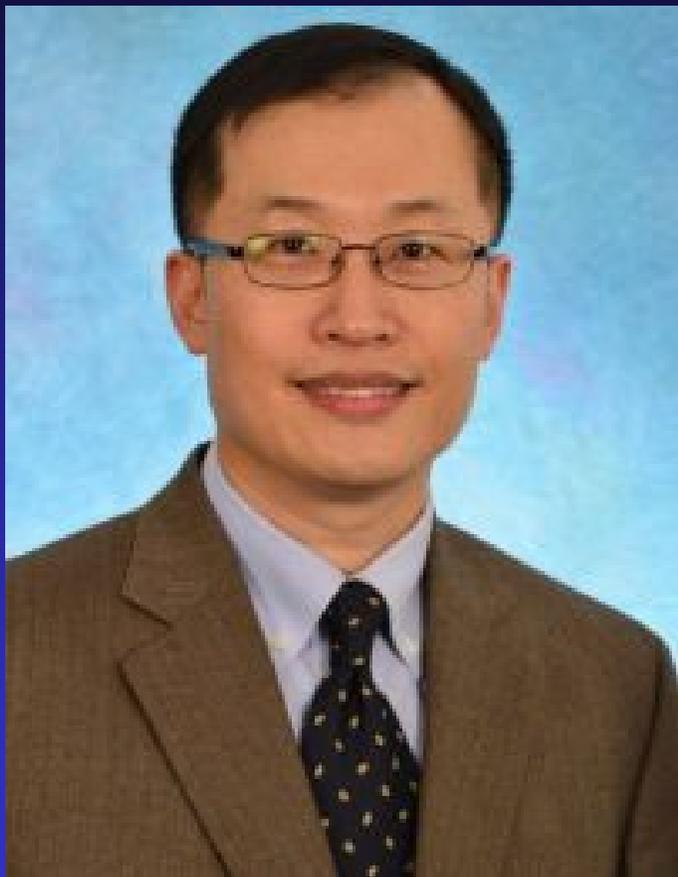


From the Canadian Society For Vascular Surgery

## Arterial trauma during central venous catheter insertion: Case series, review and proposed algorithm

Marie-Christine Guilbert, MD,<sup>a</sup> Stephane Elkouri, MD, MSc,<sup>a</sup> David Bracco, MD,<sup>b</sup>  
Marc M. Corriveau, MD,<sup>c</sup> Nathalie Beaudoin, MD,<sup>a</sup> Marc Jacques Dubois, MD,<sup>d</sup> Luc Bruneau, MD,<sup>a</sup>  
and Jean-François Blair, MD,<sup>a</sup> *Montreal, Quebec, Canada*

JVS 2008;48:918-25



Hyeon Yu MD



# Importance of the “routine”

- Great appreciation for the knowledge and training that makes the routine routine.
- In our world “routine” surgery is devalued
- Every day we do numerous procedures and advise therapies that are life saving or improve patients QOL
  - We must appreciate this every day personally and collectively

# Internal Support – be your own biggest fan

- Take satisfaction in providing good patient care
  - Thank yourself when the patient/family doesn't
- Understand that bad outcomes/complications happen
  - Learn from them but they do not mean that you are an inadequate surgeon

# Support of peers

- Talk to each other – support each other
- We all have complications
  - Be realistic about true outcomes
- Its OK to say that there is nothing more that can be done
  - Sometimes amputation is the best option
  - Sometimes its best to leave the aneurysm alone



**Southern Association for Vascular Surgery**

# Don't compare yourself to the podium expert

- “Very stressful to attend these meetings”
- I don't/can't do all these things that the “experts” are talking about on the podium
  - am I not a well-trained clinical surgeon?

# Surgery – The Right Stuff 2022

- In the movie astronauts competed intensely to be “the first” “the best”
- Right stuff should be defined by the collective success of a program to provide focused care for large, diverse populations of patients



# VS – The Right Stuff 2022

- To achieve this we need surgeons of all backgrounds, all races, all ethnicities with the diversity to deliver care to all patients requiring our care.
- Organize into inter and intra-hospital teams to best provide patient care for populations



- For those of you preparing to enter practice
  - Look for great partners who work as a team to manage patient care
- For those of you in leadership roles
  - Create ways to collaborate not compete with other surgeons in your geographic area
- Visionary leaders are important to the growth of our field and we should celebrate them
  - they can accomplish little without an excellent supporting team



“In my experience the brilliant are interesting to be around but usually don’t do enough to pay the bills”



