49th Doolin Lecture: AE (Freddy) Wood: The Patient, the Surgeon and the Regulator: 7th Dec 2013

Abstract:

This years Doolin lecture was delivered by Freddy Wood cardiothoracic surgeon and incoming President of The Medical Council. Wood describes his career from entering medicine in 1965 and his subsequent journey along a long and illustrious career in surgery. His apprenticeship is daunting for those who follow in his footsteps. It consisted of 40,000 hours on call, 8,000 hours operating and 7,500 hours out of clinical care and education. He highlights the current challenge of training competent surgeons within 6 years while conforming to the 48 hour EU directive. Training will need to become more intense with greater concentration of surgical services. The current model with 47 hospitals nationally will need to be addressed.

The long hours of duty did have some compensations. If one worked hard and got all the ward duties completed you may be invited to share night time supper with the nurses in their kitchen. This was a real treat for a young male doctor. Many St Vincents Hospital romances blossomed in this setting.

Woods training across many hospitals and countries will be familiar to most consultants who qualified from that era. Junior posts in Ireland were ad hoc appointments and there was no training scheme. Once registrar grade level was attained the doctors packed their bags and dragged their wives and young children with them to work in hospitals outside Ireland. Like many others he was told that there wouldn’t be any job for him in Ireland. However he persevered and initially worked in Belfast and subsequently went to Toronto. He vividly remembers Belfast in 1977. It was like a fortress and one simply went from home to work but the chest trauma experience was invaluable. Toronto was an enlightenment. In 1979 the Sick Childrens Hospital was performing 800 cardiac operations annually and was at the forefront of pioneering surgical techniques.

Wood outlined the major developments that have taken place in Irish cardiothoracic surgery. The fundamental turning point was in 1969 when a group of cardiothoracic surgeons approached the Minister of Health and persuaded him to centralise open heart surgery. At the time 7 hospitals were doing heart surgery with variable results. After intense negotiations it was agreed in 1971 to establish a National Cardiac Surgery Unit at the Mater hospital under Maurice Nelligan. The benefits of this enlightened decision have been sustained over the last 43 years.

The specialty developed rapidly with the advent of the heart lung bypass machine which greatly facilitated the application of open heart surgery. The original device required 54 units of blood for priming and necessitated a large group donation from the soldiers barracks. Subsequent models only needed 2 units. Transposition of the great vessels (TGA) and coarctation of the aorta were two of the major challenges facing paediatric cardiac surgery. Atrial redirection of TGA was introduced in Dublin in 1979 by Maurice Nelligan. Wood returned to Dublin around 1984. By 1985 there were 850 cardiac operations annually in the Mater and 220 operations in Crumlin. Subsequently the more effective but technically challenging switch operation for TOAs was introduced.

The next major advance was the development of heart transplant surgery in Ireland. After the concept was floated in 1984 there was an 18 month intense period of fund raising and medical/nurse training at Harefield Hospital. On 10th September 1985 a donor became available in Wexford General Hospital. Wood and Roisin MacSullivan Anaesthetist flew down and collected the heart donation and brought it back to the Mater. The recipient was Eddie Kelly who survived the procedure. The successful transplant was reported in the Irish Times the following day. Subsequently between 1985 and 1994 there were 100 heart transplants the 30 day survival being 85% and the 5 year survival being 75%. The average life expectancy of a heart transplant recipient is 14 years. The publicity surrounding the transplant programme had unintended consequences in that Wood and Nelligan were instructed by the Medical Council to maintain a low profile. The benefits of this enlightened decision have been sustained over the last 43 years.

He raised the issue of medical regulation and emphasised the significance of the 2007 new medical practitioners’ act. He gives two descriptions of a good doctor. The first is one who cures sometimes, relieves often and cares always. The second is a physician who is able, affable and available. There is a dichotomy in that although 90% of the public trust doctors, Ireland has a high malpractice rate second only to Florida.

The Department of Health Cardiovascular Strategy in 1999 had a major impact. It provided an impetus for the development of cardiac and cardiovascular services. Crumlin became an increasingly busy centre for paediatric cardiac surgery and is the fourth largest centre in the UK and Ireland. In 1992 the National Homograft Valve Bank was established. The valves can be preserved for 5 years. When placed in a recipient they can last for 15-20 years, have reduced risk of infection and avoid the need for anticoagulation. In 2005 the artificial heart programme was introduced. Also around this time ECMO was established for cardiac cases in adults and children. The first lung transplant was undertaken in 2005 and to date 80 patients have received transplants.

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Finally, in 2012 the exit rate for Irish doctors per age group was:
25-29 years (6.4%), 30-34 years (6.3%), 35-39 years (6.1%), 40-59 years (2.1%), 60-64 years (6.4%). Retention of medical staff has now become a major challenge. The other is the equipoise between management and the medical profession. The command control model remains in existence.

JFA Murphy
Editor

Comments: