

EDITOR'S PAGE



Women in Interventional Cardiology

Spencer B. King III, MD, MACC



I know you will think this is about all those great women who have contributed so much to interventional cardiology as operators such as Cindy Grines or Alice Jacobs. Indeed, there are many, although less than there should be. Our specialty has not attracted nearly enough women, but I believe that is changing and will continue to do so. No, this is not about the women who push the catheters, but it is about those who have moved the field forward in many ways by making those of us, men and women, operators look good. Each of you has been enabled by others, and whether they are men or women, you would admit that without them you could not have done what you do. For me, they are mostly women and I will take a moment to thank some of them because their contributions have been great. That is why they get the big bucks! Right?

Let me thank my assistant of over 30 years, Libby Adams. She was a taskmaster who knew everything and pretended that I did. Her grandfather on her mother's side was Fred Willius, the first cardiologist at Mayo Clinic and author of several books on the history of cardiology. Her great-grandfather on her father's side was Rudolph Matas, New Orleans's contemporary of Alton Ochsner, and father of vascular surgery. He was also the main reason the yellow fever and malaria were eradicated from Louisiana. So she had the genes to take on the fancy cardiologists and surgeons we dealt with in the 1970s, 1980s, and 1990s. With the coming of angioplasty and the expansion of the training programs, Charlotte Friedrich joined the team. If Libby was the taskmaster (she organized all the South Atlantic Cardiovascular Conferences), Charlotte was my mother. Her exuberant personality and overconfidence in my abilities made me look much better than I was. If Charlotte was a press secretary, she could even make

Donald Trump look good. The "Mary Magdalene" of interventional cardiology was Maria Schlumpf, the assistant to Andreas from the time of the first concept of angioplasty until way after his death. Maria is the patron saint of interventional cardiology, and she participated in all the Emory courses from the beginning until about 2000. She tracked down all the patients who had angioplasty in Zurich and was the heavy lifter on both the papers we published on the long-term follow-up. My recollection is that she had found all but 1 of the 169 patients. We really wanted 100% follow-up, so she took out an ad in a newspaper in Rio de Janeiro where the patient was from. We never got to interview the patient, but a physician seeing the notice took a photograph showing the patient playing volleyball on Ipanema Beach, so we counted him as alive and relatively asymptomatic. No one was committed more completely to the success of angioplasty than Maria.

In the 1970s, before I was contributing much to the American College of Cardiology (ACC), my wife, who was acting as the Host Committee chair for the annual meeting (yes, we once had a committee to support the spouses of the registrants to the meeting), introduced me to Joan Otto of the ACC staff. Joan, as I recall, was in charge of organizing the annual meeting among other things. She encouraged me to be involved and eventually coerced me into taking roles in Bethesda conferences and various committees. I doubt that without Joan's push I would have spent much of the last 40 years so engaged with ACC activities. Joan left the college and went to work for the American Board of Internal Medicine where she was very helpful in advising me about strategies for presenting the application to the American Board of Medical Specialists for a new subspecialty, interventional cardiology. When I became chair of the first

writing group for this board exam, I met Roberta Kangalaski. Roberta, as you who worked with American Board of Medical Specialists will remember, used to say, "Words are my life." She indeed was the best editor I could imagine. All of us on the board had been to school, but with Roberta, it was like we were in grade school again and she was the teacher. We learned how to ask questions and provide the only correct answers along with challenging distractors in a way none of us had previously imagined. The 12 years I spent working with Roberta were irreplaceable. The ACC staff has supported me all my professional life, and if I started naming all the women who made that organization work, I would exceed my space and make many mistakes. So I will mention only one. Liz Wilson, who was in charge of publishing, among other things, has not only been a good friend but someone who could grease the contacts with cardiologists all over the world. She made the launch of *JACC: Cardiovascular Interventions*, which could have been a severe challenge, a piece of cake. Her years of experience with *JACC* and her intuitive anticipation of problems helped me many times. She could make any problem go away. Since her departure, the journal has been in superbly competent hands of other women at ACC who I have recognized previously, but I was already a "big shot" when I met them so the nurturing of my fragile ego was no longer necessary.

For the last 15 years, Jill Franklin has been my assistant. Her only weakness is in being so competent that I do not know how to do anything for myself. She is like the iPhone. Remember when we actually knew phone numbers but now know none because our contacts list gives everything to us. Well, Jill knows everything, and she has been my peripheral brain for all these years. She also took on the role of executive assistant to the chief executive officer of the hospital, and I am sure she could do that job as well. And, yes, there is another woman who makes me who I am.

Gail and I have been together for 55 years, and I guess if she has been willing to put up with all those medical meetings that I tried to call vacations, we will stick it out for some more. She is the best decision I ever made, or did she make it? I cannot remember now. She never met anyone she did not find interesting and hardly anyone who has met her has not been enchanted. Without her I would have become a completely different person, a much diminished one. I owe her everything.

For all of you who have soaked up all that radiation in the cath lab, gotten up in the middle of the night to treat that ST-segment elevation myocardial infarction, churned through a clinic full of patients when you would have liked to spend twice as much time with each one, or spent all weekend writing a paper or a grant application, you should think about all those who made it possible. Yes, there are men who have helped us, and for me there are many men I cannot forget about, but the women have been special. If there is anything I learned from my time in the military, it is not the officers who get things done but the sergeants. These women who have helped me have gotten things done. Their talents often overshadow the officers, and they have the ability to become generals.

In the future, many women will be in charge and we will be better off for it. In a recent conversation, Earl Bakken, founder of Medtronic, told me that we need more women in leadership in industry and medicine. For years he has agitated for more women on the Medtronic board. However, for the sake of poor guys like me, I hope that some with great talent will remain willing to simply make things work.

ADDRESS FOR CORRESPONDENCE: Dr. Spencer B. King III, Saint Joseph's Heart and Vascular Institute, 5665 Peachtree Dunwoody Road NE, Atlanta, Georgia 30342. E-mail: spencer.king@emoryhealthcare.org.