VINCENT’S PRACTICAL SENSE

In this issue, we close the books on an eventful year with some closing articles. Strategic imperatives are in place to enhance membership value with more transparency, accountability and accessibility. Occasional droppings on the art of medicine from great literary works were added focusing on pain, suffering and death with hopes that we have been enlightened. Finally, brood over this months’ quote by Tyler Joseph of the Twenty One Pilots. Take note of the name origin of this Grammy Award winning duo who has burst on the alternative rock scene in America.

Look forward to seeing you in Sunny San Diego!

Vincent Valentine, MD
Links Editor-in-Chief

Quote of the Month: "Death inspires me like a dog inspires a rabbit."
- Tyler Joseph of Twenty One Pilots TØP

ISHLT 2017 ANNUAL MEETING
LAST MINUTE SCHEDULE CHANGE

Oral Session 53:
Getting to the Heart of the Matter: Psychosocial Factors Predict Outcomes in Transplant MCS
Session Date: Saturday, April 8, 2017
New Session Time: 8:00-9:30 AM
Location: Coronado A-C

The Mobile App and 2017 Final Program PDF are updated to reflect this change; however, the 2017 eBook cannot be updated and still shows the old session time of 12:00-1:30 PM.
Your President’s Final Report

Marily Johnson, MD
2017 ISHLT President
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It seems like only yesterday that we were in Washington, D.C. at the 2016 Annual Meeting, and I was being handed the gavel to assume the role of ISHLT president. However, it has been a year (a very fast one for me!) and it is now time to reflect on the past year and update you, the ISHLT members, on our accomplishments. More importantly, I want to make you aware that the path that is being charted for the ISHLT is designed to allow (and in many ways require) ISHLT members to actively participate to enhance future success.

At last year's annual meeting, the ISHLT's Strategic Framework 2016-2020 was unveiled (see May 2016 ISHLT LINKS for details). This year's primary focus of the ISHLT leadership and staff has been to prioritize objectives to pursue and develop tactics for implementation. Some of this progress has been shared in previous issues of the LINKS (May and November, 2016), but to make it easier to comprehend the accomplishments, I will summarize below the Strategic Imperatives that have happened or remain in progress.

**Strategic Imperative: Enhance Membership Value**
- A webinar section has been added to the ISHLT website to provide content "on demand" free of charge to ISHLT members. The 2016 MCS Core Academy and a new NHSAH webinar are currently available with plans to add other pre-recorded core academies and material over time.
- An ISHLT website task force is actively working with staff toward upgrading the ISHLT website to improve accessibility/connectivity. Contract negotiations with a website developer are in progress.
- A WebEx account is available for Board meetings (used for our December 2016 conference call) and for Council use on request.
- The Plenary Sessions in San Diego will be streamed live at no charge to anyone who wants to view (details regarding how to access these sessions will be coming soon).
- Other annual meeting content will be video recorded and made available for viewing following the meeting.
- Council networking nights have been scheduled, coordinated with posters/wine and cheese (Please refer to the information sent in an email to members on February 22 or ask your Council leadership for details).

**Strategic Imperative: Engage Our Community Worldwide**
- A joint symposium at the meeting of the Brazilian Society for Organ Transplantation in October 2017 is being organized, led by the Heart Failure and Transplant Council.
- A proposal for ISHLT endorsement of the MCS meeting in Singapore in 2017 will be discussed by the Board in San Diego.
The Board approved the translation of two recent ISHLT guidelines into Spanish (1. Selection of Lung Transplant Candidates and 2. Updated Listing Criteria for Heart Transplantation). The translations will be posted on the ISHLT website.

- The Board has allocated money for the translation of other guidelines or into other languages; adjudication of which documents/languages to pursue will be by the Standards and Guidelines Committee.

**Strategic Imperative: Improve Science and Drive Innovation**

- The Board discussed the possible establishment of an ISHLT Research and Quality Innovation Task Force to explore partnerships with outside funding. Although deemed important, work on this objective was postponed due to the staff, volunteer, and financial resources that it would require. The Board will revisit this at a later date.

- The Board requested the Grants and Awards Committee to define tactics to increase the transparency and visibility of current grant and award recipients. Broad proposals were brought to the Board in January, 2017 and the committee was asked to work with Amanda to provide more specific tactics to be considered at a future Board meeting.

**Strategic Imperative: Ensure Organizational Vitality**

- A Governance Committee has been formed and now serves as the nominating committee for the ISHLT.

- The Governance Committee is also working to define the roles/responsibilities for all organizational units of the ISHLT (Board/Committees/Councils/Leaders within these entities). The Committee has been having teleconferences every two weeks to achieve this objective. Although the work is progressing, the ambitious goal of having these completed by the time of the 2017 Annual Meeting will not be met.

Although working to move forward the objectives defined in the ISHLT Strategic Framework has been a major focus for the ISHLT, its leadership and staff this year, several other items of importance to ISHLT members are also in progress. Highlights of some of the other initiatives include:

1. A rewrite of ISHLT bylaws occurred as the current bylaws are not in compliance with the Illinois law for non-profit organizations, to which ISHLT is subject. A copy of the bylaws and a summary of the changes included was sent to all members and the bylaws will be voted on at the ISHLT Annual Meeting to be held on Friday, April 7 at 9:30 am in Seaport A-E. Let your voice be heard and join us not only for the vote on the bylaws but other important society business and the election of our new Board members and officers.

2. Upon recommendation of a task force, which included members of the Pulmonary Hypertension Council, a Chronic Thromboembolic Pulmonary Hypertension (CTEPH) Council has been formed under the leadership of Bill Auger. The first council meeting will be held on Wednesday, April 5 at 6:15 pm in La Jolla AB. If you are interested in participating, please attend the meeting or contact Bill and inform him of your interest.

3. In discussing the possibility of a CTEPH Council, it became apparent that the ISHLT did not have criteria for when a new Council should be formed or how Councils should be evaluated.
A Board work group was established to bring back recommendations to the Board concerning these issues.

4. With “Engage Our Community Worldwide” being one of the strategic imperatives in the ISHLT Strategic Framework, the Board decided that we needed to define how we can improve our efforts in this area. Over the next year a task force will be formed to evaluate how the ISHLT can improve international engagement, not only among our members but the worldwide community of providers interested in the care of patients with advanced heart and lung disease.

5. The Board has tasked specific members to work with us to develop ways the ISHLT can celebrate the 50th Anniversary of the first heart transplant which occurred on December 3, 1967.

From the length of this summary, it is apparent that a lot has happened in the ISHLT over the past year. This work has been the result of the efforts of our members, Councils, Committees, Board (in particular the Executive Committee), and staff, all of whom I wish to sincerely thank for their efforts and contributions. Moving the ISHLT forward is best accomplished by contributions from all of its members, so if you have been involved, I thank you. If you haven’t, I encourage you to talk to your Council leadership or a society leader to indicate your specific interests.

I want to express sincere gratitude to Jeff Teuteberg, his program committee, and the ISHLT staff for organizing an excellent meeting in San Diego and one you won’t want to miss. Please see Jeff’s program chair report in this edition of the LINKS for further details.

Finally, I want to thank the ISHLT for the opportunity to serve as your president over the past year. My passion for the ISHLT, its mission and the bright future that we have has only been enhanced by my more direct involvement. The society will be in excellent hands moving forward as Andy Fisher assumes the presidency in San Diego. I pledge to Andy and to you, all ISHLT members, that I will continue to support the ISHLT in the future in whatever way I can.

I will leave you with a quote that I read in a coffee house in Banff, Alberta, Canada last fall which I think states well what is required for the ISHLT to continue to move forward. That quote is, “If you want to go fast, go alone; if you want to go far, go together.” As the ISHLT community, we have the true opportunity to improve the care of patients with advanced heart and lung disease and our likelihood of success is enhanced by working together.

See you in San Diego!

Disclosure statement: The author has no conflicts of interest to disclose.
Program Chair’s Report

Jeffrey Teuteberg, MD
2017 ISHLT Program Chair
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It is hard to believe that the Annual meeting is almost upon us and will soon be officially in the books. It has been a busy winter for the Program Committee and staff grading, finalizing and scheduling the abstracts into sessions and assigning session chairs. We are currently reviewing the late breaking clinical trials, and I am confident that there will be something for everyone to learn from these submissions. I am also looking forward to the ID and Pathology sessions which were placed to conform to the clusters that were part of this year’s program.

We are pleased to see that the number of abstracts submitted this year have increased by 8% over last year, 1633 versus 1516, despite the new submission fee. The percentage of accepted abstracts was 85%, nearly identical to 2016. The graph below shows the number of submitted abstracts and the percentage of accepted abstracts over the last decade. Abstracts were submitted from 38 countries: the US had 1025 submissions, followed by Germany with 106, Canada 82, Japan 58, UK 58, Italy 48 and Australia 40. The number of submitted abstracts from Asia and South America were also higher than in 2016. Even the Junior Faculty case reports increased from 126 in 2016 to 188 in 2017.

Once again I want to extend my thanks to all of the Committee members and the ISHLT staff, without whom, none of this would be possible. As my time as Program Chair winds down and with all of the heavy listing done, I can focus on enjoying the fruits of everyone’s labors in San Diego.

Lastly I wanted to wish all the best to next year’s Program Chair, Chris Benden, who will do a fantastic job with the 2018 Meeting in Nice.

Safe travels and see you in sunny San Diego!

Disclosure statement: The author has no conflicts of interest to disclose.
How To Access Program Information

ISHLT is moving toward making the Annual Meeting a greener meeting. There are many ways to get more detailed information about ISHLT 2017 from digital sources.

**ISHLT 2017 MOBILE MEETING APP:**
With the OASIS mobile meeting app you can explore the entire meeting program by target audience, session type, day, or speaker. You can build your personal schedule for the meeting, bookmark sessions, take notes, share contacts, view abstracts, maps and floor plans, and much more. In addition, meeting registrants will be able to access presentation slides from the app. You can also use it to access news and social media. Stay informed about hot issues, event program changes, upcoming sessions and organizer messages. The app is available for iPhone, iPod Touch, iPad, and Android. Once the app is installed on your device, no WIFI connection is required to access the conference program and schedule. Since we no longer distributed a complete printed Final Program, we encourage everyone to utilize the Mobile Meeting App as the definitive source for navigating the meeting! **Install this free App on your device today.**

**TO INSTALL:**
1. If you have last year's app on your device, DELETE the app before proceeding.
2. Search for the cOASIS Mobile Meeting App in your device's App Store. (Remember to add the little "c" in front of OASIS!)
3. After the app is downloaded, open the app and tap on "Events" and select the "ISHLT 2017" event to access the entire meeting program!

**HELPFUL TIP:** when an "update data" message appears, always tap "OK" to ensure you receive the latest meeting information. Need more help? Visit the [Frequently Asked Questions](#) page for answers to the most common app questions.

**ISHLT 2017 FINAL PROGRAM EBOOK:**
Downloadable to any device, this book has it all, and we mean ALL, in a book format. This is the definitive record of ISHLT 2017 and contains everything that has traditionally been included in the printed Final program: all presentation information (including abstract titles and authors), Academy scientific program schedules, meeting times and locations, continuing education credit information, meeting highlights, floor plans, list of exhibitors, corporate event and industry theater listings, plus committee and council leadership rosters, award recipient lists and more! No photos, no color – just the all the information you ever wanted.

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Tweeting at #ISHLT2017

Want to get even more out of ISHLT 2017? Twitter can help!

Reading on Twitter about what others are learning in sessions is the easiest way to start. If you’re new to Twitter, CLICK HERE for easy to understand information on how to set up a Twitter account, how to read what others are posting, and how to post your own comments.

If you want to really engage, you can share comments about what YOU are learning. Share your conference experience and use #ISHLT2017 to connect with attendees, build professional relationships, uncover ideas, spark inspiration, and help others!

A #ISHLT2017 Twitter feed will be scrolling across the bottom of the mobile meeting app home page all day every day to provide real-time commentary and information.
Since the inception of the ISHLT annual conference in 1981, members gather to encourage and stimulate basic and clinic research and promote new therapeutic strategies relevant to end-stage heart and lung disease. Since 2005, members within the MCS field are offered a specific session/forum that addresses matters involving this complex patient population. In the year 2017, I look forward to attending the annual conference which will embody collegiality of those interested in promoting new strategies within the field of heart and lung transplantation, and end-stage heart and lung disease. From my vantage point, I can feel the excitement increasing every day from various members.

What makes a conference great? My three answers are the following: 1) The quality of people around me, 2) the quality of the speakers, and 3) the focus of the content.

The quality of the people around me will range from long-time experts to attendees that are just entering the field, a win-win for me. I will have the knowledge available to me from experts, but observe the excitement (that is quite contagious) from new members. Many colleagues are either attending or presenting for the first time and very excited of this experience; their enthusiasm is a delight.

The blend of speakers will not disappoint. The speakers that will be presenting will discuss research that lends to cutting edge information that will leave the audience motivated and well-informed. The first plenary will offer a powerhouse couple from the Baltimore area, a theoretical mathematician from the US Naval Academy will address the role of novel solutions to the donor allocations system in her talk “Share and share alike: Optimizing organ allocation in an area of increasing need.” Dorry Segev, a transplant surgeon from Johns Hopkins, will assist the audience in addressing the promise and pitfalls of transplant center by using social media to interact with patients and the broader community in his presentation “tweets, texts and posts: Does social media improve or complicate communication in medicine?” This is only a small sample of the incredible offering of speakers/presenters.

The majority of the meeting is devoted to submitted content, scientific work. Many members that will be attending the conference for the first time are offered an abundance of topics, too many to state. Since my nursing specialty originates with the MCS field, many areas interest me regarding the upcoming conference. I am particularly interested in the ISHLT/ICCAC symposium “Besides the Surgery – How to make VAD patients successful,” as this is dominant within MCS teams and their everyday objective of enhancing positive outcomes. Additionally, the Nursing Health Sciences and Allied Health area will discuss psychosocial risk factors targeted for intervention in the presentations: “When should we call it quits: The efficacy of intervention to ameliorate psychosocial risk factors”
and “Live long and prosper: Thriving after pediatric transplantation,” which will focus on the psychosocial, behavioral challenges, as well as communication and developmental issues in pediatric transplant patients. These are just a few of the offerings I have marked to attend.

Thirty-six years ago, 15 members of our Society founded a conference that encompassed energetic and enthusiastic scientists yearned for an annual meeting of the minds. Today, we have over 3400 members from over 454 countries, representing over 15 different professional disciplines involved in the care of those with end-stage heart and lung disease. I would like to thank the Scientific Program Committee under the leadership of Dr. Jeffrey Teuteberg for their hard work and dedications that I am sure will be an outstanding experience.

Disclosure statement: The author has no conflicts of interest to disclose.
Let your Presentation Purr in San Diego: Remember the 4 P’s: Procrastination, Preparation, Practice, Presentation

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To deliver a good speech or make a great presentation, let’s refer to the January 2012 ISHLT Links, Issue 8, Volume 3, On Teaching and Learning. From this article, pay attention to the following points: 1) the one who learns the most while sharing knowledge is the teacher or presenter, and 2) when teaching, presenting your poster, delivering your lecture, or writing your paper, you should ask yourself, “What do I want the intended audience to know in five years?” Perhaps better advice can be found in the rules for posters and presentations. Finally, the best advice for success in San Diego comes from the June 2011 ISHLT Links, Issue 1, Volume 3 article, On to Prague, from 2012’s Program Chair, Stuart Sweet: “brevity and clarity will be key, particularly in oral presentations.”

PROCRASTINATION
Whatever means everyone must use to overcome procrastination, now is the time to prepare. Remain mindful of Benjamin Franklin’s quote, “By failing to prepare, you are preparing to fail.” You will also find his wise words on procrastination in January 2012 Vol. 3, Issue 8, Quotable Quotes.

According to the famous Irish Playwright and Critic, George Bernard Shaw; Mark Twain is the “American Voltaire” who taught Shaw this great piece of wisdom: "Telling the truth’s the funniest joke in the world.” This American Voltaire was subjected to procrastination, all the time: "I was born lazy. I am no lazier now than I was forty years ago, but that is because I reached the limit forty years ago. You can't go beyond possibility.”

PREPARATION
Knowing the basic rules for being prepared will make you aware of your allotted time (see Vol. 3, Issue 1, Rules of Engagement). Within this allotted time, your presentation should comprise no more than 75% of the total time for you to speak. Why? You want your presentation to be memorable. To be memorable, captivate and involve the audience. Involving the audience is easier than captivating them. Save time for questions and answers and invoke the Chinese proverb “Tell me and I’ll forget; show me and I may remember; involve me and I’ll understand.”
While preparing, ask, what will my audience gain by using slides? What will my presentation lose? Be aware how the audience divides their time between you and the screen. Slides can interfere with the audience-lecturer relationship. What happens when the lights are dimmed? It induces sleep! With this thought, remember—NEVER read from your slides!!! They are there to enhance and clarify, not duplicate, not become a substitute and certainly, not distract. The slides are to supplement not prompt your talk. What you say must differ from what the audience reads, so keep your slides simple and direct. Each slide should convey one idea, have one diagram, or contain one or two pictures.

Finally, do not use a pointer. The audience is distracted when you turn away, and the microphone may lose your voice. If there are multi-screen projections, the pointer is seen on only one. Using the mouse is an alternative, but you have to look at the screen, thereby you lose eye contact. Instead, build pointers into your slides—arrows on a photo, underline a key part of a table, encircle the data you are referring to, etc.

PRACTICE, PRACTICE, PRACTICE
During preparation, be self-critical and practice. Videotape yourself delivering a speech. Your goals are to liven up your presentation, so practice being dynamic, informative, interesting and persuasive. Consider your presentation as a performance (although tempered with the notion that you are not competing for an academy award!). Study the mannerisms of great lecturers or your favorite speakers. To be an effective lecturer, you must plan, begin, and think about your audience.

While practicing your speech, vary your sentence length. Use short action verbs and short crisp sentences. Long complex words are more difficult to pronounce correctly in front of 2000 people. Use rhetorical questions (frequently more informative) rather than making declarative statements. Be aware of your tone of voice, variations in volume, and appropriate gestures. Do not speak in monotone. Vary your vocal inflections from loud to soft and from a high to low pitch. Paradoxically, the audience pays closer attention when you become quiet or soften your voice. Convey the idea to the audience that there’s no place you’d rather be than talking about the topic you are enthusiastically delivering free from any distraction. Passion—and commitment to the subject—matter most when giving a presentation.

PRESENTATION
Before the session starts, always check the podium and, ideally, talk to the projectionist, if there is one. Will they display your opening disclosure slide? What mechanism advances the slides (mouse, button, keyboard)? Who controls the lights? Is there a timer controlled by the Chair? Doing all this ahead of time makes you look professional and avoids embarrassing pauses and gaps.

Remember to stand upright. Don’t lean on the lectern (unless very drunk from the night before) or stand still for a long time. Walk around, and consider standing in front of the lectern instead of behind it. Use hand gestures economically, and be careful about swaying or using bizarre or repetitive gestures.

And remember, appearance is important. The old adage applies here, especially for us silver-tongued, graying bunch: “We may not be any good, but at least we try to look good.” In other words, dress
to impress! During your presentation, smile, make eye contact and choose your mood. You know your topic, so show passion for it. Bring enthusiasm and delight to the subject!

Pay attention to gestures and use of eye contact. You want to connect with and monitor the reaction of the audience as they listen to you. Otherwise, how do you know if you’re getting your message across? Study body language and try not to look at your notes. Do not memorize your entire lecture, but memorize the sequence of important things.

With these points in mind, you are now on the road to a great formal presentation. Through repetition and review you will know your topic better than most—if not the entire—audience, therefore you must keep your presentation simple, especially simple from your point of view. Most of all, **DO NOT EXCEED YOUR TIME LIMIT** by cramming too much material in your presentation.

Finally with *repetitious* repetition:

1. Keep it simple
2. Know your time limit and stick to it
3. Include full disclosures at the beginning and references at the end
4. Leave time for questions

Oh and did we mention, PRACTICE, PRACTICE, PRACTICE!

*This article has been modified from its original version which appeared in the March 2012 issue of the ISHLT Links Newsletter, [Procrastination, Preparation, Presentation, Prague](#).*

Disclosure statement: The authors have no conflicts of interest to disclose.
As members of ISHLT, we work in the rewarding but stressful fields of thoracic transplantation, MCS, and pulmonary hypertension. Caring for patients who are either extremely ill or who have been rescued by our lifesaving therapies. We see them often and our appointments are sometimes long. They are in the hospital periodically and we see them for procedures too. We get to know them well. We see them through the worst of times and through the best of times. We get to know their families and loved ones well too. These are rich relationships. I always teach students and trainees that transplant medicine is really just plain old internal medicine, but “on steroids” -- and so, too, our doctor-patient relationships are also more in-depth and intense than average.

I recall a riveting description at the ISHLT meeting in Chicago in 2010 where Heather Ross, MD described a fantastic journey she had just taken to the North Pole and back to Toronto with one of her patients who had undergone heart transplantation some years earlier. I remember thinking to myself at the time about how very well you would get to know that one patient, spending a few weeks with them every day skiing 8-10 hours in getting to and from the North Pole. Lucky her!

I occasionally see patients outside of the hospital or clinic. It can actually be a bit off-putting at first, given the different context. There is one patient who I have run into twice at rock shows (once U2 and another time Wilco – it seems he and I have similar taste in music). More recently, our team participated in an annual fundraising activity for the Respiratory Health Association of Metropolitan Chicago. Touted as the “Hustle Up the Hancock,” our team of nurses, doctors, a social worker and a dietician was joined by several of our lung transplant recipients – and 4 of them climbed with us up the 94 floors and 1632 steps successfully (see photo). We were joined by one of them for a celebratory team brunch. It was amazing to have hours of time to chat with patients about everything except their medical needs. I learned about families, dreams, letdowns, likes and dislikes in a way that you just don’t have time to hear about in the clinic. I felt lucky; I never have enough time to get that much info.

Is there a down side to knowing these patients so well (and even sometimes personally)? When a patient gets very sick and if they die it is harder for us. These are the patients whose funerals we attend, where we feel as though a friend or a loved one has died. These are the patients whose deaths prompt the need to bring a psychologist (or at least a therapy dog, as happened recently) into our lung transplant office to help our staff deal with the loss. These are the rich relationships that brought us into this specialty... and sustain our “on steroids” interest in what we do.

Disclosure statement: The author has no conflicts of interest to disclose.
2017 Council Meetings and Networking Receptions

**BASIC SCIENCE & TRANSLATIONAL RESEARCH**

**Council Meeting**
Friday, April 7 from 11:30AM – 1:30 PM
(Seaport F-H)

**Council Networking Reception**
Friday, April 7 from 5:45 - 6:45 PM
(Harbor Terrace)

**CHRONIC THROMBOEMBOLIC PULMONARY HYPERTENSION**

**Council Meeting**
Wednesday, April 5 from 6:15 – 7:15 PM
(La Jolla AB)

**HEART FAILURE & TRANSPLANTATION**

**Council Meeting**
Friday, April 7 from 11:30 AM - 1:30 PM
(Grand Hall B)

**Council Networking Reception**
Wednesday, April 5 from 6:15 - 7:15 PM
(Seaport Terrace)

**INFECTIOUS DISEASES**

**Council Meeting**
Wednesday, April 5 from 12:30 - 2:30 PM
(Coronado A-C)

**Council Networking Reception**
Wednesday, April 5 from 6:15 - 7:15 PM
(Seaport Terrace)

**JUNIOR FACULTY & TRAINEES**

**Council Meeting**
Thursday, April 6 from 7:00 – 8:00 AM
(Gaslamp A-C)

**Council Networking Reception**
Wednesday, April 5 from 6:15 - 7:15 PM
(Coronado Terrace)

**MECHANICAL CIRCULATORY SUPPORT**

**Council Meeting**
Thursday, April 6 from 12:30 – 2:00 PM
(Grand Hall A)

**Council Networking Reception**
Thursday, April 6 from 6:15 - 7:15 PM
(Seaport Terrace)

**NURSING, HEALTH SCIENCES & ALLIED HEALTH**

**Council Meeting**
Wednesday, April 5 from 12:30 - 2:30 PM

**Council Networking Reception**
Thursday, April 6 from 6:15 - 7:15 PM
### PATHOLOGY

**Council Meeting**  
Friday, April 7 from 11:30 AM - 1:30 PM  
(Coronado A-C)

**Council Networking Reception**  
Friday, April 7 from 5:45 - 6:45 PM  
(Harbor Terrace)

### PEDIATRIC THORACIC TRANSPLANTATION & HEART FAILURE

**Council Meeting**  
Wednesday, April 5 from 12:30 - 2:30 PM  
(Seaport F-H)

**Council Networking Reception**  
Wednesday, April 5 from 6:15 - 7:15 PM  
(Harbor Terrace)

### PHARMACY & PHARMACOLOGY

**Council Meeting**  
Thursday, April 6 from 12:30 - 2:00 PM  
(Seaport F-H)

**Council Networking Reception**  
Thursday, April 6 from 6:15 - 7:15 PM  
(Coronado Terrace)

### PULMONARY HYPERTENSION

**Council Meeting**  
Wednesday, April 5 from 12:30 - 2:30 PM  
(Grand Hall D)

**Council Networking Reception**  
Thursday, April 6 from 6:15 - 7:15 PM  
(Harbor Terrace)

### PULMONARY TRANSPLANTATION

**Council Meeting**  
Thursday, April 6 from 12:30 - 2:00 PM  
(Grand Hall C)

**Council Networking Reception**  
Thursday, April 6 from 6:15 - 7:15 PM  
(Harbor Terrace)
In the last issue, we began the topic of death “Dealing with Death as Witnesses.” In this issue, we continue the march to death as an experience. In all honesty, a peaceful acknowledgement of death is complicated. Art does offer experience; however, it is not the same as the experience science offers. We can experience anything from books, paintings, films and music, and these experiences are not the same as the actual experience of death. So, can art give us the experience of dying? It is art that allows us to imagine a reality we cannot afford to experience giving us a grasp of things that can be only encountered once. There is something to be said about reading on suffering and death. Reading educates and schools our emotions and feelings. Literature provides an experiential view of things giving us various perceptual dimensions of death. Art as experience can occasionally overstate the issue. For example, do we really know what it’s like or how someone feels when we try to empathize and state, “I know how you feel?” Recognize that pain, suffering and death are not the same as these actual experiences.

Instead of the actual experience, great writers, artists, directors and composers keep the beam of light of conscious “on,” sometimes with a buzz rather than switching the light “off.” We are provided a focused feeling of entering the final phase of this limited experience with a torch that takes us right to and through the bitter end. We are enlightened and further supported by George Carlin’s quote against the sanctity of life, “if everyone is going to die, or everything that has lived has died, then what’s all the fuss about?”

Grammatically, anyone could say or write: I will die, I may die or I might die, but we might lose credibility if we say or write, I have died. For when we die, it would be impossible to say that we have died in this world as we know it today.

Emily Dickinson, one of the greatest 19th century poets lived at a time when death was commonplace. Women tended the sick and tended the dying. Death occurred in people’s homes and bedrooms, there were no nursing homes or funeral homes. Death was a domestic reality for Dickinson, nevertheless, she viewed death in a mysterious way: as a moment of truth, of clarification and transfiguration through the senses of sight, sound and feeling that she left in her poems: “Because I could not stop for Death,” “I heard a Fly buzz – when I died” and “I felt a Funeral in my Brain.” From her poems, Dickinson is deep, witty and ironic. As witnessed in Because I could not stop for Death, no one makes an appointment with death. Death usually drops in unscheduled, as a surprise. Death simply comes knocking as a civilized, decorous and refined social caller – not the grim reaper carrying a sickle. In death, the hustle and bustle of life is cast aside for an elegant trip to eternity after a simple evocation of life during the carriage ride to the grave. Dickinson speaks a story of leisure with a refined tone from a coffin in the ground and from a new world of horizontals, not
verticals. Also, one might recall the 1998 film, Meet Joe Black in which Death is personified by Brad Pitt who is well groomed, elegant, civilized and strikingly handsome with a scheduled plan. The seemingly kind Joe Black interrupts the busy life of Billionaire Bill Parrish played by Sir Anthony Hopkins.

In contrast, in “I heard a Fly buzz when I died” the tone is not elegant or refined. Instead, there is a disruption of the senses, a disruption of the stillness and calm before the storm. All that’s left is the buzzing of a fly in the presence of the King. Is this the buzzing noise from the human brain of consciousness, or the noise of thinking? Perhaps this is a moment of truth where we meet our maker, the King, the King of Kings and in some circles the Lord. Is this a discovery of that undiscovered place in front of our eyes as vision is lost in the blue and in the light. That bumbling and stumbling buzz remains. Why a fly? Consider the 1958 film, The Fly starring Vincent Price and its 1986 remake starring Jeff Goldblum. The Fly movies are about the scientific quest of transportation via instantaneous teleportation with disintegration and reintegration only to be disrupted by a fly. The ultimate in transportation turned into transfiguration. The fly, any fly or any insect could interrupt life as can insects and germs transform death. One might ponder the prominent role of the fly at the end of Alfred Hitchcock’s 1960 thriller, Psycho. Is all of this simply the search for the truth? All of this from that impossible to write line...when I died.

Dickinson can also be violent as witnessed in her poem, I felt a Funeral in my Brain. Dickinson’s diction evokes a metamorphic sound of pounding, beating and hammering linked to the pounding rhythmic heartbeat, throbbing headaches and circulatory flow of blood to the parts of the body that hurts, “to and fro” which ultimately breaks through the senses of the decedent who lies there comfortably cold, motionless and rigid. She has explicitly evoked death in a figurative manner. She becomes both the perceived and perceiver lying in her own coffin being carried away. The Boots of lead suggests pain and abuse as the mourners have paced and pounded on and through her repeatedly. The pounding continues until “a Plank in Reason” breaks. The world of space, time and reason collapses and plunges into some abyss. Perhaps when we die, we die to enter the creation.

From death to creation, there may be no end but Shakespeare helped me end this piece (peace?). Here is just a tiny sampling from such great works, in the process many may have been insulted because their favorites were not included, yet I make no apologies on what I have excluded such as those from: Wordsworth, Ionesco, St Paul and Selzer, just to name a few. However, I am compelled to include at least Shakespeare’s Sonnet 146. Shakespeare refers to the body as a fading mansion as the soul wastes its resources by tending to its body or mansion. It is the inner life, the soul if you will, that is to flourish; therefore, in death it is time to put aside the life of the body. The body and mind are split and the soul outwits the body. “So once dead, there’s no more dying then.”

Sonnet 146

Poor soul, the centre of my sinful earth,
[Why feed'st] these rebel powers that thee array?
Why dost thou pine within, and suffer dearth,
Painting thy outward walls so costly gay?
Why so large cost, having so short a lease,
Dost thou upon thy fading mansion spend?
   Shall worms, inheritors of this excess,
    Eat up thy charge? is this thy body's end?
Then soul, live thou upon thy servant's loss,
   And let that pine to aggravate thy store;
Buy terms divine in selling hours of dross;
   Within be fed, without be rich no more:
So shalt thou feed on Death, that feeds on men,
And, Death once dead, there's no more dying then.

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Recapitulating Pain, Suffering, and Death

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Pain is universal. We all experience it, physically, emotionally, directly and indirectly. As healthcare providers, we witness pain through illness and death. We see patients suffer from medication side effects, cope with attachments to machines and eventually die; however, we do not personally know what it is like to live with illness, or for that matter, die. Art and literature help explore pain beyond science’s depth to provide a broader view of a patient’s diagnosis and suffering. Although substantial improvements have been made through innovation, modern science allows healthcare providers to be emotionally detached with depersonalized terminology and breviloquent bedside manner. For example, we hear of the ECMO patient in the ICU, rather than the wife with IPF eating, breathing, walking, sleeping and going to the bathroom in the confines of a 100 square foot room for more than three weeks awaiting lung transplantation. Kafka infers in “Country Doctor” and writes, “To write a prescription is easy, but to come to an understanding with people is hard.” This is present today in regards to opioids for pain relief and managing patients of the ISHLT. We must communicate the topics of pain and suffering, while being descriptive and articulate, and understand that the perception of pain is elusive.

Elaine Scarry’s The Body in Pain summarizes suffering and the fear of death. She describes pain with a metaphor by stating, “When one hears about someone with physical pain, the events happening within the interior of that person’s body- may seem to have the remote character of some deep subterranean fact belonging to an invisible geography that however portentous has no reality, because it has not yet manifest itself on the visible surface of the earth.” Scarry’s seismographical event is happening beneath the earth so we cannot see it, like a patient’s sickness hidden beneath the skin. She links the geographical metaphor to the way we “speak about the heavens; alternatively, it seems as distant as the interstellar events referred to by scientists who speak to us of a not yet detectable mystery of an intergalactic scream." She connects illness and pain to the afterlife, offering a chance for “scientists”- that's us- to communicate on a more personal level (She prefers less mystery when it comes to being diagnosed). Through literature, we see valuable testimonies about cultural and ideological notions that include illness, pain, suffering, and death. This gives us a more inclusive portrayal of the essential and peripheral details encompassing medicine and suffering with the life and death of patients. Scarry rewords Descartes’, “I think therefore I am” by claiming, “To have pain is to have certainty- the bedrock of reality.” With this vulnerable portrayal, the person who is in pain is fully aware of suffering, whereas those external are in constant doubt and question.

In the way healthcare providers cure illness, they must also alleviate suffering whether it is detected or understood. The great composer Gustav Mahler reveals the personal expression of his inner world characterized by a sense of loneliness and alienation. His music focuses on the isolated individual attempting to cope with romantic rejection as he struggles between hope and despair, the questions
of death and redemption as well as the grieving process. This symphonic construction and unification reflect the inner and outer patterns of Mahler’s life, while juxtaposing wildly conflicting views. His symphony No.5 is a superb example of an expressionist art movement with progressive emotional states of the grieving process. After the loss of his daughter Maria and his own diagnosis of heart disease involving serious valvular abnormalities, Mahler composed *Das Lied von der Erde* to help him cope with grief, fear and anxiety.

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