

# President's Message

## CHANGE

**WANTED:** Certified clinical perfusionist. Progressive minded physician needs skilled perfusionist capable of taking independent action when necessary. Head own department. Salary commensurate with dedication, reliability, skill and intelligence. Reply Box 1, Journal of Extra-corporeal Technology.

**WANTED:** Pump tech for established open-heart program. Medical and retirement plan paid. Reply Personnel Director, Box 2, Journal of Extra-corporeal Technology.

What do you hear in the above ads? Which of the two above ads fits you as you feel about yourself, now? If you were to respond to these ads, which one of the positions would you most want to get?

It never ceases to amaze me how often physicians, perfusionists, and other seemingly intelligent individuals use the phrase when asked how they perform a specific procedure, "We've always done it this way." Or, "This is the way we've always done it." Or, "Why should we change, this works fine, we only have a 20% mortality rate."

Just the other day in a conversation with an anesthesiologist he informed me that under perfusion of the patient was not really important since they could treat the problem post-operatively with the use of bicarbonate. In addition he stated it was good continual training for he and his staff to see these problems so that when the really bad patients came along they would know how to treat the really bad problems. When it was time to draw another blood gas, in my opinion, the anesthesiologist felt that I shouldn't since if it came up acidotic he would have to give another ampule of bicarb. Did I hear all this right? Did I miss some essential ingredient to the logic of all this?

Are these singular remarks only heard once or twice in a life time. No, I know that they are not, I believe that we are all guilty of sloppy thinking and ultimately of sloppy patient care.

**Change**, is in my opinion, the key word. Without fail, each new oxygenator that I have tried, each new filter, each new piece of equipment, has taught me something new. A new way to look at my system, examine my thoughts, appraise the results. To accomplish that change without untoward results is an achievement that gives satisfaction, and my learning gains new dimension.

Today when there are many many new oxygenators on the market, and so many that work well with a little adaptation, it's amazing how unwilling many of us are to try them. How many of us are running in first gear because that's the way we've always done it. How many of us could be running in third, fourth, or fifth. How much faster would we learn and ultimately arrive at better patient care.

George Bernard Shaw said, "Progress is impossible without change; and those who cannot change their minds cannot change anything." How often have I heard the old saw, "My physician won't let me change." Garbage! Your physician lacks respect for you. He doesn't believe you're capable of adapting. Basically you're a dial turner.

Is perfusion an art? If you think it's only a job and your only interest is in collecting your check, then be sure that you don't look the patient in the eye as he's being induced, be sure that you don't walk by the family on the way out of the hospital. And please, when you walk out don't come back. Maybe the ad should read:

**WANTED:** Drone to turn dials, Open Heart Program. System established 1965 by prominent surgeon. Must be dependable. Reply Assistant Personnel Manager, Box 3, Journal of Extra-corporeal Technology.

Perfusion is an art. Perfusion is a changing art. Perfusion is a continually expanding and developing art.

Is the oxygenator you're presently using the very best? Why? How do you really know? Have you given the others a fair chance. The problem is not the oxygenator, the problem is not the technique imposed by the physician, the problem is you. You're not willing to get up the extra half an hour that it would take to adapt the new oxygenator into your system. You're either scared or lazy.

Tomorrow, order a new oxygenator, sit down and think about what you could do to change your system, what would make it work better. There must be something, there is always something. Think that change out thoroughly and then there is nothing to be frightened of. The adrenalin pumps and it's turned into the thought process, into learning, and when you start learning its fun. Maybe the ad should read:

**WANTED:** Adventurer, explorer, skilled in clinical perfusion. Creative intelligence, investigative spirit, love to teach a must. Patient care of utmost importance. State salary needs, curriculum vitae. Reply:Chief, Thoracic Surgery, Box 4, Journal of Extra-corporeal Technology.