

Interviews with
PAUL A. EBERT M.D.

UCSF SURGERY IN THE POSTWAR YEARS:

UNITING PEDIATRIC CARDIOLOGY
AND CONGENITAL HEART SURGERY



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Interview History

The philosophy early on was “Always palliate the children and try to get them to be at an age when they could be corrected.” And we found that the palliative operation, although life-saving early, also caused a fair number of problems that were very difficult... to take apart, or disassemble at the time of surgery. All the secondary changes in the heart, [for example] the hypertrophy, sometimes the overgrowth of the aorta being so large that valves sometimes would begin to leak because the aorta had outgrown the size of what the valve was. These were very serious conditions of which you rarely could get a total correction later in life... So we thought that if we could obviate the development of these complicating features of congenital heart disease, the early operation... if it could be performed with less mortality than the two operations that a child would have if they were palliated, it was far superior and you’d have probably a better citizen afterwards because they wouldn’t have the complicating factors that went with the two operations. ...time didn’t help most children with congenital heart disease. Although when I was in training, everyone thought the longer you waited the better.

Paul Ebert, M.D.

Dr. Ebert’s midwestern roots bring a new variety of experience to the story of surgery in California. Born in 1932 in Columbus Ohio, he grew up during the Depression and did his undergraduate work at Ohio State, entering medical school there in 1954. He remembers gaining an extremely good clinical education at Ohio, and, with Robert Zollinger as mentor, he decided to go to Johns Hopkins to do his residency. There he worked with famed heart surgeon Alfred Blalock and received training in thoracic, cardiovascular, and general surgery, which were then all parts of the same training program.

After residency he completed three years in the active research program at the National Heart Institute under the direction of Eugene Braunwald, a time he describes as “a very strong experience, all related to either surgery or diagnostic techniques to evaluate the heart.” After four years on the faculty at Duke University Dr. Ebert was recruited as a young Chair of Surgery at Cornell in 1971. There he focused on doing cardiac surgery at New York Hospital, and his reputation as a skilled pediatric cardiac surgeon grew. By this time, he and his wife recognized that “opportunities and mobility were tied together.”

Meanwhile at UCSF, J.E. Dunphy was nearing retirement and a search committee began looking for a successor who would sustain the momentum that had characterized the Dunphy era. When asked to chair this well-regarded surgery department in the Far West, Dr. Ebert accepted and arrived in July of 1975.

At UCSF Dr. Ebert found a well-structured department with many strong division leaders and he immediately began a highly successful collaboration with pediatric cardiologists to move cardiac surgery into the realm of infant surgery. His acquaintance with Abe Rudolph assured him that he would have the cooperation of the pediatric cardiologists, “who have the same beliefs that you do as to what you can do and can’t do.” Backup postoperative systems from anesthesia and pediatrics were fully in place at UCSF, a legacy of the CVRI. Within six months, Dr. Ebert recalls, “we were really very busy and doing an awful lot of infant surgery.” He modestly states that, “I don’t know that we were the best, but we certainly had a standard which an awful lot of people came to watch at that time.” He goes on to describe the large numbers of referrals and the rising status of the residency training program at UCSF; all direct results of the program in congenital heart surgery. In a short time, San Francisco became a world referral center providing expert treatment for children afflicted with rare cardiac defects. For example, UCSF’s service became known for successful treatment of truncus arteriosus, which, although it was a rare defect, brought large numbers of children to be treated at UCSF—nearly one hundred over a period of seven years. Another aspect of the Ebert legacy was the recruitment of Michael Harrison in 1978 to general pediatric surgery, foreshadowing current UCSF links between fetal surgery and the goal of correcting cardiac defects before birth, minimizing further the negative physiological effects of serious heart malformations.

After a decade at UCSF, Dr. Ebert was asked to become director of the American College of Surgeons and in this interview he describes his decision to give up clinical activities and, relatively late in life, accept the challenge of getting “my feet wet in another arena.” He found that the social economic arena was more difficult than surgery because “it’s so slow and there are so many people involved in so much dialogue, you never know whether you’ve made a difference or someone else did it.” Dr. Ebert assumed directorship of the ACS in the mid 1980s, a time when massive changes in the delivery of health care were occurring across the nation. He recalls that California with its heritage of contract medicine and prepaid health care was relatively well acquainted with the demands of managed care, but surgeons in other areas of the country were unfamiliar with even the simplest requirements for writing viable contracts. During the next five years under Ebert’s leadership the ACS launched an extensive educational program in managed care and maintained a strong lobby in Congress for patient-choice.

With his unusual career-combination as focused clinical surgeon/mentor and influential health policy shaper at the national level, Dr. Ebert’s recollections here reveal both a unique perspective on the inside workings of the development of a new surgical specialty and some of fundamental impacts of managed care on surgical practice in the last decade.

Nancy Rockafellar, Ph.D., June 2000

INTERVIEWS WITH PAUL EBERT, M.D.

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