

My Life as a Surgeon:

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Questions:

1. Growing up

I spent my early years in West Philadelphia. My father left my mother and three children with only the mortgage when I was 11. My mother trained as a secretary, went to work, and raised three kids; I miss her dearly. We would not have survived financially without help from my grandfather. I attended the University of Pittsburgh as an undergraduate. Pitt provided a full scholarship - the only opportunity (financially) for me to attend college beyond commuting to school in Philadelphia.



2. Why did you become a doctor?

I was a psychology major/biology minor as an undergraduate. I initially considered pursuing a PhD in psychology as I thought of my future. I came to the decision in my junior year that a psychiatrist would have more career options to pursue than a psychologist. My semesters in junior year suddenly were 19 credits with calculus, organic chemistry, physics, etc. So, I applied to medical school with the plan to become a psychiatrist.

3. Why did you become a surgeon?

It took two hours on my psychiatry rotation as a medical student for me to realize that it was not a good fit for me; remember, that was 1975. We had little understanding of neurotransmitters, no computed tomography, and no MRI at that time. I thoroughly enjoyed every other clinical rotation...but always the sickest patients. For example, the ICU for medicine and neonatology for pediatrics. Surgery attracted me because we generally can eliminate a disease rather than palliating it as with CHF or DM. Also, we are responsible for our patient's care from the front door of the hospital, continuing post-discharge. The beauty of a well-conducted

operation or the reward of a difficult but successful operation remains amazing to me.

4. When did you decide to become a surgeon? Did you have an epiphany? What was it?

I decided to become a surgeon during my surgical rotation as a third year medical student at Pitt. Dr. Richard Bondi, the attending on the University Service at that time, was an inspirational role model. Dr. Bondi was a gifted surgeon with great hands, a terrific bedside manner, and was outstanding teacher. He was humble, down to earth, and a dedicated family man. As his father before him, Dr. Bondi spent his career in private practice as Chief of Surgery at McKeesport Hospital. I have told Dr. Bondi innumerable times that he is the reason that I became a surgeon. He remains a dear friend.

My decision to become a trauma surgeon was a clear epiphany. I was a PGY-1 on call with an excellent PGY-3. As we did in those days (before Presbyterian even thought about becoming a trauma center), the two of us were attempting to provide care for a 22 year old female who had jumped off the Panther Hollow bridge. In 1976, trauma care was provided in a radiology room, which was neither equipped nor illuminated better than it is now. As you would imagine, it was a cluster. I decided then that we could do so much better...I wanted to become a trauma surgeon and be part of the change.

5. Did you develop a clear vision/mission for your surgical career? What was it?

As the residents and fellow know, I think this is so important. My vision/mission: improve trauma care. I had two bold (certainly naïve) major objectives when I began as an attending:



PGY-4. 1981, Fisherman's Wharf, with Elizabeth (2 weeks old) close to my heart

1. Build the best trauma *system* in the country; 2. Do research that would improve/change trauma care and save lives in the future.

6. Who were your mentors? In what way for each?

Drs. David Steed, Marshall Webster, Peter Ferson—each contributed greatly to my surgical training and continued maturation as a junior attending.



1984, the day I passed my surgical boards

Dr G. Tom Shires was a giant in trauma surgery and shock research. My two years as a fellow at New York Hospital/Cornell taught me basic science research and team play in the laboratory environment. The friendships made during those two years have lasted decades. Later in my career - Drs. David Feliciano, C. William Schwab, Michael Rhodes, Timothy Fabian - as advisors, mentors, friends. We have navigated our parallel careers together. To this day, we continue to discuss clinical issues, life issues, and how to run a Division. Dr. Simmons shifted the paradigm in our department. He taught us that research was a team sport and he provided the infrastructure and culture within the department to make us the strongest Department of Surgery in the country. He remains a dear friend and mentor. Dr. Billiar has continued the ascent of our department, with growth of the faculty, the research programs, and our extraordinary residents. As Dr. Billiar mentioned during a recent grand rounds, he is my highly accomplished younger brother.

7. Has your career been as envisioned/expected?

The opportunities, friendships, and building of programs and research endeavors were far beyond anything that I could have remotely conceived. Having that “second important day in my life” when I realized that trauma care was my career purpose was vital.

8. Expected and unexpected challenges

Building the trauma system was challenging. Early years were every other night and every other weekend call. My first partner, Dr. Anthony Udekwu and I were in this together. The program slowly grew with call nights covered by Drs. David Steed,

Michel Makaroun, James Reilly, Anita Courcoulas, Ken Lee, Paul Kispert, and Steve Hughes. Their generous participation in the growth of the trauma program demonstrates the support that our department members will provide for each other. Attaining the critical mass of faculty to complete an autonomous section was a crucial achievement.

9. What has been the biggest challenge in your career?

Work/life harmony, trying to make it all work, and getting the “work” component of life done well while taking care of what is most important - my wife and children. It was not always easy. Also, discovering what I needed to do to clear my head and recharge myself was essential to my well-being.

10. Expected/unexpected rewards in your career?

- a. I now have four families. My first family...I have been blessed with a wonderful partner and four amazing children. None of the good things in my life happen without Deb. Everything that I do is more fun because of her. My second family.... my partners, the fellows, residents, APPs. I knew that I would spend much of my time with them, but never anticipated how close we would become. Truly a family. My third family, and not even imagined....my patients. Your friends become your patients and your patients become your friends. This makes sense for a PCP or family practice physician, but less so for a surgeon with often a single intervention. But I have patients who have now been friends for decades. I have attended weddings, funerals, and visited patients at home along the way. Dr. Wayne Meredith recently taught me about my fourth family - the colleagues we meet when we first start attending scientific meetings. As mentioned above, over the years, they become dear friends and an invaluable source of advice and support. This fourth family includes friends all over the world.
- b. The second unexpected reward was the opportunity to attain leadership positions in major societies. As I started my career, I was simply hoping that I would be accepted into the membership, never imagining where I could go (President of the American Association for the Surgery of

Trauma, President of the Panamerican Trauma Society). With these positions came the opportunity to make real change; for example, the EAST multicenter spleen studies, evolution of Acute Care Surgery, and development of the AAST/ESTES Emergency Surgery Course.



AAST, 2010

- c. My involvement in the Panamerican Trauma Society began as an introduction to a Colombian trauma surgeon at a reception during an American College of Surgeons Clinical Congress (through Dr. Michael Rhodes). My time, friendships, and travel for the Panamerican Trauma Society changed my view of surgery and life in general. I owe Dr. Juan Carlos Puyana so much as my right-hand and guide during these two decades.
- d. The reward of seeing a resident evolve from a talented, unsure PGY-1 to a talented, confident, competent surgeon I am watching conduct a complicated operation, flawlessly. Experiencing the growth of our fellows or junior attendings as they mature from competent to expert or master surgeons.

11. What has been the biggest reward(s) in your career?

Lives saved or made better by the care that we have provided through the trauma system that we developed and the research generated to deliver that care.

12. What would you do differently in your career?

Not much.

13. Of what accomplishment are you most proud/gratified in your career?

The Acute Care Surgery section at Pitt. The most talented, productive, committed, “funnest” group in the country. We are all different; diversity is essential. Our commonality is commitment to our patients and each other and advancing surgical care. This pride extends to our partner hospitals (Children’s, Mercy, Hamot, Altoona, Susquehanna) where wonderful people provide great care....and have become friends as well.

14. What advice do you have for those entering a career in surgery?

- a. Follow your passion in your career and life
- b. Have a vision, your *raison d'être* ---- pursue it.
- c. Cherish your family, partners, residents/fellows, APPs, and patients
- d. Play as hard as you work
- e. Take care of yourself
- f. Find your work-life harmony, learn to adapt and adjust
- g. Listen to understand, not to reply



The Peitzman clan, AAST, 2010