

The Charles C. Reed Memorial Lecture

Alec D. Thorpe (1938-1991)



What Would He Have Me Say? What Would He Have Us Do?

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Mr. President, fellow members of The American Academy of Cardiovascular Perfusion, fellow perfusionists, ladies and gentlemen. The Charles C. Reed Memorial Lecture is presented each year by invited clinical perfusionists from around the world. Traditionally, it has been a time set aside to discover the common threads that have served and continue to serve to bind us together as a world community. This lecture, therefore, has been a communal response that has served to explore our common heritage and has caused us to reflect on and to appreciate our unique specialty. As a member of both the American Academy of Cardiovascular Perfusion (AACP) and the Canadian Society of Clinical Perfusion (CSCP), and as your friend and colleague, I am honored to have been asked to deliver this prestigious lecture to you today. In doing so, it is my hope that you will allow me to travel a different path than my predecessors might have and direct this presentation toward a specific focus. I would wish this lecture to serve as a reminder to us of the importance of individual and collective friendships as I attempt to explore not only what I believe Alec Thorpe would want me to say, but as importantly, on what he would have us do.

As I look around this meeting room this morning, I see the faces of Canadian and American perfusionists alike who have shared in the formative years of clinical perfusion and who continue to be instrumental in the ongoing development of perfusion throughout our two countries. Your individual commitment is recognized as you continue to strengthen our profession and provide the resolve for others to follow. Where would this profession be without your continued involvement? In the same light, we also recognize that this ongoing involvement is being shared by the younger dedicated perfusionists also present in this meeting room. Mr. President, you are one of these people of whom I speak. You represent the impetus that continues to carry us forward in our organized attempt to both maintain and to sustain that special commitment that is so necessary to the continued growth of our profession. We, therefore, recognize that our working together should serve to establish friendships that have the potential to share this burden of responsibility as we continue our individual and collective professional journeys.

Like any journey in life, in ones professional career, one cannot say with certainty what will lie ahead. We can, however, gain considerable strength in the knowledge that your colleagues and friends have the ability to influence, support and share in the contribution that you will make throughout your professional career. Acknowledgement by your peer is a form of friendship that demonstrates communal respect. Acknowledgement can be a smile or a simple handshake or it can be more formally represented and remembered in presentations such as this memorial lecture. Whatever the occasion, be assured that peer recognition and acknowledgement would have had its humble beginnings in the development of a friendship. None of us have initiated our careers with the intent that our individual professional journey would ever be acknowledged. Your individual dedication and personal commitment are, however, the seeds from which memorial lectures can be born. Such is the case this morning in our remembering another clinical perfusionist and colleague, Alec Thorpe. He made a difference to our profession and his friendship to me and others in this room today

made a distinct contribution in our journey as professionals. Friendship is, therefore, an expression and a reflection of yourself and an ongoing tribute to those ideals that are concentric to our profession. This morning Alec Thorpe, and others whom you have known and who are no longer with us, would want me to acknowledge your collective and individual contributions to perfusion as you continue on your journey. They would want me to remind you that friendship should not be taken for granted and can serve as a building block to professional happiness.

The idea to dedicate this memorial lecture to Alec Thorpe originated in the minds of several of our American colleagues who are present in this room today. In doing so, your remembrance of Alec demonstrates a genuine desire of the continued global interest of the AACP in remembering, not only the perfusion community at large, but also individuals who once shared our everyday concerns and continuous desire to provide excellence in patient care.

Alec Thorpe was the product of an earlier generation of perfusionist. Similar to others in this room today, Alec Thorpe participated in those formative years of clinical perfusion and was involved in that communal effort that formed the backbone of our profession. Born in Coventry, England, in 1938, Alec lost both his parents at a young age in the German Blitz on Coventry. After graduation from high school, he trained and worked as an operating room technician for five years before beginning his “on the job training” as a heart-lung technician at the King Edward VII Memorial Chest Hospital, in Warwick, England where he graduated in 1963. During the years 1960 to 1963, Alec was involved in many significant research and clinical projects, such as the development of the Melrose Infant Oxygenator and the use of the Cape and Heaton Kidney Coil, a prelude to future membrane oxygenators. In 1965, Alec immigrated to Canada and worked as the Chief Perfusionist at the Ottawa Civic Hospital, now the Ottawa Heart Institute. After several years of clinical perfusion experience at Ottawa Civic Hospital, Alec decided to wear a different hat for awhile and in 1973 he became involved in the marketing and sales of perfusion and pacemaker equipment with Medtronic of Canada, Limited. In reflection, Alec’s venture into the manufacturing segment of perfusion and pacemaker technology would allow him to travel and observe first hand the many clinical scenarios related to both these technologies. This exposure would also play a role in his realization that his acquired knowledge could be put to better use. In 1975, Alec would make his final move in his professional career and move to Sudbury, Ontario, where he was able to garner his feelings and direct his persuasive administrative skills toward the establishment of the cardiac centre at the Sudbury Memorial hospital. Alec finally found a place where he could constructively exercise his considerable talents. He found a community that needed his unique professional expertise in perfusion and pacemaker technology. To Alec Thorpe, it would become his home. His personal and professional life would now change in ways he would never have imagined. He would find his balance. He would find that inner piece and sense of purpose. He finally belonged. There would be no meeting that he would go to and no presentation that he would give without you knowing where he was from. The picture of Sudbury Memorial Hospital was a prerequisite to his presentations followed by the slightly amusing insistence that the Sudbury Science Centre was, of course, his home. That particular brand of persuasive humor was quickly followed by the words, “now, let’s get serious”.

As I recall Alec’s life today, I know that he would probably take exception to my calculated intrusion into the real personality of a man that had become my close friend and confidant. Alec Thorpe was not an easy person to get to know. He was both poignant and stalwart in his individual and professional point of view. In the Thomas G. Wharton Memorial Lecture of last year entitled, “Life Hangs In The Balance”, I was particularly struck with the quote of Richard Berryessa, who stated and I quote: “Unless we are certain what is important to us and have the discipline to say “no” to that which is not important, we will waste the few precious years we have on earth”. At the Sudbury Memorial Hospital, Alec had found that “balance” that I believe was missing from his earlier career. Alec would no longer insulated his inner most thoughts from everyone’s view and he began to share his collective knowledge. With his personal and professional life now in focus, Alec would become directly involved in the teaching of medical and nursing personnel and would continue to demonstrate leadership for the good of others. For his singular effort, he would be suitably rewarded.

Alec Thorpe had a profound sense of pride in our profession and a verbal eloquence in defending those principles that he felt were so indispensable. During the evenings that would follow a perfusion meeting and in a moment of candour with a drink of scotch in hand, Alec Thorpe would mellow out and become reflective. When asked his opinion, he could be both eloquent and yet controversial in sharing his personal point of view. Whatever his response, he had the inherent ability to see beyond the question and analyze both its intent and the person asking the question. Should a question be asked out of malice or indifference, it was dealt with in an expedient fashion as was the person who asked it. Questions born of genuine concern would invoke a kinder more gentle response. Alec did not seek conflict but he would not always ignore it either. He was simply honored and proud to be a perfusionist and he wore his professional pride up front and in your face.

There are those present here today who shared in those formative years of clinical perfusion and who can appreciate the many personalities that were to involve and help in the initial building of our perfusion societies throughout the world. In today’s reality of mergers, consolidation, downsizing and close administrative scrutiny, I sometimes wonder what people like Alec Thorpe and Charlie Reed would have us do to accommodate these changes. To be sure, the

confines of the operating room would be considered out of bounds to nonessential personal and attempts by bean counters, purchasing agents and manufacturers to involve themselves in our everyday clinical reality would not be tolerated. For some of us present today that particular brand of persuasive influence would still be considered to be interference. In today's world of decreased tolerance and increased financial pressures, we should remind ourselves of the persuasive, constructive and valued role that a professional friend can play in sharing our day to day career. Friendship can strengthen and influence our lives. It is a gift that we give freely to one another. Friendship can be defined and demonstrated in many ways. One way that you might define a friend is by those qualities that are sought in a friend, such as commitment, self-disclosure, trust, honesty and commonality and it expects these qualities in return. Another way to define a friend is to say it is someone who is there if you are in need. Friendship has a life of its own and can be as personal as one's fingerprint. It causes us to search our minds and souls and allows us the freedom to express our feelings without being judged. Friendship will cause us to support each other, console each other, yes, even to contrast each other, but as importantly, friendship will cause us to mirror each other and to preserve and acknowledge our existence. Friendship is your personal expression of kindness and thoughtfulness. It is a special kind of acknowledgement. Its reward is itself. In this communal spirit of remembrance, I hope that this Charles Reed Memorial Lecture will invoke that communal and individual response that we call friendship. In doing so, we not only remember individuals who are no longer with us but as importantly, we remember those who are with us today. I would wish this lecture to reflect not only on what Alec Thorpe would want me to say, but more importantly, on what he would have us do.

Why do we take the time to remember friends and colleagues who are no longer with us? Our reaction to the loss of a friend and colleague is individual and personal. As a professional society, we set time aside with increased frequency to remember a friend and colleague that we have lost. We observe a moment of silence. A moment of silence to demonstrate respect and to reflect on the individual and perhaps on our personal association with the person. That moment of silence can feel like an eternity. We now realize that silence, with its absence of words, can be more eloquent than words themselves. Take the time to appreciate the uniqueness of our chosen profession and to share in its journey. Take the time to seek out a new colleague and initiate a friendship. Smile that smile, shake that hand, let us offer support to one another. The attempt at friendship does not always get a receptive response but when offered freely and without constraint, it is a fundamental gift of human kindness that will serve to enrich your life. As individuals in this communal society, we should tap this limitless resource. When the time does come to commemorate that friendship by a moment of observed silence you would then feel comforted by the knowledge that the loss of a fellow perfusionist did somehow make a difference in your life. The ability to know that you took the time to be a friend is of mutual benefit and is concentric to the professional growth of our profession.

On June 2, 1989, Laurentian University, in Sudbury, Ontario, presented Alec Thorpe with an honorary doctorate degree for his quote, "significant and meritorious contribution to medicine and to people of Northern Ontario, as his singular effort are credited with playing a key role in establishing in Sudbury one of the finest cardiac units in the country". This individual named Alec Thorpe had journeyed along way from his initial beginnings as a Heart Lung Technologist in Britain to his finally establishing his roots as a clinical perfusionist in Sudbury, Ontario. In accepting his honorary degree, Alec addressed the convocation in a reflective and humble mood. His convocation address to the graduating body centered on their giving back to society what society had given them. He spoke of the responsibility in one's journey through life and the importance of sharing knowledge to the benefit of others. He then asked, in typical Thorpe style, that the entire graduating body stand up and, turning to face their families and friends, he then instructed them to thank their families for the gift of a formal education. In accepting his honorary degree, Alec made a point of sharing this singular acknowledgement that day with his perfusion community at large and with his several close friends that attended. Sharing in his honorary degree was his personal expression of friendship.

If friendship is indeed a shared experience, please allow me to share with you, my friends, this moment in time that Alec and I had to share. It may serve as a true expression of our friendship toward one another. In October 1990, Alec Thorpe and I attended the Canadian Society of Clinical Perfusion Annual Meeting, in Halifax, Nova Scotia. It would be our last meeting together. During the evening of the first day, Alec complained about back pain when returning to our hotel to get ready for the annual banquet. He soon called me to his room and his pain was very apparent. After awhile, the pain appeared to subside and Alec began to feel more comfortable. Alec insisted that my wife and I should go to the banquet without him and that I would call him on our return. When I returned that evening I called him to see how he was. He said that he had just returned from the local hospital and now had medication to control the pain. He insisted that he was feeling better and we decided to touch base in the early morning. Early that morning, Alec called me to his room and presented me with a chest x-ray that had been taken during his hospital visit in the early morning hours. Placing the x-ray into the early morning sunshine, my close inspection revealed the ugly truth that was Alec's reality. I was in complete denial. Alec was not. His situation was indeed serious. There was that shared silence again. The silence that followed, with its absence of words, still echoes in my mind today. Words were not necessary. In typical Thorpe fashion, Alec swore me to secrecy and insisted that I not tell anyone about his illness should it distract peoples' attention from the

meeting. At Alec's insistence, we finally agreed that I should carry on and give my presentation that morning. We would then meet to discuss the next step to take. When I returned to the hotel that morning, Alec had left me a note and had returned to Sudbury to be with his wife Betty. He had returned to that special place he called home. Four months later, his journey through life would end. On February 28, 1991, at the age of 53 years, Alec Thorpe passed away in Sudbury, Ontario. Several hours before he died, Alec spoke to me about continuing his journey. The word "goodbye" would never be said but Alec did ask me if I would, and I quote, "mind the store for him". On the long drive home to London I reflected on the years of friendship that Alec and I had shared. It was then that I realized that our friendship was immortal. It could never die. I promised his wife Betty that I would never go to a meeting without mentioning the name Alec Thorpe. The Canadian Society of Clinical Perfusionist have honored Alec's memory by the yearly presentation of the Alec Thorpe Academic Achievement Award. This award is given to the graduate student who has attained the highest academic mark in the Canadian certification examinations. Your acknowledgement of Alec Thorpe today, could not be as easily imagined. The simple words "thank you" will have to suffice. Present in this room this morning, representing the perfusion team at Sudbury Memorial Hospital, is Renauld Carrier, the perfusionist who assumed the role as Chief Perfusionist after Alec Thorpe's death. Renauld, Alec would want me to recognize you and your perfusion team at the Sudbury Memorial Hospital and to say thank you for 'minding the store'.

As a communal body, let each of us share in "minding the store" for those friends and colleagues who are still with us today. Let us never have to say the words "if only" when we next observe a moment of silence for a friend and colleague. At the conclusion of this meeting each of us will return home to our operating rooms to continue in our individual roles as clinical perfusionist. This meeting would have strengthened our clinical knowledge and clinical scenarios would surely have presented themselves that would enable us to apply our newly acquired knowledge. As importantly, perhaps you will take the time to reflect on your professional journey through life. If you have not done so already, you will soon realize that success in your career is based on relationship building, and nothing builds a trusting relationship faster than the elusive and magical relationship known as friendship. As Montaigne wrote in his remembering the death of his best friend, he said and I quote: "there is no action or thought in which I do not miss him, as indeed he would have missed me. For just as he surpassed me in every other ability and virtue, so he did in his duty of friendship". With much respect, I thank you very much for allowing me this calculated intrusion into your professional journey.

As far as what Alec Thorpe would want me to say, hopefully, this Charles C. Reed Memorial lecture has allowed Alec to say it. What would Alec Thorpe have us do? Again, hopefully, in sharing our professional journeys through friendship, we can all continue to answer Alec Thorpe's question.

I would like to dedicate this lecture to all my perfusion colleagues. Friendship may be viewed as a limited resource. If this is true, to respond in kind will result in rewards that are considerable. To do otherwise is to never have realized this reflection of yourself to have existed.