In memoriam: Robert B. Wallace, MD (1931-2022)

Joseph A. Dearani, MD

Robert Bruce Wallace, MD, passed away at his home in Alexandria, Virginia, on August 23, 2022, surrounded by family. He was born on April 12, 1931, in Washington DC, one of three boys. His father worked as a milk deliveryman and his mother as a government clerk, and both were committed to seeing their sons educated. During his early school years, he worked as a paperboy, a farm hand, dairyman, camp counselor, and was a paid soloist in the church choir. He went to high school on scholarship at St Peters Episcopal School for boys in Peekskill, New York. He was an honor roll student and was on the varsity baseball, boxing, and football teams. He was cocaptain of the football team in his junior and senior years. Following his senior year, he had tryouts with the Washington Senators and New York Giants baseball teams. Instead of pursuing professional sports, he attended Columbia College in New York on scholarship as a Leopold Schepp Foundation Scholar. During college, he was on the varsity football team for 3 years and a member of Sigma Chi fraternity and The Sachem Society, a senior honorary society.

Following college graduation in 1953, he entered the College of Physicians and Surgeons of Columbia University and received his MD degree in 1957. He married between his second and third year of medical school to Betty Jean Newel, who worked at the Rockefeller Foundation and was a major factor in his completing medical school. He did a surgical residency at St Vincent’s Hospital in New York and then cardiothoracic surgery at Baylor College of Medicine in Houston, Texas, under Drs Michael DeBakey and Denton Cooley. While at Baylor, he met Dr John Kirklin, who had started the heart surgery program at the Mayo Clinic in Rochester, Minnesota. Dr Kirklin invited Dr Wallace to spend a year working with him before his planned return to New York to begin a cardiac surgical practice. His 1-year fellowship in 1963 with Dr Kirklin was life-changing. He viewed Dr Kirklin as the ultimate teacher and mentor. Dr Kirklin invited him to join the Mayo Clinic faculty, where his interest and expertise focused on surgery for both congenital and acquired heart defects. In 1968, 1 year following Dr Kirklin’s departure to Alabama, Dr Wallace was named Chairman and Professor of the Department of Surgery at the young age of 37 years old.

Dr Wallace said on numerous occasions that his Mayo Clinic years were the best of his career. Cardiac surgery during that time was a rapidly developing field, with the introduction of new operations and challenges. There were many disappointments in this earliest era of cardiac surgery, as surgical mortality was high but was the only alternative. With experience and improved diagnostic modalities, results improved to a gratifying level. Although clinical activities were his greatest interest, he also enjoyed teaching inside and outside of the operating room—medical students, general surgery residents, and cardiothoracic surgery fellows. He was also active in administration as Chairman of Surgery and was a member of Mayo Clinic’s Board of Governors and Board of Trustees.

In January, 1980 he moved back to his hometown of Washington, DC, as Professor and Chairman of Surgery at Georgetown University School of Medicine. Leaving the Mayo Clinic was a difficult decision, but Georgetown represented a new set of challenges and the opportunity to unite with family. He believed strongly in the Mayo Clinic Model of Care, which centered on an integrated approach to diagnosis and treatment, a true salaried system without financial incentives that promoted collegiality and collaboration, and was criticized for trying to make Georgetown like the Mayo Clinic. Although there was some integration of clinical practice, it was not to the degree that he had hoped, and his only regret was that he was not more effective at replicating the Mayo brand of health care. However, he was...
successful at building a strong cardiac surgery program in the Washington, DC, area following the important contributions of his recognized predecessor, Dr Charles Hufnagel, established a premier general surgical residency, and a prestigious surgical research program. He achieved elite recruits in all surgical subspecialties within the Department of Surgery. Throughout his career, he was passionate and devoted to medical student and resident education and he inspired many to pursue a career in surgery—all specialties in surgery, not just cardiothoracic.

He had decided in mid-career that he would retire at the age of 65 years. It was his observation that at about that age some surgeons experienced a decline in their technical skills; some of whom did not recognize it, and he did not want to be in that group. Upon retirement in 1996, he was fortunate to remain involved in other professional activities that included President of the Thoracic Surgery Foundation for Research and Education. During that tenure, Dr Eugene Braunwald endowed the Nina Braunwald Scholarship in honor of his wife, Dr Nina Braunwald, an outstanding cardiac surgeon and the first woman certified by the American Board of Thoracic Surgery. He also had the opportunity to assist a former patient in developing the LeDucq Foundation, one of the largest private foundations supporting cardiovascular and neurovascular research in the world. In 1999, he became President and Chair of the LeDucq Foundation Scientific Advisory Committee; this is one of his least-known and one of his most important and proudest accomplishments.

Of all his accolades, the ones he valued most were the Robert B. Wallace Society, which was established by his former residents (1991), and his most esteemed was his election to President of the American Association for Thoracic Surgery (AATS). His AATS Presidential Address (given at the 75th Annual Meeting of the AATS, in Boston, 1995) was titled “Reflections–Projections,” and it emphasized the importance of data analysis to improve quality of care and elimination of excess in the health care system to promote financial responsibility. He was an author or coauthor of more than 250 manuscripts or book chapters on vascular and cardiac surgery and had written on many topics covering congenital heart disease, valvular heart disease, coronary disease, and many more. Importantly, he was admired and respected by his peers for his academic and intellectual honesty—a surgeon anywhere would take what he said or what he’d written at face value and never question it. His experience was unmatched, and everyone simply believed and deferred to him when a difficult situation was encountered.

With the passage of time, his professional activities diminished and were replaced with new and different pursuits, such as tutoring and mentoring underprivileged inner-city middle school students in Washington, DC, and serving on the Board of The Cathedral Choral Society. He continued singing in the church choir, developed an average senior golf status, and pursued a hobby of carving and painting decorative bird decoys; a gifted one to me sits on my desk to this day.

On a personal note, I had the privilege of knowing Dr Wallace for 40 years. He had a major impact on my life and was the reason I chose a career in cardiothoracic surgery. He was a master surgeon, intellectually and technically, but more importantly, he was a great gentleman. He epitomized all of what a surgeon is supposed to be—bold, patient-centric, critical thinker, innovative, empathetic, and having a “never-give-up” attitude. He was dedicated to continuous improvement in the quality of surgical care and saw each patient as an individual person and all patients as a collective source of information that could improve care for tomorrow’s patient.

There are many things about his distinguished career that are not apparent on his curriculum vitae. Much of the roots of congenital heart surgery originated at the Mayo Clinic in the 1950s, 60s, and 70s. In that early era, operative mortality rates were high, exceeding 25% for some lesions. It was not all sunshine and roses, and the emotional wear and tear on the surgeon was real. Over the next 2 decades, operative mortality rates were reduced to the <5% range. Drs John Kirklin, Dwight McGoon (the surgeon and role model he most admired), Gordon Danielson, and Robert Wallace were among the first to begin the repair of intracardiac defects. Dr Wallace was very connected to the international surgical community, and he operated on patients from around the world and was a mentor to hundreds of residents and fellows who came to Mayo for additional training. Some of the very first operations for a particular congenital heart defect were done at Mayo Clinic. In 1968, Dr Wallace was the first surgeon to perform the Rastelli procedure to correct transposition of the great arteries with ventricular septal defect and pulmonary stenosis. His efforts and those of his colleagues paved the way for my generation, quite a contribution and accomplishment, and a testament of his character to persevere and endure through the many disappointments of that early time period. His last surgical hire prior to his departure from Mayo Clinic in 1980 was Dr Hartzell Schaff, a gifted surgeon from Johns Hopkins, who also went on to become AATS President in 2013.

Dr Wallace had a strong personality, and he exuded unparalleled confidence. He was a clear and direct communicator. He was objective, fair, and never jumped to conclusions without listening to all sides of the story. His intensity and focus in the operating room were brilliant, demanding, and at times, intimidating; those that couldn’t take it moved on, whereas others thrived at another opportunity to scrub with him. His famous one-liners included: “don’t be sorry, be competent,” and “there is no room for mediocrity in
surgery.” The words of William Mayo, “the best interest of the patient is the only interest to be considered” was Dr Wallace’s mantra… and it rubbed off on every colleague and resident at Georgetown. He always provided hope in difficult circumstances and was compassionate and understanding with a grieving family when things did not work out. If there was a death in the middle of the night, he would come to the hospital in a suit and tie and spend as much time as was needed to clarify any issues and console the grieving family.

The general surgery residents ran the cardiac service, which provided an incomparable experience for every resident whether they were destined for a career in cardiothoracic surgery, general surgery or any other specialty for that matter. The on-call schedule was demanding—in house every-other-night—every-other-weekend. While on the cardiac surgery service, you were either in the operating room or the intensive care unit, nowhere else, and food was brought to the intensive care unit for the in-house resident. He strongly believed that the best way to learn medicine and surgery was by being with patients and by being in the hospital. That was how we learned and every Georgetown surgery resident cherished those moments—and the product at the end of residency was unmatched. He was concerned that the implementation of the 80-hour work would have a negative impact on surgical training, a specialty that demands focus, performance under pressure, and judgment that cannot be effectively reproduced outside of the hospital. He also had a remarkable way of recognizing the “best fit” for each finishing resident for either an attending job or additional fellowship training. And many, if not most of his residents went on to assume leadership positions at their respective institution or their respective professional surgical society.

Beyond his professional career, he would comment frequently about his family, and you could always count on a smile when asking him about his wife Betty (of 67 years) or any of his 3 children. He had said on many occasions, “Betty is a remarkable woman who accepted the vicissitudes of a cardiac surgical career, which takes a great deal of understanding and commitment,” and “I could have never done it without Betty.” He was also exceptionally proud of his 3 children, Rob, Anne Sprague, and Barb Schwartz, and his grandchildren, Tyler, Kate, Charlie, Ellie, Maggie and Jack, and brothers William (Sallie) and Hank (Carol), many cousins, nieces, and nephews that he spent much time with during his retirement years.

Dr Wallace was a leader by example, a surgeon’s surgeon, and the consummate teacher, mentor, and role model. He was a professional in every sense of the word, and his impact on me and so many others was immeasurable. As Theodore Roosevelt said, “Far and away the best prize that life offers is the chance to work hard at work worth doing.” It was evident to everyone around him that his uncompromising work ethic for his patients, his trainees, and his colleagues, was indeed, work worth doing. He had insisted that I (and all of his trainees) call him Bob after residency was finished, but I could never come around to doing so. He was and always will be Dr Wallace to me.

Reference