by **Sarah Zobel** | photographs by **Raj Chawla**

TAKEN TO HEART

FOR MORE THAN THREE DECADES, FRANK ITTLEMAN, M.D., HAS OFFERED THE GIFT OF COMPASSION AND SURGICAL SKILLS TO HIS PATIENTS. AND THEY IN TURN HAVE GIVEN HIM SOMETHING JUST AS VALUABLE.

Professor of Surgery Frank Ittleman, M.D., center, makes a point to resident David Greenhouse, M.D., at left, and medical student Nishan Bingham '16, right, in an operating room at Fletcher Allen Health Care.

In the L-shaped desk in his cozy office on the fourth floor of the Fletcher Building at Fletcher Allen Health Care, Frank Ittleman, M.D., slowly opens a drawer. It's intended for hanging files, so it's sizeable, but it's still not large enough to contain its contents. Envelopes of many colors spill onto the floor beneath the desk, and Ittleman laughs, with a hint of embarrassment.

The drawer is filled with thank-you cards and letters from patients on whom Ittleman has operated over the course of the last 30-plus years. Division chief of cardiothoracic surgery at Fletcher Allen, professor of surgery in the College of Medicine, and medical director for cardiovascular services at CVPH in Plattsburgh, he's kept every note he's ever received.

"When things get tough, I think about some of those letters and people," he says, picking one up at random. "We're coming up to our 22nd anniversary," he reads, smiling wistfully, and then interrupts himself. "The support they give is important," he says. "you do this profession for many other reasons than being able to earn a living. It's that gratitude from the patients — just a simple 'thank you' — that's enough for me."

"He's smart, and he's humble," says John Rao, a Burlington restaurateur who underwent a triple bypass at Ittleman's hands nearly a decade ago. He was surprised to find that Ittleman was "just a regular guy. He was calming and easy," and kept careful tabs on Rao while he was in recovery. Rao's next-door neighbor, an emergency room surgeon, once said to Rao of the right-handed Ittleman, "I would let him operate on me with his left hand." It's an oft-repeated sentiment.

"The highest accolade I, as a surgeon, can give to another surgeon is I would be very, very comfortable allowing him to operate on me or any member of my family," says Martin Koplewitz, M.D.'52, associate professor of surgery emeritus, of Ittleman. The two men have known each other since Ittleman arrived in 1972 as an intern at what was then the Medical Center Hospital of Vermont. "It was obvious to me that this was a special person right off," says Koplewitz. "Technically, he was excellent, and for an intern, he was head and shoulders above anyone I had seen or worked with at that level. He was much more helpful as an assistant than most interns because he was so perceptive — he was observant and he was careful."

Recently, Ittleman received a particularly substantial thank you, in the form of an anonymous $1 million gift to the College of Medicine and Fletcher Allen in his name. The donor was a former patient who had a close friend who also had been operated on by Ittleman. The gift, inspired in part by a challenge grant from the Fletcher Allen and College of Medicine Cardiovascular Angel Club, came as a surprise to its self-effacing honoree.

"It could have been anybody," says Ittleman, waving off any suggestion that his work merits special recognition. "I believe that life is a series of moments, of chances, of opportunities." Nonetheless, he was "greatly honored" by the recognition.

The funds weren't earmarked, and Ittleman was asked to direct the gift. Putting aside the Catholic guilt he'd inherited from his Irish mother

Above, the file drawer in the office desk of Professor of Surgery Frank Ittleman, M.D., is literally filled top to bottom with thank-you notes from grateful patients who have written him over the course of many years of practice. He returns handwritten replies. Below, a still life from the office of a committed cardiovascular surgeon whose heart remains in Yankee Stadium.

("Do I deserve my name being on this gift?"), Ittleman decided to put it into a professorship, with an eye toward perpetuity. In October the surgery faculty contributed another $1 million toward the ultimate goal of making the professorship a fully endowed chair.

"Having an endowed chair in cardiac surgery is a sign of vitality, of robustness, of a potential for growth and that we have our sights on the future," he says. "If you can leave something that will help sustain this institution through good times but — more importantly — through bad times, then they have done a tremendous service," he says of the donor. "My name, no name — it's an important legacy." The modesty does not sound forced.

■

Medicine has been a part of Ittleman's life from the very beginning. His father was a mid-century general practitioner whose office in their home in Great Neck, N.Y., on Long Island, was lined with dark wood cabinets and housed an x-ray machine. As was customary at the time, he also made house calls, tools stashed in his classic black leather bag, and while he was out, the teenaged Ittleman would often bring friends over to admire the cat's skull and a fetus in formaldehyde his father kept on glass shelves. "Let's go see the baby in the bottle!" they'd reportedly say, and Ittleman felt "like the prince because I could show them all these little secrets." He knew, even then, that he would be a doctor too, though he didn't think he had the wherewithal to be a "real" doctor like his father.

At Dartmouth College, however, Ittleman chose to major in English and took an admittedly laissez-faire approach to academics. Fortunately, he had the foresight to squeeze in pre-med courses. He got into medical school, he says, "by the skin of my teeth," and followed in his father's footsteps to the University of Cincinnati College of Medicine, where he worked diligently to get back on track.

When it came time to match for his residency, Ittleman looked to return to New England, noting on his UVM application that he was a "diamond in the rough." He arrived in Burlington in 1972 as a "very green" intern and completed a rotation with Laurence Coffin, M.D., then head of cardiac surgery, and his colleague, James Demeules, M.D. He was instantly enamored of the men and their specialty. The two, in turn, took the new doctor under their collective wing.

Ittleman describes Drs. Coffin and Demeules as the "perfect yin and yang" of resident training. "They really showed me the two sides of what it takes to be a surgeon," he says. Coffin was a meticulous and detailed planner, while Demeules move more instinctively, exploring hunches and finding new ways to improve. Together, they had a huge influence on Ittleman's residency years at UVM and the then Medical Center Hospital of Vermont.

Telling him there was a "big, bad world of cardiac surgeons who were going to tear [him] apart," Ittleman's mentors sent him off to start a fellowship with the surgeon who, years before, had mentored both of them: Jay Ankeney, M.D., at Case Western Reserve in Cleveland. This stage of training at an institution much larger than any he'd experienced before proved something of a shock to Ittleman. After two years he was asked to join the staff, but hesitated. At an institution the size of Case he felt insignificant, and he bemoaned the fact that no one seemed to care where he was from or what he was like, only that he do the job right every time.

A well-timed letter from Louise Hamill, then director of UVM's residency program, offered a blanket apology and a kick in the pants: "We baby you guys — you in particular — and we probably took away something we shouldn't have," Hamill wrote. "We took away your resilience and made you think you might be invulnerable." It was, says Ittleman, the best advice he could get at that moment, and he went to work the next day convinced anew that he was fully capable of doing the job well. He spent another year in Cleveland before being invited to return to UVM to take the place of the ailing Demeules. He admits he dithered so long over arriving at an answer that Ankeney finally called a meeting to ask point-blank whether he was staying in Cleveland or leaving. Only then did Ittleman realize how much he wanted to return to Vermont, where he knew there was the potential for him to be a "man among equals" and help the cardiothoracic program grow.

Daniel Raabe, Jr., M.D., a cardiologist now practicing at Porter Medical Center but a Fletcher Allen staff member until 2008, says that before Ittleman arrived, cardiac patients were routinely being sent to Boston and New York — and sometimes even to a specialist of last resort in Milwaukee. But within six months of Ittleman's arrival they were able to stop sending patients away since it "became obvious he could handle them." Today Raabe routinely refers his own patients to Ittleman.

> IT WAS OBVIOUS TO ME THAT THIS WAS A SPECIAL PERSON RIGHT OFF.... HE WAS MUCH MORE HELPFUL THAN MOST INTERNS BECAUSE HE WAS SO PERCEPTIVE — HE WAS OBSERVANT AND HE WAS CAREFUL.
>
> — **Martin Koplewitz, M.D.'52,** Associate Professor of Surgery Emeritus

■

At the Medical Center Hospital, Ittleman met his future wife, Elaine, in the ICU, where she was a nurse. She later took time off to raise the couple's three children, Kate (UVM'06), Ben, and Patrick (UVM'12). Though none of them are

surgeons — yet — Kate has a master's in public health and Ben is currently in medical school; Patrick is developing an acting career. Elaine recently renewed her nursing license and found work in labor and delivery after recognizing that her husband was not planning to retire anytime soon. For his part, Ittleman, who has conducted somewhere in the range of 8,000–9,000 open heart procedures, thinks that hitting the 10,000 mark would make a nice swan song.

That might take a while, since the pace of surgery has changed: whereas once a day's work would allow time to conduct two or three procedures, now he's more likely to undertake only one, occasionally two. That's partly because the face of the practice has changed — Ittleman says his early career coincided with the huge increase in the numbers of cardiac surgeries taking place as newly developed procedures allowed more and more heart conditions to be surgically corrected. This kept him extraordinarily busy. Today's surgical caseload includes more time-consuming hybrid procedures between cardiology and cardiothoracic surgery. One such example is the transcatheter aortic valve replacement program, in which the aortic valve is replaced through a catheter-based procedure, with cardiologist and surgeon working "elbow to elbow," explains Ittleman's colleague, cardiologist William Hopkins, M.D. Although the hybrid approaches are a small but growing percentage of the roughly 2,000-plus combined annual percutaneous coronary interventions and open-heart surgeries performed by Fletcher Allen's cardiology and cardiothoracic surgery divisions, says Hopkins, they're being done on very sick patients who are at greatest risk of complications, and call for exceptional levels of cooperation on both sides.

In all surgeries, Ittleman says, the key is good decision making, adding that often the most important question is posed before surgery: whether to forgo it if the benefits don't outweigh the risks.

"The quality of survival is what we have to be in tune with," he says. "Do the benefits outweigh the risks for the patient. The older I get, the more I'd like to think I show good judgment. I'm swayed by patients, families, circumstances. That's part of the physician's life. You can't base everything on science; everything is not black and white — much of what we do is gray. The only true answer is retrospection."

One of Ittleman's three division colleagues, Mitchell Norotsky, M.D.'89, sees that routinely.

"Frank is an extremely compassionate health-care provider," he says. "He is determined to get his patients a good outcome, and he can be incredibly honest and hard on himself."

■

To Ittleman, surgery is artistry, with an operation "a canvas or a piece of clay or marble. You start with an idea and you go through the steps, and when your composition is done, you have to stand by it," he says. "When you finish, that patient has your imprint. That's your creation, and you hope it works. But it doesn't always. And there's sadness and frustration, exhilaration and all the things that go with something that you are intimately and passionately involved in."

Ittleman is careful to express respect for the sanctity of the human heart, observing that regardless of their degree of medical knowledge, people "look at their heart as being a very spiritual and vital structure." He recalls a late-night surgery with Demeules during which talk turned to the idea of the human soul.

"He was hell-bent on getting an answer to where the soul lives," says Ittleman, admitting he didn't have one. "But I was pretty convinced that it might be in that left ventricle — that well-protected, thick-walled, constantly pumping chamber."

Considering cardiac surgery, he says, brings doctor and patient to a unique level of intimacy. Some of his patients have even sought him out much later to discuss issues that are seemingly unrelated to cardiac health, asking his advice on broad-ranging mental health questions and even marital and parenting concerns. And as a one-time cardiology patient himself, Ittleman recognizes the vulnerability that comes with the territory. *[Ed. note: See Dr. Ittleman's essay that deals with this event on page 25.]*

Having the privilege of working on a patient's most vital organ can open a special relationship between the surgeon and patient. "It makes you more amenable to listening and talking and being truthful and facing things," he says. "It's an

> I'M SWAYED BY PATIENTS, FAMILIES, CIRCUMSTANCES. THAT'S PART OF THE PHYSICIAN'S LIFE. YOU CAN'T BASE EVERYTHING ON SCIENCE; EVERYTHING IS NOT BLACK AND WHITE — MUCH OF WHAT WE DO IS GRAY. THE ONLY TRUE ANSWER IS RETROSPECTION.
>
> **— Frank Ittleman, M.D.**
> Professor of Surgery

Frank Ittleman, M.D., on morning rounds at Fletcher Allen Health Care with resident Fuyiki Hirashima, M.D.

interesting two-way street: patients can make you a much better person."

■

It's common knowledge among his colleagues and many of his patients that Ittleman was an English major — more than one suggested that the cardiothoracic surgery world's loss would have been some English department's gain if he'd elected to go the professorial route.

"He's a very quiet but very efficient teacher," says Norotsky, mentioning specifically Ittleman's skill in teaching surgical technique one-on-one. Norotsky was attracted to the cardiothoracic team after meeting Ittleman through pick-up basketball games while a UVM medical student. The games were something Ittleman had set up onsite for medical students and residents — Ittleman laughingly describes the games as "vicious," adding that as the attending he was easily the oldest player and, before long, was relegated to the sidelines as coach, allowed back to take a few shots at the end only if the game was "salted away" — and are an example of the kinds of extracurricular activities Ittleman has contributed throughout the years. Ittleman would regularly rent out Twin Oaks, a gym in South Burlington, so residents and medical students could enjoy an evening of basketball; other times, he'd provide Chinese food or pizza for nurses and on-call residents.

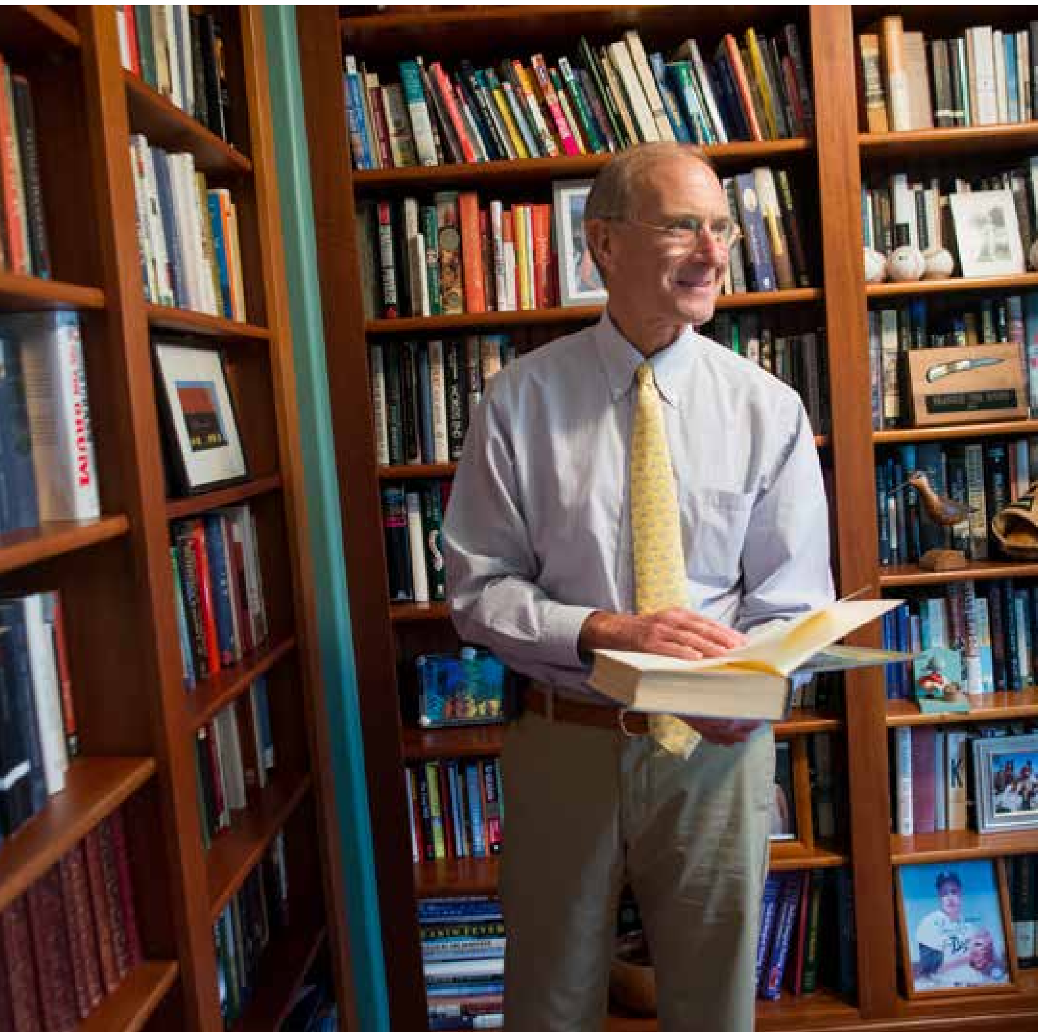
"He just quietly did all these things that fly under the radar," says Norotsky.

The basketball games also gave Ittleman a tangential excuse to write, putting together the occasional basketball-related newsletter for "the guys." That segued into a request by Steven Shackford, M.D., then chair of surgery, that Ittleman edit a surgical newsletter and write a regular last-page column they agreed would be called "Let's Close," in the parlance of the operating room. Initially the pieces were related to surgery, but over time, Ittleman wrote about his father's practice, his family — even the hospital's painters. [Two Ittleman essays appeared in the Summer 2007 *Vermont Medicine*.] He's still known for his writing, says Norotsky, noting the routine letters to referring physicians and patients he's discharged, as well as difficult but thoughtful notes to families of patients who have died.

Ittleman remains an avid reader, and recently has been working his way through Hemingway and Fitzgerald again, with an appreciation of the changed perspective on their work wrought by time. He's established a library with floor-to-ceiling shelves in his Charlotte home, and his children know that a book is more than acceptable as a birthday gift. Ittleman admits to finding pleasure in mindless work — the moving of woodpiles and picking up of roadside garbage — and says it's not uncommon for him to go home from work and clean the kitchen before doing anything else. A 2:45 marathoner — more than once at Boston — he doesn't have as much time for running these days, but looks forward to the solace when he is able to get out, using that time to consider conversations or write speeches and presentations.

A patient once told Ittleman's mother that talking to his father was like talking to a priest, only better. That emotional commitment, says Ittleman, is the part of medicine that he thought could be so satisfying, and indeed has been.

"I'd like to be considered a physician and a humanist," he says. "They're inseparable — or they should be. Physicians can do so much more than provide medical care. That's the mother lode." VM



A former English major who also took a full slate of science courses at Dartmouth, Frank Ittleman, M.D., is still a constant reader, as evidenced by the floor-to-ceiling bookcases in his home.

Prof. Ittleman has written many essays over the years to share with his colleagues in the pages of the Department of Surgery newsletter. He reflects in this piece on a recent personal event that made him appreciate even more the gift of life, and the generosity of the anonymous donor who began the funding of the Ittleman Professorship.

THE GIFT

I SHOULD HAVE DIED THAT DAY, as difficult as it is for me, even now, to recall that bleak prospect. It was late August of last year. The morning began innocuously enough, cool and inviting with mist rising from the pond to the east as the earth slowly began to give up its summer heat. There was a brief scent of the coming fall in the air that vanished as the sun appeared and pushed the pale moon aside. It was, without a doubt, a perfect day for running.

The first few miles seemed like every other day, slow and methodical, with the emphasis on slow. Being on the road, in the early morning quiet, alone with my thoughts was enough of a gift. As I descended the hill that I had climbed hundreds of times before, with my home in sight, but not quite near enough, something terrible happened. I stopped abruptly, like a horse balking at a jump, not because I willed this refusal, but because I simply could not go another step. I bent over, feeling very out of sorts, not willing to lie down because that primal act of capitulation would have made this moment far more serious than I wanted it to be. Instinctively, I felt my pulse, as my usually reliable heart had a history of wayward flutterings. Thready has always been a somewhat amorphous word for me, but, in this precarious instance, it took on an ominous clarity. My pulse was less than thready; in truth, it was barely there at all.

With this information at hand, whatever sense I might have possessed was overtaken by instinct tinged with fear. I decided to resume my sojourn home because that is where this perfect day for running was supposed to end. Being an unrepentant creature of habit can be a very dangerous trait. As a young boy playing sports, any injury was greeted with a "walk it off" directive, but as a scared older man, the only walk that I could muster was a tentative one, at best.

Once home, there were calls for help, instructions to "hold on" and "lie down" and the passage of minutes that seemed to extend to hours, as I witnessed my life slowly slipping away. There was no epiphany or panic, only an overwhelming sense of helplessness. I could not reconcile giving up, against my will, what was so very dear to me, as if I had any control over matters of such divine randomness.

While I waited, my only companion was our dog, Nimey, who had absolutely no idea what was going on. Despite my protestations, she insisted on licking my face, not to revive or console, but to coax me to open the back door so that she could exit and pee outside. Here I am losing ground by the second and my dog, God bless her, was more concerned about keeping the carpet clean. I remembered my days watching Lassie and I thought of sending Nimey for help, but I knew that such a command would only be met with silent, pleading glances.

As I weakened, I resisted closing my eyes because I feared that I might never see light again. It was at this moment that help finally arrived. What followed was reminiscent of a dark comedy of errors. The rescue squad had not been summoned for me, but rather for an unknown man to whom I was supposed to be administering care. The rescuers were milling about outside, talking among themselves, while the real patient (and doctor), one and the same, was inside, neither seen nor heard. My fear now turned to resignation infused with sadness as the gods who, in their quest to direct this drama, had brought the actors so close, yet with such deliberate callousness had decided to keep us apart. I tried to stand so as to be visible through the windows, but gravity trumped my already questionable circulation and I landed back on my rump. With no other options available, I crawled to the back door, kicked it open unceremoniously and screamed my last scream as the men in blue suits came running.

Once ensconced in the ambulance, my friend from the rescue squad determined that my heart was in need of a bit of electrical discipline. Deferentially, he asked how many joules would I like, and, in my best Ronald Reagan imitation, I retorted," Your choice, but I just hope you're a good Republican." (I only wish I had been that clever.) I was not prepared for the pain, but it was brief and as my body fell back to the gurney, I was already in a more serene rhythm. I should have died that day, but I didn't and this past year has been a gift.

Our lives are replete with gifts, some earned and deserved, some random and without design. Inherent in my existential trial of helpless despair and my reprieve from that uncertainty, was a gift of randomness and happenstance. Neither earned nor deserved, but appreciated just the same. A gift without a giver, but not without a debt incurred. Most gifts ask for nothing more than "thank you," an acknowledgment of ones generosity and thoughtfulness. Others beg for far more, an unwritten obligation to prove your worthiness, to justify the respect and expectations implicit in the gift.

I received not one, but two such gifts this past year. One gave me back my life while the other, an anonymous gift from a grateful patient, made me examine that life as I have lived it and as I will live it in the future. The latter has not been as Robert Frost once wrote, "a gift outright," but rather one viewed with a dose of humility, a touch of joy, a glimpse of legitimacy, and a welcome burden of expectation.

I should have died that day, but I didn't and I still do not quite understand why. Maybe, just maybe, I still have a debt that I very much want to repay in more than full.

— FRANK ITTLEMAN, M.D.