

# LIFE AFTER A CARDIAC EVENT

**D**r Ian Ellul chats to **DR JOSEPH DEBONO** – distinguished surgeon – over a cup of coffee in his office at Mater Dei Hospital.

**YOU GRADUATED AS DOCTOR IN 1988, STARTED YOUR SURGERY TRAINING IN 1990 AND BECAME FULLY SPECIALIZED IN 1999. BUT LET US GO FURTHER BACK IN TIME. WHAT MEMORIES DO YOU HAVE OF YOUR CHILDHOOD AND ADOLESCENCE?**

We were a very close-knit family. Both parents worked and I still have fond memories of myself and my two siblings negotiating the division of household chores. We used to eat healthily but unfortunately, did not exercise. In this respect, the fact that I was an avid reader did not help much.

When my father was 45 years of age he had to undergo bypass surgery. This was a watershed moment for all the family. I was at University at the time. My father was always very active, fitting a myriad of activities in his free time – he was also a carnival float-maker – but within a few hours, his life had to change drastically.

At 24 years I got married and had my first child 18 months later. It was a very hectic period since we had to relocate to Scotland for my specialisation. This 7-year stint meant long hours working 1 in 2's and 1 in 3's with exams in between. It was practically work, study & family. After returning to Malta I embarked on a busy career. Then in a blink of an eye I reached the age of 45 years when my father had his cardiovascular event. This moved me to seriously reconsider my health. As I was deliberating, my wife decided to do the half-marathon after an inactive life. When I saw her cross the finish line with great satisfaction on her face, I remember thinking to myself ... if she can do it, so can I! At this stage I must admit that she was very supportive. She introduced me to her gym – I am still a member there – and encouraged me to embark on a healthy lifestyle. Seven years later, at 52 years of age, I am still dedicated to my goals as ever.

## WHY DID YOU CHOOSE MEDICINE & SURGERY?

Since I was young I was always awed by the fact that doctors would do something which made people feel better, so it was only natural for me to become one. However, when it comes to specialisation, it is really an interplay of events which leads to this ... preference of one speciality over another during the



years of rotation, the timing of the publication of the vacancies, personal circumstances like the cardiovascular event of my father, etc. At first I wanted to go into medicine, then pediatrics, then pediatric surgery and then finally surgical oncology. So there you are ... no regrets at all.

## DO YOU HAVE ANY MEDICAL ANECDOTES TO TELL?

Plenty, like when patients are convinced (and try to convince me) that plant extracts can cure them of breast cancer. However, at times such an ordeal can make things turn around. In what can be considered as a sad anecdote, on more than one occasion I have seen women, even elderly ones, who were victims of domestic violence, take the reins of their life in their hands after remission and decide to leave their partners. Surviving cancer can be very empowering.

## WHAT ARE TODAY'S CHALLENGES IN SURGERY?

One of the challenges is the limited number of patients in view of the fact that Malta has a small population. I enjoy performing laparoscopic and pancreatic surgery but having the numbers to build and maintain the skill is difficult. Locally it is challenging to have subspecialists. However, having said this, one also needs to gauge whether a surgeon working exclusively as a subspecialist is better off. Revenue apart (which one also must consider) what would be the surgeon's quality of life? ... imagine seeing only breast cancer cases day in day out. Also, how could one manage to operate all of those cases in a timely manner and deliver the standard quality of care to each patient? These are all important considerations for every doctor out there pondering on a subspecialisation.

Another challenge is technology. We are now seeing the advent of robotics in surgery which means that skills have to follow suit. Many of us 'older' surgeons have experienced video

games when we were young and this has been shown to translate when using robots in clinical practice. However, after robotics, we will eventually see something else, which means that we would need to re-define our skill set.

We are also living longer with multiple co-morbidities. Surgeons are seeing numerous octagerians and even nonagerians with tumours. Let us consider a 90-year old patient who goes to a private clinic for a FOB test; this comes positive and is then referred for a colonoscopy. Her PMH includes heart failure and is on warfarin. After one discusses with the patient the specific risks which are involved, a colonoscopy is carried out. If one finds something sinister, what then? When should one stop investigating or operating? These are gargantuan ethical dilemmas which surgeons are facing nowadays.

### IN OCTOBER THE BARTS MEDICAL SCHOOL OPENED ITS GDZO CAMPUS. WHAT ARE YOUR VIEWS ON THIS?

I support healthy competition because this drives things forward, similar to sports, and brings an improvement of services. However, one medical school should not have an improved service at the expense of the other. Let me bring a practical example. If one's teaching ward round at Mater Dei hospital involves five students [these have decreased], one should not make them ten so that one has more time for the other medical school; rather, one should invest more time and effort in Malta's medical school so that this becomes more competitive.

### WHAT ARE YOUR VIEWS ON THE OPERATION WAITING LISTS IN MALTA? DO YOU THINK THE GOVERNMENT IS DOING ENOUGH ON THE MATTER?

The main challenge relates to infrastructure and administration. Although we have theatres, operating time and surgeons, we are in dire need of ward space, recovery space, nursing staff and clerical support to match the needs of the increase in operations.

### AT ONE STAGE YOU WERE OBESE. WHAT HAPPENED?

I used to weigh close to 100kg. I started to exercise and eat wisely, every 2-3 hours. The quantity and quality of the food is also important. A person should eat until he is satisfied, not until he is full. If one is committed to losing weight, it is not difficult to achieve this.

### YOU WERE A BRAND AMBASSADOR FOR A LOCAL SPORTS RETAIL COMPANY. WHY DO YOU FEEL THE NEED TO CHAMPION SPORTS?

I feel the need to do this from the unhealthiness I see around me on a daily basis, both as a person and as surgeon. Obesity creates so many health problems and surgical complications. Returning to your question, I champion sports because I believe I can be a role model and people take heed of me.

### SOME WEEKS AGO YOU SUFFERED A MI. HOW DID IT HAPPEN?

Eighteen August. That was the eventful date. Two days before I ran 17km with no symptoms. However, before that, I had noticed that if my heart beat increased to more than 150 beats per minute, I felt unwell. No chest pain was ever involved. In hindsight I ought to have heeded my body and did some

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investigations but I blamed the increasing age and the fatigue which stemmed from the fact that I was training 2-3 hours a day in preparation for the Spartan and Ironman events.

On 17 August I did 40km with the bicycle but had to curtail it as I fell off the bike. Again I blamed the heat, fatigue, etc. The day after, on the 18 August, during lunch I started to get chest pains radiating to my shoulder and neck. Despite these textbook symptoms, gross denial kicked in. Eventually my wife drove me to Mater Dei hospital. Investigations showed that I had elevated troponins with no ST segment changes. On 19 August I had my PCI and the rest is history. Currently I am undergoing rehabilitation but am a firm believer that with patience and some readjustment of goals, I will start doing my beloved triathlons again. However, truth be told, I currently do not know where I stand.

### WHAT ARE YOUR AFTERTHOUGHTS?

My family history was my only risk factor. Two years ago I did a stress test and it was fine. I do not have cholesterol, no diabetes, do not smoke and have had seven years of healthy living. However, the years before that were not healthy.

### WHAT ADVICE WOULD YOU GIVE TO NEWLY GRADUATED DOCTORS AND SURGEONS?

I would recommend that they are true to themselves. One should have a professional behaviour towards one self, colleagues and patients. Some doctors choose this profession for money this is truth, but this only provides temporary satisfaction. It is using your talents, the engagement with patients and seeing them get better that is most rewarding.

My cardiac event was possibly triggered by the fact that I was verging on a burnout. I had too much on my plate ... physical training, work, family. At times doctors are the last persons to seek help for themselves. This should not be the case. ❌

### I READ THE SYNAPSE BECAUSE...

It provides an insight on local research which is occurring outside one's practice. One thing which is cherished at Mater Dei but is detested in private practice is loneliness. The Synapse helps you to overcome this by making you feel part of the local medical community in its widest sense.

