From the Editor

Prepare to Be Influenced

A journal’s fundamental purpose is to be a powerful tool that educates and influences (1). In this issue, Warren’s observational study examines a regional improvement effort, reports on its progress, and reflects on what may have influenced the magnitude of its improvement. Bellaiche’s report on the accuracy of the CDI 500 monitor, with and without two point calibration prior to use, found that a single point in vivo calibration resulted in consistently accurate results.

Be sure to read the four important case reports that follow. They each chronicle challenging clinical events and provide important insight. Courouble’s report of an ECMO support for ARDS caused by H1N1 during pregnancy is a clinical triumph with an excellent outcome for both the mother and her child. Bilen’s report a fatal outcome from a severe bleeding complication in a baby with Heterozygous Factor V Leiden provides insight on the challenges of diagnosing and managing of this severe defect.

Such reports are of immense value. They may inoculate us against repeating some of the errors experienced by others. Sometimes they teach us to quickly elicit corrective action that may attenuate an adverse outcome.

Case reports are underrated. While they are commonly referred to as the “lowest” or the “weakest” level of evidence, they often serve as a “first line of evidence” and provide invaluable knowledge (2,3). Philosopher Carl Popper has noted that casual observations strike us when they are unexpected, and often are refutations of our previously held beliefs which will lead to new conjectures—new ideas and new theories.

Matte and colleagues are to be commended for their courageous report of an accidental air embolism. Many similar errors go unreported and others fall prey to the very same latent system problems, causing harm to patients. Don’t miss the invited commentary from Stammers that accompanies the case report.

Another source of influence is derived from the contributions of leaders in our field. The Gibbon Award is given in honor of John H. Gibbon, in recognition of outstanding contributions to perfusion technology. The award has been given to 29 surgeons and to eight perfusionists, a veritable Who’s Who in cardiac surgery. Recently, a historical masterpiece has been published by David K. C. Cooper, entitled Open Heart: The Radical Surgeons who Revolutionized Medicine (4). In researching the book, Cooper interviewed men and women that were close to these revolutionaries. He interviewed Robert Finley, a close colleague of Gibbon, who described Gibbon as a superb teacher, a good clinician, and one who was excellent at running his department. Gibbon’s approach to any problem was that it was a soluble problem. He also remarked that, “Gibbon really liked people and because he liked people, they really liked him.” He was encouraging, supportive, and optimistic. Clarence Crafoord remembered Gibbon as one of the noblest, consistently straightforward, honest, and loyal of friends. Crafoord never ceased to admire Gibbon’s intelligence, spirit of discovery, work capacity, and his quality of leadership.

On April 15, the John H. Gibbon Award was presented to Jeffrey B. Riley, the 38th recipient. It is fitting that Riley should receive this award, because he possesses these same qualities. Riley’s contributions to our field as an investigator, educator, and leader have spanned four decades. We are pleased to publish the 2011 Gibbon Lecture in this issue of the Journal, a treasure. Prepare to be influenced.

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REFERENCES