

## Midwest Surgical Association

# Presidential Address: Surgery and sailing

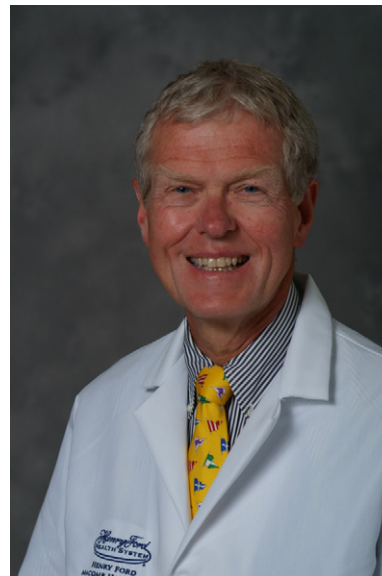
**Richard A. Berg, MD, RVT, FACS\***

*St Clair Vascular Associates, 23829 Little Mack, #200, St Clair Shores, MI 48080*

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Good morning. I would like to thank the association for the privilege and honor of serving as your 55th president this year. I have read all of the previous presidential addresses, and a common theme was the speakers using terms such as dread, burdened, and trepidation. This year I felt quite presidential for a while, and then realized I had the responsibility of coming up with an address and did not feel quite so presidential anymore. I do have the distinction of being the oldest to ever serve as your president. In addition, I am a PowerPoint virgin! It is an honor to be able to do this in conjunction with the 125th anniversary of the Grand Hotel where we have met and enjoyed a rich relationship since 1972. My introduction to the Midwest Surgical was as a resident at the University of Iowa in the mid-1970s. Every August or September, I would overhear several of my attendings, Drs Printen, Baker, Boyd, and Soper, all past presidents by the way, talk about what a great time they had at the recent meeting. So, I decided to become a member when I finished my training, which was a vascular fellowship at St John Hospital in Detroit. I came there for only 1 year intending to go back to the Midwest and do general and vascular surgery. My experience was so



**Richard A. Berg, M.D., President.**

fantastic that I ended up staying and doing just vascular surgery. My 1 year has lasted 35 years, and now it has grown into a medical center! I would like to thank and pay tribute to the following people: my parents for providing me with my upbringing and education, especially my father who was a college professor, a department chairman, and my dean in college; the president of my university, Dr Emory Lindquist, who was a lifelong family friend

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\* Corresponding author. Tel.: +1-586-772-4444; fax: +1-586-772-4411.

E-mail address: [berger@scvapc.com](mailto:berger@scvapc.com)

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and mentor; my chief resident and mentor in the surgical research laboratory as a medical student at the University of Kansas; Dr Arlo Hermreck for inspiring and confirming my decision to pursue a career in surgery; Dr Joe Grady, the Chief of General and Vascular Surgery and Director of the Vascular Fellowship at St John for many years, and also trained Drs Lloyd and Schroder, both past presidents as well; and Drs Cirocco, Hawasli, and Edhayan, among others. Dr Grady was the most influential person in my career. Finally, and most importantly, I would like to acknowledge my family—my wife Mary and my son Jonathan and his wife Jessica who are here today. Our daughter Christine died in 2008 but is with us in our memories. She always loved coming to this meeting. My wife, in particular, has been supportive over those many years of single parenting as a surgeon's wife. In deciding on a topic for this address, I decided to talk about 2 of my favorite things: surgery and sailing. When I am not in the hospital doing what a surgeon loves, operating, I like to be on my sailboat. I am fortunate to have my home, marina, and hospital all within about a mile of Lake St Clair, a 430-square mile lake. My sailboat is a 34-foot Pacific Seacraft cutter rigged sloop named the *VASCUDOC*. One cannot talk about sailing without mentioning the America's Cup. My favorite presidential address is by Dr John Bergan, a Chicago vascular surgeon and frequent Chicago-Mackinac sailor. His address to the Society for Vascular Surgery, "There Is No Second," compared vascular surgery and yacht racing. "There Is No Second" referred to Queen Victoria watching the precursor to the first America's Cup race from her yacht. "Who is first?" Queen Victoria asked when only 1 solitary boat could be seen on the horizon coming to the finish. "The *America*," replied her attendant. "Then who is second?" the Queen asked. "Your Majesty," came the reply, "there is no second." The America's Cup race has no second place.

Dr Bergan beautifully illustrated the parallels between vascular surgery and yacht racing (Table 1). The America's Cup was originally known as the 100 Guinea Cup. This was a prize offered by the Royal Yacht Squadron of Great Britain for a 53-mile race around the Isle of Wight on August 22, 1851, in conjunction with Prince Albert's Great London Exhibition of 1851. The American yacht, challenging from the New York Yacht Club, was a 100-foot schooner named the *America* and defeated 14 British yachts. The trophy then became the America's Cup and remained at the New

York Yacht Club until the Australians won in 1983. A famous challenger who tried to get the cup back was Sir Thomas Lipton of Lipton Tea fame, who challenged for the cup in 1899, 1901, 1903, 1914, and 1930, all with boats named *Shamrock*, and lost all 5 times. The United States has defeated every challenger with the exception of 1983 (Australia), 1995 and 2000 (New Zealand), and 2003 and 2007 (Switzerland).

Familiar names more recently are Ted Turner who defended the cup successfully in 1977 with *Courageous* and Dennis Conner who won 4 times as a defender in 1974 with *Courageous*, 1980 with *Freedom*, and 1988 with *Stars and Stripes* and as challenger in 1987 with *Stars and Stripes*. The latest winner was Larry Ellison, founder of Oracle Corporation, in 2010. The 34th America's Cup will be held in San Francisco Bay, featuring 72-foot catamarans in 2013. Another reason I wanted to talk about sailing was our meeting here every other year and the rich history of the Chicago to Mackinac and Port Huron to Mackinac races every summer. The races are held every year on alternating weekends in July. The older of the 2 is the Chicago to Mackinac race, which is sponsored by the Chicago Yacht Club and was first raced in 1898. The winner was the sloop *Vanenna* over 4 other sailboats.

This year is the 104th "Mac." The course is about 330 miles with over 300 entries. The other race is the Port Huron to Mackinac race, which is sponsored by the Bayview Yacht Club in Detroit and was first raced in 1925. The winner was the sloop *Bernida* over 11 other sailboats. Violent storms caused 7 of the 12 starters to abandon the race. This year is the 88th consecutive race. There are 2 courses, one about 200 miles and the other 250 miles, with about 230 entries. The first winner, the *Bernida*, has been restored and is racing again in this year's Pt Huron to Mackinac race.

There are several other famous races including the Whitbread Round the World Race, the Sunday Times Golden Globe Race, the Vendee Globe Race, and the Fastnet Race. The Sunday Times Golden Globe Race was a nonstop, single-handed, 10-month round the world yacht race held in 1968 to 1969 and was the first around-the-world yacht race. It is amazing that the Southern Ocean contains that point on Earth that is farthest from any land. It is about 16,600 miles and equidistant from Pitcairn Island, the bounty Mutineers' last refuge, and Antarctica. This is farther from land than the astronauts in Earth orbit, which is

**Table 1** Sailing and vascular surgery

Sailing	Vascular surgery
Helmanship	Judgment
Sail handling	Selection of the proper operation and doing it well
Navigation	Managing the complexities of the post operative course
Weather	Preventing complications or dealing with them effectively when they occur
Safety and strategy	Perhaps choosing not to operate

only 50 to 70 miles above the Earth! The only finisher and winner was Robin Knox-Johnston. Sir Robin Knox-Johnston, the first person to sail solo nonstop around the world, recently opened the London 2012 Olympics as torchbearer. Finally, the Fastnet Race is a famous offshore race that takes place every 2 years in August over a course of 608 nautical miles. The race starts off in Cowes on the Isle of Wight on the south coast of England. You will remember this is where that first race took place in 1851, which became the America's Cup. This continues to the Fastnet Rock on the southern tip of Ireland and then back to Plymouth. The 1979 race is famous for a severe storm that resulted in 15 deaths. What began as a yacht race in fine weather became terror for 2,700 sailors in 303 yachts. Fifty-knot winds and 50-foot waves capsized one fourth of the boats. One hundred thirty-six sailors required rescue by Royal Navy helicopters. The winner was Ted Turner again in *Tenacious*. So where am I going with all of this sailing and racing history? Well, another great presidential address was by Dr Richard Thrilby to the Western Surgical entitled "The Top 10 Reasons Why General Surgery Is a Great Career." Here are my 10 reasons why surgery is like sailing.

### It's a new experience

Every sailing experience is a new experience; it is rarely routine. I always learn something new about my boat, the water, the wind, the weather, and myself every time I leave the dock. It is exciting to apply past experiences to overcome challenges presented by the weather, the waves, technology, and things breaking. There is immediate feedback, both positive and negative, while helming and trimming the sails in both light winds and heavy winds. Some days are great confidence builders; these are the days that keep you sailing! Other days nothing goes right, but, hopefully, it is another learning opportunity and a good story to share. In surgery, every day is different; every patient, every procedure, and the cast of characters every day, good or bad, present unique challenges and another learning opportunity.

### Something always happens

To quote Captain Ron, "If anything's gonna happen, it's gonna happen out there." You never know what is going to happen when one heads out to sea. Something always happens, and a sailor must stay focused in the midst of all the chaos of weather forecasts gone bad; gusty winds; noise; sideways rain; groundings; long shifts at the helm; having things too crazy to eat, drink, or go to the bathroom; sometimes working blindly just by feel in a cramped, smelly, pitching boat or engine compartment; taking down ripped sails underway; the fatigue of night watches; a crabby crew; and just trying to get safely back to the dock. A perfect storm occurred during the 2011

Chicago-Mackinac race with 50-knot winds and 4- to 6-foot seas. The sailboat *Wingnuts* capsized, and 2 sailors from Saginaw died.

Likewise, even the most routine surgical procedures can go to hell, and you must rely on your training and unconsciously apply your "what if" algorithms, throw all of your experience at it, and try to get the patient through whatever badness is presenting itself.

### Technology

Technology can make sailing so easy and so "safe" including sail handling gear, self furling, diesel engines, electrical systems, mesmerizing navigation and weather forecasting systems, plumbing, refrigeration, and so on, but when the technology fails you are lucky if you are stuck at the dock because the technology will always fail at the worst possible moment underway. You wonder why you ever thought all of this was a good idea and why you ever sold your small beautiful sailing dinghy with just a tiller and a mainsail.

Technology has made surgery an amazing experience for the patient and the surgeon, especially all the minimally invasive techniques, but it can also fail at the worst possible times, and troubleshooting technology gone bad can be frustrating for everyone in the operating room. You quickly wish for the good old days of open aortic aneurysms and a feeling of having more control over the situation when you can see and touch what needs to be repaired.

### It's an exclusive community

Sailing is an exclusive community; experienced sailors share their experiences, good and bad; their seamanship; their language; their traditions; and history to new sailors eager to absorb everything they possibly can. It can be completely overwhelming unless you learn a little at a time. "When you walk aboard a ship, for a novice, it's an alien environment, an alien culture, a different language: a new social organization." Surgery is also an exclusive community of individuals perfecting their craft guided by the wisdom and experience of others; it is not possible to learn any other way.

### A President, a yacht, and a secret operation

Sailing and surgery can intersect in unusual ways. One of the most unique involves an interesting cover-up involving President Grover Cleveland. The President had discovered a lump on the roof of his mouth in May 1893. He agreed to surgery only if it would be kept a secret and decided that the operation would be best performed on his friend Elias Benedict's 138-foot schooner, the *Oneida*, in Long Island Sound disguised as a pleasure cruise. The yacht was fitted out with an operating room, and W. Williams Keen, the most celebrated surgeon in the country at that time, performed the secret operation on July 1, 1893.

Four days later, Cleveland reappeared at his summer home. Cleveland was fitted with rubber prosthesis to replace the roof of his mouth and lived out the rest of his life without recurrence of the cancer. The secret held for many years even after Cleveland died in 1908. Dr Keen finally revealed the details in the *Saturday Evening Post* in 1917. Ironically, the builder of the yacht, John Roach, died of cancer of the mouth.

### **It requires balance**

Sailing requires the ultimate balancing act of the boat, sails, and wind. Too much and the boat heels over and loses speed; too much into the wind and the boat stalls and “luffs.” The mainsail and the jib sail must be perfectly balanced to achieve the maximum speed under the current conditions. The same is true in life and a surgical career. I have certainly not been an expert in balancing a career with family life. The best article I have ever read on this issue was a presidential address by a neurosurgeon, Dr. Joseph Maroon. The address reminds us of the ill effects of stress and the need to establish some equilibrium or balance in our busy lives. The title was “On Being a Complete Professional: From Icarus to Aequanimitas” and reminded us of how we as surgeons are often like the Greek myth of Daedalus and his son Icarus who ignored his father’s warning not to fly too close to the sun, melting his wax wings and falling into the sea. Dr. Maroon describes the careful, often not achieved balance between professional, physical, spiritual, and family life. We too often put our profession first and out of proportion to the others, and they atrophy. The physical aspect involves the deleterious effects of stress and the lack of physical exercise. The third aspect is spiritual and religion, and the fourth is the all-important family, which is so important he says that “no other success can compensate for failure at home.” Dr. Maroon cautions “against soaring too high with success, as did Icarus, or sinking too low with failures as to wet our wings with the heaviness of depression.” He suggests the perfect balance or equilibrium as a triangle “with spirituality at the center permeating all aspect of our professional, familial, and physical lives.” The Midwest Surgical Association provides this nice balance between professional and family life.

### **It’s a family affair**

Sailing can be enjoyed by a family and continue though many years. It is wonderful to see your children experience their family’s first sailboat, grow and mature as they learn to sail, grow through junior sailing, be on their high school and college sailing teams, help Dad with his boat, become sailing instructors, and now have experienced 11 Mackinac races. The Midwest Surgical Association is also a “family affair” enjoying the yearly meetings with family and

activities, experiencing your son’s first birthday in the Grand Hotel dining room, and seeing not only your own family grow over the years but also other families bringing their children to the meetings. Fellow surgical residents of my generation now have children who are surgeons with children, and my former residents and fellows now have children who are growing up all too fast. I have enjoyed the Midwest Surgical experience for 30 years; the memories that have been made here with family and friends are priceless.

### **It’s fun**

Sailing is fun. Who cannot enjoy being out on the water with the wind and the waves? As Jimmy Buffet says, “It’s important to have as much fun as possible while we’re here. When you spend time on the water, you lose touch with what’s happening on the land.” Likewise, surgery is fun. Who of us doesn’t enjoy what we do every day? Where else can you mark your patient’s correct side in preop as port or starboard and tell the CRNA to turn the table starboard or port side up? Teaching is also fun, both on the water and in the operating room. More important than all the operations I have performed over the years, I think of myself as a teacher or surgical educator as much as “just a surgeon,” and I am proud to look back and be amazed that I have graduated about 156 chief residents and 24 vascular fellows!

### **You get to learn cool names and you get to wear cool stuff**

Do you remember back first day as a 3rd-year medical student to finally put on those “whites” and see real patients—that first rotation in surgery as a medical student getting to wear scrubs, masks, and gloves and the confusion of learning the names of all those instruments. In sailing, we get to wear topsider boat shoes, foul weather gear, and gloves! Starting out, everything on the boat has a new name. Of course, there are the basics like the mast and boom. Standing rigging holds all that together, and the running rigging is what runs the sails. The front is the bow, and the back is the stern. Right is starboard, and left is port. Sails have 3 sides (ie, the leach, luff, and foot) and 3 points (ie, the head, tack, and clew). There are mainsails, staysails, jibs, halyards, main sheets and jib sheets, boom vang, winches (not to be confused with wenches), cleats, goosenecks, outhauls, and topping lifts. Maps are called charts, and ropes are called lines. Turning into the wind is called tacking, and turning with the wind at the stern is called jibing. There are points of sail with regard to the wind, close hauled, close reach, beam reach, broad reach, or running. There are “rules of the road”; port tack gives way to starboard tack, windward gives way to leeward, and power gives way to sail. Now you know all there is to know about sailing!

## You get to tie knots

Tying knots in surgery is as old as surgery itself. In the first century AD, the Greek physician Heraklas described how to tie knots in surgery and orthopedics. Throughout most of history, most ships and their masts and booms were made of wood, and running and standing rigging were made of rope. As boats became bigger and more complex, seamen devised hundreds of knots out of necessity to connect all of this together. Common knots used in sailing

are the square knot, figure 8 knot, half hitch, clove hitch, sheet bend, and bowline. And, finally, remember if you can't tie knots, just tie lots!

Well, with that, I am finished. I would like to thank you for allowing me to serve as your oldest president this year and for giving me the privilege, as I previous president pointed out, of a captive audience. I am confident that our beloved Midwest Surgical Association, which is beset by financial storms, will be able to weather them and find safe harbor. Thank you.