

EDITOR'S PAGE



Does Institutional Memory Matter?



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After 55 years of service, Dr. Joseph C. Greenfield quietly stepped down from his position as Director of the Heart Station, Durham Veterans Administration Hospital affiliated with Duke University Medical Center. Dr. Greenfield was also the James B. Duke Professor of Medicine, Chairman of Medicine and Chief of Cardiology Emeritus, and one of my most important mentors. This marks an event that happens at institutions across the nation every year. Which leads me to think, does institutional memory matter anymore?

I came to Duke University the same week that Dr. Greenfield started his term as Chairman of Medicine (July 1983). It was a remarkable time in medical learning, research, education, and training. There were no restrictions on duty hours, and Dr. Greenfield did not mind that at all. There was an overwhelming enthusiasm to learn. Dr. Greenfield translated his deep understanding of coronary blood flow physiology, for which he was internationally known, into developing world class care programs for acute myocardial infarction, electrophysiology, and heart failure. He was instrumental in promoting care models that looked at how reperfusion therapy and angioplasty in acutely obstructed arteries improved healthy functioning. He set up a system of care in which helicopters readily went out to rural settings with cardiologists on board, including Drs. Califf and Stack, to administer thrombolytic therapy in the field. He reorganized the cardiac catheterization laboratory so that it was adjacent to the emergency room, which afforded an amazingly short door-to-needle time in the acute myocardial infarction patient. He advocated strongly for the advancement of knowledge by insisting that all patients were

entered into registries or randomized controlled clinical trials. In this time period, information, knowledge acquisition, and improved care of patients occurred rapidly, as learning, research, and clinical care were woven together into one consistent fabric. This was one of Dr. Greenfield's legacies. Much of our inspiration to advance knowledge around post-MI heart failure and ischemic cardiomyopathy came from his leadership.

Perhaps his greatest passion was his dedication to training the next generation of leaders in cardiology and medicine with an emphasis on understanding the history of the institution and the history of previous leaders. All house staff who came through under his leadership were taught who the leaders were that had transformed cardiology and medicine, including Drs. Eugene Stead, David Sabiston, Eugene Braunwald, and many others.

Does institutional memory have meaning anymore? Information is changing so fast, and methods of learning have changed dramatically. Our design of training programs has also adjusted to maximize knowledge acquisition while reducing patient exposure. Why should we be surprised that institutional memory has diminished over time? The world of medicine has changed, and unlike other successful industries outside of medicine, so has institutional memory. Let us try to change the course by supporting institutional memory and history as part of the curriculum of a learning health system.

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