

Interview with Prof. Dr. Murat Tuzcu

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1. First of all, allow me to express my gratitude to you, Prof. Murat Tuzcu, for accepting this interview that will be published in Anatolian Journal of Cardiology- the official Journal of Turkish Society of Cardiology.

You are undoubtedly a very well-known doctor in Turkey, and your biography is easily accessible elsewhere. However, aside from the “surgical” encyclopedic information, I would like to understand through your current critical sight, your version of Murat Tuzcu’s lifespan between 1971 and 1985 that covers your medical education, training, and the first years of practice.

I am grateful to Professor Timuralp and to you for giving me this opportunity. I will try my best to summarize the 15-year period.

My father had an inferior myocardial infarction when I was 15 years old, and he was hospitalized in a general medicine ward. I do not think we had coronary intensive care units in Turkey back then. His treatment solely comprised strict bed rest for 4 weeks. When I look back, I understand why the hospital mortality rate of acute myocardial infarction was 30% in those days. There were not many treatments that could change the course of the illness. My father’s month-long hospitalization profoundly affected me, and it was during this time that I was first mesmerized by the world of medicine. I think it was in 1968 that I first started to think about a career in Medicine, and I was delighted to have achieved a high enough score at the entrance examination to be accepted by the İstanbul University İstanbul (Çapa) Medical Faculty in 1971.

During my medical school years, I came to understand that I was very fortunate for a number of reasons. There were three fortuitous factors in particular that were critical for my success and happiness. First, my parents had the foresight to send me to Kadıköy Maarif Koleji after primary school, which provided me with a superb education. It was there that, at a young age, I became fluent in English. Later on, this skill enabled me to read

English-language medical texts and follow international medical journals.

The second factor was that I had the privilege of learning from some truly extraordinary teachers and mentors from an early stage in the medical school. They instilled in me certain fundamental values. For instance, I learned what a great privilege it was to be a physician and the myriad responsibilities that came with it. These educators encouraged me to explore and to experiment not only in the medical sphere but also in the outside world. I took their advice to heart and immersed myself in the exciting and tumultuous world of the 1970s. The next 6 years were very fulfilling. I was not ranked among the highest in my class; however, I think I was a good student. I enjoyed school and had an active social life. I had fun.

The third factor was an opportunity given to me by the staff of İstanbul Göğüs Kalp Damar Cerrahisi Merkezi Hospital (Today it is known by its founder’s name, the great surgeon Siyami Ersek’s; however, we used to call it Göğüs Cerrahisi in short.). It had an almost equally large influence on shaping me during my formative medical school years as did Çapa. I was essentially living in that hospital, spending all my spare time and nights, weekends, vacations, etc. there. The entire staff, from the surgeon-in-chief to the cooks and orderlies, accepted me as one of their own, and I can never thank them enough for that. In addition to the incredible medical education and training, my years spent in the hospital expanded my horizons. I learned that there is always more than one way to do something, and I also understood that there is treasure to be found in everything if you know how to look for it. I was initially interested in surgery. However, ultimately, it was the cognitive aspect of cardiology that attracted me the most.

During medical school, I entertained the thought of going abroad for my residency. Many of my friends had gone to Germany and maybe one or two to the US. However, I decided that

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the Department of Medicine in Çapa was as good a place as anywhere and was very happy when I was accepted. There were a lot of very accomplished and brilliant physicians, senior and junior. I remember feeling that it would not be easy to measure up to the high bar set by these physicians. I think today's academicians could have learned a lot from the faculty at Çapa and at other such medical centers of the 1970s.

The next four years went by quickly. It was very hard work and everyday was a new adventure. I remember performing peritoneal dialysis, bone marrow biopsy, cardiac resuscitation, and inserting a Sengstaken–Blakemore tube, all while taking care of hundreds of patients during a 24-h call in the emergency room. I met my future wife Füsün at one of the on-call duties. As residents, we took rounds and conferences very seriously and worked very hard to prepare for them, and the professors responded to our enthusiasm. I was also very lucky to be at the right place at the right time in that I had the opportunity to form very close friendships with truly world-class physicians and human beings who were residents or fellows. These friendships will last throughout my life. The events of those years have had a lot to do with me remaining in academics. We were looking to the future with hope, anticipation, and pride, which is another difference between how things are now than what was back then. You may think that I am just being an old nostalgic man; however, I do think that there is truth in this.

I completed my internal medicine residency a few days after the “mecburi hizmet” law came into effect in 1981. I did not like the first lottery appointment to Karadeniz Ereğlisi and went into military service hoping that I would get a better post later on. I served at the infirmary of the Infantry School at Tuzla. It was very different than working as a specialist in a military hospital. It was tough, but I learned a lot about an institution that played a pivotal role in the life of our country for centuries. I also learned a lot about life and the importance of trusting in myself.

After 18 months, the second lottery sent me and my wife to the small Southeastern town of Maden. It was a very mountainous area where the only employment for the locals was offered at the copper mine. It was one of the greatest experiences of my life. My son was born there. At the end of my compulsory service, the townspeople were grateful for my service. However, in reality, I believe that I had the better deal. I am eternally grateful



to the people of Maden for their love, honesty, and respect. However, after 2 years, we were ready to move on. It was June 1985.

Apologies for giving such a long reply; I have let my memories run away with me... If you let me continue at this pace, you may regret ever having asked for this interview in the first place.

2. In a recently published interview by Deepak L. Bhatt, you have named Prof. Ümit Aker M.D. as the greatest influence on your career. Can you tell us more about Prof. Aker and the other people from Turkey who have influenced you generally in medicine and specifically in cardiology?

I was influenced by Dr. Aker and his work long before I had ever met him. Together with Dr. Ersek, he was instrumental in the establishment of the Haydarpaşa Göğüs Cerrahisi hospital where I spent most of my time after my studies in Çapa. When I first started to work there, Ümit Aker had already left and had returned to the US; however, he had left behind a trove of books, journals, and notes. I spent many nights reading and learning about cardiovascular medicine and discovering the great man's intellectual gems. He had also left an excellent system in the department of cardiology, specifically in the catheterization laboratory, that would be admired even today. In his work, I saw how one person can have a lasting influence on people and on institutions and how one can continue to save lives for years even when one is thousands of kilometers away.

There are many others who have deeply influenced me. Many of my teachers in Çapa have a lot to do with who I am today. The grace and humility of Professor Remzi Özcan and his singular focus on the patients' well-being have been a guiding principle for me. As I mentioned, I can count many more such influences.

However, the person who had the greatest influence on me was my late father. Our house was always full of books and intellectual conversations. He taught me to critically think and not to talk without necessary knowledge. He instilled in me a love for literature and poetry. He came to age when our republic was very young. He was, like many of his contemporaries, a very proud man with altruistic ideals. I should also mention that my 93-year-old mother, who was also my primary school teacher, was another influence who helped define the person that I am today.

3. What was the main motive that made you move to the United States of America?

As I have mentioned, I started reading medical books and journals in English in my second year of medical school. That gave me some familiarity with the American and European medical systems. I wanted to experience what I had been reading about for years. Another motive was the political circumstances in Turkey in early 1980s. I finished my residency in 1981 and then worked for 4 years. The changing environment in the universities made employment challenging for a young man with



academic aspirations. I had no intentions of going abroad on a permanent basis. As a matter of fact, I was determined to come back to **Çapa** after a few years.

4. Currently, you occupy an admirable position in the Cleveland Clinic. I am sure you are going to smile over the naivety of the following question; however, I will ask it anyway.

Was it easy to achieve this position? It will be a guide for young Turkish colleagues who plan to move to the USA; hence, can you walk us through your early years in the USA?

It would not be truthful to say that it was easy; however, I do not think life would have been easy for a young doctor aspiring to climb the ladder in Turkey either. When I started the cardiology fellowship at the Cleveland Clinic in July 1985, I found myself in a very advanced medical environment. The first 3 months were very tough. I remember my wife telling me "you've forgotten how to smile." I was the only fellow who did his internal medicine training outside the United States and that had been 4 years before. In addition, there was the obvious technological gap between medicine in Turkey and the US.

It took me a while to understand and convince myself that the fundamentals of medicine and the expectations of the patients were not very different and that I had a very good foundation in medicine. Once I came to this realization, my anxiety and fear of failure subsided. I worked hard in the hospital. I spent most of my spare time doing clinical research. I could not have done this without my wife Füsün's unwavering support and strength. My daughter Hande was born in Cleveland when I was working 90-h a week at the hospital.

I have to mention that, generally in US but certainly at the Cleveland Clinic, nobody cares where you came from, what your native tongue is, or where you worship. As long as you work, they let you thrive. At the end of my 3-year fellowship, I received three different awards that were very rarely awarded to a trainee.

I was determined to return to İstanbul. However, I wanted to see what it was like at a leading US medical school. I was

accepted to Massachusetts General Hospital (MGH) of the Harvard Medical School. I spent a year as a special fellow. After that, I explored the possibility of finding a junior faculty position in İstanbul. At that time, there were not any suitable openings. I was offered a faculty position at MGH. That was the first step of our settlement in the US. However, there were a number of challenges. I was not board certified because of my lack of US internal medicine training, and I did not have the right kind of visa; we were not in good shape financially because my wife and I had struggled to get by on my meager fellowship stipend for 5 years. However, in the end, everything worked out. I was given special permission by the American Board of Internal Medicine to sit for the board examinations without repeating the internal medicine residency, I obtained permanent residency (Green card) after working at the Pittsburgh Veterans Administration Hospital, and my/our financial situation had moderately improved. .

5. When I look from İstanbul to Cleveland, besides a very active physician there, I see a Murat Tuzcu who is very close to Turkey as well. For me, this closeness has two faces: First, you helped many young Turkish colleagues to have the opportunity for their professional progress in Cleveland Clinic, and second, you are actively taking part in several scientific platforms in Turkey. Considering your current satisfactory position in the USA, what is the reason for this extra effort?

Yes, I have this quite extraordinary opportunity to live 10 thousand kilometers away from my country but still have the ability to contribute to its academic and educational life, and for this, I consider myself very lucky. There are two important underpinnings for the realization of such a fruitful relationship. The first one is my hospital, Cleveland Clinic. I work in an institution that puts a very high value on international medical education. That is why I was able to have many young cardiologists from Turkey visit us and spend time in our department over the years. I do not think there are too many cities in Turkey from which I did not have a visiting scholar at one point or another. I



am very happy to say that every one of the young cardiologist have made me very proud, and I think that they returned with a feeling of accomplishment. I ask them to let me know the major changes in their careers, and I am delighted to hear of their successes. I also had a number of research associates with whom we did important work and published papers. I am proud to watch their flourishing academic careers.

The second important element is the welcoming and embracing attitude that I have seen from my colleagues in Turkey, without that I would not be able to continue this mutually beneficial interaction. I attend major national meetings and educational activities in Turkey. These occasions allow me to stay connected to the cardiovascular community of Turkey and make me feel as though I am a member of this community, rather than just a visiting professor.

I am a trustee of the American College of Cardiology and serve on a number of boards and committees of many international, professional, and scientific entities. These duties provided me with opportunities to support Turkey's standing in the global cardiovascular community. In short, I feel very fortunate to be able to give back to my country, the country to which I owe so much.

6. In a recently published article in Cumhuriyet Bilim Teknik, you were ranked second among the Turkish scientists according to the "h-score." Congratulations. The most remarkable thing in that list was that all top 10 scientists are

practicing in Western countries. I am sure you have noticed during your frequent visits that we do have very ambitious, dedicated, and hardworking colleagues in Turkey but without such an achievement. What is it that we lack over here?

It was surprising and exciting to be named together with such an illustrious list of people in the "h-score" listing. Around the same time, Thompson Reuters, which publishes the Science Citation Index (SCI), came out with its ranking covering the 2002–2012 time frame. I was very proud to see my name listed in The World's Most Scientific Minds and cited among the top 1% of the highly cited researchers. They have listed 3216 scientists from 22 broad scientific fields. Of these, 402 scientist from many different countries were in the field of clinical medicine. Only two other physician scientists from the Cleveland Clinic were included in the listing. Needless to say being among such an elite group is a special distinction. However, I am the first one to admit that this success has much to do with the environment in which I am working in.

I agree with you that environment, resources, and the scientific climate are as important, probably more important, than an individual's effort. Unfortunately, little more than lip service is afforded to health research and clinical investigation and to scientific research in Turkey. Furthermore, we are paying dearly for this. It is very telling that only 18 of the 3216 (0.56%) highly cited scientists are originally from Turkey. A more noteworthy and truly sad statistic is that less than half of these people work in Turkey. This means that our country (Turkey), with a lot of well-educated, hard-working, brilliant, academicians contribute only 1 in 400 to this list. This is not because of a lack of world class minds. It is because of a decade-long neglect of science. This unfortunate situation is most striking in the field of medicine. There is a lack of support for basic research or for consistent long-term commitment to translational and clinical research. Under these circumstances, it would be naïve to expect the young people to dedicate their life to medical research.

It is a folly to think that we can import medical technology and excel simply by using it. That would allow us to practice medicine at an acceptable level but not at a universally high level. I do not think it is possible to have an excellent health care system without investing in medical research and high level education and training. We can not win races if our only contribution is driving a car that is imported in its entirety.

7. You are one of the "big guys" in the area of transcatheter valvular interventions.

Can you tell us how this happened?

Since 1988 I was involved in catheter-based treatment of valvular heart diseases. I took care of patients with valvular heart disease and performed balloon valvuloplasty for decades. In 2006, we were one of the three hospitals in the US that started transcatheter aortic valve replacement (TAVR) by joining forces to conduct the initial feasibility trial (REVIVAL Trial). Then came the pivotal PARTNER trials. I was and continue to be one of the executive committee members of these trials. In the mean time,



we formed a multidisciplinary heart team that comprised extraordinary individuals at the Cleveland Clinic. This team distinguished itself as one of the best if not the best in the field of TAVR. We had only one 30-day death in our first 250 patients. We continue to provide excellent care not only because the heart team is clinically superb but also because it is actively engaged in clinical research and education.

8. Will TAVR be an alternative to surgery in the near future?

TAVR is already a very good alternative to surgical aortic valve replacement (SAVR) in high-risk patients. It may even be preferable to SAVR in these patients. In the recently published CoreValve pivotal trial, TAVR was found to be superior than SAVR in terms of 1-year-all-cause mortality. Recently presented data from the balloon expandable Edwards Sapien 3 registry were astonishing. In a population of more than 1500 high and intermediate risk patients, 30-day mortality and stroke rates were the lowest in the literature. The all-cause mortality was 2.2% in high-risk and 1.1% in intermediate-risk patients; disabling stroke rate at 30 days was no more than 1%. These powerful statistics suggest that TAVR will be a very viable alternative to SAVR in the near future. New valve designs that aim precise placement and minimal paravalvular regurgitation will allow us to test TAVR in all comers to see whether it is an alternative to SAVR across the spectrum.

9. What about the mitral valve?

There is no doubt that there is a big requirement for transcatheter solutions for severe mitral regurgitation. However, there are a number of serious challenges. The complex anatomy, frequently dynamic nature of the problem, and the diversity of etiology are some of the difficult but not insurmountable obstacles that face us. There are a lot of promising technologies for repair and replacement of the valve. At the Cleveland Clinic, we started a transcatheter mitral valve replacement (TMVR) program as part of an international feasibility study. I think the next 10 years will be the decade of TMVR. Unlike TAVR, it will not be an alternative to surgical treatment because mitral valve repair in suitable patients is done very safely and effectively. In contrast, patients with severe functional MR or those with degenerative MR but who are at high risk for surgical mortality and morbidity would benefit from a viable alternative.

10. Can you tell us more about the importance of heart team?

In the last decade, we have been seeing a paradigm shift in cardiovascular health care. We are slowly moving toward identifying ourselves by the diseases that we treat rather than by our training background alone. The collaborative environment of transplant teams and tumor boards are early examples of this transformation. Efforts of interventional cardiologist (IC) and cardiac surgeons (CS) taking care of patients with severe complex coronary artery disease within the context of the SYNTAX trial is another example. However, it was during the TAVR era that the concept of the heart team was widely accepted and codified in the cardiovascular space. In particular, it was noteworthy in light of the not always smooth past relationships between the IC and CS communities.

Without the integrated work environments created by the multidisciplinary heart teams, it would have been impossible to adopt a disruptive technology, such as TAVR, in such a short time span. Working as teams was instrumental for performing safe and iteratively improving procedures. In the last half century, since the introduction of the valve surgery, there have not been any large-scale prospective randomized trials proving the value of the techniques used and prosthesis implanted. In less than a decade, no less than six major randomized TAVR trials have been completed, and several more are in progress. Such a large body of work that rapidly moved the field forward would not have been possible without the commitment and hard work of many physicians and surgeons from different training backgrounds coming together to function as a single team. The future of the transcatheter valve therapeutics is bright because of functioning heart teams. Those who drag their feet to join would loose in the long run.

11. Füsün, your wife, is a doctor as well. I know that you have two children who professionally are not in medicine. Did (and how) having doctors as parents affect their professional choices?

I consider my professional successes to be an accomplishment of my family. If Füsün was not incredibly supportive of my work, I would not be where I am today. I can say the same thing for my children.

Neither my son Can nor my daughter Hande chose medicine as their profession. I do not know if my long, sometimes very long work hours, busy night, and weekend calls, and frequent travels dissuaded them from going into medicine. However, I am delighted with the paths they have chosen. I am a firm believer that you can achieve your own true successes and happiness only if you work in an area that you love.

12. What do you do outside the clinic in Cleveland? Do you spare time to watch movies in your home theatre in your basement?

I built a small movie theatre in the basement of our house when my children were young. It took months to complete

because I did all the work, including installing the projector, screen, and the sound system mostly during the weekends. It is not a professional work; however, I like how it came out. Now, my kids are grown and have moved on, and I try to make the most of it. I watch movies there while I exercise in early mornings before going to work.

13. "In a poetic situation, it is the Turkish poems that I recall first..." was precisely what you had told me some 10 years ago when we were conversing as to how it felt to spend most of your life in the States as a Turk. Do you still feel the same? Can you follow the contemporary Turkish literature?

I think there are certain things one can enjoy to the fullest only in one's native language. Poetry is one of them. Although I enjoy Thoreau, Ginsberg, and others very much, nothing moves me like the poems of Nazım Hikmet, Orhan Veli, or Yahya Kemal.

While I immersed myself in the professional and social life in the United States, I made a conscious effort to stay in touch with the cultural life in Turkey. Unfortunately, I do not have the time to read as much as I want to, but I always have several books from Turkey at my bedside table. I think it would have been difficult for me to appreciate the English language literature if I did not have a deep appreciation of the Turkish literature. Similarly, if you can not write and speak well in your native language, I think you would have difficulty in mastering a foreign language.

I also feel passionate about music. My wife and I enjoy classical music. We have one of the greatest symphony orchestras on the planet in our city. We regularly attend the concerts on Thursday nights. I also listen to classical Turkish music with similar gusto. I find many forms of music inspiring and enriching.

14. You have been writing a column in Milliyet. What motivates you to write every week? How do you find time for it?

When Sedat Ergin, then the editor chief of the Milliyet newspaper, asked me to write a weekly medical column in the summer of 2008, I thought there was no way that I could last for more than a few weeks. Working with a deadline on a weekly basis while simultaneously having a very busy clinical and academic career seemed incompatible to me; however, as weeks passed, I developed a following. I realized that this was an opportunity for public service. I always thought that health literacy is critical for improving the health of our patients. Over the years, I noticed majority of people in Turkey and in the US lack the basic understanding of their own health issues. Some of the sensational and incorrect health advices broadcasted or printed in the media were another reason that made me to try to convey a scientifically based medical information to the public. I generally focus on subjects related to cardiovascular medicine, general clinical practice, and new developments in health care. It is very challenging to write easily understandable pieces while accurately

conveying the essential information and to be engaging while avoiding sensationalism. It is a huge responsibility to go in front of thousands of readers every week. I learned that my readers promptly point out if I make a mistake. I spend my Saturdays on this project. We try to have most, if not all, illustrations be original drawings. We complain about public giving in easily to non-scientific statements; however, we do not do enough to provide scientific education to them. I hope I am making a small contribution to get the medical science out of the ivory tower and offering a view of it to the public.

15. What, where, and who do you miss the most in Turkey?

I miss my family and friends the most. I miss Istanbul where there are still so many hidden treasures to be found by for the inquiring eye. I miss the blue waters of the Aegean and the Mediterranean. I miss the Kadıköy Çarşısı and crossing to Karaköy while leaning on the railing at the deck of the vapur. In short, I miss a lot of things. However, I do not suffer for long. I am lucky because I frequently travel to Turkey (albeit for only brief durations).

16. As I reviewed, the previous interviews published in this journal, I observed a cliché in all. With my modifications, are you happy to be a doctor? Is there any other profession that you think you would be as successful as you are in medicine?

I would not choose another profession for anything. I very strongly feel that being a doctor is my calling. There is no other profession that directly allows its members to have an impact on people's lives to the extent that we do. Everyday, we touch many people's lives and through them so many families' lives. I have an ever-changing job with never a dull moment. When I look back, I see that over the last 40 years I have lived through many of the monumental developments in cardiovascular medicine. How can I even think of another profession ever coming close to being a physician?

17. Any regrets in your professional life?

If I should have to start over, I would try to balance my professional and personal life better than I did. I suppose that is a regret with many in our line of work.

18. Is there anything else that you want to say as an epilog?

I had a great time during this interview. It brought back many memories. I witnessed spectacular advances in cardiovascular medicine in the last 40 years in medicine. I am looking forward to the future with hope and excitement. The next 40 years will bring unimaginable advances. Thank you very much for giving me the opportunity to talk about my experiences.