

## DR. CALLISTUS DITAH, FELLOW CARDIOTHORACIC SURGERY



Dr. Callistus Ditah

The capacity to intervene on the human condition is an experience so satiating that I wish everyone had the opportunity to examine and judge in their lifetime. Having occasions to do this as a career is something I've neither adjusted nor commanded the comprehension to explain. As I reflect on my life's journey so far, the privilege afforded to me and my colleagues by our patients can only be measured

by the joy of going to bed, mostly tired, but comforted by the notion of rising early with another opportunity to interact with patients burdened by Cardiothoracic derangements—the prospect of exploring ways to heal “a broken heart.” This fact alone, is necessary and sufficient.

*“Before us is a true hero, one whose parting gift of life will change others forever... she loved everyone around her, was a fan of Justin Bieber and always protected her friends...”* I was captivated by this moment for a few extra seconds. *“Scalpel please,”* I murmured... and this marked my first human organ procurement.

This hospital was only a short ride from the airport where our plane was parked, waiting our return. We were there to procure a heart for transplantation. Absorbed by this experience, and for the first time in my career, I felt overwhelmed with privilege. To be part of this transaction, between two humans, on different paths in a fragile life. Parties who knew not of each other and considered no recompense. Howbeit, these two were only moments and a few surgical anastomoses away from being “connected at heart.”

As I returned, I agreed—it is okay to allow yourself to be swayed, and by so doing, become emotionally invested in the lives of your patients. It is healthy, and should be free of rub, something I've learned from my mentors at the University of Washington. I try to remind myself of these principles as necessary, yet with understanding that as a cardiac surgeon, perforce, celerity and precision must be accounted.

I was conscious of our patient, waiting for us at home in Seattle, and most vividly, his countenance. Earlier that morning, he shared his background with me, how engaged he had been with his community, his goals, and what it would mean to be able to get a shot at life again, an opportunity to think clearly, love and cry. How then could I employ levity toward this moment? During that conversation, I shared the prospects of a new heart by the end of the day, but as regulations usually stipulate, I couldn't share more.

Now at the procurement theatre, I voided my mind and two juxtaposing futures became apparent. Our team was fighting for these two patients in that moment and no one else mattered. Maybe the interracial nature of this transaction between our donor and recipient approbated more, in my eyes. Fast forward to several days later as our patient was getting ready to go home, he looked full of life. This experience held meaning to our team. It was pure, simple, and worked well for our donor and recipient.



Top: Dr. Ditah performing a heart transplant.

Bottom left: Drs. Chris Burke, Scott DeRoo, and Callistus Ditah (left to right) in the operating room.

Bottom right: Procured heart on the way to being transplanted.

Photo credit: Callistus Ditah