Clyde Yancy, MD, MSc, on why renaming the B-T shunt matters

AMA's Moving Medicine video series amplifies physician voices and highlights developments and achievements throughout medicine.

Featured topic and speakers

In today’s episode of Moving Medicine, in recognition of Black History Month, AMA's Chief Experience Officer Todd Unger is joined by Clyde Yancy, MD, MSc, vice dean of diversity and inclusion and chief of the division of cardiology at Northwestern University’s Feinberg School of Medicine in Chicago who discusses the importance of recognizing Black pioneers in medicine.

Dr. Yancy shares the story of Vivien Thomas who, along with Alfred Blalock, MD, and Helen Taussig, MD, helped develop the B-T shunt but was never fully recognized—the same story that inspired the HBO movie, "Something The Lord Made."

The Kathy Blake, MD, MPH, and Clyde W. Yancy, MD, MSc, article "Change the Name of the Blalock-Taussig Shunt to Blalock-Thomas-Taussig Shunt" is available on JAMA Surgery.

Speaker

- Clyde Yancy, MD, MSc, vice dean of diversity and inclusion and chief of the Division of Cardiology, Northwestern University’s Feinberg School of Medicine

Transcript

Unger: Hello. This is the American Medical Association's Moving Medicine video and podcast. I'm so excited today to have Dr. Clyde Yancy on the program in honor and recognition of Black History Month.

Dr. Yancy is the vice dean of diversity and inclusion, and the chief of the division of cardiology at Northwestern University's Feinberg School of Medicine in Chicago and we'll be talking about the importance of recognizing Black pioneers in medicine.
I'm Todd Unger, AMA's chief experience officer in Chicago. Dr. Yancy, it's so great to have you back. You recently co-authored a viewpoint with Dr. Kathy Blake that was published in JAMA Surgery and you told this fantastic story about Vivien Thomas, a Black man whose pioneering research was overlooked by medicine. Will you just start off by giving a little bit of background about who Vivien Thomas was?

Dr. Yancy: So, Todd, first, it's just a joy to work with you again. We've done a number of programs before and this program is just as important as any other, particularly since the AMA wants to introduce in this very important series commentary that is appropriate for Black History Month.

Yes, I had the opportunity to write and publish this story of Vivien Thomas. And not only write and publish the story but to generate a call of action. By a number of interesting intersections, it became evident to me that there was an opportunity at the STS meeting in January 2020 and the momentum to take this story forward.

What I mean by the momentum. As I studied the life and circumstances of Vivien Thomas, I saw so many parallels own life and I thought, "This story cannot lie dormant. We need to bring this story to the attention of everyone and generate a call to action." A call to action which was to think about the famous Blalock-Taussig shunt, and then name it appropriately for all parties involved in bringing that technology forward. Not only Dr. Blalock, Dr. Taussig but also the now Dr. Thomas.

Unger: You mentioned that personal connection. When you look at where Vivien Thomas was in his time and where you are right now, that must give you interesting perspective on what you've gone through to get to where you are as a physician and the frustrations that someone like Vivien Thomas would've had in his own era.

Dr. Yancy: So, there are parallels and there are contrasts. He started life very poor with nothing but a dream, trying to find a way to get to med school. I've articulated that narrative many times over and it's quite true. The difference is that economic calamity struck the entire country and his dream was halted. In my circumstance, we kept pressing, we kept pressing and opportunities came forward and allowed me to go forward.

One wonders what would've happened if Vivien Thomas would've in fact earned the MD, the PhD. How many more discoveries might have evolved? How many more generations of young persons of multiple backgrounds, ethnicities and races would've been inspired to go forward? That's what happens when we don't really capture the excellence that's embedded in all of us and that's why this story is so important because it tells us what we might have missed had there not been mentors and champions of Vivien Thomas to bring it work forward.

Unger: Even without a stock market collapse and The Depression, the odds of a young Black man at

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that time having the opportunity to go to medical school in the first place was ... It would be an
understatement to say limited.

**Dr. Yancy:** And so, think about why that's the case, though. All of us in organized medicine, me
included, recognized the famous Flexner Report at the beginning of the 20th century as the pivot
point that took medicine from being a trade to being a profession. By regulating medical education
and requiring prerequisites, it elevated the whole discipline of medicine to something that was beyond
barbering, which is where it was co-localized in the beginning, to something that was scientifically
based.

But in the execution of the Flexner Report, the vast majority of minorities serving medical schools
were disproportionately closed. Not because they didn't meet the bar scientifically but think of the era
we were in the early 20th century. So, only two minority serving medical schools remain.
Opportunities were limited. Those persons like Vivien Thomas seeking medical education thus had an
artificial and very difficult barrier in order to realize their dream. And in his case, he didn't realize that
dream, but he still realized his potential. That's an important part of the story.

**Unger:** Well, let's talk about that because even though he was not able to become a physician, he still
made enormous contributions to medicine. How did that happen?

**Dr. Yancy:** So, let's think about the story in medical history. Let's step away from any race
considerations, any social considerations.

Working with Dr. Blalock, they were keenly focused on the exigencies of the time, meaning young
men were away at war and were exsanguinated on the battlefield because of injury. So, Dr. Blalock
was trying to understand whether there's some lifesaving, quick procedures appropriate for field
applications that would save more of our men that were fighting.

As he's trying to understand the pulmonary circuitry as it connects from the heart to the lungs, his
fortuitous engagement with Helen Taussig was this great intersection of opportunity where, "Wait,
maybe these surgeries that we're working on to resuscitate those that are going through hemorrhagic
blood loss might be appropriate for these children that are dying at such an early age from cyanotic
heart disease."

And so, with Vivien Thomas as his primary partner, developing these procedures that devised this
way of restring blood flow so that oxygenated blood could then enter into the cardiovascular
circulation in cyanotic children. This was a substantial breakthrough and it began the process of
saving lives for the classic Blue Baby Syndrome, and the eponymous procedure was called the
Blalock-Taussig shunt. That's where we go back and revisit the pain and the challenges that Vivien
Thomas experienced being accepted as more than just an orderly or an aide but as a scientist.
Unger: He later then moved with Blalock then to Johns Hopkins.

Dr. Yancy: That's correct. And in Johns Hopkins, really faced exactly what so many other people like him faced. Such stark segregation, such compelling rejection of his presence in professional environments. But it was Blalock that insisted on bringing Thomas forward. It was Blalock that invited Thomas into the operating room. It was Blalock that had Thomas teaching other surgeons how to do this procedure.

If you really sit back and digest his story, it's a story about diversity and what happens when there isn't diversity. Think of the talent, the insight that Thomas had. It's a story about allyship. Imagine what would've happened had Dr. Blalock not served as an ally for Vivien Thomas. It's a story about inclusion. Look at what really happens when you're brought together. Helena Taussig, a superb pediatric cardiologist, by the way essentially deaf, who examined children with her hands and eyes. You bring Vivien Thomas in with incredible spatial perception, understanding how to bring things together to effect that outcome. And you bring the captain of the ship in the room, Dr. Blalock.

I mean, it makes you almost have hives a bit. You say, "Boy, what an intersection. What an opportunity bringing these three different talents in the same room to solve this terrible problem of children born with cyanotic and general heart disease." That was an eruptive moment in the history of medicine, not just Black history but in the history of medicine.

Unger: Your description is so evocative. I am seeing the movie as you are talking through this story. This did have a tremendous impact then on medicine. Will you talk a little bit about those outcomes?

Dr. Yancy: So when we think about this, we realize some painful experiences in the history of medicine. Nobody was a saint and everybody was laboring in a cultural environment where there were stark differences between people as a function of skin color. We can't look away from that.

In the original report of the Blalock-Taussig procedure, Vivien Thomas was simply not mentioned. When it was revisited some years later, he still wasn't mentioned. It wasn't until the contemporary era where there became a movement to acknowledge his contributions. Johns Hopkins gave him an honorary doctorate degree. His portrait appears in the same portrait for hall now as Dr. Blalock. And portraiture medical schools has become an eruptive conversation and that's a discussion for another time but he is correctly juxtapositioned with his research partner.

All of these were difficult steps that required some plasticity in society and in our judgements of others for it to come forward but come forward it did. So now we're at pivotal moment, both consequential and regrettable. It's consequential that we are making the effort to really bring Vivien Thomas' name into the references of the Blalock-Taussig shunt and we're using the power of the medical literature to do this so that we can insist that whenever there's reference to the Blalock-Taussig shunt, particularly
in the JAMA enterprise, that will default to the Blalock-Thomas-Taussig shunt.

So, that's the consequential part. The regrettable part is that it took so long. Think about how many people would've been inspired, think about how many people would've understood these important lessons of diversity, allyship and inclusion earlier had we trumpeted this story sooner. But nevertheless, it's there. It's interesting that, by my own persuasions, I'm not a fan of eponymous procedures because I believe that invites a further exposition and further exploration of individual stories, and I don't think any of us would like to have our stories up for complete public scrutiny.

So, I think that as time goes on, the right thing for us to do organized medicine is to take a step back not from our medical history but from adorning it with eponymous nomenclature. But in this case, it matters because it forces us to say why we're making this change. What's the story behind the change? And no matter how you begin this narrative, no matter from what perspective you begin, the way you leave this narrative forces you to think differently about our history.

Unger: Now, you mentioned regrettable in that second half and I think one of the other regrettable aspects that we see is that Vivien Thomas was not the only Black pioneer to be overlooked by medicine. Does uncovering and talking about these stories help create a better and more equitable future for medicine?

Dr. Yancy: Absolutely, because it gets us to a very contemporary topic. We think constantly about the pernicious influence of subconscious bias in medical decision making, in decisions about who enters the workforce and from what backgrounds, because we apply our stereotypes all the time. One of the most effective tools we have to address implicit bias stereotyping even is introducing positive biases.

What happens if you recognize at Vivien Thomas, a Black man, was likely predominantly responsible for a lifesaving procedure that changed the natural history for thousands of children? You'd feel a little bit different. And if you go through the rest of this history, if you think about other contributions of individuals self-described as Black or African American, and realizing that those contributions changed the life and living circumstances for many, then the positive bias shows up and it provides a counterweight for the subconscious biases that can sometimes be so halting on so many people.

Unger: Dr. Yancy, this has been an inspiring story. Thank you so much to you and Dr. Blake for telling it in just a special way as we recognize Black History Month today, this month.

That wraps up today's episode and thank you again for being here. We'll be back soon with another Moving Medicine video and podcast. In the meantime, make sure not to miss any of these fantastic episodes. Hit subscribe on our YouTube channel or check out all our videos and podcasts at ama-assn.org/podcasts. Thanks again for joining us, please take care.

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