

## Adib Domingos Jatene, 1929-2014

Anis Rassi

Faculdade de Medicina, Universidade Federal de Goiás - Brazil



Adib Domingos  
Jatene

1929-2014

Or simply Adib to me, was born in Xapuri (AC). At birth, a voice (that of God!) made itself heard in the following words: *“Maktub: this newborn will distinguish himself among many and, like few others, will know how to lead himself and lead those who seek him. The work that will be imposed will be twice the common, and his dynamism, his reputation and his intelligence will take him to the pinnacle of glory.”*

Adib was born of Lebanese parents; his father, a merchant, who traded with rubber tappers, died of yellow fever when Adib was two years old.

Three facts coincided in our lives. I am also the son of Lebanese parents, (my father was also a merchant), we were born in the same year (1929) and graduated in Medicine in 1953, he at the School of Medicine of the University of Sao Paulo (*Universidade de São Paulo - USP*) and I at what was then the National Medical School of the University of Brazil (*Faculdade Nacional de Medicina da Universidade do Brasil*).

With his father's death, Adib moved to Uberlândia (MG) where his mother established a business.

During his youth, after finishing the school level called at that time *ginásial* (middle school), his interests switched from Engineering to Medicine to the delight of our profession for what he later would become.

Our first meeting took place in Uberaba (MG) in 1956 during a medical congress. After that, we established an increasingly solid friendship, anchored by trips to the Institute of Cardiology of the State of Sao Paulo (*Instituto de Cardiologia do Estado de São Paulo - ICESP*), which today is the Institute Dante Pazzanese of Cardiology (*Instituto Dante Pazzanese de Cardiologia - IDPC*), and encounters in scientific meetings for nearly 60 years in various parts of Latin America in which he spoke about heart surgery and I spoke about Chagas disease.

I followed closely the scientific trajectory of this great friend.

From an early age, Adib demonstrated a penchant and passion for surgery and after the fourth year of medical school,

he began frequenting operations rooms (general, thoracic and cardiac surgeries) as an active participant.

Feeling qualified for professional practice, he moved to Uberaba where he performed thoracic surgeries as a pioneer in the region. In 1955, he became the professor of Topographical Anatomy at the School of Medicine of the Mineiro Triangle (*Faculdade de Medicina do Triângulo Mineiro*) and there he had the opportunity to demonstrate his skills. He wanted to develop experimental heart surgery, but he lacked the artificial heart-lung machine that had been recently invented. He set himself to build the machine with his own hands, using the services of professionals of an auto repair and engine reconditioning shop. It is easy to imagine how much trouble had that 25-year-old young man to develop the project, because at that time Uberaba, like other country towns, lacked the appropriate materials for that type of work.

Aware of the maxim *“There is no problem without solution, solution without defect, and defect that cannot be corrected”*, when Adib did not have an air compressor or oxygen torpedo at the School to trigger the respirator, he adapted a truck tire for that purpose. After a Homeric work with countless modifications, he eventually built a prototype that he introduced to the medical public during a congress in Araguari (MG).

After that (1958), he had the opportunity to return to Sao Paulo at the invitation of Professor Zerbini, to be hired by the Clinical Hospital of the School of Medicine of USP and, also, a few months later, by what was then the ICESP, accompanying Professor Zerbini on his surgeries at both institutions, as well as in his private clinic.

Uberaba was the beginning of Adib's journey which comprised six decades of incessant work. In Sao Paulo, he would have all the conditions to perform the tasks he proposed, because both at ICESP as well as at the Clinical Hospital, he had increasingly larger workshops, which were better equipped and with a greater number of professionals. I visited the original workshop at what was then the ICESP, referred to simply as “workshop”: it was a small room about 5 x 4 m<sup>2</sup> with only one employee. Over the years, it grew in physical space, staff, tools and everything necessary to build surgical instruments and equipment (copies and originals), manufacturing valvular prostheses, bubble and membrane oxygenators and other equipment, all under Adib's guidance. The “workshop” was renamed Bioengineering Workshop (*Oficina de Bioengenharia*), which eventually became the Technical Center of Research and Experiments (*Centro Técnico de Pesquisas e Experimentos*). The first extracorporeal circulation equipment and accessories for use in humans was built there. In this workshop, Adib also built the first artificial cardiac pacemaker, which had just been added to the therapeutic arsenal of bradyarrhythmias, similar to the ones manufactured abroad, and which he named “ICESP model”. Compared with current ones the generator was bulky; it measured about 8 cm in diameter, weighed approximately 150 g and was powered by a mercury battery with a half-life

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Mailing Address: Anis Rassi •

Rua T15, 1085 - Setor Bueno. Postal Code 74230-010, Goiânia, GO - Brazil

E-mail: anisrassi@arh.com.br

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of 8 months. One of the first implanted individuals in October 1966 was a patient of mine with iterative Stokes-Adams attacks due to complete atrioventricular block of chagasic etiology.

An extraordinary man, this Adib; an honor and glory to a country. He was an advisor and opinion former. Wherever he was in public, he was never alone because in a few minutes, a large number of colleagues and friends would gather around him to listen to his opinion or advice about a particular subject – and not only medical subjects, because he had great general knowledge.

He mentored a large number of heart surgeons who are rooted in various regions of Brazil and other countries in Latin America.

His name became eponymous of his universally accepted surgery for correction of the transposition of the great vessels (Jatene procedure).

In a mini-autobiography, available on the internet, Adib reported that he did not know how he was invited to take the position of Secretary of State of Health of Sao Paulo during Paulo Maluf's administration, because he did not even know him personally. I know, and I learned the story through the late and great friend of mine and of my brothers, Calim Eid, who was Maluf's campaign treasurer. Adib, as a member and president of one of the commissions – the health commission, formed to build an action program for the newly elected governor – produced a document of exceptional quality.

In this position as Secretary of State and, subsequently, as Minister of Health, he had to reconcile his administrative role with his professional activity. As a Secretary, he operated during lunchtime and, as a Minister, on Saturdays and Sundays, always in São Paulo. Another demonstration of love and dedication to the profession!

As a Minister, he worked hard to recreate the Provisional Contribution on Financial Transactions (*Contribuição Provisória sobre Movimentação Financeira*, CPMF) without succeeding, due to political maneuvering. Adib had been the main articulator of the original CPMF, which was no longer exclusive of the National Health Fund (*Fundo Nacional de Saúde*), instead being divided by law almost in half, with Social Security and a program for poverty eradication. In an interview, when asked if his departure from Fernando Henrique Cardoso's administration was related to the CPMF, he replied that yes, it had a direct relationship. He described the events as follows:

"(...) I asked him [FHC] to commit that the Health budget would not be reduced. CPMF would enter as an additional. And he: "This I can assure you". After the approval, the Department of Treasury reduced my budget. I went back to the president. I said: in the Congress, I was told this was going to happen. I answered no, because I had your word. If you cannot keep your word, I understand your difficulty. But do me a favor. Put someone else in my place. That's how I left, in November 1996 [*sic*].

Total detachment from the position! Adib was in that position to serve Brazil, and not himself.

At a time in which Goiás had no cardiac surgery, at my request Adib operated on about a hundred patients with heart disease, all covered by Social Security. He became our creditor.

Among Adib's initiatives as IDPC's director, I participated in two that showed him to be a fast-acting administrator. The first began in Fortaleza, during the Congress of the Brazilian Society of Cardiology (SBC), in 1973. He told me that he intended to treat one hundred patients with chronic Chagas disease with benznidazole and follow them up through the years to observe if this trypanocidal agent would interrupt the evolution of the disease. "Excellent idea", I told him, because this is one of the goals of the specific treatment. I then added that the significance of the IDPC would demand a more far-reaching work. We outlined right there what would become an outpatient care for individuals with Chagas disease. At his request, I appointed Elias Boainain as director and committed myself, also at his request, to receive the colleague in Goiânia and give him the guidelines of etiological treatment, which I did. Approximately one year later, the construction of a completely equipped and functional two-story house was completed at the courtyard of the IDPC. The productiveness of the service was such that in a short time Elias accumulated 68 cases treated with nifurtimox (36) or benznidazole (32) and which resulted in a habilitation (*livre-docência*) thesis in 1977.

The other initiative concerned the *stricto sensu* post-graduation. Around 1974-1975, I suggested to Adib the establishment of Master and PhD programs because IDPC already had the *lato sensu* (specialization) post-graduation, much sought after by graduates from Brazil and other Latin American countries. We exchanged ideas on the subject and agreed that one of the qualifications of potential and future PhDs would be the achievement of the habilitation (*livre-docência*) title from the Federal University of Goiás (*Universidade Federal de Goiás*), where I was head of the Department of Internal Medicine of the Medical School. Elias Boainain, Hélio Magalhães, Michel Batlouni and Renato Duprat were all enrolled, approved by a board of examiners of national repute. I only regretted that Walter Nogueira, with his thesis already printed, could not enroll because he lacked one or more months to complete ten years from his graduation, a condition for enrollment.

Adib's *curriculum vitae* has enviable extent and quality: twice Minister of Health State (Fernando Collor de Mello's and Fernando Henrique Cardoso's administrations), Secretary of State of Health (Maluf's administration), Director of the Medical School of the University of São Paulo (*Faculdade de Medicina da Universidade de São Paulo*), Director of IDPC, Heart Institute (*Instituto do Coração - InCor*) and the Hospital for the Heart (*Hospital do Coração, HCor*) – three of the most distinguished cardiology services in Brazil -- author and co-author of about 700 scientific articles published in journals, books and annals of national and international medical congresses, about two hundred titles, accolades and awards received from various countries, and member of about 30 scientific societies throughout the world.

Adib left medical practice at the age of 80 years to live in Sao Paulo and in the city of Itajobi (SP), in his rural property where his family gathered.

He was survived by his widow Aurice (to whom he was married for more than 60 years), four children (three of whom are doctors: Fabio, cardiac surgeon, Ieda, cardiologist, Marcelo, pediatric cardiac surgeon, and Lara, who is an architect), as well as 10 grandchildren, all honoring and dignifying their parents' names.

As we can see, the prophecy was fulfilled to completion.