

A CONVERSATION

with ...

Dr. Wayne F. Larrabee, Jr.— Artist And Humanitarian

By Andrea M. Sattinger

Words and images. Careful observation. Tools of the trade—for art and for medicine.

As expressed by M. Therese Southgate, MD, the respected covers editor of the *Journal of the American Medical Association*, art and medicine share, among other things, “a common substrate—the physical, visible world of matter,” and the facility that behooves the practitioner in both fields is the “keen eye” that enables an individual “to ferret out the tiny detail from the jumble of facts, lines, colors—the tiny detail that unlocks a [work of art] or a patient’s predicament.”¹

Wayne F. Larrabee, Jr., MD, Clinical Professor of Otolaryngology—Head and Neck Surgery at the University of Washington in Seattle, and director of the Larrabee Center

for Facial Plastic Surgery, which he opened in 1990, possesses that keen eye. In his clinical work and teaching, worldwide humanitarian endeavors, and avocation as a poet and photographer, Dr. Larrabee assesses and composes, deciphering what he sees, and executing with precision whether by scalpel, camera lens, or pen.

Dr. Larrabee has held a number of leadership positions in otolaryngology during his career. Among them: He is the current president of the American Board of Otolaryngology. He is the founder and editor of the *Archives of Facial Plastic Surgery*, part of the *JAMA/Archives* family of journals, which has just celebrated its 10th anniversary. He has been president of the American Academy of Facial Plastic

continued on page 4



Dr. Larrabee and his wife, Tane, with Cate (age 4), Grace (age 3), Rinat (age 1) and Gregory (age 8).

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A Conversation with...

continued from page 3

and Reconstructive Surgery and the American Board of Facial Plastic and Reconstructive Surgery. He is the recipient of dozens of awards, including citations for his contributions to facial plastic surgery, excellence in teaching and in research, and pro bono surgical treatment of the victims of war violence.

Beginnings and Appointments

After graduating in 1971 from Tulane Medical School in New Orleans with an MD and an MPH in epidemiology, Dr. Larrabee held a surgical internship in San Francisco. Then, as a major in the US Army Medical Corps, he directed public health and disaster relief programs for the Southern Command in Latin America. He earned an Army Commendation Medal for public health efforts including the development of a hearing conservation program in the Canal Zone, medical civic action work in the Republic of Panama, and relief work during the 1972 earthquake in Managua, Nicaragua.

After a surgical residency in New Orleans (see “Charity Hospital”) and a residency in the Department of Otolaryngology and Maxillofacial Surgery at Tulane University Hospitals, he accepted an appointment at the Virginia Mason Medical Center and moved to Seattle in 1979. He progressed to become section head and president of the research center board.

Dr. Larrabee now directs the University of Washington School of Medicine’s fellowship program in facial plastic surgery. He is First Vice President of Pan Pacific Facial Plastic Surgery Society and President-Elect of the International Federation of Facial Plastic Surgery Societies.

Travel and Contribution

Dr. Larrabee began his humanitarian work in Central America in the 1970s, but has since participated in medical missions to Mexico, Haiti, Africa, Kazakhstan, and China. In recent years he has generously contributed to the work of the Smile China project—a Toronto-based charitable organization founded by Joseph Wong—performing surgical interventions for cleft lip and palate deformities to children in the People’s Republic of China. In China, these deformities occur in one in 700 births; each year there are more than 40,000 new cases, of which 10% go unrepaired.²

“These missions are life-affirming for the surgical team,” said Dr. Larrabee. “Without the administrative headaches we work with every day in our own practices, the surgeon can focus on transforming the lives of young patients with facial deformities. The joy and excitement we felt in our early careers return spontaneously. We remember why we became physicians and surgeons. And most



A Chinese mother with her child, whose cleft lip was repaired by Dr. Larrabee’s team.

important, when we return to our day-to-day practice in the US, we are able to see through the many obstacles between us and our patients and to realize that our essential relationship with them remains.”

As Vice President for Education of the American Society of Facial Plastic and Reconstructive Surgery, Dr. Larrabee worked with colleagues to begin the Face to Face Program. This group provides reconstructive facial surgery for patients with war casualties, as well as those with injuries from domestic violence. Dr. Larrabee arranged the first trip for this purpose to the former Yugoslavia as it was just beginning to dissolve. He made about seven subsequent trips to treat victims, from all sides of the Balkan wars, who have incurred injuries. His team of physicians from five US states and Switzerland worked pro bono at local hospitals, and eventually taught the physicians and students who were handicapped by insufficient equipment and supplies. The group’s teaching is an important component of its work because, ultimately, these practitioners must treat these patients independently.

In 2007, Dr. Larrabee participated in beginning the not-for-profit Global Surgical Outreach (www.globalsurgicaloutreach.org) to examine the global burden of surgical disease and to sponsor surgical missions. Through this project, Dr. Larrabee and his colleagues are taking a systems-analysis approach to surgical status. The group is publishing and educating on congenital abnormalities and their reconstruction, studying the epidemiology of the congenital deformities they see, and evaluating the outcomes of interventions performed. In addition, through a new working group of the American College of Surgeons, they are applying for grants to fund investigations of the impact of surgical disease in less-developed countries.

“In international work, the surgical programs have been the poor stepchild of public health in terms of money and hours invested,” said Dr. Larrabee. “Facial deformities are now gaining more attention because the importance of patients’ quality of life

issues is being recognized.” As the Smile China project describes it, “After years of shame and isolation, these children are transformed—like a beautiful butterfly coming out of its cocoon—into outgoing, ambitious, and confident individuals.”

“If kids with cleft palates go unrepaired, they can’t get a job, can’t go to school, can’t get married,” Dr. Larrabee said. “We’re collecting the data on what results in these children’s lives from performing a certain intervention; that is, how many years of life or good quality of life will each child get?”

The group hopes that by providing evidence of the huge difference these interventions make, it will be easier to raise funds worldwide.

Upcoming travel for Dr. Larrabee will include a Smile China-sponsored trip to China in September 2009. Also, he and another surgeon will make a return trip to Kazakhstan in an effort to expand missions to central Asia and elsewhere.

K. A. Kelly McQueen, MD, MPH, an anesthesiologist and public health consultant in Phoenix with a special interest in the provision of surgical care following disasters and in humanitarian crises, knows Dr. Larrabee from their work with the Global Burden of Surgical Disease working group (www.gsd2008.org). The group first met in 2008 with support from the University of Washington and Operation Smile, a project similar to Smile China.

“The scientific work and writing Dr. Larrabee does is very important,” said Dr. McQueen. “He works diligently advocating for the cost effectiveness of surgical intervention and the important role of surgery within global health.”

Family

Dr. Larrabee and his wife, Tane, who is originally from Hawaii, have eight children between them, including a son from Tane’s previous marriage (Spencer, age 21), their son Gregory (age 8), and three Latin American children (Shane, age 33, adopted from Costa Rica; Kai, age 27, from Colombia, and Sascha, age 31, who is Mexican-American). The couple just adopted from Kazakhstan three children, two sisters and a brother (ages 4, 3, and 1), who currently speak only Russian. Although the Larrabees intended to

Charity Hospital, New Orleans 1735–2005

by Wayne Larrabee

Generations climbed her stone steps,
disappeared for years inside grey walls,
learned to live thirty-six hour days
and then to sleep without dreams.

We passed through admit rooms
studied gunshot wounds
and abdominal pain,
absorbed impermanence
and accepted death.

We walked the deep night wards,
silent save for an occasional moan,
listened for the absence of breath.

We emerged changed—
not more compassionate perhaps,
but calmer, sadder, more resigned.

From those years much was lost,
lives and stories forever gone.

Our hands remember though—
how to wield a knife
separate good tissue from bad
preserve vessel and nerve
and something more—
how to touch a dying patient
whisper a wordless benediction
and receive a blessing in return.

This poem was first published in JAMA in 2006 (JAMA 2006;295:1224). Copyright ©2006 American Medical Association. All rights reserved.

adopt just one child—and in fact, one from China—the process there was long and drawn-out. Instead, they switched gears and pursued connections in Kazakhstan. Because the adoption agency does not split up sibling groups, they took all three.

How does he keep up with his busy schedule of teaching, writing, practicing, and medical trips with four young children at home? “The answer to that is that my wife is a saint,” he said.

Words and Images

Among Dr. Larrabee’s many interests is a devotion to the arts, and he is a multitalented artist himself. His poetry, which he began writing in high school, has been published in poetry reviews as well as medical publications, including *JAMA* and *The Lancet*.

continued on page 6

COSM 2009: American Laryngological Association

Outgoing ALA President Forecasts Bright Future

By Thomas R. Collins

PHOENIX—Laryngology is enjoying a resurgence in the world of endoscopy and the future of the field is promising, outgoing American Laryngological Association (ALA) President Roger L. Crumley, MD, MBA, said in his presidential address at the 130th annual meeting of the association, an address that touched on the discipline's past as well as challenges it is facing.

"Our endoscopic future is, in my view, evolving and growing before our eyes, and it is as bright as the brilliant light sources in these new scopes," Dr. Crumley said. "Indeed, our specialty is once again assuming its proper leadership role in these venues."

Even as laryngology is improving its ability to attract new doctors interested in

endoscopy, though, Dr. Crumley called on the association members to help improve the bottom line of the organization in unveiling a Sustainers' Fund capital campaign.

Dr. Crumley's lecture came just before his tenure ended and the reins were passed on to new President Marvin Fried, MD.

Laryngology's Role in Endoscopy

Dr. Crumley traced the arc of laryngology's role in the realm of endoscopy, which has gone from a prominent role, to a less prominent one, to a role he said is now on the rebound.

"I find it very interesting to think of the hard-core otolaryngic time when we owned esophagology and bronchoscopy—in the

era when otolaryngology clearly dominated airway endoscopy," he said. "And even later, when I trained in the early '70s, otolaryngology did virtually all the bronchoscopies and esophagoscopies in many, if not most, university centers in those days. However, our colleagues in the pulmonary and gastrointestinal subspecialties of internal medicine were astute and keen to perform endoscopy."

The role began to wane from the late 1970s through the early 1990s, he said.

"Esophagoscopy evolved in some centers to be more frequently performed by non-otolaryngic physicians," Dr. Crumley said. "In fact, by approximately 1990, it was noted that there were some ENT residents who would sit for their board exams who finished their residency training with very few, or

no, bronchoscopies or esophagoscopies."

The times are changing, he said.

"Maybe, as some have asserted, we as laryngologists were asleep at the switch, but the good news is that that has changed and continues to change. In the past year, for example, I have spoken with many younger otolaryngologists and laryngologists, all of whom devote a rather large percentage of their time to doing many transnasal esophagoscopies, TNE bronchoscopies, percutaneous gastroscopy, and some truly gastric procedures through today's advanced endoscopes."

Sustainers' Fund

Dr. Crumley also discussed the Sustainers' *continued on page 7*

A Conversation with...

continued from page 4

A long tradition of doctor-writers and poets inspires him. Modern poets who have influenced him include Pablo Neruda, Vicente Aleixandre, Charles Simic, W.S.

Merwin, Mary Oliver, and Elisabeth Bishop; his favorite physician writers are Anton Chekhov and William Carlos Williams.

"William Carlos Williams wrote deceptively simple poems, frequently scrawled on his prescription pads as he hurried through a busy practice in Rutherford, New Jersey," said Dr. Larrabee. "Although

much imitated, he remains unique in the 20th century."

One of Williams's students was a neighbor and friend of the Larrabees in Seattle. "Denise Levertov was a magnificent poet in her own right and she became my teacher," said Dr. Larrabee. "On Sundays, over tea, she would read and critique my latest work."

Once, when he was struggling with a poem, she advised him: "Don't work so hard. If you try to force the poem, it will never be the poem it was meant to be. Just look at it from the corner of your eye, and let it be born naturally."

This reminds him of the advice that Dr. Akio Kitahama, one of his surgical mentors at Charity Hospital, gave him in regard to surgical dissection. "Dr. Kitahama said: 'If it's hard, it's wrong,'" said Dr. Larrabee. "Although that's not always true, skillful surgical dissections usually do look and feel 'easy.' And good poems, like good surgery, require skillful craft."

To His Colleagues

Dr. Larrabee feels hopeful about the state of medicine in general and the offerings of otolaryngology in particular.

"There is a lot of gloom and doom about medicine—the issues, the complexity of modern practice, the paperwork that we deal with daily in academic and private practice alike," said Dr. Larrabee. "But at end of the day, we are so blessed. For such a small specialty, otolaryngology is a wonderful field: It is creative and it is challenging. This is a specialty that can give us great personal satisfaction." ENT

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