

R A. Cowley, MD: Persistence and Persuasion

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Those of us who worked with Dr. Cowley for only a decade of his multi-decade career frequently were in awe of him. As we are asked to reflect and honor him—a man about whom it can truly be said “he is a legend in his own time”—we are once again awestruck. Persistence and persuasiveness, always with a view toward patient care, are the attributes that come back to us again and again.

While many use the phrase “The Golden Hour,” many also have forgotten or never knew that he originated it. Starting as a cardiothoracic surgeon before the era of cardiopulmonary by-pass, he would have an assistant in the next room fashioning an aortic graft tailored to the patient’s needs while he was completing the dissection. His interest in the human response to shock and the human intervention to treat shock led to his work in trauma and emergency medical services. His early recognition of the importance of prehospital care and the training of prehospital providers combined with his focus on rapid transportation and effective communications, underline how it was that he was using the word “systems” decades before EMS and trauma “systems” became common parlance.

As trauma fellows, and later as trauma surgeons, he taught us the trauma team concept, i.e., that a well-trained team is composed of multiple disciplines which must work together, but that there also has to be a captain to take responsibility for the team. He spoke about holistic care as a humanist who considered the patient’s family. Once the EMS system and trauma care were developing, he focused on rehabilitation to begin to care for patients who previously never survived to rehabilitation.

Dr. Cowley’s range of thinking extended far beyond the operating room. He recognized and taught us the importance of information dissemination, from face-to-face training to satellite communications, and the importance of data collection and analysis in all that we do. He emphasized the importance of public awareness and prevention activities and recognized disaster management as an extension of day-to-day operations.

Beginning with a 2-bed shock research unit, he developed the equivalent of a 100-bed shock/trauma hospital, which despite his objections bears his name today. But his work and his legacy is not measured in bricks and mortar alone. Over 150 trauma surgeons had their fellowship training in his program. Well over 1500 residents trained through the Shock Trauma Center. The number of nurses and prehospital providers who were influenced by his training must count in the thousands, if not millions. The recognition that many in addition to clinicians must be trained to manage EMS is reflected in the establishment of the

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Emergency Health Services program at the University of Maryland Baltimore County, which he played a major role in establishing.

The demands he placed on his staff were never more than the demands he placed on himself. The word “commitment” seems inadequate to describe a man who put in seven-day work weeks, 52 weeks a year, during his entire career—those were his personal standards. Perhaps, it was this energy and this commitment which gave him the credibility to persuade and to persist, always with the goal of better patient care. Whether speaking to the U.S. Congress, state governors and legislators, nurses, EMTs, or physicians, his persuasiveness as Director of MIEMSS was remarkable. To cite but one example, it was this thoracic surgeon who brought together the Fire Departments and the Maryland State Police, and convinced the medical community that a medical evacuation system using ambulances and helicopters could indeed save lives. In 1990, this is not a new idea. In 1969, when the first Maryland med-evac took place, this was a revolutionary idea.

As a builder, he developed both the Shock Trauma Center and the State EMS program as a single entity—MIEMSS—which remains unique. It can be said without exaggeration that he indeed is a unique individual who has touched and helped millions of people whom he has never seen. We were in awe of him, and we still are. Our challenge is to continue his work, remembering his persistence and persuasiveness, always toward what is best for patient care.

Editor's Note

As the third editor for this journal, managed with great assuredness by my predecessor, Dr. Cowley, I have come to benefit from the great strides our specialty has taken in the past four decades. At every step, R Adams Cowley has been at the forefront of this race to provide care to the victims of traumatic injury. While the pace of change and the duty of standing watch for disaster can obscure the achievements of those who have broken this path, I thought it appropriate at this time to express our gratitude to one of the world's true leaders in the development of Emergency Medical Services.

It was Dr. Cowley who began to lift us from our lethargy about the “neglected disease” of our time and who awakened many with the message of how poorly prepared we were to face disasters. His was the lone voice in the wind when priorities were directed at other more mundane areas of medicine. His steady and persistent call to establish prehospital emergency services and to meet the challenge of disaster has brought us to where we are today. He originated the concept of a continuum of critical care from the streets and his work is found throughout all its phases—from prehospital care, through emergency receiving facilities, into the operating suite, and on to intensive care. He is responsible for the change in our approach to the life-threatened trauma victim—from extensive field stabilization to rapid movement into the operating suite. For all of us who daily reap the benefits of your work and for all who will, we thank you, Sir, for giving us your “GOLD-EN HOUR.”

Marv Birnbaum
Editor