FOR MORE THAN THREE DECADES, FRANK ITTLEMAN, M.D., HAS OFFERED THE GIFT OF COMPASSION AND SURGICAL SKILLS TO HIS PATIENTS, AND THEY IN TURN HAVE GIVEN HIM SOMETHING JUST AS VALUABLE.

In the L-shaped desk in his cozy office on the fourth floor of the Fletcher Building at Fletcher Allen Health Care, Frank Ittleman, M.D., slowly opens a drawer. It’s intended for hanging files, so it’s sizeable, but it’s still not large enough to contain its contents. Envelopes of many colors spill onto the floor beneath the desk, and Ittleman laughs, with a hint of embarrassment.

The drawer is filled with thank-you cards and letters from patients on whom Ittleman has operated over the course of the last 30-plus years. Division chief of cardiothoracic surgery at Fletcher Allen, professor of surgery in the College of Medicine, and medical director for cardiovascular services at CVPH in Plattsburgh, he’s kept every one he’s ever received.

“When things get tough, I think about some of those letters and people,” he says, picking one up at random. “We’re coming up to our 22nd anniversary,” he reads, smiling wistfully, and then interrupts himself. “The support they give is important,” he says. “You do this profession for many other reasons than being able to earn a living. It’s that gratitude from the patients—just a simple ‘thank you’—that’s enough for me.”
“He’s smart, and he’s humble,” says John Rao, a Burlington restaurateur who underwent a triple bypass at Ittleman’s hands nearly a decade ago. He was surprised to find that Ittleman was “just a regular guy. He was calming and easy, and kept careful tabs on Rao while he was in recovery. Rao’s next-door neighbor, an emergency room surgeon, once said to Rao of the right-handed Ittleman, “I would rather have him operate on me with his left hand than most interns because he was much more helpful than most... He was observant and he was careful.”

“Technically, he was excellent, and for an intern, he was head and shoulders above anyone I had seen or worked with at that level. He was much more helpful as an assistant than most interns because he was so perceptive — he was observant and he was careful.”

Recently, Ittleman received a particularly substantial thank you, in the form of an anonymous $1 million gift to the College of Medicine and Fletcher Allen in his name. The donor was a former patient who had a close relationship with Ittleman. The two men have known each other since Ittleman arrived in 1972 as an intern at what was then the Medical Center Hospital of Vermont. “It was obvious to me that this was a special person right off,” says Koplewitz.

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He returns handwritten replies. Below, a still life from the office of a committed cardiovascular surgeon whose passion has not been forced.

Ittleman chose to major in English and a fetus in formaldehyde his father made house calls, tools stashed in his classic black leather bag, and while he was at the stage of training at an institution much larger than any he’d experienced before proved something of a shock to Ittleman. After two years he was asked to join the staff, but hesitated. At an institution the size of Case he felt insignificant, and he bemoaned the fact that no one seemed to care where he was from or what he was like, only that he do the job right every time.

A well-timed letter from Louise Hamill, then director of UVM’s residency program, offered a blanket apology and a kick in the pants. “We baby you — you in particular — and we probably took away something we shouldn’t have,” Hamill wrote. “We took away your resilience and made you think you might be invulnerable.” It was, says Ittleman, the best advice he could get at that moment, and he went to work the next day convinced anew that he was fully capable of doing the job well. He spent another year in Cleveland before being invited to return to UVM to take the place of the ailing Demeules. He admits he delibered so long over arriving at an answer that Ankeney finally called a meeting to ask point-blank whether he was staying in Cleveland or leaving. Only then did Ittleman realize how much he wanted to return to Vermont, where he knew there was the potential for him to be a “man among equals” and help the cardiothoracic program grow.

Daniel Raabe, Jr., M.D., a cardiologist now practicing at Porter Medical Center but a Fletcher Allen staff member until 2008, says that before Ittleman arrived, cardiac patients were routinely being sent to Boston and New York — and sometimes even to a specialist of last resort in Milwaukee. But within six months of Ittleman’s arrival they were able to stop sending patients away since it “became obvious he could handle them.” Today Raabe routinely refers his own patients to Ittleman.

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surgeons — yet - Kate has a master's in public health and Ben is currently in medical school. Patrick is developing an acting career. Elaine recently renewed her nursing license and found work in labor and delivery after recognizing that her husband was not planning to retire anytime soon. For his part, Ittleman, who has conducted somewhere in the range of 8,000–9,000 open heart procedures, thinks that hitting the 10,000 mark would make a nice swan song.

That might take a while, since the pace of surgery has changed: whereas once a day’s work would allow time to conduct two or three procedures, now he’s more likely to undertake only one, occasionally two. That’s partly because the face of the practice has changed — Ittleman says his early career coincided with the huge increase in the numbers of cardiac surgeries taking place as newly developed procedures allowed more and more heart conditions to be surgically corrected. This kept him extraordinarily busy. Today’s surgical caseload includes more time-consuming hybrid procedures between cardiology and cardiothoracic surgery divisions, says Hopkins; they’re being done on very sick patients who are at greatest risk of complications, and call for exceptional levels of cooperation on both sides.

In all surgeries, Ittleman says, the key is good decision making, adding that often the most important question is posed before surgery: whether to forgo it if the benefits don’t outweigh the risks. “The quality of survival is what we have to be in tune with,” he says. "Do the benefits outweigh the risks for the patient? The older I get, the more I’d like to think I show good judgment. I’m swayed by patients, families, circumstances. That’s part of the physician’s life. You can’t base everything on science; everything is not black and white — much of what we do is gray. The only true answer is introspection.”

One of Ittleman’s three division colleagues, Mitchell Norotsky, M.D. ’89, sees that routinely. "Frank is an extremely compassionate health-care provider,” he says. “He is determined to get his patients a good outcome, and he can be incredibly honest and hard on himself.”

To Ittleman, surgery is artistry, with an operation “a canvas or a piece of clay or marble. You start with an idea and you go through the steps, and when your composition is done, you have to stand by it,” he says. “When you finish, that patient has your imprint. That’s your creation, and you hope it works. But it doesn’t always. And there’s sadness and frustration, exhilaration and all the things that go with something that you are intimately and passionately involved in.”

Ittleman is careful to express respect for the sanctity of the human heart, observing that regardless of their degree of medical knowledge, people “look at their heart as being a very spiritual and vital structure.” He recalls a late-night surgery with Demeules during which talk turned to the idea of the human soul. “He was hell-bent on getting an answer to where the soul lives,” says Ittleman, admitting he didn’t have one. “But I was pretty convinced that it might be in that left ventricle — that well-protected, thick-walled, constantly pumping chamber.”

Considering cardiac surgery, he says, brings doctor and patient to a unique level of intimacy. Some of his patients have even sought him out much later to discuss issues that are seemingly unrelated to cardiac health, asking his advice on broad-ranging mental health questions and even marital and parenting concerns. And as a one-time cardiology patient himself, Ittleman recognizes the vulnerability that comes with the territory. [Ed. note: See Dr. Ittleman’s essay that deals with this event on page 25.]

Having the privilege of working on a patient’s most vital organ can open a special relationship between the surgeon and patient. “It makes you more amenable to listening and talking and being truthful and facing things,” he says. “It’s an
Irene had set up onsite for medical students and residents — Ittleman laughingly describes the games as “vicious,” adding that as the attending he was easily the oldest player and, before long, was relegated to the sidelines as coach, allowed back to take a few shots at the end only if the game was “salted away” — and are an example of the kinds of extracurricular activities Ittleman has contributed throughout the years. Ittleman would regularly rent out Twin Oaks, a gym in South Burlington, so no residents and medical students could enjoy an evening of basketball, other times, he’d provide Chinese food or pizza for nurses and on-call residents. “He just quietly did all these things that fly under the radar,” says Norotsky.

Ittleman remains an avid reader, and recently has been working his way through Hemingway and Fitzgerald again, with an appreciation of the changed perspective on their work brought by time. He’s established a library with floor-to-ceiling shelves in his Charlotte home, and his children know that a book is more than shelves in his Charlotte home, and his children know that a book is more than

Prof. Ittleman has written many essays over the years to share with his colleagues in the pages of the Department of Surgery newsletter. He reflects in this piece on a recent personal event that made him appreciate even more the gift of life, and the generosity of the anonymous donor who began the funding of the Ittleman Professorship.

I SHOULD HAVE DIED THAT DAY, as difficult as it is for me, even now, to recall that blissful project. It was late August of last year. The morning began innocuously enough, cool and inviting with mist rising from the pond to the east as the earth slowly began to give up its summer heat. There was a brief scare of the coming of rain, but that was vanquished and pushed the pale moon aside. It was, without a doubt, a perfect day for running. The first few miles seemed like every other day, slow and methodical, with the emphasis on slow. Being on the road, in the early morning quiet, alone with my thoughts was enough of a gift. As I descended the hill that I had climbed hundreds of times before, with my heart’s light, but not quite near enough, something terrible happened. I stopped abruptly, like a horse

A former English major who also took a full slate of science courses at Dartmouth, Frank Ittleman, M.D., is still a constant reader, as evidenced by the floor-to-ceiling bookcases in his home. The basketball games also gave Ittleman a tangential excuse to write, putting together the occasional basketball-related newsletter for “the guys.” That segue led to a request by Steven Shackford, M.D., then chair of surgery, that Ittleman edit a surgical newsletter and write a regular last-page column they agreed would be called “Let’s Choose,” in the parlance of the operating room. Initially the pieces were related to surgery, but over time, Ittleman wrote about his father’s practice, his family — even the hospital’s painters. [Two Ittleman essays appeared in the Summer 2007 Vermont Medicine.] He’s still known for his writing, says Norotsky, noting the routine letters to referring physicians saying that he’s discharged, as well as difficult but thoughtful notes to families of patients who have died.

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As a young boy playing sports, any injury was greeted with a “walk it off” directive, but as a scared older man, the only walk that I could muster was a tentative one, at best. Instinctively, I felt my pulse, as my usually reliable heart had a history of wandering. Thready has always been a somewhat amorphous word for me, but, in this precipitous instance, it took on an ominous clarity. My pulse was less than thrice, in truth, it was barely there at all.

With this information at hand, whatever sense I might have possessed of truth, it was barely there at all. Deferentially, he asked how many joules would I like, and, in my best Ronald Reagan imitation, I retorted, “Your choice, but I just hope you’re a good Republican!” I only wish I had been that clever. I was not prepared for the pain, but it was brief and as my body fell back to the gurney, I was already in a more serene rhythm. I should have died that day, but I didn’t and this past year has been a gift.

Our lives are replete with gifts, some earned and deserved, some random and without design. Inherent in our existential trial of helpless despair and my reprieve from that uncertainty, was a gift of randomness and happenstance. Neither earned nor deserved, but appreciated just the same. A gift without a giver, but not without a debt incurred. Gifts must ask for nothing more than “thank you,” an acknowledgment of ones generosity and thoughtfulness. Others beg for far more, an unwritten obligation to prove your worthiness, to justify the respect and expectations implicit in the gift. I received not one, but two such gifts this past year. One gave me back my life while the other, an anonymous gift from a grateful patient, made me examine that life as if I have lived it and as if I will live it in the future. The latter has not been as Robert Frost once wrote, “a gift outright,” but rather one viewed with a dose of humility, a touch of joy, a glimpse of legitimacy, and a welcome burden of expectation.

I should have died that day, but I didn’t and I still do not quite understand why. Maybe, just maybe, I still have a debt that I very much want to repay in more than full. — FRANK ITTLEMAN, M.D.