Douglas P. Zipes

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Douglas Peter Zipes (Fig. 1) has been among the recognized world leaders in the field of cardiac arrhythmias and electrophysiology for over 30 years. His influence has extended well beyond the borders of this subspecialty, and in his achievements he has few peers. Dr. Zipes' career is a testimonial not only to what the combination of a powerful intellect, abundant hard work, conviction, and persistence can yield, but equally that all this can be accomplished without compromising the human qualities of compassion, patience, and integrity.

Doug was born Feb. 27, 1939, to a blue-collar family in White Plains, N.Y., the second of three children. His father owned a gasoline station and later worked as an automotive mechanic. Doug's boyhood experiences not only taught him how to work with his hands, but also made him realize that he did not want to pursue a similar career path. He worked hard in school and did well; the rest of his childhood and youth was rather ordinary, except that he never dreamt of growing up to be a fireman, soldier, or cowboy—only of being a doctor, from as early as he can recall. He worked toward this goal, entering Dartmouth College after graduating high school. There, one could pursue undergraduate and medical curricula simultaneously. At that time, Dartmouth had just a 2-year medical school, and he transferred to Harvard Medical School for his last two years. While at Dartmouth, Doug made two other life-changing decisions. The first and most important was to marry his wife, Joan, whom he met on a blind date; they wed during his first year of medical school. The second pivotal decision was to pursue his abiding passion for research. He found that the lectures that interested him most were those in which the professor related his own work and discoveries with an intensity and feeling not present in other lectures. The excitement of discovery and contribution to science was captivating.

Like many medical students, Doug's ultimate career interests changed with the rotation he was taking at the time—neurosurgery, a medical subspecialty, and so forth. He settled on internal medicine, choosing Duke University Medical Center for his internship/residency. He stayed on for a 2-year cardiology fellowship, attracted by its emphasis on physiology, and had his first exposure to electrophysiology research with Dr. Andrew Wallace. This involved inserting electrodes into hearts and making manipulations and observations (he had previously considered microelectrode studies of moth hearts at Dartmouth a little crazy!). At that time (late 1960s), coronary care units were just emerging and patients' cardiac rhythms were being monitored more closely than previously possible. Though still a fellow, he served as Assistant Director of the new Unit. Duke was among only a handful of centers for basic and clinical electrophysiologic research; Dr. Zipes learned as much as he could and published several clinical papers. He excelled to the extent that even as a fellow he was asked to write chapters and give lectures. At one of these, he was introduced to the work of Dr. Gordon Moe, a pioneer in cellular electrophysiology, with whom he later collaborated. During his time at Duke, one of the patients for whom he cared became the first to be surgically cured of Wolff-Parkinson-White syndrome. It was also during his stay at Duke that the family began to grow, ultimately to three children.

After finishing his training at Duke, Dr. Zipes went to Portsmouth Naval Hospital in Norfolk, Virginia, to complete his Berry Plan obligation to the Navy. At Portsmouth, he directed the new Coronary Care Unit and Catheterization Laboratory and continued exploring arrhythmias. One of the highlights of this phase of his career was an American College of Cardiology conference at which he presented his insights into concealed conduction. After his talk, Alfred Pick and Richard Langendorff—two of the foremost interpreters of complex electrocardiograms—approached him. Certain that they were going to lecture him on his errors, he was instead astounded...
when they warmly congratulated him, saying, “We feel we’ve had a son!” This simple affirmation, early in his career, stands out to him among his many accolades.

Around this time, Dr. Zipes caught the eye of the great electrocardiographer Charles Fisch, the founding Director of the Krannert Institute of Cardiology of Indiana University (IU). Fisch proposed an unusual arrangement whereby Dr. Zipes would sign on at IU after completing his time at Portsmouth, but not actually work in Indianapolis until after a year’s sabbatical to be taken in intensive animal research with Moe. This year was pivotal in two ways; first, Moe’s mentorship and the environment provided a significant boost to Dr. Zipes’ already rapidly developing career (it was here that he discovered the calcium dependence of atrioventricular nodal conduction); second, the lack of patient contact proved to him that he never wanted to be totally removed from clinical medicine again.

After joining IU, Dr. Zipes’ research took on a feverish pace; this is reflected in his output from the first 6 years on the faculty (1970–1976), during which he published almost 100 manuscripts, abstracts, and chapters. These dealt mainly, but not exclusively, with electrophysiology. Contributions from this period included the description of concealed atrioventricular accessory pathways, impulse formation in the thoracic veins, and his initial investigations into autonomic influences on arrhythmias (an area in which he has long been considered among the world’s experts). At age 37, he advanced from Assistant to Full Professor in only 6 years. The title of “Distinguished Professor,” a rare honor bestowed by the University, was added in 1994; the next year, he became Director of the Krannert Institute. Among the most widely applied of his many ideas was the concept of low-energy synchronized internal cardioversion, a feature included in every implantable cardioverter-defibrillator for the last decade. Thus far in his (ongoing) illustrious career, Dr. Zipes has published over 700 original manuscripts and chapters and authored or edited 14 books; earned multiple grants; mentored dozens of fellows, many of whom have gone on to positions of prominence in cardiology; and inspired hundreds of residents to be more than just dispensers of medical care to their patients, but to provide that elusive “human touch.” He has edited journals, served on numerous scientific panels and editorial boards, received dozens of scientific achievement awards, and presided over both the North American Society of Pacing and Electrophysiology (1989–1990), and more recently the American College of Cardiology (2001–2002). In the latter role, he believes he had his greatest influence by encouraging the membership to remember that in addition to delivering the highest quality cardiological care, they must always be the patient advocate and not neglect the laying-on of compassionate hands—even as pressures from the healthcare environment seem to be constantly eroding this essential interaction. This is reflected in his promotion of “A Physician Charter,” a primer on medical professionalism published by the American Board of Internal Medicine, of which he is currently Chairman.

In spite of his many obligations, Dr. Zipes does have a life outside of work. Sundays are still reserved for family (all three children and five grandchildren live locally). He has been an avid opera supporter for decades, serving as president of the Indianapolis Opera’s Board of Directors. He maintains excellent physical fitness with hour-long daily workouts and generously feeds his appetite for novels; he and his wife have even written a novel, partly serialized in the Saturday Evening Post.

Still an active clinician and participant in all general cardiology conferences at IU—despite a punishing schedule—Dr. Zipes continues to model for his fellows and residents the attributes he considers most important in their training: compassionate, considerate care for the patient, using all the most recent advances in medical research; keeping oneself current with and contributing to the medical literature; and being a well-rounded cardiologist rather than settling for being simply a purveyor of pills, ablator of arrhythmias, or stentor of stenoses.

Douglas P. Zipes has well-deserved name recognition in the world of cardiology. The length and breadth of his accomplishments are shared by few, and yet these tangible milestones are not the things he would hope come to someone’s mind when his name is mentioned. Rather, it is the humanistic clinician-scientist, one who has striven throughout his long, illustrious, and very busy career to take time and effort to render the compassionate, personal care to his patients that he would want for himself and his loved ones.