

**My Life as a Surgeon:
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Questions:

1. Tell us about growing up

My father was born in Peru and was the first in his family to obtain a higher education. After graduating from medical school in Lima, he came to the United States with \$300 in his pocket and the dream of becoming a surgeon. He obtained a Visa and did a surgical residency in St Louis, MO.

During residency, he met my mother, who was a nursing student. They married and had a total of five children. For the first dozen years of my life, I lived in rural western Pennsylvania. My father was a private practice general surgeon, and my mother was their office manager. On the side, my family had a small farm and we spent most of our “free” time tending to farm animals and harvesting hay and crops. Later in my teenage years, I lived in Lima, Peru, where I personally experienced the meager conditions of the middle class in the developing world. I returned to the United States to finish college and attend medical school.

2. Why did you become a doctor?

My parents were certainly an influence in my decision to become a physician. As a teen, I can recall reading my dad's surgical journals and textbooks, fascinated with human anatomy and physiology. I sought opportunities in high school and college to expose myself to medicine. In Peru, I saw the impact of poverty and poor access to health care and preventive medicine on the wellbeing of marginalized segments of the population.

Back in the US, I worked as a hospital orderly and then a GI lab/surgical assistant during my summers, both to pay my college tuition and to gain experience in medicine. In addition, I availed myself of every opportunity to scrub in to observe and assist in surgical procedures with any willing surgeon in our small community hospital. These experiences solidified my desire to pursue a career in medicine.

3. Why did you become a surgeon? When did you decide to become a surgeon? Did you have an epiphany? What was it?

I can't say that my decision to become a surgeon occurred as an epiphany. Throughout medical school, I tried to keep an open mind and learn as much as I could from all specialties. I knew I loved surgery, but I approached each clinical rotation as an opportunity to see if it fit my goals, skill set, and personality. Ultimately, it helped that I had exposure to some amazing surgeons, including Dr. Hank Bahnson, who personally taught me to tie surgical knots as a third-year medical student, and Dr. Charles Watson, a master surgeon and gentleman. During my fourth year of medical school, I took several medical specialty electives to gain a broader understanding of medicine before embarking on surgical residency. I came to the realization that surgery best fit my desire to diagnose and treat patients and their diseases with the precision and decisiveness of surgery.



Franklin Regional Medical Center, summer break during college, 1985.

4. Did you develop a clear vision/mission for your surgical career? What was it?

If I had a clear vision or mission at one point, it has evolved over the years. If you'd asked me 30 years ago when I graduated from medical school or 20 years ago when I completed residency, what my career would look like today, I would not have been able to predict my career trajectory. What has remained constant is my goal to be a clinically active surgeon, educator and to have a leadership role. That role has evolved from being the Director of Education for Trauma/ACS, the Medical Director of Trauma Surgery (for 12 years), and currently the Vice President Medical Affairs for UPMC



Operating at the Hôpital du Point G, Bamako, Mali SurgiCorps Mission during residency "lab years," 1998

Presbyterian since 2019. I continue to find great fulfillment in trauma and acute care surgery and the education of residents and students.

5. Who were your mentors?

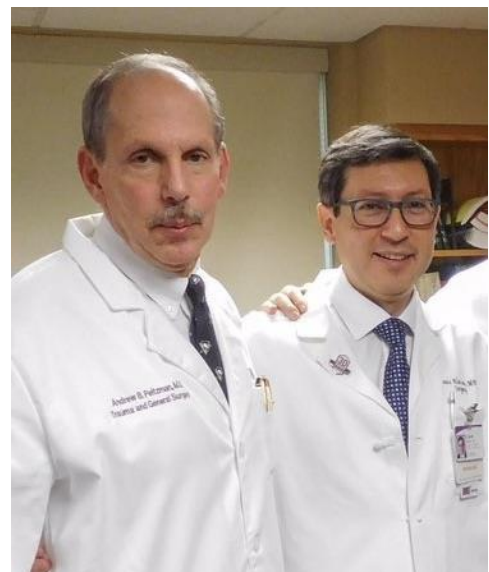
Several people have served as mentors to me over the years. Not only did they train me, they also believed in me (even when I doubted myself), encouraged me to take on challenges, and gave me the opportunities that shaped my

career. I would not be where I am today without their guidance and support. While so many individuals influenced me, my strongest mentors were (are): Drs. Andrew Peitzman, Brian Harbrecht, Richard Simmons, and Timothy Billiar.



Graduating surgical chief residents with Chair Dr. Tim Billiar at the Harbison Dinner, June 2001.

While my surgical internship was three decades ago, I vividly recall my second day as a surgical intern. I was post-call on the trauma service, doing my first operative case of internship. It was an elective inguinal herniorrhaphy with Dr. Andy Peitzman. He took me through the case and asked relevant anatomy questions. Given my (inadequate) answers, he asked if I had read about the procedure beforehand. I replied that I had been up most of the night on trauma call and did not have an opportunity. He replied that one should always find the time to be prepared for surgery. I've spent the last 30 years trying to live up to Dr Peitzman's high, but certainly reasonable, expectations in my career. He instilled in me the quest to always be better, and to never compromise when it comes to what is best for a patient. When confronted with a clinically challenging case, I and many other surgeons at Pitt ask ourselves "what would 'Peitz' do in this situation?" The good news is that he is always available to advise or to scrub into a difficult procedure and encourages everyone to "phone a



Drs. Peitzman and Alarcon

friend” when dealing with a challenging case. Today, I am proud to be able to call myself one of his partners.

6. Expected and unexpected challenges

A few months after taking on the role of VPMA, the COVID-19 pandemic began. At the same time, I was adjusting to my new role in the organization, I was also directly involved with the hospital’s response to the pandemic. The challenges evolved from first understanding the virus and mitigation strategies, standing up a COVID command center, managing PPE resources, deploying therapeutics and vaccinations, and managing the capacity and staffing challenges we face. Throughout all of this, the UPMC response has been driven by the goal of providing evidence-based and compassionate care to our patients while protecting and supporting our staff.



Preparing for surgery on a COVID-positive patient.

7. Tell us about a low point as a surgeon that lead to a life lesson.

Surgeon and author Henry Marsh begins his autobiography, *Do No Harm*, with a quote from the French surgeon René Leriche: "Every surgeon carries within himself a small cemetery, where from time to time he goes to pray - a place of bitterness and regret, where he must look for an explanation for his failures."

I think all surgeons have learned some hard lessons from their failures. I’ve learned that the frailty of the human condition, when faced with overwhelming injury or disease, can be a humbling experience for a surgeon.

8. What has been the biggest reward in your career?

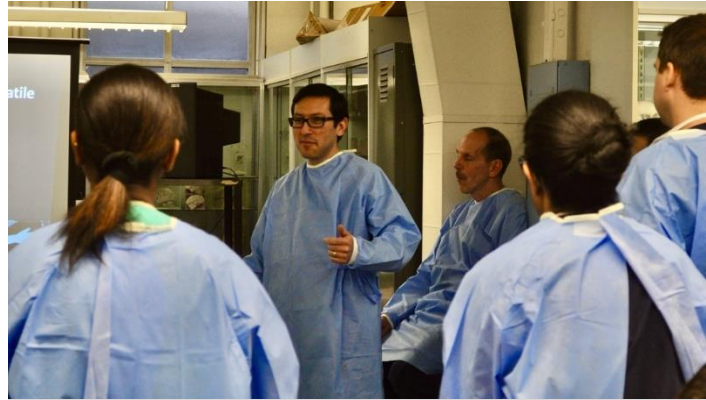
Training the next generation of physicians and surgeons and seeing them grow and accomplish their goals.

9. What advice do you have for those entering a career in Surgery?

Be open to opportunities. Don't be afraid to try new things. Your career can take you to unanticipated and exciting places if you're willing to see challenges as opportunities.

Be comfortable with being uncomfortable. You should call out injustice or inequity whenever you see it.

Be true to yourself. Follow your passions. Seek mentors, colleagues, a residency program and eventually employment, in a department that encourages you to fulfill your aspirations, rather than one that expects you to be something you're not.



Teaching ASSET course to surgical residents

Be honest. If you don't know the answer to a question, saying “I don't know, but I'll find out” is the best answer.

Be humble. Never let your ego harm a patient. Never hesitate to call for help, advice, or to consult colleagues when they can offer something you can't. You cannot be the expert in everything. This is true no matter how experienced or senior you become.

Be a team player. Surgery is a team sport. Every member of the team is important and matters. Listen to and respect everyone on the team.

Be kind. Don't feed the stereotype that surgeons must be arrogant or abrasive. You will have better results and your patients will have better outcomes when you respect your team and encourage everyone to speak up and to question you if they see something that concerns them. Especially in this time of staffing crisis, be kind to those who show up.

Learn to pick and choose your battles. Fight for the things that matter. If it's about providing the best outcome for patients, fight for it. Don't waste energy on things that don't matter, such as turf battles.

Take care of yourself. Make time for yourself and your life outside of medicine. It's about developing a work-life harmony. This can be challenging and requires constant attention.

Never stop learning. Every patient is an opportunity to learn. Medicine is constantly evolving; you must keep up. You are never too old to gain new skills or knowledge. Last year, I obtained a Master of Medical Management degree from Carnegie Mellon University in my mid-50s.

Today, I am the Vice President Medical Affairs and a trauma/acute care surgeon at UPMC Presbyterian hospital. I am very fortunate to be part of these amazing teams and to have the opportunity to play exciting roles in clinical medicine, education, research, and hospital administration. I am also blessed to have a wonderful family willing to take on the adventures of life.



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