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What is it like to be part of a technological miracle? What is it like to know that your own heart is failing fast — and that your only hope is someone else’s heart? What is it like to recover from such an emotionally and physically demanding experience — and to continue your life, as Maggie has done, with vigor and optimism?

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Cover
Small photo: Margaret Cowles meets with her cardiologist, Dr. John Walker, for a periodic check-up.
Large photo: Heart surgeons at St. Luke’s Medical Center recently performed their 100th heart transplant.
Winter 1990

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Margaret Cowles: a lady with heart

Margaret Cowles is the picture of beaming good health. Known to her friends and family as “Maggie,” she is an attractive and vibrant 64-year-old woman from Green Bay who lives life to the fullest. Maggie has every reason to savor each moment of her life. Two years ago she underwent a heart transplant at St. Luke’s Medical Center — an experience most of us have trouble imagining, even in our wildest dreams!

Part of the drama of Margaret’s story is that such procedures are now becoming fairly routine. More than 100 people have had heart transplants at St. Luke’s and others are experiencing this miracle on an almost daily basis around the country. Maggie is one of about 3,000 heart recipients nationwide who have similar stories to tell.

What is it like to be part of this technological miracle? What is it like to know that your own heart is failing fast — and that your only hope is someone else’s heart? What is it like to recover from such an emotionally and physically demanding experience — and to continue your life, as Margaret has done, with vigor and optimism?

To answer these questions, The Spirit of St. Luke’s recently interviewed Maggie and Bob, her husband, in their comfortable Green Bay home. Highlights from this interview follow. Our goal was to recreate this experience for our readers — and to convey the wonder of modern technology combined with the indomitable human spirit. Our questions are in bold type, followed by Maggie and Bob’s candid responses.

Please tell us about your life before your heart problems developed.

Maggie: I have had a wonderful life raising my family in Green Bay and also spending a lot of vacation time at our place in Door County. We have three great sons and we’re very proud of all of them. One of our sons is State Senator Robert Cowles. My husband Bob is a mechanical engineer in the paper industry. He recently retired from an engineering firm he started himself with several other partners.

It sounds as if you were living an almost idyllic life. How did you first find out that your heart was failing?

Maggie: First of all, I have to say that I was a very heavy smoker for many years. Everyone tried to talk me out of it, but I just enjoyed it too much. Anyway, one morning I noticed that I was a bit short of breath. I thought it was the cigarettes and I finally just quit. When I went to my internist, Dr. Robert Johnston, in Green Bay, for a check-up, I was anticipating that there might be some problem with my lungs because of the smoking, but much to my surprise, there was nothing wrong with my lungs — it was my heart that was damaged.
My internist sent me to a local cardiologist. He examined me for about ten minutes and sent me home to die. My heart was failing and in his opinion there was no way I could be helped.

**That must have been a terrible shock. What was your next step?**

_Maggie_: Of course, I was overwhelmed, but I knew I couldn’t give up like that. I called my internist and he said that if any place could help me it would be St. Luke’s Medical Center in Milwaukee. He sent me to Dr. John Walker, a wonderful and very caring cardiologist who immediately admitted me to St. Luke’s where I underwent every test imaginable. They discovered that I had “cardiomyopathy” which means a deterioration and enlargement of the heart. Who knows how it started? It could have been a viral infection — but certainly my smoking didn’t help.

Then I met with Dr. Walker who told me that a person with a normal heart has an “ejection fraction” of about 65 percent. (“Ejection” refers to the amount of blood that is being pushed through the arteries.) My ejection fraction at that point was about 17 percent. During that meeting Dr. Walker said — very kindly — that a heart transplant might be in my future. That was the first time I heard those words in reference to myself. Well, when someone says you need a heart transplant, you just go to pieces! I couldn’t believe it. There was no way I was going to have a heart transplant. Absolutely not!

**What was your life like after that?**

_Maggie_: Generally, I did just fine. Dr. Walker put me on various medications and for six years I kept going back to him. I was living a pretty normal life — cooking, doing the laundry, walking, enjoying my family — though gradually I was becoming weaker and I started slowing down. Except for my heart, I was actually a very healthy person. Dr. Walker kept watching that ejection fraction and it kept going down. Every once in a while he would mention the possibility of a heart transplant and, after a while, I started getting used to the idea.

Then about two years ago I had a check-up at St. Luke’s and then left for a trip to Florida. Dr. Walker called me soon after I arrived. He said, “Margaret, I really think that the time has come to think very seriously about a heart transplant.” My ejection fraction had dropped to 7 percent. Dr. Walker said that he wanted me to come back right away and interview with some members of the “Tector Team.” (The Tector Team consists of two other cardiovascular surgeons — Dr. Terrence Schmahl, Dr. John Crouch — nurse specialists, physician assistants and other highly specialized technical assistants.) I soon learned that the Tector Team is headed by St. Luke’s well-known heart surgeon,
Dr. Alfred J. Tector, who was to be my transplant surgeon.

What happened during this interview?

Maggie: We went into a small boardroom for our interview with the Tector Team. Bob, my husband; Rob, my son; Helen, a good friend of mine; and I were there. First we were interviewed by one of Dr. Tector’s nurses, Pat Burke, and then Dr. Tector walked in. I’ll never forget how he looked around the room and then said, “Which one of you needs the transplant?” That shows how healthy I still looked.

The purpose of the interview was to see if I would be a good candidate for a heart transplant. They wanted to assess my general health and see if I had family support, which I definitely did! My attitude was also important to them. I wasn’t afraid then and I’m still not.

[Maggie’s husband, Bob Cowles, has entered the room and starts participating in the conversation.]

Bob: We were all very concerned, of course, but there were not any other alternatives at that point.

Maggie: That’s true. My heart was steadily growing worse. I was tiring much more easily. Right after the interview I checked into St. Luke’s for more evaluations — including a session with a psychiatrist. He tickled me because it seemed as if all he wanted to talk about were the Green Bay Packers!

At that point, I started to get to know the staff members on the cardiac intermediate care units — on the fourth and fifth floors. They were wonderful to me and really helped me get prepared for the transplant. Many of these people are my good friends to this day. I found out that I was officially a candidate for a heart transplant. I was listed on the national computerized network which matches recipients and donors. We knew that finding the right match for me might take some time because of my B negative blood type which is somewhat rare. They gave me a beeper and sent me home.

What was this time in your life like? What was it like to be on call for a heart transplant?

I figured out pretty quickly that you have to put it out of your mind as much as possible. I tried to get the most out of each day. I do know other heart transplant candidates who are really obsessed with their situation. They’re afraid they will die before they get a heart, but I decided that if I was all gloom and doom no one would want to be around me and I wanted to enjoy my family and friends. People would come up to me and say, “I hear you’ve been sick.” This was always surprising to me because I really didn’t feel sick. I ended up waiting about six months for my heart. I’m fortunate because if it had gone on much longer I would probably have had to be hospitalized. During this time I
"When someone says you need a heart transplant, you just go to pieces! I couldn't believe it. There was no way I was going to have a heart transplant. Absolutely not!"

really realized how desperate the need is for donor hearts and other organs.

What happened when you heard that a heart was available for you?
Maggie: I just been to Milwaukee for a check-up and had returned to Door County when the phone rang at nine o'clock that night. I thought it was Diane Dressler, Clinical Transplant Coordinator for Dr. Tector, who was going to give me a progress report. It was Diane, but she was calling to say, "Maggie, we have a heart for you." Bob and I left immediately for St. Luke's.

What do you know about your heart's donor?
Maggie: All I know is that the heart is from a 43-year-old woman who died in a traffic accident in Minnesota. She must have been about my size, and she donated all her organs. This meant that the heart was the last organ to be removed. Dr. Tector and other team members from St. Luke's went to Minnesota to "harvest" the heart. Diane warned me on the phone that our trip to Milwaukee could be a dry run. The heart had to check out besides being healthy, it had to be the right size and be the right tissue and blood match. Anyway, we drove to Milwaukee thinking that maybe we'd be heading back to Door County in a few hours. We arrived in Milwaukee at about one o'clock in the morning. We learned fairly soon that the team had accepted the heart and was flying back to Milwaukee with it. I went into the operating room at about eleven the next morning.

Do you remember anything about the operation?
Maggie: Not at all. I was completely out, but I do remember going into the operating room with complete confidence. It never occurred to me that I might not pull out of it. I had complete faith in the doctors at St. Luke's. I'm sure the operation was much more difficult for my family than for me.

Bob, what was happening with your family during the surgery?
Bob: Of course, this was a very difficult time, but it went as well as could be expected. The boys and I waited and Pat Burke, one of Dr. Tector's nurses, kept us informed about the progress in the operating room. Everything seemed to be going well. We were very glad that we knew what was going on. We were surprised that we got to see Margaret so soon. We actually saw her within about four hours — at about three in the afternoon. I've never seen so many tubes in my life! When she woke up she was very groggy and didn’t even realize she'd had the transplant.

Maggie: I remember thinking that it couldn't be over yet. I was trying to talk but couldn't because of all the tubes. Then I heard Rob say, "Mom, it's all over. You have a new heart!"
What happened then?
Bob: While she was in CVICU (Cardiovascular Intensive Care Unit), we could only see her for short periods of time and we had to put on masks and gloves and gowns. Our main goal was to let her know that we were there. Her primary effort at that time was to get her strength back. The big concern was the possibility of rejection. In intensive care, each heartbeat is monitored so the doctor can check on everything that happens. In three days, she was moved to an intermediate cardiac care unit on the fourth floor. The big challenge then was to watch for rejection.

How is rejection monitored?
Bob: Fairly soon after the transplant she had a biopsy. They go through the vein and actually snip off a piece of tissue from the heart to see if there are any white blood cells attacking the heart. She showed very few signs of rejection right after surgery.

Maggie: I was told that all patients have some degree of rejection, but it is managed with medication. The main medicines I took — and still take — are cyclosporin and prednisone. My only bout with rejection came a few months after the transplant when they discovered signs during a routine biopsy. The medication was increased immediately and I haven’t had a problem since then. The medicines do lower my immunity to infection and make my skin thin. I bruise very easily, but that’s a small price to pay.

How did your stay go at St. Luke’s?
Maggie: I actually experienced very little pain and my recovery went very quickly. You never realize how kind people are until something like this happens. I received 450 cards in a two-week period. And we can’t say enough about the kind and caring staff at St. Luke’s!

Bob: They treated us like real people. The staff communicated with us very clearly about every step that was taken. You’re not just another number at St. Luke’s. Everyone was cooperative — from the cafeteria staff to the nurses and doctors. Nothing was too small to handle. I was just telling a friend at a cocktail party in Green Bay that I still can’t get over how sincerely concerned the people were at St. Luke’s.

Did you have any complications?
Maggie: The only one came about six weeks after the original transplant. I was running a terrible fever and was very weak. A biopsy didn’t show any rejection so they actually had to open me up again to find out what was wrong. It turned out that the sac around my heart was pinched and was restricting the blood flow. My heart was failing. All it took was moving the heart a bit and I was fine, but that was the most serious point in my recovery. Dr.
"I remember thinking that it couldn’t be over yet. I was trying to talk but couldn’t because of all the tubes. Then I heard my son say, ‘Mom, it’s all over. You have a new heart!’"

John Couch, another heart surgeon with the “Tector Team,” took care of me throughout this difficult time. He was really wonderful. Since then I have been just great. I go into St. Luke’s every six months for a biopsy and there have been no signs of rejection. And I feel good!

**What is your life like now?**

*Maggie:* Better than ever. I have much more energy than I did before the transplant and I lead a very normal life. It’s very comforting to know that St. Luke’s is there for advice and support. I can call Diane Dressler anytime and ask a question. St. Luke’s is very interested in everything that happens to me. A while ago I fractured my back and left arm while vacationing in Florida, and Dr. Tector conferred with my doctor down there. I do have to be careful to avoid infections and colds and I generally stay out of malls and other crowded places where I might catch a virus. I eat carefully and exercise by walking. I have a great quality of life. My husband and sons are very supportive and I have good friends — and I always know I can turn to the doctors and people at St. Luke’s if I need help.

**Do you have any advice for readers concerning their hearts?**

*Maggie:* Obviously, people need to follow good health practices — eating carefully and exercising — and definitely not smoking! But the most important advice I want to give people is to decide to be a donor. People die every day because hearts and other organs are not available. You should sign your driver’s license and tell your relatives that you want your organs to be donated.

What happened to me is such a miracle. I think so often about my parents. They both lived good long lives — into their nineties. They lived through so many miracles — the automobile, the telephone, television, putting a man on the moon. But if they knew that their daughter was living with someone else’s heart they would be utterly amazed. The bottom line, though, is that this miracle would not have happened without the donor.

Dr. Alfred J. Tector and his “team” perform heart surgery, including heart transplants, regularly at St. Luke’s Medical Center.
Margaret Cowles’s story is a fitting tribute to the expertise and exceptional quality found at the Cardiac Center of Excellence at St. Luke’s Medical Center. Maggie is one of a growing number of patients who are living quality lives because of the skill and concern of hundreds of professionals who contribute on a daily basis to St. Luke’s impressive national reputation in the area of cardiac care.

St. Luke’s Medical Center: a world leader in cardiac surgery
St. Luke’s Medical Center is a premier institution in cardiac surgery for many reasons. The sheer volume of cases the Center handles means that its staff members have a wealth of experience and that the Center can keep its prices down.

A recent article in the Milwaukee Sentinel said that St. Luke’s performs over half of the heart-bypass surgeries in southeastern Wisconsin — three times more than any of the six area hospitals which also do bypass surgery. The same article also recognized St. Luke’s as charging far less than other hospitals. For instance, the average cost of a heart-bypass operation at Milwaukee County Medical Complex is $35,400 and Columbia Hospital charges $32,600. The average cost at St. Luke’s is $19,700.

One reason St. Luke’s Medical Center has been a leader in cardiac surgery is that it has been in the heart business for a long time. In 1968, St. Luke’s performed its first heart transplant on Betty Anick, making it the first hospital in the Midwest and one of the first in the U.S. to do this procedure. Early this fall, Dr. Alfred Tector and Dr. John Crouch performed the Medical Center’s 100th heart transplant on Annette O’Connell of Muskego. In 1986, St. Luke’s Medical Center was one of only seven hospitals worldwide authorized to use the Jarvik-7, an artificial heart which was used for a time as a bridge to keep patients alive before donor hearts could be found. Besides heart transplants, St. Luke’s has been a pioneer in the development of many other revolutionary surgical procedures.

When asked why St. Luke’s has developed such an excellent reputation in cardiac surgery, Dr. Alfred Tector, who performs the majority of heart transplants at the Center, replied, “This is a very busy cardiac center and it is a good place for professionals in the field to work. St. Luke’s has created an environment throughout the years which enables people who are interested in the treatment of heart disease to work efficiently and keep up with all the advances in technology.”

Cardiologist Dr. John Walker emphasizes, “St. Luke’s is unique because of its overwhelming support of the heart program. We’ve always had the most advanced tools of the trade to use in treating our patients. There has also always been a close working
relationship among the physicians, nurses, staff members, and administrators which allows these advancements to be made and which results in the outstanding quality you see at St. Luke's."

Dr. Walker points out that people come from all over the world for the expertise they find at St. Luke's. He says, "We're well known for performing complex procedures such as multiple reoperations of bypass surgeries. Our surgeons have developed international reputations and we attract heart patients from all over the world."

Transplants: improvements continue
Although many complex cardiac surgical procedures are performed at St. Luke's, the Center is particularly well known for a wide range of cardiac procedures including its transplant program. Heart transplant technology is improving all the time and patients are living longer. Today more than 80 percent of heart transplant patients live more than a year after surgery, and most are living considerably longer. The quality of their lives has also been dramatically improved. The transplant surgical technique has not changed much in recent years, but advances have taken place in handling rejection — the most challenging aspect of the heart transplant procedure.

According to Dr. Tector, the most important recent developments in managing rejection include new biopsy techniques and improved medications. The biopsy procedure is similar to a heart catheterization and takes only a few minutes. A catheter tube is threaded into the vein and extended to the right side of the heart where a tiny piece of tissue is removed. Dr. Tector says, "Now we can detect rejection at its earliest stages and treat it effectively. Before the myocardial biopsy technique was so far advanced, rejection was frequently so far along by the time it was recognized that it could not be treated effectively."

When rejection does begin, more effective medications are available to halt its progress. In particular, the drug cyclosporine has had an enormous impact on the rejection process. Other new drugs can successfully treat infections that may develop after transplants.

Dr. Tector and the other surgeons who perform transplants lead fast-paced lives. In addition to performing two to three surgeries a day, they are on call almost around the clock. Transplants differ from other procedures because they include the "harvesting" process. This means that the surgeon, usually with one or two other team members, goes to the site where the donor heart is being removed, insures that it is an appropriate match for the recipient, and then brings the heart back to St. Luke's for the transplant procedure. Harvesting frequently involves middle-of-the-night jet trips to other areas of the country. After the journey, the operation begins.
“Now we can detect rejection at its earliest stages and treat it more effectively.”
—Dr. Alfred Tector

Finding donors: the biggest challenge
The United Network of Organ Sharing (UNOS) has made locating a heart much easier than it used to be. This nationwide network lists everyone awaiting one by location and by matching characteristics on its computer. The primary factors in determining the suitability of a heart for transplants are matching blood types, tissue types, and body size. Hearts for larger people are more in demand than hearts for smaller people.

The major limitation on the number of transplants is the availability of donor hearts. St. Luke’s performed 22 heart transplants in both 1988 and 1989. Dr. Tector estimates that at any one time about 30 people are waiting for transplants on the St. Luke’s list. Nationwide over 1,700 people are waiting. The tragic reality is that many will die before a heart is found.

Advancements in treating heart disease
There are many advancements on cardiology’s horizon. Besides the Jarvik-7 artificial heart, newer, more efficient devices are being developed to help patients in transition who are waiting for donor hearts. Bypass surgical techniques are continually improving. New medications are being developed to control heart rhythms.

Angioplasty, a recent advancement, is having a tremendous impact on heart disease. A sausage-like balloon is inserted into a clogged artery and then inflated so that it presses plaque against the walls of the arteries, allowing blood to flow more easily. In addition, laser surgery techniques are being developed to dissolve plaque in situations where angioplasty is not effective.

Heart disease: the future is brighter
Heart disease is still the number one killer of people in the United States, but its incidence is decreasing slowly. People are also much more aware of the dire consequences of smoking and many are stopping this damaging habit. Large segments of the population have been checked for cholesterol and high blood pressure. People are aware of the signs of heart disease and go to their doctors sooner.

Dr. Walker says, “Overall, the outlook is very promising. When you consider the heightened levels of awareness throughout our country about heart disease risk factors and combine that with continually improving technology, treatment programs and medications, fewer and fewer people should develop heart disease.”

But for those people who do develop heart disease, they will have the comfort of knowing that they can probably stay productive longer and that St. Luke’s Medical Center is on top of the situation, offering patients the most up-to-date technology and expertise available anywhere.
St. Luke’s cardiac staff: expertise with a lot of heart

Whether a patient at St. Luke’s Medical Center is having a heart transplant or another cardiac surgical procedure, many highly skilled and well-trained healthcare professionals take part in that person’s surgical experience and recovery process. Let’s look for a moment at what happened to Maggie Cowles at St. Luke’s both before and after she had her heart transplant. Other cardiac surgical patients follow a similar route through the Cardiac Center of Excellence and like Maggie, are cared for by a range of dedicated staff members.

As the interview with Maggie Cowles points out, she was well acquainted with St. Luke’s and its staff before her transplant. She had been in St. Luke’s on the fourth floor Cardiac Intermediate Care Unit for a thorough evaluation before she joined the list of heart transplant candidates. Maggie was fortunate that she was able to function well enough to stay out of the hospital until a heart was available. Some heart transplant patients must remain hospitalized for many weeks before a heart is found because their condition is so serious.

After the late evening phone call saying a heart was available, Margaret traveled to Milwaukee and spent several hours being prepared for surgery on the fourth floor of the Cardiac Intermediate Care Unit. Immediately after the operation, Maggie was admitted to the Cardiovascular Intensive Care Unit (CVICU) which was to become her recovery room for the next several days.

The CVICU is a twenty-bed, full surgical intensive care unit devoted totally to cardiac and vascular surgical patients. Patients arrive at the unit after undergoing a wide variety of procedures, from valve replacements to bypass surgeries and from heart transplants to vascular procedures. The unit is currently anticipating a whole new group of patients since St. Luke’s is expanding their transplant program to include lung and lung-heart replacements.

Norma McCutcheon, RN, the patient-care manager of the CVICU, says, “In the CVICU we carefully monitor signs and changes in the patient so the best possible treatment can be provided immediately.” She also emphasizes that her staff provides the highest quality of care at the bedside so that patients can be moved to the intermediate care units as soon as possible — usually within three days after surgery. She points out that the ultimate goal of caring for cardiac patients at St. Luke’s is to help them resume satisfying lives.

When Maggie Cowles was admitted to the CVICU, she came straight from the operating room escorted by an anesthesiologist, a monitor technician, and a surgical nurse to help her get stabilized. Until she woke up, she had the help of a respirator and a

“It’s very exciting working in intermediate care because so much is happening. If a procedure is being done anywhere in the world, it’s undoubtedly being done at St. Luke’s.”

—Fran Sweeney, RN, patient care manager, Cardiac Intermediate Care Unit

The staff members of the Cardiac Intermediate Care Unit and Cardiac Rehab departments work closely with cardiac surgical patients to speed their progress.
During the early hours after surgery, patients often require the use of highly technical equipment that is carefully monitored by the nursing staff. This CVICU nurse is working with a temporary pacemaker.

variety of other support devices. These were gradually withdrawn as her own systems were able to take over. Initially, she had one-on-one care. Her family members were able to see her soon after surgery and then visit periodically for brief periods of time.

The CVICU employs about 130 professionals, including skilled RNs, advanced nursing assistants, a clinical engineer to manage the highly technical equipment, health unit coordinators, and a variety of other support staff members.

Norma McCutcheon, who came to the unit about six months ago from Illinois, is impressed with the high quality approach she finds at St. Luke’s Medical Center. She says, “What I see is a high standard of quality care at the bedside. The skill level and cooperation I see on this unit are far superior to most places I have been.”

When Margaret Cowles left the CVICU, she was transferred to the Cardiac Intermediate Care Unit where she had already spent some time in evaluation and preparation for surgery. There are similar units on both the fourth and fifth floors. Fran Sweeney, RN, is the patient care manager on the fourth floor unit and has worked at St. Luke’s for almost 25 years. She says, “The goal of intermediate care is to move the patient along toward discharge. This involves a lot of education and psychological support for both the patient and family.”

Various diagnostic proce-
dures which monitor a patient’s progress are also performed while patients are in intermediate care. Maggie had two biopsies of her new heart done while she was on this unit to see if there were any signs of rejection. Depending on the amount of rejection, the doctor can prescribe the right amount of medication. Maggie showed few signs of rejection and was well enough to go home within two weeks of being admitted to the unit.

Fran Sweeney points out that very specialized nurses work on the intermediate care units. They understand the demands and technicalities of a variety of complex surgical procedures and also the psycho-social demands cardiac disease places on patients and their families. She emphasizes, “It’s very exciting working in intermediate care because so much is happening. If a procedure is being done anywhere in the world, it’s undoubtedly being done at St. Luke’s. It’s also satisfying to work here because we have such a significant impact on patients’ lives.”

Mary Hook, RN, MSN, CCRN, who is the clinical nurse specialist on the fifth floor Cardiac Intermediate Care Unit, points out that while cardiac conditions may be acute during hospitalization, they tend to be chronic in nature, meaning that patients live with heart conditions for the rest of their lives. Consequently, education is an essential part of the treatment process.

She says, “Family members
are going through a crisis, too, and they need to focus on their own needs in addition to the patient’s needs. Here we involve patients and families and give them a lot of information to bolster their confidence and skill in managing themselves after discharge. Education, support and stress management are very important with these patients and their families."

Research has shown that long-term quality of life is significantly improved following transplant surgery. Families are drawn closer and re-prioritize their lives in a very meaningful way. Mary points out, however, that financial concerns can be a stress factor for many patients. Although the immediate surgical procedure may be covered by insurance, the long-term drug costs can be phenomenal and may not be covered. Many patients may be perfectly capable of going back to their jobs, but they may not be hired back or they may lose insurance coverage if they return. No matter how well a person’s recovery has gone, these stress factors can have a disastrously negative effect on a patient’s perception of progress.

To help deal with these personal concerns, transplant families are encouraged to participate in the St. Luke’s transplant support group. This group meets regularly to provide educational and social opportunities to share successes and concerns about the patient’s changing lifestyle.

Mary’s position as a unit-based nurse specialist is further evidence of the commitment St. Luke’s has made to providing cardiac patients with comprehensive quality care. Sandi Pelczynski, RN, is in a similar position on the fourth floor unit. These nurses are resources for the staff, patients, and families.

Mary says, “Our focus is very heavily educational and clinical. Cardiac nurses at St. Luke’s are educationally and professionally prepared to be high level decision-makers, capable of responding to both physical emergencies and emotional concerns. They prepare patients for medical treatment, monitor and support their recovery, and intervene when complications arise.”

The staff members mentioned here are representative of hundreds of dedicated professionals who work in the Cardiac Center of Excellence at St. Luke’s Medical Center. They are exceptionally well trained, experienced, and committed to providing cardiac patients with the kind of care and education that will enable them to regain a high quality of life.

Maggie Cowles sums up the impact these people have had on her life: “They saved my life... and they will be my friends forever. I feel very fortunate to have gone through this experience at St. Luke’s Medical Center.”

The St. Luke’s transplant support group meets regularly to provide educational and social opportunities to share successes and concerns about the patient’s changing lifestyle. This group, which includes Margaret Cowles (fourth from the left in the second row) is shown at a summer picnic.
Your will: a way to make a significant impact

Making a will is rarely a priority in people’s lives; however, it is very important for everyone, no matter what your age or financial situation, to have a will. Even when you and your spouse are joint owners of all your property, you should each have a will. This is necessary to control disposition of the property on the death of the surviving spouse, since neither knows who will survive or if the survivor will live long enough to make a will.

Over the years, bequests have played a significant role in the development of St. Luke’s Medical Center. The St. Luke’s Medical Center/Foundation encourages you to make a valid will and to consider making a bequest which can help to influence the future of health and patient care at the hospital. A bequest can be made to any of the programs and services at St. Luke’s Medical Center. The foundation is designated and authorized to receive bequest support for any program or service of St. Luke’s Medical Center.

Making a will can be thought of as a responsibility or a right. By thinking of it as a right, you begin to recognize that you have the privilege of deciding what will happen to the fruits of your life’s labor if you only choose to exercise it. It has been said that six out of eight people die without a will.

Wills are part of charitable planning
Your first step toward achieving your planning goals is a conference with your attorney. We would like to assist you with your charitable planning ideas. We’ll mail information to you about the importance of having a will and how to word a general or specific bequest to St. Luke’s Medical Center. Simply give us a call and we’ll send this material without any obligation.

A bequest is one special way of demonstrating faith in the high ideals and skilled care found at St. Luke’s Medical Center. It will help assure the continuance of excellence at our institution.

Why Make a Will?
You have spent your life acquiring the assets which form your estate, and you alone can legally determine how this estate should be used after your death. By making a will, you can continue to support the interests, concerns, and values you have developed during your lifetime. There are a number of reasons why you should have a will:

• If you die without a will, your property will be distributed according to your state laws, called the “intestate laws.” These laws can be very inflexible: they direct your property to your spouse and/or children and to other relatives depending on who survives you at your death. This property can be allocated in shares that might not have been acceptable to you.

• In a will, you can name a personal representative to settle your estate. Without a will, the probate court will appoint someone you may not have known to handle your money.

• You can name a guardian for minor children in your will. You can dispose of tangible personal property (antiques, keepsakes, jewelry) or real estate in the way you want to.

• You can establish trusts and make other financial arrangements to avoid paying high estate taxes.

• You can leave bequests to your favorite charities. A bequest is a gift left through the terms of your will. It may be a gift of cash, property, a percentage of your estate, or all or part of the residue of your estate.

Your will is not final until you die. As long as you remain mentally competent, you can change it. Changes frequently are made through the addition of a simple document called a codicil: the whole will does not have to be redone. A new will may be called for by major changes in one’s financial circumstances, divorce, remarriage, the birth of children or grandchildren, or moving to another state, as well as the significant changes that are made from time to time in the tax laws that affect personal estates.

If St. Luke’s Medical Center has had a significant impact on your life, your will is a way to have an impact on the lives of others who will come to St. Luke’s for healthcare.
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"What I gave, I have;  
what I spent, I had;  
what I kept, I lost."

—Old Epitaph

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“...a bit of fragrance always clings to the hand that gives you roses.”
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"If a rich man is proud of his wealth, he should not be praised until it is known how he employs it."

—Socrates
The Spirit of St. Luke's

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"The future must be seen in terms of what a person can do to contribute something, to make something better, to make it go where he believes with all his being it ought to go."
—Frederick R. Kappel

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"In this world, it is not what we take but what we give up that makes us rich."

—Henry Ward Beecher
Thank You!

Best wishes for a happy holiday season and a joyous new year!