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FOUNDERS

Professor Doutor António Braga The Founder of the Service, School and Attitude



Figure 1

Professor Doutor António Braga and Dr. José Fernando Teixeira at the XV International Symposium of Angiology and Vascular Surgery in Porto (2014). Foto: Just News

THE FOUNDER OF THE SERVICE

Dating back to 1959, the ability to perform angiographies (aortographies via translumbar puncture and phlebographies), to provide consultations focused on vascular pathology, and to undertake two weekly operating room sessions was the responsibility of a group of surgeons affiliated with the Surgical Clinical Service (directed by Professor Álvaro Rodrigues). This group of surgeons, which included Professor António Braga, Dr. Fernanda Viana, Dr. Carlos Barradas do Amaral, Dr. Fernando Andrade, and,

after 1971, Professor Roncon de Albuquerque, constituted a sector of the Surgical Clinical Service. Between 1966 and 1974, this sector had six beds for men and four beds for women and was led by Dr. António Maria Tenreiro (recommended by Professor Álvaro Rodrigues). Dr. António Maria Tenreiro initially trained in France and later in the Netherlands and Spain (Madrid), where he refined cardiac surgery techniques that he pioneered at Hospital de São João, including the use of extracorporeal circulation. At that time, experimental investigations into extracorporeal circulation and deep hypothermia opened new avenues

for cardiac surgery, addressing peripheral tissue or cardiac muscle oxygenation needs through external assistance or decreased metabolic activity.^{1,2}

The evolution of reconstruction methods (endarterectomy or vascular bypass) and the growing importance of diagnostic angiographic methods - which Professor Cid dos Santos, a precursor of both, emphasized as essential for a Vascular Surgery Service to have its own angiography unit³ - highlighted the need for autonomy from General Surgery, considered the most comprehensive specialty in both technical and training components. Thus, the establishment of a Vascular Surgery Service at Hospital de São João was a natural, necessary, and spontaneous development, facilitated by the acceptance of the specificities that allowed the implementation of emerging and innovative vascular procedures.

It is important to note that although historically related to Surgery Service 1 (Surgical Clinic), from which hierarchical and administrative dependence would be expected, this did not occur functionally. The Vascular Surgery sector always operated with independence and freedom of action, defining its direction, strategies, logistics, and options while being responsible for its results throughout its existence.

In 1975, the doctors involved in vascular activities were integrated into the "new" staff at Hospital de São João—Professor António Braga as Chief of Service (Chief of Clinic) and the remaining members as Assistants. On February 24th, 1978, the Angiology and Vascular Surgery Service was formally created, achieving complete autonomy. Professor António Braga was appointed Chief of Service, assuming the role of Service Director in February 1979 (appointed by the Hospital Director at the time, Dr. Miguel Matos). Being a visionary, "he viewed General Surgery as the comprehensive and integrative foundation of knowledge and a repository of skills and techniques, which would always constitute the greatest source of teaching, where everything begins and prepares the path for new knowledge to develop into autonomous Surgical Specialties." From the outset, he defined the Service's operating standards, created the vascular hemodynamics laboratory, and extended external consultations to Hospital de Viana do Castelo. On April 14th, 1978, in the second phase of this integration process (this time through a public contest), Dr. António Maria Tenreiro obtained the highest classification, which earned him the position of Chief of Service, becoming the second Chief of Clinic of the Angiology and Vascular Surgery Service.

In 1978, Professor António Braga took the exam for Extraordinary Professor of Surgery, successfully passing with absolute merit. He was also a member of the committee that drafted the rules for the creation and operation of the College of Vascular Surgery Specialty of the Ordem dos Médicos. In 1980, he reached the highest level of the Teaching Career as Full Professor of Surgery. In the preamble to the curriculum he presented at the time, in which he defended the Statute of the University Hospital,

and regarding the elitism that concerned governments and politicians at the time, he stated, "Universities must indeed be intellectual elites, as all hierarchies lead to elites; it's acceptable and desirable that they are, safeguarding the general right of access." This pursuit of excellence, advanced knowledge, and scientific value should presuppose a fair and equitable selection—an unquestionable and timeless truth for an educational system as well as a political system, if free and pluralistic.⁴

Other professional, academic, and scientific roles: President of the Scientific Council of the Faculty of Medicine of Porto in 1982, 1983, and 1984; Vice President of the Board of Directors from 1996 to 1999; Representative of the Surgery Group from 1995 to 1998; distinguished speaker at national and international meetings; author of works and book chapters, including Chapter 66, "Diabetes and Vascular Disease," and Chapter 67, "Vascular Neuropathies" from 5; jury member for several hospital and faculty contests; President of the Portuguese Society of Cardio-thoracic and Vascular Surgery and of the Portuguese Society of Angiology and Vascular Surgery; Member of the National Transplantation Council; and Honorary President of the V Congress of the Portuguese Transplantation Society (Porto, Ordem dos Médicos, 1999).

THE FOUNDER OF THE SCHOOL

After his retirement and during the period from 2000 to 2003, Dr. Fernanda Viana, his work companion and Chief of Service since 1988 (following a public contest), became the Service Director. After years of laborious daily work together, she maintained the standards of techniques and practices in a service she had been a part of since its inception and whose transformations she had closely followed, thus fully understanding its operations. She immediately improved access to consultations at Hospital de São João by establishing protocols with Hospital de Viana do Castelo and several Health Centers. As early as 1964, in her undergraduate dissertation, vascular topics already piqued her interest, as she defended the "responsibility of certain anatomical factors in arterial occlusion – the adductor canal." In 1974, she published an extensive article on cervical aneurysms in the *Jornal do Médico*⁶. In 1988, upon reaching the highest level of the Medical Hospital Career, she presented an "analysis of the causes of an elevated average length of stay in hospital admissions – proposed solutions" and alternatives to improve "deficiencies in angioradiology and angiodinography" – a time when medical management emerged from clinical activity and not from external analysis, which might be more thorough and objective but perhaps less knowledgeable and adapted to the constraints of the medical-surgical reality as a lived experience.

On May 23, 2003, upon the permanent cessation of duties, Professor Doutor Roncon de Albuquerque assumed

the role of Service Director, a position he held until 2012.

He earned his Doctorate in November 1983 from the University of Porto, where he presented his doctoral dissertation in Surgery on "Endarteritis Obliterans in Young Adults – A Clinical and Histopathological Study." The preliminary results, initially described with Dr. António Maria Tenreiro in 1979⁷, were presented in Tokyo at the 20th Congress of the Japanese College of Angiology. During that period, he had the opportunity to collaborate for a month with Professor Doutor Shigeyko Shionoya, a global authority on Thromboangiitis Obliterans, at Nagoya University Hospital, working on research related to Buerger's Disease, which at the time had a high prevalence in Japan. In his doctoral thesis, after discussing the various mechanisms that could be involved in the pathogenesis of vascular disease in young individuals, particularly in Endarteritis Obliterans in Young Adults, he concluded that "the artery is the focal point of all factors that can initiate and sustain the lesions, whether they are of immunological, biochemical, or traumatic nature, and that there is not just one factor, but multiple factors that simultaneously or successively act, leading to the specific lesions of this disease." By 1983, he had presented the clinical and histopathological findings of 68 male patients, all of whom had developed symptoms at a young age. As an additional part of his doctoral examination, he also shared his "personal experience and updated knowledge on femoropopliteal vascular bypasses".

He progressively adapted the department to new demands of medical practice and a distinct hospital status underlying the effective adoption of the new hospital organization model. He established collaborative protocols with the Cardiology Department for surgical risk stratification, with the Anesthesia Department for loco-regional procedures, and with the Cardiothoracic Surgery Department for joint assessment and simultaneous intervention in coronary and carotid revascularization procedures.

One activity led by all the departments of this service (after 1988) with superlative clinical importance was organ transplantation. In the late 1980s, Professor Doctor Cerqueira Magro (a distinguished internist and pioneer of nephrology as an autonomous specialty, portrayed by Master Júlio Resende in a work now displayed in the Internal Medicine Service Library on the 3rd floor) handed over the responsibility for renal transplantation to the then Director of the Service (Professor Doctor António Braga). In its early stages, without a regular organ retrieval program, this activity had a mobilizing effect on several departments (Nephrology, Urology, Anesthesia). "For some, transplantation is more of a means than an end, while for others, it is a superior capacity in which the hospital asserts itself and redefines its role".⁸

Without intensive care units, under a daunting medico-legal atmosphere and the concept of brain death then transformed into a sophism, the resistance was enormous, and the task seemed impossible. But it

succeeded, and the more than six hundred renal transplants performed by the end of 2006 are the pride of many who accompanied him in this achievement.

For 18 years, until 2006, the Director of the Renal Transplantation Program was continuously the Director of the Angiology and Vascular Surgery Service, initially led by Professor Doctor António Braga. A crucial structure for the development of this program was the Organ Retrieval and Transplantation Coordination Office, which was directed by Professor Doctor António Braga from 1994 to 1999 and by me, his disciple for the subsequent six years (2000-2006).

The results of the Organ Retrieval and Transplantation Coordination Office of São João Hospital (GCCOT) for a period of 12 years (1994-2005), contextualizing the development strategies of this Office within the local, regional, and national reality, were published in 2007⁹ - because everything has a time, a history, and a beginning - and the present may not reveal evolution but merely change. It should be noted, given the extensive nature of the work accomplished, that the implementation of the Office and its regular operation during this period allowed for the retrieval of 970 organs and 1,281 tissues, which were transplanted in various hospital institutions. The awareness that an organ for transplantation is an irreplaceable asset of the National Health Service and not just a hospital determined the GCCOT's operation for 12 years according to the highest legal, ethical, and scientific standards. Donation was the main purpose of the GCCOT of São João Hospital, and thus an official project was built and developed, with regular activity driven by the conviction of all those who, directly or indirectly, supported it, and whose social impact, reflected in healthcare services, was of great significance.

Over more than 20 years, there were colleagues who, perhaps due to the rules of public service that do not always distinguish difference and value, distanced themselves from the Service, although at a distance they remain faithful to the teachings and close in thought.

Self-analysis and retrospective evaluation of large case series (clinical reviews) were quality control benchmarks that a collective reflection allowed for continued identification. From the clinical study of Buerger's Disease,^{10,11} to reviews of patients undergoing carotid endarterectomy,^{12,13} lower limb revascularization,^{14,15} or aortic aneurysm repair,¹⁶ as examples among numerous articles published by members of the department in the 1990s and 2000s. Alongside these publications and lectures, the department also demonstrated high organizational capabilities through the annual International Symposia (the first of which occurred in 1993 and which are now a friendly meeting point and scientific elevation for the vascular community) and practical animal workshops within the scope of Endovascular Surgery.

The Angiology and Vascular Surgery Department, spanning generations and under a structured and evaluative medical career status, transformed trainees into trainers, created a school of practices and principles, resilient to the episodic contingencies of some difficult moments, and

adapting to new ways of being and continued to provide a service worthy of its name and its Founder, worthy of the value and character of its members, and the prestige of the Hospital to which it belongs.

THE FOUNDER OF ATTITUDE

"His personality, insensitive to the materialism of a consumerist, ephemeral, and tendentially egocentric society, maintained a connection to simple elements (water, mountains, vast spaces) and true emotions (music, singing, friendship)"⁴. Water, in particular, was his preferred environment, given his practice of deep-sea and underwater fishing (he always wore a large, dark diving watch on his wrist) that he enjoyed with one of his sons, Dr. Benigno Delgado, and Dr. Paulo Correia, both surgeons in our department at the time.

I recall some phrases from Professor António Braga that reveal his personality and his consequent attitude towards his peers. During turbulent periods of healthcare upheaval or changes in hospital hierarchy, he used to say to me, "In times of war, I have always stood by the soldiers and not the generals." A perceptive, astute, and observant man, he would sometimes assert, "I never doubted anyone until I had a reason to doubt; from that moment on, I doubt as a rule."

In his office, in the early days of Endovascular Surgery, he kept the materials that were available at the time for its practice: stents in a cabinet (small boxes with Palmaz) and guide wires meticulously sorted by type and function in a mobile cart, which still remains next to room 10 in the operating theater, in full use and undoubtedly of unknown origin. We would knock on his office door, and he would ask, "What do you need to operate? Take this and this—and don't forget to bring back what you don't use."

When attempts were made to disturb him, his asthma would worsen, and this was a sign that the "red line" was being approached.

Affable but rigorous, allow me to assert that he was a colleague "without distances," yet he did not tolerate unfounded presumptions. He once told me that during a procedure as an assistant (gastric surgery)—though he was already a senior surgeon—someone operating made the blunder of saying, "Do you mind helping me properly?" to which he replied, "I do mind—because you're going to move to this side of the table and I will take yours—to operate."

When we were near the end of a surgical procedure and someone said "done," he would comment, "Done, it's an adjective of farewell to me."

Professor António Braga was a man who was measured not only by his words but by his actions (and his words as actions). In his role as a surgeon, I was a newly qualified specialist and had to operate on a young

patient with a lower limb injury involving tibial plateau fractures and severe limb ischemia. The femoro-popliteal revascularization was insufficient, and I asked Professor António Braga for help. At the beginning of my independent practice, having the eternal stigma of a major amputation in an adolescent would have been an immeasurable burden for me: "Well, put the patient in the operating room (late afternoon, I note), I'll come with you—because we still have a transplant to perform tonight." A distal popliteal bypass was performed in the emergency operating theater, it was functioning well at the end of the surgery, and ischemia was reversed.

I also recall that during my training, I had to perform a somewhat delayed lower limb embolectomy because it had not been promptly carried out by a qualified member of the department. The next day, during rounds and in front of everyone, someone commented, "The patient is doing very well," to which he replied, "Now, he is."

The Professor António Braga's approach to management was also outstanding. Even before the current metrics existed (Guaranteed maximum response times, Waiting List for consultation, List of registered patients for surgery, etc), he reflected on "management by objectives," which was in vogue at the time, noting that there was a real interest only if "the objectives are correct" and (he added) if "the ends in themselves do not justify the means."

He primarily fostered an attitude of identity (and achievement) with each person's daily life as a doctor/surgeon in the department (today it might be called "emotional salary"), believing that this factor is crucial for job performance—and that its loss, gradual detachment, or complete absence within the group is detrimental.

He would put the fates into perspective with a sibylline sense of humor. When he was already ill, nearing the end of his life, a doctor who was treating him told him that he still had many years to live: "Dear colleague, I appreciate your intention, but you know, the average life expectancy of a man in Portugal is 83 years, so since I am already a few years older, don't force me to leave the statistics, because I don't like having to stand out."

Professor António Braga's happiness and fulfillment as a Master was often summed up when he would say to me, "you know, I managed to train surgeons who are better than me, there is no greater achievement."

Professor António Braga was, for me, the reference point for my training and my attitude as a doctor. And so, let it be admitted that these words are a testimony of gratitude, a duty, and that any silence (by omission) of facts and attitudes, in these succinct memories, should not be understood as a value judgment, and if it exists, it only reflects the limitation of, in brief pages, highlighting the path and experience of a unique personality as a Vascular Surgeon,¹⁷ and who, in my career, I had the enormous honor of meeting.

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