This is the second time that an international scientific society has asked me to introduce Art Slutsky as the recipient of a prestigious award. In May 2012 it was the Critical Care Section of the American Thoracic Society, and this year it is the European Society of Intensive Care Medicine. In addition, several national societies have asked Art to give key-note lectures, to celebrate distinguished members, or have appointed him with scientific medals and diplomas. In fact, in one month he will receive the very prestigious University of Toronto Engineering Alumni Medal for 2014. The medal symbolises the highest honour that the Association can confer upon an engineering graduate.

There are several ways to complete the task that the ESICM has asked me in terms of introducing Art. The easiest and the most conventional way would be to report all the scientific and professional achievements that Art has accomplished during his career. The most difficult and the most unconventional would be to answer the question: why is Art Slutsky collecting so many scientific awards? I should be well known to members of ESICM and attendees of this congress, and therefore you won’t be surprised to hear that I will choose the latter option.

Art Slutsky received a Bachelor’s and a Masters’ degree, first in Engineering from the University of Toronto (1970 & 1972), and then in Medicine, from McMaster University in 1976. He trained in Internal Medicine at the University of Toronto (1976-1978) and completed a fellowship in Pulmonary and Critical Care Medicine at Harvard University (1978-1980). His academic career started in 1980 at Harvard, where he was an assistant professor. Four years later he returned to Toronto, where he rapidly became full professor in 1988 and chair of the Respiratory Division from 1990-2000. In 2000 he created the Inter-departmental division of critical care medicine. He built this division into one of the strongest critical care divisions, and attracted several highly recognised and known clinical scientists from all around the world. Currently, Art is Vice-President of St. Michael Hospital in Toronto and Professor of Medicine, Surgery and Biomedical Engineering at the University of Toronto. Art has authored over 450 peer-reviewed publications, with over 30 in the New England Journal of Medicine, JAMA or Lancet, and his H-Index is ~80.

The development of his scientific career is a model for all to follow. He started as an applied physiologist investigating several aspects of respiratory function in patients with acute respiratory failure, and developed a scientific interest related to the development of new technologies to support respiratory function. Later, he recognised the importance of translational research and was one the first scientists in our field to link basic science to classic physiology to patients. More recently, Art has played a major role in the design, execution, and oversight of a number of successful large randomised trials that have changed our daily clinical practice. This spectrum of research areas explains why Art’s name is linked to concepts that are milestones of our discipline: high frequency oscillation, heat shock proteins, ventilator-induced lung injury, and mechanical ventilation. In all of these areas he has been a mentor to many students from around the world and many current leaders in critical care have trained with him. He teaches those around him not only how to do science, but also how to collaborate and how to lead.

But this is not enough. Several other giants in our field share the same kind of profile described above but none of them is “awarded a gold medal every few months”. There is something more in Art’s profile. I thought for a long time about this, I searched the Web, carefully reviewed several aspects of Art’s CV, but the answer came from an unlikely source - at a barber shop. Recently, my wife asked me to take my two boys to get haircuts, and she wanted them to get very short hair cuts, similar to the haircuts that are so well known to US-marines. When we got to the Barber Shop, Jacopo and Lorenzo were hesitant to proceed. They wanted me to lead, which I bravely did. I came out looking almost bald and they smartly ran away from the US-marines! Art’s approach to science and mentees has always been similar. He establishes the model; he leads by jumping in and taking risks. He sets a very high bar and takes the responsibility of linking his name, his face, his credibility to the science he produces. In other words, Art’s career represents the “standard of care” of leadership in our field. Art taught many of us how to be leaders in Intensive Care Medicine, taught us how to support our mentees and colleagues, and how to do what’s best for Intensive Care Medicine and our patients.

Is this enough? I don’t think so. There is something else that makes Art unique in our discipline. A few years ago we met in the lounge of an airport somewhere around the world. As usual we started by discussing data, and by chatting about academic politics. He was showing me some interesting results but he suddenly stopped talking about science to show me an email that his sons, Mark and Matthew, had just sent him. They had just written to him to say how happy, proud and grateful they were for having Art as their father. The happiness, the proudness that I saw in Art’s eyes for that declaration of love received from his sons will always be with me. And this is the real answer to the question I posed right at the beginning. Art is the model for leaders of our field remaining “una persona per bene”.

MARCO RANIERI
ESICM Senate