Driving Innovation

An Interview with Antonio M. Gotto, Jr., M.D., D.Phil.,
Stephen and Suzanne Weiss Dean and Professor of Medicine, Weill Cornell Medical College

EDITORS' NOTE *Antonio Gotto is also the Provost for Medical Affairs for Cornell University. He spent over two decades at Baylor College of Medicine in Houston, Texas, where he was the Bob and Vivian Smith Professor and Chairman of the Albert B. and Margaret M. Alkek Department of Medicine, and the Chief of the Internal Medicine Service at The Methodist Hospital in Houston, Texas. During that time, he also held the J.S. Abercrombie Professor Chair for Atherosclerosis and Lipoprotein Research and was the Scientific Director of The DeBakey Heart Center at Baylor. Gotto received his B.A. magna cum laude (biochemistry) in 1957 from Vanderbilt University, his D.Phil. (biochemistry) in 1961 from the University of Oxford, where he was a Rhodes Scholar, and his M.D. in 1965 from Vanderbilt University School of Medicine. His residency training was at Massachusetts General Hospital in Boston. Gotto has served as National President of the American Heart Association and is a member of the Institute of Medicine and the American Academy of Arts & Sciences. He has received honorary doctoral degrees from the University of Bologna and Abilene Christian University and honorary professorships from the University of Buenos Aires and Francisco Marroquin University (Guatemala). Gotto is co-author of a series of books that explain the origins and treatment of cardiovascular disease to the general public.*

Antonio M. Gotto, Jr.

ORGANIZATION BRIEF *Founded in 1898, and affiliated with what is now NewYork-Presbyterian Hospital since 1927, Weill Cornell Medical College (weill.cornell.edu) is among the top-ranked clinical and medical research centers in the country, and is divided into 24 basic science and patient care departments that focus on the sciences underlying clinical medicine and/or encompass the study, treatment, and prevention of human diseases. Weill Cornell Medical College is accredited by the Liaison Committee on Medical Education of the American Medical Association and the Association of American Medical Colleges.*

Weill Cornell Medical College has grown over the past 24 months. Coming out of the economic downturn, how is it positioned for the future?

In 1998, we had a $300-million fund-raising campaign going, but it wasn't going very well and we had not raised much money.

In April of 1998, the President of the university and I approached the Weills and asked them to allow us to rename the medical school, and they agreed to it. They gave a $100-million gift and this helped kick off this initial campaign, which we finished by 2000.

Just after 9/11, we kicked off another campaign. The first campaign was for basic science and the second one was for the clinical academic enterprise. The Weills gave another $100 million and Hank Greenberg and the Starr Foundation gave $50 million.

Some people thought such large gifts would discourage others from giving, but it's just the opposite; it is an incentive to others to give.

Our board and donor base has been very supportive, and when they see things happening at the medical college that they like and they see that the board leaders of the medical college continue to give, this encourages others to give.

So when Sandy and Joan decided in our current third campaign to accelerate their gift at the request of the university, it had a positive effect and was a stimulus to our other donors to respond.

What is it about the culture of the medical center that has made it so cutting-edge and how do you drive continual innovation?

One factor is having imaginative and innovative educators, physicians, and clinicians who are willing to explore new things.

In 1996 and 1997, the medical school and educators undertook a new curriculum. In 2002, with the support of our board of overseers and the administration of the university in Ithaca, we undertook an experiment to try to reproduce our education program 7,600 miles away in Doha, Qatar.

This took a willingness to experiment and try something new. Dr. Dan Alonso agreed to go to Doha and be our first Dean at our branch in Qatar. We wanted to see if we could replicate what we had tested and proven in New York City in a Muslim society.

Is it important to provide a consistent culture between the facilities in New York and Doha?

We're a culturally sensitive medical school and we respect everyone's ethnic views. But there is no discrimination in the basic methods of operating. The students in Doha have to meet the same criteria as the students in New York in order to get admitted to the medical college, they are interviewed by the admission committee in New York, and they have basically the same curriculum. In order to graduate and receive their M.D. degree from Cornell University, they have to meet the same level of requirements as a student in New York.

Is the same level of talent still interested in a career in medicine?

We have seen no decline in either the quality or the number of applicants. We interview approximately 5,500 applicants for 101 spots. The most recent class we admitted has the second highest GPAs and the second highest MCATs in the history of the medical school.

The students have an interest in the application of medicine to society and our students are attracted by global medicine.

About half of our students take an elective overseas during their four years. We are affiliated with and support an AIDS/HIV and Tuberculosis clinic in Haiti; our branch in Qatar is the only American medical school to give an M.D. in a foreign country; and we have helped start a medical school in Mwanza, Tanzania.

Our students go to these places and realize why they went into medicine and, in Third World countries, they rely heavily on their powers of observation and on making deductions from the information they gather, because the lab tests might not come back for two or three weeks.

How has the educational component changed from years past?

In education, we now see a movement towards translational research or bench-to-bedside research that aims to bring laboratory findings more quickly to patients. Our goal is to educate our students to be able to adapt to a society and an environment where much medical research is going to be directed towards translational research.

Many who go into medicine do so to develop patient relationships, but with so much pressure from the business side today, has some of the relationship with the patient been lost?

No matter how challenging the business aspects are, we as medical educators have to do all we can to preserve the educational aspect and instill the importance in our students of the patient/physician relationship, because it's the reason for medicine existing as a profession. ●