

# Courage and character, leaders and legends: an interview with Hannah Valantine, MD

*The courage of wise leaders is close-knit with their character.<sup>1</sup>*

I met with Dr Hannah Valantine in Chicago during the meeting of the International Society of Heart and Lung Transplantation. Dr Valantine is a tall, slender black woman who walks with confidence and purpose. Her handshake was firm and her eyes and face were warm and friendly as we discussed her journey from being a child in Africa to her national role in transplant cardiology at Stanford University.

Dr Valantine was born in Gambia, a small British Colony in Africa. At the age of 13, her father was appointed as the Ambassador to England and the family moved to London. She arrived in England at the height of racial tensions in the early 1960s. No one wants to be different at the age of 13, but being black in London made it difficult not to be seen as different. Her parents sent her to an all-girls school where she made some good friends. She grinned as she reminded me that this era was also known as the swinging 60s. While struggling with being different from others her age, she struggled also with balancing social life with academics. England was seen by her family as the place for a good education and she was expected to succeed.

## Medical Education

I asked Dr Valantine what led her to the decision to be a physician and she described being fascinated with genetics during her undergraduate studies in biochemistry. She began thinking about applications for genetics, which led to thoughts of becoming a physician. So few black women were physicians in England but that did not stop her from thinking about the potential. None of her social friends from school ever considered becoming a physician; in that era, few women were guided toward male dominated professions. Dr Valantine completed her undergraduate degree in biochemistry and applied to St. George's University in London to study medicine. In the United Kingdom, students apply to a 5- or 6-year program to become a physician. Dr Valantine was the only black woman at St. George's University, and having already completed an undergraduate degree she soon realized she was more mature and had a more scientific background than her 18- and 19-year-old classmates.

During medical school, Dr Valantine's leadership characteristics began to emerge and she became president of the student union. Her training as a physician included 6-month clinical rotations in surgery and medicine, which she referred to as "The Circuit." These clinical rotations were held at various hospitals in London including The Royal Marsden, with its focus on oncology; Queen's Square Hospital, with a focus on neurology and neurosurgery; and The Royal Brompton, where her passion for cardiology began to emerge. The Brompton, as she referred to it, is nationally and internationally known for the treatment of diseases of the heart and lungs. In each rotation she described a sense of camaraderie with surgeons, yet she also felt surgery was not the place for her in medicine. Her colleagues, mostly white men, accepted her, most likely because she pressed forward, did her job, and refused to allow gender or race to be part of the equation.

After medical training, a young physician could take membership into the Royal College of Physicians. She applied and made it to the final 5 along with 4 white men. She was not selected and admits to some tearful moments because this was such a coveted goal for her. The male physician selected could not assume his responsibilities for the Royal College of Physicians immediately as required. She received a call from the Royal College asking her to serve in a *lorcum tenes* capacity, a term used for a temporary assignment for the physician who could not start immediately. She so impressed the faculty with her knowledge and grace that she was asked to reapply for a position, and she was accepted into the Royal College of Physicians.

## Focus on Transplantation

In 1980 Dr Valantine began a 6-month rotation in nephrology at Guys Hospital, a large National Health System facility in southeast London. They were doing kidney transplants at this hospital and she loved it. She loved seeing the instant gratification of urine flowing from the newly transplanted kidney. In 1985 she completed clinical cardiology at The Brompton, where Dr Keith Dawkins was practicing. Dr Dawkins had completed a postdoctoral research fellowship at Stanford University on a Fulbright Scholarship. His work had focused on noninvasive assessment techniques in heart transplant recipients.<sup>2</sup> Understanding Dr Valantine's

interest in transplantation, he recommended her to Drs Norman Shumway and Stuart Jamieson. She was invited to spend time at Stanford where she studied echocardiographic changes in left ventricular filling and ejection as potential markers for rejection of a transplanted heart under the direction of Dr Sharon Hunt.<sup>3</sup> She returned to England following her studies in clinical research but was soon recruited back to Stanford to continue her career with the heart transplant team.

At Stanford, Dr Valentine continued to pursue her interest in evaluating serial Doppler echocardiograms and their role in helping to detect cardiac rejection.<sup>4,5</sup> When she saw a decrease in a patient's cardiac function coupled with a biopsy negative rejection, she saw a need to look beyond traditional methods to detect rejection. Dr Valentine and her colleagues were also evaluating coronary artery disease in cardiac allografts using intravascular ultrasound techniques as well as evaluating and detecting alterations in microvascular endothelial cell surface markers. In her quest to understand the development of coronary artery disease after transplant, she considered the role that cytomegalovirus may have on this process.<sup>6,8</sup> Today, she continues to focus on coronary artery disease in transplanted hearts, echocardiographic assessment of donor hearts, and molecular testing to detect rejection.

When asked what her greatest contribution is to heart transplantation she clearly thinks it is her focus on heart function as it relates to rejection. Asked if she met with any obstacles on her journey to becoming a respected transplant cardiologist she simply smiled and said she never felt disadvantaged in her career pursuits. If she confronted any racial barriers she simply overcame them with hard work and example as she pushed forward; "You have to push the envelope."

With more than 100 publications on heart transplant-related topics, Dr Valentine's successes may be equated to the philosophy held by other successful black women, such as Shirley Chisholm<sup>9</sup>:

I want history to remember me not just as the first black woman to be elected to Congress, not as the first black woman to have made a bid for the Presidency of the United States but as a black woman who lived in the 20th century and dared to be herself.

### References

1. Tichy N, Bennis W. Wise leaders. *Leadership Excellence*. 2007; 25(1):3-4.
2. Dawkins K. DES Talk: Thoughts on Interventional Cardiology. <http://www.stent.com/DESTalk.bsoci?bio=20>. Accessed April 25, 2010.
3. Valentine H, Fowler MB, Hunt SA, et al. Changes in Doppler echocardiographic indexes of left ventricular function as potential markers of acute cardiac rejection. *Circulation*. 1987;76(5 pt 2):86-92.
4. Valentine HA, Hatle LK, Appleton CP, et al. Variability of Doppler echocardiographic indexes of left ventricular filling in transplant recipients and in normal subjects. *J Am Soc Echocardiograph*. 1990;3(4):276-284.
5. Valentine HA. Rejection surveillance by Doppler echocardiography. *J Heart Lung Transplant*. 1993;12(3):422-426.
6. Valentine HA. Role of CMV in transplant coronary artery disease and survival after transplantation. *Transpl Infect Dis*. 1999;1(suppl 1):25-30.
7. Valentine HA. The role of viruses in cardiac allograft vasculopathy. *Am J Transplant*. 2004;4(2):169-177.
8. Potena L, Holweg C, Valentine HA, et al. Cytomegalovirus and heart transplant atherosclerosis: a likely guilt hidden by weak proofs. *Transplantation*. 2004;78(4):631-633.
9. Chisholm S. *Unbought and Unbossed*. Expanded 40th anniversary edition. Washington, DC: Take Root Media; 2010.

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