Eric N Prystowsky  
Director, Cardiac Arrhythmia Service, St Vincent Hospital and Health Care Center, Indianapolis, USA.

Honours and awards (selected) 
1993-Present: Best Doctors in America 
2002: Distinguished Teacher Award, Heart Rhythm Society 
2002: Master Teacher Award, University of Miami School of Medicine 
2002: Lifetime Achievement Award, University of California 
2007: Distinguished Alumnus, Penn State University 
2009: The President's Award, Heart Rhythm Society 
2014: Distinguished Physician Award, St Vincent Hospital 
2018: Cardiac Pacing and Electrophysiology Pioneer Award, Heart Rhythm Society

Prior appointments (selected) 
2004-2016: Editor-in-chief, Journal of Cardiovascular Electrophysiology 
2004-2006: Chairman, ABIM Electrophysiology Test Writing Committee 
1999-2004: AHA Council on Clinical Cardiology, Executive Committee 
1999-2001: Vice President, Heart Rhythm Society 
1996-1988: Professor of Medicine, Duke University Medical Center 

Memberships and committees (selected) 
1979-present: Cardiac Electrophysiological Society 
1985-present: American Heart Association 
2005-present: Heart Rhythm Society

Key papers 
1979: Inhibition of the human heart, Circulation 1983 
1989: PACe/systole index, Circulation 1990 
1999: Vagus effects on SAN and AVN function in humans, Cir Res 1991 

Interview
Profile

Eric N Prystowsky, director of the Cardiac Arrhythmia Service at St Vincent Hospital, Indianapolis, and a consulting professor of medicine at Duke University Medical Center, Durham, USA, talks to Cardiac Rhythm News about his career. He considers the challenges facing electrophysiology, shares his most important accomplishments, and discusses the perils of social media, as well as future developments and their likely impact on practice.

Why did you decide to become a doctor and why, in particular, did you decide to specialize in electrophysiology? 
My mother was a child psychiatrist and my father a paediatric cardiologist. Their discussions about medicine were never about money, but about helping patients in need and how rewarding that was. I am sure this influenced my decision to consider medicine as a profession. Electrocardiograms (ECGs) in those days were long strips of paper and I would help my father make a composite 12 lead ECG by punching out bits of paper and taping them onto one sheet. I was fascinated by the squiggles representing the heart beat. As I advanced in my training and learned more about arrhythmias, I knew I wanted to be an electrophysiologist, and that was why I did cardiology training at Duke.

Who have been your career mentors? 
Mentors are key to a successful career, and I was fortunate to have several. My parents set an example for how medicine is to be practiced. Ephraim Domash during my internal medicine residency increased my knowledge of arrhythmias, and was my first academic mentor. At Duke, Harold Strauss taught me the concepts of cardiomyology and solidified my desire to pursue academic medicine.

What has been the most important development in the field of electrophysiology during your career? 
I began in the operating room mapping arrhythmia pathways for the surgeon to destroy. The three major advances in clinical electrophysiology have been the development of the implantable cardioverter defibrillator (ICD), radiofrequency catheter ablation of arrhythmias and biventricular pacing for heart failure.

What is the biggest challenge facing electrophysiology? 
There are two big challenges. The first is in the science of electrophysiology: we need to understand why arrhythmias occur, not just how to treat them. The second challenge is more of a more practical nature—I will undoubtedly inform us about their mechanisms. The arrhythmias occur, not just how to treat them, and this is something that may help diagnose and manage patients. But, I do not use social media but understand why others like it. I worry about a shortage of electrophysiologists in the future. The number of applicants to programmes seems to be declining at a time when many more are needed.

What has been the biggest disappointment? 
Something you hoped to be declining at a time when many more are needed. “Boutique” diseases, for example long QT syndrome.

What is your most memorable case? 
Of many memorable cases over 40 years, one sticks in my mind. A teenage girl was referred for palpitations due to pre-excitation syndrome. During the workup she was noted to have a non obstructive dilated cardiomyopathy, but no heart failure symptoms. This was years before ICD trials had been performed in such patients, but her situation worried me, and I sought permission to implant an ICD. It was placed under her breast to minimize psychological impact. Her father felt I had done her harm; however, years later, when he was driving her home from college, she lost consciousness and woke with a start. The ICD-powered saw an episode of ventricular fibrillation and the ICD had defibrillated her. Her father changed his attitude, but more importantly she married and had children, and years later underwent a successful heart transplant.

What is your advice to someone starting out in cardiovascular medicine? 
My advice to anyone entering the field is to ignore all the noise about what is wrong with the practise of medicine, and concentrate on the wonderful field you have entered—one that will allow you to care patients if you go into electrophysiology, or reduce suffering and improve survival if you become a general cardiologist, heart failure specialist, or interventional cardiologist.

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Outside of medicine, what are your hobbies and interests? 
I enjoy wildlife photography and have been to Africa and Churchill, Canada to photograph polar bears. I am an avid sports fan, particularly Penn State football and Duke basketball and I also enjoy the symphony. But, my major source of joy is visiting my grandchildren.

What would you have been if you had not been a medical doctor? 
I have always enjoyed debating and would have been a lawyer. However, I am very happy that I chose medicine.

What do you think have been your most important accomplishments? 
One is the scores of fellows I have trained, many of whom have added to research in our field. Secondly, I discovered that a nurse was killing patients and was part of the team that convicted him. Thirdly, the privilege and pleasure of caring for thousands of patients with cardiac arrhythmias.