THE FACULTY OF MEDICINE
Harvard University

Donald C. Fyler

Donald Charles Fyler, Sr. was born in 1924 in Newington, Connecticut. The son of Ethel Adelaide Plank and Oliver Fyler, he grew up in a rural area, the Connecticut River Valley. Many of the men in Don's family were carpenters, including his father. Don's mother was the first in his family to complete high school, and she became a teacher in the community's one-room schoolhouse. The land of his great-grandparents' farm was divided up among the next generation, so aunts and uncles lived nearby. Extended family members were farmers, and Don spoke of his childhood with warmth. There were gatherings around the piano and the family sang together in the evenings. Don always attributed the strength in his hands to his long experience milking.

After graduating from high school, Don was an Arthur Miller dance instructor for a time. His mother encouraged him to further his education, and he attended the University of Maryland for two years before leaving school to find work as a welder building warships in Bath, Maine, during World War II. While working in the shipyard, he slipped and nearly fell from a great height, rousing him to leave this work and join the Navy.

The U.S. Navy sent Don to Princeton University to complete college. There, he was told that as there was a space for him in the pre-med dorm, he would be a doctor. He frequently spoke of his great good fortune in becoming a doctor and felt it came to him entirely by chance. Because he attended Princeton through the auspices of the U.S. Navy, he was not awarded a degree. Strictly speaking, he never graduated college, but the Navy sent him to Harvard Medical School. Partway through his training there, the war ended, and the military abruptly stopped paying for his education. Don and his buddies, Willie Kiyasu and Peter Peterson, who were also attending Harvard Medical School through the military, moved out of Vanderbilt Hall to Children's Hospital Boston, where they supported themselves by drawing blood and completing lab tests overnight, each working one night of three. He often credited this experience with fostering his growth as a clinician.

Don performed his medical internship at Bellevue Hospital in New York City. There, he was the first doctor to work on ambulances. On one occasion, he saw a young nurse, Carol Walcutt, working hard to keep an elderly man clothed and in his bed. Don and Carol later married and had five children: Kristen, Deborah, Don Jr., Jennifer, and Silas.

Don continued his earlier relationship with Children's Hospital Boston when he returned there in 1950 to take the position of Assistant Resident in Pediatrics. After active duty in the Navy, he embarked on his career in pediatric cardiology, formally training in rheumatic fever with Dr. Benedict Massell at the House of the Good Samaritan during the first year and then training in general pediatric cardiology with Dr. Alexander Nadas. After completing his fellowship in 1957, he left for Children's Hospital of Los Angeles, where he spent 10 years and directed the Division of Cardiology. In 1967, at the urging of Drs. Nadas

and Gross, he returned to Boston, rising to Associate Chief of Cardiology in 1970 and to Professor of Pediatrics at Harvard Medical School in 1981.

Don's contributions to the field of pediatric cardiovascular disease were remarkable. In 1968, he founded the New England Regional Infant Cardiac Program in an effort to improve the recognition and management of all infants with congenital cardiac disease in New England. Federal funding for his program paid for a regional educational program, as well as for the transportation and hospitalization of infants with critical congenital heart disease. All ten centers in New England that accepted referrals of infants with congenital heart disease were participants. Don was particularly suited to lead this pioneering consortium because of his personal attributes of intellectual zeal, personal integrity, and leadership. Indeed, in October 1982, Don was subjected to a hearing in Federal Court for his refusal to respond to a subpoena demanding that a wide variety of New England Regional Infant Cardiac Program records be produced. He averred that general results from the New England Regional Infant Cardiac Program were already published and that release of data identifying hospitals or individual patients would not be allowed. He was victorious. The landmark program helped to define the incidence of severe congenital heart disease, possible etiologic factors, five-year mortality, and physical and emotional assessment of survivors. During its ten-year tenure, the activities of the New England Regional Cardiac Program served as a model of regional care and cooperation for other regions in the United States of America. Its findings have been cited by over 500 subsequent publications. Moreover, the trust established by Don Fyler among members of the pediatric cardiology community in New England continues today in the New England Congenital Cardiology Association, whose purpose is to improve care in pediatric and congenital heart disease through quality improvement, research, advocacy, communication, and education.

Don founded and developed Cardiology Research Computing at Boston Children's, an extraordinary asset for data collection and reporting. He also was one of the first, if not the first, to develop the concept of using a standardized naming convention based on a systematic, hierarchical classification of congenital heart disease, now called the "Fyler codes". In contrast to the dominant practice at most centers of restricting code use to administrative and research databases, patient classification based on Fyler codes was implemented at the point of clinical care. By placing the Fyler classification description prominently on the clinical reports, the clinicians used the codes for purposes of clinical communication rather than purely for purposes of data retrieval. As a consequence of the integration of coding into the reporting process, the clinicians became invested in the accuracy of the coding process, dramatically improving the accuracy of code capture. The Fyler codes have been systematically expanded over the years (>3000 and counting!) to accommodate increasing levels of detail, newly recognized diseases, and the continuing introduction of new interventions and surgical procedures.

In 1967, Don assumed leadership of the cardiac catheterization laboratory at Boston Children's, replacing Paul Hugenholtz, who had assumed a position as Professor of Cardiology in Rotterdam. By 1980, three new laboratories had been constructed: an infant lab, an older child lab, and a room for special angiograms. By 1970, approximately 500 angiograms were performed annually, increasing to 800/year by 1980, and 1000 per year in 1990, when Dr. Fyler retired. In his capacity as director of the cardiac catheterization laboratory, Don trained a generation of pediatric cardiologists in the science and art of invasive cardiology, including his successor, John Finbarr (Barry) Keane.

Among his many manuscripts, Don described ventricular septal defects in a manuscript that became a classic in the field. A series of subsequent papers also became standard references, and included studies

on the natural history of tricuspid atresia, transposition of the great vessels, Ebstein's malformation, aspects of cardiac catheterization, and the clinical profiles and prognosis of infants with critical heart disease. From the database of the New England Regional Cardiac Program, he described the epidemiology of congenital heart disease, extracardiac anomalies in infants with congenital heart disease, results of pulmonary artery banding, assessment of cognitive function at 5 years of age, and effects of congenital heart disease on marital stability. He wrote many chapters, and, together with Dr. Alexander Nadas, a classic textbook aimed at residents and fellows. He found opportunities to teach and work in other countries, including Grenada and Russia, long before "global health" became a popular field.

Carol died in late 2009, a few days before their 60th wedding anniversary. Don never really recovered from her loss and died just over a year later, at age 86 years, after a long illness. They leave five children, two sons-in-law, two daughters-in-law, eight grandchildren and one great grandchild.

Don was a natural optimist; his glass was always half full. He was never heard to complain and considered himself a lucky man, even when old age took its toll on his health. Always choosing the high road, he valued the simple pleasures in life rather than material possessions. Don's buoyancy and warmth, decency, generosity, humility, and love of life serve as a model for all who were privileged to be his trainees and colleagues.

Respectfully submitted,

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