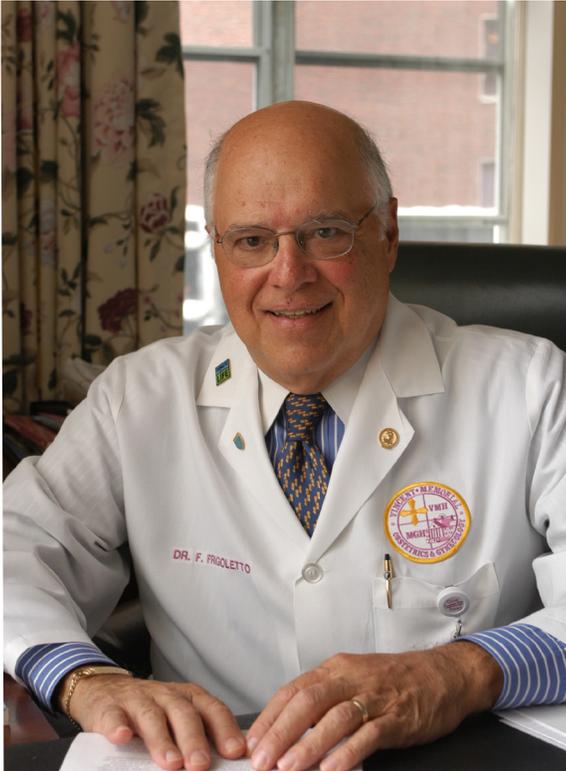




Fredric Frigoletto



Photograph courtesy of the MGH Department of Obstetrics, Gynecology and Reproductive Biology

Dr. Fredric Frigoletto, a giant of a man, a towering figure of a man in the dimensions that count, a great physician, the accomplice in bringing into the world thousands and thousands of new lives at their very start, an obstetrician and gynecologist innovator with numerous professional accomplishments to his name, a brilliant medical diplomat, passionately devoted family man to his wife and daughters, a wise mentor, a deeply respected colleague, benefactor in more ways than can be counted, and a dear friend to so many.

Fred grew up in Fitchburg, MA in a neighborhood made up largely of first- or second-generation immigrants. Like Fred's family, most of his neighbors and boyhood friends were of Italian and Irish heritage. He and Martha met during medical school, married and were blessed with two daughters, Susan and Laurie, and seven grandchildren. They were always the most important people in his life.

There are three anecdotes that stem from different periods of his life and illustrate his penchant for order and pragmatism, his enduring commitment to friendship and finally, his tremendous generosity of spirit as a mentor in the truest sense of the word.

1. First, for a generation of men and women coming of age during and after WWII, volunteering to serve in the armed forces was common. Indeed, experience in the service was considered a favorable epoch on anyone's curriculum vitae. After graduation from college at Brown University, Fred did not enter medical school right away. Rather he volunteered and served two years in the US Army, including an assignment at Ft. Bragg, one of the Army's toughest training bases. Quarters and uniform inspections were strict and severe - order and uniformity were paramount. Failing a Saturday morning inspection meant the loss of furlough privileges for the entire weekend. Relying on his Ivy League ingenuity, Fred came

*In tribute to their dedicated efforts to science and medicine, deceased members of the Harvard Faculty of Medicine (those at the rank of full or emeritus professor) receive a review of their life and contributions with a complete reflection, a **Memorial Minute**.*

up with a system to pass inspection on Saturday and preserve the weekends. He kept an extra pair of leather shoes always polished and perfect, but never wore them. He kept an extra set of uniform clothes perfectly folded and arranged in a second tray for his trunk, but never wore them. A few minutes before inspection, he simply replaced those he used daily with his “inspection set” - and preserved his weekend pass. William Barth, Charles Montraville Green and Robert Montraville Green Associate Professor of Obstetrics and Gynecology at Harvard Medical School learned this personal feature from Martha Frigoletto.

2. The next stems from his time in medical school at Boston University and speaks to Fred’s generosity, commitment, and durability as a friend. In his first week of medical school, Fred secured a room on the second floor at #2 Worcester Square, the subsidized housing for students. After a first week of classes, Fred awoke to someone knocking on his door well after midnight on Saturday. Opening the door, Fred found a fellow student, books and papers under both arms, mattress draped over his head standing in the hallway. He told Fred that his roommate was “coming and going, carousing and entertaining guests at all hours making it impossible to study or sleep.” He asked Fred if he could spare space on the floor for his mattress and a corner for his books until he could find other arrangements. Fred welcomed him in and shared the room for the rest of medical school. Together they developed a disciplined study routine: class all day, an early dinner, study from 7:00 to 9:00 p.m., a fifteen-minute break for coffee, then study until 11:00 pm when lights went out. The student and life long friend was Ralph D. Feigin, M. D., a world renowned pediatric infectious disease physician, textbook author, chairman and Physician-in-Chief at Texas Children’s Hospital, the Nation’s largest children’s hospital.

3. Again Dr. Barth learned from the family the theme of generosity and spirit but this time as a father, and as many of us knew him, as a mentor without equal. Fred and Martha had settled in Wellesley where they raised their daughters, Laurie and Susan. One evening during their high school years, Laurie came home and informed Fred and Martha that her best friend’s boyfriend had suddenly been kicked out of his home and needed a place to stay. Fred and Martha made a place on a sofa for the night. The urgency of that night’s situation was resolved and the young man’s time of living with Fred and the Frigoletto family in Wellesley turned from days, to weeks to almost seven years. During this time Fred served as mentor and father figure for the young man, with all the trials and tribulations that come with such a commitment, the good, the bad and that part of life that is neither but is real. For many of us, this was Fred’s enduring legacy. The ability to make each of us who was fortunate enough to live with him or learn from him, that we were a serious concern of his. That mentorship for him was not an activity to put on a CV, but rather a life’s endeavor - a sincere, masterful, work that enriched the lives of all of us who knew him.

Dr. Marcela del Carmen, a Professor in Obstetrics and Gynecology at Harvard Medical School, came to the Massachusetts General Hospital in 1999 to serve as a Fellow in Gynecologic Oncology. Soon after her arrival, she met with Dr. Frigoletto and was aware of the extraordinary person in front of her. Fred made her feel at ease immediately, connected with her, making her feel as if she was the most important

person in his life, listening to her every word and totally focused to the conversation at hand. She relates that Fred embodied all the elements of a phenomenal servant leader and mentor. He was a mentor not only to her but all around the United States and internationally. He always took the time to ask about your personal and professional life interested in the details and exceeding all expectations when it came to generosity of his time and eagerness to deliver his advice with a call or connection that moved him from a mentor to career sponsor.

In 2016, when Dr. del Carmen accepted the position to serve as Chief Medical Officer of the Massachusetts General Physicians Organization (MGPO) her first charge was to address physician burnout and identify initiatives to alleviate it. She realized that the work ahead was complex, and she would need guidance in organizing and executing this charge. She reached out for advice to Fred, and his response was quick and resolute. The same day, he sent her a large file of peer-reviewed articles on the subject including several manuscripts he had authored addressing the challenges and specific needs of women in medicine. As they continued to organize the work, Fred was the first volunteer offering to serve on the committee that would address burnout at MGH. He came to every meeting, prepared to listen and as was characteristic of his leadership, he would distill the essence of the issue and offer his wisdom and guidance at the end. His historical perspective on how burnout was not a new phenomenon but one that had reached a pressure point at this time, was invaluable. This past perspective was always met with a clear understanding of the current environment and distinct vision for the future of academic medicine. He never forgot the vulnerable, the women, the children, and underrepresented minorities, across all roles, and not just medical professionals.

Fred came to their October 2016 meeting. His participation and engagement, terrific and illuminating as always. Everyone was shocked and devastated to hear of his death, October 31, 2016. By unanimous vote, the committee decreed to name itself as the “Frigoletto Committee.” One of the recommendations from the Committee to MGPO leadership was that the institution formalize this committee as a formal one, incorporated into its bylaws and approved by its Board. Once again, by a unanimous decision, MGPO leadership agreed to not only incorporate the committee but to also maintain its name.

Over the last two years, the Frigoletto Committee has transformed physician well-being efforts at MGH. Fred was the guiding light and the inspiration for the work. To this end, Fred’s legacy and mentorship have continued to have an impact and influence resulting in improving the lives and experiences of clinicians. Dr. del Carmen quoted Winston Churchill who said, “We make a living by what we get, we make a life by what we give.” Dr. del Carmen, like all of us, are forever indebted to Fred for a lifetime of giving, for his compassion, his zest for life and his indefatigable commitment to improving the lives and experiences of all those around him.

It’s not an exaggeration to say the road to academic productivity and leadership in Boston and around the country passed through Fred’s office. His office perpetually received visitors - medical faculty, students, residents, and private practitioners all eagerly taking in his wise counsel. And yet to meet Fred

in person without knowing who he was, you met a truly modest human being who always had time and a smile for you whether you were a physician or someone wielding little power. In dispensing advice, Fred had a way of trying to make you feel you could have, with a little more concentration, come up with the same solution he proposed for yourself - all to boost your self-esteem. Other visits to his office were by colleagues asking Fred the favor to look after a wife, a daughter, a close friend.

Fred was an extraordinary teacher, educating trainees and colleagues through his personal insight and example more often than through slide-filled, formal presentations.

According to Dr. Jan Shifren, Vincent Trustees Professor of Obstetrics and Gynecology at Harvard Medical School, he always was able to see the forest for the trees, teaching others to adopt the 60,000-foot view, rather than get bogged down in small and seemingly insurmountable obstacles. He taught through example to challenge the status quo and adopt an aspirational goal.

A colleague who worked with him on the Massachusetts Maternal Mortality Review Committee described learning so much from watching him lead the committee's meetings - his immense respect for the mother who was lost and for the assembled expertise in the room reviewing the case, serving these women and their families with honor and integrity.

Fred held numerous leadership positions, both locally and nationally over the course of his long career. He was Chief of Obstetrics, Director of Maternal Fetal Medicine and Vice Chairman of the Department of Obstetrics and Gynecology at Brigham and Women's Hospital. After 26 years, he moved to cap his Harvard career by joining Isaac Schiff, M. D. at Massachusetts General Hospital and serve as Chief of Obstetrics and eventually, Associate Department Chief. There, according to Dr. Jeff Ecker, Joe Vincent Meigs Professor of Obstetrics and Gynecology at Harvard Medical School, "Fred and Isaac reestablished the Obstetric Service, a service and care that had been missing from the MGH for decades. Their team-based model of care---low and high-risk obstetricians, midwives, nurses working together---quickly became fully subscribed, exceeding volume targets, and was recognized nationally as a leading program for care, research and training. They were proud of its one standard of care where everyone received the same care no matter what their station in life."

Away from Boston, Fred led many panels and expert groups for the NIH and other national panels shaping the then emerging use of prenatal diagnosis, including defining the appropriate use of ultrasound, as those technologies were becoming more available and routine. He led many committees for the American College of Obstetricians, culminating his ACOG service by serving as President of the organization in 1996. Always prescient, Fred focused his presidential initiative by advocating for and educating the organization's 50,000 members about electronic medical records which he correctly saw as the future.

According to Dr. Ecker, Fred preferred to be more an empathetic colleague than cold and by-the-rules

administrator, relying on his own many years of clinical care and regular conversations with frontline providers to understand the challenges and burdens of contemporary care. This was true not only for physicians, midwives and nurses that worked with and for him, but also for medical assistants, secretaries and housekeeping staff, many of whom knew Fred well and counted him, correctly, as a friend and champion. His was an important voice arguing against unneeded administrative burden, including overly complicated electronic records that had strayed, he felt, from the promise and efficiency that he and others had predicted and hoped for. Late in his MGH tenure, Fred was one of the first to highlight the toll of burn out of professional staff and championed efforts to promote provider wellness as described above.

Fred Frigoletto was the obstetrician's obstetrician. Well known for his common sense and clinical acumen, Fred received calls from obstetricians throughout southern New England whenever they needed either advice or to transfer a patient to Fred's clinical service. Fred welcomed the calls, made everyone feel welcomed and helped them with advice that would enable them to care for their patients locally or volunteer to take their worrisome patients in transfer onto his service for care. Obstetricians would call at all hours of the day and night to speak to whoever was on call for the service and introduce themselves as a "Friend of Fred", which is indeed the way he made them feel. The term "FoF" for "Friend of Fred" became a cliché among his trainees who fielded many of these calls.

Fred, according to Dr. Michael Greene, his right-hand person and Professor of Obstetrics and Gynecology at Harvard Medical School, started his career just as the field of Maternal-Fetal Medicine was defining itself and becoming a distinct sub-specialty within the specialty of Obstetrics and Gynecology. In fact, Fred participated in the committee writing the first sub specialty exam for the first group of examinees, then resigned from the committee and took the second exam given the next year. His earliest research interests were in treating fetal isoimmune hemolytic disease and maternal hematologic disorders during pregnancy. As maternal-fetal medicine evolved taking advantage of spectacularly rapidly improving diagnostic ultrasound technology, Fred was on the forefront with Dr. Beryl Benacerraf. Their efforts improved procedures for fetal transfusions in utero using ultrasound rather than x-ray and fluoroscopic guidance. But it was the potential for high definition diagnostic ultrasound imaging to transform prenatal care through the early diagnosis of multiple gestations, congenital malformations, inadequate fetal growth and other fetal diseases that inspired Fred to embark on the large NICHD funded, randomized, controlled RADIUS trial. Although some of the hoped-for benefits of routine ultrasound examinations were not realized, the basic strategy for the nearly universal use of diagnostic ultrasound in modern prenatal care was established by this study. Throughout the 1980s, the cesarean delivery rate rose in the US at an alarming rate. This fact caused Fred to lead his second NICHD funded randomized, controlled trial, which was of a more structured active intervention approach to the management of labor to attempt to curb the cesarean delivery rate.

Fred was a national leader in Obstetrics and Gynecology and active in the National Board of Medical Examiners, the Association of Professors of Gynecology and Obstetrics, the American Gynecology and Obstetrics Society, the Obstetrical Society of Boston, and for decades in the American College of Obstetricians and Gynecologists rising to the Presidency. He spent several years as an advisor to the US Secretary of Health and Human Services to address the problem of infant mortality and the National Foundation March of Dimes to explore strategies to reduce the premature birth rate in the US.

After a distinguished career studying immune hydrops and RH disease, changing the management of pregnant woman worldwide, Fred turned his attention to the nascent field of obstetrical ultrasound in

the 1980s. He was able to continue his transformative contributions to women's health by pioneering ultrasound guided amniocentesis. During a career phase when many accomplished academicians had completed their original research contributions, Dr. Frigoletto embraced the emerging field of ultrasound in prenatal diagnosis and the detection of aneuploidy and continued to make groundbreaking innovations that changed clinical practice worldwide. It was in the early 1980's when he became Dr. Beryl Benacerraf, Clinical Professor of Obstetrics, Gynecology and Reproductive Biology and Clinical Professor of Radiology at Harvard Medical School, mentor and close friend and provided enormous support and encouragement in her early research in the field of ultrasound in prenatal diagnosis. He would refer the patient to Dr. Benacerraf for an ultrasound and then together they would make novel observations that furthered the field all the while taking care of the patients. He was a major contributor to the discovery and validation of novel ultrasonographic findings of trisomy 21 such as the relationship between the nuchal fold and the risk of Down's syndrome. The two of them wrote many original publications on the use of ultrasound in prenatal diagnosis, fetal dysmorphology, and detecting aneuploidy with ultrasound. He also continued his long-standing interest in immune hydrops expanding the diagnostic gamut with ultrasound imaging. Moreover, he pioneered novel ultrasound-directed techniques for intrauterine transfusions, intraabdominal and later intravascular treatments of the fetus in utero. He was an incredible mentor, loyal, always available, encouraging, supportive and forever positive in his attitude and laced with a great sense of humor. Throughout his career, he nurtured the development of numerous individuals who went on to prominent practice positions and academic posts. His mentorship was legendary - notable for its generosity and devotion not only to the professional but also the personal development of his mentees.

He was instrumental in helping the Obstetrical community understand the incredible variation in quality of prenatal ultrasound in the US and hence the need to accept the American Institute of Ultrasound's initiative to develop an accreditation system for practices doing these scans.

He and Beryl helped develop the maps for the field which are an essential aspect of the practice as we know it today. Ultrasound, we know, is now a likely consideration in every well-managed pregnancy in this country and around the world.

Fred was very young at heart. Describing Fred, we are reminded of both Frank Sinatra singing "Young at Heart," and of Nobel Prize winner Bob Dylan's song "Forever Young". At an age when most people would call it quits, Fred accepted the invitation to move to the MGH to start the obstetrics program.

As Fred approached his 70th birthday, everyone noted his lack of usual energy. Over the next two months, his health further seriously deteriorated, and he ended up in the Mass General coronary unit. Turned out his own heart was no longer capable of supporting him. Dr. Thomas McGillivray, a cardiac surgeon, placed him on a ventricular assisted device. At that time, he had to be in the Cardiac ICU continuously. It was an incredible sight to see and walk into an ICU room that Fred lived in for six months. Fred always had a smile even as he was tethered to this machine, and always knowing that at any moment he could succumb while waiting for a donor heart. The wait started in May and lasted months. Most of us visited with him twice a day. As visitors we were anxious, but Fred always put us at ease. A member of Fred's family, either wife Martha or daughters, Susan and Laurie, were always with him. The wait each day to find out about a heart was trying on everyone, but Fred never lost faith. One could hear the noise of the machines swishing 24 hours a day pumping blood to his own heart. Ultimately, after six long months, Fred received a donor heart. It was a miracle. Fred soon returned to work and was as active as ever; he never skipped a beat. Everyone was in awe of him. He became the

most famous patient the Mass. General Hospital had in decades.

Fred was incredibly creative and always thinking right up to the end. One of his last projects was to determine whether healthy young women could skip a few visits to the obstetrician during their pregnancy. He thought many of the visits were redundant and a waste of everybody's time. (This was the forerunner of obstetrical care during the pandemic of 2020.)

Even when Fred stopped practicing, he was still helping everyone. Telephone calls would come in from all over asking Fred for medical advice or asking him to refer them to a physician, and he did this with great vigor. Every one of those people will miss him always.

Inevitably the heart that had kept him alive and the treatment that prevented rejection resulted in lymphoma. That was the cause of the last illness. The condition became rampant and overtook him. Fred never lost his dignity. He was grateful for what he had, and in fact, just before he came into the hospital one last time, he thanked everyone around him. What is indelibly marked is the devotion and love of Martha, Susan and Laurie, and the grandchildren. Each of them was with him every minute of every day, and he was never left alone. He was extraordinarily proud of each of his seven grandchildren. He was a giant of a man, wise and benevolent and kind, who left the world a better place than he found it and left us all the better for having known him.

Respectfully submitted,

Isaac Schiff, M.D., *Chairperson*

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