

# Wall Street, Aneurysms and Explanatory Writing: An Interview With Thomas Burton '71

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## Introduction:

Thomas Burton, Dartmouth Class of '71 and currently a reporter for the Chicago bureau of the Wall Street Journal, won a Pulitzer Prize for Explanatory Reporting in April 2004 for his investigation into the medical problem of aneurysms. While these swellings of weakened blood vessel walls are nearly always fatal when they burst, Mr. Burton was more concerned with problems of their diagnosis and treatment. His distinguished series of articles, written in collaboration with Wall Street Journal bureau chief Kevin Hillier, illuminated some of the problems that continue to keep the death toll from aneurysms at 18,000 Americans annually. For example, a simple ultrasound test could be invaluable to prevention of aneurysm deaths and yet many medical professionals remain unaware of basic risk factors for the disease, which might prompt an individual to be screened. The national mortality rate for aortic aneurysm repair surgery is around five percent, yet it increases by 76 percent under the general practitioners who still perform about a third of these surgeries. Mr. Burton's articles, in addition to their considerable medical importance, were also notable for their deft explanations of complex scientific concepts to a general readership. I interviewed Mr. Burton recently about how he put the aneurysm articles together and the path that has led him to a successful career in medical reporting.

Meredith Curtis: Would you describe yourself as a science writer?

Thomas Burton: Well, I am a medical writer. As far as science articles, I write about pharmaceutical research, and I also write a lot about comparing the effectiveness of one kind of medical therapy versus another. Many of the stories that I did last year, about aortic aneurysms and aortic disease, were heavily scientific, although a number of them had to do with some dramatic stories of patients

showing up in emergency rooms with misdiagnosed cases that had become pretty serious.

M.C. Was it difficult for you to report on these sorts of narratives?

T.B. Yes, it was very emotional. Many of the stories were very riveting. I will never forget speaking with the father of a girl in Columbus, Ohio. I think she was thirteen or

fourteen at the time, suffering from chest pains and she went into the Emergency Room late at night. In her case, the medical personnel knew that she had Marfan's syndrome, which is widely known to lead to aortic dissection. Unfortunately, they sat in the ER for about four or five hours without anybody doing a diagnostic test on her. It was just terrible.

M.C. What in particular attracted you to reporting on the topic of aneurysms?

T.B. The main thing was that my boss [Kevin Hillier] has an aneurysm.

M.C. How did he discover he had an aneurysm?

T.B. While I was a medical reporter in the Chicago bureau, Kevin was doing a story about a medical imaging center. I forget exactly the story he was working on, but he had some sort of scan done in which they told him he had a clean bill of health on everything, except "oh, by the way, you seem to have a thoracic aortic aneurysm."

M.C. And you decided that it would be an important topic to further explore?

T.B. Well, he first asked me to research it because of his own personal case. The more we became involved it, though, the more we started to conclude that there were some stories that had not been written about yet. We would do one story and another one would follow right away.



Thomas Burton '71.

Image courtesy of www.pulitzer.org

M.C. How did you find all of the different patients whose stories you told in your articles?

T.B. Well, in many different ways. I spoke to surgeons and other doctors who treat many of these patients. As you might imagine, many of these doctors were themselves very concerned and horrified by the way some patients had been treated elsewhere. We also heard about some patients through the National Marfan Foundation.

M.C. Did you do a lot of primary scientific research for these articles? Is there a lot of literature existing today about aortic aneurysms?

T.B. There certainly is. In fact, every time I do a medical article, whether it is about aneurysms, or any other topic, I have to be very familiar with current research. For example, in 1996, I did an article about a heart transplant program at a Chicago hospital. The story pointed out that [the hospital] had dramatically increased the numbers of heart transplants performed there but they had done it through pretty dubious means. They had been matching big patients with little itty-bitty hearts. The death rate had gone up and it was really a rather dismal situation. Now, in order to do that story effectively, I had to know the details of a whole variety of medical issues, not the least of which was how big does a heart have to be for a certain size patient, for example, the circumstances in which a larger patient can be given a small heart. Other questions had to do with the acceptable length of ischemia time, namely, the period of time between the removal of the heart from the donor and its transplant into the recipient. This has been a controversial topic in the medical literature recently, so we had to understand the details of the issue pretty well before publishing the article.

M.C. I can imagine. You would not want to be making accusations and then have some of your scientific facts turn out to be inaccurate.

T.B. We definitely had to know what we were talking about. Of course, as you might imagine, in a story like that there were a number of people, including doctors and nurses, who wanted to help guide us toward the relevant literature.

M.C. Has anyone written you in response to your series of aneurysm articles?

T.B. Yes, we have received many letters from people who say that they were screened because of our articles. Some of them are very emotional; I have even received letters from people who literally thank us for saving their lives. It is always hard to say that a certain aneurysm would have burst at a certain point, at the same time it is almost chilling, but I mean that in a positive way. We have also

received many letters from people whose relatives have died from a misdiagnosed aortic dissection or aneurysm. It is pretty horrible how often that happens. I guess I would hope that it is going to happen less now.

M.C. Changing the topic a little, can you tell me a little about how you became interested in medicine and health-related reporting?

T.B. It was two-fold. Part of it was I have always been interested in science ever since I was a kid; in fact, I almost became an astronomer. My father was a chemistry professor at Notre Dame, my brother was a physics professor at Columbia who also worked in industry, and so our family had a scientific background. I was the black sheep of the family [being a history major at Dartmouth]. Partly though, I fell into the field by accident. I had done investigative reporting at the Chicago Sun Times and the Chicago Tribune. My new boss, the bureau chief here in Chicago with the Wall Street Journal, felt that with my sort of background, writing about medicine and pharmaceuticals would be a great fit for me. Drugs and medical devices affect people about as importantly as any product ever conceivably could be. His feeling was that somebody who was interested in investigative stories would be particularly suited for this sort of topic.

M.C. Do you have freedom to explore topics that interest you, or are you sometimes just handed things by an editor at the Journal who says, "look into this, look into that"?

T.B. The vast majority of stories that I do or that other reporters here do we generate ourselves. There are some that are assigned by editors, or an editor will have an idea and ask us to look into something. After all, we are hired to really become experts in a field, and to do that, we have to go out and meet people. I now know lots of doctors, nurses, and medical administrators. I am always traveling and going out and meeting these people, and the best stories tend to come from just informal conversations with them. An editor very often is in the office and has less of a chance to meet people like that, so that is why most of our stories are self-generated.

M.C. I remember speaking with a writer [Laura S. Carter] for Dartmouth Medicine, Dartmouth Medical School's publication, who said she generates most of her story ideas by going to the hospital cafeteria every day for lunch and sitting down at a random table and seeing where the conversations take her.

T.B. The Dartmouth Medical School (DMS) is a fabulous place, and one of the things I have discovered in writing about medicine for the Journal is that one of many areas in which DMS is really at the forefront is in what they call outcomes measurement. This evaluates what types of therapies work or do not work, and what types of

therapies are maybe being overused in certain parts of the country.

M.C. I noticed that you quoted a faculty member from the DMS in one of your Pulitzer articles.

T.B. Well, I have quoted several people from there, you are probably thinking of Dr. [Robert] Zwolak, the vascular surgeon and also Dr. Jack Cronenwett, another vascular surgeon. There is also an important publication called the Dartmouth Atlas. It is a medical atlas that Dr. Jack Wennberg at DMS devised. He started a whole line of study there. Essentially, [the Atlas] measures what sorts of medical procedures are going on around the country in what types of volumes, and who is performing them.

M.C. That is very interesting!

T.B. Many of the stories, some you may have seen, will show that, for instance, it is a city in western Texas that is the coronary angioplasty capital of America. Moreover, the only reason we know that is because people like Dr. Jack Wennberg have published that type of data. Dartmouth is at the forefront of this type of research. The final story we wrote last year that was part of the Pulitzer package was one I did comparing outcomes of vascular surgeons versus general surgeons in aneurysm surgery. Part of the point of that story is that, broadly speaking, general surgeons do not have very good outcomes [performing these operations]. There are more people, statistically, who die at the hands of general surgeons as compared with vascular surgeons doing these types of operations. One of the many tools that I used to do this story was the Dartmouth Atlas of Vascular Medicine. It had documented these statistics all around the United States. Alarming, the Atlas showed that 35% of all aneurysm repair operations in the United States are still being done by general surgeons, despite far poorer outcomes as compared with vascular surgeons.

M.C. You recently won a Pulitzer Prize for your series of articles on the medical problems of aneurysms. Can you talk a little bit about this experience?

T.B. Well, it was fun! We knew we were finalists for a month before the prizes were announced. I was able for most of that month to sort of ignore it. I worked hard, focused on what I had to do, spent time with my kids, and did not really concentrate on it very much until the last weekend before they got announced, and then I started thinking about it. By the time that Monday morning rolled around, it was pretty much all I could think about. I got so nervous before they announced it that I just had to go out for a walk. You would think somebody in my position would start celebrating right away – and well, I just stayed nervous. It took me several days to calm down!

M.C. Has anything about your writing, your career, or your life changed because of winning a Pulitzer? This may be too early to tell.

T.B. Peter Kahn, who is the chairman of Dow Jones, and who won a Pulitzer years ago as a Wall Street Journal reporter, sent me a really nice email right after it happened. One of the things he said was, “It may not change your life but it will certainly change your obituary,” because that is one thing that always is mentioned in people’s obituaries. Does it really change your life? Well, I think it was a thrill for my kids, who are teenagers and understand what it means, and I think in a really nice way it is kind of inspiring for them. The Pulitzer is also something that the general public really recognizes. I have heard from many of my friends who are really excited about it. That has been terrific fun too.

M.C. What do you see yourself doing in ten years?

T.B. Well, I think probably still doing this but also writing books. I find medicine really fascinating, and the more I get into a certain topic, the more I realize how much there is to know, and how many other fascinating stories there are that we have not done. I feel lucky to be really challenged and excited about my job. I left the Tribune about fourteen years ago and came to the Journal, and in a sense that change was my midlife crisis. It was a huge change. While sometimes I think maybe people in their late forties or fifties can get bored, I feel as if the challenge for me just gets bigger and bigger. One of the many wonderful things about working for this paper is that the Journal will pay to travel to anywhere. If the story is good enough, they do not worry too much about how much it costs or where you have to go to do it. There are not too many news organizations that can do that.

M.C. That certainly would be a treat. On that note, what advice would you give to students who are interested in pursuing a science-writing career?

T.B. I have two pieces of advice. On the negative side, there are fewer and fewer jobs like this. It is tough to get the first job, and it is a very competitive field. Anything that is really fun is going to be competitive. However, I would never discourage anybody from doing it. If someone is excited about reporting, medical writing, or scientific writing, I would really encourage them and I think that there is a way to do it. I also think it is—one of the few careers where you can really have a major effect on the world. That is one of the reasons I went into it, and I would say that my expectations in that regard have been pretty much fulfilled.