

## Death of a Mensch



“... for the secret of the care of the patient is in caring for the patient.”

—FWP

Carey P. Page, MD

**W**hen an honorable and accomplished man dies, it is appropriate to memorialize his attributes and contributions, particularly when that man is a close friend and colleague and a real mensch (a Yiddish word meaning a person of integrity and honor).

This particular mensch was a legendary figure in the United States Air Force (USAF) Air Rescue Service. After completing Officer Training School, jump school, and water survival school, the young doctor, who had graduated from the Hahnemann Medical College, became the only flight surgeon for the Air Rescue Service in Vietnam, serving in that capacity from 1965 to 1968. He was a prime mover in the creation and development of the USAF Pararescue units, under the Air Force Special Operations Command, and he established standardized field training for Pararescue medical technicians. During his 4 years with the Air Rescue Service, he made more than 100 rescue and training jumps. He was also the first flight surgeon to test and demonstrate the Fulton Extraction System, designed to rescue downed airmen. To be rescued, the airman deploys a balloon, attached to a long nylon tether, from his parachute harness. When the balloon clears obstacles, such as a jungle canopy, a plane flies by and engages the tether; the airman is then reeled into the plane.

In 1968, this man began his general surgery residency at Wilford Hall USAF Medical Center (WHMC), on Lackland Air Force Base in San Antonio, Texas. A vascular fellowship at the Massachusetts General Hospital followed. He then returned to WHMC and ultimately became its chief of surgery and the director of its General Surgery Training Program. Under his demanding leadership, the training program at WHMC achieved the nation's highest initial pass rate on the American Board of Surgery's General Surgery Certifying Examination.

He left the USAF in 1978 and established a successful private practice in San Antonio. Missing his role as a teacher, he joined the teaching faculty at Scott & White Hospital in Temple, Texas, in 1993. Later, his leadership and teaching roles at Scott & White and at the Temple Veterans Administration Hospital, his peer-reviewed publications, and his early adoption of endovascular surgery gained him local and international recognition.

He was 2 years ahead of me in the General Surgery Training Program at WHMC, and he was my vascular surgery mentor during my residency. Together, we performed more than 50 abdominal aortic reconstructions for patients with aneurysmal disease and occlusive disease, many of which were reoperations. This experience was equivalent to that of some vascular fellowship programs. In addition, we frequently worked together on clinical and administrative issues as residents and, later, in leadership roles. Years later, he was my boss while I was Chief of General Surgery at WHMC. He was an excellent clinician, technician, teacher, and friend—an all-around amazing and accomplished man. We shared a commitment to our patients, to clinical excellence, and to the USAF.

About one year before his death, he quit performing surgery, and he fully retired from practicing medicine in 2017. He looked forward to becoming a senior consultant to the USAF Pararescue program. He didn't intend to quit working; he just planned to change jobs.

The man, Col. Clifford J. Buckley, a mensch, died on 29 September 2017 after falling while getting out of bed. He was 80 years old.

Although I realize that many readers didn't know Cliff as a person and that fewer still are familiar with his qualities as a surgeon, teacher, friend, and charismatic leader, I share this story with you for 3 reasons:

1) The irony of his death. Who would imagine that a man who had lived such an undisputedly high-risk life would die from falling out of bed?

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2) His death so soon after his retirement. Many of us have had friends and acquaintances who worked until the very end, retired, and died shortly thereafter. I understand the personal and professional rewards of continuing to work if one is happy, competent, and productive. Still, when the Mistress of Medicine is no longer foremost in one's life, conversations and relationships with family and friends become less cryptic and more consequential. At his memorial service, one of Cliff's daughters told me, "In the short time he was retired, we had more meaningful conversations than we'd

had in all the preceding years. While he was working, medicine and his patients always came first."

3) My need to share my grief with those who will understand. I grieve poorly. This helps.

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*Submissions for Peabody's Corner should 1) focus on the interpersonal aspects of a specific patient–doctor experience; 2) be written in storybook fashion; 3) contain no references; and 4) not exceed 5 double-spaced typescript pages.*