What Is a Life Worth?
A Tribute to Dr. William Little,
a Pioneer in the Understanding of Heart Failure
With Preserved Ejection Fraction

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As a community of heart failure physicians and investigators, we were saddened by the news that our beloved colleague, Dr. William Little, died suddenly on July 9, 2015. From 1986 to 2013, Dr. Little was the Dalton B. McMichael Chair in Cardiovascular Medicine at Wake Forest School of Medicine, and he served as Chief of Cardiology, Director of the Heart Center, and Vice Chair of the Department of Internal Medicine, and on the Board of Trustees of the affiliated NC Baptist Hospital. Since 2013, Dr. Little served as the Chair of the Department of Medicine at the University of Mississippi School of Medicine.

Dr. Little was a gifted clinician, teacher, and researcher who was loved by his patients, faculty, and trainees, as a wonderful colleague, mentor, and friend. He often provided wisdom in succinct lines. Here are just a few:

- “Usually, doing the right thing is the right thing to do.”
- “Fellows immediately recognize hypocrisy.”
- “A loan to a family member is called a gift.”
- “Don’t expect appreciation as a reviewer. When you give a manuscript or grant a favorable review, the author believes you merely recognized the brilliance of his work. When you give an unfavorable review, the author believes you failed to recognize the brilliance of his work.”

Dr. Little’s contributions to cardiovascular medicine, heart failure, and science are invaluable. Among these was seminal work that clarified the fundamental mechanisms of left ventricular diastolic dysfunction; helped establish heart failure with preserved ejection fraction as a distinct clinical entity with abnormalities in exercise performance, hemodynamics, and mode of death and the potential for statins to improve mortality; and first reported that most myocardial infarctions occur at sites that did not previously have significant obstructive lesions.

During his career, Dr. Little published more than 225 peer-reviewed papers, including contributions to JACC: Heart Failure such as: “Baroreflex Activation Therapy for the Treatment of Heart Failure With a Reduced Ejection Fraction” (1) and “Randomized, Double-Blind, Placebo-Controlled Study of Sitaxsentan to Improve Impaired Exercise Tolerance in Patients With Heart Failure and a Preserved Ejection Fraction” (2). Dr. Little also received numerous awards, including the Laennec Master Clinician Award, the Lamport Award for Cardiovascular Research from the American Physiological Society, the Harrison Award of the Southern Society for Clinical Investigation, and the 2010 Laennec Master Clinician Award of the American Heart Association.

Dr. William Little touched the lives of an extraordinary number of people with his gifts as a physician, scientist, and teacher and the great generosity of his character.

Understandably, he leaves us decades before we had anticipated. We are reminded what the value of a life is in the context of a sudden death of one of our colleagues. How can we do better in preventing sudden death in a population of citizens across the globe that still have so much to contribute? Should we be more aggressive in screening our patients for cardiovascular risk factors that go beyond the Framingham Risk Score, such as novel biomarkers, calcium scores, and computed tomography angiography? We have been given so many answers, but we are left with so many unanswered questions. Today, we pause and have a moment of silence for one of our colleagues who served our profession well and yet died from the very
mechanism that he so aggressively sought to prevent and cure.

Our hats off to Dr. William Little and the others we have missed over the years who have made great contributions to the field of heart failure.

REFERENCES


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