

# In memory of Dr David Feliciano

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Dr David Feliciano was born and raised in New York City before his family later moved to New Jersey. Dr Feliciano began his start into medicine as a young child as he watched his father, who was a community surgeon. In high school, he worked as an operating room technician and received his undergraduate degree and medical school training at Georgetown University. He then went on to complete his internship and general surgery residency at the Mayo Clinic, followed later by a trauma fellowship with Drs Charlie Lucas and Anna Ledgerwood at the Detroit Receiving Hospital, and a 6-month vascular fellowship at Baylor University.

He began his career at Ben Taub County Hospital in Houston and then went to the University of Rochester. Dr Feliciano became the Surgeon-in-Chief at Grady Memorial Hospital in Atlanta, and then Chief of Surgery at the University of Indiana. In 2017, he joined the faculty at the University of Maryland Shock Trauma Center.

I first met David in the late 1980s when I heard his group present the operative management of 1000 consecutive liver injuries in 5 years. We were busy in Brooklyn, but this was astonishing to me. I was a young Assistant Professor with one AAST (American Association for the Surgery of Trauma) presentation to my name and was unsure of the reception I would receive. He was welcoming, easy to talk to, and asked me to stay in touch. He actually pretended he knew who I was, thus began a nearly 40-year friendship.

Anyone that ever operated with him knows that the term master surgeon is insufficient to describe him. His expertise spanned complex general surgery (both elective and emergency), vascular surgery, trauma surgery, abdominal wall reconstruction, thyroid, and parathyroid surgery, as well as surgical critical care, and he was equally comfortable in all those domains. He was mystified



why not all of us thought things were as easy as he did.

I remember having a difficult pancreatic injury soon after I came to Baltimore. Of course, I called David for advice. I went through the case in some detail. His answer was perfect Feliciano. 'Just look at the pancreas. If the duct is not injured, just drain it. If the duct is injured, either do a Whipple or a distal pancreatectomy.' I wanted to be able to be as sure of myself as he was. I am closer to that now.

He was a walking Encyclopedia of Surgery. His command of the literature was astonishing. Dr Feliciano was a real student of the history of surgery. Anyone who thought that he or she had a new idea would quickly be informed that the idea was 100 years old, and the reference would follow. David owned many original books and manuscripts written by the pioneers of surgical care.

Not only was David a member of every important Surgical Society in the USA and abroad, but he was also a past President of most such as the AAST, Western Trauma Association, Southeastern Surgical Congress and the Panamerican Trauma Society. He made seminal contributions to the American College of Surgeons (ACS) and the American Board of Surgery. Dr Feliciano was a superb educator.

Every Monday, I have a teaching conference with our fellows. Initially, David stayed away. He did not want to intrude. I cajoled him, and he finally acquiesced. It certainly did not take him long to be very vocal about his feelings on the management of a particular case, especially vascular cases. While

he and I agreed on most things, we disagreed on some. The fellows would be astonished as they watched the two of us go at one another quoting the literature. A number of fellows told me that watching that made them realize they wanted to train at Shock Trauma. They were some of the applicants that we ranked highest. Conference is much quieter now. I really miss having him there.

He received 49 teaching awards and was recognized as a Master Educator by the ACS. He is the only faculty member I remember simultaneously winning teaching awards from both fellowship classes. David was a real mentor to the fellows and faculty, up to and including me. He always had time to answer a question, critique a manuscript, discuss a patient, or talk about a research project. He gave freely of himself even when it was inconvenient. Finally, with Ken Mattox and Gene Moore, David edited the authoritative textbook on injury care: Trauma.

David was a true student of surgery and never stopped learning. He kept an exhaustive record of many, perhaps all, of his important cases with the appropriate radiographs. He was brutally honest when he critiqued others, but even more brutally honest when he critiqued himself. He is the only person I have seen stand on the national stage and go over cases where he believed he had made errors, publicly admit that, and tell us what he should have done.

Dr Feliciano was a great proponent of creating a new journal and advocated for Trauma Surgery and Acute Care Open from the beginning. He published 26 articles in *TSACO*, and was editor of the very popular series, Case of the Month. In it, he presented cases from his past with in-depth discussion about operative planning, incision decisions, and operative technique.

David Feliciano was a giant not only in Trauma but in Surgery. He considered himself a true general surgeon that enjoyed taking care of injured patients, he never called himself a trauma surgeon. David did this one patient at a time, but also by greatly expanding our knowledge base by publishing seminal article after seminal article. All of us benefited by being close to Dr Feliciano. We will miss having him in our lives. The greatest tribute we can pay to him is to remember all that he taught us as we care for our patients and commit to the principles that were so much part of who he was.

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