

Editorial

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Elliot Shinebourne, who died on 29 November, 2020, was at the forefront of the development of paediatric cardiology as a speciality in its own right in the United Kingdom and Europe. Born in May, 1940, he grew up in Hampstead, London, and received his medical training at St Bartholomew's Hospital, London. On graduation, he interrupted his clinical training to complete the degree of Doctor of Medicine, studying the effects of calcium on the cardiomyocyte at the old Institute of Cardiology, also in London. He was then able to undertake additional post-graduate training at the Cardiovascular Research Institute in San Francisco. Although he had begun in the field of adult cardiology, he had realised that his future lay in children's heart disease. His initial training was at Great Ormond Street. It was the interactions with Abe Rudolph and Julien Hoffman in San Francisco, however, which coloured his interests in research, with these experiences serving him well over the remainder of his career. On returning from the United States of America, he was appointed in 1971, at a remarkably young age, as Consultant in Paediatric Cardiology at the Brompton Hospital, as it was then. The Department of Paediatrics, in which he was appointed as Honorary Senior Lecturer, was part of what had become the Cardiothoracic Institute of the University of London. This research arm was itself in its infancy, and the investigation and treatment of heart disease in children had only just begun at the Brompton. Elliot had been appointed to join his older colleague, Michael Joseph, with the aim of establishing the unit responsible for diagnosis and treatment. They were joined by Christopher Lincoln as their specialist paediatric cardiac surgeon. The synergy created between Christopher and Elliot was remarkable. In a short time, the results of surgical treatment at the Brompton were on a par, or better, than those achieved elsewhere within the United Kingdom. This, in itself, proved to be of great importance, since over the years that followed, the team at the Brompton depended on the excellence of the results of their treatments so as to survive the numerous reorganisations of service that took place within the National Health Service. Starting with little more than a shoebox for an office, and with limited facilities for research, Elliot and Christopher together created a unit that rose to prominence not only within the United Kingdom, but also within Europe and the rest of the World.

Elliot's own initial research interests had been concentrated on developing the physiological concepts established by Abe Rudolph. He was well aware that he would not be able to establish a programme to rival the amazing facilities available in the Cardiovascular Research Institute in San Francisco. He was, nonetheless, a remarkable talent spotter. At one of the meetings of the British Cardiac Society held in 1972, he heard a paper delivered by one of us on the conduction system in animal hearts. Intrigued by what he had heard, he visited Manchester, and immediately saw the potential for a cardiac anatomist in the new unit. At the same time, he recognised the potential for research into childhood hypertension that was being developed by Michael de Swiet. In short order, he had established a Department of Paediatrics that was producing cutting-edge research. His intuition continued as he appreciated the significance of the research into potential electrocardiographic markers of sudden infant death that was being pioneered by David Southall, who was then working as a general practitioner in the west of the United Kingdom. Soon, he had put together sufficient funding for David also to join his research team.

The success of the unit meant that the volume of work was rapidly outstripping the capacity of himself and Michael Joseph. In short order, he arranged for another of us to join the Consultant staff at the Brompton, which was soon to receive its Royal accolade. Recognising the immense potential of Andrew Redington, he was also added to the team. In many ways, the years that followed were the "golden age" of paediatric cardiology at the Royal Brompton.

In the meantime, Michael Joseph had chosen to spend all of his time at Guy's Hospital, where he had held a joint appointment. Michael then invited the third of us to join him at Guy's. This led to a remarkable collaboration that culminated in the production of a textbook that has now entered its fourth edition. Fergus Macartney had been appointed at Great Ormond Street over the same period, and was the fourth member of the team that edited the initial book.

Elliot was also a great networker and traveller. These activities also worked to the great benefit of the team at Royal Brompton. One of his earliest trips had been to Brazil. His eye for talent led the way for multiple young fellows to visit and spend time at the Brompton. His connections with funding agencies permitted the team to find funds to help support the visits. Lincoln also

was able to attract talented young surgeons not only from Brazil, but also from North America. The analysis of the surgical results, along with descriptions of the underlying anatomy as revealed by echocardiographic investigation, coupled with accounts of the requirements for intensive care, meant that numerous cutting-edge manuscripts were produced on an annual basis under their supervision.

Elliot also established strong connections with the British Council. These discussions led to the establishment of the hugely successful 5-day courses, initially held in colleges in Cambridge, and then moving to London and Windsor Great Park. These intensive seminars served as the “finishing school” for multiple young paediatric cardiologists and paediatric cardiac surgeons, who attended not only from Europe, but also from all over the World. The efforts of Elliot had also been instrumental in establishing International Meetings, funded initially by the British Heart Foundation (Fig 1). These then spawned similar meetings, organised in Edinburgh by Michael Godman, in Amsterdam by Anton Becker, and in Rome by Carlo Marcelletti. Volumes capturing the materials presented at each of these meetings were collated by Elliot, along with his colleagues, with these books acting as a yardstick of the key developments of the time in children’s heart disease.

He had, by then expanded his own interests into the ethical aspects of treatment of congenital cardiac disease. It was this topic that served as the basis of the Mannheimer Lecture of the Association for European Paediatric Cardiology, which he delivered in Dublin. The training provided by him and his team permitted many of those who spent time in the unit achieving positions of major responsibility when they returned to their own countries. In the latter part of his career, he promoted the establishment of foetal cardiology at the Royal Brompton, supported in this regard by his second wife, Julene Carvalho, who had come to the unit initially on



Figure 1. The young Elliot Shinebourne, to the right hand, is shown with one of the authors during the initial International meeting held in London in 1977, sponsored by the British Heart Foundation.

the basis of his long-established Brazilian connections. He also became increasingly involved in the aspects of medical negligence, with this work occupying him subsequent to his retirement from clinical practice. His legacy is seen in the excellence of all those he trained, and equally importantly, in those whose careers he supported and fostered. As we remember his long career, we appreciate his excellence as a good friend, confidant and amusing, and an entertaining colleague. We will all miss him.

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