UCDAVIS HEALTH SYSTEM

Spotlight: Luis Godoy, MD

Dr. Luis Godoy is our PGY 3 Integrative 6-Year (I-6) cardiothoracic surgery resident. Dr. Godoy came to our residency program after obtaining his undergraduate and medical degrees from UC Davis, where he received numerous awards, including the UC Davis University Medal. The University Medal is bestowed upon an individual, recognizing the very highest levels of distinction, personal achievement and contributions to the ideals of higher education.

Why do you want to be a cardiothoracic surgeon?

When I was a child, we could not afford luxuries. The few toys I was given were hand-me-downs that were usually broken. Using my father's tools, I would spend hours taking apart and repairing those old toys, bringing them back to life. Time seemed to stand still when I was working with my hands. As I got older, my passion for repair and restoration grew and I moved up to working on cars. During my high school years I worked as a mechanic restoring classic cars after school. For the longest time I thought that that would be my life's path. Things changed when I became a father during my senior year in high school. Forced to grow up fast, I made myself a promise to be the best husband and father that I could be. Even though I struggled to balance work, family and school, I managed to graduate on time. After graduation, I enrolled in an X-ray technician program and obtained my X-ray technician's license in order to provide for my family. Working in a hospital showed me the importance of the doctor's hands and heart in treating patients. Being bilingual, one of my duties was to interpret for Spanish-speaking patients. By communicating with them in their native language, I was able to optimally address their needs, concerns, and fears while instilling a sense of trust among the patient, myself and the physician. Experiences like those lit a fire within me to pursue a career in medicine where I discovered that I could utilize my passion for "repair and restoration" and apply it to the human condition. Through dedication and perseverance I became the first in my family to attend and graduate from college and the first to attend medical school.

I recall my experience in 1st year anatomy lab, with scalpel in one hand and blunt probe in the other, that sensation of time standing still flashed back. I enjoyed the skill and attention to detail that was required dissecting through delicate layers of tissue so much that I began to visualize myself as a surgeon. During my 4th year rotation on the cardiothoracic surgery service I witnessed procedures that not only improved patients' lives, but in many cases saved them as well. I was impressed by the skill and dedication that I witnessed from the surgeons and also by their humanistic qualities. Humanism places compassion, respect, and dignity at the center of one's personal, social, and professional life. Humanism has driven me to pursue my calling to be a cardiothoracic surgeon and I believe that it is a core value that all physicians possess. I love to operate, to use my natural abilities to repair, think on my feet in the moment and make things as whole as possible. More importantly, I want to be a cardiothoracic surgeon because it will allow me to combine my physical abilities to "repair and restore" with my work ethic, life experience and humanism, a combination that will heal not only physically, but emotionally and spiritually as well.

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What led you to choose an I-6 residency?

Many factors led to my decision to choose an I-6 program. I knew early on that I wanted to pursue a surgical career. As a student I researched the various pathways to becoming a cardiothoracic surgeon. I considered the traditional pathway and also looked into the 4+3 programs. What appealed to me the most about the I-6 programs was that the training was specifically focused on cardiothoracic surgery. The condensed 6 year curriculum caught my attention along with the interdisciplinary training that programs offer. Cardiothoracic surgery is changing, and I felt that the integrated programs are specifically geared to train well-rounded cardiothoracic surgeons that will ultimately be capable of performing the most up to date procedures. As a family man with children, I also wanted to try to minimize the amount of uncertainty and change for my family. The fact that I would not have to apply to a fellowship match, incurring the added costs of interviewing, and potentially moving to different cities also played a role in my decision. Ultimately, I felt that the integrated programs were most aligned with my training and career goals.

You are from Fairfield, California and have extensive knowledge of this region. How do you see yourself impacting similar communities in the future?

I was a child when my father decided it was time for us to leave our small village in Mexico. Since then, I have called northern California home. By the time I was 7, I would work full days, coming home from school to work with my parents picking and cutting fruit. In Michoacán, Mexico and the migrant camp that I grew up in, respect was earned one way— through hard physical work. My parents instilled this work ethic in me and I thank them for that. Growing up in that humbling environment gave me a unique perspective on life and has shaped who I am today. I can relate to a diverse range of patients and am familiar with many of the challenges that patients face. I believe that this allows me to better serve my patients medically and also helps me to inspire them and future generations to pursue their dreams.

What excites you about the future of cardiothoracic surgery*?*

Cardiothoracic surgery is a very special field. We take care of some of the sickest patients and we help improve their quality of life. The future of cardiothoracic surgery is bright and technological advances are changing the field drastically. The skill sets required are expanding in both surgical and interventional areas. Future surgeons will be required to master these skills as the field evolves to include endovascular and minimally invasive techniques. Cardiac surgery has undergone a significant change as minimally invasive and endovascular procedures have evolved. These will play a larger role in patient care in the future and we as cardiothoracic surgeons must embrace and master these changes. Thoracic surgery is also changing. Changes in lung cancer screening have allowed for early disease detection. As such, patients are being referred earlier and curative surgery is now becoming more frequent. In essence, cardiothoracic surgery has evolved and is continuing to evolve. I feel privileged to be part of this exciting and life altering specialty.