E. Welsey Ely of Vanderbilt University was invested as a member of the American Academy of Sciences and Letters in 2025. In this video, Academy Executive Director Greg Forster interviews Prof. Ely about why the practice of medicine brings together science and the humanities, how innovative approaches are providing better care for the whole person and why being proven wrong is a reason to celebrate.

Greg Forster, American Academy of Sciences and Letters

Hello everybody. This is Greg Forster with the American Academy of Sciences and Letters, and I'm speaking today with E. Wesley Ely of Vanderbilt University. Wes, thank you so much for being with us.

E. Wesley Ely, Vanderbilt University

Greg, thank you so much. It's a privilege to be here today, and I just love everything about the Academy and how we're trying to inform each other and be troublemakers in a good way.

Forster

Yes, good trouble, as John Lewis always said. Let me ask you, what are some underappreciated ways that the work in your field contributes to human understanding and well-being?

Ely

For the listeners, I do a lot of work in critical illness with patients who are on life support, very vulnerable days of their lives. We've been studying acute brain dysfunction, delirium and acquired dementia for the past 25 to 30 years. One of the underappreciated ways that this really brings out the humanity that we all want to experience day-to-day is that it involves mercy. My working definition of mercy is, am I willing to dive into the chaos of another person's life and provide lifting and healing? It's really that two-part definition.

For many years as a physician – scientist, I dove into chaos but didn't provide the best lifting and healing. That was kind of a false mercy. Now I pay close attention with the tools that we've developed as to whether somebody's brain is on track or not. If they're out of the furrow, which is the literal meaning of the word "delirium," its derivation, then it's very easy for them not to be treated as a full person, for them to feel undignified, and for their dignity not to be acknowledged. When we do acknowledge their delirium and we do work as a physician – scientists to reduce the delirium and get their brain back on track as the central processing unit of their body, it's a merciful thing to do. It's diving into their chaos, it's providing lifting and healing and it's acknowledging them as an entire person, mind, body and spirit.

Forster

Medicine is not simply a material matter of helping people with material problems, but it's a human phenomenon with what you described as a spiritual dimension. What you've just said reminds me of an article I saw recently titled something like "Against the Turn Against Empathy" because people are starting to say that everybody uses empathy to manipulate you and weaponizes it, so we should just have less empathy. This article was saying, no, empathy, rightly understood, is not just understanding how other people feel, but maintaining your own balance as you enter into other people's lives when they're hurting to help them in a way that is constructive.

Ely

I'll tell you a quick story about empathy. This is not a HIPAA violation; I do have written permission to tell the story. I've even interviewed them and transcribed this. I was recently with a patient and her children in the hospital. You know, by the way, that "sympathy" is feeling sorry *for* someone, and empathy is feeling *with* someone. The woman had a new diagnosis of cancer, and as I walked into the room, her daughter got very, very upset and started screaming at me, at us, that she didn't want to lose her mother. This wasn't fair because of the things she had already sacrificed as a daughter. I was a bit nervous at first that maybe we were going to be in physical contact. We were that close, and hands were raised, and I just kept saying to myself, Wes, stay. Stay. Don't leave. Just stay.

Earlier in my life as a physician, I may have retreated thinking, I don't have to put up with this. But to me, my job is to be present with her as she's going through this very difficult thing, both the patient and the daughter, and so I stayed, and within a few minutes after lots of these emotions had been aired, my hands were over her shoulders. Her hands were over my shoulders. Our foreheads were touching. I was crying. She was crying. It was just an extremely intense moment when we were both being empathetic with each other. As we walked out of the room, the residents, a couple of whom also had tears in their eyes, said, Dr. Ely, what are we going to do now? We had lots of other patients to see, and I said, well, I just feel like sharing with you that I don't think of myself as a glass-half-full or a glass-half-empty person. I'm refillable, and I'm going to have to refill because that took a lot out of me. But that's what I said about mercy, that we're there to dive into chaos and provide lifting and healing, and that's what my whole field has been about, studying delirium and acquired cognitive impairment and the postintensive care syndrome.

Forster

I'm so thankful that you have that sense of mission about what you do, and that's my clever segue to my next question, which is, how would you describe what the mission of the university should be, and why is that important?

Ely

The mission of the university, and this is speaking as a physician – scientist, is to amplify the integration of humanism and science and the other aspects of academia. I'm a scientist, so I focus on humanism and science, but you could just as well say the interaction of the human condition with other areas of study.

To do that, the university has to embrace all of the differences of opinion, and sometimes we get too railroaded into our way of thinking. I deliberately seek out red ink. I want to be calibrated. I beg people to calibrate me on the way that I'm thinking. Perhaps it's different from the way they think, so I can be informed and grow as a person. The last thing I want to do is stay the same or stay in a rut. I want to keep changing and advancing the way I understand others so that I can meet them where they are.

Forster

In my experience, one of the most important things for an academic to have is a joy when you're shown that you're wrong. When somebody shows me I'm wrong, that's fantastic. I'm so glad.

Ely

One of the best compliments I ever got years ago, and I've got so many flaws and I need so much help, was that my mentor said, Wes, you're one of the best people I've ever seen at receiving constructive criticism, and I thought, wow, that's a big compliment to me. He was saying, I criticize you a lot, Wes, but you never seem to take offense to it. I want that criticism because I need to keep changing and growing.

Forster

Yes, it's true that the incentive structure may create an additional burden, but that goes back to your point earlier that we have to be ready to take on risks, to take on the burden of dealing with other people, not only if we want to help them, but if we want to grow ourselves.

Let me ask you my last question. What has pleasantly surprised you in the last five years?

Ely

Okay, wow, pleasantly and in five years. That's a fairly short time frame. That's basically COVID on. I'll tell you a story. We created a program to improve humanistic care and scientific care for critically ill patients. It's based on about 400 peer-reviewed papers, randomized control trials, cohort studies, and it created what's called the ABCDEF Bundle or the A2F Bundle, which is a fancy way of saying a six-step multitier bundle of care that patients will receive from nurses and doctors that makes it into an awake and walking ICU. The patients in the ICU are woken up, they walk even if they're on life support and the family's included. That's what the F is in the A2F Bundle. We had around 80 percent implementation, which is my lowest tier of acceptance for the implementation of a proven clinical program before COVID. When COVID hit, because people were behind the glass and we had people without PPE and we didn't have vaccines, we shut the A2F Bundle down, and at the very beginning, people were not getting the right care anymore.

What's encouraged me in the past five years is this. As soon as we had PPE and vaccines and other ways of keeping people safe, the clinicians in the ICU were not satisfied that we had abandoned this already proven way of being more in touch with our patients. So, in the past two years, we've been rebuilding all of this. Encouraging to me is what we proved as scientists touched our hearts and we said, I don't want

to be that kind of doctor anymore that is at arm's length away. *Aequanimitas* (even-keeledness in Latin) pushed me away at the beginning from my patients. I learned that I was burning out as a doctor because I wasn't getting down with my patients on my knees, looking in their eyes, holding their hands. That's what the A2F Bundle does. The medical community said, wait a minute, we proved it. We know it saves lives, shortens lengths of stay, saves money, millions of dollars. We're not going to abandon this. We've got to rebuild this. Do not let COVID take it from us. I'm encouraged by that because it really speaks to us loving each other. Really all of this for me is about love. It's a love story.

Forster

It makes me think about how the distinction between science and the humanities, which is a theme that comes up again and again in these conversations, is a methodological distinction. Real life does not divide between the scientific and the humanistic because we all experience both constantly, simultaneously, and real experiences are always in the world of the tangible and the world of meaning and purpose. We use different methods in these different disciplines, but the real application is always uncovering those connections.

Ely

That's exactly right. The word "flourishing" is coming to my mind, and I'll just close with this thought. I want to make sure we're succinct for our listeners: human flourishing absolutely *must* eventually tie back to the power of human story. So, in science, I wanted to write up the 25-, 30-year journey of what we had been attempting to build, so I wrote a book using all human story, narrative nonfiction. The book is *Every Deep-Drawn Breath*, and really the whole thing is about people. We just let the patients who were part of this scientific evolution volunteer their life story. The best way for all of us to work our way forward in life is to pay attention to each other as people first and then let all of the other academia inform that.

Forster

The debates rage between those who want analysis, not story, and those who want story, not analysis. When we get to the point when we can do both at the same time, we might actually be able to make some progress. Wes, thank you so much for being with us.

Ely

It was my privilege, and you have a great day.