

In Memoriam: A Tribute to an Unsung Hero

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U nsung heroes often experience their moment of glory or greatest level of appreciation only once their journey on earth has passed. We often take for granted the contributions of many who, together, are responsible for building the foundation of our medical specialty. It is only upon reflection of their contributions with the finality of their passing that we begin to feel the true weight of their loss.

My father was one of these unsung

heroes. Few who have recently entered the growing field of Sleep Medicine know his name, yet we owe him and many others like him still living a tremendous level of gratitude for their dedication in the creation of our field.

My father, Helmut S. Schmidt, M.D., devoted his life to the development and recognition of Sleep Medicine as a medical specialty. Until the early 1970s, sleep was viewed as a research endeavor with little clinical application. Upon its formation, the Association of Sleep Disorders Centers (ASDC), the forerunner of the American Academy of Sleep Medicine (AASM), took on as one of its first orders of business the classification of all sleep disorders. My father was one of the original nine members on the nosology committee which published this classification in 1979 in the journal *Sleep*. This was the first comprehensive nosology of sleep disorders published in the history of mankind and laid the foundation for decades of research that followed.

A rigorous examination process was then established to certify medical professionals in the field of sleep. Helmut Schmidt was chairman of the examination committee. He guided and ran this national examination process in Sleep Medicine for over 10 years from 1979 to 1989. In 1990, he became the first President of the American Board of Sleep Medicine (ABSM), that was, until recently, the accrediting body responsible for certifying sleep medicine physicians. I am frequently told by many of those who took his exam that it was one of the most rigorous and difficult exams in medicine at the time. He later received an award from the ABSM for “unstinting dedication to the furtherance of the field,” an award later named the “Helmut S. Schmidt Award.”

Sleep Medicine today would have a fraction of its current membership without the recognition—and reimbursement—from insurance carriers. Helmut Schmidt was the chairman of the Insurance Committee of the American Sleep Disorders

Association (ASDA) from 1976 to 1983. This committee was responsible for negotiating with insurance carriers to establish procedure codes and adequate reimbursement for polysomnography. Countless hours were devoted to educating insurance carriers on the importance of Sleep Medicine and to ensure that the field could be adequately reimbursed to continue as a viable medical specialty.

Helmut Schmidt also co-chaired the ASDA national committee to recognize Sleep Medicine as a designated medical specialty by the American Medical Association (AMA). I remember my father’s frustration in the early 1990s when he was filling out the AMA’s self-designated medical specialty form when renewing his AMA membership. There was no designation for Sleep Medicine, even though many other medical specialties, such as “underwater medicine,” were recognized by the AMA. Not one to accept the status quo, he presented drafted resolutions to the Ohio State Medical Association (OSMA) in May of 1994 in the hopes of beginning this effort at the state level. During part of his presentation to the OSMA, two of its board members were sound asleep, yet they still did not find the need to either include Sleep Medicine in the core curriculum of medical school training or to include it as a medical specialty. He then appealed to the Executive Vice President of the AMA in July of 1994. His efforts at the national level were more successful and Sleep Medicine as a self-designated practice specialty code at the AMA went into effect on January 1, 1995.

This year marks the 25th annual meeting of the Associated Professional Sleep Societies (APSS). Few know that the 1st annual APSS meeting took place in Columbus, Ohio in June of 1986 and that my father personally hosted this event. National sleep meetings until this time were traditionally hosted by an individual physician of a host city. I remember the months of planning undertaken by my father to ensure that this meeting would be a success. This Columbus meeting was the last to be personally hosted by an individual, and all subsequent APSS meetings are numbered after this meeting. Together with Dr. William Dement as part of the 1986 meeting, Helmut Schmidt led the effort to establish the first National Sleep and Health Awareness Week for June 15-21, 1986, a proclamation signed by President Ronald Reagan.

My father opened one of the first sleep disorders centers in the country in 1975 at The Ohio State University Medical Center, where he practiced until 1990. He then founded the Ohio Sleep Medicine Institute in Dublin, Ohio where I joined him in practice in 2001 and where he actively saw patients until the day before he passed away. He was very proud to be

the only “father-son sleep medicine team in the world,” as he would say. He was known locally among health professionals for his dedication to quality patient care and was voted by his peers in 2004 as the Best Sleep Medicine Physician in Central Ohio. One of his proudest achievements was to receive the Nathaniel Kleitman Distinguished Prize in 1988 for outstanding achievement and contribution to the field of Sleep Medicine.

In spite of the achievements made by our field, my father remained deeply concerned about the future of Sleep Medicine, a field that has seen its share of profiteering and the proliferation of “PSG mills” as he would call them. He was concerned that many have reduced the field to a single procedure, whether it be home studies or formal polysomnography, without adequate evaluation of the patient’s history or needs. He was concerned

that these procedures may be inappropriately used as a means of justifying the delivery of medical equipment such as CPAP or dental devices even though such devices may not be in the patient’s best interest. My father was devoted to the philosophy that Sleep Medicine begins with a conversation with the patient and only ends with a long-term management plan that includes follow-up. He was an advocate for his patients, and his priority was doing what was best for their care.

I consider my father a pioneer and one of the most dedicated and thoughtful clinicians I have ever met. He was an inspiration and guiding force for me and for many others he trained over the years. Those new to our field may not recognize his name, but we have all been touched or benefited in some way by his many contributions. He is an unsung hero of our field. He was my mentor, colleague and father, and he will be dearly missed.