



Robert H. Bartlett (1939-2025): The Visionary who Gave Critically Ill Children a Second Chance

Robert H. Bartlett (1939-2025): Kritik Hasta Çocuklara İkinci Bir Şans Veren Vizyoner

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With great sadness, the global critical-care community mourns the loss of Dr. Robert H. Bartlett, who died October 20, 2025, at age 86.^{1,2} Long hailed as “the father of extracorporeal membrane oxygenation (ECMO)”, Dr. Bartlett revolutionized modern intensive care when he successfully used technology to keep patients alive long enough to recover from injuries and diseases that in the past would have been beyond hope. His work has saved tens of thousands of newborns, children, and adults worldwide who could otherwise have been considered beyond salvation.³

Pioneer who Redefined the Boundaries of Life Support

Born in Oklahoma City in 1939, Robert H. Bartlett received training as a surgeon at the University of Michigan, where he would spend much of his professional life. In the 1970s he began to explore the concept of prolonged extracorporeal oxygenation as a bridge to recovery in patients suffering from reversible respiratory failure. His success in 1975 with “Baby Esperanza” the first long-term neonatal ECMO survivor, marked a historic turning point in critical care.^{4,5} When survival from severe respiratory failure was all but unimaginable, Bartlett’s work inspired a generation of clinicians to reimagine what could be accomplished through perseverance and compassion.

The publication of his early clinical series in the Journal of Thoracic and Cardiovascular Surgery laid the scientific foundation for what would later evolve into a global therapeutic

movement. In 1989, he founded the Extracorporeal Life Support Organization (ELSO), which provided an international framework for data collection, quality improvement, and training that continues to guide ECMO practice today.^{3,4}

Impact on Pediatric and Neonatal Intensive Care

Of all his vast contributions, perhaps the most significant single contribution of Dr. Bartlett has been in the field of pediatric and neonatal critical care. Prior to ECMO, mortality from neonatal respiratory failure or congenital diaphragmatic hernia exceeded 80 percent. After the introduction of Bartlett’s technique, survival rates improved dramatically, first in specialized centers in the United States and later across Europe and Asia.⁵ He insisted that ECMO should not replace clinical judgment but instead extend the window for recovery when conventional ventilation had failed.

In children, ECMO has since become an integral part of rescue therapy in severe acute respiratory distress syndrome, sepsis, myocarditis, and cardiac arrest, and its use has rapidly increased in developing countries, including Türkiye. Many pediatric intensivists remember encountering Dr. Bartlett at ELSO courses or international congresses where his curiosity and humility were as striking as his intellect.⁶ He had a unique way of making even the most complex physiology understandable, underlining teamwork, ethics, and compassion as core elements of life-support medicine.

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Mentorship, Philosophy, and Humanism

Beyond the science, Dr. Bartlett represented a philosophy that technology has to be in service of humanity. He would often tell trainees, "Machines don't save lives-people do." Many of his students went on to be leaders in critical-care medicine, establishing ECMO programs across continents. Even in retirement, he continued to teach, write, and advise, never losing the curiosity that had defined his early research.

He authored over 500 scientific papers, 20 book chapters, and his seminal monograph Extracorporeal Life Support: The ELSO Red Book, the cornerstone reference for practitioners worldwide. In 2020, he received the American College of Surgeons' Jacobson Innovation Award for a lifetime of achievements. Yet colleagues will remember him most for his humility: he said repeatedly that the credit should go to the teams standing beside the bedside, not the machines he helped build. A legacy that lives in every circuit.

The passing of Dr. Bartlett reminds us that medical innovation is not just a matter of invention but also one of faith in recovery. Lives saved by ECMO stand as living testaments to his vision that no patient can be considered beyond hope until every avenue has been tried. Hundreds of pediatric intensive care units today prime their ECMO circuits based on direct principles leading from his research laboratory in Ann Arbor.^{1,3,6}

For physicians, nurses, and researchers in pediatric critical care, his legacy lives on with every improvement in a child's oxygenation after cannulation, with every chance a family gets to hold their baby. His influence knows no borders or generation.

As we remember Robert H. Bartlett, we recognize not only the pioneer of extracorporeal life support, but the mentor, the humanist, and the teacher who believed that science serves compassion. His vision will continue to breathe through every circuit primed to save a life-and through every clinician who dares to believe that the impossible is worth attempting.

Keywords: Robert H. Bartlett, extracorporeal membrane oxygenation, intensive care

Anahtar Kelimeler: Robert H. Bartlett, ekstrakorporeal membran oksijenasyonu, yoğun bakım

Footnotes

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