

Pep Augé



It was towards the end of June, as I write little more than a year ago, when it all started. Dr José M. Augé, “Pep” to us, was direct and clear: he had a problem. He needed surgery. His situation was serious and the evolution uncertain. Once again, he showed us his honesty, valor, and sincerity when facing up to life.

People from Bages are like that. He was born in Manresa, the largest town in a district at the very heart of Catalonia in northeastern Spain. Pep was a village boy and learned from his village, his wide-ranging family and especially from his grandfather, who he accompanied around the neighboring villages selling clothes and lived well beyond his 90th birthday.

Pep Augé lived out his life in 3 environments, all of which he loved dearly: the village, the beach at Palamós, the mountains of Solsona. He was in touch with nature and delighted in it. Sunshine and swimming at Palamós, with good seafood cooking to boot; long walks in Solsona and, if he could find any, wild mushrooms to cap things off. In fact, it was there in the swimming-pool at Pi de Sant Just, that he met and greatly enjoyed conversations with Dr Valentín Fuster.

It’s no surprise to know he was good at tennis, swimming and football (supporting “Barça”, F.C. Barcelona), although his meniscus let him down and robbed him of his glory.

Pep Augé graduated from the second intake of medical students at the Facultat Autònoma de Barcelona based at the Hospital de la Santa Creu i de Sant Pau in 1975. It seems like it was spring at the university: the recently created Faculty, the ideals it sought to foment, the wholehearted dedication of the teachers: it was time to claim ones political rights.

Pep remained in Sant Pau for the rest of his life. To him it was more than a hospital and was always close to his heart even if at times the feeling was not mutual.

In 1977, he was an internist and a year later started as resident in cardiology. In 1982, he became a practicing cardiologist. After 1981 he showed his liking for interventional cardiology and together with Dr X. Bosch began to specialize in the Unit directed by Dr A. Oriol and Dr C. Crexells, the teachers who inspired him. From 1983, he was an assistant in the unit and he saw the birth of angioplasty (Sant Pau was one of the first hospitals in the country to perform angioplasty procedures) and the subsequent breakneck growth of interventional cardiology.

Fair-haired and blue-eyed, he took up with Margarita, and they had 5 sons, the last 2 of whom are twins. He loved to talk about his family and most especially about Margarita. He always supported her and assumed with courage and serenity the none-too-few burdens that life laid on them. It was a challenge, to see who could put up with more; he was always there for others, but he couldn’t be there for himself...

It was difficult to see him downhearted; he was always so positive, tenacious, even stubborn at times, but full of common sense and drive; reflective, faithful to convictions he held on to through thick and thin, open to discussion and strong in defense of his own. Until the very end, he tried to be coherent in his convictions about transparency, honesty, sincere friendship. He had an ironic, bitter-sweet but never bitter sense of humor. He regretted many things and I believe that prepared him for the final struggle when he never once gave up the fight. This attitude defines Pep’s state of mind.

In 1991, he was given responsibility for the Cardiac Catheterization and Interventional Cardiology Section of the Hospital de Sant Pau. It was a difficult, compli-

cated time. He started from scratch, borrowing laboratory space in other hospitals in order to carry out studies but he got his way: 2 cardiac catheterization laboratories and serious, responsible work. He put his hospital on the national map and in 1999 was named president of the Cardiac Catheterization and Interventional Cardiology Section of the Spanish Society of Cardiology. During his mandate he initiated and developed various lines of work: the collaboration with the Ischemic Heart Disease Section that finally made the TRIANA study possible; the management and development of the Section webpage; the conception and later development of the system of accreditation for cardiac catheterization as a specialty; the creation of work groups within the Section itself and many more projects that have now had to be abandoned.

He was easy to get on with and knew how to win the friendship and esteem of the many people who knew and collaborated with him. He was affable and a good conversationalist. He enjoyed mixing with people, traveling, making friends, a good meal and delighting in life in general.

Prior to his death, we lived through 7 months of hope, impotence, anger, and, finally, sorrow. The not-knowing how and not being able to help him, not

knowing what to say, gave rise to constant frustration when faced with his sad, resigned demeanour and long silences. But his family, wife and children, were what motivated him to keep going. They supported and cared for him constantly and the valor, resolution and serenity with which they faced up to his illness and death were admirable.

Life is unjust. None of us is irreplaceable...well, almost none. To honor Pep's memory, all we can do is follow the path we set out on together and work, as best we can, at what he taught us. We hope the projected new hospital, that he worked so hard for and that we owe to him will give us the physical environment and emotional distance to be able to start again without his company.

They say the only real death is being forgotten. Pep, don't worry, we will remember you always.

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