

THE RECORDER

Your Heart Is Part of Your Leadership Infrastructure. Get It Checked.

By Kristina Lawson

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At the Women, Influence & Power in Law conference in Nashville in September, Dr. Jessica Shepherd opened the program by telling a room full of law firm and legal department leaders that the heart is part of our leadership infrastructure. Her argument was direct. Women develop heart disease later than men, which creates a dangerous perception that it is a future problem. Midlife is a period of accelerating cardiovascular risk. And prevention works best before the event, not after it.

She was describing the general case. I am writing to describe a specific one, because September was also Pediatric Cardiomyopathy Awareness Month, and this year the Children's Cardiomyopathy Foundation's new educational booklet on hypertrophic cardiomyopathy features my 16-year-old son Graham.

I lead a law firm of more than 200 attorneys. I have served as a mayor and as president of the Medical Board of California. I am also a patient with an inherited heart condition called hypertrophic cardiomyopathy, and so are my children. What Dr. Shepherd described



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as a risk that accelerates in midlife, my family carries from birth. The lesson is the same either way: you find out before the event, or the event finds you.

What the Condition Is

Hypertrophic cardiomyopathy, or HCM, thickens the heart muscle. It is genetic and autosomal dominant, which means each child of a carrier has a 50% chance of inheriting it. It affects roughly one in 500 people. It is often silent, and it is treatable when it is found.

Like me, most people with HCM have no symptoms. The people who die from it, including the young athletes you read about,

generally felt fine until they didn't. In the largest U.S. registry of sudden deaths in young competitive athletes, HCM was the single most common identified cause, accounting for about a third of confirmed cardiac deaths. The foundation estimates that nearly 7,000 children under 18 experience sudden cardiac arrest every year.

What It Looks Like in One Family

I was diagnosed with HCM at age 35, after a routine EKG came back abnormal. I felt fine and I was busy, so the result was noted and not acted on with any urgency. That is the perception Dr. Shepherd warned about, and I held it for years. My father then died suddenly at age 68. His death is what ultimately sent me to Stanford's Center for Inherited Cardiovascular Disease, where genetic testing identified a mutation in a gene called TNNT2 running through our family.

Today, I have a defibrillator implanted under my skin. So does my sister, whose device appropriately fired during a family trip in California's Eastern Sierra, hours from the nearest cardiac unit, and restored her rhythm in seconds and kept her alive. So does Graham, who at 15 went into atrial fibrillation and was cardioverted in a Monterey emergency room, and who now takes medication, plays golf, and serves as a Heart Kid ambassador for the foundation. This summer our youngest, Ben, who was born with a separate heart defect and has been followed by cardiologists his entire life, was officially diagnosed with HCM as well.

None of that is a tragedy. It is what a genetic heart condition looks like when a family knows it has it and acts accordingly.

Why Lawyers, and Why Now

Dr. Shepherd made a point that I think every leader in the room recognized: for women, cardiovascular risk accelerates during the same years when responsibility and stress are at their peak. Those are the years we make partner, take the general counsel job, run the firm and raise the family. They are also the years we are least likely to take an afternoon for an appointment.

Our profession trains us to manage risk for other people and defer it in our own lives. We reward the colleague who never misses a deadline and never misses a billable hour, and we say nothing about the physical she has moved three times. Most of us know someone, or are someone, with a test result that was never followed up and a family history that was never discussed.

That reflex is not prudence. It is deferral, and with the heart, deferral is the risk.

So here is the ask.

Know your family history. If a relative died suddenly before 50, or drowned unexpectedly, or "had a heart thing" nobody explained, ask about it and tell your doctor. Unexplained sudden death in a family is a reason to be evaluated.

Get your children checked. A standard sports physical is a questionnaire and a stethoscope, and it will miss most cases. An EKG and an echocardiogram will not. If there is any family history, insist on both.

Keep your own appointment, and then keep the next one. Dr. Shepherd told us that training your cardiovascular system is non-negotiable for the next decade. She is right, and the first step is knowing what you are training.

Learn CPR and know where the AED is in your office, your gym, and your child's school. The device that saved my sister's life is inside her body. The one that saves a stranger's child will be on a wall, and only if someone knows to reach for it.

Why I Am Optimistic

This is not only a warning. It is also a report on how fast the science is moving.

When I was diagnosed, treatment for HCM meant beta-blockers, surgery and a defibrillator for the highest-risk patients. In 2022 the FDA approved mavacamten, the first drug that targets the mechanism of HCM rather than its symptoms. In December it approved a second, aficamten. This spring the first Phase 3 trial of one of these drugs in adolescents showed it relieved obstruction and improved symptoms in patients 12 to 18. In August, researchers reported the first meaningful results for the nonobstructive form of the disease, the form my family carries. And the first gene therapy trial for an inherited form of HCM has reported that it is safe and does what it was designed to do.

Every one of those advances began with a patient who was diagnosed. Graham is looking at colleges with an eye toward biochemistry and drug development. He may not have

been in a position to make that choice if his condition had gone unfound.

The Point

I served more than a decade on the Medical Board of California, including four terms as its president, to honor my father and the profession he loved. I have come to understand that the more important way I honored him was at home, by making sure the people I love were tested, treated, and followed.

Dr. Shepherd's framing is the right one. Your heart is infrastructure. Nobody in this profession would run a firm on infrastructure they had never inspected, and nobody would wait for an outage to schedule the inspection.

Running a firm and taking care of yourself are not in conflict. Billing the hours and taking the afternoon are not in conflict. What is in conflict with both is the belief that finding out can wait.

It can't. Find out, and then act on it.

Kristina Lawson is the managing partner and chief executive of Hanson Bridgett LLP and a former president of the Medical Board of California. She was diagnosed with hypertrophic cardiomyopathy at age 35. September was Pediatric Cardiomyopathy Awareness Month; resources are available at childrenscardiomyopathy.org.