



Date: February 1, 2022

Konstantinos Economopoulos: Dr. Douglas, just for the formality, I'm Konstantinos Economopoulos. I'm interviewing Dr. James Douglas or Dr. Jim Douglas who was a resident here at Duke. What years were you a resident here at Duke?

Dr. James Douglas: From 1979 to 1989. Then, I joined the faculty from '89 to '94.

Konstantinos: That's wonderful. Tell me a little bit about where you grow up. Let's go a bit backwards in the time.

Dr. Douglas: I grew up in Spartanburg, South Carolina. I left Spartanburg when I was 16 to attend Duke University. I spent all of my time from then through residency and during Duke University undergrad, med school, residency, and faculty. 23 years' work.

Konstantinos: 23 years, that's amazing. Let's go back to college. What made you decide to become a doctor, to begin with?

Dr. Douglas: I was raised in a medical family, so to speak. My father was a family doc and his brother was also a family physician. Then, my mother had three brothers. Two of them were general surgeons and one of them was a mortician. Even when I was a little boy on a playground, they would call me doc -- because I was always the one that was helping people when they got hurt when we were playing football or whatever.

I have really only three professions that I have really considered. Up until about sixth grade, I wanted to be a veterinarian. Then, after that, I decided I wanted to be a doctor. When I applied to medical school, my fallback was I'd be a musician because I had some success in music while I was in high school and stuff, and I figured, "Oh, if I didn't get into medical school, I would pursue a musical profession."

Konstantinos: I'm interested in learning more about this parenthesis there. What success did you have in music?

Dr. Douglas: I was a pretty good drummer. I was high school number one drummer in the state for two years in high school, and actually number one in South Carolina and Georgia for that second year. I had a scholarship offer to Furman University in Music, which I turned down to go to Duke. I was always interested in percussion and stuff, but that's gone way by the wayside over the years, unfortunately. I'm sitting here next to some drumsticks right now, which I never pick up. That was my claim to fame way back when.

Konstantinos: That's impressive. That's impressive. I relate a lot because I was a semi-formal professional pianist myself.



Dr. Douglas: Oh, wow. It's nice to have that background because it's something you can appreciate all your life, even though you may not be able to mimic the skill that you might have once had. It's something that I think everybody, hopefully, at some time in their life, would get an interest in, whether they become virtuosos or not. It's just so fun, something to turn to, keep your mind off of other things.

Konstantinos: Yes, I can't agree more. Okay, great. Then, why surgery? You decided to be a doctor--

Dr. Douglas: That's interesting. I was pretty much of a wimp when I was coming up. Remember, my father, as I told you, was a family physician. In those days, he made house calls and people would also come to our house occasionally for care. He would care for the folks sometimes down in our basement. I can remember sometimes, people would come, they'd been cut up or something on the railroad tracks, been in some gambling fiasco or whatever, and blood would be on our stair steps. I could smell the blood when I was a little boy. I can't smell it now, but I could smell it and it would just make me sick. I never, never thought that I would end up being a surgeon, but I always thought that I would practice medicine.

When I went to undergrad, by that time, I decided that I wanted to potentially be a general surgeon because I'd always liked doing things with my hands. I liked to build models and model airplanes. When I was in junior high, I did a science project. I did some modeling-clay models of different cardiac defects. That was the first interest I had in hearts, but I never really took that as anything serious in terms of a future endeavor.

I always liked doing things with my hands. When I was an undergrad, I went with the intention of going into general surgery. However, it happened at that time that there was a big push for people not to go into specialties but for people to go into primary care. They felt like there were too many specialists. I never will forget Bob Jones who was one of the cardiac surgeons at Duke, who, I'm sure you must be aware of, who recently passed on. Dr. Jones was my student adviser for medical school. I talked with him. At that time, I told him that I wanted to be a general surgeon but the government was saying, "No, we don't need any more general surgeons or whatnot." They need primary care physicians. He told me, "Listen, Jim. There'd never be too many *good* general surgeons, so if you want to be a surgeon, you go be the best surgeon you can be. Trust me, there will be a place for you."

Honestly, I think if it hadn't been that talk that I had with him then, I might have changed my direction back then. I kept on my interest in surgery. When I got to the third-year medical school at Duke, they had a program where the third year-- you would do research. At that time, I joined Dr. Jones again and I did a research rotation in his laboratory for a year. He was a cardiac surgeon. And that's when I first started to consider, "Well, maybe I can do cardiac surgery." The rest is history, so to speak.

Konstantinos: Was it this mentorship by Dr. Jones that actually make you decide to apply to Duke for residency or was there this normal transition?

File name: DouglasJim.m4a

Dr. Douglas: I didn't think that I would go to Duke for residency because as I told you, I'd been in Duke for undergrad and Duke for medical school, and it felt like maybe it's time for a change. I actually interviewed with other places. The thing that made me to decide to stay at Duke is I interviewed at Mass General for residency. The guy interviewing me, the first question he asked me, he said, "Listen, you have the best surgical residency program in the country. Why are you looking here?" That stunned me. After that, I started thinking much more seriously about staying at Duke despite the fact I had been there so many years. It turned out to be a good decision.

Konstantinos: You answered my next question, which was what was the reputation of Duke Surgery at that time. Do you want to talk to me more about this?

Dr. Douglas: It's interesting. Every place I went, there was very high regard for Duke Surgery. Sabiston was very well-known. His textbook was the major textbook in surgery then, and I think it's unquestionable that he was one of the greatest surgical teachers around during that time. I came to appreciate that even more as I looked at other places. I checked out Hopkins. I checked out some very reputable places, and they all had very high regard for Duke. I was, like, "Well, I guess I'll stick around."

Konstantinos: When did you first meet Dr. Sabiston?

Dr. Douglas: When we do surgical rotations during medical school, I think with each class, he would have a time when he would be one of the instructors. He had such an awesome reputation back then and a pretty fearsome reputation too, but he was always extremely helpful to medical students, very instructive, very inspiring, as nice as he could possibly be to a medical student. You got a taste of him during your surgical rotations at Duke Medical School. That was the first time that I met him, was in a classroom situation.

Konstantinos: What was it like being an intern in surgery at Duke?

Dr. Douglas: It was hell. It was 36 on, 12 off. In fact, it was 36 hours on, 12 off my entire residency except for two years of research that I did. My residency was 10 years long and 2 of those years were research, but all the other clinical years, it was 36 hours in the hospital, 12 hours off. During those nights, most of the nights you were up. You may not be up all night, but you rarely got more than one or two hours of sleep doing those off nights. Usually those two interns, you would alternate with the other intern.

I remember on private general surgery, you might have as many as 90 patients to take care of. On public thoracic surgery, you might have 60, you might have 30 to 60 patients, depending on what it was, a lot of patients to take care of, and a very regimented program. It was excellent training. I think that clearly once I left Duke and I got out into the real world, so to speak. There was a whole different level of tolerance that I would have for managing things in the middle of the night because I'd been used to doing it for so long. It was a different world back then, the law doesn't allow that anymore.

File name: DouglasJim.m4a



Konstantinos: Yes, that's for sure. How do you think Dr. Sabiston put his personal stamp on the residency program?

Dr. Douglas: Oh God, he put his stamp on the whole thing. He was very detail-oriented man. He was very aware of every-- As he liked to say, he was aware of everything from soup to nuts. For instance, as a resident, when you gave morning report as a chief resident, not only were you expected to know what was going on with your service, but you expected to know what was going on with the other services, including the surgical specialties that weren't yours. You had to be aware of what was going on with the operating room schedule. He asked you specific things about individuals that you were supervising. He was all in. He was totally all in.

Every time you went to morning report, you made sure you were prepared because there were going to be questions that he was going to ask and you were expected to know them. He had built up enough aura and he had demonstrated so much, such an incredible work ethic of his own that you knew he wasn't asking you for anything more than he would've been willing to give himself.

Incredible work ethic. It was very commanding and the type of thing that not everybody can tolerate, but in certain individuals, it's the type of thing that gets the best out of folks. People used to call us the Duke Marines because it was like being in the military. There was definitely a hierarchy and he was the general. There were certain rules and expectations and you followed them.

Konstantinos: How did your interactions with Dr. Sabiston change as you progressed through your residency? Because you're mentioning this very strict, like military-style leadership still style.

Dr. Douglas: Well, it's funny. I think that I tolerated it better than a lot of my colleagues did and the reason I believe that I did, is because, I had a similar example with my band director, a band director in high school.

Our high school band was called a Spartanburg High School Military Band of Red. Our high school band were state champions. The leader of our band had our band organized in a military fashion. I learned in high school excuses were not acceptable. If you're expected to have a certain instrument here or there, certain equipment here or there at a certain time, if you were supposed to be at a practice, you were there on the minute. If you are on the minute, you're probably late because you're expected to be there early. He was a very tough taskmaster then. He's a big reason why by the time I went to Duke, I had experienced that kind of attitude before. I had learned how to comport myself in that environment.

I remember while I was a resident, a lot of the residents if they heard Dr. Sabiston was on the floor, oh, they'd put away their coffee and they take their feet off the counter and they'd stand at attention basically because they didn't want Sabiston to see them doing anything wrong. Well, I've been trained well enough that I wasn't



doing that stuff anyway. It didn't really cramp my style because I didn't have a tendency to do that because that had gotten trained out of me way early on.

Konstantinos: Got it.

Dr. Douglas: I think that I was pretty unique in that regard. I had adjusted to that type of attitude.

Konstantinos: I'm pretty sure you're aware that you were the first African-American that completed surgery residency at Duke.

Dr. Douglas: Yes, I am.

Konstantinos: How was it like being the first African-American in the program?

Dr. Douglas: Well, I think that in terms of dealing with my colleagues it really wasn't a major factor but being an African-American coming up in any elite setting, there's always a sense that you have to be better than the next person to be considered equal and that was just reality at that time. You have to understand I'm 67 years old now. This is many years ago. Not that things have changed entirely now, but any level of that you see now was amplified back then. There's only a couple of occasions where it really became apparent to me, and that was with interactions with a couple of patients. It only really surfaced in an obvious fashion with two patients.

I remember one patient I was on the ward as an intern and this patient went into rapid atrial fibrillation with hypotension and needed immediate medical care. When I went in to take care of the patient and examine the patient, I got a response like, "I don't have anything against you but I don't know if I want your kind taking care of me and whatnot." I told him very truthfully. I said, "Listen, it's either me, or you might die, take your pick." Of course, he allowed me to medicate him and help him through this episode and whatnot. At the end, of course, he was very, very appreciative, and apologetic and whatnot. That was the strength of racism on the floor, real face-to-face racism that I ran into.

Then one another episode that stands out in my mind is at Duke at that time they had a private diagnostic clinic, a surgical private diagnostic clinic, and a surgical outpatient clinic. Basically, the patients with private money went to the SPDC, the surgical private diagnostic clinic. The patients who couldn't pay full were at the outpatient clinic and basically got cared for by the residents. You had the main faculty taking care of the people in the SPDC.

I remember one day I was working down there and I was seeing Dr. Will Sealy's patients. Dr. Sealy was a very prominent surgeon there. Again, I won't explain who he was because I'm sure you're aware of Will Sealy. He was born in a small town in Georgia. He was about as Southern as you can get. I was seeing one of his patients and his patient didn't want me to examine him because I was black.



I went and told Dr. Sealy, "The patient didn't want to see me because I'm black." He went to nurse, "He said, "Tell that son of a bitch to get out of here. I'm done with him." It shocked me. He stood right behind me, and they dismissed the patient from the clinic and that was the last ever heard of that. Any other racism was not nearly, never flagrant like that, but it was always an underlying knowledge that you had to always do your best because you were going to be judged at a standard that maybe was a little different than those around you.

Konstantinos: What did Dr. Sabiston's work was towards incorporating African American and women into the residency?

Dr. Douglas: What did he do to foster that? Is that what you're asking?

Konstantinos: Yes.

Dr. Douglas: To be honest with you, not a great deal because I remember there was only, there was one female cardiothoracic resident that came through the program while I was there, while I was a resident and she didn't finish. There was a female urologist who did finish and she did quite well. There was a female general surgeon who finished while I was a resident, during the time I was there in residency. That was the extent of the female presence. This was definitely not a time when there was any push for African Americans or women early on in that residency program. That's only over time that things slowly got better and better and better over time, but back in my day that was not a priority.

Konstantinos: I see. what was Dr. Sabiston's feelings about post-residency fellowship?

Dr. Douglas: Our program was rectangular. When you started as an intern, you were in a cardiac track or you were in a general surgery track. You went through residency and fellowship that was expected. It wasn't a pyramidal thing where you could do general surgery, then you try to do a fellowship and something else back in those days. Everybody knew what they were going to be from day one.

Konstantinos: I see. What was it like to be the admin chief on the Dr. Sabiston service?

Dr. Douglas: That's basically the chief resident.

Konstantinos: Yes.

Dr. Douglas: Like I say, it was tough because as I mentioned before to the medical students, he was as nice as you could possibly be, and he never did anything to embarrass a medical student, but when you're a chief resident and stuff, behind closed doors, he was a tough taskmaster. He did not accept ignorance of things that, that he felt like you should be aware of, and if you didn't get the work done, he wasn't one to listen to excuses. Excuses really didn't matter.



I can't say that I ever got much pushback from him personally, but I certainly heard stories of people that had some pretty harrowing times behind closed doors during morning report. I can say that was his nature. It was definitely a very disciplined service. It was all about, like I say, it was quite militaristic.

Konstantinos: Do you remember, or do you have to share any interesting or good stories with Dr. Sabiston from your residency or after as a faculty there?

Dr. Douglas: No. I think of Dr. Sabiston mainly in terms of the example he set for me as to how, one way to succeed in life. Basically, I asked him once, "What do you think the key to success is?" This is near the end of my residency with him, and he said, "Read. Anything. Read everything you possibly can." It was a truism, it really was, and I think that one of the things that he really was a very staunch supporter of paying attention to details. All of our residents as you went through as a chief resident and whatnot, it would be very common for any of us to make the statement to our staff that were training under us, so to speak, and that is you gotta pay attention to detail, attention to detail, attention to detail. He lived on that principle. He also taught me a real appreciation for history. He was a great history buff, and he showed how important it was to understand what had happened in the past, in order to move forward in the future. He used to use his phrase, I'm sure it wasn't his phrase, but he would frequently repeat "If you wanted a new idea, look it in an old book," which is very, very true.

I remember one time he said something that at the time that he said it, I really didn't accept it. It was like, "What do you mean by this phrase? That's just not fair," but he made this statement one day that, "Some people are more equal than others." I didn't like that when he said that, because I was thinking you need to treat everybody equally, do the same. No, but his point was that there are certain individuals that have a capacity to excel that is not shared by everyone. When you find an individual like that, you need to do what's necessary to support them, to make them achieve the highest level that they can.

I can tell you, I've been in circumstances where things are so egalitarian that basically, it breeds mediocrity. At some point in time, you need to recognize that this individual has gone beyond the call of duty. This individual has skills that people around him or her don't have, and they need to be rewarded for that, and they need to be supported as they try to go forward. Those are the types of things that stick with me to this day. Basically, they were hammered into me because of the time I spent with him.

Konstantinos: Thank you for sharing this. I have a story that you may remember. I think you joined the faculty at the same time as Dr. Pappas and Dr. Pappas told me that he was sharing an office at some point with you.

Dr. Douglas: Yes, yes we did.

Konstantinos: He mentioned once that one day he was in that office and you were not, and Dr. Sabiston came by to look for you, and he saw that you had Dr. Schwartz textbook on your desk. According to Dr. Pappas, Dr. Sabiston picked it up, opened the bottom drawer of your desk, and put it in there without saying a word.

Dr. Douglas: God, I have forgotten all about that. I totally forgot all about that. That is true. I remember that now, but that didn't stick with me.

Konstantinos: I find that to be a pretty good story. That's why I wanted to mention it. Yes. Anyhow, thank you. Yes, go ahead.

Dr. Douglas: No, I think the only story, you were asking about Sabiston, you were asking about him, and how much encouragement there was to improve the numbers of women and minorities in the program and stuff. Like I say there really wasn't a big push for that then for sure and given where Sabiston was from in North Carolina, being in some people's eyes, he would be a good old Southern boy and whatnot. When I was on the faculty, I started dating my current wife who was Caucasian, and we had been seeing each other, but it wasn't public, but we had a heart ball every year. I don't know if they still have that anymore in February, but they used to have a heart ball, which is a big thing with the medical center, and big fundraiser and everything, and all the big muckety-mucks and stuff would go to this heart ball in February. I wanted to take what then was my date there to it. I was a little bit nervous about what the reaction was going to be from the powers that be.

I remember going to Dr. Sabiston sheepishly just to feel him out, and see what was his take going to be on it? I told him about my lady friend, and that I was thinking about taking her to the heart ball. He didn't skip a beat, said, "By all means, you have a great time, bring her here. I'd love to meet her." Not exactly what I expected him to say, but it was very welcomed.

Konstantinos: Yes. Supportive. I bet.

Dr. Douglas: Yes.

Konstantinos: That's great. I would like to thank you for all the stories you shared with me, anything else that we should know about Dr. Sabiston or that you would like to share with me and I didn't ask you?

Dr. Douglas: No, I think you did a pretty good job of covering things. Anybody who went through the residency program during that time, I guarantee you, his presence looms really, really high in their life. Not everybody I'm sure is going to be thrilled with all the interactions. If you look back on some of the techniques that he used, they aren't kind and gentle. And a lot of people would probably not agree with the way things were done then, but it's like some of the coaches in the NFL and whatnot, his idea was to get the best out of people, and I think he achieved that goal, and it wasn't necessarily always without stress, but in the end at least for me personally, it



was something that I think has carried me through a lot in my life, and I will always be appreciative of.

Konstantinos: That's. Great. Thank you so very much Dr. Douglas, I will send you a consent form for you to sign at some point, and the transcript after I finish it, so you can take a look before I send it over.

Dr. Douglas: All righty. Well, best of luck to you. Again, kudos to you for being able to take your time out to do such a thing. I hope it turns out as well as you guys are dreaming, so best of luck to you, and I hope it's helpful for you.

Konstantinos: Thank you, Dr. Douglas. It was a pleasure talking to you. Very enlightening conversation. Thank you so much.

Dr. Douglas: Okay. Bye-bye.

Konstantinos: Bye.

[00:33:06] [END OF AUDIO]