



David C. Sabiston Oral History Project

Dr. Allan Kirk, 12 June 2019

Justin Barr: Good afternoon. This is an interview with Dr. Allan Kirk for the David Sabiston oral history project. It is the 12th of June 2019. We're in his office at Duke University Medical Center. My name is Justin Barr. Thank you very much for joining us Dr. Kirk, we really appreciate it.

Allan Kirk: Happy to do it.

Justin: Could we just start off talking a little bit about your background: where you grew up, where you went to school. And then, you had a non-traditional track to medical school so, how you got there as well.

Dr. Kirk: The first four years of my life were at Duke. My dad was a graduate student here in botany. I have fond memories of that, albeit limited. Then, I left for 20 years then came back to do my training here in medical school. Did Medical School, residency, and during my residency did a Ph.D. Getting back here was non-linear. I was a Music major and had aspired to be a musician. I really had taken no science courses, no math courses, had no exposure to Medicine. I did not know really what Medical School was. While having an existential crisis in Boston about buying an apartment to play with a quintet up there, I decided I was going to be a transplant surgeon.

At the time, transplantation was just coming into its own. I didn't know what a transplant surgeon was, but that's like saying I want to be a rock star or a pilot. You don't really know what it is, but it's a good thing. That's what I wanted to be. I announced that to my father, who was a basic scientist. He said, "you know, you have to go to Medical School to do that." I did not know that. I had not even considered it. At that moment in that conversation, I either had to say, of course, or I had to admit that I didn't know what I was talking about. So, I said, "well, of course."

I took all of the courses to take the MCAT in one year. I worked out a deal with the college where my father taught, Old Dominion University, to play tuba for them and to teach Music and to play in the symphony there in exchange for them waiving any prerequisites, so I could take all the courses at once. It was a great MCAT prep course. I took my MCATs and applied to Duke because that's where my dad had gone. When I interviewed here, I still did not know really much of anything, but my dad gave me a tie pin that had a picture of a tuba on it. It was gaudy. It was very big. He said, don't button your jacket during your interview. I just did what I was told. They looked at me and then they looked at my folio, and all my letters of recommendation were from members of the Boston Symphony. They said, "you're a tuba player." I said, "I am." We talked about tuba playing for 20 minutes, and I got into Medical School.

Justin: You had no idea that Duke was this icon of surgical excellence?

Dr. Kirk: I didn't know. My wife had done a nursing rotation here, and my dad studied plants, and their chapel was very pretty. That was the depth of my understanding of what this place was. One of the first lectures I remember, though, coming here very nervous and having never taken Biochemistry - ever, having not taken Immunology, having not taken most of the courses most people had taken, one of the first lectures I remember was a lecture called *What's Important to Me?* It was a lecture put on, I guess, by the students. Joe Greenfield, the chair of medicine and David Sabiston, the chair of surgery gave a lecture on what was important to them.

Justin: This was to all first-year students?

Dr. Kirk: All first-year students. I didn't know who David Sabiston was. I was already in Medical School, and I thought this is an amazing guy. He gave a very compelling argument of why everyone who goes into surgery is happy, and it's the greatest profession ever. Why would anyone not want to do this if they were capable of doing this? He also spoke about science. Of course, that was very resonant to me because my father approached Duke as a basic scientist. I honestly thought that Medicine was a scientific discipline. I did not see it as a professional discipline. It took several years to figure out that most people see this as a vocation and a professional calling, maybe, but not as a science. In that same year, I read a book by Lewis Thomas called "The Youngest Science," which was the story of this emerging amalgamation of the scientific method and Medicine, and how Medicine was really late to the game. That started putting me inline for trying to understand who Dr. Sabiston was and what surgery really was.

Justin: After your first year at Duke, you matriculated into your clerkships as a second year. What was your surgery clerkship like? What was Dr. Sabiston's interaction with medical students on the clerkship?

Dr. Kirk: I think it was like having a class with the king of England. He was very friendly, very collegial. He was not hard on the medical students at all. He was polite and as humorous as he could be, I think, but there was this distance that you knew that this was Dr. Sabiston. By then, a year into it, I had learned that this is Dr. Sabiston. He's not Dave, and that you wear your coat buttoned, and you study hard for every topic, and you always read the textbook, and you never walk into the operating room without knowing what was going on.

If you're going to present to him, you better do it 1000 times in front of a mirror with a stopwatch to make sure it was under three minutes. Because three minutes was, that was all you did. And that you knew what the numbers were because numbers were important. Lord Kelvin taught us that. He would bring that up. I had figured out very quickly by the second year that this was no joke. You had to really bring your A-game. I'm sure I was one of those very uptight medical students that annoys other medical students.

Justin: Did he treat medical students who expressed their interests in surgery different from those who expressed their interests in other disciplines?

Dr. Kirk: I don't know if he did because I clearly expressed interest in surgery. He didn't outwardly degrade other professions. He was very professional about that. I think in his heart he felt sorry for them, because why would you not want to be a surgeon? But he understood that not everyone could be. There were a lot of very bright people in our class that had expressed that they were going into Internal Medicine. Of course, Internal Medicine was also a noble profession. If you said you were going into something a little bit more tradesman-like, you could see him wince a little bit, but he was always very professional about that.

Justin: It's been said that he tried to identify medical students on the clerkship who might make outstanding health officers to try to recruit them to stay at Duke. Did you get that sense when you were a medical student?

Dr. Kirk: I did not. My strategy was, work as hard as I could, always, and never leave the hospital unless I had to. That strategy worked pretty well. My third year when I was doing my lab time, I worked with a surgical investigator, Randy Bollinger. I would follow him on procurements as they were just beginning to start a liver transplant program. In my fourth year, I took six surgical sub-Is. I was told by the dean that I should not do that, so I took Nephrology, too. I took every surgical sub-I I could possibly take. I had to do an away rotation with the Navy, which is another thing we should talk about regarding Dr. Sabiston. I knew that all the surgeons that I knew here worked continuously and were just on all the time. That was my plan. Just do that.

Justin: Did he interact with the sub-Is to the same extent that he interacted with the second-year medical students?

Dr. Kirk: No, he was much more engaged with second-year medical students. The fourth-year medical students -- you could feel you were starting to become an intern and it was up to you. He was not going to try to convince you at this point. It was up to you to prove yourself.

Interviewer: There was no conferences or rounds with him?

Dr. Kirk: Well, the fourth years, the sub-Is would go on rounds when he would go out on rounds. There would be ward rounds for Dr. Sabiston. There was an elaborate code of trying to remember what the answers to the questions you knew he was going to ask was. I had this a way of holding my hands in my pocket to remember the age and sex of the patient, because he would always ask the age about 10 minutes into the presentation, you might've forgotten that they were 56. But I knew they were 56 because of the way I was holding my left and my right-hand in my pocket. A lot of stuff like that.

Interviewer: You ended up staying here for your surgery training.



Dr. Kirk: I did.

Interviewer: What convinced you to stay at Duke?

Dr. Kirk: I was very impressed with the place, and it was very scientific, and I didn't go to any other place where I interviewed that I thought was remotely better. I liked the area of the country. My family is from the Southeast, so that was easy, and my wife's family had grown up in North Carolina, although they weren't there then. I had great respect for the residents. The residents were something special. I worked with several attendings as a sub-I, but it was the residents that I thought were most impressive, that these were people that were going to do something great. They convinced me.

I did not get a hint of their strife until -- I remember this very clearly -- Warren Kortz was one of my chief residents. He became a transplant surgeon in Colorado. He was my chief resident. He was a rock. He knew every answer to every question. He could operate his way out of anything. When I announced to him that I was going to stay at Duke, he said, "sucker." And that's all he said! Then I thought, wait, I didn't expect that. Then I started to feel that it was a little more complicated than that, but I approached going into medicine or going to surgery or staying at Duke in very simplistic, subjective terms as opposed to really knowing what I was doing.

Interviewer: Did your interaction change with Dr. Sabiston once you transitioned from being a medical student to now being a house officer?

Dr. Kirk: I stopped interacting with Dr. Sabiston in every way I could possibly do it. The fact that he did not know my name in the second year of my residency was one of my greatest accomplishments, because I had stayed out of trouble.

Stan Gall, who was a good friend of mine as a Duke student, his father was attending OB/GYN here and later became chair of OB/GYN in Kentucky. He and I, our wives were good friends. We were good friends. We about the same height, about the same build. We shared a car, because we were on every other night on opposite nights, so we didn't need two cars. Dr. Sabiston never really understood which of us was which. To make it worse, our wives gave birth to girls on the same day, which shows how regimented the program was. He sent flowers to both of them, as he did, but he did not put a card on them, because he couldn't remember whose wife was whose. I felt that was an accomplishment. I must've stayed below the radar screen.

Interviewer: You told a story once a being the pathology intern in charge of the projector.

Dr. Kirk: Yes. That was a bad time.

Interviewer: You managed to escape prolonged attention, then?

Dr. Kirk: I fell asleep showing slides in Saturday morning conference in the aisle of the conference room. The projector projected down the aisle. My head fell into the aisle and blocked the projector while people were talking. So, there's a big shadow there, and nobody was around me and there was no way anybody was going to come around me. I finally woke up and wiped the spit off myself and came to and thought I had gotten away with it. At the end of the conference, Don Glower, who was the super chief at the time, came up and said, "the boss would like to see you in his office."

Then he did something that was really cruel. He disarmed me completely. He said that the boss will probably share some humorous anecdotes about falling asleep and not to worry about it too much. I walked in completely unarmed and got my first real lecture from the boss. That ended up making me feel bad, like completely unworthy of being able to draw breath. The advice he gave me was, when I felt tired to keep a safety pin with me at all times and to push it into my thigh. And I was sort of taken aback by that, but I was well, "yes sir." In my time it made sense, I guess. So, I went out and got a safety pin and put it up on my name tag, and the next day when I was on rounds, I looked around and almost half the people had safety pins on their name tag. So, I knew that I was not the only one that had gotten that lecture.

Interviewer: Was he a yeller and screamer when you came into his office?

Dr. Kirk: No. He never yelled. He raised his voice one time. Which is an interesting story in and of itself. The one lecture I got from him when I was in the lab, he brought me into the office after I'd been in a lab for a year. He said, "Allan, how's the year gone?" I said, "very good, sir." "So how is Dr. Finn, Dr. Bollinger?" "They are excellent." "How many abstracts have you written this year?" I said, "well, I've written one, but it wasn't accepted." He said, "so zero." I said, "well, okay." "And how many papers have you written and how many presentations have you given?" The answer was zero to all of them.

Then he said, "what's the lowest number you know?" I said, "well, that'd be zero." He says, "yes, zero. Zero is always significant in biology. Most things are point something or negative point something, but when you see a zero in biology, it's always significant." Then he asked me to go get the T32 grant from the business manager and read it -- it was about 500 pages long -- so that I knew how I was being paid and to make sure that I felt worthy of that effort.

That was a bad day. That was the type of lecture you would get. He was not screaming.

Interviewer: Speaking of the lab, did you go into the lab knowing you wanted to pursue a Ph.D., or did that evolve while you were in the lab?

Dr. Kirk: I knew I wanted to go and get a Ph.D. because I had spent my third year in Dr. Bollinger's lab. I had taken several graduate courses in immunology and become really enamored by it and realized that I could not pick it up on the fly. Things were moving too fast, and I needed to go into a basic lab to really understand that.

I did go ask Dr. Sabiston if he would pay my salary, and he asked, "wouldn't that be like me paying for skiing lessons for someone?" Inside I was saying no, but outside I said, "well, I can see how you might say that. I do think that it is very important because I think transplantation is a growing field, and if we're going to really understand it, it's very important that we understand immunology, and I think I can make a go of it." I ended up having to go back and forth between the Department of Immunology and several other the places to cobble together some funds. But at the end of the day, he made up the difference. He made me work for it, but he made up the difference.

Then I got an NIH grant the next year, a F32, an NRSA. I remember the day I got the award, and there was no internet, I was in the lab, and one hour after the NIH called me and told me I had the grant, I got a call for Dr. Sabiston from Hong Kong. He was calling long distance from Hong Kong, it had to be three in the morning there, to congratulate me on getting an NIH grant. He was all-in, either direction. My first day in the lab, the phone rang in the lab at 6 AM. I picked up, thank God, because the other Ph.D. students, they weren't coming in until 10. I picked up, and he said, "Allan, how are you doing today?" "I'm fine." "Just want to make sure you're getting off to a good start." From then on, I was in the lab at 6 AM, because he might call. He never did again, but he called that first time. But when I got a grant, he also called. I guess that we were able to rationalize it as being benevolent.

Interviewer: Were you the first person to get a Ph.D. in the lab years at Duke, to your knowledge?

Dr. Kirk: I don't know the answer to that. Randy Bollinger got a Ph.D. I think he got it while he was in the lab, too. I don't think he came here with a Ph.D., but you can ask Randy.

Interviewer: Did you all interact much with Dr. Sabiston during your lab years? You seem like you're meeting with him at least annually at least to go over your progress?

Dr. Kirk: [chuckles] Or my lack thereof. Yes, but not much. Whenever we had a visiting professor, the lab residents would help shuttle the professor around, which I thought was a great benefit, because I got to meet some great transplant surgeons. We would give what we called bear shows. As long as the bear shows were going well, then he didn't really mess with you. I didn't feel like I was getting a lot of exposure with the boss, and I did not feel bad about that. I was really happy about that.

Interviewer: Then once you got this NIH funding, he was supportive of you continuing and getting a Ph.D.?

Dr. Kirk: He was, and in fact, that was hard for me because I had a military obligation. He introduced me to Norman Rich and sent a very nice letter and paved the way for me to go meet Dr. Rich. I was able to get great advice on how to do my summer active duty obligations, to meet the right people. He put me in position for success by meeting people at Walter Reed and the National Naval Medical Center like Ben Eiseman, who



was an admiral at the time. He introduced me, and when Ben came out to do visiting professorship, I was his chauffeur everywhere he went.

Interviewer: He was at Colorado at the time?

Dr. Kirk: Yes. It was always interactions in the form of support, not social. The only social interaction you had was the lasagna dinner as an intern, the Christmas party each year, and the chief dinner when you were a chief. Although there were occasional dinners of visiting professors, particularly when you got farther along. Once I got my Ph.D., he liked to have me to dinner with people that would appreciate that. I didn't sit next to him, but I would get introduced saying, "This is Dr. Allan Kirk. He got his Ph.D. in immunology. He'll be at the end of the table." I was able to show that we were doing that.

Interviewer: When you came out of the lab, did your interactions change now as a more senior resident?

Dr. Kirk: Not really. He knew my name, which was a liability, but I don't ever remember an interaction that was casual or relaxed or comfortable, as you would with the King of England.

Interviewer: What interactions did you have with him before admin chief, as a SAR-1 or SAR-2, or just at rounds and conferences?

Dr. Kirk: As a medical student, I presented to him a couple of times on ward rounds, because I knew that I should do that. I didn't screw that up, so that helped. I did meet with him in his office to ask for his letter of support as I was applying for residency and made it known that I wanted to stay at Duke. The sense I got when I walked out was well, of course you do sonny, but we can't all be at Duke. I don't know where I ranked, but I got in.

The only time I heard him raise voice, ever, was when I was an intern. This is an interaction that is ingrained in my head. We were going on rounds with Dr. Sabiston, and it was on the early part of the month, so the ward teams had switched. The green team had gone to the blue team; the blue team had gone to the red team.... There had been this patient that he'd been rounding on every week that had been a very complicated patient that had been there for weeks and weeks. One of the chief residents, Ben Vernon, had been taking care of him.

When the ward team changed, Ben became the chief on another service. I forget who was the chief who picked up, this patient. Sabiston came around the corner. We stopped in front of the room, planning to present the patient. The intern presented the patient. Dr. Sabiston turned to Ben and said, "Can you tell me, quickly, an update of what's happened this week." Ben said, "I'm sorry, sir. I don't know what's happened with this patient, because we've changed, and Dr. so and so is now the chief."

He got very red-faced, in what we used to call the pig face. He dismissed the medical students. He said, "You are dismissed." Quickly, we knew this was bad. Then he started walking, and everyone fell in line and he went into the stairwell on, it was either 2100 or 2300. He got up one flight of stairs. Then he stopped, and everyone stopped. He turned, and now he was at the highest point. He had acquired the high ground. We were all uncomfortably clumped at the bottom of the stairwell because everybody had come in the door and the door had closed. It was clear it was a trap.

Gene Branum, who was the second-year resident, who became a great GI surgeon, said, "When the money goes down, don't go for it." I looked at him like, "What? What's that mean?" The boss reached in his pocket, and he grabbed a handful of change. His fist just got red. He threw the change at us. It just went bing, bang, boom, and it was echoing down the stairs. Then in this huge voice he says, "You are wasting my time. You might as well waste my money." He said that only after several people had gone to ground to pick up the coins, so there were several people kneeling before him with him at the high point and his booming voice...I'm sure I'm remembering it more dramatically than it was, but it was pretty dramatic. I learned from that, once you touched the patient, you needed to know everything about them until they left. That might be a good lesson. That was the rule.

Interviewer: When you were chief, an admin chief, did you meet with Dr. Sabiston?

Dr. Kirk: Yes, every morning in what we would call "Jeopardy" because there were sort of random trivia questions until you missed one, for increasingly high dollar amounts. You would spend all night as administrative chief going to every patient that was on the OR schedule, and talking to the intern or the chief or whoever was there to get the data. You would hand write whatever was necessary to understand what was happening in every case, the next day.

Interviewer: This is still when you are on Q2 call?

Dr. Kirk: Yes. Which made it easier. You would come into the boss's office in the morning, and you would have all the data about the schedule, and he would say, "Well, do you know what's going on with the schedule?" He would look through it, and then he'd go, "Oh, I see Dr. Pappas is doing a Whipple," or I remember one morning he says, "What's this autotransplant of the pancreas?" Dr. Pappas tried to get an autotransplant of a pancreas on the schedule once, without the boss noticing it, and he noticed that immediately. If you were doing well, then he would turn and he would go, "Oh, I see that Dr. Grant is putting in seven Hickmans tomorrow. The fourth Hickman -- what was the chemotherapy they'll be giving through that Hickman?" Or he'll say, "why are they putting in?" You'd say, "cancer." I mean, why else? Then he would ask about the chemotherapy, then he asked you the mechanism of the chemotherapy. Then he would go to referring physicians in North Carolina for 200. Where are they coming from? Where is Rocky Mount? If I was a crow and I had to fly to Rocky Mount, what direction would I go? What are the referring hospitals in that region? Eventually, you would get it wrong. Then he would go, "Don't you think it's important to know the two largest rivers going through Rocky Mount?" In your mind

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you're going, "No, I don't." You go, "Yes, sir. I do. And I'll remember that the Tar River is the subordinate river in Rocky Mount. Thank you very much." Then you go on your way about an inch shorter. It would take about a day to build yourself up by going and yelling at other residents, and then you'd feel better.

Interviewer: You'd do this every day for a month? How many months were you admin resident?

Dr. Kirk: Two months. I was admin chief for two months. I was admin chief on green, which was the vascular / trauma / transplant service. It was a hard rotation. The last day that he was chair officially, which was August of 1994, I gave him morning report. He questioned me as though it was just any other day. He was not different. There was no waxing prolific, it was just another day.

Interviewer: I was going to ask about that transition since you lived through it. When did you guys know that he was no longer going to be chair of the department?

Dr. Kirk: The search committee came out the year before, it was a long process. It was a national search. A lot of people came in. The residents mistakenly wrote a letter of who they thought would be good, thinking that somebody would pay attention. I'm sure they threw it away. Dr. [Robert] Anderson came in and really knew Duke very well. He was very respected. He had an MBA, which was unusual at the time, which was really important in the '90s, when healthcare was making a lot of changes.

First of all, Dr. Sabiston was completely gracious, there was no hovering, there was no "I'm running the department." There was not a lot of fanfare about him stepping down, but it was clear that Dr. Anderson was the chair; Dr. Anderson went into Dr. Sabiston's office. Dr. Sabiston went to another office. He was completely supportive in every way.

Interviewer: Do you think he was pleased with Dr. Anderson as his successor?

Dr. Kirk: I think he was. He trained Dr. Anderson. I got the sense, he was very concerned that the residents were going to still be a centerpiece of the institution, that research was still going to be very important, that there was a formality about the place. Dr. Anderson, the first week or so that he was there, put a coffee machine in a resident room for a break room. That was an immediate, like, "oh, coffee? how nice? Free coffee!" The thought of getting free coffee-- immediately there was a different tenor in place that he was thinking about our well-being, as opposed to trying to harden us for the reality of the world.

Interviewer: Did Dr. Sabiston reflect to you all at all about his time as being Chairman or strictly business, one day he's here, one day he's not

Dr. Kirk: Not that I recall. If he did, I didn't hear about it.

Interviewer: Did you get the sense that he was ready to leave, or that forces were telling him it was time to go?

Dr. Kirk: Somebody did ask him about him retiring. It was in a public forum. He said that when your tires get old, you retire. He made some sort of a quip about refurbishing the car and keeping going, basically. He equated retiring with refreshing and getting on with it, not that he was going to slow down at all. I certainly wasn't going to ask him, it wasn't not my place.

Interviewer: Did you notice him slipping at all towards the end of his time as chair or no cognitive difference that you could detect?

Dr. Kirk: I couldn't detect it. I'm coming from a cognitive deficit myself. [sic] As best I knew, I never saw him say something false on the wards. He would come up with trivia about new medications that were not even surgical medications. I'm sure it's because he edited *Annals* and he read a lot. Plus, he knew the questions he was going to ask, and we didn't. I never knew him to miss something on rounds or ever have to backtrack.

He had one complication in a child with pectus excavatum, which I think is when he stopped operating. I think that was the last operation he did. He enjoyed doing that operation. He slowly stopped doing things but kept doing some of those cases. Then there was a complication, and that was when he stopped. I don't know whether it was coincidence or not, but that's the only thing I remember.

Interviewer: Did you operate with him as a resident?

Dr. Kirk: I did. He chose one intern every year to do a hernia with. I got chosen to do that. The way you did that was, you'd meet him in his office. He would walk from his office with you to Duke South, to the surgical outpatient clinic, which was where the non-paying patients were. There would be a patient that the chief resident and teed up for you guys to see, and you'd examine him together. You do the history together. You talk about the operative plan together. Then the patient would come to the hospital the next week, and you would do a hernia repair together. The chief resident would be there, because at least one person in the room needed know how to do hernia repair.

I remember on the way walking over, he reached in his pocket and pulled out a coin. He showed me a coin, a copper coin. He said, "What is this Allan?" I said, "This looks like a penny." He puts it back in his pocket and he goes, "ughhh". Then he didn't say another word. I am like, "Oh, this is terrible."

So, we see the patient and come back and on the way back, he pulls it out and says it's a pence. It was an English Penny, not an American penny. He said, "Had you been observant, you would not have jumped to the conclusion that it was a penny. You should always be observant." He put the pence back in his pocket. From then on, I was attuned to coins of the world for the rest of my residency. It did not help me.

Interviewer: What was it like to be in the operating room with him?

Dr. Kirk: Terrifying. He was like having a grandfather teach you how to bait a hook. He was very gentle and very nice, but still, every move, I was afraid I was going to do something terrible. As you were putting stitches in doing a Bassini repair, Dr. Sabiston would put a little Crile on each one and try to keep them together and roll them out on an Army / Navy. Invariably some of them would get crossed, and the chief resident would be busy unsorting the sutures to make sure that they stayed in order.

It was very high tension for me. But it was not because he was mean or yelling – never a cross word. I never heard him curse. I never heard him say a derogatory thing *en face*. He had a way of making you know that he did not have great respect for something. He never had a direct frontal approach, at least by the time I got to know him, which was late in his career.

Interviewer: Was he there at your graduation dinner?

Dr. Kirk: He was, yes. I remember my parents meeting him for the first time. My father said, "How should I greet him." I said, "As you would greet the King of England." My father took that and said, "Okay." He was very gracious. He said good things that you would want your parents to hear. He did not preside over the chief dinner. Dr. Anderson presided over the chief dinner.

Interviewer: Then where did you go after that?

Dr. Kirk: Wisconsin.

Interviewer: Was Dr. Sabiston involved in the transition to Wisconsin?

Dr. Kirk: I think so. He wrote a letter when I was interviewing for transplant fellowships. I got a glimpse of one of the letters that he wrote to the University of Pittsburgh. He put a very nice handwritten addendum at the bottom that was very complimentary. I had interviewed at Oxford, and my letter from him got me right into the chief's office of the Nuffield Department of Surgery, Peter Morris. When I went to interview at Wisconsin, Fred Belzer was very gracious and called me. Fred called me personally, and said, while I was in the OR scrubbed in a cardiac case, and said he'd like to have me come up and be a fellow there, because there's no match at the time.

I was just like, "wow this is one of the greatest transplant surgeon-scientists ever calling me personally to invite me to come train." Of course, I said, yes. I came home that night to my wife and said, Dr. Belzer said we can go to Wisconsin. She said, "Who is Dr. Belzer and what's in Wisconsin?" I said, "Oh it's a fellowship in transplant?" She said, "Are you going to be paid?" And I said, "Well, I don't know." She says, "We have children. You have to be paid."

I had to write to other people of Wisconsin, "Is there a salary that comes with this fellowship?" They said, "Yes, of course, there is. Like \$17,000." I'm sure that Dr.

Sabiston had a lot of influence on that. He definitely had an influence on me getting a deferment from active duty. I'm sure him talking to Norm Rich and others helped secure a deferment from active service, which turned out to be a windfall for the military, because they got a fully trained transplant surgeon MD, Ph.D. for the price of a medical student. They just had to wait awhile. I'm sure he was very involved in all that.

Interviewer: He was supportive of a career in transplant?

Dr. Kirk: I think so. I think he saw that is not like going into heart surgery or anything. I don't think he saw me as worthy to go in a heart surgery. For me, it was probably okay.

Interviewer: You mentioned you wanted to circle back to the military, and you both shared a military experience relatively early in your careers. Do you feel like that brought you and Dr. Sabiston into some common ground at the time? Was it just something people did?

Dr. Kirk: I think that it provided me with a conversation starter with every military surgeon that I met at Walter Reed. When I went to do a rotation at Walter Reed, David Jacques, who was the chair of the time, knew the lore and history of Dr. Sabiston. Of all the medical students who were there, all in uniform all looking exactly the same, he would strike up a conversation with me about Dr. Sabiston. I think it was more an outwardly facing panache than it was bringing me any closer to Dr. Sabiston.

At least during that time, I think it was easy to see people who were taking a military scholarship as being folks that were of lesser means and likely of lesser intellect. It was a second class. I remember one of the medical students calling me a warmonger during my first year of medical school. I'm like, "What?! I beg to differ." The fact that Dr. Sabiston was in the military, under very different circumstances, gave it some credibility. At least it gave us who were in the military a way of saying, "No, there's some great surgeons that have been in the military. That's a proud and honorable way to go through things." I think institutionally that helped, because nobody who's going to come out and say that you shouldn't be the military if Dr. Sabiston had been in the military.

Interviewer: Were other residents in the military? I know Dr. Seigler stayed in the reserves.

Dr. Kirk: There were other residents who were there. One of my labmates in medical school, Eric Weiss, was in the Navy and went on to become a plastic surgeon in Florida after he did his Navy time. Frazier Frantz eventually became a pediatric surgeon at MCV. I think he was in the Navy for a career and then got out. There were several of us. We all had a common phenotype: we couldn't pay for medical school.

Interviewer: Then you went to the Navy for your active duty in Bethesda. Was Dr. Sabiston involved in that or more tangentially?

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Dr. Kirk: I think he was involved in every good thing that happened to me after residency, because he would make a call and sometimes there would be a call that I would think he would make that I don't know if he really did or not. Knowing Norm Rich was huge. Being able to evoke Dr. Sabiston's name to other surgeons...When I was at San Diego, all the surgeons there knew Dr. Sabiston. When I was at officer indoctrination school in Newport, Rhode Island, everybody knew Dr. Sabiston. Portsmouth, everyone knew Dr. Sabiston. I think that helped a lot.

I think that it is true, although I probably felt it less because he was later in his career, but when you were a second-year medical student, he was at the door inviting you in. Then, when you became a resident, the door closed, and it was up to him to let you out. You didn't get out until you were ready to get out. Then when the door opened again, you were a neighbor, and he was in your corner for the rest of forever. I don't ever sense needing something from Duke that I didn't instantly get, after I had left. It was almost as though a door opened and closed, because when you were a resident, you really didn't know whether you were going to get out. You didn't know if you're worthy of getting out.

It was not like they're building you up and making you feel really good about yourself. That was just not the way it happened. Afterwards, then you would start to see that his comments about your colleagues and your contemporaries were somewhat hyperbolic, that you became much better than you actually were once you were out, because you were trained product. He would always introduce you very graciously. His introductions were legendary. If you were going to give grand rounds, his introduction of you was worthy of the first half grand rounds. He always went into slides of your great aunt on your mother's side who had been related to Halsted or something. He gave great introductions. He had an encyclopedic knowledge of every name that he'd ever come across. I never saw him try to fumble for a name, which, as you age, that's hard; even before you age. I never saw him look for a name. I did see him miss a name once, and the resident changed his name.

Bruno Bittner. Bruno was a German resident. He came, I think, from Heidelberg. There was a big pipeline of people from Heidelberg to Duke, who would come for short periods of time. Bruno was a very bright guy who wanted to go into cardiac surgery. For reasons that I'm not clear on, Dr. Sabiston called him "Hackey" in a conference once. He called, "Hackey, what's the answer that," and there was no Hackey in the room. Everyone was sort of looking around, and then it became clear he was staring at Bruno. He answered. Then he went to the name place that day and got his name badge changed to Bruno Hackey Bittner just so that he would not have to correct the boss on his name. I think we still call him Hackey. I'm not sure.

Interviewer: When you did leave, and you had this different relationship with Dr. Sabiston, in what capacity were you interacting with him? Would you call him every so often to update him on your progress? See him at annual meetings, or just let him know, "Hey, I'm applying for this, and I would really appreciate your support."



Dr. Kirk: I visited a couple of times. I met with him in his office a couple of times. You could tell that he had read my CV before I came in, because he would quote something obscure out of my CV -- the only way he could have known that was to have read it just before. When he got more infirmed, I visited him out at his house and Aggy would set him up to talk to us. Once he went to the nursing home and left pine crest, I never saw him after that. They were just social visits of respect.

Interviewer: You've now assumed the chair of Duke surgery that Dr. Sabiston had held for 30 years. When you're trying to put your stamp on the department and on the program, how have some of Dr. Sabiston's, lessons or experiences or philosophies shaped your view of how to build this department?

Dr. Kirk: I think that the brand is a good one. It's a brand of excellence. It's a brand of scientific accomplishment. It's a resident-centric brand where the residency is still a very important part of the program. I think the brand that he put on, that may have been compromised here and there every now and then, I think it's a good brand. That's helped me frame the things that I think are important. It's not to change anything, not to put my stamp on it, it's just to keep the stamp on it that should be there.

I think that his style is antiquated and it would not work now, and it's not my style. I would have to be very disingenuous to try to come off as Dr. Sabiston. It's just not me. I think that it wouldn't work now anyway, even if it was. It's a much bigger department now. The level of detail that was possible when you had 50 faculty members is not the same when you've got 250 and 500 staff members.

The levers that you have to pull are very different. You have to be much more engaged, because you cannot autonomously move money the way he could. We've got some ability to move some money around, but he could change the chair of the English department if he wanted to. He had a very autocratic style that is just not now possible and would not even be good in this day and age.

I try to take the good things that he stood for. He cared about the program, he cared about the residents. He didn't coddle them, but he treated them that way because he cared about them. He cared about science and he cared about discovery and he cared about doing well. Those are all good things that I try to keep; most of the stylistic things, not so much.

Interviewer: Is there anything that I have not asked you about Dr. Sabiston that you want to make sure that we get on record for this project?

Dr. Kirk: Yes. For almost all of my interactions with Dr. Sabiston, he came across as an icon, not a person. There was one moment that he came across as a person that he did not know he had come across. It was inadvertent. I don't know that anyone saw it, and I won't even say what it was, but there was one moment where it was clear that he was human. In fact, one of the rules that we got as interns was, the boss is not human, and he is your boss - not your friend.



He was human, and that makes it all the more impressive what he was able to do. Because it was hard to do what he did. He suffered from it, I think, eventually having a stroke and dying, really infirmed over a long period of time. Some of that can be mapped back to his persona, I guess.

If he wasn't human, then you can dismiss his accomplishments -- but he was. Then you can't dismiss them. He was really remarkable. He was flawed. I only have one instance of that, but he was flawed. I think that he struggled with trying to keep the persona the same way royalty struggles with trying to keep a persona. He was very intent on keeping that persona. It must have been exhausting for him, for his family, for his wife and his children, and for all those around him. It had to have been exhausting. I think he eventually was just exhausted. I think it's important that people know that he was just a human, a very-smart, driven human, and he worked continuously to appear that he was not. That's exhausting.

Interviewer: Well, thank you very much. Really appreciate it.

Dr. Kirk: Sure.

[00:56:32] [END OF AUDIO]