

Interview with Don Detmer (DD)

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Interviewer: Konstantinos Economopoulos (KPE)

Note: This transcript was edited by Don Detmer to add more detail in a few places.

DD: I have a little bit of a cowboy accent. Sometimes people have a little trouble trying to understand me.

KPE: So far so good. I think my Greek accent and your cowboy accent seem to work really well, so we're good.

DD: That's good. I hope this is an enjoyable project for you. Years ago, I tried to get a little bit of interest in somebody writing a biography about Dr. Sabiston, and I actually didn't have any luck. I just didn't worry about it anymore, but anyway, I write a lot too, I saw your resume. You're very productive academically, good for you, but anyway, I couldn't get some folks interested. Dr. Sabiston was such a commanding presence, you didn't really feel ever like you got close to the guy. I think he encouraged that as far as that goes. I think he actually liked to keep a little distance.

KPE: Was it part of the strategy, I guess?

DD: I don't know where you want to start, when I first knew of him?

KPE: Let's start there. I would like to start a little bit about your background. Can you briefly discuss with me where you grew up, where you went to college?

DD: You may not be interested, but I have a wiki page of some years ago. I ran the American College of Medical Informatics, and I had a grant from the Rockefeller Foundation. One of their staff ended up writing a wiki page up on me. Anyway, you can check it out if you want to.

KPE: I have already checked it out. [laughter]

DD: It really has some stuff that needs to be updated, I haven't really, it wasn't my idea in the first place, but he thought that I needed one. I grew up in a small town in the middle of Kansas. One of the things that was most important in my development, I got accepted to a science and math camp, when I was still in the early years of high school. As a result of that, I actually went to the University of Kansas, and initially to the science and math camp, then I met some scientists there in the physiology department, and I ended up coming up and working there in the summers, and eventually, they had me doing, not only the dishwashing of the laboratory equipment, but they let me do my own research too. By the time I got to college, I presented a paper at American Society of Cell Biology meeting, the first year I was a medical student. The medical school at KU paid my way to go to this. There were four Nobel laureates in the audience, it's the most distinguished presentation I ever made in my life.

KPE: That's impressive.

DD: I was talking about brain mitochondria and mitochondrial counts in maturing rat brain, and the question was, do total mitochondria in the brain just get larger as the animal gets larger, or do they actually create more mitochondria.

Anyway, I started off with working with graduate students, even before I was in college, really. In a way, it spoiled me because I never was too good at taking exams because I could always figure out exceptions to things. I'm just barely smart enough that I was able to graduate. I didn't graduate from college. I belonged to a fraternity and they had a foreign exchange program to Europe for a year.

My third year in college I went to Durham, England for a year. Then I came back and I never did get credit for the coursework I took in England. I took all exams for some of it, but I'm still 14 hours short of an undergraduate degree.

KPE: That's so interesting.

DD: I got accepted to KU medical school. If I had wanted to get my degree, I would have to wait another year before I could have gone to medical school, but the University of Kansas accepted me without a degree.

I did that, and then the summer I came back from England, my brother happened to be in hospital administration and working at Hopkins. He'd gone through the Minnesota hospital administration program. It was at that time, one of the first programs in the country in hospital administration. He actually was an administrative intern at Hopkins.

He was talking one day to one of the surgeons there, a fella named Jimmy Isaacs about me and Dr. Isaacs told him that I'd done fair amount of research. He ended up asking if I wanted to work in his laboratory that summer when I got back from England. Well, of course, that was easy. Yes, I wanted to do that. Have you ever heard of Vivien Thomas?

KPE: No, I haven't.

DD: You should. [laughs] Vivien Thomas was the Black fellow, the African American who came to Hopkins with Alfred Blalock. Have you heard of Blalock?

KPE: Yes.

DD: Vivien Thomas ran the surgical laboratory, and I was doing adrenalectomies in dogs and Vivien Thomas taught me how to do that. One day, Dr. Blalock, I heard this voice over my shoulder, "What are you doing, son?" [laughter]

I turned around, I looked over with my mask and it was Dr. Blalock. I said, "Well, I'm doing adrenalectomies that Vivien Thomas taught me how to do." He asked me about the research project. Anyway, at that time, he was still coming up periodically just to see what the research was going on up there.

At that time, the fellow who was in the laboratory right next to me was a guy named Jack Havalina. He was working for Dr. Sabiston. That was before Dr. Sabiston went to Duke. This was 62 years ago, when I first heard about Dr. Sabiston.

Jack Havalina, who later became a neurosurgeon and worked out in the west. Interesting guy, took me under my wing because he was a medical student at Hopkins at the time. I was just coming into my senior year in college that year.

Anyway, Jack was saying that Dr. Sabiston was really the one who would be the natural replacement for Dr. Blalock because he was a Blalock trainee, and basically tailored his entire approach to being Chairman, based on how Dr. Blalock did things.

It turns out, by the time I was graduating from medical school, they had chosen George Zuidema to be the new chairman of surgery at Hopkins. George had been at the MGH. At that point, I'd done a summer, one-month rotation at Boston Children's. I don't know if Robert Gross, if that name means anything to you, but Gross was the first person to tie off a patent ductus arteriosus; he was a father of pediatric heart surgery.

I actually scrubbed with Dr. Gross one time before he retired, so I seemed like I was at the end of a lot of these people's careers. At any event, I applied to Mass General. Where were you in Boston? Where were you in Boston? [crosstalk] Where?

KPE: At Mass General Hospital.

DD: Okay. Jerry Austin was the Chief for Surgery at that point, he's subsequently of course have been chief there for some years. At any rate, that was who was the chief at that time. I applied for that residency, and also, Hopkins and I don't know, a couple others. Anyway, I was accepted at Hopkins, so I went to Baltimore, and at that time I was pretty sure I wanted to do Cardiac Surgery. I had two choices. I was very lucky, I could, because I'd published a fair amount. In fact, I did a one-month rotation at Hopkins. Also, after I'd been in Boston, my senior year.

When I was on a neurosurgery rotation, there was a patient that we were trying to do a scan on, and anyway, she got a reaction to the dye, so I ended up publishing a paper on neurology [chuckles] while I was there as a student.

I think that impressed them that I was only there for a month rotation, but I ended up writing at Hopkins a paper published in Neurology, which at that time was the top journal in neurology.

Anyway, I got accepted to Hopkins, and the first week, one of the old guys – Warfield Firor was, I think, my age now; I'll be 83 tomorrow, and he was--

KPE: Well, happy birthday.

DD: Yes, thanks. Any rate, I scrubbed on one of his last operations. He actually was a wonderful technical surgeon in his 80s. I would've let the guy operate on me. He did a splenectomy in a pediatric case and just did a wonderful job.

Meanwhile, a fellow named Dr. Reinhoff was also from a Baltimore family. A lot of these Baltimore families, if their first son went into the business of these rich Baltimore families, the mainline Baltimore families, but the younger ones, that since the older ones were already going into the family business, the younger ones had to find something to do. A lot of them went into medicine. One resident even had a grand piano in his rooms in the Hopkins' Dome.

I could probably give you an entire lecture. Ultimately, when I got into the residency, we'd go out to Oteen, the VA hospital in Asheville. We would go out there for a surgical rotation in general and vascular.

KPE: I see. They recently stopped that, and we are going to other hospitals. That's why I'm not familiar with it.

DD: Okay. Where do you go now?

KPE: We go to Moses Cone in Greensboro.

DD: Oh, okay. Anyway, of all things, I'm skipping around a little bit, but it's an interesting side conversation. I ended up--

KPE: Give one second, sir. Give me one second.

DD: Okay.

DD: As a student I was interested in surgical history and Hopkins history. My mentor in Oteen was a fellow named Harvey Stone Jr. In the early days, peptic ulcer disease was a huge problem - before John Marshall concluded that it was H. Pylori that it was causing it - and dealing with ulcer disease was just a gigantic thing. So, Harvey Stone Sr has invented a clamp – the Stone clamp that he used for doing a gastrectomy - and anyway - he was 93 years old and he came to his son's house for dinner and they invited me to come. Mary Helen and I went and I ended up having an entire evening where Harvey Stone Sr was telling me about his days as a medical student at Hopkins. Popsy (William Henry) Welch, and Cushing and Halsted, and Osler were all Stone's instructors. Then, after that he ended up going over to Europe with the Hopkins unit in World War I and he told me some of the stuff that was happening over there. Cushing was in charge of the front lines and he wanted to create a front line neurosurgical hospital rather than

triaging them back from the front line to a more stable operating theatre. Stone told JMT Finney, the surgeon in charge of the entire Hopkins unit, about Cushing's idea and he nixed it. So, I had this unbelievably opportunity to learn not only Dr. Sabiston's era because I went to Duke from Hopkins. Incidentally, I found out the first week of my Hopkins internship that I had my choice to go to either the Heart institute or the Cancer Institute at NIH and I picked the Heart Institute. And at that time if I had not gone at NIH I would have been with a MASH unit in Vietnam.

So, at the start of my internship it was a wonderful thing to have my next four years kind of squared away - I knew I was going to be two years at Hopkins and two years at NIH. So, in 1969 I joined (Andrew) "Glen" Morrow – who was a colleague and another Blalock trainee and really close colleague of Dr. Sabiston's – and I worked with Glen Morrow for a couple years and a lot of other Duke-related people like Bill Gay and Brad Rogers. There were a lot of people that ended up being from Duke that were also at the NIH. That ended up being a wonderful opportunity.

The problem was - Glen Morrow - originally had me pegged to be his primary assistant for nine months of the second year. So, initially he sent me to the lab to work with Nina Braunwald on valve replacements. We were doing a lot of work on fabric-covered-valves and such trying to reduce emboli and such.

Glen somehow found out I was left-handed and he absolutely refused to work with left-handers because he claimed that they had their best hand to put forward and they take the operation away from him. So, instead I did 230 valve replacements in calves and I had a whole herd of cattle out there in Poolesville with artificial heart valves. So, I published an awful lot of papers on that topic as well as a couple on segmented polyurethane. It became apparent in the second year that Hopkins was changing the residency situation. You could go through general surgery but whether you would be able to go through cardiac wasn't clear. At that time, I was pretty sure I wanted to go through cardiac training so I came down to UVA and met (William) Harry Mueller - who also was a good friend of Dr. Sabiston's - and was Chief of Surgery here at that time. I also saw Henry Bahnson at the University of Pittsburgh but and he offered three years of both general surgery and cardiac. I almost thought that sounds a little too fast, you know. So, I ended up meeting Dr. Sabiston on the boardwalk at Atlantic City at the American College of Surgeons meeting in 1968. And that's the first time I met him. I had written to him and I said I'm going to be at the American College of Surgeon's meeting and perhaps we can meet. So, he ended up saying well yeah that's fine. He said, "Before I head back down to Durham, why don't we meet?" and we ended up having a short conversation outside on the boardwalk where he offered me a residency. So, at that point - because he checked me out with doctor Morrow and so forth - and he said that I will guarantee through cardiac. So, in 1969 I went down to Duke and the reason I became a resident was because, sadly, a medical school colleague of mine from Kansas - Bruce Bryant who became a general surgeon on the faculty of Florida (pause). Have you interviewed Bill Gay?

KPE: No

DD: OK well. Bill, was originally from Richmond, Virginia. Dr. Sabiston had this habit - if he was in a meeting out of town he sometimes would come in right from the airport straight to the hospital and kind of come around and see what was going on. If not, then sometimes he would call to check in on how patients were doing and he would call and come on to the phone and he would say, "Don. This is Dr. Sabiston and I'm just calling to see how Mrs. so and so is." And so forth. Well, Bruce would occasionally get a call from Bill Gay who could imitate doctor Sabiston's voice real well. Have you heard this story?

KPE: No I've never heard that story.

DD: Well, Bruce thought it was Bill Gay. Dr. Sabiston, who wasn't known for terrific sense of humor, he started talking and asked Bruce how it was going and he responded, "Well you know what it's like" -- Dr. Sabiston was known to the residents as "the Man" -- so, "The Man doesn't let us out of here you know," he said. "I'm locked in this place over half of my life" and anyway that was going on for a while and Dr. Sabiston started asking about how do you like the residency program. Finally, Bruce started realizing that maybe he really screwed himself. By the time he went on a little longer Dr. Sabiston said, "Bruce, this is Dr. Sabiston and this has been a very interesting conversation. I'd like you to call Nancy Whaley in the morning and come up to my office I'd like to see you." Well, anyway, he was fired and that's what created the spot for me to take. I didn't know those details until much later. The thing that was really funny about Bruce was that he had an absolutely hilarious sense of humor even while I was in medical school in Kansas. I mean he could just have you in stitches and he ended up going down to the University of Florida and had a very good career in General Surgery and actually did fine. But I ended up getting that job because actually suddenly Sabiston had a slot for me because normally he didn't have an open slot.

Then I got out on my rotation and I decided I'm more interested in Health Policy and I thought if I tried to do health policy and cardiac surgery - I just wasn't confident that it would be good for my patients. Because the way I like to do patient care is to really care for the patient - and I just was afraid I'd be cutting it too thin if I had to go to Washington and testify or something like that, it would not work too well. Don Silver was head of vascular at the VA and was very good; he ended up becoming Chair of Surgery in Missouri. I ended up going to see Dr. Sabiston and telling him that I really thought, although I had intended to do cardiac, I honestly would like to just go ahead and do vascular and general. And he said that would be fine, and I told him why I wanted to do that and he said, "Well I can't advise you on that but if that's what you want to do I want to help you." And so he paid for me to go up to meet Larry Weed and his electronic medical record at the University of Vermont as I was interested in computerized health records and he sent me, he paid my way to go up and meet Larry Weed and I said, "I'm also interested in administration and learning how to make American healthcare system work better." And he said that sounds good. While I was at Duke as a resident, I rotated over to Watts Hospital which was back then the county hospital. James Davis was the Chairman of surgery over there and I had just read a 'throwaway' medical journal article while I was changing into my scrubs one day

about a new Surgi-center out in Arizona and I said to Dr. Davis, "You know, there's some extra beds and room in the ER. I think we can start a hospital-based ambulatory surgery center and see if we can do that." Because at that time we were keeping vein strippings in the hospital sometimes for two weeks, breast biopsies for three days and so forth. And anesthesia was getting better. So that's what we did. We ended up creating a few beds in the ER and then I didn't have any way to do the data analysis. Dr. Davis was on the board of Blue Cross Blue Shield of North Carolina. And by the way, right now the head of BCBS is a friend of mine, John Lumpkin. At that time there was a guy named Alex McMahon – who was head of BCBS of North Carolina and so we talked to him and he said, "Yeah we would be happy to do the data analysis." Well, that was a serendipitous thing, it was the smartest thing that possibly could have happened. Because what happened is when we did the study, they had done the data so they trusted it because it was their data. So, it showed that it was about 25% cheaper and the patients absolutely loved it. As a result of that, once we presented the paper to Southern Surgical, North Carolina started paying for it. People had actually done studies that showed that you could do surgery that way, but they were not able to get reimbursement for. So, when North Carolina started paying for it, then, suddenly this was a going kind of deal.

And I don't know how much time you want to give me tonight, because I can go on and on but - it was a funny thing - I had one patient that was throwing up after her surgery (breast biopsy), and she was green, and throwing up. And anyway, I said, "I think I really want to keep you overnight." And she says, "No, I want to go home doctor." And I said, "Let me get your phone number so I can call you and see how you are doing. Or you call me, you call me at 8:00." And 8:00 came and she hasn't called me. So I ended up calling and said, "Why didn't you call me?" "Ohhhh, Dr. Detmer why are you calling?" I said, "Remember I wanted to see how you're doing," and she says, "Oh, I'm just doing fine, it's very nice to hear your voice and nice of you to call me and we stopped on our way home and we got a Colonel Sanders bucket of chicken and we finished eating and I am ok." (laughing) I hung up and went to talk to my wife – Mary Helen, who sadly died from cancer about 4 years ago after 57 years of marriage – and said to her "I think this is going to work..." But anyway, I wrote papers on the growth of ambulatory surgery every 5 years -- now it's 25% of surgery, now it's 40% of surgery, now it's 50%, now it's 60%.

Also, in my residency, I updated the Duke's surgical medical record and developed a pre-op check list so anesthesia wouldn't be delayed due to incomplete pre-op data. But most likely since I started the ambulatory surgical unit at Watts as a resident so as a result of that, when Sabiston had a dinner. . . I was actually there for 3 years because I wanted to go to the National Academy of Science and become its first health policy fellow. Because of my interest in health policy, I wanted to get some training in that before starting my surgical career and so when we had a dinner at Angus Barn and Dr. Sabiston would... Have you been out there at Angus Barn?

KPE: No

DD: Is it still out there?

KPE: I have heard about it; I have never been myself.

DD: Well, the thing that's interesting about Angus Barn is that it used to be an actual barn and there was a big window where you can load hay into the barn. And that night it was a horrendous storm. It was almost like something out of a horror movie in Hollywood because there was lightning and crashing and such. Dr. Sabiston was at the podium and being framed, and there was a huge hayhook in front of this. . . (laughing).

KPE: Sounds like a movie scene

DD: I mean it was unbelievable. It was like Dr. Sabiston was in a horror movie. Anyway, Dr. Bill Anlyan was head of the hospital in the University, he was the Vice Chancellor of the University. So he was the top medical person there. And at the time, Bill was actually Chairman of the board of the Association of American Medical Colleges, so from my perspective, that guy walked on water on hot days, you know. And Dr. Sabiston ends up – as lightning is crashing behind his head (laughing) -- making predictions about the various people. My group was Kirby Orme - who ended up being a cardiovascular surgeon in Idaho. He was from Squirrel, Idaho. He got the Golden Apple teaching award from the Duke medical student class and I was runner-up. And Walter Wolfe, who worked most of his career there – he just died not too long ago. And Bob Anderson, Bob ended up quite an important surgeon. He was Chief of Surgery there at Duke for a while. And Andy Wechsler, who became Chief of Surgery at Richmond and then myself. That was my group.

But anyway, when Sabiston came to talk about me, he predicted that I would make a bigger impact on American Medicine than anybody in that room. And I almost passed out. When I got home, I was asking myself "Did he say what I thought he said?" you know. Because it was unbelievable to me that he would, first of all say that in front of Dr. Anlyan. It struck me as ridiculous. But turns out ambulatory surgery turned out to be a pretty big deal and I also was one of the two medical directors for the Duke PA program and also started the surgical associate branch of that.

KPE: How was being an intern in surgery at Duke under Dr. Sabiston?

DD: I came as a third-year resident, so I didn't have to do any research because I already came with, I don't know, 25-30 publications from my NIH days. So, he already knew I could do research. But after I saw Larry Weed, he also sent me to see Ivan Bennett who was running Columbia Presbyterian Hospital...

From my perspective I never got frankly that much of the ... He was always extremely nice to me. With some people he could have been very stern with and so forth but that was never the case with me. I was actually very, very lucky in that regard and I think it was because he basically thought, well, this guy has done most of the moves that I wanted to see people do. I guess, I don't know. He liked me from the start, and that was how he always was. So, from my perspective I was treated extraordinarily well by him in my entire career. I ended up getting a health policy fellowship to go to the National Academy of Science and then I went to Wisconsin.

Anlyan wanted me to come back and be head, of all crazy things, of the primary care program at Duke. I'm like a surgeon...I don't want to be at the primary care at Duke. But most people thought, man... you don't say no to Duke, you know. But I did because it didn't seem like a fit for me. And I also wanted to start a new Master's program to teach doctors and nurses administration, so if they ever going to be Chairman of the department, they would know what they went getting in for. At that time a lot of departments were really poorly run. Nobody, never had any training in business administration or anything. So I started a program called Administrative Medicine and it became the first program in the country. Subsequently to that, Bob Anderson ended up getting an MBA at Chicago and so forth and by the time my program has been growing for some years, almost everybody if they had aspirations to run a department sometime, they finally started getting some training for it. But in any event, to all of that, anything that would come up, Dr. Sabiston was always there. I never heard "no" from him. If I did a paper somewhere, or if I was a visiting professor somewhere, I would get a lovely note from him and I would try to keep him informed a little bit too, of something that I thought that he might be interested in. At that point, he wasn't in a position that he was able to help me or hurt me, you know. My problem was, interestingly enough, I am probably the only Duke resident that never got his boards. What happened was at that time during the orals, they would ask you questions that actually I haven't been trained. In one of the questions for example they wanted me to do a pelvic clean out on this one, as the answer. I mean that what you would do if you were a qualified surgeon but I was never trained to do that and, thus, I wasn't going to tell them that I was gonna do that. Supposedly this exam was to see whether you know how to take care of people. So Dr. Sabiston had a heck of the time with me on that regard. Cause he kept saying "Don, you know, it's just an exam". You know, maybe it's just an exam but supposedly this exam is to prove that I'm safe to take care of people. If they wanted me to tell them that I will do an operation that I wasn't trained to do that, I won't do that. We had many conversations about that. He was always very respectful but I think he was terribly disappointed that I didn't keep coming back to take the orals. Then, he got tired of saying it. He did tell me sometime later that they had changed the questions being asked.

My tenure at home in Wisconsin was in Preventive Medicine because I was running this other Masters Degree program at the same time. But at the same time, I was running the vascular service and I was team doc for the Badgers so I was very busy clinically. And I also ran the vascular lab. There was a thing called PSROs that tried to improve the quality of care and evaluated it by doing good studies and I also became head of the research unit for PSROs for half the state of Wisconsin. And then also became President of the Medical Staff, and so forth. I was an extremely busy clinician. But I never did have my boards. Subsequently I got recruited to run the health sciences at the University of Utah and Dr. Sabiston was extremely happy as I was his first Duke resident that would run a major University from the health side. I reported to Utah President Chase Peterson. And Bill DeVries had just gone out there, he'd recently done the Barney Clark operation, the first artificial heart in surgery. And he had been a resident of mine at Duke. And so the president of Utah, when he found out I had been at the Heart Institute and also have been at Duke, that was part of the reason that he recruited me. Cause at that time I was 44 years old, and most of the people at major universities in the position were in their 50s or 60s. So, Dr. Sabiston was kind of impressed with that.

He was mad at me a couple of times during the residency years. One time he thought that he had told me to get this study and maybe he had, I don't know, but I didn't have the report and he was very, very upset about it. But he got over that stuff. I had one serious complication in the operating room which was part of my learning curve; I got out of it ok. He came in and looked in one time, said How's it going? By then I was closing up and everything was fine. He kept a pretty close look on things. He ran a pretty tight ship. On the other hand, he did believe that by the time you were a chief he believed that you should leave the place knowing how to operate. He didn't want you to go out half-baked into society. So I had a tremendous experience over at the VA with Don Silver and - I will never forget - one of the things Dr. Sabiston loved to do was have visiting professors come. And what he would do, he'd have the residents do 'dog and pony' shows is what we called them. He would have his fellows and his residents give presentations on their research to the visiting person - whoever it was. And then, he would have a dinner at his home that night for the chief residents and the visitor. Well, I had a case over at the VA that day and by then usually the rising residents - not the Chief residents - who would give their dog and pony show talks and at one point John Porter and I had been doing this for so long I said, "look we will do a trick on Dr. Sabiston. I will present your research and you will present mine." We had done it so many times... he loved showing off what his residents were doing. We didn't do it but it was a fun idea; probably it could have worked. But anyway, this case I had at the VA was an aortic aneurysm and it went up above the renals. At that time, we were not doing a suprarenal resections or treatment, so I thought, should I do this or not? It looks like I can get a clamp just below the renals. Big aneurysm. The guy was clearly at risk of blowing that thing. Also was not very thick walled. I ended up getting this thing resected and the graft in and everything. Well, the guy got back to the recovery room, about the time I was supposed to be heading over to Dr. Sabiston's for dinner. And what happened is that the clot that was above the renals broke loose and went down into the graft and the pressure blew a hole through the thin wall of the aorta just below the right renal artery between the vena cava and the aorta. What happened of course his blood pressure went to zip in the recovery room and I was called in. I opened him up in the recovery room and I had my hand there as we were going back into the operating room. I was able to get a clamp above the renals just long enough to take a couple of pledgeted stitches where that tear was and not get into the vena cava. Then, I replaced the clamp below the renals on the graft to open and remove the gelatinous clot and after closing it, there were pulses in the fellow's feet. And they guy's blood pressure was coming back up and he was making urine so anyway, Kirby Orme, who was the other Chief resident at the VA came by when this was happening, and I told him "Kirby tell Dr. Sabiston I will try to get there but I don't know what time it may be so apologize for me." You considered it a command if he wanted something. So, I was pretty nervous about not being there. Anyway, Kirby got there and "Dr. Sabiston," he said, "There was a problem in the OR, and Don may not get here, he may be a bit late." And Dr. Sabiston asked what happened. So, he told him what happened and that the patient was doing ok and that he is on his way back to the recovery room. Dr. Sabiston just loved this. There was the President of the American College of Surgeons, a guy named Martin, at his house. And he said, "I think Dr. Martin might be interested in what one of our residents is doing instead of being here tonight." He told him his story about that and Sabiston ended up figuring out this guy - me -- may be

interested in health policy but he does know how to operate. That was a funny thing. I never really had, as I say, any issues with him.

While Vice-President of Health Sciences at Utah, I got elected to the American Surgical and I think that was one of my last phone calls from him... If you got a call at Duke, it was 2831 if you got a page. It was Nancy Whaley at 2831 and it was "Oh crap... what's happening now." It was not necessarily going to be fun, you know. Nancy was just as sweet as she could be, she was great. But if you saw a 2831 page, your sphincter immediately went up. Anyway. I got into the American Surgical, I think because Bill Gay was responsible for it. Because I published an awful lot of stuff and done a lot of things in surgery but I still did not have my boards so I figured I'd never do that. One paper ended the practice of incidental appendectomy in abdominal surgery. Apparently it was a little bit of a political thing but I got elected. So I got called – Dr. Sabiston called me. And Dr. Sabiston said "Don?" "Yes Dr. Sabiston." I mean even when I was the Vice President for Health Sciences I called him Dr. Sabiston. There was no question about Dave this or Dave that. So he said Zollinger – who was the very cantankerous, garrulous Chief of Surgery at Ohio State. There were many stories about Zollinger. Dr. Sabiston was a very sweet guy compared to Zollinger. Dr. Sabiston said, "Don, you know what Zollie says when you became a member of the American Surgical Association, don't you?" and I said "No, Dr. Sabiston, I don't know what Dr. Zollinger says". And Dr. Sabiston says, "Well that's when you can call your old Chief and tell him to go to hell. Hahahahaha." In that way, he'd always laugh. That was an example of a Dr. Sabiston joke.

We would go over to his home – his wife Aggie was great. He had a couple daughters. She was a wonderful wife for him. Really lovely lady. And you know, Dr. Sabiston knew, like Blalock did, your wife, your kids' names and all that stuff from the time you got in the program.

One Blalock story. Blalock will take his residents out to a restaurant right before they finished the program. The story goes that as they left their cars and were walking into this restaurant and Dr. Blalock saw a fellow walking towards the restaurant and he says "excuse me, isn't that one of our residents" and the fellow responds, "Yes Dr. Blalock it is." And he says "Tell me that doesn't look like the mother of his children, is it?" And the resident says, "No Dr. Blalock, I don't think she is." And that guy was fired the next morning. The Chair had absolute power, basically, over you in that era. As I say, I was kind of treated like a golden boy for some reason. And so I had a very lovely... well you never had a very lovely experience with this guy cause he wasn't that kind of person. He was astonishing in his productivity. I mean the man was editor in chief of both the major textbook of General Surgery as well as Thoracic and Cardiovascular. It was just astonishingly as well as being the Editor of Annals of Surgery too. It was beyond belief how both organized he was and how tightly wired and intense he was.

Years later, my daughter ended up becoming a Duke PA. And this was typical of Dr. Sabiston. He got word – not from me – that my daughter was in the PA program. And he wanted her to come by so he could meet her. I mean he knew her when she was like, I don't know, 4 years old, or something like that. But she was now a PA student there. She called me and said she gotten this invitation and I said, well, one of the things about meeting with Dr. Sabiston, you

need to be a little prepared, because he will be very charming and very nice and such but then you will become very aware at some point in the conversation that your time for your visitation is over and you should be alert to that.

KPE:

That's a skill that is very difficult to have, I guess.

DD:

Well, she said, "Thankfully you that you told me that Dad, because I could tell instantly when suddenly, you know, he was very kind and very interested, but then it was over," and she said, "I immediately caught it and thanked him and backed out of the room. But I had my minute with Dave."

I mean you can tell. You pull my string and you don't have to pull it very hard, I can go on for hours.

KPE:

I was about to say, I had a list of 23 questions and the only thing I have done is just erasing them as you were going.

DD:

So did I get most of them or not?

KPE:

That's what I'm saying, you got all of them without me asking you them. That's the impressive thing.

DD:

I don't know what to say about that but that's good I made your job easier tonight.

KPE:

Exactly I didn't have to prepare.

DD:

I will tell you one last story. But he would always make rounds and you should have your white coats on and you need to make sure that the room is really ready and everything was in order. I can't remember who was the chief but they had one patient who has just come in and they didn't have time to really work the patient up. That was one of the rules, you had everybody before The Man came around, you had every patient in a clean gown and ready for him to ask questions if you wanted to do well. So they didn't have time so the word was that he was coming down the hall. So they quickly put the patient in the bathroom. And so for the first time in the history of the place Sabiston decided to go to the bathroom. So everyone was going crazy, like what's going to happen. He walks in there and the patient is there. Dr. Sabiston goes to the bathroom and turns around and asks, "What are you doing in there." Patient says, "I

don't know, they just put me in here." This is a true story but I can't remember the people that were involved. I think Bill Gay would know that story. It's absolutely a hilarious story. It shows that everybody just had the fear of God that something may go wrong. You didn't want to get caught doing something that wasn't just right, you know. Isn't that a hilarious story?

KPE:

It is telling about the fear others had about him.

DD:

He had certain beliefs. I was never smart enough to realize that when he had an opinion on a surgical problem that there was never going to be a situation where one would be able to show him a case that would have him question that. In other words, he was very dogmatic about what he believed. And ultimately, I hate to say this, but I didn't respect him as much for that. I was just enough of a scientist that I always... I practiced according to the best things I could learn and do but I also assume that there were going to be some new things under the sun. But Dr. Sabiston did not. Dr. Sabiston – once he got something that he thought he understood – it never really had to be looked at it again. He was very rigid about his beliefs and by the time you finished the residency there you knew what every one of those allergies was. And not all of them were consistent with what everyone else in surgery at that time thought. He saw himself as the Chief. The only complaint that I had about him is that he wasn't intellectually facile. Eugene Stead – he was the equivalent of William Osler to Halsted at Duke at that time. And I went to meet him because I had some thoughts about death and dying and how we could do a better job with terminal care, rather than throwing all kinds of medical attention at somebody who was frankly already Humpty Dumpty. I never appreciated that tendency of surgery in that time. I always felt that it was dehumanizing people. But I went to meet with Dr. Stead and Dr. Stead was kind of surprised to meet this surgical resident. He was quite a famous man. He had so many quotes. One of his quotes was "What this patient needs is a real doctor." And he was a wonderful teacher and everybody also kind of loved him and thought that he walked on water too. He had a different kind of demeanor. So I was always very grateful that Sabiston had accepted me into the program and obviously he had been so gracious to me to let me pay my way and meet some of these people to help get me started on my way. I made that critical comment about him but I will also say when he heard what I wanted to do he basically said, "I think that sounds great, I think medicine needs that." And he said, "Let me help you as I can." If you were one of his boys, so called, he really did see you as a special person for your rest of your life period. He was that kind of person. He always supported them. I went into administration. The kind of stuff I was doing was outside of where he could really help me particularly. But the people that stayed in surgery... I mean he put people as Chairs all over the country. They deserved it. Those people remain my close friends in all my life. In fact, Cecil Samuelson and I recruited Bill Gay to be Chief of Surgery in Utah when I was Vice President. It was a real tight fraternity and almost everybody stayed married to their wife at that time and we all enjoyed seeing each other and getting together. You worked like crazy – Mary Helen thought that Duke was harder than Hopkins cause at Hopkins you were on call every night for 50 weeks but you could go home to have dinner if you could get out of the hospital and then you go back to the hospital after this. When I was at Duke as a resident, on your night off you

would not get home usually until 8 pm and then you would be back at the hospital before 7 am, so I really didn't see my family that much when I was in Durham. I would see them much more often when I was at Hopkins, at least I would get home for dinner, which when you have little kids is nice. It was an Iron Man residency, there is no question about it. The stories could go on all night and I won't keep you longer but there were some great stories. Everyone was so exhausted. It's probably still that way in some extent.

KPE:

I bet it's much better these days.

DD:

I don't think, it could not be worse. But I will say this. I was a good surgeon. I got trained to be a good surgeon. By that I mean a safe surgeon. In that regard he ran a really great program. He got good people, they really enjoyed one another, they worked their butts off and they ended up becoming very good academics. So I would have to say as a surgical chairman, he was a great success. In his late years I didn't honestly didn't know him that much at that time. So I can't really tell you that much. I remember when he had a stroke. I can't really add much about that phase and I'll have to admit he wasn't a warm, cuddly person. There were people who, I think Bob Anderson was really close to him, in a personal close kind of way. I wasn't there long enough to build this kind of relationship but I think Bob Anderson would be somebody to talk to if you really want to get some more insights into him. I hope Bob is still alive but I don't know. I haven't talked to Bob for a long time. I ended up going into administration and then medical informatics and then I spent 5 years in Cambridge after I ran the University of Virginia Health System for 7 years and then I ended up, my last job was Chief of Health Policy and Advocacy for the American College of Surgeons. I figured the surgeons would never... I thought my career as a surgeon was over once I didn't get my boards but I ended up becoming, as I say, a member of the American Surgical. I ultimately resigned from it because by that time I wasn't still doing anything surgical. I did continue to operate for 30 years. I was a team physician for the Wisconsin Badgers and I became really quite an expert in chronic compartment syndrome. I still have my papers from the 80s quoted a lot. I mean 1 or 3 citations per year still. I wrote some papers that were really classic papers in managing chronic compartment syndrome and medial tibial stress syndrome and I diagnosed what that was and wrote up how to cure it. So I kind of still a surgeon but anyway I was being interviewed and said I didn't know if they still considered me a surgeon. And the interviewer said "once a surgeon, always a surgeon."

KPE:

I didn't want to interrupt you earlier but Dr. Bob Anderson did pass last year.

DD:

When did Bob die?

KPE:

October of last year.

DD:

I'm sorry to hear that and I feel kind of bad that I did not know about it. I appreciate you telling me. He was a wonderful guy. I really liked him a great deal. Did you know him?

KPE:

I did not. I have read about him but I have never met him personally

DD:

He was just a terrific guy. He had a wonderful personality and very skillful. . . . At times Sabiston could be fairly awkward with people. Bob had a way with people that was just fantastic.

KPE:

Thank you so very much for sharing all these stories with me. It was very inspiring.

DD:

You were a very patient person to let me go on and on. I took lot longer than I should have.

KPE:

Honestly, it was very inspiring listening to you and tried to understand how you brain works. It is very fascinating how you were able to accomplish so many fabulous things in so many different disciplines. It was very inspiring to me.

DD:

I've always been frankly a self-starter and in this past year you might be interested in looking at the Columbia website on medical informatics. I did a project last year that is still going. I'm trying to. . . I helped get electronic health records into use. The problem is the technology wasn't quite ready for prime time and doctors are spending way too much time on documentation. So I started an initiative called "25 by 5" to try to reduce documentation burden by 75% in 5 years. We got a conference grant from the NLM on that and that now has 180 people who are working to take that work to the next level. And try to fix what – I mean the health system is better with electronic medical records but clearly they were not implemented right. We acted as though doctors' time was free and it's not. What I'm trying to do is to atone for some of my earlier enthusiasm by trying to fix some of that. I helped create a new clinical board sub-certificate for Clinical Informatics and I just wrote a full chapter about that this year. So you are right I actually have been able to touch a lot of areas and obviously I'm quite happy about that. I'm trying to grow truffles. I have just finished being the Vice President of the North American truffle growers association. And I was out today in fact in my truffle patch with a young gal and her dog. We're starring the first Virginia truffle festival next weekend.

KPE:

Good luck with that.

DD:

Well anyway, If you like truffles... I don't know if you have ever eaten them, have you?

KPE:

I have had them, yeah.

DD:

There are subtle but they're worth \$1,000 a pound so... that's why people are interested in them. I will let you get off with your life now. It was really nice meeting you.