Slaughter edited.mp3

Stewart [00:00:01] OK, great. This is Emily Stewart and I'm interviewing Mike Slaughter. Mike Slaughter was the business manager for the Department of Surgery under Dr. Sabiston. It's November 6, 2019 and we are speaking on the phone. Mrs. Slaughter is not on the phone with us today. So, Mr. Slaughter, can you start off talking about where you grew up and how you ended up working at Duke?

Slaughter [00:00:28] Surely. If you could answer a couple of questions for me. I'd appreciate it.

Stewart [00:00:35] Yeah.

Slaughter [00:00:37] This project is a result of what?

Stewart [00:00:40] So this is Dr. Pappas' project. The Department of Surgery at Duke is working on collecting oral histories about Dr. Sabiston to use as a resource for a written biography that they are planning in the future. So, we're just kind of in these pre-writing steps...

Slaughter [00:01:02] Do Dr. Pappas is doing this in conjunction with Dr. Allan Kirk, I suppose, or...

Stewart [00:01:07] Yes. Yes, I believe so. And then the interviews will be archived in the medical center library at Duke. And then... I received your consent form from Dr. Pappas' office. So, your interview will be archived at the Medical Center Library with your consent form. I don't remember if you placed any restrictions on the interview, but if after we do the interview, you decide you want some sort of restrictions, we can redo the consent form as well.

Slaughter [00:01:38] Sure. I understand.

Stewart [00:01:40] OK. Does that answer your question?

Slaughter [00:01:44] Yeah, for the most part, I might come up with something in the interim.

Stewart [00:01:49] OK, well, if you do...

Slaughter [00:01:50] Your first question was... who I am and how I got to Duke.

Stewart [00:01:55] Yeah. Yeah.

Slaughter [00:01:56] OK. I graduated from prep school in 1969 in a small school called the Webb School in Bell Buckle, Tennessee. I matriculated to Duke University. I graduated in 1970.... I think 1974, 75. In the interim, I took some time off and did various things. I came back to Durham and worked in the Department of Surgery in the laboratory of the gentleman who you probably will or have already interviewed, Dr. Dani Bolognesi, who is a research scientist then and now. I don't know if Danny has since retired, or recently retired. I worked in his laboratory as a lab assistant. And as a result of that, there was a position opening in the Department of Surgery that involved surgical admissions and the assignment and control of surgical beds within Duke Hospital at the time. The

departments... Specifically the surgical and medical clinics ran their own admissions programs and ran the movements between beds and so forth. So, I was hired, by what was then called a surgical private diagnostic clinic, to be involved in that process and to actually oversee that process, which I did for a few years, three years, let's say. During that period of time, obviously, I met all of the members of the Department of Surgery and became familiar with the inner workings of Duke Hospital. And I believe as a result of that, Dr. Sabiston, at the time, had a need to incorporate some administrative person that worked on his team within the confines of the Duke operating room to be involved with the daily operation of the operative schedule, the actual scheduling of the patients and the facilitation of getting patients moved in and out of the operating rooms and the recovery rooms. This wasn't an official capacity on the part of Duke Hospital, which was actually the official oversight of that particular function. I just worked for Dr. Sabiston to, kind of, be a liaison between he and the faculty members. That continued for a couple of years. And there was a need on his part to hire a new business manager for the Department of Surgery, which was essentially this singular administrative liaison between he and the rest of the department. And I was... I did not interview for that job. I was assigned to that job. And that was a job that I had essentially for the next 20 some odd years.

Slaughter [00:06:18] During that period of time, that's how I developed more of a relationship with Dave Sabiston. We met on a daily basis. In fact, after I had accepted the job, within just a few weeks, the hospital that we now know as Duke North, which is the major facility for Duke Hospital, currently, was completed, and his interest and need to be close to the operating rooms was pretty apparent that he would have to move his office from the building that we were located in. But there was not enough space. Our offices were, at that point, not connected, which required that I... So that he could keep up on a daily basis with the administrative activities. And we met every morning after the morning report from the chief residents, which was probably sometime between 7:00 and 7:30 in the morning. And that's what I did with him until his retirement.

Stewart [00:07:48] Great.

Slaughter [00:07:49] It was a daily meeting and my responsibilities were the administrative functions of the department, which included the faculty and staff payrolls. We had probably on the payroll, either active or adjunct, a few thousand employees, probably about a thousands of which were there on a daily basis. In drawing a routine paycheck. And then the personnel issues that developed from that association and any of the paperwork, and that's what my office essentially did, all the paperwork associated with the department. That's it in a nutshell. That's what I did.

Stewart [00:08:53] Awesome. That's what you did with Dr. Sabiston. Great. Could you describe what your relationship was like with Dr. Sabiston? You kind of talked a little bit about, you know, meeting with him every morning. Did you all develop a personal friendship in that time or was it just strictly professional?

Slaughter [00:09:22] I would say it was professional. We did not.... We did not have a personal friendship, not in my mind anyway. I'm not sure Dr. Sabiston had a personal relationship with anybody.

Stewart [00:09:46] I've heard several people say that.

Slaughter [00:09:49] Including his own family.

Stewart [00:09:51] Did you ever interact or meet any of his family members, like Mrs. Sabiston or his daughters?

Slaughter [00:10:03] Yes, I did. Not on a regular basis. And.... I think I met the daughters maybe once. We used to and... Dr. Sabiston was a big believer in departmental social functions. And he saw his administrator, me, his person that was in charge of all that. So, I was de facto social coordinator for all of the Department of Surgery Chairman's office affairs, of which there were many. And some of those would be held in his personal home. And I would, just on the periphery, react with Mrs. Sabiston on those occasions. But it was only rare that... I think she contacted me in and all the years that I worked in the department, I think she may have contacted me via phone one time, when there was an issue about a particular paycheck or something like that, that she was concerned about.

Stewart [00:11:40] I've heard a lot about the Christmas party. Were you part of planning that type of social function or was it different social functions for the department?

Slaughter [00:11:54] No, my office did all of that. You're talking about doing the invitations and collecting information about who is going to be there and buying all the stuff that goes with the party. My office did all that. I was held responsible for that.

Stewart [00:12:10] Wow. So, what other... If you could describe... This as revealing a different aspect about Dr. Sabiston's job that I don't know much about. I've only heard about the Christmas party type of social function, what other social functions did Dr. Sabiston have for the department that you all planned?

Slaughter [00:12:37] Well... It won't come as a surprise. We had a number of visiting lecturers on a routine basis. And with those lecture-ships... The social functions that Dr. Sabiston felt like were necessary and important to a visitor to the department of surgery that he had invited, so we would have lunches and dinners and things of that nature and I was... My office was responsible for the success or failure of those kind of functions, of which there were many. Maybe sometimes as much as three in month.

Stewart [00:13:27] Wow.

Slaughter That's not an average, but as much as sometimes. It was frequent. It took up a fair amount of time. I wanted to think that as part of my responsibilities, those kinds of things were secondary to what I was there to really do, but they, to Dr. Sabiston everything had supreme and surmount amount of importance. So, he graded the success of a 20-person dinner on the same level as he did the financial success of an entire multi-million dollar department.

Stewart [00:14:13] Wow. Very interesting. I always like to ask people this question, too. Do you remember your first interaction with Dr. Sabiston?

Slaughter [00:14:29] Yes, I do.

Stewart [00:14:31] Would you like to describe what your first interaction was like?

Slaughter [00:14:37] That's fine. My first interaction with him was actually, through an intermediary when I was in charge of the admissions and the placement of surgical patients at Duke Hospital and my being new and I hadn't gotten my feet completely wet and I didn't know all the ins and outs. I hadn't gotten a real good survey of the territory that

I... Duke Hospital didn't have as many beds as its needs for the surgical staff. So, as a result, it wasn't uncommon to be overbooked. That might not work very well in a hotel, but in a hospital where somebody's sick and they really need that need the service, you really have that... aside from the patient's needs, they needed to do whatever was necessary to comply with what the facility had to offer. So, as a result of that, we frequently didn't have enough beds to meet the elective needs of the surgical admissions. And as a result, people would have to spend an extra night in town, coming the next day. Be given some sort of a priority to get in. And my first interaction with... And so, I talked to those people when we didn't have a bed. And I would tell them what they need to do. What the next step would be. And you know, sometimes that was OK, but yeah, I'd say most the time it was an unpleasant exchange between me, the doctor that was trying to... The surgeon that was trying to get a patient in the hospital and then the patient and the patient's family. It's never good news. So, my first real up-close encounter with Dr. Sabiston was when he had a patient and I was the one that made the decisions about who got in and who did not get in on a given day. And so, he had a patient that was... At that time people would come in and we scheduled for tests for multiple days before surgery. That was very common. It's not like today... Insurance companies would pretty much give doctors full right for whatever needed to be done and they'd pay for it. So, I knew he had a patient that was coming in and they were gonna come in for something before surgery, like a normal blood studies and test x rays or x ray tests and stuff like that. And so, we made the decision or I made a decision that that patient could come in maybe the next day, instead of the day they were scheduled. And I... Looking back on it, I understand now, aside from his personality, being the chairman of the department, it was probably embarrassing to him that he couldn't get his own patient into the hospital when he's told the patient to come. So, that got me my first up close and personal meeting with him, but I didn't meet with him face to face, he sent my bosses to meet with me. Which as time went on, I grew to understand that was not atypical of how he dealt with a lot of issues, particularly unpleasant ones for him. So, things worked out and after I was threatened by the people that I worked for that that wasn't going to happen, Dr. Sabiston patients not getting in the hospital, and things somehow miraculously worked out. Then I got to know him a little bit better and, but the relationship that I had with Dr. Sabiston was always pretty superficial on the periphery. I was never at that point in a position to deal with him up close and personal and face to face. That was usually through an intermediary of some sort, but he then went through the business manager of the department. Well, what was then essentially assigned to the directorship of the clinic of the practice plan. So, I moved from the Department of Surgery to all of the surgical specialties practice plan activities. That was a man named Robert Berry, who unfortunately is no longer with us because he would be an ideal person for you to talk to. He was there when Dr. Sabiston was hired. He was the first Business manager to work for Dr. Sabiston. He had worked for a gentleman named Deryl Hart. That was the chairman when Dr. Sabiston took over, although Dr. Sabiston took over from an interim chairman at the time. So. Now, where was I where I was telling you about the faculty and....

Stewart [00:21:06] Well, I lost it too.

Slaughter [00:21:08] Yeah, It's a wonderful story.

Stewart [00:21:11] No, you were talking about...

Slaughter [00:21:13] No, I took... The previous, prior to me Business manager of the department. The one who is a friend of mine simply didn't like the job and moved to New York and the person that I directly took over for had some difficulty dealing with Dr.

Sabiston and... Dr. Sabiston never... He was not the kind of person to actually fire somebody, for cause or for any other reason. He just made his unhappiness so well felt that people tended to move on their own. But the individual that I took over for took a subordinate new position in the department that we call development officer. And I was told by people that I had worked with in the department, namely, Mr. Berry, who is the director of the surgical clinics, and had had this job previously that I would now be the new business manager for the Department of Surgery. There was not an interview. There was no job opening. It was a reassignment, of sorts. And that's how that happened. Dr. Sabiston did not interview me officially, I think he felt like his interview had taken place over the course of a few years and when he had observed and heard from the faculty about how I had dealt with my responsibilities for the department... For other things other than the administrative activities specifically at the department. So that's how that happened. And as a result,... I think I went to his office one day and we had a sort of a superficial. "How you doing? Glad you are interested in the job," which I had never expressed any interest in at all. And, you can move your office... you can move into the office tomorrow. I had never had an office. I had all done my work on foot, so to speak. My phone was wherever I was, I had a beeper carrier. I carried a beeper 24 hours a day for my first few years when I took my position in the clinic. So, my phone was the closest phone and I was to at the time when somebody had paged me about getting a patient in the hospital or something like that. So, it was all very new to me, an office and a staff, that sort of thing. So that's how it started.

Stewart [00:24:42] Oh, great. That was a great story.

Slaughter [00:24:46] Well, I don't know how great it is, but he... Subsequently and pretty soon after I met with him... He would stop by the office frequently, our offices were adjacent to one another in the old Duke South Hospital.... And the building is still there and the floor is still there, but it's probably something else now. After I had been in the position for a short period of time, the new hospital, as we called it, Duke North was completed and the operating rooms for surgery were in that building and he rightfully so felt a need to be close to that area, which is where the resident staff and particularly the resident staff in the faculty were. Dr. Sabiston, I would think many people will probably tell you, and if they haven't, they will depending upon who you talk to, considered himself a teacher of the surgical residents staff and he needed, he had a need to be close to them, so he moved his office and there wasn't room in that area to take the handful of people who worked for me and myself with him. So, we were separated by two buildings, they were not adjacent to one another. Which, as I look back on it, is probably... So, I ended up meeting with him on a daily basis to keep up with the activities of the department administratively, what was going on, to be given instruction as to what he wanted done, and sharing of information, that sort of thing. That particular occurrence probably resulted in my being able to physically and mentally remain with the department for my career. I seriously doubt I would have stayed any longer than anybody else that was in my position had done up to when I took it, if my office had been adjacent to his. The distance, it may seem small on the surface, but the distance had an awful lot to do with my longevity with the Department of Surgery.

Stewart [00:27:53] That's an interesting insight. So, I've heard some people talk about how Dr. Sabiston would just, kind of, give raises without any sort of documentation about them and I was just wondering if you felt comfortable, if you wanted to comment on how... I've heard a lot about how Dr. Sabiston ran the department surgically, how would you say he ran the department from more of a business standpoint?

Slaughter [00:28:40] Well, in my tenure there... Administratively, he, the Chairman and not just Dr. Sabiston, the Chairman makes a number of decisions that affect the entire department, for the hospital and for the university and for essentially the outside world in its entirety. When I was there, the administrator, the business manager, me, was responsible for carrying that out. He made the decisions and I did the heavy lifting. Let's put it that way. So, to the extent that he made decisions administratively, yeah, he was involved with the administration of activities. Now, when you're talking about salary. Probably, if you've talked to a number of faculty. He was responsible for that. He was responsible for the clinical faculty salary. And that was a hundred percent of the Chairman's responsibility. The rank and file faculty, the research faculty, the remaining monthly employee staff and faculty and the biweekly workforce, technicians, administrative and clerical staff... If there was a responsibility, that was mine. The chairman was responsible for appointments and promotions of faculty positions, not rank and file, monthly, biweekly workforce, but he did make decisions on the faculty and the clinical faculty, and that was based on by and large, productivity from a patient revenue point of view. Dr. Sabiston got his money to distribute to the faculty based on patient revenue. And he had a metrics in his mind and not written down as to how he would distribute that money. Many people will tell you: it was solely based on the amount of money you generated from seeing patients and in surgeries, part performing operations. But in some cases, we had clinical faculty that had other responsibilities that he had given them that would not allow them to be as productive clinically as many of their colleagues. In other words, they were involved with affairs of the School of Medicine, administrative affairs. And he factored that in when at the time of the year, usually near for one reason or another, it happened to be when the Private Diagnostic Clinic closed its books for the year, by the end of December. And that's when he was given the financial information as to what might be available to distribute to the clinical faculty, and that's when he made those decisions. And by and large, they were based on productivity, patient wise. But like I said, in many cases there were other factors involved. And so, some people some in the faculty benefited by... From a highly productive patient revenue year, simply because they did things that took that did not take time away from the other faculty that were at time to operate on people. Does that make sense to you?

Stewart [00:33:41] Yeah, it does. Thank you.

Slaughter [00:33:41] They freed up time and resources for other people to do what they wanted to do.

Stewart [00:33:47] Yeah, that makes a lot of sense.

Slaughter [00:33:50] That's how he was involved with that aspect of talking to faculty and he would bring the faculty in one by one and basically had a big ledger book that he would look at. That he had already looked at and he would go through it. And tell them, here's the bonus that I'm going to give you for this year. And that was pretty much it. I don't think these meetings took more than a couple of minutes unless somebody had some real big issue that they wanted to talk about because he always asked them if there was something else that he could do for him. And if there was, then he'd either say yes or no. Or by and large, would send him to his administrator, who at the time was me.

Stewart [00:34:50] But you never sat in on these meetings, it was just him and the faculty, right?

Slaughter [00:34:56] Right. Actually, he made it... He made it pretty clear for the longest period of time that the clinical productivity business of the Department of Surgery was separate from the university, side Business and did not... He did not set up a working relationship between the administrative people between those two groups. In other words, the director of the Surgical Private Diagnostic Clinic and myself, we didn't meet on any formal issues that affected the department. Now, we met informally and we knew what was going on. And I think the first time I revealed to him, probably by mistake that I'd seen, you know, I knew what was on the books for the specifics, physicians. I mean, I had to because they came to me when they had a real problem need they, with few exceptions, never felt very comfortable going to him with a real problem that he wasn't very pleased about the fact that I might have known something about how the clinical operation was doing. And he made it pretty clear to me. But I mean, aside from working and doing my job, with my head in the sand, which was not possible, just was a meeting that maybe he got some off his chest, that I didn't pay very much attention to.

Stewart [00:37:04] I always like to ask people as an ending question, but sometimes it takes us other places too... Do you have any stories, you've told some, but any stories... Funny, sad character-building stories about Dr. Sabiston that you would like to share today that I didn't ask you about?

Slaughter [00:37:29] I don't want you to be offended by this, but yeah, I've got stories with I'm not going to share.

Stewart [00:37:34] OK. Some people say that too. So that's totally fine. So, do you think that...

Slaughter [00:37:41] Simply because I don't know who's going to read this publication. I'll be honest with you, if this publication is for sale, you better get paid up front because I don't think it's going to do very well.

Stewart [00:37:54] Well, I will not be a part of the publication process. So, luckily that that's not on my mind. But is there anything else that you think we should know about Dr. Sabiston that I did ask you today either?

Slaughter [00:38:15] Yeah, in a roundabout way, there's a very important thing.

Stewart [00:38:18] OK.

Slaughter [00:38:25] Dr. Sabiston built an incredible organization and department, certainly for its time, I couldn't possibly tell you how it stands up today against other departments of surgery across the United States and the world. But he built an incredible organization and represented it nationally and internationally to the highest standards that one could possibly imagine. And I got the opportunity to visit some places overseas, and I know the kind of regard that the Duke surgery in particular training program, the esteem with which it was held and that was that was 100 percent his responsibility. He hired the faculty that gave our department the basis for that reputation. He represented it. And he was not one to allow others to represent the Department of Surgery, that was that was solely, pretty much on him. And that's the way he wanted it. And that's the way it was carried out. And it was accepted by the remainder of the faculty that in those regards, that was not up for debate. He was the one that did that. And because of that, he made the reputation for the education of resident staff, what it was. During the time that I was there for some bizarre reason, he never really wanted me to see the results of what was called a

match. Do you know what that is? The residents match. Residents... Well, everybody... Once a year, medical students had the opportunity to put in their rank order of areas that they want to do their postgraduate, post medical school training and in surgery's case, where they want to do their surgical residency and so they rank institutions, at that time, maybe things have changed a little bit. They rank institutions one through X on their choices and in turn, the schools, the departments of surgery rank based on a series of interviews and so forth their top choices one through however. I know from looking around, behind the scenes, and seeing these lists, not because Dr. Sabiston made them available to me, but because I felt like it was important for me to know where people stood. I know what the lists were and Duke for the majority of time that I was there always got their first picks in rank order and we took a total of seven or eight residents a year for the training program. The... Four of which would train in general and thoracic surgery. The remainder would do some time in general surgery before they took a specialty training in orthopedics or urology or neurosurgery or so forth. But for general and thoracic surgery, we, like I said, for the majority of the time that I was there, got our top people. Oh, we might have slipped once and gotten somebody that was sixth on our list, instead of fourth, something like that. That's what he was the most proud of. That's what he did. That's where he put us. Us, being the Department of Surgery. And the resident staff were the ones, if you got operated on at Duke, you might have gone to a senior faculty member because of his reputation or because he had a relationship with your referring physician or your primary care doctor or whatever, and he was standing there during the operation. And he was in charge as taking responsibility for the results of that operation, and standing on the side of where the person in charge would stand. But the resident staff were the ones that really, by and large, did in many cases the operation, certainly did a good deal of it and basically, were the ones that took care of the patient afterwards. Regardless of the length of time or the seriousness. Now, when things went bad, they didn't necessarily take the responsibility legally. The senior faculty are the ones that get sued when something goes wrong. But believe me, I know who did what. I was there. I worked in the operating rooms for a few years. So, I got to walk around and, you know, I put my hands where everybody else did. And I saw it. Dr. Sabiston was not somebody that was hailed as a great surgeon. He was a great surgical educator. He taught people how to do what they needed to know how to do during their training periods. And he was taught by the best person in the United States. He trained under a man that was the greatest of the greats at the time. His name is Alfred Blalock. And if you look through the courses of surgical history, you'll see these names pop up. But this is not gonna and this is not... This isn't a new revelation. It is not something anybody proudly own up to or want their name associated with... If I needed to have an operation of some sort that was in the specialty, Dr. Sabiston would not be the person I would have picked to do when I was at Duke. And that's not an insult. And I had operations at Duke for one reason or another when he was chairman and you would have thought I was being taken care of by God. The... I mean, I had people stumbling all over my room and myself, making sure... They didn't want me dying on their watch simply because of him. He didn't have anything directly to do with it. But, when I was in the hospital one time, this is this may say a lot about the guy and our relationship. He would come by and visit me. Not every day, but he'd come by. But he'd make sure that I was OK before he came. He would never go see a patient that was not doing too well. They had to be in great shape before he'd go. And he told me one time, don't ever go see somebody that's not ready to, you know, 100 percent ready to go home. There's no reason you want to be associated with that, which makes a fair amount of sense. It's not the way you treat your family, but it is maybe the way you do for somebody else. But every day he'd come, he'd bring me a New York Times. That says a lot about the relationship. And he thought that was important. So, he'd bring me that newspaper, something I couldn't possibly have gotten through to the end or felt like reading anyway. But I mean, that was... That's the

kind of guy he was. That's... He was not a warm and fuzzy kind of guy... He was a New York Times person.

Stewart [00:48:10] Oh, I like that description of him.

Slaughter [00:48:13] Anyway. Well, I hope this has been helpful.

Stewart [00:48:16] It has. It has. Thank you for your time. And you will be updated as we move forward in the process.