

Thomas D'Amico interview, 5/28/19

Susannah Roberson [00:00:00] So hi, my name is Susannah Roberson. It is Tuesday, May 28, 2019, and I'm sitting here with Dr. Thomas D'Amico, in his office. Dr. D'Amico, thank you so much for talking with me. This interview is being conducted as part of the David Sabiston oral history project. And this interview, with all the others, will be used as a resource for a future written biography. And they'll also be archived in the Medical Center Library. So there will also be a consent form that I'll send you. And if there's anything that you don't want to include you can just let me know then. So before we talk about Dr. Sabiston, I'd love to ask you a little bit about your background. So first can you just introduce yourself, who you are and what your role here is at Duke?

Dr. Thomas D'Amico [00:00:48] OK. My name is Thomas A. D'Amico. I'm a professor of surgery. I am a general thoracic surgeon. My role here is to be the chief of general thoracic surgery. I'm the training program director for the thoracic surgery training program and the integrated six program. And I have a number of other miscellaneous administrative positions that aren't important enough to mention.

SR [00:01:24] So can you briefly discuss where you grew up, where you went to college, and what made you want to be a doctor?

TD [00:01:31] So I was born in Southern California but grew up in Wilmington, Delaware. Graduated Tower Hill High School and then went to Harvard College and graduated in 1982. I went to the College of Physicians and Surgeons and graduated there with my medical degree in 1987. In July of 1986 I did a sub internship here at Duke, which is why I wanted to come to Duke after that sub internship. And fortunately enough I did, and started training in 1987 and finished training in 1996 and have been on faculty since then. My desire to be a cardiothoracic surgeon, I think, started in high school because of a variety of influences that none of which are singular, but altogether I think A, wanted me made me want to be a doctor, but B, I thought I was interested in thoracic surgery. When I went to Columbia that interest was reinforced through my interactions with numerous cardiothoracic surgeons there, but most importantly Eric Rose. And then came here to Duke with an initial intention to be a cardiac transplant surgeon, but throughout my training, changed my mind and decided to be a thoracic surgical oncologist, lung cancer and esophagus cancer, and that's what I still do today.

SR [00:03:13] So we kind of covered a lot of questions there that I was going to ask there. So that's great. You read my mind. Yeah. So, I guess, I don't know if this is something that you touched on, but if you did, if you could elaborate a little. Why Duke? Why did- what dr- what made you want to come here?

TD [00:03:32] Sure. I came here against my will. I did the sub internship as a senior medical student at Columbia really against my will. I thought that I would never want to live in the South, although I'd never lived here. And I got very good advice, which was just to go look at it and see it, because it's the best place in the country to train and if you turn it down once you've seen it, then you know you've seen it, but you shouldn't turn it down without seeing it. So I thought I had little to lose, I would have the opportunity to meet Dr. Sabiston at the very least, and within two or three days of being here, I knew this was where I wanted to train because it was so different than all of the other medical experiences I had had up to that point. And I think Dr. Sabiston saw something in me, and as I said, fortunately I was lucky enough to match here and start in July of the next year.

SR [00:04:40] And so how, how was it different than your other experiences?

TD [00:04:46] He [Sabiston] was clearly more dedicated to teaching students and residents than any other person I had encountered, in any specialty at Columbia—which is a terrific school—and in other experiences outside of medical centers. He focused his professional career on making residents the best they could possibly be. He was relentless in that pursuit. He gave up a lot to be successful at that mission and he was an undescribably large role model for me.

SR [00:05:45] And when you say he gave up a lot, what do you think he gave up?

TD [00:05:52] Time and effort. It- It might have been effortless to him, but I'm- it does take effort to spend as much time as he spent with us, and to take the time to explain what he expected. And to take the effort to continue to hold us to those standards, I'm sure would have been much easier to let well enough alone. But he- he was completely dedicated to the mission of us being as good as we could possibly be.

SR [00:06:33] And can you describe when you first met Dr. Sabiston, do you remember maybe your first interaction or just your first impression? What was that like?

TD [00:06:44] I remember I had several interactions with him in the first week. The very first would have been at our weekly teaching conference, which was given from Monday afternoon- on Monday afternoon from 5:30 to 6:30. Never started a minute later than 5:30, never ended a minute earlier or later than 6:30. And that style of teaching the Socratic Method was relatively unique in my background. I was impressed with how much everyone had prepared for that one hour with him, and then I came to learn why they were so well prepared. And then later that week, I would have had teaching rounds with him on the thoracic surgery service. He would have been the thoracic surgical attending, so we would have started Saturday morning and rounded on the thoracic surgery service with the chief resident and the teaching scholar at the time. And then would have met afterwards for another teaching session. So I'm sure there were three or four sessions in that first week. The next week was exactly the same. And so within a couple of weeks, because he was the attending on the thoracic surgery service, we saw him a lot.

SR [00:08:16] And what was it like being an intern in surgery at Duke, and how is Duke different from other programs of a similar rank at the time?

TD [00:08:28] Well, I don't exactly know how to answer that, because I was only an intern at one program. I can relate the reputations. We worked- we worked very hard, probably didn't work that much harder just in terms of the number of hours as interns elsewhere. There's only a certain amount of time, a certain amount amount of people to do the work, and time to get it done. So I wouldn't say we singled ourselves out as interns, about the work. [00:09:02] What was different about the program was that the senior residents spent more time on call in the hospital, which eventually changed, but what that meant was that the teaching in the hospital in the late hours of the evening, in the early hours of the morning, that teaching came from experienced residents. As interns we weren't teaching ourselves or learning on the fly. And that was something that Dr. Sabiston expected, that the chief residents would teach the senior residents, the senior residents would take teach the junior residents and the interns and the students, [39.7s] and just one one learning event after another.

SR [00:09:50] And how do you think Dr. Sabiston really put his personal stamp on the program?

TD [00:09:58] [00:09:58] Well, he never, he never said this, but I envisioned that he had a map in his mind with pins or dots on them and he wanted to populate the country and the world with people that he trained, to

create academic departments that, if they didn't replicate Duke, which I don't think he wanted exact replication, but if they didn't do that, they still kept the spirit of academic surgery that we were here to do three things: take good care of patients, teach students and residents, and perform state of the art research. And those three goals had to be paramount every day. And it wasn't about personal success or monetary gratification or being on the news, it was about becoming an academic surgeon and nobody did that better than he did ever... Or ever will. [78.2s]

SR [00:11:19] And how did he work on incorporating people of color and women into the program?

TD [00:11:29] When I started as an intern, there were only two women in the program at that time, and they were terrific residents. They both graduated and did well. Early on in my experience I became involved, and he mentored me, in the resident application process. Reviewing applications, interviewing residents. And he was dedicated to training more women and making every effort possible to train more women. But getting started was slow, because like most programs that didn't have any many women, or even more so than those programs, we had a reputation for being what was termed an "old boys club." Which wasn't really true in that if you asked any of the faculty, would you like to have more women residents in the program? They would have all said yes. And it really just came down to focusing his and our attention on specific candidates who were going to be good residents and convince them that, despite the fact that we didn't have many women, that they would be welcome and well-trained and it worked. It finally worked. And increasingly, more women became part of the program under his tenure as the chair of the department. And once one or two more women came, it was easier to convince more that this was actually an okay place. And the tide finally turned, and it's approximately 50/50 in the residency program now, and in one year, several years ago, every single one of the graduating seven chief residents were women. So, but I know he took it seriously, I know he put a lot of effort into it and I think- I think it would be similar of- for people of color. I don't think, for whatever reason, it was as difficult to attract people of color, and be able to say that you'll be treated fairly, as it was to attract women.

SR [00:14:19] Oh I was going to say, why do you think that is?

TD [00:14:21] I don't know... I guess since... It's easier to explain why, in any department of surgery, there are only a few people of color, when there are only a few people to choose from. It's harder to explain why you have so few women when half the population is female. But I know he was serious about both, and was ultimately successful.

SR [00:15:00] And how did his reputation, his national reputation, affect the program here?

TD [00:15:08] Well I think it affected it a lot. Most medical students, even myself, would not have recognized the magnitude of his reputation. He had been the chair of the department since 1964. By the time I applied in '87, so 23 years already as chairman. Most people aren't chairs longer than 10 years now. He had uninterrupted grant funding from 1964 through that period and through the year that he retired in 1994. He edited the most prominent journal in surgery, the Annals of Surgery. He had written five and was in the process of editing and re-editing four or five textbooks, one of which was the most prominent in surgery and the other the most prominent in thoracic surgery. Was president of every single organization he could possibly be president of, an honorary figure in numerous countries. And as a student you can't- you don't know that, you come to learn it. But I think- and probably no one knew the whole story, but [00:16:22] he was legendary at the time in the United States because of his leadership positions and his track record of placing- what he wanted to do was to train every chair in surgery. So he would train somebody, they'd be on

the faculty, they'd take a job elsewhere and they'd be chair there, like, numerous examples across the country. Too numerous to count. [24.7s]

SR [00:16:49] Wow. And so how did Dr. Sabiston influence your research experience?

TD [00:16:56] Well, he knew that at the time, I wanted to be a transplant surgeon and so we were in a very hardworking, vigorous transplant lab. We had the advantage though of being in the same surrounding as two other surgical labs. So I was in a lab whose principal investigator was Peter Van Trigt, but we worked in close surroundings with the lab that was run by Peter Smith, and the lab that was run by Scott Rankin and Don Glower. And so the residents all worked together on each other's projects and learned about their projects and were able to share ideas. It was a great overall community of learning. And Dr. Van Trigt was a terrific P.I. and personal mentor. So we were, we were very productive, it was a good lab time. And it was shortly after that I decided I didn't want to be a transplant surgeon, but that didn't make that experience any less valuable.

SR [00:18:08] And what was Dr. Sabiston like as a boss?

TD [00:18:16] You know, hard to please... I think I had an easier time with him than many did. There were a lot of people that were simply afraid of him. And although I certainly deeply respected him, I don't think I ever felt fear about being around him or fear in general. I think the only thing I ever feared was letting him down. That just became the stimulus to not let him down, to do the work that it took to be what I wanted to be and what he thought I should be. So I had a- I think I had a more positive relationship with him than some residents. I think... obviously he could be intimidating and that level of intimidation is without- he wasn't trying to intimidate anybody, that- but he could be intimidating. And sometimes that's counter-productive. But I never felt that way, and always felt that his influence on us and me and the program was a positive one.

SR [00:19:38] And can you describe his demeanor a little bit? You know, why- why was he intimidating? What did he do? Or what did people just sense from him?

TD [00:19:52] Well, he was- taciturn is the correct word... You know, serious. Probably intentionally aloof most of the times when he interacted with the residents. But the time that we really got to know him as residents was when we were chief residents, and he would meet with us as a group. Well, meet with us individually every other day, because we would give morning report to him after a night on call. So we saw him every other day to do that. And then weekly as a group, he met with us and that was- we were able to see a different side of him, the side that didn't have to face the entire residency at one time. And there was a more personal side. But even so, there was a lot of space between us in terms of accomplishment and so we never really felt, and it would have been inappropriate to feel, like we were ever on the same level about anything. But that's just the way it was and it didn't bother me.

SR [00:21:19] All right. OK. So what was Dr. Sabiston like when interacting with patients?

TD [00:21:28] He was very sensitive, attentive, very patient centered. Because by the time I was a senior level resident he wasn't really doing any patient care, I didn't interact with very many of his patients. There were times he would have patients and we would round on them, but it wasn't very frequent. But when he was the attending round on a service, we would round on other physicians' patients and he would introduce himself and we would see him at the bedside there, very thoughtful, very caring... Very intolerant of less than spectacular care.

SR [00:22:21] And how did your interactions with him change throughout your- as you progressed through your residency?

TD [00:22:32] Seemed like it changed all the time. You know, as I... Accomplished more in the program, he gave me more responsibilities. He sensed that I was interested in the residency application process, and I helped him do that more than others had done that. [00:22:57] Probably the most important interaction that I had with him was when I had decided that I wanted to be a general thoracic surgical oncologist instead of a cardiac surgeon. [13.0s] Didn't affect my training, the training was the same, same program, same rotations. But it affected my eventual career, what jobs I would look for afterwards. And our program was very strong in training cardiothoracic surgeons, and essentially everyone that finished prior to my finishing had started out doing cardiothoracic surgery. And I don't think anyone ever intentionally told him that they didn't want to do cardiac surgery, that they wanted to do what I wanted to do. [00:23:47] And I thought he should know, when I was a senior resident, before I got to be a chief. And I asked many of the other residents how I should tell him. I asked numerous residents how I should tell him. And every single one of them told me not to tell him. I didn't think that was the right idea and I didn't think that I had gotten good advice. And so I made an appointment with him, which was very unusual. [28.7s] There were many times when we would get a call from his office, Dr. Sabiston would like to meet with you tomorrow. Most of the times, that was immediately interpreted as, it wasn't gonna be for a good reason. Wasn't always true. Or you would just get a page to come to his office. Have you interviewed other people? So you know the- [00:24:37] his office number was 684-2831. And when that, when that came over your beeper—there were- there were voice-activated beepers then—you could hear it, everyone could hear it. And it was a relatively terrifying page, it wasn't always bad news, but it was never assumed that it was going to be good news. [20.8s] Anyway, I made an appointment with him. And just told him, this is, I had decided that this was the pathway, and he wanted to make sure that it wasn't frivolous. So he asked me a few questions, why I had done it, what did I see, what were the next steps? And then finally, although he hadn't really given me any indication of a positive or negative response, after probably 15 minutes of talking back and forth, is questioning me more than anything, he said, how can I help you?

SR [00:25:36] And then after residency you stayed at Duke. And how did your relationship with him change then, when you went from being his resident to then being his colleague?

TD [00:25:53] So yeah, we were probably never colleagues, no. So he was- I was in the last class of his chief residents. So I graduated from general surgery in 1994. He stepped down at the end of the academic year in 1994. And so for two years I was still a resident while he was still on the faculty- resident, now cardiothoracic surgery, a fellow. You know, the next stage in my training. So I was a fellow in cardiothoracic surgery and he was still on the faculty, but not... Not t- not actively practicing or teaching. He had an office in a lab and was very busy, just wasn't taking patient care. So I would see him in various meetings and... It was, it was clear that he was- you know, the relationship had changed. You know, I was no longer his resident. And it wasn't- wasn't a plus or minus. It was just a different. He just- now it was a different relationship. Very amicable. And then after the next year... When I joined the faculty, shortly after that I think is when he had his stroke. And so everybody's relationship with him changed.

SR [00:27:25] How so?

TD [00:27:25] He was sick for a long time. And when he came back—he did come back—came back and went back to his office, and saw people from time to time. [00:27:38] And it was probably five years after I joined the faculty, that he himself wanted to sponsor me for the American Association for Thoracic Surgery, which is the premiere organization. And he wanted to make sure that he was the one that did it, which meant

a lot to me. [25.0s] So he kept, kept an eye on the program, kept an eye on the people that he trained, encouraged people to come back and meet with him and spend time with him. And I would probably- when he was well, I would probably go over between once and twice a month and just spend a half hour with him. And he would tell me stories, show me things that he might not have shown me before. Took an interest in my life, always remembered my wife's name, my three daughters' names, and was really just incredible.

SR [00:28:42] And so we're nearing 30 minutes so I'll try and kind of wrap this up. So we kind of have covered some of this. Did you interact much ever with Mrs. Sabiston?

TD [00:28:57] [00:28:57] The first time I met Mrs. Sabiston was the Friday night of orientation. I think we arrived on a Monday, had orientation Monday through Friday. Friday night was the traditional lasagna dinner at the Sabiston house. [17.9s] So all the interns came over, and if we hadn't met each other during the week of orientation, we had a chance to meet each other then. And he- even though he hadn't met many of them for more than five minutes in the past, he had everyone's name memorized, their families' names memorized. And it was a very gracious opening. And then we started the next day or the following- so the next day, it was a shadow day, Saturday and then we started on Sunday. That was the tradition. [00:29:52] I would have seen her at all of the resident affairs. The most memorable and unique was the Sabiston Christmas party. The Sabiston Christmas party was actually two Christmas parties. [15.7s] You had the probably the one full week before Christmas and then a couple days, so not within the 20 to 25, whatever the Friday and the Saturday was, [00:30:22] he had two Christmas parties back to back. Because we were on call every other night and he didn't wanna have a party that everyone, faculty or residents, couldn't go to. And so every single year I was able to go, as you might imagine, and it was a similar spectacular party. Hundreds of people in their home, Mrs. Sabiston had done almost all the cooking. Truly all the decorating, I mean, she was just an amazing person. [29.7s] So I got to see her at least once a year there, and of course she always remembered me. And by the time I had gotten married, my wife's name, and it was just wonderful. And then we'd see her at the graduation dinners at the end of the year. So, get to know her fairly well, as much as you really could, as you expected as residents. [00:31:13] And then even when he passed away, she still comes to our resident graduation dinner. She's spectacular. [6.1s]

SR [00:31:21] What is she like, can you just briefly describe her demeanor?

TD [00:31:26] [00:31:26] I guess if you, if you tried to picture Southern female gentility, that's her. She's the daughter of a state senator, I believe. Grew up in North Carolina, grew up with family values, principles, manners, like I said, gentility. [23.8s] She was a- obviously I didn't know her personally as someone would every day. But no. [00:32:01] She was sort of like the perfect person. [1.7s]

SR [00:32:05] And then just kind of to wrap up, do you have any particularly good Dr. Sabiston stories or just anything else that you want to make sure that you say in this interview?

TD [00:32:22] Well, the uh- when I think of him, I think of several things. I think of, there's a story that- told you the story, in my own mind, he had a map. And he wanted to populate it with his trainees. And he did. I can't remember the exact number of people that he trained that became chairs or chiefs or leaders. I think of the incredible amount of effort that he spent... There are a lot of apocryphal stories about him that probably aren't true, but other people might be able to tell you some of the funny stories. I just, since I wasn't there, I don't know if they're true. But they relate to his sort of boundless enthusiasm and dedication. There were a couple of things he said that- over and over again, aphorisms, that all of us will remember. [00:33:25] I think his favorite was to quote Osler and a line that's at the end of a long Oslerian paragraph about how to be successful, the next sentence begins, "and the master-word is Work." And he meant it and we came to

understand how important he thought that was. [21.4s] Another was, he would quote Lord Byron and he said, the quote—which I think is a sort of a rough translation, I don't think this is exactly the way it was said—but the way he would say it was, [00:34:02]"you can't cross a chasm and two small steps." And a lot of people interpreted that he was risk averse and conservative, and in some senses he was. But on the other hand, he knew that if you wanted to do big things, you had to try to do big things, and you couldn't take small steps- only small steps along the way... [24.2s] And one that I think I came to learn as a chief resident, when he was trying to teach us all professionalism, and I don't know where this comes from but he said it many times, which is, [00:34:44]"you'll never have to take back something you never said, you didn't say." So in other words choose your words carefully. And before you say something you're gonna regret or write something down you're gonna regret— email wasn't big then, but it's sort of similar—don't do it until you've thought about it. He was a wise leader. [19.1s]

SR [00:35:05] Wonderful. Well, thank you so much for your time. I appreciate it.