

Dr. William DeVries

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Interviewer: Emily Stewart

Stewart [00:00:01] This is Emily Stewart and I'm interviewing Dr. William DeVries who was the Chairman of thoracic and cardiovascular surgery at the University of Utah and trained under Dr. Sabiston at Duke. It's August 20th, 2019 and we're speaking on the phone. So, Dr. DeVries can you tell me a little bit about where you grew up and where you first attended college?

DeVries [00:00:24] OK. Excuse me... OK. I grew up in Ogden, Utah. And went to the University of Utah and graduated there from college in molecular and genetic biology. Then I went to medical school at the University of Utah and I graduated top of my class and went to Duke. The reason I went to Duke was because while I was in medical school I got involved with Dr. Willem Kolff and he was the one that invented the first artificial kidney while he was in Holland during World War II and it was very charismatic man and came to the University of Utah just about the time that I was a freshman in college in medical school. I was in a gross anatomy class and got out for lunch and was walking down the hall at the medical school and heard all always clapping and laughing in this conference room. So, I just stuck my head in and it was Dr. Kolff telling his story of the first artificial kidneys and making them out of the gas tanks in the Messerschmitt airplanes that they shot down and dialyzing patients and so forth and so on. It was just a fascinating discussion and talk. And after it was over, I went down to him and I said, "Dr. Kolff, that was really wonderful. You know, I was really impressed with your talk and I wondered if this summer, after I get through the first year of medical school, in about three months' time, if I could come and work with you?" And he said, "Well..." He said, "Yes, what's your name?" And I said, "It's William DeVries." And he said, "Oh..." He said, "That's a good Dutch name, is DeVries and you're hired." So, I started... I worked with him all the rest of the way through during the summers and then also part time during the school years. And he came there, to to the University of Utah, from the Cleveland Clinic and because he wanted to be out in the West where people would be going to leave... He was quite a controversial figure at the Cleveland Clinic because he was in charge of dialysis, but he wanted to work with artificial hearts and things like that. So, I got involved with him as a, you know, freshman year and worked with him as much as I could during medical school and worked with the artificial heart. I actually sat with and tended all of the animals the night after surgery and I was kind of their nurse and later as I got in it, I actually made artificial hearts. And then later, actually, I was helping with the implantation, my senior year. So anyway, make a long story short, my senior year I was interested in going into surgery and he said, "Well..." He said, "You know, you need to look around and get a good... Go to a good medical school." And he basically told me that the University of Utah was not a good surgical training program and Chief of Surgery there was not very strong. So, he said, "I think..." He said, "You know, you're still kind of a little bit wet under the wings." He says, "I think it would be good if you went East to go do your residency." Which means, you know, when you're out in the West, you know, East is smarter than West apparently. So, I went to talk to him and he said, "You know, you really need to look around." And he said, "I recommend probably either going to Boston or Johns Hopkins or Duke or Alabama." So, I took a kind of a tour around after Christmas that time. And when I went to Boston, I noticed I was coming out of my hotel, which was next to the hospital, and saw a stabbing and took the patient into the emergency room and had blood all over my shoes everything. So, that was kind of scary and I was at Johns Hopkins and they were, that was like in a massive compound in the middle of the worst part of Baltimore. That's what really scared me. And then I came to Duke and I met Dr. Sabiston. It was a nice quiet

place and he really really impressed me and he had he knew that I was involved a little bit with the artificial heart and artificial things and he said, "We would like to have you come here if you want to do that." And I talked to the residents and they were really really cool. You know, I really thought that that was a neat place. And so, I decided that, to committed myself and I came back to Utah after the visit and I said, "I would like... I'm going to go there if they'll accept me." And they did. But I said I really feel bad about, you know, I'm right in the University of Utah we're just getting ready to, you know, already they were still on animal work with the artificial heart, but they said.... And I thought well, you, this will mean that of course, that I will probably won't be around when they get ready to put them in patients.

DeVries [00:06:15] So, Dr. Kolff said, "Well, you know, you just you need the best education." And he said, "I'm just lending you to Dr. Sabiston because I want you to come back and work with this." So, I always kind of put that off on the on the back shelf that this would be a good place to go get trained and training was really good, I thought. But I'd come back and work with the artificial heart. I left with the idea that, you know, it probably would be already implanted in the human by the time I was through with the nine year residency. And so, then just dove in full totally to my life in Durham. I had three kids. And so, we lived in housing right off, across the where the hospital was. And it was kind of an all-encompassing thing. I mean, that's the kind of thing where you the residency started and we all knew that we were on every other night. And that was the most important thing in our life and we know it was fully dedicated to that and Dr. Sabiston immediately told us that he was, we were going to try to obtain excellence. At any cost, we were going to be an excellent heart surgeon, or a researcher, or whatever we wanted to do. And for the next nine years, I was on every other night and totally immersed in the Duke training program, which I absolutely loved. This was the first time I saw really excellent teachers in medical care. University of Utah was a little bit, you know, in the West, kind of, out of that time and a little bit disjointed. But the University... Duke University was just a smooth running machine and nothing was accepted of the residents were the best resident people had ever worked with. The staff was all without a doubt excellent and, you know, and I and we learned, during that period of time, that we did things the right way only, at all costs and immersed ourself in it completely and that's what I did for nine years I was there. Two years research, I stayed there at the University and worked there during the two years residency and that was under the tutelage of Dr. Sealy and Dr. Sabiston. So, that period of time I kind of rued a little bit about the fact that all this was going on, this research and the artificial heart and all of this stuff, kidneys and everything was going on, but that was that was kind of behind me at that particular time and I was going to immerse myself fully under the care of Dr. Sabiston and he was going to make me an excellent surgeon and that's exactly what he did. And also lined to research. I did that for nine years. And then when we got ready, I got finished, I started getting there... Your last year there that's kind of where you sort out where you're going to be going. I was fully expecting that the artificial heart would have been put in, in animals and people at that time and I would have missed that thing and really didn't pay much attention to it because I was fully involved in Dr. Sabiston and he said the pursuit of excellence. He kept using that the pursuit of excellence you do everything excellent. You don't do things halfway, you do the, excellent and that's... You dot all your i's and cross all your T's and that's kind of how we practiced and it was really a good tutorage. So, my last month of my last year, as a super chief, I went to Dr. Sabiston because it was in October, a period of time when, you know, you knew you were going to be finishing it next year and you kind of needed to find out where are you going to go. And I went in and I said, "Well, Dr. Sabiston, I'd like talk to you about what my future will be." And he said, "Well, there's nothing to say about that. Bill, you know what, you know your future." And I said, "What is that?" And he said, "You're going back to Utah." And I said,

"Well, I, you know, I'm not sure that they have a job for me there or anything like that. And I really would like your advice." He said, "That is not advice." He said, "You're going back to Utah." He said, "Dr. Kolff lent me to you [you to me] for a period of this training program. And I was to send you back there when I was through on that condition." So I really didn't. It was kind of a shock to me at that time that I was and that was where I was going to go and I said, "Well, I don't know... I'm not sure that there's a job back there. I'm not sure there was a volume to practice my skill and they barely had an open heart program back there Utah." And I thought... I said, "You know, they don't have... The hospitals not equipped for doing big open heart surgery and all that stuff." Then he says, "Then you'll build it." And I said, "Yes sir. I will." You know, you didn't dare argue with Dr. Sabiston because he was always right. And I believe that and I still believe that to this day, you know. So, I called up Dr. Kolff and he said, "Of course, you know, you need to come here and we'll set things up and you'll start." Well, Dr. Kolff was head of dialysis officially, wasn't the head of surgery and the chief, had no chief of cardiac surgery there so I knew I was going to have to build the whole program and I was a little bit reluctant about putting myself in that position, but I knew I was well trained. I knew that I was an excellent surgeon and I knew that I was an excellent administrator from what the function we had with Dr. Kolff and Dr. Sabiston. So, I left and came, brought my whole family back and then moved in the U-Haul truck back to Utah and basically had this, had to open up, start the heart program there at the medical center and we were competing with LDS Hospital, which was a huge practice and a very good heart surgery center. So, we generally got the public patients, not the elite. And so, we had to start building the heart program on my own. And Dr. Sabiston said, "I'll be glad to help in any way I can. But I want you to..." He said, "You're trained well and you know what excellent surgery is and you will build it." And so, when I'm back there, I started the heart program going and we were only doing about one or two hearts a week, which wasn't enough for keeping things going. So, I started the V.A. heart program with the V.A. hospitals there and that developed... I got enough actual surgery between the University and the V.A. to keep my competency in heart surgery. We were doing about four or five open hearts a week, which was a good volume. And I immersed myself also with Dr. Kolff. It so happened that the, when I left in the nine years that I was gone, the actual hearts became developed and Robert Jarvik came there with Dr. Kolff. And we were, they needed somebody to start putting the artificial hearts in. They'd put them in in animals, but they had not put in any patients. So, that's where I got started building a new program for open heart surgery at the V.A. and the university and working in any other spare time I had with the artificial heart program and when I got back there I looked at it and the actual devices under Robert Jarvik were excellent. The animal work was very primitive. We started putting these hearts into animals and they started living. Some of them lived for almost a year with the hearts. So, I was very very busy for a period of about two or three years there starting a new heart program, working the animal surgery stuff and then at that point, I realized that we were at a crossroads, that we were ready to put... Start putting the artificial heart into a human. And that meant, at that time, getting permission from the FDA and the NIH and of course, the media was all over the place to about these artificial hearts and all of that kind of stuff. And so, I realized that... Dr. Kolff told me.... I mean Dr. Sabiston told me, he said, you know, he taught us we do things excellent with excellent manner. Everything has to be done excellent it's not halfway. Nothing's halfway about it. This was a thing that had never been done before. I mean, to take a machine and take out someone's heart and put a pump in its place and at that time also the FDA was starting to get involved in a lot of research in artificial hearts. The media was all over the place because this was taking out somebody's heart and putting in a machine in its place and it became a real publicity deal and it became a very very big deal. And at the point where I thought I really needed some advice from Dr. Sabiston, I got on an airplane I flew back to Durham and met him at the end of his... end of the day and I

remember going in at six o'clock in his office and I hadn't seen him for about two years at that particular time. And he asked me, he said, "Well, I heard good things are going about you." And I said, "Well, thank you very much. I'm trying hard and I was very well trained and I really appreciate that, you. But I need some advice from you." And he said, "Well, sure. Anything I can do to help you, you know." And I said, "Well..." I started explaining... I pulled this artificial heart out of my briefcase and put it on his desk. And this is a machine that was just nothing but plastic and metal and some tubes coming out, but it was an air driven artificial heart and gave it to him and said this is an artificial heart and he said, "Yes, I've kind of heard about this." And he says, "It looks very primitive." And I said, "Well it's very primitive, but we'd have animals that have lived over a year in it and I've adapted this so it will fit a human and I'd like to put it in a human." And he said, "Well Bill..." He said, "Have you crossed all your i's and dotted all your t's?" I said, "I believe so sir." And he said, "Well..." He said, "You know..." He said, "You know, I... This is the type of thing I would never have done." And my heart just dropped, you know, and I thought, you know, this a man and I respect more than the person in the world. And I was doing something he had never done before. I thought, you know, this is really this is... He's going to tell me no. And he said, "You know, but I trained you well." And he said, "If you think you can do this..." He said, "I want you to make sure you have permission from all sources, such as the FDA and the NIH and all of that stuff and just be sure that you cross all your i's and dot all your T's and do it right." And I said, "Well, yes sir, you've taught me that you do nothing but excellence." And he said, "Yes, that's right." He said, "But you know..." And then I said, "Well, thank you very much." And the meeting lasted about 15 minutes in his office and I went out and got on an airplane and flew back. And it really really hit me. You know, it was in the airplane that, you know, I was doing something that had never been done before and that it would be highly public. And then I thought, you know, but, you know, he taught me excellence. He said you had to know more than everybody else in the world and do it the right way and cross and get all permission from everybody and everything. And that's what I did. But he could have stopped it right then. If he would've told me no, I wouldn't have done it. And so that's how I got, that's how I got involved with it. I realize the responsibility of it.

DeVries [00:19:32] And knew that if I had his kiss on the ring, you know, so to speak, that I would be able to do it. And so, that's how.... Then I often thought as I was going through, I mean, there are a lot of people for it and the press and the NIH turned out to be against it, but then they later learned out that it worked and they for it. But there was a lot of public struggling in it. But it did work and I did the first artificial heart implantation on Barney Clark and he lived about three months and the next person lived to be about two or three years. And now it's becoming, it's just becoming commonplace around the world now. But, you know, he was really talking to me and the thing that really and last time I had, I talked with him he had we were going back many years later. It was he had a stroke and he was coming... He was in a wheelchair at that particular time, which hurt me deeply. You know, he was always such a vibrant person. And came back was with a lot of the alumni come in. He came in in a wheelchair and we all came up and talked with him and he just said you know. He wasn't talking to. I held his hand. He said, "Bill, I'm very proud of you." At that time there had been all kinds of controversy with this and whether it was no work or not work. That reassurance made it all work. And there was something that, you know, he told me said he wouldn't have done it. But he said, "You just be sure everything all the blocks are in place." And he regarded... He was a very very safe surgeon and he was diverse and we learned this is the right way to do it and there is no other way of doing it. But the patient was always the most important thing, you know. And so that was that's the thing that I remember the most about him. We always did things, we dotted or I's and cross the T's and everything. And it was kind of frightening. And he said, "I wouldn't do this." But he

said, "You're prepared enough to do this and if you think is right, then you do it." And so, I was doing something that he wouldn't done. I realized that he was working on a different level than I was. You know, and he educated some people have really changed the world. And I just glad to be a part of that.

Stewart [00:22:36] Yeah that's a really really powerful story. So, you have talked about how he kind of helped you before the artificial heart transplant, did you call him immediately after you did it or touch base with him?

DeVries [00:22:55] No. I was, at that particular time, I was underwater. I mean, that was when I put the first artificial heart in, it was, we had met Barney Clark and talked to him about it and then he had to sign the consent form and then 24 hours later we had had him sign it again after he thought about it. We had to bring people, a man in to try to talk him out of it. So, I had to find someone at the medical center that thought it was a stupid idea. So, I brought him in and talked to Barney Clark and at the end he told this man to go away, he was bothering him. And he decided that he was going to do this but he wasn't going to do it for him, he was going do it for people that came after him. Because Barney Clark said, "I'm not really sure this is going to work, but, you know, I've lived my life, my last two years in terrible pain and if there something can come of this, I'm going to give myself up for it." And so, that was when he signed the consent form the second time. We went in and proceeded to it and we had to actually take him to the operating room and wait until his heart stopped and then we hurried in and took it out and put the new one in. And that's kind of how we had to do it. So, we did it one night. We started the operation at about 11 o'clock at night and when we... It was snowing outside and about two o'clock, after we got the heart in, we were just kind of cleaning up and making sure worked and doing tests on it. I asked a scrub nurse I said, "How's everything outside?" Meaning is it still raining? She said, "No." You said, "I tried to go down and get coffee," she said "and there's 400 press people downstairs in the cafeteria."

Stewart [00:24:58] Wow.

DeVries [00:24:59] And so, when I got down... And after it was over, I had to someone send food for me, I've come up. And that started a whole thing. We were completely buried by the press all the time and Barney Clark was there and we were all over the news and he called me [Dr. Sabiston] ... He did send me a telegram telling me good work and I'm proud of you, during that time. But it was really for that... That's like starting a horse race. You know, you don't get off at that time. I did, several years, about a year later after that at a meeting Chicago and he said good job to me. But it was in a big crowd and, you know, what he would at the Maryland College, we would sit... he would come in one night, we'd meet at the Duke people. He would stand there and there would be this huge line of all of his people would come by and he would shake our hands and say good work. And that's basically what he did. He said I'm proud of you and that's all, you know. Yes, but he was the inspiration for it and he, you know, it was really kind of humbling to me to see him because he was the ultimate physician. He was the ultimate physician. He discussed things at nauseum with all of the patients and all the complications and what he could do when he couldn't do and he knew that stuff and so the patients were fully informed and that's where I learned on... with somebody that you're operating with that's never had an operation like this before and that's never been done before, you had to spend a lot of time with them explaining and making sure they understand, make sure they know that you're not getting talked into it. And he taught... He was that ultimate person about that when he, before it is preoperative stuff. And then you were with the patient 100 percent of the time. All the time with him after until he got better, you know, and that was kind of what my,

that's what I did. And so, I've done that with all my patients. And that's something I learned from him. You know, you're not the most important person, the patient is. And, you know, never forget that. And that's, that really helped me because these guys were, all these patients I operated on with this artificial heart were, that was their whole life, you know, and a lot of things at times have never been, those never been done before. So many times, you didn't know how was going to come out. But you can be sure you were informed and they were informed so that that was something he always taught us. He always taught us that you weren't the most important person, the patient was and never forget. And that was how I treated all my patients, but particularly the ones with the artificial heart. And when you get the media and everybody looking at you had to treat with excellence, not halfway or shoddy. Everything has to be absolutely excellence. And it was not that way, but that was something that wasn't just the artificial heart patient that he taught us as anything we did, we did it, we did it with excellence. And the patients were always fully informed and they were the most important people in the room, not us. And that's that was... That stood me really well in my whole life.

Stewart [00:28:30] It sounds like it.

DeVries [00:28:32] It was a, it was kind of, you know, kind of like you were picked out to be there and you did what you had to do, you know. That concept of you're not the most important person here, the patient is, is something that no one else told me in my whole education except for him.

Stewart [00:28:56] Wow.

DeVries [00:28:59] He lived his life like that and we were some of the most important people to him too, I think.

Stewart [00:29:05] Yeah.

DeVries [00:29:06] Because he was changing the world. He was. One step at a time.

Stewart [00:29:11] Yeah. How awesome. This goes back your time at Duke. Dr. Pappas wanted me to ask you about the time Dr. Sabiston sent you home for your wardrobe choice.

DeVries [00:29:27] [Laughs] Oh yeah. Yeah. Well, it was... You had... You always... I was... When you, you know, Dr. Sabiston taught us that we had to... It was a certain image and the image of the doctor was one that does not distract from the patient, you know, the patient realizes that he is... The most important person in this whole scenario, was the patient, not the doctor and, you know, I was... I had like five kids when I was there and lived in student housing and we just eeked by with what we had. But when you got up in the morning and dressed, you wanted to dress particularly right. And one time I came with one of my socks was a different color than the other sock, you know. And I really didn't notice that much I mean, just got dressed really fast. We had to be there in the morning at, you know, six o'clock in the morning and be there and we had to have our haircut and shaved and all that stuff because that was the most important thing to the patient to see was us and we had to be excellent and dress excellent and things. And I had two different socks, one sock was a different color because I dressed a little fast and didn't expect to see him. We were sitting down and he looked down at my socks and he really... He said, "This is an embarrassment, you know, you're not... What do you think we are, just a bunch of clowns, you know, and you know, how you look is how you that patient sees you and if

you're not dressed the best way to his expectations you're losing your message to him." And I... So, I had to go home and I went home and I my wife said, "What are you doing here?" And I said, "I'm changing my socks." And she said, "Why are you doing that?" She said, "Let me get this straight. Your boss sent you home to change your socks, right?" I said "Yes. I did it, where's my other sock?" And so finally I found it and she said and she kind of made fun of me and I said listen, "This is not something to laugh at. This is serious." And I took the message right. You know, he looked at that kind of stuff. He was teaching us that when the patient comes here, the patient should not be distracted in any way by the doctor. The doctor shouldn't be half shaved or asleep or you know. He should be fully attentive to that relationship with that particular patient at that time and there should be nothing to distract the message of excellence. So, that was a lesson to me and I hadn't even thought about it. I was getting dressed in the dark and just threw things on and ran but, you know, he was right and I was wrong and I never did that again. [laughs]

Stewart [00:32:48] It was your socks, not your pants?

DeVries [00:32:48] No. It was my socks.

Stewart [00:32:52] OK. I gotcha.

DeVries [00:32:55] You know, I just I got dressed in the dark.

Stewart [00:32:58] Yeah. Yeah. That's funny

DeVries [00:33:01] He did not... He didn't want you don't want any... The physician was his image. When the patient, a sick person looks up at you and gets an image of you then there should be nothing to distract him with the fact that you're going to be excellent. The patients in the right place at the right time and you are the right person to do everything you can for him. And the message is not you. The message is, you know, how you look and everything like that. And that was kind of this whole, this whole thing. He was right though. He was right and that was a great lesson to me, because like I said, you didn't do anything halfway. And when a patient is sick and comes to you, the message the patient has should not be distracted from looking at the doctor. If, you know, then, for example, none of us had beards or mustaches. We knew that that was wrong.

Stewart [00:34:05] Right.

DeVries [00:34:08] Because it would distract you from your message that you had. You're there to help them and heal.

Stewart [00:34:13] Right. Are there any other stories of Dr. Sabiston you can think of that you would want to share?

DeVries [00:34:20] Oh there's a lot. I mean, there's a lot of... Dr. Sabiston... We were... He was our he was our... I can't say he was our father. You know, he wasn't that. It wasn't the father image. I mean, he was I don't want to say God, but that I mean, that's kind of, it was almost deified, you know, to that. You know, I don't mean being disrespectful of God, but I mean he was "the man." We called him "the man" sometimes. And that was what that it was all about. I mean, one time, I was chief resident some of the younger residents, they were building their building a gym downstairs or workout room or something like that. And some of the students, some of the younger residents came to me and says, "You know, would you talk to Dr. Sabiston and ask him if it would be OK if we played racquetball. If we

get to play racquetball at night like 3:00 in the morning or something and you know had a racquetball court down there." And then I said, I said to the residents, I said "I know, I don't think that's something I want to talk to him about." I said, "You know, you're not hereto... You're not here to play racquetball, you're here to be taking care of the patients." And they said, "Well, we would do it at night." And I said, "Well, I mean, I'd really feel uncomfortable about doing this. I don't think we should do that. And so, they really put a lot of pressure. I was the chief resident and I remember going in there asking Dr. Sabiston if would be alright if some of the residents played racquetball at night when they were not busy. And he told me that if they were not busy, they ought to be reading their books and study on how to treat patients better. And he said, "Their time in this hospital is either in educating themselves to be a better doctor or taking care of the patients and taking care of the patients is the most important thing." And that was... I got the message really really fast on that one. So, when I had to kind of tell him, "Hey, you know Dr. Sabiston says, you know, if you have time to play racquetball at 2:00, 3:00 in the morning you ought to be reading and studying." You know, that was the message I got from... Those are the kind of things that he wanted. Our time at the hospital was to be 100 percent dedicated to the care of patients or educating yourself. And that was, kind of, a hard message for everybody to do that. The other thing I remember going into him kind of uncomfortable talking about it is that we had a chief resident... There were, about half the glass was half was... About half the residents at that particular time were Jewish and half were Christian. So the time comes around Christmas time, a couple of people, a couple of the residents came to me and said listen we've been talking over and you know we have a period around Christmas of about 10 days and some of the Jewish guys wondered if they could get five days off straight and the Christian guys could get five days off, so they go home at Christmas and then Jewish people go during Rosh Hashana would have it. So, there was something a religious aspect about that. And, so I had... I was willing to talk Dr. Sabiston to this possesses and say, "Hey look, you know, some of the Jewish people want to be off for five days Rosh Hashanah and the Christian guys would be all for Christmas and they decided you'd be on in five days straight." And he said, "No, wait a minute, that means that you would have, you would not," you know, we were on every other night. That was the call for all time. You were on a night and off a night. It didn't matter if it was Christmas or anything like that. You know, that was kind of how you did it. He said, "Does that mean that you would have to be on call five days, 100 percent night and day you couldn't leave the hospital for that period of time?" We had some... Half the time I was there the beepers never got out... You couldn't, the beepers go off outside the hospital. So, you had to be there. You do you did not take a call from home ever.

DeVries [00:39:09] When you were there, you were a hundred percent there and he said that this means that during that five days, you would have to be at the hospital with your beeper, never leave, and there for five days. He said... He said, "No, you know, that when you're in the hospital, you're... that is 100 percent of your life. That means you may not be able to sleep for five days." And I said, "Yes sir. I mean," I said, "Yes, Sir. That's what they want to do." And he said, "Then you'd be five days away from the hospital again." And he said, "Well," he said finally after he'd thought about it for a while... I really felt like I was being weak, you know, asking being, you know, subhuman for even asking permission. And I didn't, I wasn't for it at all. I would rather have been off and on, you know, like Christmas didn't really matter to me or Rosh Hashanah didn't matter to me at all. I would just as soon like go on the way I was going and I didn't particularly want to go press him with this and he just said, "Well, he said he thought about well he said, "You know, if they want to do it, that's fine." But he said, "The hospital must always be maintained with excellence." He said that, "If there is any fault or any break in the line of communication with patients or care of the patients it can't be done. You understand that? I said, "Yes sir."

He says, "I want you to monitor this. See what happens." So that meant that I was basically on a hundred percent of the time for two weeks until... That was the kind of thing he did. You know, he said, "You know, the whole point the thing was the care of the patient must not be patronized at all." And that was the hardest... That was the hardest two weeks I had the whole time, because I know I was everybody thought I was kind of a snitch and all that kind of stuff, but I had to be sure that nobody... And then, you know, that's the longest that's longest two-week period I've ever had in my life, you know. And it was... But that was what the most important person was the patient. And that's was something that... That's something that... I left there that was that was something was really ingrained in my mind, that I was not the most important person, the patient was. And when you get involved in these artificial heart patients and medical research like that where you're up all the time and, you know, they're, you know, they're the most important person. That was something that I had I just was just as honed in on to, you know. I wasn't the most important person, he was, you know, and that's and that's was something he did to you. Excellence was his word, you know, excellence and attention to detail and that the patient was the most important person, not you or anyone else the patient was. I'll tell you, I wouldn't... I could not have got involved in all those experimental patients that, you know, gave their life basically for this. And you had to be sure that they were the ones that are most important, not you. And that's something I learned. And I'll tell you, the artificial heart thing when the whole world was watching you, it was important and I always say that I was taking care of the patient, you know, not me. It wasn't me; it was the patient. And that's the one thing that really helped my practice more than anything else in the world. I realized that I was a servant. He taught me that you are a servant.

Stewart [00:43:13] Yeah. So, I know later in your career you transitioned away from formal academia, was Dr. Sabiston involved in that decision?

DeVries [00:43:23] Not at all. No. He, the whole time, when I came to Louisville... I came to Louisville from the University of Utah because after we did Barney Clark, a new Chairman came in, a new head of surgery came in there and that's about the time that Barney Clark had died and the medical center was kind of in turmoil. This had been a difficult time in his life at the medical center I mean, was always there was press people down the lobby the whole time and, you know, they were trying to get access to any pictures and access to patients and there was all this publicity going on all the time around and the whole hospital was very disruptive. It wasn't like Duke, it was a smaller hospital, but it was an academic hospital. And when he... but the hospital... I know I train the nurses and I trained all of the... I did talk to the people mop the floors and everything you know. You know, you can't goggle at them and stuff like that. You got to continue your job as usual on and, you know, like I would come in sometimes at night and I would see the lady who mopped the floor standing at the foot of Barney Clark crying, you know. Because they were so... not crying in pain, but crying because this was a man without a heart. You know what I mean? And it was... so it was kind of a thing where you had to say hey, you know, when you go in, you treat them like regular patients, you know, you don't treat them like they're idols or something like that or something... You have to treat them like regular patients, whether you're mopping the floor or bringing them food or... And so, everybody was proud of that and you had to be sure they didn't talk to the press, which was outside, you know, the people that delivered the food go out and talk to the press about Barney Clark and everything like that. And so, it really kind of changed the hospital a little bit. They had to kind of learn the Duke ways, you know, that the most important thing was the doctor's relationship and your job is as mopping the floor wasn't you know trying to be a buddy to he and his wife and go out and get him coffee and stuff like, you know, you had you know he had to be that way. And so, it was something you had to realize that, you know, the

whole thing was that particular way. So, at the after I did Barney Clark, we changed the Chairman of the hospital and they kind of decided this whole thing with Barney Clark was a real slog. You know, it took a real hard-working people, all the people at work and the whole hospital became kind of, you know, a little bit deranged about the whole thing. And they were they wanted to everybody wanted to... The new chairman came in and he wanted to wait for another year to get things back to normal around the hospital before we did the second heart and the IRB, institutional review board all the people that I was dealing with, we already revised a new IRB, the new consent form and everything like that and everything was kind of slowing down and I really didn't like the fact that we had to wait. I wanted to get another one while things were hot, you know, and was on everyone's mind. I wanted to take and do another heart. And we've got the IRB approved, revised all of this stuff again and then the new chairman came in and said, "No, let's just... We want to wait a year or so to kind of get back to normal behavior before you do another one." And at that time, I said, "You know, this, you know, the iron's hot we got to strike again. You know, we got to do it. We got to we got to move on to do another one." And he didn't want to do that. So, I had an offer to come to Louisville and Humana then was starting a heart hospital. And so, I came from Salt Lake City to Louisville to do the second heart. And so, I talked with Dr. Sabiston about that and he said, "Well," he said, "You know, you're right. If you think that the project needs to keep going and moving and you've got a lot of places that want you." I mean, I looked at going to Houston and working with DeBakey and Cooley and all that stuff. Finally, this was the best place was out here in here and it was in a non-academic place where there had been a big new Heart Center which was kind of like the Mayo Clinic and they had the money to support the process and that's why I came out here and I wanted to keep the program going. I talked with Dr. Sabiston about that and he said, "I respect your opinion and I can understand why you'd want to do another one." And, you know, again he just said be sure that if you make a move it's an excellent move and it's good for the people and things will be done right. And that's kind of why I moved out and into a non-academic place and it worked out really well for about four or five years then turned out that you know it just... But then there was the most important thing was that the heart kept going, you know. And it moved to other hospitals and I was I was active doing that and training new programs and moving it out. So, now the heart is put in all around the world right now. And it's very very successful. So, that was kind of the way it happened.

Stewart [00:49:11] Wow. Well, those were all of the questions I had prepared for you. I always ask people as an ending question, is there anything else you think we should know about Dr. Sabiston or any kind of closing remark you want to say?

DeVries [00:49:28] Well, he, you know, his whole his whole thing was the pursuit of excellence. That's what he kept saying to us. The pursuit of excellence and that's something that I've learned. And like I told you before, the other thing I learned was that you are not the most important person, the patient is the most important person, you know, and that's helped me through my whole practice. I mean, it is an honor to do to take care of patients. And, you know, you realize when you take care of patients that they're is the most important person in the room in and your life at that particular time, you know. And if you can't do that, you shouldn't be doing it. That's whole attitude about that, I mean, it changes your whole life. You know, I mean, but that's what you are your servant. You're not there... They don't exist for you. You exist for them and that's something he always practiced and he always told us to him... He just beat us into our heads and that's what we did. You know, there was no excuses for that.