David C. Sabiston Oral History Project

NB: This transcript has been heavily edited from the original audio text by Dr. Fulkerson.

Justin: Good morning. This is an interview with Doctor William Fulkerson, it is the 11th of June, 2019 in his office at Duke University. This is Justin Barr, as part of the David Sabiston Oral History Project. Thanks so much for joining us this morning, Doctor Fulkerson. I really appreciate it.

Dr. Fulkerson: Happy to.

Justin: I want to start off with a little bit about you, where you grew up, where you went to school, how you ended up becoming a doctor.

Dr. Fulkerson: I grew up in North Carolina, born in the small town of Kings Mountain and grew up in Greensboro and Rocky Mount. I went to medical school at UNC. I really always intended to go to medical school as far back as I can remember. I then left and went to Vanderbilt for internal medicine residency and was chief resident there, and then did a fellowship in pulmonary and critical care at Vanderbilt.

Justin: How did you choose internal medicine and critical care as a career path?

Dr. Fulkerson: I was really torn between internal medicine and surgery and decided I would at least do one year of internal medicine to get that background. Once I was there, I decided this was something that I could be interested in and do, so I stayed with medicine. Critical care was the interesting thing. I was chief resident at Vanderbilt Hospital in 1980-81. As chief resident back in those days, we were really responsible for the patients on the medical service and especially in the Intensive Care Unit. I would come in every morning about 5:00 AM and do rounds in the Intensive Care Unit. It was an eight-bed ICU, as far as I remember. We would go through the patients, and I just began to really enjoy the ICU atmosphere and critical care medicine. I had toyed between doing fellowships in cardiology or infectious disease but decided after that that I would go into pulmonary and critical care to be an ICU doctor.

I came here to Duke in 1983, right out of my fellowship at Vanderbilt. This was my first job, and I came here, frankly, as a trailing spouse -- Duke was recruiting my wife. She attended Divinity School here when I was in medical school. We were married right after college. She wanted to get a PhD and received her PhD at Vanderbilt in Theology and came back here as an assistant professor and the first woman on the faculty at the Divinity School. I was the trailing spouse and came hat-in-hand looking for a job and got lucky. I got a job and we've been here now at Duke, on faculty, for 36 years.

Justin: Who was the Chair of Medicine at the time?

Dr. Fulkerson: Joe Greenfield had just been appointed. He was named Chair of Medicine in April of that year. As a matter of fact, I was hired by the interim Chair of

Medicine before Greenfield was named. He was David Durack, who was Chief of ID here. When Greenfield was appointed in in April, he was looking over the new hires and decided that he would need to interview all the new hires coming in. I had a letter from Durack, which said, "You have a job at Duke. You're going to be an assistant professor and this is your salary." I got a call from Greenfield who said, "Well, throw that letter away. It's not worth anything. You have to come back and see me." I had already told Vanderbilt that I was going to Duke, so my job at Vanderbilt was gone. My wife was picking out houses over here, and I didn't have a job! So I came over and met Greenfield, who is a distinctive individual, and I was lucky enough to get hired.

There was a gap in pulmonary and critical care practice here. There were a number of senior clinicians, but most of the younger guys were in a lab-based scientific career and were not very clinically active. I jumped in, and I was about a 50-50 guy. I was doing research in a lab of one of our department faculty on acute lung injury, but I was doing mostly clinical work, and there was such a demand for the clinical piece that it just became overwhelming.

The year after I came here, I was named the Director of the Medical ICU. Those early years, I was doing the medical ICU rounds six, seven, eight months a year, and taking care of my own patients, doing bronchoscopies, doing research, and doing everything else. I was extremely busy, but I really loved it. I walked into this place scared to death, but it turned out to be a great place for me. I had never seen such dedication to patient care on the part of the providers who were here. I remember Harry Philips and I would run into each other in the hospital many nights at one or two o'clock in the morning. I would see the surgeons here working like crazy around the clock.

Greg Georgiade was a fraternity brother of mine at UNC. That's a story in itself. Greg was a senior when I was a freshman pledge in our fraternity. Greg, of course, was head of hell week for the pledges.. You can imagine how much pleasure he got out of that. So, I knew Greg, and I remember many times in the ICU in early years I'd call Greg about everything surgical. I dove into the critical care aspects of things. I did some things that may have rankled the department of surgery a little bit. In my fellowship at Vanderbilt, we put our own chest tubes in. I started to put chest tubes in and everybody said I would get in trouble Apparently, that crept up to Doctor Sabiston and the word I got was, "Just keep an eye on him." I knew of the Legend of Sabiston.

Justin: When did you first hear of the man?

Dr. Fulkerson: I had his textbook in medical school, even though we weren't supposed to buy that textbook at UNC; we were supposed to buy Schwartz. I bought Schwartz and Sabiston. So I knew the name Sabiston, but I had never met him, didn't know much about him. At Vanderbilt, there was a cardiac surgeon named John Hammon who had finished the program here and had joined the Vanderbilt faculty as an assistant professor. He worked in our laboratory. We were doing studies on pulmonary edema in large animal models and he was looking at the effects on pulmonary edema based on different gradients across the mitral valve. He would talk about Sabiston all the time. All the time.

After a few years here, I developed relationships with some of the cardiothoracic surgeons, especially Walt Wolfe. Wolfe was doing a lot of lung cancer surgery then, and I was seeing a lot of patients with lung cancer. Wolfe was my go-to guy for that and for anything else that had to do with thoracic surgery, but I worked with all of the senior cardio-thoracic surgeons.

First time I met Wolfe….this was back in the years when all surgery residents did two years of general surgery, then some went to orthopedics, some went to urology etc. There was a second-year to be orthopedic resident in the CTICU taking care of a post-op heart patient day two or three and doing poorly, and developing lung failure. He was trying to save this guy in the middle of the morning. All the surgeons were in the operating room, tied up. He was trying to call somebody and eventually called me. I can't remember what exactly was wrong but I was in the room adjusting the ventilator when somebody appeared through the door behind me. This guy says, "What are you doing, and who are you?" It was Wolfe, the first time I met him, and I said, "Well your resident called me to come down." He says, "Well, the resident should have called me in the operating room and I would have told him what to do." Fortunately the patient was improving with my suggestions, and I was forgiven and became a frequent consultant in the surgical ICUs. I think Dr. Sabiston heard about that: He called me up one day. I'd say this is probably the third, fourth year I've been here, he called me up one day and asked me to meet with him.

Justin: Was it common for him to call internal medicine physicians?

Dr. Fulkerson: I have no idea. I don't think I had ever met him personally. I'd seen him walking through the hospital, because when he walked through hospital on rounds, he had about 100 people behind him, seriously. All the medical students, all the residents, everybody will walk around, and I think he did this every Thursday or Friday. Not just thoracic surgery but also general surgery.

I went down to see him. I walk in to introduce myself and he says, "Oh yes, I know who you are." He just proceeded to say how happy he was that I was at Duke and how much he had heard about me and how proud he was of me. I just stood and was thinking, "Holy cow!" He just went on and on.

Justin: What was his reputation at the time amongst your medicine colleagues?

Dr. Fulkerson: Certainly, internationally he was an icon, even more than an icon here, and I think everybody respected him and were in awe of him. There's one thing I'll say: in all my interactions with him over the years, never once did I experience him as anything other than a pure professional and gentleman. I wasn't in his inner circle, I wasn't there when things exploded, but he never was anything to me but a complete gentleman. That day I think he just sincerely wanted to see if I felt the medicine service was getting the support we needed from surgery residents and staff? Of course, I said, yes. If I said no somebody would end up in Siberia.

He also wanted to know what I was interested in academically. I told him I was doing studies in ARDS, acute lung injury, and I had published some on that both in my fellowship and later. So, he invited me to give Surgery Grand Rounds on ARDS. It was a very good grand rounds. At the end, Dr. Sabiston had some very positive comments and a question. Then Wolfe stood up and gave me a compliment. I could have died right there, that was it!

Again, the impression of Dr. Sabiston to me was a person with immense power and influence in the medical center and nationally, who was spending some of his time on junior faculty in the Department of Medicine to encourage me in my career.

Justin: Were you ever the consultant on his patients?

Dr. Fulkerson: I think I saw some of his patients pre-op, I don't remember seeing any post-op in the hospital but I certainly saw some pre-op. I don't know if the name Terry Sanford is familiar to you. Terry was a former president at Duke University and former US senator. When Terry was running for reelection to the Senate, in the 1990s, he developed bacterial endocarditis. He had a bicuspid aortic valve. This was about eight weeks before the reelection date for his senate seat. I was asked to be his doctor when he became ill. I saw him in the emergency room with a fever and a rash and a loud heart murmur.

We put him on antibiotics, he got the equivalent of a PICC line put in, and we gave him antibiotics. He was feeling much better, he was out campaigning and then he had a relapse with fever and it turned out he had a perivalvular abscess and needed his valve replaced immediately.

I went to Dr. Sabiston for surgeon advice and he told me Jim Lowe would be the best surgeon. .

The operation was a success, but he lost the election. He blamed me for the rest of his life for losing the election.

The last thing I remember as far as interactions with Dr. Sabiston was about lung transplantation. There was a case series of successful lung transplants published by a thoracic surgeon named Joel Cooper, and I was getting very excited about the future of lung transplantation.

We were doing heart transplants but not a lot back then. So, I decided to make an appointment with Dr. Sabiston to gauge his interest. He said he was very familiar with Dr. Cooper's work but felt it may be premature to start a program at Duke. I then shared a rumor that UNC was recruiting one of Dr. Cooper's fellows with the intent to start a lung transplantation program.

Later that week, Dr. Sabiston announced that Dr. Peter Van Trigt, a young cardiothoracic surgeon, was going to be the new director of lung transplant surgery at Duke. That's how our lung transplant program began.

Dr. Sabiston was the penultimate professional and gentlemen to me, provided tremendous encouragement to me when I was young and in a foreign land here at Duke, and someone who just embodied intense dedication to patient care. That's the type of doctor he helped create here, and that's why Duke surgeons are held in such esteem wherever they are. They are driven to do the very best in everything they do. That's the legacy of Dr. Sabiston and his team.

Justin: If you read Campbell's book on the history of the Duke Health System, he said that for several decades, it was really Internal Medicine and Surgery effectively running the health system. Do you agree with that assessment?

Dr. Fulkerson: Yes.

Justin: How did Sabiston create this environment where he and Stead and Greenfield and others effectively ran the health system?

Dr. Fulkerson: Well, they were certainly the two largest departments. They were responsible for the largest piece of both the academic and the clinical portfolio, and I think they knew they were important and had the armies to back them up. I think it was just accepted that they were the stars of the place and that they were going to be, hopefully, generous with others and help others succeed. But yes, medicine and surgery, under Stead and Greenfield and Sabiston, really ran the place. The chancellor at that time was Bill Anlyan. Dr. Anlyan was an outstanding chancellor and was focused on raising money, development, and different things in the medical school.

Justin: How did that change? That does not seem to be the case anymore.

Dr. Fulkerson: There was more and more interest in sharing and spreading the decision-making and not having such dominance in just two areas. Other chairs were recruited who had great ideas and deserved to have influence.

Justin: As the Senior Administrator in the healthcare system, do see where any of Sabiston's administrative legacies persisting?

Dr. Fulkerson: Well, yes. I think so. I see in this Department of Surgery a tremendous focus on patient-centeredness and patient well-being. I'm just amazed every day at some of the things that happen here and some of the stuff that gets done and the effort that people exert. I think that real investment, real value, the real “work as hard as you can every day and make something better today” is still there. Not just in the Department of Surgery but in most of our departments. I think a lot of that is the Sabiston legacy.

Justin: Was there anything I didn't ask you about Dr. Sabiston that we should make sure we get on record?

Dr. Fulkerson: No, I think we've covered it.

Justin: Well, thank you very much for your time, sir.

Dr. Fulkerson: All right.

Justin: I really appreciate it.

Dr. Fulkerson: You bet.

[00:32:44] [END OF AUDIO]