Interview with Dr. Ralph Snyderman

22 July 2019

David C. Sabiston, Jr. History Project

Justin: Good afternoon Dr. Snyderman. Thanks so much for joining us. This is an interview in your office in Durham on the 22nd of July 2019, discussing Dr. David Sabiston and his impact on Duke Surgery and Duke University Medical Center. Do you mind starting by talking a little bit about yourself -- where you came from, how you ended up becoming a doctor, and how you ended up at Duke for your residency?

Dr. Ralph Snyderman: Well, it's a pleasure to be with you, Justin, and quite frankly it's a pleasure and it's an honor to be talking about David Sabiston. I grew up in Brooklyn, New York as a first-generation American. My parents immigrated here. I determined, at about the age of 12, that I wanted to go into medicine through highly intense subjective personal feelings about how important the role of a physician could be in impacting positively people's lives. Somewhat surprising to me, I actually did become a physician and graduated from medical school at Downstate Medical Center in Brooklyn.

I came to Duke my first time as an intern. I was choosing between Duke and Hopkins. I'll never forget my first perceptions of Duke compared to Hopkins: after having visited Hopkins, driving south and getting into Durham about one o'clock in the morning and sleeping in the intern's quarters in Baker House, I had firmly decided to go to Hopkins if they would take me -- until I walked out on the Duke campus the next morning. Having grown up in Bensonhurst, Brooklyn and seeing West Campus, I thought this was heaven, and I wanted to spend as much of my life as I could here. I've spent most of my life here, amazingly enough.

I came as a medical intern, and it was the time of the Vietnam War. After completing a medical residency, I fulfilled my service obligation at the National Institutes of Health and began a career as a physician-scientist. I was very fortunate and very lucky at the NIH in that my research went extremely well. I was recruited back to Duke by Jim Wyngaarden, who was chairman of the department of medicine, and I remained at Duke from '72 to the end of '86, when I took a position at Genentech, an emerging leader in biotechnology, as the head of medical research and development. I thought that was the end of my time at Duke and was very surprised when two-and-a-half years later, I got a phone call from my closest friend Bob Lefkowitz, who was our first Nobel laureate, who was on the search committee who told me that Duke needed me, that I needed to come back as chancellor. I ultimately did, and came back as chancellor in 1989.

Justin: Did you interact at all with Dr. Sabiston as a medical resident here those first three years?

Snyderman: I don't recall that. I recall as a medical intern that there was always a bit of a rivalry between medicine and surgery. It was a little bit of a Duke - Carolina, between medicine and surgery. We had this good working, a little bit of a love-hate, relationship. We always hated to think that we actually needed to have surgical intervention, and the surgeons never believed we did anything worth a damn and just mucked things up. That was my interaction with surgery as a house staff officer. Although I did get to know quite closely some people in surgery who turned out to be good friends and colleagues throughout their entire career.

Justin: Did Dr. Sabiston have a reputation among the medical residents or was it just completely separate?

Snyderman: That was too early. Dr. Sabiston had just come here. He had pretty much just come here at that time, and he was invisible to me as an intern and as a resident.

Justin: In those relationships that you developed with the surgery residents, were any of them among senior residents who had started under Dr. Clarence Gardner? Did they have thoughts about the transition to Dr. Sabiston?

Snyderman: I would say all of them had begun their training under Dr. Gardner, but it was a life and death struggle as a house staff officer. We didn't have time to contemplate about anything other than getting through the day and taking care of the patients that we had. You understand that, I'm sure.

Justin: Well, we're not on Q2 call anymore.

Snyderman: [laughs] We were five out of seven, which was a lot worse than Q2; we were there all the time. We just never left.

Justin: Different era.

Snyderman: Yes.

Justin: What about when you came back on faculty? What was Dr. Sabiston's reputation at that point?

Snyderman: I came back as an assistant professor of medicine, and I stayed at Duke from '72 to the end of '86. I had somehow worked my way up to be a Professor with a distinguished chair, head of the rheumatology-immunology division. Dr. Sabiston at that time was already a legend. Surgery was highly respected by the Department of Medicine. There was always still an undertone of competition: who's the most important department in the school? We at medicine had our own views, but we held surgery in very, very high regard.

I had many memories of seeing Dr. Sabiston, always in his white coat starched, incredibly handsome man standing upright. Dr. Jim Wyngaarden was our chair. He always spoke with great respect of Dr. Sabiston, but there was not a lot of personal

interaction with them. I will say something that was to me one of- it was almost like a landmark on the nature of Dr. Sabiston. I call him Dr. Sabiston because at that point in my career I couldn't even begin to think of him as anything other than that.

In 1986, I had this totally outrageous, crazy offer to go to Genentech from Duke, in South San Francisco. I made up my mind that I would do it. It was a job for which I had no training. I wasn't prepared whatsoever. I was a little bit surprised when I decided to leave that I had a lot of attention in the paper and various university publications, and there was going to be a farewell party for me. Who comes to that Farewell Party? Well, Dr. Sabiston, and not only does he come to the party, but he shakes my hand and talks to me as though we'd been really close friends. He knew more about me, I think, than I knew about myself.

I was so impressed that this icon, this legendary figure would deign to come to my farewell party and to know something about me and make it personal. I was in awe of the man. I've always been in awe of him, but this was a whole different thing. That was, in many ways, a mark. I still tend to lean to say Dr. Sabiston rather than Dave Sabiston. Although I began calling him David Sabiston later, I never lost that respect for this man and will never forget, that he went out of his way to come to my farewell party.

Justin: Could you tell if there had been changes in the department of surgery since when you were an intern and house staff when Dr. Sabiston had just arrived to when you came back later after your time at the NIH?

Snyderman: Well, when I came back, my perspective in how I looked at things was very, very different. When I was in the department of Medicine, and this was for 15 years, the vision that I had was, first of my laboratory because I was a physician-scientist. I essentially was recruited as a physician-scientist. The deal that you made with Duke at that time was they would give you a little shop in which you could set up and do your own business. They would front you for about two years, and then you sank or swam. You had to go into business for yourself. All my funding was external research funding based on my research. So my perspective was very heavily inward towards my own laboratory.

From there I became head of the rheumatology-immunology division, so it was my laboratory, my division, very, very close. Then the department of medicine, I had involvement with the department of medicine. Anything outside of that…what was Duke outside of my department? Well, I had heard of Bill Anlyan who was chancellor. I think I saw him three times. I knew that there was a structure, a hierarchy but it was my lab, my division and Duke Basketball that were pretty much my whole world.

When I came back as chancellor, it was a whole different thing. There I, obviously, needed to understand the university and the medical school. It was obvious to me that in looking at the departments, and at the time that I came in there were roughly, let's say, 20, 21 departments. In the clinical departments, there were two jewels. I think, honestly, the number one jewel in the crown of Duke was the department of surgery.

Dave Sabiston created THE department of surgery. He was THE chairman. He was the chairman of departments of surgery, and I respected him. It was very, very clear. I thought medicine was good and strong, but it did not have that prominence as being the best of the best in the country as surgery had. That was the first time I really could understand how good it really was at a national level.

Justin: How did Dr. Sabiston respond to somebody who previously was an intern when he was chair is now above him in the hospital hierarchy?

Snyderman: That was one of the most remarkable human interactions I ever had, because I grew up in a time in medicine, I don't know if it's that way anymore, I'm afraid it's lost a lot of it, in which there clearly were heroes. I'm a person who truly valued the profession of medicine, the historical perspective of medicine, and felt honored to be a physician in academic medicine. I understood the hierarchy and totally bought into it. I remember as a young faculty member going to the clinical meetings or going to the scientific meetings, basic science meetings in Atlantic City. The younger people, we would stand on the boardwalk and you would see people walking by and say, "Oh my God, do you see those people coming? That's Eugene Braunwald, and that's George Cahill, and that's--" and people would be looking as though it was Madonna. It was a tremendous high regard for the leaders. I grew up that way.

When I came back as chancellor there were people like Joe Greenfield, chairman of medicine, who had been my boss. Dave Sabiston, whom I had learned to worship, and Bill Joklik who is the head of microbiology and immunology, a legend; Bob Hill. Individuals that, as I was growing up, to many degrees I -- worship maybe a little too strong, but something akin to that. Here I was now their boss. And I tend to be a pretty humble individual. I thought that "Wow, that's going to be a bit odd. It needs to be handled appropriately with the appropriate deference, and yet understanding that they had their jobs and I had my job."

One of the things that I loved about Dave Sabiston is that he made that relationship as easy as it could possibly be. It was easy, in a sense, for me to totally respect him which I still do today; he, I would love to say, totally respected me. I'd love to say that, but I don't know his mind, but he totally respected the position of chancellor for health affairs. He gave me the honor that he accorded to the position but expressed it as respect for me, which I didn't fully believe but I bought into, and it worked beautifully. He made it very, very easy. Sometimes it was quite difficult, because we had made a lot of changes. He was one of the two spokespeople for the PDC.

The PDC was part of the operation, but they were incredibly independent, particularly at that time. Chairs had been incredibly independent, with no central authority. We found ourselves, initially, Dave having become the number one surgery chair in the country, let's say, in the world, and me, new chancellor for health affairs, having grown up in a way honoring him and all the other chairs, now having total responsibility for the health and welfare of the medical center.

Justin: How did he respond, for example, when you all started restructuring the PDC to make it more than just a medicine and surgery operation but more equitable among the other departments?

Snyderman: I think it was very straightforward. I think Dave understood that changes needed to be made. I think he had his own boundary conditions in which changes would be made. He had his own areas in which he needed to be, in his own mind, and I agreed with him, within surgery, the hierarchy of surgery, he needed to be the man. He never said it, but he was the man.

Getting a little bit inside the park as chancellor even before we made important changes…One of the things that a chancellor always did was review the budgets of the departments, and within the budgets of the departments, you had the salaries of everybody in the department. That's something that Dave and other clinical chairs used to like to keep close to their chest, who is getting bonuses, how much did they get, and why are they getting them? We discussed this in total ease. I had been told Dave never shared such things with Anlyan, because I suppose Bill never asked. I did ask because I thought it was part of my job, but I never said, "Dave, I'm the one who needs to determine it." I just wanted to know, because I needed to at least understand that there's equity that's determined in your mind but let's at least talk about it."

There was no tension that he and I, for the first time, I think, ever shared the total salaries of people in the department, with him indicating, "Yes, this one got this, that, and everything else." I don't think I ever disagreed with his determination, but it set a new precedent and a way of working with each other: him understanding what I needed, my trying to understand what he needed, and dealing with it with tremendous mutual respect.

Justin: What did the budget of surgery look like? There are stories that Dr. Sabiston basically had a slush fund that he could do with as he pleased. It seemed, from talking to other people, that he funded whatever he wanted to fund and had quite the pot that allowed him to distribute it. From a perspective of somebody outside the department of surgery, you saw some of his budgets. Is that an accurate description?

Snyderman: I'm not sure I want to quantify the accuracy of the description but let me say that of the clinical departments - and this really gets into to be the longer story about the viability of the medical center. The way departments were structured and to some degree still are is that every clinical department had to be a so-called tub on its own bottom. In other words, it had to pay for everything that it did. Its revenues were research grants, but that didn't make money; at best it came close to breaking even, but it often didn't even do that. Then some budget for teaching, which was trivial. The way the department did what it needed to do is based on the clinical revenue, and the clinical revenue was the margin of the clinical revenue.

What you're talking about is the discretionary funds that Dave Sabiston had was the margin that the PDC generated within the department over and above the salaries, and the other things that he had to pay, research support and everything. That

discretionary fund, you use a different term. His discretionary fund was substantial. This is one of the things I learned as a member of the department of medicine.

Surgery and medicine were always neck and neck for the most discretionary money that the chair had. I'm sure Dave knew this. I know that Jim Wyngaarden knew how much surgery had versus medicine had. Medicine always had more than surgery but surgery was catching up. I knew roughly the discretionary fund. Dave had an ample discretionary fund, and part of that discretionary fund were bonuses. The others were who he was investing in for their research and other initiatives that he wanted to do in surgery. One of the reasons the department was so great is that it had a good margin.

Justin: Yes. It helps to have money. I'm going to go back to the PDC. When you wanted to start reorganizing that and make it more equitable, he was okay with that? Did he make suggestive changes of how that went down? My understanding is that he and medicine basically ruled the PDC.

Snyderman: In terms of the organizational structure of the PDC, operationally, there was none. There was the surgical PDC and the medical PDC. The medical PDC would meet maybe a couple of times a year and held fairly perfunctory meetings. I never went to a surgical PDC meeting, but as legend has it, it would be once a year. Dave would call the meeting. Everybody, whoever was there, would be sitting there and come in and it would be: “old business. blah, blah, blah, blah nothing. Any new business?" "Nothing. Okay, meeting adjourned." It was something like that. Dave ultimately saw clearly that things needed to change. The other members of the PDC, the other clinical members-- Are you going to speak to Carl Ravin?

Justin: Yes sir.

Snyderman: Okay. Have you spoken to him?

Justin: Yes, sir.

Snyderman: Did he talk about the giants and the dwarfs?

Justin: No sir.

Snyderman: You missed it. You may want to go back and talk to him. They would say that the chairs of the PDC were the giants and the dwarfs. There were two giants, surgery and medicine. Everybody else was a dwarf. They actually at one point, it's apocryphal, but I think it's true, made t-shirts, giants and dwarfs, for a meeting. [chuckles] They started getting feisty because--

Justin: The dwarfs did?

Snyderman: The dwarfs did because they were all surviving on their margin. At one point after I became chancellor things started getting tough, psychiatry was losing money, pediatrics was losing money, OB-GYN was getting ready to lose money, and

there was no mechanism of cross-subsidization in the PDC. What are you going to do? Declare a department bankrupt? You need a department of pediatrics and psychiatry. You may not think you need a department of psychiatry, but you do.

How do you organize to do that? It was inevitable that change needed to be made. You couldn't have a surgery PDC, and a medical PDC. You couldn't have bills…people got separate bills at different times and the bills dribbled out, this, that, the other thing. This place was so primitive, you couldn't believe it was that way. Dave understood it. I can't say that he loved it, but he went along with it and was a voice of reason, and, within limits, was willing to compromise with the PDC and how the PDC funded the chancellor's office.

I would say that he and I had a working relationship in which at the level that he and I worked was totally respectful, totally honest, engaging. The hardest stuff was at a level or two below us. There may have been some bumping heads there but both of us encouraged our people to be honest and fair, and we were able to make at least the steps that we needed. Do you remember, specifically, the year that Dave stepped down?

Justin: '94. **'**64 to '94.

Snyderman: During that period of time, he was a positive force. He protected the PDC, the rights of the PDC, but he allowed things to happen that were necessary for the medical center.

Justin: You talked about a great working relationship. Did you have any relationship with him outside the hospital on a social level?

Snyderman: Well, one thing that was legendary about Dave Sabiston and Aggie, and you probably heard about it, it was the Christmas parties. They would have two nights, Friday, Saturday, or Thursday, Friday. I was always amazed and honored, when I was more senior, before I was chancellor, to be invited to one of the two nights. What was remarkable is that Dave and Aggie would meet you at their front door and would know you by name. They would know your spouse's name. He didn't have any cards or anything-- I mean, it just blew my mind. You would go in there, it was so packed with people you could barely move. You would just shift around like a gigantic school of salmon. Being there, it was a privilege.

Dave knew everybody's name. I knew him socially if it meant that type of thing. I got to know Dave. I honored the guy so much, and I really cared for him so much that after he stepped down, number one, I felt that he needed to be honored. We named a pavilion after him at the MSRB 1, which is where I had my own laboratory, and we gave him a beautiful office, just an absolutely beautiful office, in MSRB 1, so we would meet sometimes and just talk.

Unfortunately, shortly thereafter he started becoming diminished by some mini-strokes and those problems. I continued to visit with him at home and developed a

true affection for him. We would sit and talk. I would go out of my way as chancellor to see him in his home and speak to Aggie, and we would have an hour and we would just talk. Then even when he was in bed, when he was lying in bed, I would come and visit with him.

Towards the latter years, I would go with Bob Lefkowitz who, also, similar to me, same vintage, worshipped Dave. We would just sit and talk. My social time with him, yes, I got to know him. I got to know a little bit about his family and Aggie's family.

Justin: What was he like outside the hospital? Most of the surgery faculty and residents really only knew him in a professional capacity.

Snyderman: There was a certain warm glow to the man of reminiscence and fondness for everything. As I said, I've never been assuming of myself, and I really do, I have this, believe it or not, a real humility of other people whom I respect deeply. Dave was incredibly-- You saw the picture that he gave me and what he wrote on it -- he was very respectful of it. What I never took for granted is that it was me as opposed to the office of the chancellor. He was always respectful of me.

It's like career military people. You could be a lieutenant general, but you are still a respectful individual. Respectful to people who are not in the military and certainly respectful to people in the military. He had this degree of service and loyalty and mission that I would liken to the people that I've known who had been career military, who understand just the importance of giving their life in the service of something. I think that's the way Dave was, and even outside, it was still something like that. He always had this glow of the purpose that he had in his life and how fortunate he was to be able to do this endeavor.

Justin: From your perspective as Chancellor, what strengths did Dr. Sabiston bring to the department of surgery, and also, were there any weaknesses that he brought that could have been corrected towards the latter years of his chairmanship?

Snyderman: Well, I think, as chancellor, you look at the institution and in a sense you come in and you say, "This is what I have inherited," in a good, positive way. This is what it is. There are the resources. If you look at those resources, and you evaluate them, I thought that one of the jewels was the department of surgery. It was the best department by any objective measure that I could see, and Dave had created that. His demeanor, his work ethic, his commitment to his own excellence, I think were somethings that I learned from.

If you look at the leadership that he had, not only, as best as I knew, he was a great surgeon, a great educator, he wrote every textbook that was known. He trained so many of the great chairs of surgery. That was my feeling about Dave. In our relationship, I had this incredible respect for the man. I think he cut me a lot of slack. I felt that he knew that my job was a very difficult job. I suspect that he knew that what I inherited was unmanageable, and it was. Duke would have gone under.

There was no way that a person could make an appointment to see a physician at Duke when I came in. Every physician had their own card and their own appointment schedule to see patients. Most physicians kept the medical records of their patients in their own office. There was no central call system. There was no organization in any way of the practice. 95% of the people who practiced here were specialists, and most were super-specialists. You could not survive unless there was a system to refer here, and it was referring physicians to physicians at Duke. This was unsustainable. It was just unsustainable.

To be able to move from that into a coordinated clinical delivery system, and yet maintaining the independence of the PDC, yet having the PDC work as a collaborator saying, "We need to have a coherent clinical delivery mechanism, and it needs to be at the level of what we want from Duke," all of those things couldn't have been possible without him giving me the slack that I needed from '89 to '94. I don't know if you read my book, but I would encourage you to take a look at it, as it shows how difficult it was during those first five years. I would say, frankly, I don't know how I could have done it without Dave Sabiston being there, because he supported it.

Justin: Speaking of the need for general practitioners as a referral base, you do mention either in that book or in your interview with Walter Campbell in the book that he wrote, that Harvey Estes was trying to set up this program of training general practitioners, and it met a lot of resistance, and including from Dr. Sabiston. How did that episode unfold? Surely, Dr. Sabiston recognized the need to get referrals for patients to have surgery. Yet, you mentioned that he was opposed to using Duke resources to train general practitioners.

Snyderman: You have to understand the time. The creation of the department of community and family medicine was before I was chancellor. The intention was not to be as a referral base for the specialists, because they didn't need any help. From time immemorial, from the beginning of the PDC, people wanted to refer to Duke because they were great physicians. The idea that community and family medicine was going to be the referral base for the department of surgery would have been a joke, because they got referrals from all over the state and from far beyond.

The thought at that time, which is not me saying it, but the general thought was family medicine was biting off such a big piece from OB-GYN to surgery to psychiatry, the whole ball of wax, and doing it in such a short period of time -- give me a break. The thought then was that these people are not going to be at the quality of clinical expertise that we would expect of people who were trained in a particular specialty.

There was a certain disdain for the whole concept of a family care physician, and for the training of family care physicians. This was not only in surgery, but in medicine, and I suspect most of the departments. This was a battle that was Harvey Estes and Bill Anlyan fought but it wasn't over the clinical impact the community and family medicine would have on the PDC practice. It was more of the education of a certain type of physicians that some people felt would be necessary in the future.

Justin: That makes sense. You also said in the book that when you got here in 1989, that Duke had a great reputation, but in some ways was resting a little bit on that reputation. How did that relate to the department of surgery, or was the department of surgery more of an exception to that thought?

Snyderman: I think the department of surgery was an exception. I think the department of surgery was, I want to say, a pleasant surprise, but I can't say I was really surprised, but in a quantitative analysis, how far ahead they were of any anybody else. It truly was- you could call it the triple threat of education, research, and clinical excellence. Surgery really was that.

If you look at the basic sciences, again, this is before your time. It wasn't before you were born, but you were pretty young. What they called the French Revolution was a whole bunch of people, and mainly in the basic science departments in the mid to late '80s, were saying that the chairs who had been there a really long time were not modernizing the research excellence in the basic science departments, and we were no longer one of the top basic science discovery entities in the country. .

I think medicine was very much in its heyday, let's say, in the '60s, and then-- It's somebody else to judge, but then in the early '70s, when people like Bob Lefkowitz and myself and a whole bunch of people were recruited in medicine, but then that type of recruitment trailed off. Then where were we in the early '90s? I think surgery, was really a stellar example of what Duke should be.

Justin: It was interesting given your background in medicine and your long time on faculty here that you seem to have a stronger relationship with Dr. Sabiston than you had with Dr. Greenfield, the chair of medicine. What made one relationship so successful and the other one so frankly contentious?

Snyderman: Well, and that's a long story, and I would say that you and all your readers ought to buy, what is it called, *A Chancellor's Tale.* Part of the difficulties I had was a consequence of my having grown up in the department. Joe Greenfield was my boss. He was actually one of my first attendings when I was an intern. He saw me growing up. It was always that relationship.

The other thing that may have been even more important is that the department of medicine started losing money, and the department of medicine, as we started getting into the early '90s, was becoming less and less viable as a tub on its own bottom. In medicine, if you look at all the divisions, you had cardiology that was doing very well, but then you have other divisions such as rheumatology, which to my embarrassment was losing money. Joe would need to take money from cardiology to invest it in other divisions. So the cardiology division was not happy with him. Medicine was no longer viable.

I made it very clear to Joe, "We need to change things in this and that." He was very reticent to change. He wanted the chair to be as it always had been, pretty much the dictator. "Who the hell is this chancellor guy? Where the hell did he come from? We're

doing pretty well, with the chairs leading this operation." But there was a mounting civil war between medicine and, for example, radiology. Who did vascular radiology imaging? It always had been radiology, but here, Joe, who had done coronary arteries decided, "I'm going to start doing renal arteries." Radiology said, "Now, wait a minute. We've always been doing renal arteries." Joe was saying, "We could be doing temporal arteries as well." All of a sudden, it's a full out civil war that I needed to deal with, because there's only so much money. We had to totally reorganize.

Joe was totally reticent and fought me tooth and nail. Dave, to his credit,supported my efforts for the good of the creation of the health system - you had department of medicine versus every other chair, of which Dave was the most significant. He decided, "Yes, let's support Snyderman. Let's see if we can make this work." If I didn't have Dave Sabiston's support, I don't know whether I could have been successful. I doubt it.

Justin: He was, also, as you mentioned, extremely powerful. So he was more accepting of a redistribution of power or was able to still hold on to a lot of his influence?

Snyderman: I think the way Dave saw it was, there wasn't a mutually exclusive way of doing this. That the chair would still be venerated, that there would be an area in which, "We are not going to change anything here." It may be that in terms of the bonuses…I never, ever told Dave. I think this one ought to get more-- I never would begin to even think that way. He needed to have a relationship of trust with me as chancellor. I think the thing that Dave would not have given up nor would I have asked him to, is his independence as a chair in the department of surgery, his leadership within the PDC, or the independence of the PDC if it is going to be part and parcel and a partner of the medical center, and ultimately the health system.

We were not saying, "Hey, PDC, give up your authority." We're saying, "Okay, keep your authority, but we got to work together, folks. And it's got to be transparent. We could help each other out." You talked about whether or not community and family medicine could be a referral base for the department of surgery. Obviously not, but what we ended up doing is saying, "We created a health system. The health system needed to have a very broad primary care distribution system." We needed to work with the PDC. Number one, we created something called DUAP, Duke University Affiliated Physicians, which got funded by the health system because we had a margin. They were the primary care physicians in Durham, who would be Duke affiliated physicians, who would be referring their patients to the PDC.

The PDC couldn't afford to do it because it wasn't structured to create the kind of margins that you could create if you had an integrated system. The understanding was, he wouldn't be giving up any real independence, depending on how we looked at things. He's got his department, which is the best department in the country. I think Carl Ravin became chair of the PDC after Dave stepped down?

Justin: Yessir.

Snyderman: I think Dave played his hand well. I think he played it well for surgery and played it well for the institution. He's a very honorable man.

Justin: People say he was an excellent administrator.

Snyderman: Superb administrator. People really admired him, and they took him seriously. I think he earned his reputation. Now I, obviously, saw Dave, from the perspective of somebody in medicine, looking at surgery. Then I saw him as chancellor to chair with incredible mutual respect. I never saw Dave as what it would be like to be training in his department. You didn't ask this. I don't know if we're going to have enough time, but I used to run all the time. I used to love to run. My closest running buddy was Bob Lefkowitz, but there was a third person who ran with us, maybe 25% of the time. His name was-- I shouldn't mention his name, but he was in the thoracic surgery program. We would run all the time. He was probably in his next to last year. We would talk about Dr. Sabiston.

This was next to his last year in training, and he was going to get his first job. We would run and you bond when you're running. He told me that essentially, his life was in Dave's hands. Dave obviously liked him because he was the chief of this or other thing in the thoracic program. He said Dave would find him his job. I remember him going for his first interview. It wasn't as though Dave said, "Here are six places, where do you want?" He said, "Okay, here's your place." So he went and visited the place. He didn't like it at all.

I remember his coming back and going on a run and him saying "Oh, my God. I got to go see Dr. Sabiston and tell him this really isn't for me. I suspect he will accept it, but the second one is going to be my job because this isn't gonna go to three." That turned out to be true. He didn't take the first one, but he took the second one.

From the perspective of somebody in training, Dave is a different kind of guy, but also with tremendous amount of respect. The power he had over his trainees was absolutely incredible.

Justin: In the remaining time, could we talk a little bit about Dr. Sabiston eventually retiring from the department and his successor. He was one of the few people to remain as chair beyond the age of 65, or even 70 in his case.

Snyderman: No. I don't think he made it to 70, but it was beyond 65.

Justin: Were there any special arrangements that had to get worked out? How did he get that exception?

Snyderman: This is inside the park stuff that may or may not ever make it. It was practice that people would step down from administrative positions at the age of 65. I don't know if it was ever in writing, but it was a deeply held belief that impacted me, because I stepped down after fifteen-and-a-half years as chancellor at the age of 64.

I could have stayed another term. Some people wanted me to stay another term, but I thought that at 65 you're out of here.

Now, I think Eugene Washington came in at 64 as chancellor, which is fine. It was expected that Dave would step down, and the president told me that he expected chairs not to serve beyond 65. I personally never spoke to Dave about this, but I spoke to the president and said, "I need to have Dave remain as chair until…it turned out to be '94." I think he probably stayed at least three years beyond because I wanted him to, and because the president didn't push too hard, but it was always reminded to me that I was making an exception. I thought it made sense to keep Dave on.

Justin: You wanted him too because he was an ally?

Snyderman: I wouldn't put it that way. I thought he was the foundational pillar that was required to hold things together. I didn't look at it as though he was my ally, although he supported me. I thought that he added the stability factor and he had the respect of everybody else. As long as we had a shared vision, it would be a lot easier to carry it out than if I replaced him.

The other thing that you will find out if you speak to people who had been around a while, and you spoke to Jim Urbaniak and maybe some other people, that I felt that we needed to replace the chair of medicine, which we needed to do because he very much opposed all the needed changes. Then superimposing having Dave leave at the same time – you would lose your two most powerful chairs at the same time, which created a lot of anxiety amongst the faculty, so I needed to stage those as well.

Justin: Was Dr. Sabiston involved in the search for his successor?

Snyderman: He was not part of the search committee. The search committee was independent, but when the search committee had their recommendations, I asked Dave his opinion. He gave me his opinion. I valued his opinion greatly, but it was only a matter of his rendering his opinion to me. He had no official role in choosing the next chair of the department of surgery, but I relied heavily on his opinion.

Justin: Do you think he was pleased with how Dr. Anderson worked out as chair?

Snyderman: That I don't know. I think he was very pleased that Bob Anderson was selected as chair. He very much wanted Bob Anderson to be chair.

Justin: It's hard for people to figure out what he was thinking, what Dr. Sabiston was thinking, and he had a few close confidantes. Walt Wolfe was one of them.

Snyderman: I don't know what he was thinking. What I believe he was thinking is that the first person after Dave ought not be one that comes in with radical change. That's my own view. If you're number one, you don't need to totally revise the plan. I suspect that's what he was thinking, but I relied very heavily on his judgment because anybody who was in academic surgery would have taken that chair. Anybody.

The people that I didn't choose went on to be some of the greatest names in academic medicine. I could tell you that Dave was very influential person whose advice I sought for the next chair, but I didn't need to. That was a sign of my respect for him.

Justin: Is there anything I didn't ask about Dr. Sabiston that you think is important to get on the record? Are there any just great Dr. Sabiston stories that reveal who he was as a person, as a chair?

Snyderman: What I could really say is, if somebody compiles what is it that brought Duke to what was in the 20th century, you couldn't do it without Dave Sabiston. I would put him on that hierarchy of individuals who really made this place. I doubt if you could name more than a dozen and probably less people, with Dean Davison being one of the more important ones. He evinced certain degrees of stature and leadership that were unique to Dave Sabiston.

What I could say about Dave Sabiston is that in all the interactions that I had with him, we did develop a degree of warmth, but a lot of that developed after he stepped down when I would visit him at home and reminisce. He wasn't somebody that I could say ever truly let his hair down, or that the two of us could go and have a beer together. It was always something that had this mutual respect rather than warm, cozy relationship. Just for my interest, have you found anybody that did have a really close warm relationship with him?

Justin: No one.

Snyderman: Have you interviewed Aggie?

Justin: There's team of us who are doing interviews. Someone else on the team has interviewed Mrs. Sabiston. Obviously, they had a warm relationship. Even to his contemporaries who were chairs at the same time at other institutions, he was a very formal man. They had good relationships with them, but it was never, "Hey, let's grab a beer. Let's get a round the golf," type of thing.

Snyderman: I've never seen anybody who was so prepared to meet people as him. When he would meet somebody, he was totally prepared. That is very, very unusual.

Justin: You're not the only person who said that he never forgot a name. It was incredible how sharp his mind was.

Thank you very much for your time Dr. Snyderman. I really appreciate it.

Snyderman: It's a pleasure. As I said, I am honored to be able to contribute in any way to the memory of Dave Sabiston.

[00:56:10] [END OF AUDIO]