

Dr. Jerry Reves

Interviewer: Emily Stewart

July 30, 2019

Stewart [00:00:01] OK. Awesome. Alright, this is Emily Stewart and I'm interviewing Dr. Jerry Reves who was the Chair of Cardiac Anesthesia at Duke University. Dr. Reves currently serves at the Medical University of South Carolina. It's July 30th and we're speaking on the phone. So, Dr. Reves, going way back, can you start us off by...

Reves [00:00:24] Before we do that, you know that... I was chief of Cardiothoracic, But I also... You know, I was a couple of other things that Duke.

Stewart [00:00:33] What else were you?

Reves [00:00:35] Well, I was the founding director of the Duke Heart Center. And I was... I was also the Chairman of the Department of Anesthesiology.

Stewart [00:00:53] That is awesome. Thanks for clarifying that too. So just going way back, can you tell me a little bit about where you grew up and where you first attended college?

Reves [00:01:10] I grew up here in Charleston. I was born here and grew up here. And then I went to Vanderbilt University for college and then I returned here to Charleston to the oldest medical school in the South, 1824, and the sixth longest medical school in the country that is now called the Medical University, at the time it was called Medical College itself.

Stewart [00:01:46] So what did you first get your degree in in college?

Reves [00:01:53] You're gonna love this. I got my degree in English with a minor in philosophy. [Laughs.]

Stewart [00:02:03] [Laughs]. That's awesome. So, then what made you decide to be a doctor and not an English major?

Reves [00:02:10] I went to Vanderbilt thinking I was going to be a lawyer.

Stewart [00:02:16] Oh okay.

Reves [00:02:16] But I determined by peer group analysis that the peer group that I was around there that they were very divergent, very different. The pre-law ones were one way and the pre-med were the other and I just thought I kind of wanted to be with that group that was pre-med. They seemed a little more serious and a little more determined to make a difference in their lives.

Stewart [00:02:54] Yeah. That makes sense. What years then were you in medical school?

Reves [00:03:03] In medical school? [19]65- [19]69.

Stewart [00:03:07] Okay. And then where did you do your internship and residency?

Reves [00:03:14] Yeah. I went to the what, at the time was called the University of Alabama Hospital and Clinics. And the reason I went there is I had been doing cardiac, cardio vascular pharmacology research all during medical school. And with no offense to Duke you UAB, what is now called the University of Alabama Birmingham. UAB had by all measures the best cardiovascular program in the South. It was headed by Tinsley Harrison, who's an icon in medicine, in cardiology and then cardiac surgery was led by John Kirkland, who also was considered the premier, one of the several premier cardiac surgeons in the world. And so, I was attracted over there for those reasons.

Stewart [00:04:26] So how long...

Reves [00:04:28] But I did... But I... And of course, I did my internship in medicine, internal medicine and did my residency in anesthesia.

Stewart [00:04:41] Were both of those at the University of Alabama?

Reves [00:04:45] Yes.

Stewart [00:04:45] Yeah. So, when were you then at... What years were you at Alabama? [19]69 to...

Reves [00:04:53] Well, I was in Birmingham from [19]69 ultimately through [19]84 with two years in that I served in the United States Navy at Bethesda Naval Hospital. Where, you know, Vietnam we all served and I was fortunately assigned to, what they called and at that time, the National Naval Medical Center. Which was near Bethesda [Maryland] and I was there from [19]71 through, no [19]72 through [19]70, no [19]71 went through [19]73. And then back to Birmingham.

Stewart [00:05:47] Okay. So then how did you end up at Duke?

Reves [00:05:50] Well, we were in this high-powered cardiovascular program at Birmingham and then Duke was, had very strong cardiology and of course with Dr. Sabiston had world renowned academic cardiac surgery and they were trying to build a more comprehensive program in cardiovascular medicine. They knew to do that you needed a cardiac anesth... a really good cardiovascular anesthesia. And that's, by that time I was, that's all I did. I actually, mostly what I did in Bethesda, but anyway it was cardiac anesthesia and so because I, you know, had become known so to speak, they recruited me to come to Duke to head up and lead, and form of cardiac anesthesia group at Duke. And that was in 1984.

Stewart [00:07:11] Okay. So, do you remember your first interaction with Dr. Sabiston at Duke?

Reves [00:07:21] Sure. [laughs.] That's the reason I went to Duke.

Stewart [00:07:26] Do you want to talk about it a little bit?

Reves [00:07:28] Yeah.

Stewart [00:07:29] Okay.

Reves [00:07:29] So, I'm going to step aside just to close the door because I'm getting hallway noise. Wait just a second.

Stewart [00:08:00] Okay.

Reves [00:08:00] So there are a couple of stories about that. First of all, I've told you John Kirkland was this preeminent cardiac surgeon. And he really was a leader in the world. Primarily, because of his intellect and his ability to operate. And his emphasis, although he was scholarly and had been number one in his class at Harvard, his emphasis was on clinical care. And so, he called me in one Sunday to talk to him because he heard I was being recruited at Duke by Dave Sabiston. And so, Kirkland says, "You know, the difference between Birmingham and Durham, the difference in the medical centers is that they're just an academic place." And of course, I'm thinking well, you know we are in academic medicine, right? Why wouldn't I want to go to an academic place? But the real truth is... but what, and that was because Duke's reputation and Dr. Sabiston's was that it was a... the leading place for academic surgeons and medicine because everybody there went through his "10 years was Dave," as it was called, was trained to do research and to be good doctors. But the good surgeons. But the thing I had learned in my interviews was that they did good clinical care. And so, when Kirkland was telling me that I didn't want to go to Duke because all they cared about was academics, as I knew that wasn't true, that they also cared about clinical care. And so, you know, so that's one anecdote. But here here's the one that was the clincher in terms of my recruitment. And I remember the conversation very well with Dave Sabiston. You know, he told me all about what Duke was doing and his vision and everything. And I said... And he says, "Do you have any questions?" And I said, "Well, I only have one and that is we're interested in medical investigation. And I just want to know whether, if we have some patients we want to enroll in some clinical investigation, whether with our surgical colleagues will we'll support that and or prevent it." And he said, "If any..." And this was a direct quote. He says, "If anybody gets in the way of your doing research. Let me know." End quote. And I knew then that was the place for me because we were going to take good care of patients, but we were also going to learn better ways to do it and that... In the environment that Sabiston created it was all about excellent care. But it was also, equally if not more, all about finding better ways to care for patients. And so, that was the place for me. And they... And so, we went and we formed this group and it was very successful and... But it was the environment that Dave Sabiston set up that allowed us to really do both of these functions and teaching too. But, you know, it was all about good clinical care and learning better ways to do it through investigation. And that to me was what Dave Sabiston embodied. And was why I went to Duke and why we were so successful there and it's still very successful in the Department of anesthesia and cardiathoracic anesthesia.

Stewart [00:12:54] So when you first went to Duke, were you the... hired as the chair of cardiac anesthesia or the chief? Or did you just go to work in...

Reves [00:13:10] I was hired there to be the Chief of Cardiothoracic Anesthesia and to form a group. And so I was the first Chief of the division of Cardiothoracic Anesthesia.

Stewart [00:13:27] Ok. I see now. I'm not a... Medical terminology and the systems of it aren't...

Reves [00:13:34] You're probably an English major.

Stewart [00:13:36] I'm a history major so I have to ask these clarifying questions. Thank you. So what was your relationship with him as the chief of cardiothoracic anesthesia, that's what you said right?

Reves [00:13:54] Right. The... We met regularly and any time there were issues about any aspect of the care, we would meet. And then when... It was Dave Sabiston and Joe Greenfield who really came, who really said let's develop Heart Center. You know, Duke had a fine Cancer Center and they... But they're, both of their interests was on cardiovascular medicine and they said let's develop a Heart Center and Dr. Sabiston asked me and Dr. Jones, whom you probably interviewed, who is a cardiac surgeon. And we had Tom Bayshore, cardiologist. Anyway, we would deputize, to go around the country and look at centers and things. Anyway, make a long story short, we created the Duke Heart Center, Bill Anlyan actually did that, and they appointed me to be the first director of it because I could get the cardiologists and the cardiac surgeons to work together. And in that capacity, I met weekly with Dave Sabiston. And that was for 10 years. So, I met with him every, I think it was Wednesday. Anyway, I met with him every week. And so, we would have this formal meeting weekly and we discussed all matter, usually personnel. But like in most organizations. But sometimes policy and sometimes. But I would say Dave Sabiston and I were very close and very good friends and I'm actually looking at this picture that he autographed which says, "To Jerry Reves with greatest admiration and respect for your ongoing, your something or other stature and leadership at Duke and your, and with your appreciation for your enduring friendship."

Stewart [00:16:41] Awe.

Reves [00:16:41] Yeah. So, it's...

Stewart [00:16:44] That's very sweet.

Reves [00:16:45] Yes. The point is we had a lot of interactions and most of them were about who was doing what. Were there things that needed to be addressed. He ran his department, you know, with a iron hand and if there was any problem, he would he would take care of it as he had promised in that first interview and we didn't have many... I would say we had virtually no problems. But if we ever did, he'd take care of.

Stewart [00:17:22] Yeah. So, would you, you've, kind of already said, but would you say you also had more of a personal relationship with Dr. Sabiston as well as professional?

Reves [00:17:32] Yeah, I would think he... I would bet he considered me one of his friends. You see I was, I could talk to him about things that he couldn't talk with other people because he was their boss and he wasn't really my boss. And so, we were obviously institutionally, he had a far larger role, but you know I became Chairman of the Department of Anesthesia. So, I was chairman of another department. So, I was his peer in that regard. But we will fundamentally friends and we would talk about matters related all sorts of things around Duke and I would say we were friends. Good friends.

Stewart [00:18:16] Well that's cool, you are kind of the first one I've interviewed that has said that you guys were friends.

Reves [00:18:23] Yeah. That's because I was, yeah, I was. First of all, he had he recruited me but he recruited me not to be in his department. Therefore, he wasn't my boss.

Stewart [00:18:33] Right.

Reves [00:18:33] And that gave us a certain level of where we could talk about other things. We'd talk about anything we did was up to us. And we did. And so, we had a very very frank and open relationship.

Stewart [00:18:57] Yeah and you probably saw a different side of him that a lot of people didn't get to see or get to know. That's awesome. So, you said earlier you kind of headed up the Heart Center and then you transitioned... Did you transition back to the Chairman of the Department of Anesthesiology after that?

Reves [00:19:20] I became.... I did the Heart Center for 10 years and I think the last three years of the Heart Center I was the Chairman of the Department of Anesthesia. But that was such a big responsibility that I thought it... Was my decision, that I thought would be better to hand Heart Center over to somebody else and let me concentrate on the department. But then in my capacity as Chairman of Anesthesia, I still met with the Chairman of Surgery, Dave Sabiston weekly. So, nothing changed in terms of my interactions with him. The focus of our discussions was broader than just the Heart Center at that point. Although as we've said and as you've figured out, we would talk about things well beyond the Heart Center or our respective departments.

Stewart [00:20:28] So I always ask people this question. Are there any stories about Dr. Sabiston you would like to share? About your time at Duke with him?

Reves [00:20:41] Well my [laughs], my favorite, fondest memory is that we... Is, you know, he... Duke was, still allowed smoking when we were first there and there was one member of his department, Jim Lowe who's now believe dead, who was a surgeon, who was a chain smoker and Sabiston forbid smoking among his faculty in public places. But anyway, so Lowe was walking down that long.... I don't know how familiar you are with Duke, but anyway, there's a long hall and Sabiston was at one end and Lowe was coming in the door from the outside smoking a cigarette and he saw Sabiston and he put that cigarette, and the belief is Sabiston saw that little bit of puff of smoke coming out of Lowe and so they met and he stood there and talked to him for five minutes. And that cigarette burned all the way into Jim's hand. But that, you know, that was... It was never really known if Sabiston knew what he was doing, but it made a good story that he probably did. And so that's one of my favorite stories.

Stewart [00:22:22] Well that's funny. That's the first I've heard of him banning his staff from smoking.

Reves [00:22:32] Yeah. Oh yeah. He didn't like it. And, you know, the other other... This, the other problem we had is that he tightly controlled the surgical schedule, particularly the, what was not the PDC part, but the clinic group that was called I believe. Anyway, he would decide which of his associates would perform an operation on these non-private patients. And sometimes that would, he would be out of town or something and he wouldn't designate when so and so it was to get an operation and that really delayed, you know, they took up beds and things because the patient didn't get assigned. But so, one of the more difficult interactions I had to have with him is trying to get him to allow his surgeons who had open spots to go ahead and put these patients in and get them operated on get them through the system rather than have to go through him. And that was a little difficult but we got it. We got it done in that facilitated the care and freed up beds and expedited care, that sort of thing. But he was, he tightly controlled everything

and that was one of the things we had to work on is to get him to loosen his tight control and let his own guys you know operate more freely.

Stewart [00:24:16] Right. Right. So how would you describe how Dr. Sabiston influenced the field of surgery during his career?

Reves [00:24:26] I think there's no question that he insisted on a first-rate science. And he believed that versions who tended to be thought of as technical people that they could be every bit as good, scientifically, as these cognitive specialties like internal medicine. And I think he insisted on it. And the world is a better place because of all, not only his work, but the work that and the kind of work that he insisted that there be done by surgeons, not just that Duke but everywhere. And I think his influence was wide and deep in terms of making sure that scholarly work was being done by surgeons, not just operating all the time.

Stewart [00:25:36] So transitioning into what you just said a little bit, how do you view his impact on also training surgeons? Did you see him in that capacity a lot?

Reves [00:25:47] Yeah. Well, you know I mentioned the decade with Dave. He insisted that it be long and he insisted that it be an in-depth experience with research. Every one of his trainees in cardiac surgery had to spend one- or two-years doing laboratory science. And you know, that was just that was part of who he... That was his DNA. That was what he believed was important. And I've talked about why it was important. But that was unusual that no place at that time required it besides Duke. So, it was unique. And as a result, the people that finished, that was who they were and then they would go other places and incorporate it. So, it kind of grew. But yeah, he was... And then of course I operated with him a lot and he would he would do his teaching in the operating room and I observed that he was not the best operator. But he knew all the you knew all the techniques and he was a good teacher. But he tended to work with the senior residents, who were the senior fellows. And of course, they were already well-trained and. But you know, I would I would say his very almost inflexible attitude towards surgical training with this emphasis on laboratory research was a vital part of his training.

Stewart [00:27:50] I've heard a lot about being in the lab for a couple years.

Reves [00:27:54] Yeah.

Stewart [00:27:55] And other various research things. Now that's interesting. So why... I want to ask you question about in the operating room. What was, you talked about it a little bit, but are there any sort of stories or memories you have specifically of him in the operating room?

Reves [00:28:18] No. I, you know, I think he was a... I can't remember anything. You know, he tended not to come until we were on bypass and he would... He was always there for the most important part of the operation, but he was always there supervising. I guess the biggest difference between him and Kirkland, you know this other renowned cardiac surgeon, is Kirkland did all the delicate work and Sabiston supervised. And you know that's a big difference. And yet, they both got exceedingly good results. But, in Kirkland's case he did it. And in this, in Sabiston case, for whatever reason he liked to supervise to be sure it was done right. Though you know he was... He's not what you would call a surgeon's surgeon. In other words, you wouldn't ask him to be the one who put the stitches wherever. Because he'd, I think he'd be the first to admit that he was less

comfortable doing that than making certain that they were put in the right place by someone else.

Stewart [00:29:44] Right. OK.

Reves [00:29:48] This is not... This is not a particularly nice feature, but it is the truth.

Stewart [00:29:53] Yes. That's all I want to know. Were you at Duke when Dr. Sabiston... When did you leave Duke? Was he still there?

Reves [00:30:08] Yeah. He was still there. I left in 2001.

Stewart [00:30:13] Okay. What was your relationship like with him after you left?

Reves [00:30:21] It was more... It was considerably less. I stayed in touch with him. Actually, a little bit more with Aggie, you know his wife. But I would from time to time, go back up there and speak with him and it was always friendly and enjoyable. And you know we would talk about how we were doing in our respective places. But it was not the same. It was nothing close to what it like what it was like when I was there.

Stewart [00:31:07] So when you left Duke, did you go to directly to the Medical University of South Carolina?

Reves [00:31:14] Yeah, I came here to be the Dean and Vice president of Medical Affairs.

Stewart [00:31:20] Oh OK. So, you mentioned Aggie and I always like to ask everyone too, What were your interactions like with Aggie or your relationship like with Aggie?

Reves [00:31:36] Well Aggie, you know, she was the warm Sabiston. [laughs.] I mean, he and I had a very warm relationship, that no one else had with him it didn't seem like. But so, you know we had a warm relationship. We... You've probably heard so many times the Christmas party was always the big interaction and the most remarkable thing where they would throw the very same party two nights in succession and you know we would get invited because of the things we've talked about, even though we weren't in the department. But it was mainly for the department, and there you know you would see the gracious Aggie as hostess. But my wife and Aggie were pretty good friends and we, as I said, we were closer to her after we left Duke than we were with Dave. And I think a lot of that because you know she was the more outgoing, gracious person and you know, he was so much all business. But you know, Aggie, I don't have a particularly stories about them other than you know one of their daughters went to Vanderbilt, where I'd gone and we often talked about that. And.... But you know, Aggie was the, Aggie was the alter ego for Dave. I mean she compensated for some of the things that others might have wished he would more exhibit, like that warmth and friendship, and you know she was just nice to everybody and Dave was kind of stiff and kind of... You know he was gentlemanly, but you know, I was close to him but I didn't see him having a lot of close friends. Whereas Aggie had lots of close friends.

Stewart [00:33:59] Yeah, I've heard a couple stories about wives being friends with Aggie and definitely the Christmas party, I've heard a lot about that. That's awesome. Well, is there anything else that you would like to talk about, about Dr. Sabiston that I didn't ask you today?

Reves [00:34:23] No I would just say that that Dave Sabiston was an institution at Duke. And in the surgical realm, which includes all of surgical specialties and anesthesia and related, he was considered... He set the bar, he set the bar for Duke's academic emphasis and insisted on high quality care as well as high quality investigation and I think the long time that he was at Duke, Duke benefited enormously from that. It helped that of course the operating rooms always made money and therefore, generated revenue that could be used to support the University, both the greater University and the Medical School. But a lot of that was because of the fine outstanding leadership of Dave Sabiston.

Stewart [00:35:43] Yeah. Well, I appreciate your time today. I'll give it one last go, is there anything else, any other story you want to share?

Reves [00:35:56] No. I'm out of stories.

Stewart [00:36:04] Totally, totally fine. I just like to give everyone you know every opportunity to share. Well, thank you. I really enjoyed our conversation today and I learned a new side of Dr. Sabiston from your relationship with him. I emailed you and Ms. Ross a consent form that we have to have to put our conversation in the archives today. I can resend that to you. On the consent form you'll see some options like you could embargo the interview for X amount of years before you want to make it public or you can just say there are no restrictions. So, I'll send that to you again and then you can either, like scan it back to me or take a picture of it with your phone and email it back to me too.

Reves [00:37:02] I might try and send you a picture of this autographed picture.

Stewart [00:37:08] Yeah. Yeah. That would be awesome. Sounds great. Alright well thank you for your time today. I hope you have a great rest of your day. I'll send that consent form to you later.

Reves [00:37:22] Will we get to say whatever you produce.

Stewart [00:37:25] Yes yes. So right now, we're just collecting all these interviews and they will... I don't think they have any... Duke has any solid plans of a timeline of how all of this will go. But you definitely will be informed about it as we move forward.

Reves [00:37:50] OK. Thanks. Nice to meet you.

Stewart [00:37:56] Have a great day.