

# Thoughts of the Present from a Perspective of the Past

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I'm actually surprised that things turned out as well as they did. I had been told many times that I would not succeed, and, of course, the chief paranoia of any physician is the fear that someday his colleagues will reveal to him that he is actually as stupid as he fears he really is!

My father had instilled in me, not without considerable pressure, a desire to excel in education, primarily for education's intrinsic worth. That I was rather consistently and vigorously pushed to excel and to enunciate my words as clearly as possible all during my elementary years caused, in part, a severe stuttering problem which greatly interfered with even the simplest of life's tasks and pleasures. It would have been impossible then to believe that some day I would earn my living by talking. I continued through the Gainesville Public Elementary School System and received a strong educational foundation from my principals at J.J. Finley (Myra Terwilliger) and at old Buchholz High School (Tiny Talbot). I recall very well Mr. Talbot explaining to me his theories regarding my speech impediment. Gradual improvement began then.

Gainesville in the 1950s was a much smaller town, not referring to size alone. It was still largely rural, not only in fact but also in its outlook. Much of this changed in the late SOs when the Russians were successful in launching Sputnik and the University of Florida

College of Medicine came to town. One of my early girlfriends' fathers pointed out that I was clearly doomed to failure because of what he considered the deep educational shortcomings in the South at that time. I continued to study.

There continued a tremendous pressure, usually subtle, to succeed as no one in my family had ever graduated from college. On one hand, my father was very pleased when I was accepted to all the colleges to which I applied, but stated it was up to me to find funding. I went off to Davidson College in 1962 and for the first time was immersed amongst exceedingly brilliant students -I had to work even harder than I had worked in high school. I matriculated with the firm conviction that I would be a chemist. One epiphanal day I decided that the excitement of identifying unknown compounds in qualitative and quantitative chemistry was not my cup of tea. I then became interested in the healthcare field.

How vividly I recall returning to Gainesville to the University of Florida after my sophomore year at Davidson. I sought advice from my family physician about what was available in the healthcare field. He recounted, in no uncertain terms, that I should forget about becoming a physician because of my rural Gainesville education. He stated I would never be able to (and I'll never forget his words as long as I live) "swim in the same sea as those smart city boys." Actually, no moment has ever proved itself to be more definitive in my education than that one. It was now not only a challenge to my pride but also one to my people and heritage. He

suggested I pursue some healthcare field that was based on chemistry, such as developmental pharmaceuticals. I completed my BS degree in Gainesville, graduating with honors in chemistry.

History repeated itself. I was accepted to all the medical schools to which I applied, but again, I was told that funding was up to me. Now at least someone in my immediate family was a college graduate and I elected, primarily for financial restrictions, to enter the tenth class of the nascent medical school in Gainesville.

Although the medical school was fledgling, its early faculty was clearly dedicated to teaching. Perhaps the smaller size (60 students per class) provided more individual attention than we have now. Medical education is a very peculiar education, particularly when one starts seeing patients in the third and fourth years. Up to that point, the first 24 years of one's education the knowledge taught, the tests taken, and the answers required were quite indisputable. Rodin was the sculptor of The Thinker; Magna Carta was signed in 1250; sines and cosines had constant, if not even beautiful, relationships to one another proven by strict mathematical and trigonometric formulae; the Periodic Table was orderly; and there were a fixed number of bones with the origins and insertions of various muscles. Clinical education changed all that. We were not taught unchallenged facts and were not expected to give exact answers to any questions. Biological systems (and human biological systems

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in spades) do not always behave in a manner so predictable that there is a given answer to any given problem. Seemingly similar patients may have seemingly similar signs and symptoms, but not only different diagnoses but also different responses to various therapies. There are far more unknowns and variables in medicine than in chemistry.

My mentor during medical school was Dr. Thomas Newcomb, the original hematologist at the University of Florida, who taught me the wonders of internal medicine and particularity of hemostasis. He showed me what was known and, probably more importantly, what was unknown and therefore yet to be explored. He was a gentle, kind, scientist-clinician who demonstrated not only the thrill of investigation using experiments that no one else had ever tried, but also doing this with the sole purpose of trying to help patients.

No one was more surprised than I (although it would have been nice to see my old girlfriend's father's and my old practitioner's faces) when I graduated with honors and with a membership in the medical honor society, AOA.

Déjà vu all over again - I was warmly greeted by all seven universities to which I applied for internship. For reasons that were not then totally clear, amongst these many competitive internships I decided to go to Duke University in Durham, North Carolina. My first attending in my first month was the legendary Eugene A. Stead, Jr. Dr. Stead had just stepped down from 20 years as chairman of Medicine at Duke University. Books have been written about Dr. Stead, but suffice it to say, he essentially built Duke into what it was and remains. He trained more leaders in internal medicine than any other chairman. Dr. Stead had many characteristics, none of which were subtle. About half the people hated him and the other half revered him. I am clearly in the second group. Dr. Stead demanded and received nothing but the pursuit of perfection on behalf of the care of the patient. The main instrument he used seeking perfection was understanding the patient as a person who has a set of symptoms serving as clues that you, as

the orchestrator, are tasked to unravel, produce a diagnosis, and offer, if not a specific remedy, a management plan to help the patient deal with his or her disease. This strategy sounds very simple to do, but is continually lost, especially with our approach to shortened exposures of doctor-to-patient, increased technological advances, the incredible shrinkage of time, and the urge, whether purely managerial or financial, to keep things moving along. On rounds, one did not more than once give Dr. Stead a history beginning with a line such as "a 68-year old man with polycythemia ..... - he would abruptly interrupt and look at the nervous intern (for seconds to a half hour) until the intern was forced to say, "What did I do wrong?" It was then that a senior resident was permitted to say, "Tell Dr. Stead WHAT symptoms led to the diagnosis of polycythemia and HOW this was treated." Dr. Stead did not want the diagnosis, instead he wanted to know the impact on the patient which may have led some astute physician to eventually diagnose polycythemia vera. After one got used to dealing with Dr. Stead, it suddenly made sense that what was important was not the precise diagnosis (let alone the precise ICD-9 code), but the impact on the patient, how it altered his life, and how you helped him deal with those alterations.

It's not quite as random as I stated in the last paragraph how I matched at Duke. In those days before 80-hour rules, housestaff sensitivity programs and the like, the collection of houseofficers that arrived at Duke was predetermined. At that time the Duke Department of Medicine internship freely and openly, if not even unabashedly, described itself as the most difficult housestaff program in the nation, regardless of specialty. This was the "five out of seven nights" spent in the hospital and, although it was not so stated, the only way you got the other two nights off was to crosscover for someone else. Dr. Stead agreed with Osler that "work is the master word" and that one's native intelligence, beneficence, good will, or even luck were all second-tier compared to working on behalf of the patient. Obviously, this translated into enormous work hours, but since we were in a

culture where one did not (and in fact could not) watch the clock, one spent a great deal of time at the patients' bedsides.

Stead said, "The intern year is a year of doing. The intern must handle a volume of work great enough to make him become efficient in giving medical care. The volume of work must be great enough to make him select. He cannot solve his problem by devoting an equal amount of time to each area of the examination. He must explore and rapidly discard the irrelevant areas, but spend as much time as needed on the relevant areas. He will make errors. The staff will pick up on these errors and prevent harm to the patient. The next time around, the intern will make the right decision." This was his learning philosophy.

Dr. Stead did not care how smart someone was or what was his or her actual potential it was the work product that counted. Such a program did, without question, turn away many brilliant students. In fact, Dr. Stead had many discussions with the Dean that some of the most brilliant medical students did not stay at Duke for housestaff training. Dr. Stead agreed that while they were the brightest, they were not necessarily the best students. Potential did not count as much as reality. Perhaps we would now say that he catered to over-achievers.

Although it was a most difficult program, the method to his madness was proved sound as students such as I eagerly flocked to Duke at that time. It was actually Dr. Stead's ploy to make the most interesting part of the patient to be the patient, and not the diagnosis, not the testing required in the work-up, and certainly not the procedure, technological or otherwise, that was to be done. Most of that stuff in fact is cookbook. The most important part, according to the Stead philosophy, was knowing the patient and it turned out that is the most fun part. To this day, I spend more time finding out more about the patient as a person than I spend time reviewing reams of outside material and data collected by other doctors or doing extra tests myself. In

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fact, I would strongly argue that the most insightful if not even "most interesting" diagnoses I have made in my career were actually derived largely from talking to the patient and getting a detailed history. The exact opposite approach, such as accepting given diagnoses and moving along the technological trail perceiving no difference between the last hundred patients cathed for angina pectoris leads one to be a slave not only to the technology of such evaluation, but also to miss the entire human element of caring for the patient. According to the Stead philosophy, this doctor then misses the fun of medicine. Indeed, Dr. Stead, perverse as it seemed at the time I was working all those hours, did make medicine fun, and his students try to retain that philosophy even today in these "modern times."

From Duke I went to Johns Hopkins, which I found a most fascinating place because of its deep history. I came under the influence of my

mentor, Dr. C. Lock Conley, who remains the most selfless and dedicated practitioner I have ever met. For him, the ability to serve the suffering was second to no other priority. He embodies the philosophy best espoused in Matthew 25:40." As for Stead, work was the master word in understanding patients; for Dr. Conley the opportunity to minister to the ill was the driving force. These two qualities are symbiotic.

Over the last 25 years, I selected, trained, directed, and molded 500 houseofficers during my tenure as

Program Director of the internal medicine housestaff program at the University of Florida. This has been the professional pleasure of my lifetime. I've used the methods of these masters to the best of my abilities. It was hard work. It is fun.

\*Matthew 25:40: And the King shall answer and say unto them, Verily I say unto you, Inasmuch as ye have done it unto one of the least of these my brethren, ye have done it unto me.

JRW