

The Doctors' Doctor

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A Biography of Eugene A. Stead Jr., MD

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and

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PREFACE

I never feel sorry for the doctor—the sick never inconvenience the well.

E. A. Stead Jr.

It seems a safe bet that you've never met anyone like Dr. Stead. Yet there may well be some unusual characteristic of his that you recognize or would like to develop in yourself or find in someone you know, a characteristic that calls for confirmation and exploration.

I began my residency at Duke Hospital in January of 1959, out of phase from almost all medical interns and residents, whose academic year of training typically starts on July 1. Dr. Stead always kept one or two residency slots open for a January 1 starting date, precisely to pick up people whose career development was out of sync with the norm. Having spent 2½ years in research at the National Cancer Institute, I was ready to complete my post-graduate specialty training in Internal Medicine and to sub-specialize in the diagnosis and treatment of blood disorders and cancer. Duke was one of the few top programs willing to accommodate my schedule. Furthermore (and this is most unusual for housestaff in training), Dr. Stead offered the use of a tiny laboratory in which to continue my cancer research in my “spare” time. A hand-me-down shaking incubator, some glassware and chemicals, and I was in heaven. The salary was \$50 a month plus bed and board—about average for residents at that time.

In the late 1950s, Durham, North Carolina seemed just beyond the edge of the earth, at least to someone like me, educated at Ivy League institutions of the Northeast. But the grapevine had it that the medical training program at Duke was of the highest quality—if you could survive its rigors. It was run by the firm hand of E. A. Stead, Jr—“Doctor Stead” to all but a few select elders who called him “Gene.” The housestaff sometimes referred to him as “Chief” or “Big Daddy” or “Daddy Blue Eyes” because of his penetrating gaze, but only when they were quite sure he wasn’t around (and within the walls of Duke Hospital, day or night, it was difficult to be absolutely certain about this). He had far-reaching eyes and ears, so you worried lest he had an inkling that you had transgressed the code of total dedication.

To help me become acclimatized to Duke, and to break me in after a long absence from general medicine, I was assigned to work in the Medical Out-Patient Clinic during the day and to cover the inpatient wards on some nights and weekends. My first weekend at Duke was scheduled to be off-duty, but I stayed around the wards nonetheless. One of my co-residents chided me for this poor judgment and, sure enough, it was one of only two or three complete weekends that I had free of ward responsibility over the next 12 months. Eleven days after I started I got my next opportunity to leave the hospital. By this time the windshield of my car was plastered with tickets, because I hadn't found time to get a parking permit for the housestaff lot. (The Medical Department was not overly sensitive to human needs. One of my co-residents got married during the year and he managed to get an extra weekend off for the occasion, but he had to "pay back" other free nights for the privilege).

Being an intern or first-year (junior) resident meant being in the hospital five nights out of every seven; this meant that most nights off were spent catching up on sleep—before, sometimes during, or after dinner. Evenings in the hospital found us roaming the wards at all hours listening to heart murmurs, looking at unusual blood films, tuberculous sputums, or electrocardiograms. These were the days of the "iron interns and residents" that older doctors refer to wistfully. The expectation was one of total commitment; I heard the ironic "Welcome to the Duke Medical Service" long before I heard a football announcer describe a crunching tackle with a "Welcome to the N.F.L." In both instances, the statement conveyed nothing personal, just that there was a job to be done; no excuses; only maximum results acceptable. In getting professionals to perform at a level that was far beyond their own expectations, Chairman Stead, not Coach Lombardi, led the way. Of course, Stead strove for mental rather than physical toughness, but both go together at the moments of truth. Students and housestaff gripped some (again when they were sure he wasn't around), but the quality of the experience made it the highlight of our professional lives.

Clearly the trend at present is away from this type of medical service. Young doctors now have (indeed, are required to take) more time away from the hospital for rest and for family life, but Dr. Stead believed that continuity of care best served both patients and trainees—the latter building a store of "intellectual learning capital" in the process. Participants in the Stead system of medical education didn't agree with the Chief in all things, but they wouldn't have changed a day of the learning experience.

Being a taskmaster is not difficult. There have always been supervisors who drive young people to the end of their endurance, often in a purposeless way. This is sometimes dressed up in the guise of "building character," which pre-

sumably would result from abundant sacrifice and suffering. Such harsh experiences often build the wrong kind of character among doctors, but for Dr. Stead and his pupils, medicine was fun, thinking was free in all ways, and each day was its own reward. To say that “they don’t make them that way anymore” hardly explains the phenomenon. For almost everyone who knew him, Dr. Stead was “the most unforgettable person I’ve known.” Each gathering of Stead-trained people genera teswon derful stories about life in the arduous but rewarding days of the Stead Chairmanship.

In many ways, those were golden days for all of American medicine. In the 1950s and ‘60s, research funding and professional opportunities were available as never before to those who could cut the mustard. There were not yet the myriad review committees, government agencies and regulations that have smothered medical affairs, thereby changing forever the professional lives of doctors. There was not yet the proliferation of deans, or layers of hospital bureaucrats regulating bed occupancy, patient turn-over and financial bottom lines—goals often achieved at the expense of learning, service, and even honesty. Under Stead at Duke, young doctors could judge their progress and watch themselves grow professionally to achieve what Dr. Stead knew his pupils could achieve: skills and dedication and comprehension to meet the complex medical and psychological problems of the patients and families who came to them for help. It is often said that one could tell Stead-trained doctors by their philosophy, as well as their knowledge, of medicine. Not that Stead’s trainees came out cut like identical cookies from a mold, for Stead’s philosophy was based on realism, sometimes harsh realism, rather than dusty goals of “service to humanity.” Stead’s young people brought their own value systems with them, and what they learned differed as a result. All of which was acceptable, as you can judge for yourself when you read Stead’s story.

Stead’s philosophy startled, persuaded, rambled, and cajoled people in the health professions, but it was always soothing to sick people. His ideas grew out of his experience in a changing world, and his language sounds rough and ready, even sexist in places. But few other leaders of modern medicine have been able to penetrate to the core of a ll manner of complex problems, using simple, quotable phrases that still reverberate more than 35 years after he stepped down as Chairman of Medicine. Stead was the person to whom competent professors and students and residents alike turned when they got stuck on a problem. Stead’s wisdom, his message, his approach to the educational process, his single-minded insistence upon excellence, and a brief description of the man who met the highest test of leadership in American medicine are the subjects of this story about the doctors’ doctor. This book is no plea for a return to good old days now lost; rather it is a recounting of what went on and why.

When I first approached Dr. Stead with the idea of doing a book about his life, he declined, saying that he “wouldn’t cross the street for fame.” He believed that the events and people of today would have no permanent effect on the history of the world. In geological time, the clock chimes to announce the comings and goings of glaciers, not individuals. Still, Dr. Stead knew full well that his ideas had a profound impact on the non-geological world of medicine, primarily during the mid-portion of the 20th century when he served as chairman of two departments of medicine. Still, he was convinced that the immediate world had no lasting significance, and that this was always the case. At first this seems at odds with his absolute passion for excellence. Scratching slightly below the surface of his motivation, however, one learns that he pursued his passions solely because of the fun they afforded him during the course of each day. We wanted to share with others what we could capture of this remarkable man, truly a national resource. He was kind enough to humor us, since we understand so little about geological time.

John Laszlo, MD

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We are grateful to the generosity of Dr. Stead in providing the many days of interviews needed to prepare background materials and for the hospitality of both Dr. and Mrs. Stead. The Steads also allowed us access to their personal photo albums, from which we selected the illustrations for this book. A number of his former students, associates, and colleagues provided their recollections and insights, including doctors Henry McIntosh, Jack Myers, Albert Heyman, Robert Whalen, John Romano, James Warren and Michael De Bakey. Three others, Drs. Paul B. Beezon, John B. Hickam, and George J. Ellis III, had written their recollections at the time of Stead's retirement as Chairman and these are included. Dr. Stead's wife Evelyn, his son, William W. Stead, MD, and his brother, William Stead, MD, helped illuminate the personal side of the Chief. A great many quotes from Dr. Stead were first published in a collection of Stead memorabilia titled, *E. A. Stead, Jr.: What This Patient Needs Is A Doctor*, edited by Galen S. Wagner, MD, Bess Cebe, and Marvin P. Rozear, MD (Carolina Academic Press, 1978). That lovingly prepared collection of his sayings was a great resource for this book. Ms. Debbie Siebel was a tremendous help with the manuscript as was Ms. Mary Ellen Bansch, who not only transcribed tapes but also offered numerous helpful editorial suggestions. Betty and Ian Ballantine provided encouragement with the project and very skillful editing as the book took shape. The Rockefeller Foundation gave John Laszlo the valuable opportunity of working at its residence for scholars in Bellagio, Italy.

Eugene Stead read the final draft of this book and gave it his imprimatur. He felt that the material recorded here reflected his life and his vision of the world as well as or better than any prior attempt to capture him in print. Most of the recorded material was obtained during the early 1990s, but Stead was still providing more information through 2004. Dr. Stead's personal philosophy of medical care, particularly at the end of life, is expressed in several areas of this book. Lest anyone doubt that he lived by the words he uttered, it is worth noting that when Evelyn Selby, his beloved wife of 63 years, suffered a lethal stroke, Stead did not rush her to a hospital. Recognizing that death was

a hoped-for conclusion to her long life, he kept her at their rural home and held her to comfort her until she died. Stead, too, was determined not to leave his lake home, except finally. Two years later, on June 12, 2005, Eugene Anson Stead Jr died peacefully in his sleep, in his own bed in the house he had built with his own hands. He wanted and asked for no memorial; may this book then, the testimony and recollections of many of his friends and colleagues, provide at least a hazy portrait of this remarkable doctor and teacher.