

PETER ALLEN DYSERT II, MD: a conversation with the editor

Pete Dysert (*Figure 1*) was born in Dallas, Texas, on July 8, 1954. Growing up, he spent time in several Texas cities and also in New York City before settling in Tulsa, Oklahoma, where he completed his sophomore through senior years of public high school. He then entered the University of Oklahoma (OU) in Norman on a scholastic scholarship. After 3 years in college majoring in chemical engineering, he received early acceptance and entered the University of Oklahoma College of Medicine, graduating in 1979. In medical school he was president of his senior class in Tulsa, a member of the Alpha Omega Alpha Honor Society, and a graduate of distinction with honors. His internship and residency in pathology were at Baylor University Medical Center (BUMC), where he completed the 4-year program in 1983. He served as chief resident his last year. Thereafter, he remained on the pathology staff and has been here ever since, gradually acquiring more responsibilities including directorship of the core laboratory and finally chief of the Department of Pathology.

Dr. Dysert has become a major force in the Baylor hierarchy. In addition to his responsibilities in the Department of Pathology, he also currently serves as the chief medical information officer for Baylor Health Care System (BHCS) and serves on Joel Allison's executive management team. He has served as president of the BUMC medical staff and chairman of the BUMC medical board and presently is chairman of the BHCS physician leadership council. He has also served as one of the first physician members of the BHCS board of trustees. He and his lovely wife, Linda, have 2 children. Baylor is fortunate to have one of his caliber, and he is still a young man!

William Clifford Roberts, MD (hereafter, WCR): *Dr. Dysert, I appreciate your willingness to talk to me and therefore to the readers of BUMC Proceedings. We are in my house on August 21, 2002. Could you discuss some of your early memories, your parents, and your siblings?*

Peter Allen Dysert II, MD (hereafter, PAD): I'm a Baylor baby. I was born July 8, 1954, in Florence Nightingale Hospital in Dallas. I was named for my father, Peter Allen Dysert. My



Figure 1. Peter Allen Dysert II, MD, during the interview.



Figure 2. At age 4 in Midland, Texas.

mother is Gene Dysert. When I was born, my father worked for Magnolia Pipeline Company (before it became Mobil Oil). My mother was a legal secretary for the father of Dr. Howard Moore, an orthopaedist at Baylor. We lived on Centerville Road, about 3 houses down from our former BUMC board chairman, Bill Aston. My parents were good friends with Bill and his wife, Evelyn.

We moved around a lot in my early years (*Figure 2*). My father built pipelines for Magnolia across the state of Texas. We lived in Burkburnett, Midland, Liberty, Beaumont, Sweetwater, and Wichita Falls. We moved back to Dallas when I was about 5 years old to a street called Desdemona, near Centerville Road, in East Dallas off Garland Road. My younger sister, Teresa, was born there.

I remember running from a tornado to the storm shelter when we lived in Midland. I also have fond memories of the evaporative water-based air-conditioners in West Texas. I used to put my face right in front of the unit as the air blew out because it felt cool and moist. I had an air-conditioner in my room. I went to sleep hearing the little squirrel cage noise of that water cooler

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going around as it cooled my room. Many of my childhood memories were about my mother's brothers who lived in Abilene. My grandfather lived in Breckenridge, Texas. I spent time during the summer at their houses with my cousins, probably because my dad was moving around Texas working.

From Desdemona we moved to a little street called El Cerrito, also in East Dallas. That's where I lived when I started public school at Bayles Elementary School. The first grade and most of the second grade were at the oldest schoolhouse being utilized for public education in Texas at the time. The old school building consisted of 3 classrooms, 1 teacher's office, 1 set of restrooms for all 3 grades, and 1 auditorium. We didn't have a cafeteria so we ate in our classrooms. A big treat every day was who got to go to the principal's office, where the refrigerator containing the milk cartons for the children was located. We would bring the milk cartons back on a tray to those kids who had bought milk that day. I believe it was 2¢ per carton. If you had a nickel, you ordered chocolate milk. We had a beautiful, huge playground. In the middle of my first-grade year, the roof fell in on the second-grade class. Shortly thereafter we transferred to the newly completed Bayles Elementary School located just down the street from where we lived. I could then walk to school.

We stayed on El Cerrito until I was in the fourth or fifth grade, and then we moved a couple of blocks away to Van Pelt. We lived there through the middle of my eighth-grade year. In those days elementary school was first through seventh grades, and junior high started in the eighth grade. The year I started junior high school, the Dallas Independent School District came under a court order to desegregate. In my neighborhood they changed the district line. My older sister, Linda, had gone to Gaston and to Bryan Adams High School. She had been "Miss White Rock Lake," a beauty queen. With the redistricting, I was routed to our historic archrival, Woodrow Wilson. I wasn't happy about it because my older sister and older friends had all gone to Gaston and Bryan Adams, and that was where our historic loyalties were. I attended J. L. Long Junior High School and rode the bus each day.

During my elementary school years in the mid 1960s, my father, who had never graduated from college because of his tour in the navy during World War II, decided to complete his college education and become a certified public accountant (CPA) by going to night school. I believe he went to Southern Methodist University. Once he received his CPA, I saw what it did for our lifestyle and his career. He went from managing construction projects to a white-collar job where he made more money. That is when we moved from El Cerrito to Van Pelt, and it had a profound impact on the quality of our lives. I remember vividly what a difference it made. That stuck with me and influenced my decisions.

My father believed in the virtue of hard work. Before I was old enough to be commercially employed, I mowed yards to make money. My big aspiration was to be able to save enough money to buy the latest Schwinn bicycle. In the summers once I was old enough to be employed, there wasn't a day that my father didn't have a backbreaking job (painting, construction, furniture moving) for me to do while my friends got cushy jobs working for their fathers. I didn't really appreciate it at the time, but this was another lesson he taught me, which was to earn a living with my



Figure 3. With sisters Teresa and Linda.

brain and not my back. After working in the summer, we'd always take a "Chevy Chase family vacation" for 2 weeks. We'd see some part of the USA by automobile. (Flying was still too expensive then, and we could not afford that.)

I had a lot of friends in my East Dallas neighborhood. We would play football and basketball and go down to the neighborhood creek to explore. We'd catch crawdads and keep them in big glass jars for a while, and sometimes we'd turn them loose. I was always fascinated in the spring by the tadpoles and the creek. We'd play "army." Some older boys in the neighborhood were in the Reserve Officers' Training Corps, and they'd organize us into little groups.

While on Van Pelt, we didn't live far from the no-longer-existent White Rock Airport. I would go there on my bicycle and volunteer to clean the airplanes, and occasionally one of the owners would take me up (unbeknownst to my mother) for a little flight around town. The airport had big open fields with lots of rabbits, and we'd try to shoot them with bows and arrows. We never hit one. They were too fast, and we were bad shots. We kids mainly moved around the neighborhoods in groups on our bicycles. We would attach playing cards with clothespins on our bike fenders, and the sound those cards made on our spokes sounded like motorcycles. I was envious when some kids' parents would buy them a little moped. My parents absolutely forbade me to even ride one, much less have one. The closest thing to a moped was a Sting Ray bike with big suicide handlebars and a banana seat on it with cards playing against the spokes. That was the rage.

I have good memories of that part of my life. It was a stable environment. I went to White Rock Methodist Church. I had a lot of friends there, and my sister was very active in the church's youth program. She was very popular and very social, and that always fascinated me. She always had a ton of girlfriends over at the house, and that fascinated me too. There were always plenty of guys hanging around too, and some of them had neat cars. I saw my first Pontiac GTO and Chevrolet Corvette and SS 409. I would try to get them to take me for a ride, and most would. I developed a real interest in cars, which I still have today.

From bicycles I went to model building, something I had learned from my cousin Ron Harrell in Abilene. I liked every-



Figure 4. Parents Peter and Gene Dysert.

thing about the process—having to think about it, following instructions, and painting all the little details with toothpicks. I would take what money I had left over from mowing lawns, when I wasn't buying a bicycle, and go to the local drugstore and buy the latest model I could find. I started out with cars and built lots of them. Then I got into airplanes. I was fascinated by an old World War II bomber, a B-17 or B-24, that was sitting and deteriorating at White Rock Airport in a covered but open hangar. We'd sneak into that old airplane and reenact every war movie we ever saw. I believe that was when the TV series *12 o'clock High* was very popular. That probably contributed to my present fascination with aircraft. Also, my uncle Joe Harrell had an airplane. He flew from Abilene in a Beechcraft Bonanza V-tail to see my newborn sister. While he was in Dallas he took me up in that airplane. I can remember the clear day we circled Dallas in that plane like it was yesterday.

WCR: *There were 3 of you?*

PAD: My older sister, Linda, is 8 years older, and my younger sister, Teresa, is 4 years younger than me (Figure 3). They both currently live in Tulsa, Oklahoma.

WCR: *Are your parents still living?*

PAD: Yes.

WCR: *When were your mother and father born?*

PAD: Both were born in 1925 within about 2 weeks of each other. They are enjoying retirement living on a golf course in Horseshoe Bay near Marble Falls (Figure 4).

WCR: *Where were they born?*

PAD: My mother was born in San Saba County, Texas (south central). My mother's family, the Harrells, were early settlers in Texas, having moved to Texas from Tennessee. The little town they settled in was originally called Harrell's Chapel. A wooden church building is there today which I do not believe is in use. It is located near the Cherokee River. Dr. Craig Callewart's wife's family, the Grays, were raised on a ranch about a mile and a half



Figure 5. Uncles Joe, Frank, and Bill Harrell.

from where my mother grew up and where all the people on my mother's side of the family are buried (what is now called Chapel, Texas). My grandfather and great-grandfather were both judges. My great-grandfather's picture, I think, still hangs in the courthouse in San Saba. My mother and my oldest sister went to Southwestern in Georgetown, Texas, as did my grandfather and my great-grandfather.

My mother met my father in San Antonio during World War II when my father was there at the naval air station. My father was born in Celina, Ohio. I didn't know my father's family well. When I was young we made only one trip back to Ohio to visit during one of those long car vacations.

My mother had 3 brothers who were all very successful businessmen (Figure 5). My uncle Bill, her oldest brother, was named an outstanding graduate of Texas Tech. He was one of the senior executives of a huge textile company called J. P. Stevens, located in South Carolina. I remember going to my Uncle Bill's house in Greenville, South Carolina, in the early 1960s. They had what I considered to be a mansion with a swimming pool in the backyard and a full uniformed house staff. My mother had to tell me, "Pete, they are going to pass this bowl around the table at dinner. Don't drink from it, it's a finger bowl." I remember my mother giving me a quick primer on etiquette at the table because I had never sat at a table before with a full uniformed staff and finger bowls. He also had use of corporate airplanes and owned fishing yachts.

Her other 2 brothers lived in Abilene, Texas. Joe Harrell ran an oil and gas supply business with a man named Pat Dunnigan, who was very wealthy. In 1962, my other uncle, Frank Harrell, an attorney in Abilene, and my uncle Joe Harrell bought a huge ranch called the Baca Location No. 1 (100,000 acres) in northern New Mexico just outside Los Alamos. The ranch got its name from the original family that owned it. They received the land from the US government in exchange for the White Sands area of New Mexico, which they owned. I believe Mr. Baca got 10 tracts of 100,000 acres for White Sands. I went there for several summers in my teens to ride the horses, play cowboy, and explore for Spanish artifacts with my aunt. I had a wonderful time. More recently referred to as the Caldera Ranch, it was purchased not long ago by the US government from the Dunnigan family, and I believe it was incorporated into the Santa Fe National Forest. My Uncle Joe and Aunt Marie made a lot of friends in Los Alamos. They would have them up for dinner, and they were

always full of interesting bits of history about Los Alamos because the city had only very recently become accessible to the public.

Another major memory for me was the day President Kennedy was shot. I was standing on the corner in downtown Dallas in front of a department store called Titcher-Goettinger with my friend Paul Tyler and his mother, Nancy, to see President Kennedy. Nancy had taken Paul and me out of school that day (I'm guessing we were in the third grade). Paul and I stood on that corner for what seemed like hours. The little girl next to me fainted it was so hot. I was constantly being pushed off the edge of the curb into the street, which was lined 3 deep with people. People were even hanging out of their office windows. I remember there was controversy about President Kennedy's visit, which I didn't understand at the time. I remember vividly the president going by for probably just a couple of seconds. I saw Governor Connally in front, on my side of the car, and the big Continental Trailways busses full with the press corps trailing behind. It was a kind of pandemonium. I remember Jackie's bright pink outfit and hat as much as I remember the president in that big black car.

Once he and the motorcade went by, the crowd evaporated. We went over to the YMCA to have lunch. Nancy Tyler's mother, Millie, ran the cafeteria at the YMCA in downtown Dallas. (At the time the YMCA was popular with business people at lunch.) Somebody came running in the door screaming at the top of their voice, "The president has been assassinated." The whole cafeteria went silent. With Nancy holding Paul's and my hands, we literally ran from the YMCA cafeteria to their car. We weren't sure what was going to happen next. Nancy drove us back to Bayles Elementary School while we listened to the radio. I was scared by the tone of the people speaking on the radio. Some thought the assassination was a communist plot and that the USA was about to be invaded. Speculation ran rampant in Dallas.

Back at school, classes were at a standstill. The students and teachers either listened to the radio over the school's public announcement system or went to the auditorium because there was a single television there. I remember them describing that Officer Tippett had been shot in front of a movie theater, and there was an all-points bulletin for the murderer.

The next night I went downtown with my parents, even though I'm not quite sure why we went. I saw for the first time a television camera on a tripod. There were searchlights in the sky. I'm not sure what they were looking for but it made me nervous. At Dealey Plaza people were hanging around, and the lawn was covered with flowers. It was a very scary period of time for me because we had weekly bomb drills with sirens in elementary school, and we would run out in the hallway and kneel down. I remember fallout shelters being built. Some of my relatives had stockpiled food. I remember being scared to death during the Cuban missile crisis—not being able to sleep at night. There was a lot of uncertainty growing up during that time, especially in Dallas. I think everybody feared an atomic bomb explosion. Since then and until September 11, I'm not sure kids went to bed at night worried about the possibility of war, but I was worried at the time.

WCR: *You mentioned that your family always had dinner together and that your father talked a lot. What were those conversations like?*

PAD: My father talked a lot about his philosophy on life, work, politics, and what was going on in the country at the time. He would ask what was going on in school. It was almost like a time of accountability. He was pleasant, but at the time it was "Tell me what's going on. What are you doing? What have you done?" I always knew that if I got a whipping at school, I would get another one at home. In my parents' minds, the teachers were always right and the kids were always guilty. My mother would attempt to spank me with a flyswatter if she could catch me. Then she would stop me dead in my tracks by saying, "Fine, you can just wait until your father gets home and he can spank you." My dad didn't give me a spanking very often but when he did, it was with a belt and it made an impression on me.

I got in the most trouble if I didn't come home when my mother called me or I wasn't back when she told me to be back. My mother tells the story that I would always try to eat dinner quickly and go back outside to play. One time she tied me to the chair with a belt so I couldn't get away from the table. I guess it worked. Those were good times. Those dinners were about the only time during the week that I really interacted with my father.

On the weekends, my dad loved to play golf, and I would caddy for him because that was a way for me to be around him. He usually played at the Tension golf course located on Samuell Boulevard in East Dallas. The course was crowded on the weekends and play could get pretty slow, so while waiting he would throw a ball down, give me one of his clubs, and let me hit it. One time, I saw a man break a golf club out of anger (his driver). I ran over after he was a safe distance away and picked it up. My dad put a grip on it, and that was my first golf club! I played golf growing up and actually got pretty good at it. A sports-related injury later partially paralyzed my left arm, and that ruined my golf game.

WCR: *It sounds like your father dominated the home?*

PAD: I don't know if that's true, but from my perspective, he was a pretty intimidating person. He was also a great provider. Even though we were by no means rich, I didn't grow up without anything that I really needed. I felt safe in my home. My father was clearly the leader of the family, and I felt accountable to him for everything I did. As I mentioned earlier, once my father got his college degree and passed the CPA exam, our lives changed, his career changed, and he headed to the top.

My father ultimately became one of the top people in a major US oil company, where he was also on the board. The man who hired him for the last job he held was Leon Hess, the founder of Hess Oil and Refining. The company was based at the time in Woodbridge, New Jersey. Mr. Hess acquired an exploration and production company based in Tulsa, Oklahoma, called Amerada Petroleum. They needed someone to run the new acquisition, and the 2 finalists for the job included my father and a Harvard graduate with a master's degree in business administration. My dad was working for Mobil Oil at the time (25 years I believe) in New York City. Mr. Hess gave both of the finalists an IQ test and interviewed them extensively. He hired my father over the Harvard graduate because he said my father had firsthand experience in the oil production business, from blue-collar aspects to white-collar management, and scored higher on the IQ test. That was why we moved from New York to Tulsa midway through my sophomore year in high school.

WCR: *What was your mother like?*

PAD: My mother was very nurturing. She was the best mother a kid could have. She represented the emotional side of the family. She took care of me every day and saw to all my needs. She tried to be a disciplinarian, but it just wasn't in her blood. There were very few days when my mother seemed angry or upset. I never heard her complain about much of anything. When you say the word "mother," I have an immediate positive response to that word. She was a great support for me and was always encouraging. My mother was wonderful to me while growing up and she still is.

WCR: *It sounds like your house was a very warm one. There wasn't a lot of fussing. It sounds like your mother and dad got along very well.*

PAD: They did. The biggest disagreements I remember were between my older sister and my parents over curfews and stuff like that. When my sister turned 16, my father bought her a car and took me along to pick it out. My dad and I washed and waxed that car that weekend so it would be perfect when she returned. She was so surprised. I knew at the time it was a big expense for my family. My parents had that kind of generosity. My father ran a pretty tight ship and expected a lot out of us—good grades all the time from all of us. He wasn't that concerned about sports, probably because I don't think he played sports in school. He taught us that education was the key to success. He had enough of the backbreaking jobs and, as we discussed earlier, just wanted to be sure we got that message. I did play sports, but it was not something my parents encouraged. My primary goal in school was to make good grades and get a good education.

WCR: *You moved to New York when you were in the eighth grade? That must have been a major shake-up for the family.*

PAD: In the middle of my eighth-grade year while just settling in at J. L. Long, my father got a big promotion with Mobil Oil Company and we moved to New York City. I was then a "tall drink of water," 13 years old. That relocation experience had a profound impact on my life. The words "culture shock" come to mind. We lived on Van Pelt at the time, and my sister was at Southern Methodist University. She decided to stay in Texas and marry her high school boyfriend because we were leaving Dallas and she had to move out of the house. To be a tall, skinny kid from Texas going to New York City for the first time and then to live in Croton-on-Hudson, New York, in a big, beautiful house was something. I learned a lot about myself. I worried about being labeled with what had been referred to as the "stigma of the South" and being associated with the perception that Dallas had assassinated a very popular president. To my surprise, I found that prejudice seemed more apparent to me in New York, only it wasn't simply based on color of skin. It was ethnic—Italian vs the Irish, etc. Seeing ethnic conclaves was an eye-opener for me. The flavor of the community was very much determined by where people had originally immigrated from.

The community I lived in was largely Italian. A large reservoir just outside Croton served as the major water supply for New York City. It was a beautiful lake with a huge rock dam that was built by Italian immigrants. Those laborers stayed in Croton after the completion of the dam. I got to understand the Italian culture. They made fun of me initially because of the way I talked, looked, and interacted. These kids had all grown up with each

other since kindergarten. They were proud Italians and Catholics. I was a Methodist and, most importantly, a Texan. They had their slang and slogans and their families did things together, and we were outsiders. When they learned I could play football (I had been playing it since the second grade in Dallas), I looked like a superstar and immediately started to fit in. (They did not start organized sports until the seventh or eighth grade.) I really wasn't that good by Texas standards, but in New York I had talent and suddenly appeared on their radar screen. Basketball was really the premier competitive sport there in contrast to football in Texas. I ended up playing football, basketball, and golf at Croton High School.

WCR: *Your father worked in Manhattan?*

PAD: My father worked at 42nd and Lexington.

WCR: *How far was his Manhattan office from Croton?*

PAD: About 40 miles. The train came down the Hudson River from Poughkeepsie to Croton to Tarrytown and right into Grand Central Station. A tunnel connected Grand Central Station with the Mobil Building 2 blocks away. When we first moved to New York from Dallas, we spent a short amount of time in New York City. We lived on the corner of 39th and Lexington at the Peter Cooper Hotel. I could look out my bedroom window at night and see the Empire State Building. It was a beautiful sight. I went all over New York City on the subway when we lived there.

WCR: *What was school like in Croton?*

PAD: It was an excellent school. The New York school system at the time was more challenging and difficult than the Dallas system. There was a lot of chaos in the Dallas schools because of the bussing issues. I switched from a somewhat unstable Dallas school situation to a very quiet and stable school environment. I remember one of the differences was that we had to take state-administered exams at the end of every year to pass the grade. I think they were referred to as regents exams. I felt like the quality of the education I got there was superb. I had grown up in the Dallas Independent School District from the second grade on, being in what they called at the time the accelerated program. So, in theory, I had the best teachers you could have in Dallas. In New York I quickly found myself in that program, too. They had superb teachers as well, especially in math.

WCR: *Did you have to study hard to make those good grades or did it come easy for you?*

PAD: I think it came easy for me.

WCR: *Were there many books around your house? Did your father and mother read a lot? Was it an intellectual atmosphere? Was there music in the home? What was your home like?*

PAD: My father liked to read, particularly about history, and his books were always around. I remember more the magazine subscriptions, including *National Geographic*, *Life*, and *Boys' Life*. I loved *National Geographic* more than anything else.

We did make forays into cultural activities. One of the biggest regrets I have was giving up the violin, which I played for 4 years while in elementary school. My peers' ridicule about playing the violin began to bother me, and sports took over.

WCR: *Did your parents play musical instruments?*

PAD: My father sang. He had a beautiful voice, and I believe he sang in a US Navy choir. When we would drive on those 2-week car vacations I mentioned earlier, my father would sing for



Figure 6. Home in Croton-on-Hudson, New York.

us, and we loved it. It kept us entertained along with some board game like bingo in which you had to find things like road signs saying “keep left” to win. He taught us many songs; however, I sang poorly.

WCR: *The family went to the Methodist Church every Sunday? You were a religious family?*

PAD: We went to Sunday school and church on Sundays, and my sister went to the youth program on Sunday evenings and sometimes on Wednesday nights. It was a part of our lives.

WCR: *When you sat down at the dinner table at night, would you say a prayer before eating?*

PAD: Yes, my father would.

WCR: *It sounds as though you were a pretty good athlete in junior high and high school. You played football and basketball?*

PAD: I played football, basketball, and golf. In New York, golf courses were closed from Thanksgiving to springtime. In Texas, golf is played year-round. Sports created the venue for friendships when I moved to New York. I wasn’t one of those kids, however, who was in the mainstream of the social life.

WCR: *What position did you play in football?*

PAD: Quarterback.

WCR: *And did you play in junior high and high school?*

PAD: I played in both. A life-altering event took place my sophomore year during football while living in Croton. I believe it was the last game of the season and I went back to throw a pass. I had my left arm raised to make a pass.

WCR: *Were you left handed?*

PAD: No, I was right handed, but when throwing the football, my left arm was up. The tackler inserted his shoulder underneath my left shoulder and drove me into the ground. That produced a partial dislocation and a brachial plexus stretch. My left arm was partially paralyzed. It was not clear whether I was ever going to regain use of my shoulder muscles. I still have weakness in my left arm and some residual numbness in my thumb. The injury ended my sports career at the time and took me out of my circle of friends. I went from somebody highly valued to someone who did not count much. That experience made me realize what real friends were about. I reflected on that a lot. That injury is also what initially got me interested in medicine. Not long after that, my dad took the job with Mr. Hess, and we moved

to Tulsa, Oklahoma. Thus, my sophomore year was a very challenging year because of the injury and the move.

WCR: *You lived in New York for 2 years?*

PAD: That’s right. It was a great 2 years. My next-door neighbor in Croton was a 747 pilot for KLM. As a child during World War II, he was captured by the Nazis sailing downed Allied pilots across the English Channel at night in a dingy. He told me all about the war and about Europe. He was to be executed, but they got his paperwork mixed up and his camp was liberated prior to the new execution date. He taught me how to sail. The Hudson River was beautiful at Croton. I believe it was close to a mile wide. Many people came up from New York City and spent the weekend on their boats there. I still love to sail today. The first summer we lived there my dad got me to paint our 2-story wood house and bought me a little 14-foot Sunfish sailboat as my reward (Figure 6). My dad was always goal oriented with me. Mow lawns—buy a bike. Paint the house—buy a sailboat. It was all connected.

Except for the injury, I have very fond memories of New York. It enlightened me culturally. My other next-door neighbor’s dad worked for Moran Tugboat, and his company had tickets to the New York Yankee games. We would take the train, get off at Yankee Stadium, sit above third base, and watch them play on summer afternoons. It was wonderful. My journeys around New York City taught me a lot about life and especially ethnic diversity. I loved to go to the United Nations and sit in on their sessions. I would sit and watch all those flags wave in the wind and wonder what the countries they represented were like.

WCR: *How did you go all over New York City?*

PAD: By rail and subway. When we lived in the city, I would just hop on the subway and go somewhere new. I knew the subway train had to come back to Grand Central. I would get off when the place looked interesting. I went to Brooklyn, Queens, and Yonkers. I developed a love of photography while I lived in New York City. There were camera stores seemingly everywhere.

WCR: *How did you get interested in photography?*

PAD: The biggest camera stores in New York City (Manhattan and others) are all concentrated around midtown Manhattan. While walking in that area, I saw in the windows German cameras, Japanese cameras, film, and pictures. My dad bought me my first camera there, a Polaroid. I loved the immediate gratification of seeing the picture, but the film was somewhat messy and very expensive. I later got a Kowa SLR and took slides. The more pictures I took, the more I appreciated them. Later I got interested in the artistic side of photography but still liked the technology. One of my prized possessions is a Leica rangefinder camera, which is an incredible piece of craftsmanship. It is obsolete by today’s standards but is a classic camera. My current focus is digital photography.

WCR: *How did the move to Tulsa develop?*

PAD: Immediately after the shoulder injury and leaving sports, I moved to Tulsa and made a new set of friends. Then I really immersed myself in my education. I read a lot and studied hard. As part of the rehabilitation process, I went to a children’s medical center in Tulsa and became close friends with children who had muscular dystrophy and things far worse than I had. That’s when I decided that I was interested in medicine. I read about what happened to me and became fascinated about physiology and pathology.

WCR: *What else did you get interested in?*

PAD: I read a lot about medicine, science, and mathematics. I did a lot of mathematics and science projects. I had a great series of math teachers, and my goal was to be able to go to a good college. The social circles in Tulsa were pretty tight. It was a relatively wealthy community, and most people, like in Croton, had grown up there. The first time I took a commercial air flight was when we flew to Tulsa to find a house. It was a 707. We bought the nicest house I had ever lived in. It was not far from the school I went to. I started school when the Christmas break was over.

I decided to stay connected to sports. By the end of my sophomore year, I started getting back the use of my arm from physical therapy. When football started that junior year, I hung out with the team. The doctors didn't want me to play and the coaches knew that. I sat with the coaches and worked with the quarterbacks because innately I was pretty good at that position. I started throwing the football again and worked the receivers by throwing them passes at practices. I remember taking the opportunity to show the crowd how far I could throw the ball during the warm-ups before our games. I decided my senior year that I was going to play again, but my parents wouldn't let me. I had a better arm and was taller than the starting quarterback. It was hard for me not to play. The team had an orthopaedic surgeon, Dr. Fanning, who taught me how to wrap knees, ankles, etc. During the week Dr. Fanning quit coming to practices, so I taped up all the guys. I read about orthopaedic injuries. It gave me a way to be a part of the football team. They awarded me a letter jacket my senior year. At the time I developed an interest in orthopaedics.

WCR: *Did you play basketball?*

PAD: I didn't get back into basketball because basketball wasn't a big deal in Tulsa like it was on the East Coast. Every day in Croton at lunch, I played basketball and the coach would say, "Aren't you going to go out for the basketball team?" I said to him, "I have been waiting for you to ask me." At Thomas Edison High School in Tulsa, football and wrestling were the big sports.

WCR: *How did Tulsa hit you?*

PAD: It was culturally more like Dallas. It was kind of like going back to my roots. Tulsa is a lot like Dallas, and Oklahoma City is a lot like Fort Worth. Tulsa has rolling hills, trees, and, at the time, a sort of small-town sophistication. It had many wealthy families because of oil. It was the first time I ran into organized social clubs. I didn't ever make it into the social clubs because I wasn't a native Tulsan, but I dated the president of the girls' social club. I started dating when I could drive. Students dressed up to go to school. Socially it was a very different environment than New York. At Thomas Edison High School, the teachers were superb. I was in the advanced honors classes and received a very good education. We had a math teacher named Mr. Dobbelbauer who was phenomenal, and he inspired me. He had the first computers in public schools that I had seen. He taught us to program on punch cards.

WCR: *That was when you were 16, a junior?*

PAD: Yes. Tulsa had a street called Peoria that everybody drove their cars up and down. It had a drive-in diner called Penningtons. Everybody would drive on Peoria and pull into Penningtons and get some blackbottom pie. On dates, we would

go to a movie, go drag the strip, and then go to Penningtons. It was a rather innocent environment to grow up in. There were major school rivalries in sports. Edison was the school everybody wanted to beat. I graduated in the top of my class and got an academic scholarship to OU.

WCR: *So you were a happy kid.*

PAD: I was. After my usual backbreaking jobs in the summer, I spent a lot of time in New Mexico at my uncle's ranch, the Baca, exploring, hiking, fishing, and riding horses. My aunt and I found an old brass stirrup off of a Spanish saddle one summer, and she hung it next to her fireplace to hold matches. We also excavated a cave and found a pot that we took to a graduate student in Santa Fe doing her thesis on the local Indian people. She carbon dated it to the 800s. My Aunt Marie, I believe, still has the pot at her home in Abilene. We had a much more affluent life in Tulsa because of my father's business success and the lower cost of living there compared with New York. My father's decision to leave Mobil after 25 years of employment proved to be a very good choice for our family.

WCR: *Were there other teachers in high school or junior high who had an impact on you?*

PAD: My math teacher at Croton was fabulous, but I cannot remember his name. He had a unique teaching style. He sat at his desk with an overhead projector with this huge roll of clear plastic, which he wrote on. He was constantly rolling that plastic forward, teaching as he went. If he had used a blackboard he couldn't have covered half as much material. He taught me geometry and trigonometry. He connected with me. At the end of every class, we would take a 5-minute test. He never opened the book. He understood the principles of math. He went over every problem and said, "This is what's new about this equation. You've got to think differently when you look at this kind of problem. This is how you dissect this polygon into these triangles, and this is the way you determine the area." I loved it. When I walked out of that class every day, I walked out having learned something. He inspired me, and I wanted to do well. I don't think there was a kid in that class who didn't make good grades. No students talked and passed notes during his classes like in some of the other classes. That class was quiet. We respected him. He explained what was going on. It was fabulous.

WCR: *How did you decide to go to OU?*

PAD: I wanted to go to Duke and had applied there. At that time Duke was very expensive and the tuition, according to my father, was on some type of sliding scale related to income. I didn't understand it. My dad told me, "Pete, you've got a full academic scholarship to OU. I want you to go there your first year, but if you don't like it after the first year I'll send you anywhere you want to go, including Duke." I was disappointed but didn't question it. I quite honestly was flattered that I got a scholarship. I'm sure at Duke I would have been just one of many kids in a highly competitive environment, probably nothing special.

In the social circles where I was growing up in Tulsa, many high school seniors went to OU, so it wasn't a stigma. OU was a good school, and Duke was the closest thing to an Ivy League School I had ever been interested in. The scholarship to OU paid for my books and tuition and put me in honors housing. It gave me a lot of perks. It made me very recruitable for fraternities because to them having a scholarship translated into a good grade

point, and they all needed help with that. It made me a pretty marketable item.

I went to OU with the goal of getting into medical school in 3 years, and that's what I did. I played hard, did some crazy things, but I studied hard. I studied at the library every evening. Sometimes I would finish at 10:00 PM and sometimes I would finish at midnight. I would go to what is called the catacombs, creating isolation for myself. When I would go back to the fraternity house I would sit down at the bridge table and play bridge until 3:00 or 4:00 AM or whatever and do other crazy things. My fraternity was on social probation twice while I was there. I was elected president of the interfraternity council my junior year but had to give it up because I got into medical school. I lived the full college life, but my priority was clear—to get into medical school in 3 years. I needed nearly a 4.0 grade-point average to do that. I took the toughest classes and chose a tough major, chemical engineering. And I did it. I went to summer school to get the required 90 hours. I had to do 5 hours of biochemistry and an hour of honors studies the summer before medical school to be accepted. There were only 3 or 4 of us in my medical class of 150 to be accepted into medical school after 3 years.

WCR: *How many undergraduate students were at OU from 1972 to 1975 when you were there?*

PAD: Around 18,000.

WCR: *What fraternity did you join?*

PAD: I was an Alpha Tau Omega. The Betas and the Deltas were far more popular for the Tulsa kids. I was looking for a little more of the wild bunch, and I found it.

WCR: *Why were you so anxious to get into medical school after 3 years of college?*

PAD: That's a good question. It was just another rung on the ladder of my goal-oriented behavior. It would keep me "straight" and focused.

WCR: *But you had a very full nonacademic agenda in college also. You studied hard, you were an active fraternity member, you dated a lot?*

PAD: Yes, I dated a lot. I was into the social scene, but it was like I was schizophrenic. I had a side of me that always went to class and took it seriously. I partied, I played intramural sports. I played football on the intramural football team and did well, both as quarterback and as a receiver. But each evening I went to the library and hid myself from my fraternity brothers and studied. As a pledge, we had study hall. I was an officer of my pledge class. After an evening of studying, I could do anything I wanted because my business had been taken care of.

WCR: *Did you play golf anymore?*

PAD: Just socially and mainly when I was out of town. It was frustrating for me relative to my abilities before the injury. If you are right-handed playing golf, your left shoulder is so important. I didn't have the control I had had previously. Because of the frustration, I gave it up for a long time but would play occasionally with my father just to be with him.

WCR: *What was your lowest handicap before your injury?*

PAD: I had a 6 handicap in high school and was good enough to be on the golf team. I played in the regionals my first year in New York. I shot routinely in the mid 70s—easily.

WCR: *Were there teachers in college who had a particular impact on you?*

PAD: The only one in undergraduate at OU was Dr. Howard, a physics professor who worked on the Manhattan project. That was the most difficult course I have ever taken. Because the geology and petroleum schools at OU were some of the best in the country, we had a lot of foreign students, particularly Middle Eastern students. We started out with a class of about 60 students in physics and <10 finished that class the second semester. The physics class was a 5-hour class in an old, un-air-conditioned building. Dr. Howard was one tough cookie. He had a blackboard and the chalk would squeak when he wrote, and it would just make me cringe. He was kind of a gruffy old guy. If you got to know him, he would tell you about the Manhattan project and his role in it and about Enrico Fermi as well as the people he got to know at the University of Chicago.

One of the most memorable academic events that occurred happened my sophomore year in an English class. I didn't like the professor at all. The first day of class he said, "I've got one rule. You've got to be here on time the last day of class." So what did I do? Our final exam that semester was an essay. I worked on mine for days but it just didn't seem to work for me. Finally about 2:00 AM the morning of the last class I decided to start over and finished about 6:00 AM, just another "all-nighter." The class started at 8:00 AM, and I woke up about 8:30 AM. I had overslept. My heart pounded remembering his words from the beginning of the semester. My one chance was to make it before class ended at 9:00 AM. With paper in hand, I ran from my dorm room to his classroom, all the way knowing that my goal of getting into medical school in 3 years was in jeopardy. I got there literally right as class was being dismissed. I didn't know whether he would flunk me or accept my paper. Not only did he accept my paper (because I had been in class all year), but I also made an A. That was a near-miss.

Another time, as a freshman, having been on a fraternity walkout to New Orleans, I nearly died of pneumococcal pneumonia. I rode 16 hours back to Norman in the open luggage compartment of the bus above the seats. I was carried from the bus to the infirmary and was hospitalized for a week, nearly dying. Dr. Braverman, who ran the human genetics course, had me make up a missed exam. His makeup exams were rumored to be next to impossible. I stayed up the entire night, again knowing that my whole plan to get into medical school in 3 years hung in the balance. I made an A, thankfully.

WCR: *What were you doing in New Orleans?*

PAD: A fraternity walkout. In the spring, the freshman pledges would plan a trip right before initiation, kidnapping some of the members and going somewhere. That year we chartered a bus and staged what we called a "walkout." That night they had us in the study of the fraternity house dishing out the usual weekly hazing, putting us in our place. We broke rank that night during the hazing session and ran out of the house. They chased us, but we had a bus hidden. We all jumped on the bus with some members who were our conspirators and went to New Orleans. It was a wild time, but I stayed in the hotel room the entire time, deathly ill. Nobody, including me, realized how sick I was.

WCR: *Was there alcohol in your home as you were growing up? Did your father have a drink when he came home at night?*

PAD: No.

WCR: *Did your father smoke?*

PAD: He and my mother both smoked.

WCR: *Did they ever quit?*

PAD: Yes, they both quit under different circumstances. My father quit when he had a heart attack. My mother quit when I brought her to tears one night during medical school. I told her horrible things about cancer, that I couldn't live with the idea of her getting cancer and that I was going to bring a cancerous lung home. She quit cold turkey!

WCR: *How old was your father when he had a heart attack?*

PAD: He was in his late 40s or early 50s. I was a senior in high school.

WCR: *Did that cardiac event have any effect on your not going to Duke?*

PAD: You're right. It may have been the reason I didn't want to challenge his decision.

WCR: *I assume that he recovered?*

PAD: He did. He did well. A lot of it was stress. He had a lot of responsibility on the exploration side in the oil business. I remember him coming home at night and being really wound tight because they had millions of dollars at stake on these drilling plays. He wanted to be called as soon as they knew whether the well was a hit or not. Although my father wasn't a geologist, he did run that part of the company and had to approve each well.

WCR: *You had planned when you entered college that you wanted to go to OU medical school?*

PAD: No, I did not. Quite honestly I didn't know realistically if I would make it in 3 years or not. It was a way to keep me focused that freshman year. I applied at Southwestern also. At that time, it was incredibly competitive to get into medical school. Ten were interviewed at OU medical school for every one accepted. I wanted the experience of going through the process to prepare myself for the more likely scenario of being accepted my fourth year. I took the Medical College Admissions Test as a sophomore in college. I took it again as a junior and did very well. I was probably recovering from an all-night party when I took it my sophomore year. I walked into the sophomore exam as a warm-up. I approached the interviews the same way. When I went to interview I was very relaxed. I knew it wasn't a bad thing because I was in my junior year. If I didn't get in, so what? I could do the whole thing again my senior year.

WCR: *How did the application at Southwestern go?*

PAD: It went pretty well. They were very honest with me. They said they had a lot of applicants, and out-of-state people didn't stand much of a chance, especially after 3 years in college. They welcomed me and said they were glad I was interested. I walked away not thinking I had much of a chance. When I went to OU and interviewed, it was similar. They didn't tell me there was no chance. They listened to my story and were kind of amazed that I could do all the things that I had done. I also had good references. The toughest question I was asked was by the medical student: "What's your feeling about euthanasia?" The student said it so fast, I wasn't sure whether he meant youth in Asia or euthanasia. I'm usually pretty quick on my feet so I said, "Tell me a little bit about euthanasia yourself. What concerns you about euthanasia?" He just started talking and I knew it wasn't youth in Asia he was talking about. Once he set me straight I answered the question.

WCR: *Medical students interviewed you as well as faculty?*

PAD: The interview team at OU consisted of a medical student, several faculty members, and sometimes a community-based physician.

WCR: *Did you get into Southwestern after 3 years?*

PAD: I did not.

WCR: *But you were setting yourself up for the fourth year?*

PAD: Yes. If I had to go to the fourth year of college, I was going to apply to Barnes, OU, and Southwestern.

WCR: *How did OU medical school work out?*

PAD: I didn't like it very much the first 2 years. I didn't think my professors were very good, especially the pathology professors. The first-year curriculum wasn't bad for me because I had been a chemical engineering major and had a lot of chemistry. Thus, biochemistry was not a problem for me. I lived in Norman and commuted the 30 minutes to Oklahoma City. Oklahoma City just wasn't my type of city. I studied hard, incarcerated myself, but didn't go to class a lot. The professors were not very inspiring. The classrooms would be full for the good professors and empty for the bad professors.

OU medical school started a program for the last 2 years of medical school in cooperation with the medical community in Tulsa. With my parents living there, I decided to take the 2 clinical years in Tulsa and live at home. I wanted out of Oklahoma City. Living in Norman the first 2 years made it tolerable. I had a great roommate, Scott Ames, whom I am still very close to today. He is an anesthesiologist in Tulsa. We lived together in an apartment. We pushed each other because we needed the discipline to study. After we finished studying every night we would go get a pizza or go hang out at one of the local bars or wherever the kids were. We both managed to make good grades and we got a reasonable education. I made some good friends in medical school those first years. We went through a lot together.

I have one little anecdote from my freshman year in medical school. We had a physical diagnosis class, which was very popular, where patients were brought into the classroom. We got to put on white coats and were actually called "doctor" in this class. I got picked along with 2 other students. I stood on one side of the patient, and the other 2 students stood on the other side; the instructor spent most of the time talking to them. Toward the end, he turned to me and said, "Doctor, what do you think?" I turned to look over my shoulder to see where the doctor was, and the whole class went crazy. It was a pregnant moment for me. I didn't think of myself as a doctor at that time. I think even the patient laughed. My fellow students didn't let me forget that episode for a long time.

The Tulsa environment those last 2 years was totally different than that in Oklahoma City. It was a new community-based program, and we got great exposure. We got to do things that usually only residents do because the clinical programs weren't deep in fellows, residents, and interns. I got to first assist my junior year in my surgery clerkship. I got lined up with C. T. Thompson, whose group was mostly trained at Southwestern in Dallas. A highly regarded general surgeon, C. T. had been an important leader in the American College of Surgeons and was nationally known, even though he was a private practitioner. I loved my last 2 years and did very, very well. Living at home made life much more enjoyable. My mother took care of me like I was

a young kid. I scored honors in several of the clinical rotations and was given the opportunity to come back if I wanted to do a residency or practice later in Tulsa. I made Alpha Omega Alpha my junior year.

WCR: *Early in medical school, do you remember any surprises—for example, the huge quantity of information thrown at you or how it was different from college?*

PAD: It really wasn't different for me. In college I had taken some very challenging courses like the physics course I referred to earlier. That physics class exceeded any didactic class I had the first 2 years of medical school in terms of the amount of time I studied and how hard the exams were. It was a relatively easy transition for me. I know a lot of my classmates struggled and didn't make good grades. In fact, most students believed the faculty wanted to weed out about 10% of the class the first semester.

WCR: *How many were in your class?*

PAD: One hundred fifty-six. I think that included about 20 women. Our class included Miss Oklahoma, a very smart lady, now a plastic surgeon. I have subsequently seen her on national programs. Bill Herlihy, one of my present partners, and I were in medical school together. He knew after his first 2 years in medical school that he wanted to be a pathologist. That was the last thing I thought I wanted to do after my first 2 years. I decided late in my education that pathology was for me.

WCR: *You were very much an extrovert, a leader. You could have picked any specialty. You are a gadgeteer. How did you decide on a specialty?*

PAD: It was a result of the clinical experiences. I was heavily recruited in several specialties. At the end of my rotation in medicine, Dan Duffy, chief of medicine, said, "Pete, we want to encourage you to think about being an internist." I really liked the hospital side of all of the clinical rotations including internal medicine. Medical students didn't go to the outpatient clinics in Tulsa because there weren't any. Instead, we rotated to physicians' offices for the out-of-hospital experiences. Although I loved the hospital-based experiences in internal medicine, I didn't particularly care for many of the in-office experiences. I realized that many of the things those physicians have to deal with I would categorize as routine. I didn't know how well I would do in a medical practice where most of what you did every day was rather repetitive. I was afraid that my ability to stay focused would be compromised.

WCR: *You thought you would get bored?*

PAD: Yes, and that would mean I would be a bad doctor. I was concerned about that because I know that I thrive on a challenge. I have taken personality exams and been characterized as having a "red" personality, meaning I am very goal oriented. That is what drives me. I loved the hospital practice of internal medicine and surgery. I really loved neurosurgery. Samuel Shadduck, a neurosurgeon, was my hero in Tulsa, but I didn't know if I loved neurosurgery or I loved the man. He had great patient rapport, a real presence in the room. He was funny and his patients appreciated the humor. Operating with Sam was a treat; he did neat procedures. Then, when I went to Sam's office, I saw all the rest of a neurosurgeon's practice. I saw both the successes and the failures. I realized that neurosurgery too often could be an exercise in futility. That made me sad. The office practices I observed

really shaped my decision. If I had made my decision around the hospital-based experiences, I would not have been a pathologist. I would have been a surgeon, an obstetrician/gynecologist, an internist—whatever probably was the last of those clinical rotations that I was on, because I loved them all.

OU medical school required a 6-week externship in a rural community with a family practice doctor. Scott Ames, my roommate, and I went together to Grove, Oklahoma, in February of our senior year. We had more snow that year than we had had in many winters. We stayed in a trailer house and when the wind blew, the curtains moved—with the windows shut, of course. It was drafty and cold near Grand Lake. We practiced for a doctor named Dr. N. A. Cotner, an old-generation-style family practitioner. He did everything, including surgery. He had a 30-bed hospital. Grove was known to be the toughest clinical rotation for externship in medical school because you were expected to do everything. When you showed up in Grove, they took your picture and put it in the one pharmacy in town saying students could write prescriptions. Dr. Cotner cosigned them, but you wrote medications. You staffed the emergency room, took care of all the hospital patients. Scott knew that he wanted to be an anesthesiologist. He did anesthesia on the patients that Cotner operated on during the 6 weeks we were there while I first assisted. I took my first appendix out on that rotation, essentially functioning as a surgeon. They had a nurse anesthetist at other times. We delivered babies; we did it all. We took care of the trauma cases.

I remember being summoned to the emergency department at 2:00 or 3:00 AM. The nurse said, "We've got a bad situation and you need to run to the hospital." When I entered the triage room, the patient's small and large intestines were lying on his belly. He had been in a knife fight at a local bar. His buddy was pacing around in the lobby talking about getting the perpetrators. I thought, great—more violence. The nurse was great and really knew what to do. Fortunately she had already started a large-bore intravenous line. We stabilized his vital signs, and I gingerly explored his abdomen and found that he wasn't bleeding and his spleen was not injured. We ordered an ambulance and got him to Tulsa, and he did fine.

I felt well prepared for that clinical rotation because of all my clinical hospital experiences in Tulsa. I had been in the office with internists. I had seen the colds and respiratory infections. I had been with pediatricians, and I knew what the common drug regimens for otitis media were. I had been well prepared, but Tulsa was an environment where as a student, you needed to be more self-directed and motivated like a resident has to be. There were clearly kids in Tulsa who struggled there. They needed the structure of the more traditional academic environment. Quite honestly, the Tulsa program was a lot like Baylor's programs are today. It's the similar type of private practice environment. Tulsa was a great experience for me because I got the complete exposure to what the medical profession looked like, both in the hospital and in the office. I made my specialty decision on that basis.

In the transition between my third and fourth years, I got to see how a pathologist functions in private practice. There was a surgical pathologist named Dr. Jimmy Strange at St. John's Hospital. He said, "I am 35 years into my career and every day or so

I see something that gives me a challenge. You can't be a good pathologist and go to sleep on the job. As a pathologist, you kind of set your own time. A lot of it is self-directed, and you have to be confident learning on your own. You are not going to be in a classroom; you have to explore and read. You are going to be intellectually challenged the rest of your life if you embrace this specialty the way it needs to be embraced. There is more to know than you will ever know. It is a profession where an ego will get you in trouble."

WCR: *How did you encounter him?*

PAD: I did a pathology elective late in my third year because on my internal medicine rotations I had ventured into the laboratory like we were all required to do. I spent a little time learning how to do a urinalysis and a blood smear. I really got fascinated on the surgical rotation with surgical pathology. We had some thyroid cases that I presented at the conference where they were discussed. I went over the slides with the pathologist, and I filed that experience away in my mind. I did a rotation with Dr. Strange in surgical pathology and found I really liked it. I liked the clinical conferences where nobody really knew what was going on until the pathologist stood up and told them. I loved the challenge of pathology. I felt, quite honestly, that pathology would keep me focused and would be a lifelong challenge. It seemed to be the best fit for me from a career perspective.

WCR: *Your pathology rotation was toward the end of your junior year?*

PAD: It was between my third and fourth years around August.

WCR: *Did you apply to a number of places?*

PAD: Because of my roots, my preference was to apply in Dallas. Dallas had 2 really good pathology training programs, Southwestern and Baylor. I had a fraternity brother in pathology at the time at Baylor who encouraged me to come here. I interviewed at Southwestern with Dr. Vernie Stembridge, who I believe was the department chairman at that time. I was invited back later in the year for a second visit along with the rest of their leading resident candidates. They put me up in the Sheraton Hotel and put the rush on for pathology for 5 or 6 of us. They took us to dinner and made us feel really special. I remember getting a letter from Dr. Stembridge expressing his disappointment when the match results were released and I had decided to go to Baylor instead of Southwestern. Dr. Stembridge was one of the icons in pathology and Southwestern had a great program, but Baylor was a better fit for me. Again, the feel was a lot like Tulsa. Dr. Strange had coached me about what to look for in a pathology program, and Baylor was my choice.

WCR: *What did he tell you?*

PAD: He told me, "It's not what you know, it's knowing when you don't. The only way you will get to know your limitations is by being placed in situations where you are asked to make decisions." Additionally, he told me to go to a place where the department was stable, where the volume was large, and where the environment was conducive to learning without competition for access to the material. He shaped a lot of what I looked for in a program. Baylor was the ideal fit.

Dr. George Race was a well-respected pathology chairman who wrote a book in pathology, so I knew the program had some academic flavor. Baylor in the Dallas community looked to be

the premier clinical care delivery system. Another reason I was attracted to Baylor was that the pathology department did not have too many residents. Southwestern had some 20+ residents. I think we had only 16 or so, as it was a 4-year program at the time. I didn't have to drive all over Dallas to other hospitals, like to the Veterans Administration Hospital, for my training. The Baylor pathology staff were all great.

Jerry Puls, a pathologist at St. John's Hospital in Tulsa, also had impact into my decision for pathology. He did clinical hematology and went onto the wards. Between him and Jimmy on the surgical pathology side, I was sold on pathology.

When I interviewed at BUMC, I met many nice people. I met Dr. Race who was big, rather intimidating, and had kind of a gruff voice. Books were stacked everywhere in his office, and he had at least 3 secretaries working for him. Drs. Bill Kingsley, Doris Vendrell, Chuck Reitz, and Weldon Tillery also were warm and friendly. They were honest with me about the program. They talked about the great relationships they had with the clinicians. BUMC fit Jimmy's formula. It had a large volume of diverse clinical material, and it had a great reputation clinically.

I didn't hear any complaints at BUMC. Baylor residents could moonlight their senior year to make extra money. The residents at Baylor loved the clinical conferences. The residents at BUMC seemed happy, and I saw every resident they had. When potential residents come to BUMC today to be interviewed, I say Dallas has the best 2 pathology programs in the state, and you can't go wrong with either one. It's which one better fits your learning style. My classmate, Bill Herlihy, unbeknownst to me, had also decided to come to Baylor for his pathology residency. Bill and I ended up being residents together.

WCR: *Do you think that coming to BUMC also had something to do with your earlier living in East Dallas and the fact that you were born at Baylor?*

PAD: I don't know that it consciously did. The only time I remember going to Baylor Hospital when I lived in Dallas was when my mother had her gallbladder removed by Dr. Harold Cheek.

WCR: *Were there any physicians in your extended family?*

PAD: No, I am the only one.

WCR: *You got interested in being a doctor after you started going to the hospital after your football injury?*

PAD: Having the experience with my shoulder got me interested in medicine. My father also encouraged me. He had a tremendous respect for the profession of medicine, and it was clear that as I talked about that as a career choice, he was elated. It was the old thing that parents try to provide for their children better than what they had as children. Medicine was kind of the ultimate job security according to my father because you built your security around what you carried around between your ears. Remember, he had taught me to not earn a living with my back. He encouraged me to go to medical school.

WCR: *When did you meet your wife?*

PAD: I met Linda Helm in July while on the pathology elective between my junior and senior years. A friend and I were at lunch one day and I ran into her at the restaurant. Devereaux Jones, my fraternity little brother from Broken Arrow, Oklahoma, had been one of Linda's best friends in high school. He always told me, "There's a girl I know that you have to ask out. You guys

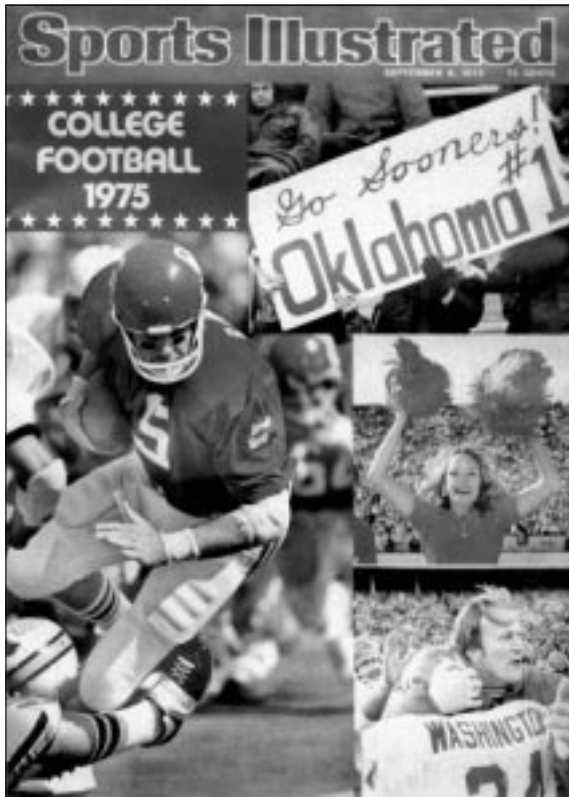


Figure 7. Wife Linda (middle right) on the cover of *Sports Illustrated*.

would be a great match.” Fortunately, I did not date her in college. If I had, she probably would have never married me. She was a cheerleader at OU. In fact, she was on the cover of *Sports Illustrated* in 1975 along with Barry Switzer, Steve Davis, and Joe Washington (Figure 7). She was always dating the athletes. When I ran into her, we more or less knew about each other through mutual friends like Devereaux. She had transferred to Tulsa University from Oklahoma University to finish nursing school. She more or less asked me out and gave me her phone number. I had a rule to never call a girl immediately. I waited at least 2 weeks to call her. We played tennis on our first date. Fortunately, I had been around enough and done a lot of crazy things, so I realized that she was the one for me.

WCR: *What struck you about Linda? What were the things she did that allowed you to say that she was wonderful?*

PAD: She was attractive, friendly, talkative, honest, and mature. She was what I was looking for. I really liked her and could respect her. She was easy and natural for me to be around. She appeared to accept me for what I was and wasn't on a mission to change me. I told her, "Linda, I am going to Dallas and I want you to come with me. I want you to marry me." We married June 9, 1979, a week after I graduated from medical school, and went to Hawaii on our honeymoon.

We assembled hand-me-down furniture from our families and moved into a little apartment off Meadow Road. Linda took a job with Baylor in the nursing education department, and I started my residency at Baylor. We have been here ever since. We immediately fell in love with Dallas. After a week in the pathology department, I felt like I had made the right decision. I loved it.

WCR: *You had a lot of responsibility very quickly in your residency?*

PAD: Absolutely. First-year residents were on the same rotations as fourth-year residents. Dr. Bill Kingsley was the chief of surgical pathology. Dr. Vendrell was head of the autopsy service. Her husband, Felix Vendrell, was a radiation oncologist at Baylor. Dr. Norm Helgeson and Dr. Weldon Tillery also were there. Dr. Alex McCracken was in the clinical lab. We occasionally saw Dr. Race, but he wasn't there a lot. He worked on his books in his back office or was at his ranch. I wasn't there very long before some clinicians had a profound impact on me. One was Dr. Mike Reese.

WCR: *In what way?*

PAD: I quickly became fascinated with Dr. Reese. One of the first times I met him, I was working late one evening and Mike came around. He was rattling the doors looking for someone to help him. Nobody was there but me. I looked at a case with him, and I liked this man immediately. I thought that he was a phenomenon of sorts. Over the years I got to know Mike very well. He lived up to my initial expectations. I think most people are aware that Mike started the oncology group and took it public. One of his greatest contributions was recruiting excellent clinicians. He understood the strategic value of recruiting. Many of our best clinicians still in practice today were recruited to Baylor by Dr. Reese. We have been truly fortunate to have many great clinicians over the years: Ralph Tompsett, Harold Cheek, Shields Livingston, Zeck Lieberman, Donald Paulson, and Jesse Thompson, just to name a few.

Baylor also has a wonderful esprit de corps. My early impression of Baylor was that you were always expected to do the right thing; the standards were high. Baylor had many great clinicians, and they regularly ventured into the pathology department. I got to know and grew to appreciate them. My residency was a good experience, and it was my kind of environment. It was not the kind of environment that was made for everybody. I remember Bill Kingsley's coming in and literally setting 11 trays of slides on my desk. He said, "Pete, I'm going to lunch. When I get back, we'll look at the cases." It was clear that the pathology residents did the majority of the work, and the staff really taught and reviewed our work. It was a very different scenario than it is today. Bill Herlihy and I thrived in that kind of environment, and we loved it.

WCR: *At that time, during your 4 years of training (1979–1983), you did primarily surgical pathology?*

PAD: Unlike the majority of my pathology resident colleagues, I liked clinical pathology as well as surgical pathology. Dr. Steve Ritzmann was in charge of clinical chemistry, and he taught me a lot. I loved clinical medicine and I still do. I was incredibly fascinated by what went on in the clinical lab—both the technology and its role in the practice of medicine. I got into analyzing hemoglobins and taught a course sponsored by the National Institutes of Health on sickle cell disease and worked with Dr. Rose Snider from the University of Texas Medical Branch at Galveston, one of the foremost hemoglobin experts in the country. I contributed to a book chapter with Rose. I discovered a high-oxygen-affinity hemoglobin and named it "Dallas." I did some research in 2-dimensional sodium dodecyl sulfate–polyacrylamide gel electrophoresis. I visited the National Institutes of Health and considered doing a fellowship there and also at North Carolina. I am still a clinician at heart.

WCR: *You liked the process; you liked all the machines and how they worked?*

PAD: I did, but I also liked the science and clinical application of what was done in the laboratory. I liked it all, but there was never enough time to do it all.

WCR: *It seems to me that that's one of the things you liked about pathology: the idea that you were supposed to know everything.*

PAD: Pathology is a wonderful and challenging profession. Fundamentally, it is the study and understanding of disease. I have participated in a significant amount of change in the 20 years or so I have been in practice. I have seen the majority of what we do move from documenting things after the fact to providing the initial and critical piece of information used to determine patient management. I think the management of breast disease is a great example. When I first began training, women were put to sleep not knowing if they would wake up with a diagnosis of cancer and possibly having had a mastectomy. In today's practice, a suspicious breast lesion can be stereotactically biopsied with a tiny needle and the result known in 30 minutes, before the patient leaves. There are many other examples as well. The advent of endoscopes has allowed the clinicians to obtain diagnostic material from almost anywhere. Our specimens were usually large in my initial days of training, and although we still have some large ones, much of our material today is small pieces that you manipulate with tweezers.

In addition to the tissue diagnosis, we have made tremendous advances in cytologic diagnosis as well. With the introduction of radiographic imaging procedures such as sonography, computed tomography, and magnetic resonance imaging, our radiology colleagues have developed tremendous skills at placing tiny needles almost anywhere. Baylor has been fortunate, and we have benefited in pathology by having an outstanding radiology department at Baylor that stays on the cutting edge of imaging and has always had outstanding radiologists. I think their tradition of excellence goes back to Dr. Sears when he was chief. However, people like Dr. Jerry Arndt, Dr. Roger Rian, and their contemporaries like Drs. Mark Fulmer, Norman Diamond, and Peter Hildenbrand, just to name a few, have made our jobs in pathology much more interesting and challenging. Pathology is not an island, and the quality of our practice is directly related to the quality of the clinicians and radiologists. We have had the privilege of supporting these types of people.

Pathology at BUMC is in the process of becoming more deeply subspecialized. As the sophistication in clinical medicine continues to evolve, so does our practice. In addition, fewer people in pathology seem to be willing to take on the challenge of the entire field. Most seem more content to carve out a narrower piece of the pie and master that piece. The practical implication for this trend in my department is that it takes more people to cover our obligations. It can make the on-call coverage situation even more challenging because you never know what situation is going to arise after hours.

Another important change is also working its way through pathology. What a surgical pathologist does requires judgment and can be very subjective. When lay people ask what a surgical pathologist does, I frequently use the following analogy. Looking through a microscope at a slide is a lot like looking at a painting. Almost everyone can describe what is in the painting

including the colors, objects, etc. The job of a surgical pathologist is to name the painting and translate the artist's intentions. How easy would that be if you knew nothing of the artist or of his previous works? Even many clinicians have an inaccurate view of what we really do. I think their perception goes back to their medical school experiences during the second year when they were shown the best examples of each diagnosis. What they don't always understand is there are many shades of gray in between, and we frequently have only a small sample of the "painting" to look at. I frequently ask myself the following question: Am I willing to make the diagnosis on this amount of material knowing that if I do, no additional tissue or cytology will be obtained prior to instituting treatment? If this were my mother, is there enough material to be totally sure that I am right and that I have eliminated any room for possible error? Remember the subjectivity I referred to? It can be a very challenging decision to make. I have a hard time not challenging my clinical colleagues when they refer to what I do as simply "reading a slide" like a book. I think the painting is a far more accurate metaphor.

Anyway, the change I was referring to is about how our information is communicated. Like our own individual styles of arriving at a decision, the reports we have historically produced also reflected our personal style. We are in the process of implementing standardized reports that will eliminate the variability in our styles and hopefully eliminate the possibility that we have left something out. In addition, a standardized format will provide better data for research and quality purposes. The cancer center should really benefit from this. It will take a couple of years for this translation to occur, but I think it will happen.

WCR: *Pete, you revolutionized the clinical pathology arena at Baylor. You computerized it and made it a very efficient operation.*

PAD: I'm not sure I would categorize what we were able to do as "revolutionize" the clinical labs. Let me set the context for the changes that a team of us made to the clinical labs in the mid to late 1980s. First of all, the laboratories under Dr. Race produced excellent analytical test results. Many of the labs were staffed with top-flight scientists like Dr. Jim Aguanno, Dr. Billy Cooper, and others and were complemented by excellent pathologists like Norm Helgeson and Alex McCracken. In addition, we were especially blessed to have outstanding medical technologists in lead positions like Sunny Bettis, Nancy Larsen, and Dora Mae Parker, to name just a few. Many of these individuals were a part of our then-operational school of medical technology. These are the real heroes that make it happen every day in the clinical labs. So we had a great platform and staff to start from. The challenge was that the complexity and size of the pathology department was working against itself. So a team of us developed a plan to reengineer the way service was actually delivered while at the same time preserving the quality of the test results.

To achieve our desired outcome, we redesigned and simplified the organizational structure. We transitioned from approximately 22 separate labs to 4 operational groups. In addition, we modified the physical plant, selected and installed a computer system, and put in new services like client services. We took our phlebotomy services, which had been historically sort of a stepchild, and provided the employees with formal training and a career ladder. We gave them uniforms and something to be proud

of. We basically gave them the resources to be successful. I don't think we left any stone unturned.

We converted our laboratories from largely paper-based systems to computers on January 11, 1989. It was the culmination of several years of work by many individuals. It was my privilege to help lead this group of dedicated professionals, most of whom still work here today. We were on the leading edge conceptually of how to organize clinical labs in 1989, and now the rest of the world, I think, has caught up with us. I think our current structure of operations has outlived the industry average of 7 years, and we are actively rethinking it once again.

WCR: *So how did you get this assignment?*

PAD: Dr. George Race offered me my first job. The first responsibility I got on my own was to grow the little laboratory in the hallway that connected the 2 professional buildings with the hospitals (the plaza lab). That allowed me to build strong relationships with the clinicians because we serviced their offices, and I was there all the time. The clinicians often complained about the poor service in hospital labs. They didn't like what they thought was slow turnaround time and the fact that results were manually posted twice a day. I got my first experience computerizing the plaza lab before the big labs. When I started, the plaza lab did \$4000 or \$5000 a month in business. When it was ultimately sold, it was doing \$500,000 to \$600,000 a month in business for the hospital. It quickly became a big operation. We had outgrown our space. That's when I got my first taste of building a team of people and developing a real respect for the role of medical technologists. During that period, or shortly thereafter, Dr. Steve Ritzmann, who was head of clinical chemistry, passed away. Then I was offered Dr. Ritzmann's position with hospital laboratory responsibilities.

WCR: *That was about 1983?*

PAD: Yes. When they first told me about moving to take Ritzmann's place, I think there were many skeptics about my new role. But Dr. Jim Aguanno and I quickly bonded and have been a team ever since. He is a talented and gifted person—more than just a great scientist. I have to give Jim much of the credit for some of the ideas that were successful in our reengineering efforts.

As an anecdote related to our computer project, I will tell you the following story. In preparation for our computer conversion, I stood outside the internal medicine grand rounds for several weeks and waited for the physicians to come out the door after the meeting was over. I would put a light pen in their hands and tell them they could start getting their lab results as soon as they were finished and how they could find them. I told them that the results would no longer be charted by hand twice a day. One Tuesday morning, Dr. Billy Oliver, to his credit, said something that day that has influenced the computer side of my life profoundly. While I stood there, Billy came over and was a bit nervous about trying to use the computer. In fact, he spilled a cup of coffee down the front of his white coat and mine too. I gave him the light pen and said, "Billy, this is how you do this. It's really easy." He went through the motions and said: "Pete, all I want is for this thing [the computer] to show me what I need to see." He hit the nail on the head with the challenge that the computer and software industry is only now beginning to grapple with. Show me what I need to see; don't bury it and force me to



Figure 8. As chairman of the Department of Pathology, 2002.

try to figure out where it is. Every time I look at a new software program and I put myself in the role of a physician, I ask myself that same question: Does this software really show me what I need to see?

Shortly after the computer conversion, we were confronted by our colleagues in the emergency department about turnaround times. With the help of our new system, we were able to determine when the order was placed, actually received, and reported. We were able to determine that, yes, we had an opportunity to improve our turnaround times, but the emergency department also had an opportunity to reduce the time delay between when the patient was admitted and when the lab tests were actually reported. We worked together to improve the patients' experience in our emergency department and reduce the overall length of stay. We have had a good relationship with Dr. Packard and his staff ever since. For the first time in our history, we had real data to manage our operations with. It changed the way we interacted with our users and in some cases allowed us to interject reality into perception. One important thing that we were able to accept was that averages are far too insensitive a metric to track people's perceptions. You really have to manage the statistical outliers, since they are what people remember. In our case, that is usually <2% of what we do every day.

WCR: *Pete, when did you become chairman of the Department of Pathology?*

PAD: I think it was about 4 years ago; time has just flown by (Figure 8). A lot of big things were going on at Baylor when I became the chairman. I had been elected president-elect of the medical staff when Weldon Tillery decided to retire. There is a Baylor bylaw disallowing department chairmen from being president of the medical staff. Because I was elected president before becoming chairman, I was allowed to continue in both roles. Seventeen days after I became president-elect (January 17, 1997),

the Baylor Health Care System–Baylor University controversy began. I can remember like it was yesterday when Dr. Michael Highbaugh told me, “Pete, I want you to be the point person for the medical staff on this deal.” It was his privilege of seniority. Mike was chairman of the medical board at the time and I was the new kid on the block. It took a lot of my time along with my role in the merger discussions with Texas Health Resources (THR). While the merger and university situations taught me many valuable lessons, in my opinion, I don’t think I functioned as a pathology chairman to the level the department deserved. I was focused on helping Baylor retain its destiny. I offer no excuse, just an explanation. I am trying to catch up now.

WCR: *You must have been terribly proud to have been elected by your colleagues to be president of the medical staff.*

PAD: There is nothing I am prouder of.

WCR: *You couldn’t have had that position at a more critical point in the history of Baylor. It was like being president of the medical staff for 10 years but wrapped into 1 year.*

PAD: There was about a 2-year period that I couldn’t stand any more excitement than took place. It took every skill I had to be a part of that episode of history and not mess it up.

WCR: *What prevented Baylor’s joining THR?*

PAD: Have you heard the old saying, “Culture eats strategy for lunch every day”? There was a growing concern by everybody that culturally we weren’t a good fit. As the discussions dragged on, even some of the business assumptions around managed care were already starting to play out. These also challenged the wisdom of doing the deal. Baylor’s medical staff played a major role in influencing the final decision on the merger.

WCR: *Are you saying essentially that it was the medical staff that prevented this merger?*

PAD: No. The medical staff had heartfelt concerns about the preservation of Baylor’s culture and some significant doubts about the underlying business assumptions. It was a decision on behalf of both boards, Baylor’s and THR’s, to not continue the discussions because the market had now run its course and capitation was not going to be the predominant form of payment. I think we came out of that period a stronger organization. Our board members who gave so much of their time, like Dale Jones, Bill Aston, Linda Carter, Dick Brooks, Oz Chrisman, and Judge Ed Kincade, deserve thanks for being there for our organization and valuing the input of the medical staff. I simply had the responsibility and privilege of being the medical staff’s point person.

WCR: *The leadership in the pathology department at Baylor has always been strong in the leadership of the hospital. George Race, for example, was a major force at Baylor as well as chief of the pathology department. You are following in those footsteps.*

PAD: Dr. Race helped shape a part of my direction along with Dr. Tillery and others. We have so many great people at Baylor. There are plenty of good role models. I learned an incredible amount from Boone Powell, Jr., during those trying times we just discussed. Adversity tends to bring out true character. When Joel Allison took over as chief executive officer (CEO) of BHCS, he asked me to chair the system-level physician leadership council. This group of physicians represents the top 100 leaders from all the BHCS facilities. We meet quarterly. It is a big job. I also chair what is known as the “Tuesday morning group.” This group is composed of some of the most influential physician leaders and

includes Joel Allison, Tim Parris, Gary Brock, and Bill Aston from the BUMC board. This is the group that I used during the merger discussions to establish the physician position on issues. It has been through a lot and demonstrated, in my opinion, its ability to deal with the most challenging of issues. I have as much pride about my role with that group as just about anything.

WCR: *How did you become such an expert in the technical revolution?*

PAD: I have several degrees from the “college of hard knocks.” It was the cumulative experience of going through 2 computer conversions of laboratories, the plaza lab first and then the in-house labs, that educated me and gave me the biases that I carry today. That experience afforded me the opportunity to be part of the technology leadership. In the early 1990s, I went to the person then in charge of Baylor’s information system technology and said, “Your organization has no concession for physicians to be in any role other than critic. No physicians are involved in your budgetary or planning processes for computers. I have been one of your critics, but I am ready to make the transition from being a critic to being your ally, but you need to include me and others.” Clarke Pritchard, who was the chief information officer (CIO) at the time and who in his era was as good a CIO as any health care organization had, invited me to their meetings. He was a very bright man and technically excellent, but Clarke wasn’t a physician and his background wasn’t health care per se but the National Aeronautics and Space Administration. So I began to participate in all their meetings.

When Clarke announced his retirement, they approached me about becoming Baylor’s CIO. That position, however, brings with it a lot of operational responsibility for managing a large group of people and preparing budgets, and I have enough of that type of responsibility in my current job in the Department of Pathology. I told Bill Carter that I was honored to be considered, but that was not a good decision for either one of us. He needed somebody who could manage all the things that go with the traditional CIO role. However, I said I would be interested in a role along the lines of strategy and direction, which could complement the CIO position. I suggested that Baylor recruit a CIO with a proven track record of managing an information technology organization and the services that go with it, and I would love to be that individual’s partner. I invented my title as chief medical information officer and wrote the outline for the job description. An extensive national search was conducted, and Bob Pickton was hired as the new CIO. He and I are partners. Where traditionally most organizations have a CIO who bridges both the clinical needs and the business and financial needs of the organization, there are 2 of us to meet that challenge, and I think we make a great partnership. My clinical background and relationships with physicians improve our ability to communicate and work with our medical staff. Computers are finding their role into the patient care environment, and we are well positioned to respond to those needs. I thank him for having the patience to put up with me; I know I’m not the easiest person to work with at times.

WCR: *How much time does that position require of you a week or month?*

PAD: It is really a full-time job with part-time pay. Actually, it varies. It easily occupies at least a third of my thought processes.



Figure 9. With children Peter III and Katie at home, 1990.

Health care organizations are under pressure to prevent clinical mistakes, and many errors could be eliminated if we would abandon attempts to perfect our paper-based processes and move to computer-based processes with automation. I estimate that it will take somewhere near \$50 million to buy the technology to effect that transformation in our organization.

WCR: *You have always been a gadgeteer?*

PAD: Yes. I started with a love of cameras. The image thing, I think, has played over to the microscope now.

WCR: *How many cameras have you bought through the years?*

PAD: Probably over 20.

WCR: *How many computers have you bought in your home?*

PAD: Probably 15 or 20. I got into the personal computer era about 1986 via the introduction of the Macintosh II. Jim Aguanno and I decided it was time we got on the computer bandwagon. The real innovators in personal computing at Baylor were Richard Roa and Richard Swim in our biomedical engineering department, and both were Macintosh guys.

WCR: *At home are you on the computer at some point every day?*

PAD: I am on it every evening, reading and responding to my e-mails, doing research on professionally related issues, and then surfing like everybody else. Of my discretionary time at home, I spend 50% on the computer, 10% watching TV, and 40% with my family.

WCR: *What time do you get up in the morning? What time do you come to work? What time do you leave the hospital at night? What time do you get home? What time do you go to bed?*

PAD: At least 3 mornings a week, I get up at 5:00 to 5:30 AM because I have an average of 2 or 3 6:30 AM meetings each week. I have too many standing weekly meetings. I think that is telling us we don't have the right organizational structure in place. Then I have many ad hoc meetings. Most days, I have a meeting that starts at 6:30 AM and/or a meeting that starts after 5:00 PM. I typically get home between 6:00 and 8:00 PM, sometimes 9:00 PM. I seem to have less time to actually look through the microscope. I spend more of my time in meetings and in discussions. When I get home at night, I love to visit and interact with my family (Figure 9), and then I go to the computer and will be there until I go to bed.

WCR: *What time do you usually go to bed?*

PAD: Midnight is a fair average.

WCR: *What about weekends?*



Figure 10. Peter III, age 16, and Katie, age 18.

PAD: On weekends I like to do things that are a contrast to everything else I do. I look for things that provide some immediate gratification, like washing my car. Most everything else that I do in my professional life takes months and/or years to complete. Physicians are experts at delayed gratification. I like physical labor because I do very few physical things during the week. I often watch my children's sporting events on Fridays, Saturdays, and Sundays.

WCR: *So you try to keep at least Saturday and Sunday free from medical endeavors?*

PAD: Yes. That keeps my creativity intact.

WCR: *How old are your children?*

PAD: Katie is 18 and Peter is 16 (Figure 10).

WCR: *What is Peter going to do?*

PAD: I have no idea. He has some interest in possibly attending a military school like the Air Force Academy, the Naval Academy, or West Point. The September 11 event has had a profound impact on him, just like the Cuban missile crisis did on me.

WCR: *And Katie?*

PAD: She is captain of her volleyball team. She has some natural interests in science and computers just like I do. Through genetics and/or through observation, I have influenced this child a lot more than I realized. I think she will take a look at computer-based animation.

WCR: *What do you and your wife like to do?*

PAD: Linda is focused primarily on our children. On the weekends our time is largely organized around our children's activities.

WCR: *Could you talk a bit about your goals for the Department of Pathology at Baylor?*

PAD: Beginning with George Race, the pathology department has always been counted on to deliver the level of expertise required by the clinical services. A very high standard was set in the department under Dr. Race. My plan over the next 10 years is to have in the surgical pathology area a deeper level of subspecialization that lines up with the evolving clinical programs. The technology that is going to blur the traditional boundaries between surgical pathology and clinical pathology is molecular pathology. When I became chief, I wanted the depart-

ment to get into the molecular pathology arena. Two years ago we recruited a top-flight scientist, Dr. Rana Saad, who, along with Dr. Georges Netto, has started us in that direction. What takes days to grow in culture and to biochemically characterize today will be done quickly with genetic material. Our future surgical pathology reports will incorporate the molecular markers of the disease as well.

In addition, we need to improve the quality and consistency of the data generated from our reports. We are going to develop some internal data expertise and develop a much better understanding of how our aggregated information is actually used. In the clinical labs we will continue to expand the scope of testing.

WCR: *How many people do you have in your department at BUMC? What is your number of staff pathologists? What kind of secretarial help do you have?*

PAD: We have about 360 to 370 full-time equivalent employees at BUMC. The number of procedures per employee in the department more than doubled when we computerized some years ago. We have about 20 staff pathologists at BUMC, and we have probably 5 or less secretaries for support. In my role of managing partner of our private pathology group, we also have the pathology obligations at Grapevine, Ellis County, and soon at Garland. We are a big group.

WCR: *When you say "pathology obligations," does that mean you do the hiring at these 3 other hospitals in the Baylor system?*

PAD: Yes, we currently hold the contract for providing their pathology services. Those people are employees of my organization and responsible to my management group. We manage the clinical laboratories and provide them autopsy and surgical pathology coverage.

WCR: *No autopsies are done at those other 3 hospitals? They are all done at BUMC?*

PAD: Yes, that helps provide the volume for our residency training program. I have always believed that autopsy is important. Dr. Tom Meyers, a cardiovascular surgeon and friend, recently told me that while he was in medical school, there was a plaque on the morgue wall where autopsies were performed that stated, "This is the site where the dead teach the living how to live." With that in mind, I recruited and hired Dr. Elizabeth Burton, who is dedicated to autopsy pathology. Dr. Burton has taken our autopsy service and teaching to the next level. She is a full-time autopsy pathologist with a growing reputation nationally. She has been an excellent addition to our staff. One of the things I forgot to mention in the future direction of our department is that both Dr. Burton and I would like to build a state-of-the-art morgue on our campus to serve the community.

WCR: *Could you talk a bit about your private pathology operation? What does that consist of? How many people are in it? What is the magnitude of it?*

PAD: Our group is called Pathologists Bio-Medical (PBM). It was created to provide access to nonhospital business for our pathology group. Texas state laws limit the ability of a not-for-profit institution to compete in the domain of taxpaying organizations. PBM allows us to serve that market. The more volume we can accrue, the better pathologists we can recruit and the broader base of subspecialty expertise we can support. Some very important subsets of pathology are managed largely in the out-

patient setting. For example, a patient might have her initial breast biopsy done in a for-profit, stand-alone surgery center on the Baylor campus or in a physician's office and then have a larger surgical procedure done as an inpatient at BUMC. The continuity of pathology interpretations across all settings is important in patient management. Our private practice operation is a resource to these stand-alone, otherwise inaccessible, for-profit places of care like surgery centers and doctors' offices. The contract for pathology services is held through PBM, of which I am the managing partner. We hold the pathology contracts with BUMC, Baylor Waxahachie, and Baylor Grapevine.

WCR: *How many surgical specimens do you receive in PBM?*

PAD: The combined BUMC and outpatient practice together is around 50,000 surgical cases a year.

WCR: *How many lab tests does your lab provide in a year?*

PAD: Our outpatient lab offers only surgical and cytologic pathology services. We do not have a private clinical lab. At BUMC we do about a million lab tests annually.

WCR: *What is your relation with the pathology departments in hospitals that are in BHCS but are not owned by the system?*

PAD: There are several different forms. One group of pathologists uses PBM to do its professional billing. In other cases we simply have a professional or collegial relationship and no contractual relationship.

WCR: *How many pathologists are there in the USA?*

PAD: I believe it's around 14,000.

WCR: *Are there enough pathologists in the USA?*

PAD: Pathology, as a specialty, has not been one of the more sought-after career paths in the last couple of years. It is increasingly difficult to find superb general pathologists. That is one reason I am moving in the direction of subspecialization, because I am becoming increasingly convinced that the people I have today don't exist much anymore. Pathologists coming out of training today want to frame up their professional career on a much smaller set of issues but a much deeper set of issues. As the science continues to expand, then the scope of knowledge becomes almost impossible to manage. It is a challenge to recruit people comfortable with the old model.

WCR: *How many residents in pathology do you have now?*

PAD: Sixteen. The training was 5 years, but for the new incoming class it will be 4 years. When I was trained, it was 4 years.

WCR: *Why has the number of years come back to 4?*

PAD: The fifth year never produced what it was intended to produce. The board encouraged a year of research in pathology or some focused clinical activity to help increase subspecialization without having to do a fellowship. It proved very difficult to make that happen.

WCR: *Each of the pathology residents costs you about \$40,000 per year. So you have \$40,000 times 16; that is a pretty big chunk of money. Who pays for that?*

PAD: Part is paid by BUMC and part is paid by us.

WCR: *Who do you think should pay for it?*

PAD: I think an institution that has medical education in its mission statement needs to be able to secure the funding to sustain that commitment. The last thing I want to do is come to the hospital at a point when managed care or whatever constricts my resources and tell them I can no longer carry my portion of



Figure 11. With Peter III, Linda, and Katie in Hawaii, summer 2002.

costs for their medical education. Knowing that day is likely to come, I would love to participate with the BHCS Foundation in building an economic reserve that could sustain medical education across all specialties. Funding for medical education is an issue that BHCS has assembled a team around now. Dr. John Anderson and I are involved with a task force chaired by Dr. Bill Sutker looking at medical education.

WCR: *If you add up all the residents at Baylor, your department, medicine, surgery, radiology, how many residents are we talking about?*

PAD: Around 200, I believe.

WCR: *That includes the fellows?*

PAD: Yes.

WCR: *Pete, how much time do you take off a year?*

PAD: My time off is structured around my children's school time. During the year I will take off a week at Christmas and another at spring break. In the summertime, we take 1 or 2 trips with the kids.

WCR: *So you are gone how much a year?*

PAD: Four to 5 weeks.

WCR: *What is your home life like? Assuming everybody is there, is dinner a big deal?*

PAD: Dinner at our house is not what I described from my childhood. We usually try to eat together, but more nights than not, we don't because of the kids' activities. They are involved through the dinner hour and we each eat when we can. Linda and I usually try to eat together. Peter is usually there more often than Katie because she has many extra activities. Once a month or so I try to take all of us out to dinner. When I offer, they usually come.

WCR: *How do you keep up in your specialty? You are involved in so many activities. Are you able to spend much time reading in a scholarly way to pursue a topic or a subject?*

PAD: I try, but it's increasingly becoming a challenge. It is usually a deep dive on a very narrow topic. My reading is usually not for leisure. It is around a specific set of issues I have recently faced. I use the Internet a lot and, of course, our traditional professional resources. I see myself a lot like a CEO. My job is to be



Figure 12. Golfing in Hawaii: son, Peter III, and father, Peter I, 1998.

out in front of our department about 18 to 24 months and have my impact there. I am dependent on delegation and on the professionals in my department. They are the ones that really do the work on a daily basis and deserve all of the credit. I am very lucky to have so many talented and gifted people like Pete Smith, who is the administrative director of pathology, and my secretary, Cindy Persell, who has stuck it out with me for almost 20 years. There are many others as well. I also try to function as an enabler. When staff run into roadblocks or need advice, I am there to make them successful.

WCR: *Do you still take call?*

PAD: I still take call on the same schedule as the rest of the members of my staff. If a surgeon in the operating room needs a frozen section diagnosis or needs help in the clinical lab, they call me. I come in if it's required, and most of the time it is.

WCR: *That means on Saturday and Sunday, if necessary, you come in.*

PAD: We are usually there in the department until noon or so on Saturday. Usually the after-hours work involves coming in and looking at a biopsy on a transplant patient, either as a potential donor or as a recipient who has gotten into trouble.

WCR: *Dr. Dysert, talk about some of your other hobbies.*

PAD: The hobbies that I have made a priority are the ones that my children enjoy: snow skiing—and both my children are incredibly good at it—and scuba diving. We go to Colorado and ski together, and every summer we dive together. I still think I would like to try golf again and would like to see if I could ever achieve my prior success. Taking 4 or 5 hours away from my family on the weekend now would be inappropriate.

WCR: *Where do you go scuba diving?*

PAD: We usually scuba dive in Hawaii (Figures 11 and 12) or Grand Cayman.

WCR: *How far down do you go?*

PAD: This last summer we went down a little over 130', which is the deepest limit for a recreational dive on air.

WCR: *Do you hunt?*

PAD: I usually take my son turkey hunting in Texas in the spring. Occasionally we will do a short hunt in Kansas for pheasants and other birds. I also go to Scotland each October with Dr. Göran Klintmalm. He is my closest friend.

WCR: *What do you hunt in Scotland?*

PAD: We hunt red stag. They are probably close in size to a mule deer. They are native to that part of the world and roam freely because there are no fences. When we go to Scotland to hunt, it is not trophy hunting, it is mainly game management. There are no predators of the red stag left. Because of the sheep, all the wolves, for example, have been eliminated. The hunting improves the quality of the herds by taking out the old animals or the sick ones.

WCR: *Pete, you are 48 years old now. What are your goals from here on? Have you crystallized those pretty well?*

PAD: I think the roles I am in today are the roles that will carry on in a meaningful way for the next 10 to 15 years. I feel that the direction in my department is really just getting started.

Baylor has also started to set a very good direction following the years of distraction with the merger and university situation under the direction of Joel Allison, our CEO. We have much work to do in the arena of medical education and research.

I also helped to develop a business plan for a new health care company. The company's purpose is to transform the paper-based method of payment to a totally electronic credit card transaction system, almost like Visa/MasterCard. The paper-based claims processes are too costly and inefficient. They need to be replaced and the money saved directed for more important things like paying for health care services.

WCR: *Thank you, Pete, not only from me, of course, but on behalf of the readers of BUMC Proceedings.*