

# MIND TO MIND

*Creative writing that explores the abstract side  
of our profession and our lives*

*Carol Wiley Cassella, M.D., Editor*

## Learning from a Master

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ALTHOUGH others have come close, Philip Carter was the most dedicated physician I have ever known. I had already graduated medical school when our paths crossed, but it was Dr. Carter who taught me how to be a *physician*.

He was one of a handful of general practitioners in my home town, Louisa, Kentucky. Back then in eastern Kentucky, there were no specialists—no pediatricians, no obstetricians, no surgeons, no psychiatrists, and no anesthesiologists. There was only your family doctor, a GP who may have had one year of training after medical school. GPs back then did just about everything; obstetrics, surgeries such as tonsillectomies and appendectomies, setting broken bones, and the provision of anesthesia for such things. Dr. Carter and I should have crossed paths on the day I was born. You see, Dr. Carter was my mother's physician while she was expecting me. But on the night my mother went into labor, he was off. Perhaps if I had not been born three weeks late, I would have been born on his call night. His partner at the time delivered me, with no apparent complications either to my mother or myself.

For those not born and raised in a small town, it may be difficult to grasp the position that physicians held in small towns throughout most of the Twentieth Century. They brought one's family member into the world, and they assisted in easing one's family member out of the world. Easily the most educated and travelled of anyone in town, the general practitioner brought an air of worldly experience into a community in which most people never travelled one hundred miles from home in their lives, except

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for military service. They were respected but they did not command respect. It was freely given to them by grateful townspeople.

Dr. Carter was not a native of Louisa. He came from a small town about sixty miles away, as the crow flies. I would later learn that being an outsider was an advantage when practicing medicine in a small town. When you practice medicine in your small home town, too many people remember when you were a child, or went to school with your parents, or perhaps went to school with you. The gentle authority that a small town physician needs can be compromised.

Dr. Carter's undergraduate studies were interrupted by World War II. He followed the tanks across North Africa, Sicily, and later France. He was a lieutenant in an armored vehicle salvage detachment, finding and towing broken-down or battle-damaged Stewart and Sherman tanks back behind the lines to be repaired. After the war, he returned to Kentucky and finished his education and training.

During my professional association with him, I read the book *Here is Your War* by Ernie Pyle. Older readers will recognize the name; Ernie Pyle was a Pulitzer Prize winning war correspondent. He did not author tales of campaigns and battles and generals; he wrote about the life of the common soldier. As I read one story, I could not believe that Dr. Carter himself had been the subject of one Ernie Pyle chapter. He met Pyle in North Africa, and impressed the author with his desire to return to Kentucky after the war because he wanted to go back to school and become a doctor. The next day when I saw Dr. Carter (I respected him too much to call him by his first name), I stupidly asked "Did you know you're in a book by Ernie Pyle?" He laughed and told me the story of meeting the famous correspondent forty some years ago on another continent in another world.

By a twist of fate I became his partner, for a short time, back in my hometown. He had an open office in his small clinic, and needed an extra hand. I was waiting for my anesthesiology residency position, which for many unimportant reasons began one year after my internship year. I learned there is much one can diagnose and treat with a Merck Manual. I also learned that a small town general or family practice was not for me.

It was Dr. Carter's habit, to drive to our town's sixty-bed general hospital at 8 AM each morning, and have breakfast. By 8:30 he was seeing patients on rounds. A typical census would include 10 patients, with maladies such as pneumonia, COPD exacerbation, angina, and so forth. He hardly ever finished rounds on time to be in the office at 1 PM, following lunch at the hospital. By then, the waiting room at the clinic was full of patients, old and young, seated in chairs lined around the walls; a small room with 1950s era furniture and a worn sage green carpet. The office staff tried to divert the load by telling the patients that they could see the new doctor (me), and there would be

no wait. But most of the patients chose to wait for him instead of coming to see me. I didn't blame them. They had been going to see Dr. Carter for decades, and in their opinion, he was worth the wait, because he had seen them and their loved ones through good times and bad, a familiar face and touch in which they took comfort. He saw patients at the clinic until 5 or 6 PM, and then went back to the hospital to have supper and finish rounds. He would finally go home between 8 and 10 PM. The only deviations from this were on Sunday, and on his day off. Even so, on Sundays he made rounds at the hospital after church, and had lunch there.

Thursday was his day off, and I was to see both his and my inpatients. My census was always small, so I could easily see both his and my patients by lunchtime. Why couldn't he do the same? Because he knew too much; he knew the patients, their sons and daughters, their jobs, their gardens, and everything else about them. He couldn't tear himself away from each patient and their problems. Most Thursdays he was at the hospital anyway, if not to check on a few patients then just to visit with the staff. He was totally dedicated to the people that he had known and taken care of so long.

After I began my residency, we kept in touch. He continued his practice for ten more years. During that time he found another hometown boy who had finished a family medicine residency and really wanted to be a small town doctor. It was only after a fall down stairs and a subdural hematoma that Dr. Carter, in the twilight of his career as a physician, slowed down his clinical duties. Because of that, he had much more time to do things with his children and grandchildren. But in his heart, I know that he missed his practice so much. In retrospect, I see that he was one of the fortunate individuals in life whose vocation was their avocation—he loved medicine so much that he really didn't want to do anything else.

I practiced at Dr. Carter's clinic for a little less than a year, waiting to start my residency. I learned much from him. I learned patience, compassion, kindness, and humility. I learned that it was a strong and wise physician who could tell a patient "I don't know." I learned it is good not to be the first person to try a new therapy, or the last one, either. I learned that small town life and primary care were not for me. I look back on those days with him nostalgically. It gave me the opportunity to learn and practice the *art* of medicine from a master. And that made it one of the best lessons I ever had.