

Interview with Dr. Brickner  
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Interviewers:

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I was born in the north tower of St. John Hospital, December 7, 1931, and as my mother repeatedly described it to me, I had impetigo, I was painted with Gentian Violet, and the third day she took home the ugliest baby ever delivered in the United States -skinny and purple and red. It was awful. I grew up here in Tulsa. I went to Central High School. Graduated from there and wanted to go to college and my father said "you can't go to OU with your drunken friends" and my mother said "you can't go to Texas; I wouldn't want anyone to ever know that I had a son who went to Texas". So I wound up at Purdue University. I was an SAE. I went there because they do not have liberal arts. It's strictly an engineering school but they have a Bachelor of Science degree in pre-med and they never in the history of the school had anybody graduate and then not go to medical school.

After graduating I applied for medical school. Oklahoma University made me fly down and sit before a board of about seven people who asked me all kinds of stupid questions like "why do you want to be a doctor and all of those things". Washington University in St. Louis was at that time, along with Harvard probably the two best medical schools in country. They sent me a postcard and told me to send them \$50 to hold my place in class. I happened to have \$50 left over so I went to Washington University and graduated cum laude in 1958.

They had a thing called the Senior Program. You could enter the United States Army during your Junior and Senior year, go on active duty as a second lieutenant while you went to medical school and that's what I did.

After graduation, I was promoted to a first lieutenant and assigned to Walter Reed Army Hospital for a rotating internship. I loved surgery except my feet and my back couldn't stand it. I scrubbed on one of the first colon esophageal transplants which took over 12 hours so I decided I never wanted to be a surgeon. I wanted to go into Urology because you got to sit down all the time and you always knew what was wrong before you did anything. I wound up in diagnostic radiology. I was fascinated by it.

After the internship, I went to Fitzsimmons General Hospital in Denver for a three year residency in Radiology. In those days, the program led to qualification in Radiology, Nuclear Medicine and Radiation Therapy. We had a self-taught program. We had a colonel in charge that read pornography all day and the second in command was a Lt. Col., who was drunk in the officers club all day. The senior residents taught the junior residents. We used to say we must be the best radiologists in the country because nobody ever tells us we are wrong.

My next assignment was in Korea at a MASH hospital which was fascinating. I was in the Uijongbu area. This type of hospital was the model for the MASH TV series. My hospital was in the same CORPS area, the same little town and the helicopter pad is the same kind.

This was after the war. We only got shot at one time and that was after the North Koreans had attacked some jeeps along the line and everyone was ready for an invasion. Some of the South Korean soldiers got drunk one night and started shooting in our compound. I happened to be the commander of the hospital at that time so I called the first sergeant in who had seen a lot of combat. He was up in the enlisted man's club. I found him and said, "You've got to get sober, we're being shot at and need to put out a perimeter". He said, "Well sir, I'll do that but I'm not getting sober if we are getting shot at." I said, "Why don't you get the old hands outside and put the young guy behind them and let's draw arms." He said, "No sir, we will put those young guys out there because they don't know what the hell they are doing." It turned out to be nothing.

After Korea, I went to Albuquerque as the Nuclear Safety Officer for the Defense Atomic Support Nuclear Emergency Team and the Radiologist in the Hospital. I found that the doctors were making their own decisions and didn't seem to care what I said in my reports and believed that diagnostic radiology was just a pain in the ass. I wasn't going to get promoted there. I called a friend of mine at Walter Reed and said I needed to get back to Walter Reed so I can get promoted. He said, "Well they don't need anybody here but Jack Mayer is running a radiation therapy program and the guy who is supposed to be the next fellow said he was going to quit the army and go into civilian life". I flew up to Chicago at the RSNA and went up to Jack Mayer's room and he was a Lt. Colonel then, and asked, "Can I get in your program?" He said, "Why do you want to be a radiation therapist?" I said, "So I can get to Walter Reed and get promoted." He said, "Well that sounds like a pretty good reason." He was fairly desperate.

It disturbed me immensely that when I was doing Diagnostic Radiology that I was never seeing patients. I never knew if the thing I was doing made a difference. The only way I had any relationship was that I had a young urologist who used to come down and look at his own films after I had read them. If I came in the next morning and my board certificate was turned facing the wall, he had disagreed with me about one of the Urologic films.

Not seeing patients and not doing anything to or for a patient really is what got me out of diagnostic radiology. You are supposed to be the doctor's reference, the "real" doctor's reference. I didn't go into medicine for that. I went into medicine to do something for people. All my heroes growing up were doctors. The doctors I knew when I was growing up that were friends of my family – that was what I wanted to be. I wanted to take care of patients. I remember Carl Simpson and Robert Wicher, who did a little surgery.

One of the best things my father ever did for me – in 1948, he took me out to Tulsa University for a complete battery of aptitude tests. These were new and unusual. When they diagrammed the results, all the peaks were medicine. The lady who ran it said, "Everything says you should be a doctor" and she was right. When I was in college, I loved physics and it was so easy for me and I thought if I hadn't been a doctor I would have been an electrical engineer, but I never really wavered from being a doctor.

My radiation therapy assignment was a fellowship at Walter Reed. The first day I walked in, Jack said, “glad you are here, you have a place to live” – I was single then so I was staying at the BOQ, he said, “Let’s have a cup of coffee”. We sat down and he said, “Tell me what you know about Ewing Sarcoma? I said, “Well they say that...” he replied, “I don’t want to hear that.” He said, “if you are going to tell me anything I want you to tell me from personal knowledge or you will tell me the article and where it was written and who wrote it, but you don’t tell me they say.” I thought this was going to be a long program. That was my introduction to Jack Mayer and how to learn and how to teach and he never wavered from then on.

I had a wonderful year. Dr. Mayer was sent to Vietnam and I became assistant chief. This was in 1964. That’s where I met Suzanne and the girls and got married and adopted the girls. I got orders to Hawaii and Suzanne was eight months pregnant. We had two kids, two girls – her first husband had been a helicopter pilot in Vietnam and had been killed. The girls were three and two. We had two little kids and she had a big tummy. I told her she would love it – it was 72 degrees year round, etc.

We landed in Hawaii and it was about 100 degrees, but on the blacktop tarmac at Hickam field it was about 120 degrees and she was half nauseated from her pregnancy and it was a nightmare – our quarters were not ready and we spent the night in a sleazy motel. I spent a year there. I was promoted and we had a nice set of quarters at Schofield Barracks.

It was very nice – we were on the beach every weekend with the kids. Suzanne didn’t like it because it was pretty confined on a small island. She had three kids preschool running around in the red clay soil, dirty all the time. She was very obsessive about clean children. She was looking forward to leaving there.

The problem was that I was a Lt. Col. and received orders for Vietnam. All the radiation oncologists were being rotated through Vietnam as Evacuation Hospital commanders. I got my orders and went home and told Suzanne and she and the two older girls became hysterical because the girls thought if I went to Vietnam I wouldn’t come back like their daddy didn’t. This was 1966. So I went to the general and said “I’m sorry, I can’t go. My wife is hysterical about this. She lost her first husband and father there”. He said “that’s a shame but you are going”. I said, “Well, I resign” and he said “didn’t anyone tell you, field grade officers can’t resign”. I said “I have a very sick mother in Oklahoma who is dying” and he said “we will fly her over here and see that she is taken care of”.

So, I was going to Vietnam. There was a transportation colonel who was also going to Vietnam. He went down to the Federal courthouse and filed a suit against the US Army on the involuntary servitude act – Lincoln’s proclamation. The Army decided that they would rather not hear a discussion of Mr. Lincoln’s Emancipation Proclamation applied to the Army. Thus, they gave orders that about a dozen Lt. Colonels would be off the island in ten days. We packed up everything we had, sold the car, gave the dog away and landed in Oakland and the young lieutenant who was processing me said “now you had 10 years in the reserve and 11 years on active duty, you will want to stay as a reserve officer to get your retirement” and I said, “no way!” I didn’t have a job at that time.

Jack Kauth had gotten my name from somewhere. He reported that Saint Francis had a new cobalt machine and he did not want to run it. He did not feel qualified and would I come out and join the group. At that time, I had never met Jack or the group or anything else. My mother was not very well.

I convinced my wife that Tulsa was a nice place with four seasons and that it was in the center of the country and everyone she knew would be stopping in Tulsa. She was raised in Pennsylvania just outside of Pittsburg. She loves cold weather and can't stand heat. We arrived the day after Labor Day in 1968, and I've been hearing about the Tulsa heat since 1968

Jack Kauth had been treating a few patients with an old ortho voltage machine which limited what he could do and it was the work of the "man in the barrel for that day". They rotated doing therapy because nobody wanted to do it. Jack did most of it because he was the hardest worker and he was the leader and everybody complained so much. Barbara Shoemake was the radiation therapy technician and he was having trouble with her because she was the most stubborn woman God put on this earth and he would tell her to do something and she wouldn't do it because it wasn't a good idea. He was going to fire her but instead he assigned her to me and said "you go down in the basement and take that machine and I don't want to hear from you".

Barbara turned out to be one of the best workers I've ever seen in my life. But, she is the stubbornist woman in the world and when I told her to do something she didn't think was right she just never did it. After a year or two, I came to the conclusion that she was usually right.

The day after Labor Day there were fifteen patients waiting to see us. There wasn't that much work so they wanted me to go over to Springer Clinic and read films to try to earn my pay and they got so many complaints from Springer Clinic that they decided I didn't have to do that anymore.

If I had ever had finesse in reading films apparently I had lost it in my training in therapy. I had spent a year as a fellow, a year as an assistant chief; I had gone to Hawaii and taught in a residency program out there for about a year and a half. It had been three or four years since I had even looked at a diagnostic type film and I didn't perform very well for them.

At that time, most groups did radiation therapy as a public service, as a good will gesture. The group at Saint Francis hired me as the first fully trained person in Tulsa to do it as an economic loss and to make Sister Blandine happy and look good. Well it turned out I made more money than any of them did for the next 38 years. They didn't lose a penny on me but they didn't know a thing about what they were getting into.

About a year after I got here, I hired David Gooden, PhD, a nuclear pile physicist from Missouri which was kind of a weird story. I told Sister Blandine that I had to have a physicist, then I interviewed him. I was so impressed I told him to come and work for me and he said "no, I don't want to do this kind of work. I'm looking for a job on a nuclear pile". I said "how much money would it take you couldn't say no to". He gave me a number and I said "OK, you got it". I picked up the phone and called sister and asked her, "Does he have the job?" She said, "yes doctor, if you've committed to it I guess he does."

Natalie was the oldest of the Warren girls and I treated her when she was in the later stages of breast cancer. After her death, Mr. W.K. Warren, Sr. decided to do something and Sister Blandine told me that we were to build a very, very fine cancer center. I had known Mr. Warren since I was about 14, because I grew up with his kids, played in his house, dated one of his daughters and drank beer with one of his sons. I don't think he spoke more than twenty words to me after I got back here as a doctor.

I was asked to speak at Mr. Warren's birthday party 1970 or '71, where I gave an impassioned speech about the need for a cancer center and as I recall, I cried during it. Nobody wanted to take care of dying patients. Jane Self was an internist caring for cancer patients since the early 70's.

Jane participated designing the new center. I didn't know if anything was going to come of it. Sister Blandine called me and said, "Mr. Warren wants you to keep working on the center." I said, "Wonderful, what kind of budget do we have," and she said, "you don't have a budget. Whatever you want just make it very special."

I was 40 years old. It was a little overwhelming. It's what every doctor ever dreamed of to have someone give you a blank check and say make the best thing you ever dreamed of to treat these patients. Jane continued to work with me and we designed a department.

I never understood Jane very well. She took very good care of her patients initially when I knew her. She would sit at the bedside sometimes and hold their hands when they died. She was very compassionate and then things changed. She recruited Allen Keller from the NIH. A few months later he left and went with you (Dr. Schnetzer). That was 1978. Then Jane just kind of disappeared from sight.

We had our design and architects were hired. We worked with them and took the plans and to Houston for consultation with the great Guru in Houston. He said "they would never work, they were terrible, and that I should design the department like his". His department had these long narrow corridors with these vaults off each side and with these great huge doors that went "Kaboom" when they shut. I came back and said "you know I don't care how great he's supposed to be, that's bullshit".

Saint Francis was the first department in the country with windows in the treatment rooms. David Gooden designed those and I don't think that anyone had ever thought of this design before. It had skylights and multiple panes of glass with mineral oil between them because the optical interface of mineral oil and glass was almost zero and the transmission factor was something like 27% which is what is used in store windows to protect the goods inside from the sun.

One could walk about and look out on the garden. Sunlight was coming in and the whole concept of the Atrium office was unique and it worked because of my character and Bob Ellis's. I haven't seen another one like it. The patients would walk through the Atrium en route to the treatment rooms and we sat at our little desks right there and the patients walked by us and said hello or

stopped and asked a question and we spent all day in direct visual contact with our patients and our technicians. Our little offices were to take a nap at noon. It was a whole different concept and I think it worked beautifully.

In the early days, Tulsa Radiology Associates included all the radiologists of St. John and Saint Francis. Sister Blandine let it be known in her usual gentle way by telling our friends the Cajun and Tommy to go hit those guys upside the head, in that Saint Francis was not going to have radiologists left over from St. John or rotating with St. John or related to St. John. They weren't going to have radiologists who even knew anybody at St. John. Thus, the group broke up about 25 years ago.

Bob Ellis visited and joined me which was one of the best things that ever happened. Bob and I had a wonderful relationship and in 35 years we never had a fight, never had a serious argument. He did 60% of the work and I did 100% of the politics and that's the way we both wanted to do it and it worked out great. Economically we had the best partnership I've ever seen. We paid all the bills and what was left we divided in half and never argued about who was doing more work or who should make more money or anything.

A few years after that. . . A problem that was work related to money and time arose. We were seeing a hundred patients a day sometimes and Sally was helping us. The diagnostic radiologists insisted on 10 weeks off every year, and if it got too tight they hired some more people and we didn't hire anybody else and we couldn't take ten weeks off. The burden was just too heavy. We sat down with the diagnostic radiologists said; look this isn't working too well. We've looked at the books and we are putting on a lot more money per person than you guys are and we're kind of unhappy about this. What we would like to do is change it so that instead of everybody taking an equal share we'll just take all the radiation oncology money, give you 20% for billing and overhead and we'll keep the rest and if we want to hire somebody else we will; and the answer was no, we've never done it that way.

Jack Kauth is smarter than a lot of people; he hired C. Robert Jones, the attorney, to represent both sides, which resulted in our spinning off from the corporation. Jack told the boys we're not going to have any ugliness here. We are all friends and we are going to stay that way and it was a very friendly, nice division. We didn't have to go to those monthly gabfest meetings. The truth of the matter is that therapeutic radiologists and diagnostic radiologists have almost nothing in common. We are a lot closer to you guys (Schnetzer and Thompson) than we are to radiologists. We spend all day talking to sick people. Bob and I worked very successfully together for a long time.

Historically, Oklahoma had two fully trained radiation oncologists. Seymour Levitt had been the chief at the University of Oklahoma but went to Minnesota. Bob Bogardus was working for Levitt and took over the department. He was the only fully trained radiation oncologist in the state when I came. OU started a residency program. I came here as the second fully trained doctor. Dave Lhevine, was at Hillcrest where there was a cobalt machine. Dave and I became very good friends. He worked hard at learning the business, being careful and giving pretty darn good therapy. He did good quality radiation therapy.

One of the things I am proud of was Lance Miller and I – became political. There was a big push by the OSMA for tort reform and the lawyers had decided they were going to crush it, and they were going to push through a bill that mandated Medicare assignment for all the physicians in Oklahoma. At that time, mandating that was going to be a big economic hickey. Instead of setting up a PAC, Lance and I talked with a whole bunch of people about giving us a promise that if we called them and requested them to write a check for \$500, they would write it to anybody we told them to. We had a meeting with the President Pro Tem of the Oklahoma Senate and his successor at my house with a nice cocktail party. We had several thousand dollars which we handed it to them and wished them luck in their future political careers. About three or four days later, Tommy D. Frasier, attorney, and powerful Democratic politician, called me up and said “I think you and Dr. Miller might want to come by the house and have coffee this evening”. I said “sure”. Lance and I went to Tommy D.’s house where he wheeled up to the table and we had coffee and chatted and then Tommy said, “I understand you boys are players now.” I said, “We are certainly trying”. He said, “Well let’s just cut to the chase, I can get rid of that mandate bill, I can do that in an hour. But, you are going to have to give me something. You tell those people at OSMA to shut up about tort reform for six months and I will see that the bill for mandatory assignment goes away by noon tomorrow.” We said, “You’ve got a deal”. Every time we dealt with him he was good as gold to his word. He got rid of that bill and it was never heard of again. We went down and talked to people and said just be quiet. The OSMA lobbyist, Otie Ann Carr said that’s the smartest thing you ever did. So we got these guys to lay off a year.

That was kind of fun. That was my political career till I met David Walters. I had always been a lifetime Republican. I heard Walters speak to a group and I took Suzanne to meet him and we decided this was really a wonderful individual. Which, I still believe. We supported him with money and cocktail parties at the house and at Southern Hills to promote him. He was elected governor and the first thing he did he put me on the Board of Medical Licensure and Supervision, which I would not wish on anybody. Floyd Miller told me not to take it. It’s just so painful. You go down once a month and you start a meeting at noon and last till three in the morning sometime. You are an administrative court and it means that you are the prosecutor, the judge and the executioner on doctors. You sit and listen to these horrific stories, the evidence is presented about what they have done wrong and then they tell you about what is going on in their lives and why they did what they did and you just want to cry you feel so sorry for some of these guys. But, you have to take away their license and destroy their lives. It was a very painful couple of years.

Medicaid in Oklahoma was running wild and the cost was going straight up. The program was in deep trouble and the governor asked me to serve on a commission and figure out how to fix it and that was 12-13 years ago. I worked on that and we came up with some recommendations and lo and behold the legislature passed every recommendation. They took Medicaid away from the Department of Human Services and established the Oklahoma Health Care Authority and gave it complete control over Medicaid and all other state purchase of medical care.

I was the first chairman of the board and I did that for 10 years. We went through some terrible episodes when there was not enough money to pay everything. We were a political football and took a lot of political abuse at times but I made some friends and came to have a great deal of respect for some of the legislators. Some of those people are very sincere and all the little

bureaucrats that worked in that agency – those people are really dedicated to helping the disadvantaged people in this state.

We worked hard and we made a hell of a good program and its gotten much better and its doing a better job and we wound up presenting a program to the Feds that I think they are going to install and they are on the way to doing it now to stem the whole Medicaid concept to the working poor and let them participate with some economic involvement and try to do something about the terrible number of uninsured people.

We designed the program for the Feds and gave it to them and we were going to be the test site because we designed it but most of all because we were small. We are only 1% of the population and if we totally screwed it up and it all went wrong it wasn't big enough to cost them too much and nobody was going to complain about it and they could find out what was going to happen in backwater Oklahoma that nobody cared about. It hasn't really gone through yet because of the Feds money problems but we have gotten parts of it and its going well and we did everything opposite than what they did in Tennessee with the TennCare program.

Association with ASTRO (American Society of Therapeutic Radiology and Oncology). When I was a resident in radiology, it was a club that met in Phoenix and we sat out in the grass at the Camelback Inn and talked with the guy who ran the program in Colorado Springs and he was the grand guru of radiation oncology. A wonderful little group, it grew and now it is ASTRO. I had become interested in the American College of Radiology and had worked my way up as a counselor and on the steering committee then on the board of chancellors and eventually vice president and while I was coming up through these ranks ASTRO was part of the American College but a lot of the people in there wanted to separate and they were going to separate into a small group with no power. I was involved in the political fights to keep them in the college for a long time. They have now separated.

Bob Bogardus in Oklahoma City was a very good business man in radiation oncology and he taught me the basics of economics of radiation oncology. For years I worked with Bob and then I chaired and made up a committee that represented both the ACR and ASTRO that had different agendas but each of them agreed to turn over all the economic responsibilities to the joint committee which was me and four of the most honest young men I have ever worked with. We more or less controlled coding and charges and tried to keep people honest and tried to get the government to reimburse reasonably. The biggest part of the job was trying to keep guys from abusing the system. We did a pretty good job.

At one point the Government decided, in 1979, to set up a new system to pay doctors based on relative values. Each thing a doctor does will have some value relative to other things he does. But we didn't know how to do that. The ACR, in a great political move, said to the government, we will do it and pay for it to develop the whole system on one condition – if you like it and accept our system then, you leave our relative values alone in the future when you make relative values for the rest of medicine. They said OK.

We spent somewhere between four and six million dollars and Bogardus and Jim Moorefield did most of it and that's where I learned the trade when they were doing this. They designed the



whole radiology, diagnostic radiology, nuclear medicine, radiation therapy relative value system for each thing that you did was related to the cost of an IVP. If I treat a prostate, I get 2.7 times the value of reading an IVP. Everybody knew if the government wanted relative values all they had to do was calculate the payment multiplier whether it was worth a dollar a unit or a dollar and a half and they could fine tune what they were going to pay.

For the rest of medicine, a fellow at Harvard had a bizarre concept. He would make telephone interviews with people and ask them a bunch of psychological questions and then questions about procedures and then come up with relative values. Some of the relationships were some of the strangest things you could imagine. He did relative values for radiation oncology. We reminded the government of our understanding to leave us alone and they agreed.

ASTRO every year has their big annual meeting and gives a big gold medal to people who have performed a unique or outstanding service to radiation oncology by research usually, literature writing and I was the first one that they said, "he's not the brightest bulb, he didn't write a bunch of articles, but this guy has made us all rich". What they said was, "for your work in the socio-economic sphere and leadership in the business of radiation oncology."

One of the high points of my medical career was to be recognized by my colleagues. Technologically we are doing fantastically well – in my part of it we are developing schemas and ways of doing things that are just remarkable. We have reached the end of our technology in radiation therapy. The future of radiation therapy is to have genetics and their work with biological agents combined treatment. It's going to be revolutionary. I've watched what they have done and it's amazing.

Medically we made great tracks. Philosophically, politically we have been probably the biggest dunderheads in the American economy. We have never addressed the truly important moral and ethical issues that face us. Organized medicine has never been willing to step up to the plate and do something about the 25% of our people in this country who do not have adequate medical care. That's the problem, that's where the future is and I don't think that medicine has the leadership or the interest or perhaps they're too selfish or too greedy as individuals – I don't think they will ever address it. I think the government's going to address it and I think what we are going to have is a nationalized health care system probably based on Medicare/Medicaid combination. Maybe like the Oregon system where you take your finances and prioritize your treatments based on what you can.

When I was young, I would have thought this was the end of the world, it was terrible, and it was socialized medicine and cookbook medicine. What we now call evidence-based medicine. Now that I'm older I think both of those are wonderful ideas, that we should have some evidenced based cookbook medicine because there is a whole bunch of doctors out there who don't know their ass from their elbow. I think we are going to have to federalize the health care program and I think we are going to have to socialize medical care because 25-30% of our people are inadequately cared for and there is no excuse for that.

In this country, nobody should have to go hungry and nobody should die from diseases that could be easily managed if they had a few thousand dollars in their pocket. I'm 73 so I guess I

have the right to sound like an old fart. The doctors that are 50 years old and older I think are people who really want to take care of sick people and they like making a lot of money. I know orthopedic surgeons love to make huge amounts of money but I think they like to put in a new hip for a little old lady and they like to do things.

The younger doctors I see, including some I am personally acquainted with, I think they are more concerned about their own welfare than they are the patients welfare. I think they are lazy. They don't want to work more than eight hours a day, they don't want to take night call, and they don't want to work weekends. They think that they have something coming to them because they managed to get an M.D. I'm very disappointed in the younger doctor's attitude. Their knowledge is remarkably good. They are smarter than hell. But, they are not the same kind of people that we were-people who said this are a calling. This is a special kind of life. You are privileged, you are respected, you make a very good living but it's a special kind of life. Not too dissimilar from being a professional soldier, or a priest or things like that. This is something you need to be dedicated to. And I don't think any of that is present. I think now it's a commodity.

With regard to specialty groups lobbying, I'm guilty too. One of the ways we did things in the American College of Radiology is we had excellent lobbyists and establishing a reputation on the hill that we always said the truth and we made good on our promises to them. That's what organized medicine is about – the protection of the doctors. It's not about the welfare of the patients. Every college works to improve the quality of care or to right things or support research, but their primary mission is to protect doctors.

That was about it and when I turned 70, I quit because I couldn't stand what was going on. With regard to extracurricular activities, I was president of the Tulsa County Medical Society. Someone asked me to be the state president and I wisely said no.

In summary – as you know I've developed cancer and I don't have a very long life expectancy according to the books. So I've spent some time looking at my life. I'm very happy with it. I went in the right profession. I did the things that I sincerely believe God put me here to do. I practiced medicine. I made a lot of personal mistakes. I'm a recovering alcoholic. There are a lot of things I regret in my own personal life – those are past. I've been very fortunate. I met a wonderful woman with two beautiful children – we've had a child. I have a wonderful family. I'm fortunate I have enough money I don't have to worry about a meal. I've done all my work and I've very pleased with it. I would be a doctor again in the time frame that it occurred. I would not now.

I think medicine is a very special thing and I'm so glad I got the opportunity to participate in it in what could be called the golden years of medicine.