David Steed (MD '73, Res '76, Fel '77, Res '79) remembers joining the University of Pittsburgh Department of Surgery in 1979—an office wasn’t available for the new junior faculty member, and it wasn’t clear when space would open up.

“Share my office,” said Charles Watson, the senior and celebrated surgeon.

It was an offer no one had to make—certainly not the chief of general surgery—but the kind Watson was likely to.

When the tall, slight-framed Watson walked the halls of Pittsburgh hospitals, students stood a little straighter. His very presence, in its mild manneredness, reminded those who worked with him that rapport and empathy count. In Chuck Watson’s world, there was always enough time in the day to visit with every
patient on his service, even if it meant working from 6 a.m. to 10 p.m. And he invited them all to return for a follow-up visit 20 years later.

He dressed formally (always a silk tie, more often than not, a bow tie); this was just another way of showing his respect for the people around him. Watson was a product of storied programs—Phillips Academy Andover, Princeton University, Columbia University College of Physicians and Surgeons, Peter Bent Brigham Hospital. His skill and knowledge, particularly of endocrinology, were honored by the world’s community of surgeons. Yet the finest lesson he shared had little to do with ivory towers: To be a truly great doctor, you had to know how to treat people.

In the winter of 1999, when Watson fell ill and wasn’t able to work, Steed checked with the family to see whether it would be okay to stop by and visit. Watson could always be counted on to be a vocal champion for patients and students, and Steed needed some advice about a student issue.

Able to steal a few moments with his mentor, Steed explained what was happening and how he’d proceeded. It was difficult for the senior surgeon to speak, but to Steed’s relief, after hearing his take on the situation, Watson smiled and nodded his head.

“When Chuck Watson agreed with you, it meant a lot,” says Steed, now a professor of surgery and award-winning teacher.


Last year, to honor the kind of medicine that Watson inspired, Pitt established the Charles G. Watson Chapter of the Humanism in Medicine Society. Each fourth-year class nominates members who show exceptional sensitivity, compassion, respect, and altruism toward patients and colleagues.

The following passages reflecting on humanism in medicine were written by Pitt med students, residents, and faculty who were among the first inductees of the Watson Chapter. —Erica Lloyd

Anecdotes are reprinted here courtesy of the School of Medicine’s Office of Student Affairs. Some details have been changed to protect patient privacy.

I met 11-year-old Joseph during my pediatric rotation. He was in Pittsburgh, far from home, awaiting a liver and small bowel transplant. I was assigned to conduct his history and physical. As I started to collect his history, he averted his eyes and changed his tone of voice. It quickly became apparent that I could not connect with him through medical questioning. He had just been poked, prodded, and questioned by multiple teams of specialists and their entourages of fellows, residents, and med students. The last thing he needed or wanted was another medical student collecting information that she could just as easily find in his voluminous charts.

So we stepped out of our assigned roles that night and played video games. This started our ritual of play, through which I learned about his pressing medical conditions, his fears, his hopes, and his dreams. This boy had been both irreparably damaged and sustained for the past several months by TPN (total parenteral nutrition, an intravenous feeding process for patients whose intestines can’t absorb nutrients). He had been unable to eat or drink, yet he articulated a dream of becoming a chef. He was one of those kids who could simultaneously break your heart and make you fall in love.

Two days after our meeting, Joseph was transferred to the pediatric intensive care unit (PICU) for treatment of a near-fatal condition. This strange environment with its lack of privacy and incessant beeping would become his home for the following months. Despite all this, we continued our play. We found ourselves playing Simpsons Operation as he waited for his own operation. Eventually, the interminable waiting, the multiple failures of his organs, and the lack of normalcy in his life chipped away at his hope. He became more withdrawn as the months passed. One day, I came to visit and did not find him in the PICU. I quickly checked the board; his name was listed next to bed 9. I went over to that bed but didn’t see Joseph. A different child was lying in his place. My heart began to quicken. Did something horrible happen? When I asked the nurses where he was, they pointed once again to bed 9. I walked back to the bedside and looked at the stranger in Joseph’s bed. Then it hit me: This stranger had Joseph’s blanket and toys. In fact, this stranger was Joseph. His facial features were imperceptible, swallowed by his bloated flesh. He floated in and out of consciousness. His breathing was shallow and rapid. He was drowning in a sea of tubes and wires. Most notably, he was alone. Without thought or awareness, I ran out of the PICU and found myself halfway home.

I am still haunted by guilt and regret from that day. At that precise moment in his life, Joseph needed someone to hold his hand. He did not need a playmate. Out of my own fear and rage at death, I abandoned him. Partially because of my guilt over this, when he needed someone the most, my visits became less frequent. A barrier formed between us.

Although I shared in the joy of his successful transplant, I shared the joy from a distance. I’ve had time to process the emotions from that day in the PICU. Looking back, I wish I could have been present for Joseph. I wish I could have sat by him, held his hand, and been a witness to his fears, suffering, and vulnerability. Joseph has helped me learn how to set aside my own fear of feeling, to embrace my own vulnerabilities. In turn, he has taught me about the art of being present.

I completed the surgery/anesthesiology clerkship as my first rotation several years ago. This was before the 80-hour work week, limits in shift length, and the like. I was expecting to be exhausted and to work with exhausted, grumpy residents. It wasn’t a rotation I thought I’d like, but the members of my team made it a high point in my education.

Doing vascular surgery at the VA hospital, I had the privilege of working with a senior resident who clearly cared about people. He was respectful of every member of the O R
team, regardless of how long he'd been at the hospital or the duration of the surgery. During surgeries, he went out of his way to involve me in the procedure, despite the fact that it would take longer. My first “solo” experience was amputating a small toe while he stood next to me, calmly explaining each step and even joking how well I normally hid my “shakes.” (When I’m nervous my hands shake— not a helpful trait during surgery.)

During morning rounds, this same resident would stop and talk with patients, sitting on the edge of the bed, really listening. When he saw a patient smoking outside after multiple promises to quit, the resident still treated him with respect and continued to challenge him to break the habit. His example rubbed off.
I began stopping by to see my patients before leaving in the evening. While I was on the GI surgery team, a patient with a carcinoma had come in for a liver transplant evaluation. We learned during his stay that it was metastatic, and he would not be eligible. While he was there for the workup, I would stop by to talk with him before leaving. Being far from home, he was eager for visitors and would talk about his career, family, and church life.

One evening, he confided he’d become estranged from his sons over a disagreement; years had passed, and he still bore a grudge. This seemed inconsistent with his faith and the person I’d come to know, and we talked about this. The next evening, he told me he had decided to call his sons. They’d talked for the first time in years. He was greatly relieved.

Ralph came in first with abdominal pain. I ordered blood work and prescribed medication. The lab work was normal; the medication didn’t help. I consulted with the GI service for an upper endoscopy. Ralph missed three appointments. He continued to see me monthly with complaints. Every visit, he showed me pictures of his grandchildren and asked about my children. His abdominal pain persisted. I could not treat his symptoms or “make him better.” I continued to see him monthly. My children and his grandchildren grew older.

Sometimes he missed appointments. Sometimes the complaints changed. One year, he complained of chest pain. I admitted him and made sure he was not having a heart attack. I scheduled cardiac stress tests; he missed every one. I had to call and bargain with nuclear cardiology to reschedule the seventh. He missed the seventh, too, but came in every month and complained of chest pain. The pictures of his grandchildren changed. I felt inadequate as a physician, worried about why he wouldn’t follow through with testing, and wondered what I was doing wrong.

One year he stopped coming for almost six months. He returned on narcotic pain killers prescribed elsewhere for treatment of chronic pain syndrome. His use accelerated, his behavior became erratic, and it became clear he had developed an addiction. I shared my concern with Ralph and his son. Ralph was admitted for detox. He remained off pain medication despite monthly complaints of pain. I again felt like a failure.

Our relationship continued in this manner for 10 years. We shared pictures of children we loved. I always took him seriously; I never made him better; I felt inadequate.

Then I decided to change jobs, which meant I would need to give up my practice. I could not treat his symptoms or “make him better.” I felt inadequate.

I thought about Ralph for days. I’ve come to realize that the care of him was in the caring for him. I never judged his failures to follow through on my diagnostic plans; I continued to see him; we shared our lives. Even though I never made him better, I made a difference. Ralph taught me what humanism in medicine means.
BIG SHOES TO FILL

OR, FINDING WARMTH IN THE COLD

BY CRAIG CAHALL

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There's nothing quite as bleak as an Ohio River Valley winter: five or six months of relentless cold. Week after week, thick gray clouds hang low in the sky, smothering the soul and spirit. It was a typical winter day when I made my first trip to East Liverpool, Ohio. My job search season was in full swing. After the gulag of residency, I was enjoying a brief escape from the hospital and the attention being lavished on me by prospective employers.

My chief of medicine had told me about a chance to take over the practice of Pitt med alumnus J. Fraser Jackson (MD ’44), a retiring family practitioner in Ohio. It sounded like a golden opportunity: built-in patient population, uncapitated healthcare environment, and the implied blessing of a respected small town doctor retiring after 52 years in solo practice.

Yet East Liverpool would be a tough sell. Its economy was severely depressed, and those who could leave had already done so. Taking this job would mean uprooting my young family, selling the house we all loved, and facing a multitude of uncertainties, especially financial ones.

“Doc” Jackson’s office was a blast from the past. Designed and built in the 1960s, it had been lovingly maintained. But as I soon learned, it was the patients to whom he had devoted his real attention—some of whom had never seen another doctor since the day he'd delivered them 50 years ago. The charts were a strange amalgam of lab reports, heartfelt thank-you notes, and 3-by-5 index cards filled with illegible scribbles.

I was smitten with the practice. My brief visit had rekindled the idealism that had led me to abandon a career in investment banking to go into medicine. Jackson’s retirement party made front-page news in the local papers. Because of space limitations, only 350 people were able to attend. Former patients came from all over the country. Their stories were filled with love, admiration, and humor: tales of house calls at 3 a.m., textbooks bought anonymously for needy students, lives inspired or saved. At the end of the evening, Jackson’s speech evoked a seven-minute standing ovation. Like the rest of the audience, I found myself in tears.

The reality of Jackson’s commitment to his calling became apparent as I began to see his patients in the following months. I still didn't have the audacity to call them my patients. Repeatedly, they revealed details about my life that made me wonder how they could have known. They asked about my children or inquired about the renovations going on at our newly acquired 100-year-old home.

At first I wrote those personal comments off as just part of life in a small town where there are no secrets. But I later learned that Jackson had called every one of his patients to apologize for retiring and to thank them for giving him so many years of happiness. He'd also reassured them about their future care. He told them he had wanted to retire for a long time but had waited till he found the right person to take his place. He'd told them my children’s names, about my passion for music, and my ability to listen. These people didn't care about my education or my achievements. They only wanted to know if I was like him.

By telling them I was, he paid me the greatest compliment I've ever received.

His daily visits to his old office dwindled only after a year of my taking over. He's run out of excuses to visit, but they're no longer necessary. He has found another life full of family, friends, and travel—a life he had too long ignored for the sake of his patients.

I’ll always remember how he warned me never to neglect my family for the sake of my patients. He told me not to miss my children’s growing up, to take time to indulge in my hobbies, and to not give my entire life to medicine, as he had done. But he spoke without regret.

Today, Jackson’s patients continue to teach me what it means to be a good doctor and a good person. At first they warned me that I had some pretty big shoes to fill. They were nervous about the fact that the man they could tell anything was gone. But slowly they began to reveal themselves to me as I listened to their complaints. They taught me that to be a good doctor is to be a good listener. While they care little about the beneficial effects of ACE inhibitors, they care very much about being heard.

Several weeks ago, one of my patients told me that I reminded him of a doctor he’d once known. Frazzled after a very busy day in the office, I absentmindedly asked who he meant. He put his hand on my shoulder and said, “I think you know.”

J. Fraser Jackson handed over his practice at the age of 82 in 2002. He's finally content in his retirement. To learn more, see p. 36.