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## An Interview With Doctor Daniel Peters

Jin Packard

*The following is an excerpt taken from an interview with Doctor Daniel Peters, conducted by Jin Packard. The content presented here has been edited by Dr. Peters and the staff at the Quill & Scope (with permission). This interview can be accessed in its entirety at:*

<http://www.freshwhitecoat.com/2011/01/interview-dr-daniel-peters.html>

**JP: Thank you so much for agreeing to this interview. To a person who's never met you, how would you describe yourself?**

DP: Out of your list of questions, I thought long and hard about this one the most. I tend not to describe myself, period. You know what? Just spend enough time with me and draw your own conclusions. My wife, to this day will say I'm one of the most stubborn people she's ever met.

My colleagues and I have joked that I have a surgeon's personality. There is no such thing as a surgeon's personality. At a medical staff meeting in a hospital, surgeons are clearly outnumbered so they tend to stay quiet. You hear this internist or that pediatrician voice their opinions, well - you know what, she's got a surgeon's personality, he's got a surgeon's personality... One of the hardest things with organizing physicians, it's like everybody's a CEO.

I have a raging sense of humor which I don't show around you guys, but I fully believe in the liberal use of sarcasm, irony, parody, analogy. It can be pretty funny in my house sometimes. It's probably my most common side, but in this environment, that's not the side you guys should be seeing. You know, so, it's just different.

**My guess is that you are passionate about religion, family, heritage, hunting, and task-outcomes. Plus you're a doctor. So I'd be surprised if you weren't a mean cook – am I right?**

I don't hunt.

**You don't?**

No actually, I take that back. I hunt very avidly - in Shoprite, in the A&P. Where, you know, you can stalk the meat in the case, and then go over and stalk some dairy products. But, there's no need to hunt. I've taken care of far too many hunting accidents. And there are very strict safety rules that need to be obeyed. Why do it, just because I can?

**But do you cook?**

Oh, yeah. My mother's Italian, my father's German and Danish, people look at me and say, "You look Italian, funny that you're not." I say, "Oh really? What do you mean, funny that I'm not?" They say, "But your name is Peters – did it get changed on Ellis Island?" Well as much as they might not believe it, I too have a mother. I used to help her cook because my older brother was out doing something and my younger brother was too young. So, I sort of inherited all the family recipes and have since made many of my own.



**When and why did you decide to go into medicine?**

It wasn't my first career choice. In 1969, we landed on the moon. Consider, I was in 5th grade in 1969 and graduated high school in '76. The Apollo program was over by the time I graduated from high school, and aerospace engineers were working at McDonald's and Burger King because they'd been laid off. I went into college with a very strong background in mathematics, but I realized at a young age that if I went into aerospace engineering, the future just wasn't there.

The aerospace program didn't come back until the 80's. In my naïveté, I figured I'd find something where it's unlikely to be affected by external factors. People are always gonna need help, and I liked helping people, so [medicine] seemed like a natural fit. I remember being in the lobby of the Basic Science Building over here watching the first shuttle landing (1981), because they stopped class and actually televised it on the monitors in the room. By then, I was in med school.

**Then, what about surgery?**

Probably the 3rd year of med school. It just seemed to be a natural fit for me. And then I did my surgery rotation and said, "Naahh, this is bananas. This is not for me." And then I did my medicine rotation after surgery, and I finished that I said to myself, "I'm gonna be a surgeon."

What everybody does is important. No man is an island. So you naturally select what fits your strengths, because that's what's gonna keep you going the longest, and then develop a circle of people you trust and work together to take care of people.

Actually, in my 3rd year the thing I liked the most was Ob/Gyn. But I didn't think that it was the thing for me – I liked the OB but there wasn't enough surgery in the GYN to keep me happy. So I figured, depending on how I choose to practice, I can still have my hand in it and do surgery (I used to help on a lot of C-sections early in my practice). I don't regret making that decision.

I tend to think that anybody could do what I did, but not everybody wants to. You're all intelligent people, any one of you guys could become a surgeon. All it takes is the commitment. Some people may have more natural skill than others, some may be smarter, but there is a broad range of individuals who have the ability, but not everyone has the commitment.

**Can you tell me about the best day you ever had in practice?**

It's not necessarily what you'd think it would be; because it was something that happened well after the fact. There was a Christmas Eve – more than several years ago – I got a call from a friend who's a gynecologist, and she said "I have a woman in my office who has an incarcerated femoral hernia." Christmas Eve is very important in my family. My wife runs the children's choir at our church, and that mass is at 5PM on Christmas Eve. If you don't get there by at 4, you don't get a seat because it's the mass of the year for people who don't normally show up.

It was 10AM and I had already signed out. My answering service gave this gynecologist my home number, and I couldn't say no to this person. For a couple of reasons, not the least of which was that she had someone in her office who had an emergency condition and needed help. I was in a no win situation. I did not want to leave my wife alone with five children on a busy day and we were both justifiably upset. I told my wife I could get it done. The last thing I wanted to do was to go in and leave my family on a big holiday. I wanted to be with THEM! I really had no choice. I knew that if I handled it right, I could get everything done and still make it to Christmas Eve Mass with time to spare. I saw the patient at the GYN's office, then I drove the patient to the hospital in my own car, took her straight up to the O.R., did the hernia repair under local anesthesia, and got home with a half an hour to spare. I didn't rush the operation and I didn't rush the patient – I rushed the logistics of getting to and from the O.R. That's not the memorable part. Because it would be too easy to blow off that situation – tell the answer-

ing service to say that you are not there, or say that they couldn't get a hold of you, you know, something. What you have to realize is that everybody you come across has their own life story and YOU have the ability to affect it in either a positive or negative way.

About a month later, I get a thank-you card from her kids. Their family picture was on the front, she must have had 10 kids, and the opening was, "Thank you for saving our mother."

***A pause. Then with a slight tightness in his voice:***

If I had turned that down, not taken care of that lady, I would have let down 12 people including the lady and her husband. Just the fact that they let me know, that it meant that much to them...

The real point is that your most memorable day is rarely the day you would pick and possibly not even one that would stand out in your memory. Case in point, I retired from practice seven years ago. I got a call just the other day, during dinner, from the family of a former patient. Someone that I had consulted on but did not need surgery. The story was that, eight or so years ago, I had carried them through a rough time, a bunch of them were talking about it, about me, and they felt the need to call and say thank you and tell me how much it meant to them. What I was willing to "file away" as "just a consult, no trip to the O.R.," turned out to be a very important day in someone's life and I had a positive impact on it. But I would not know it for over eight years. We don't get to pick our best day, it picks us. So be careful, always be a caring professional, and don't become complacent or jaded.

The worst day? There are too many of those to pick, not because you didn't do your best, but because your best was not enough.

**Did you ever think about doing something in a more challenging environment, like Doctors Without Borders or combat surgeries?**

I actually had given serious thought to not practicing in the U.S. just because, like I said, money was never a motivation for me. It was always more a matter of who needed my help the most. Because of the legal climate in this country, and a lot of other things, before we had kids I'd say to my wife, "Let's go to Africa, let's go to Southeast Asia, some place that would need my help."

She'd counter with, "Well, what about going to Appalachia? What about going to an Indian reservation?" But I had actually looked into that kind of stuff. It's a decision I didn't mind making for myself, and my wife, being who she is, she would have been happy wherever we went, but once we started having kids, those no longer became possibilities.

I've also thought over the years about Doctors Without Borders, but the problem with that is that economically, it became extremely unfeasible. You had to provide your own airfare and make a certain time commitment.

Being in solo private practice, if you take off more than a week at a time, people forget who you are. I was in a solo, private practice for the extent of my surgical career. So if I had left for a month, I would have left the hospital where I worked without coverage, I would have left my patients without coverage, and by the time I got back, I would have had to re-build my practice.

**How about educating health staff in a developing country? They often don't have big universities or people who can come down and teach so there's not only a resource deficit, but severe training deficit as well.**

The prospect has always intrigued me, it's always been more a matter of – and I actually looked into that when I first made the decision to retire – nobody returned my calls.

Case in point: How am I sitting here today? If it wasn't for Dr. Pravetz, if I hadn't graduated from NYMC, if it wasn't the right thing at the right time... I'm sure these humanitarian organizations get inundated with calls. Unless someone ushers you through the maze, even if you offer services for free, they don't know you.

**Let's switch gears and talk hobbies. Why are you into guns, and does that tie into the surgeon's personality?**

Most of my hobbies are centered around precision. My father was a machinist. He had an old Indian motorcycle that needed a fuel pump, so he took a block of aluminum and carved it out. I grew up in that kind of environment, working on cars, fixing things. So, precision has always fascinated me.

My first love/hobby was always cars, motorcycles, but working on them, you know, just became more difficult as things became more electronic. And guns have always fascinated me. It was something I never really had time for. So when I finally retired, I had the time to devote to such a serious thing. The ability to hit a target – like that bulls eye I showed you, at 100 yards, open-sight – the ability to do that has always fascinated me.

My hand-eye coordination has always been good. My wife and I went on a cruise before we had children, I was a first-year surgical resident and on the ship, they had skeet shooting. I was 26 or 27 years old. I had never fired a shotgun off a moving ship before, or for that matter, I had never even picked up a shotgun in my life. I managed to hit 9 out of 10 clays.

**Do you have a favorite gun?**

You know, I'm more fascinated with handguns than rifles, which is not something I expected. They're harder to shoot well, so it's more of a challenge.

**Some students know about your wrist injury from a motorcycle accident. Could you tell us what you went through while healing, evaluating yourself, and coming to a decision to retire from surgical practice? Any sage advice?**

Nope, never been in a motorcycle accident!

**I've heard people say you had a lawnmower accident, slipped and fell, etc... Let's set the record straight.**

Alright. It was a winter day, Wednesday January 10th, 2001. Early in the morning, and I was rushing to get to the hospital for a surgery meeting. On my driveway between my car and the RV there was one patch of ice, I ran in to get something in the house, slipped, fell, and I felt my wrist go. I'm lying on the ice, and I knew I just broke my [left] wrist. I realized that my bone was about to come through the skin, so I partially reset it myself in the driveway. I got up, went in the house, I yelled up the stairs, "I think I need help." And everybody came running because I never ask for help. I told my wife, very matter-of-factly, "I broke my wrist." That's the German side I guess, emotions and pains just don't process the same way in German brains.

My friend, who's a physician at the hospital, told me I did myself a favor by partially resetting it. I got my hand in a cast, did my rounds, did a couple of discharges, and went home. It was a comminuted fracture that healed at an odd angle.

I know there was some neuropraxia because my hand was numb for a few days afterwards. Distal ulnar nerve injury. It hurt like hell, but I knew it was a different kind of pain. When he finally took the cast off, even the slightest wind blowing across the hair on the back of my hand was extremely painful. And I just ignored it. I was out of work for 3 months.

It hurts to this day, right now. I didn't sleep last night. So if I look tired, that's why. Then what I noticed over the next 3 years, because I didn't retire until 2004, was that I was not happy with my level of skill. Initially, my hand would just cramp after holding forceps all day. The nurse might ask, are you ok, and I'd make excuses like, "Oh the glove's too tight, you know." By the end, in 2004, I was sending cases out.

I cut myself in the OR a few times because I only have partial sensation in [my left] hand. I saw several hand specialists. They all said pretty much the same thing, "You already represent a danger to yourself and you should retire before you cause anybody else any problems. Now that you've documented it, if you don't tell your patients then you haven't gotten informed consent and you're gonna get screwed. Don't wait till someone tells you that you need to retire." That was the 2nd time in my life I had heard that.

The first time was when I finished my residency, and I said to a surgeon I trusted, "Do you become dangerous, or are people just dangerous when they leave residency?" He said, "That's a good question, but let me tell you this. Regardless of what your skill level is now, you're gonna start doing less and less in variety because of external factors that whittle down what you do. When you get to the point where you know you're uncomfortable, retire before somebody tells you that you need to." Having heard it twice in my life, I decided it was time to bite the bullet and just do it.

**Was it tough going home, the first week or two? Or did it hit you later?**

You know, life is funny. It's hard to put into words. It was something I had been thinking about for 3 years, because I was getting worse, gradually. Once I sought help for it, I knew that was the end of the story. It was 2004 when I called up Dr. Pravetz to start working here, and I said "I just worked 24/7 for 20 years, I'm taking a month off." I went to Florida with my family for about 2 weeks, which I think was the first time I ever took a 2-week vacation.

I've always been comfortable with the thought of closing my practice, only because I accepted the fact that it was time. You know what, things happen, and frequently we're not in control of the things that happen to us. There is an old expression, "don't judge a surgeon by how fast they are, judge them by how they handle their complications." This was me, exercising my best judgement, handling a complication.

**Back to what you said about disclosure. There was a recent discussion, past month or two, about surgeons having to disclose their sleep status their patients, in order to get fully informed consent. Did you hear about that?**

Not only did I hear about it, I emailed the doctor at NBC about what disservice he did to the profession. He and I had an email battle on New Year's Day about the fact that I thought he accused surgeons of being mercenaries. The news bit that he did, you had this anchorman who is a complete ass, saying "Well, doctors aren't gonna want to disclose because they'll lose money." And the doctor says to him, "Good point, not only the doctors but the hospitals too."

I ripped him as much of a new one as I could. Surgeons are trained for this, there is such a thing as a combat mentality. You know, you're sort of programmed for the long haul to keep your skills as sharp as you can. There are days where I've operated with nothing more than cat naps, and nobody ever suffered as a result, no one was ever at risk. If I felt they were, I would not have performed the surgery. Take this for what it's worth: I did that with no problem. But as soon as my hand started cramping, I retired. The problem is, you can't legislate common sense. The expression we had in surgery was, you can teach a monkey to operate, but you can't teach it to think. Thinking is probably the most important commodity you'll have.

When it comes to someone asking how many hours of sleep did you have, that's irrelevant. How about asking, did you have a fight with your wife last night? Did you get angry with someone in your car today? It's an extremely complex and important issue that can't be legislated. Getting back to an earlier point, you really need to have faith and trust in the people you work with, to be able to say, "I'm too tired to work, can you cover for me?"

So, in the end, regardless of what you are doing or talking about, *you* should be your biggest critic. Never stop thinking, use your common sense. Don't wait for someone to tell you what needs to be done, "*Just do it!*" Always be honest with yourself, your loved ones, your colleagues, and your patients. Be kind and compassionate, even when you are so tired and worn out that you barely have enough energy to power your next heart beat. When you find yourself saying that you really don't have enough time to do something is really the moment you need to slow down and make the time to do it. Never turn away someone who needs your help. Someday that person will be you. If delayed gratification is all you get, accept it, save it for a rainy day, and move on, don't always look for a pat on the back. That's not what we are here for. And lastly, don't look at medical school as the end. It is really just the beginning. You have a long way to go; look at me. Sure, when I was in your position, I figured residency, family, private practice... but I really had no clue what adventures were about to come my way. Academic medicine? Never. Teaching?! Time goes by all too quickly, and you only get one chance. To borrow a line from one of my favorite philosophers, Harley Davidson, "it's about the ride, not the destination." Enjoy the ride folks, be the best you can be, and don't look back.

In conclusion, as if I haven't bored you with enough truisms and five cent psychology, let me share one last story. It was at the final dinner, the "last supper," so to speak, of my surgery residency. It was the farewell to the graduating chief residents and the welcome to the incoming interns. During the cocktail hour I was engaged in conversation with one particular surgeon and mentor I had trained under. We had a mixed history, not liking each other for the first few years of my training. I endured and, right or wrong, voiced my complaints at times. But I made a decision to "just do it." My first day of my fourth year, I was the senior resident on his team. I showed up for AM rounds, bright eyed and bushy tailed, 6:30am, only to be greeted by, "so, I got *you*?" Over the next four months I worked hard, complained hard, but never lost sight of who I was and never tried to be something or someone I was not. By the end of the four months, I got an apology. "I had you wrong all of these years, I'm sorry." At the beginning of this interview, you asked me how I describe myself and I said, "I don't. Spend enough time with me, or anyone else for that matter, and draw your own conclusions." Don't be so quick to judge people, accept them for what they are, know their limitations as well as your own. Give them a chance and focus on the positives.

He and I stood there, in an awkward sort of goodbye moment and he asked me if I thought I was ready to go it alone. I don't think he was surprised by my answer, but it might not be what you would think. I responded, in a very calm and matter-of-fact manner, "first, you're never alone," to which he grinned. Then, "I know that I know what I know, and that I can do what I know how to do. But, what really worries me, is how much is out there that I don't even know enough to worry about. How do I do the things that I don't know? It's like finding out not just that you didn't know something, but worse, that you didn't even know that it was something you should have anticipated or even knew how to anticipate." His grin widened, then, a simple response, "you're never alone, and you're ready." Remember, you're never alone.

*Doctor Daniel Peters is a New York Medical College graduate, and is currently an Assistant Professor of Cell Biology and Gross Anatomy at NYMC with appointments in both the Medical School and the School of Health Sciences and Practices. He is a compassionate and dedicated teacher with an infectious enthusiasm for medicine. We are all indebted to Dr. Peters as a mentor for his professional and patient-centric approach to clinical practice and the basic sciences, which we all stand to learn from as physicians in training. The Quill & Scope extends its most sincere appreciation to Dr. Peters for sharing his story and insight with us.*