

## FRED DAVID WINTER, JR., MD: a conversation with the editor

**D**avid Winter (Figure 1) was born in Tulsa, Oklahoma, on February 10, 1950, and grew up mainly in Beaumont, Texas. He graduated from Beaumont High School in 1968 with high honors. He received a bachelor's degree in biology and chemistry from Lamar University in Beaumont, also with high honors, and attended the University of Texas Medical Branch at Galveston, where he received his medical degree in 1975. Both his medical internship and residency were at Baylor University Medical Center (BUMC). After those 3 years of training, he entered private practice on his own in 1978.

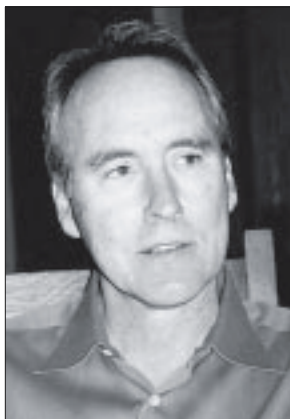


Figure 1. F. David Winter, Jr., MD, during the interview.

David Winter is the founder and president of MedProvider, a division of the HealthTexas Provider Network, and he is on the board of directors and is vice chairman of HealthTexas. Since 1988 he has hosted HealthSource, a weekday medical television news program on WFAA-TV, Channel 8, which is syndicated. He also presents live medical reports on the Midday News on WFAA-TV. He has been the host of Health Gems, which is part of a national syndicated radio insert, Patients Medical Network. Additionally, he has hosted hour shows on Lifetime Medical Television and the Discovery Channel, as well as several videos for Riverstreet Productions. He has received the Marcus Welby Award and the Jules Bergman Award for Excellence in Medical Broadcasting.

From 1983 to 1998, Dr. Winter was team physician of the Dallas Sidekicks, an indoor professional soccer team. He currently is the governor of the Texas Northern Region of the American College of Physicians—American Society of Internal Medicine. He has been a speaker at a number of meetings on such topics as practice management, time management, medical reporting, sports medicine, men's health, women's health, chronic fatigue syndrome, Alzheimer's disease, obesity, aging, the changing medical system in the USA, atherosclerosis and its consequences, cholesterol and its components, osteoporosis, hypertension, stress, and exercise, among others. On more than one occasion, he has been listed among the "Best Doctors in America" and the "Best Doctors in Dallas." He and his lovely wife, Reneé, have a son and



Figure 2. At age 4.

daughter. Dr. Winter is a superb clinician, a leader, a role model, and a good guy.

**William Clifford Roberts, MD (hereafter, WCR):** *I am in my house with Dr. David Winter on May 25, 2002. David, I appreciate your willingness to talk to me and therefore to the readers of BUMC Proceedings. To start, could you talk about your early development, some of your earlier memories, and your parents and siblings?*

**Fred David Winter, Jr., MD (hereafter, FDW):** Although I was born in Tulsa, at age 2 my family moved to Houston (Figures 2 and 3). My dad was a certified public accountant, and he traveled to different jobs as opportunities arose. When I was in the third grade, we moved to Beaumont, Texas, and I lived there until I began medical school (Figure 4). I'm the oldest of 5 children. Our family has always been very close. Beaumont was a warm, wonderful place to grow up. We had a lot of family activities. Dinner (supper) was important and we were expected to be there. Typically, it was preceded by some kind of family

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**Figure 3.** As a Cub Scout.

activity in the yard—football, hide and seek, or just rolling around in the grass. I went to Beaumont High School, which has since changed its name. At that time it was the city’s oldest high school. My father had gone there.

My father grew up in Beaumont. He went away to college at the University of Texas, then served in World War II, and eventually came back to his hometown. His father was a refinery worker—in the Magnolia Refinery, later bought by Mobil. A lot of my influences came from my dad. He had grown up in the depression. His father was out of work for 9 months. My father and his 2 brothers scraped by, delivering newspapers and trying to sell items door to door. They had a difficult time for a while. As a consequence, my father is very frugal and developed a strong work ethic. A lot of his frugal ideas now belong to many of us in the family. He later had a good and varied career. He worked as an accountant for several different firms. He eventually became the finance director of the city of Beaumont and then went into the health care arena, where he was the executive officer of a nursing home that was in financial trouble. He turned it around. We have fond memories of getting involved in that community and improving the health of the elderly by making that nursing home viable and profitable.

High school was a fun period for me. I had a lot of successes in school. Several teachers were very influential. My ninth grade biology teacher, Evangeline George, took a shine to me. She encouraged me to do a science project. I built a light bulb from scratch, learning its mechanics and how light was created from a little filament. We took that project to several regional and state events. The first time we displayed the science project at the local level, a friend of mine came up and said, “This is great! You made a light bulb.” He plugged it into a 110-volt switch, which immediately blew up the light bulb. I had to create the project all over again. The science fair provided time to talk to Mrs. George about biology, in which I had a huge interest. She asked me what I wanted to do with my life. I told her I loved biology. She then said, “You ought to consider medicine.” When I asked her why, she said, “You could make a career in science and medicine, and you may or may not be able to do that in biology.” She was clearly the one who first got me interested in medicine. From then on, I was focused on being a physician. I wanted to take more biology and chemistry courses. I also got into physics in high school and really enjoyed that. We had an interesting teacher who gave me the physics award. I was sur-



**Figure 4.** Growing up in Beaumont with his family, 1966. Left to right: Marilyn, Fred D. Winter, Sr., David, Diane, mother Betty, Larry, Richard.

prised. After that, he asked me about my career goals. I told him I was going to go into medicine. He was crestfallen because I wasn’t going to be a physicist. I felt little aptitude for it. I just enjoyed the mechanics of it.

In high school I was active in the National Honor Society and student council. I was president of my senior class. I was in the speech club and on the debate team. I had a very full career in high school. I wasn’t much of an athlete, although in junior high and the beginning of high school I enjoyed athletics. I was very short then. I didn’t get my height until my senior year. I played football and made the first team as a halfback in my freshman year (ninth grade). At the beginning of my sophomore year, my dad would not let me play football anymore because he thought the sport affected my grades adversely. That was a huge disappointment for me at the time. In truth, I had made only one B at that time and the rest A’s. I never again made less than an A in high school. My peers were all in athletics and I enjoyed participating in sports, but he said no and that was it.

**WCR:** *What is your father’s age?*

**FDW:** He’s 81 now.

**WCR:** *What about your mother?*

**FDW:** She’s 75 now. They both still live in Beaumont. After I left to go to medical school, they moved to Kansas. My dad had a business on the side owning and managing grain elevators. This proved to be quite a big business. They moved there 15 years before he retired, and then they moved back to Beaumont.

**WCR:** *How big was Beaumont when you were growing up?*

**FDW:** The population was about 100,000.

**WCR:** *How large was your high school?*

**FDW:** My senior class had 244 students. There were 6 high schools in Beaumont at the time.

**WCR:** *What were your 4 siblings like?*

**FDW:** I have a sister who is 18 months younger than I. She’s a well-respected nurse supervisor in Connecticut. She has a great husband and 2 sons who have finished school. I was fairly close with all my siblings when we were young. We wrestled in the grass and played in the yard together. As junior high and high school unfolded, we all went separate ways. I don’t remember being



**Figure 5.** A fishing trip off the coast of Galveston with brothers Richard and Larry and Dad, 1997.

particularly close to them at the time. I was focused on athletics initially, and then on student council, a couple of clubs in which I was president, and my studies. We've all become closer now that we're grown and have shared the responsibilities of being parents ourselves and watching our children grow up (Figure 5). My mother and father have helped the family stay close by hosting an annual family trip each Thanksgiving. Since my siblings live in different parts of the country, this has been key in keeping us all connected. It has also allowed our children to have the opportunity to know each other growing up.

**WCR:** *What was the age difference between you and the youngest?*

**FDW:** My youngest sister is 12 years younger.

**WCR:** *You mentioned that your first and last siblings were sisters. What were the other 2?*

**FDW:** I have 2 brothers in between.

**WCR:** *It sounds like your father was the dominant personality in the house. What was he like?*

**FDW:** He was a strong, domineering father. He ran the family in that paternalistic role. He could be difficult. My mother, on the other hand, was the kind, caring one who tried to manage the emotions and keep peace in the family. In high school my friends used to say that my dad was the toughest father of anybody. I'm not sure that that was true, but I certainly felt that growing up under him.

**WCR:** *Did your father help you in your studies? Could you discuss your studies with him easily?*

**FDW:** He didn't help with the different topics. He just set the standard that it was important to make A's and if it was a low A, he wanted to know why. We had a lot of discussions around report card time. I learned early on to make an A, a high A, and then everything was fine in the family. That was the early goal: you had better get those high grades. From the ninth grade on, I enjoyed learning and had an appreciation for what I was learning.

**WCR:** *What about your siblings? Did they do well in school also?*

**FDW:** Yes, they did well. They have claimed that Dad wasn't quite as hard on them as on me. I took a lot of the hard knocks growing up. My siblings have all turned out well and are very successful. One brother is a bank examiner who has risen to the top of that field and now offices in Washington, DC. My other

brother has an accounting degree and runs a large multinational corporation. My younger sister got a nursing degree and worked for a plastic surgeon for a long time. Now she is raising 3 delightful children. Her husband is a talented entrepreneur who just sold his company.

Three of us work in the health field. We were the first physician or nurse to come along in my extended family. None of my cousins, aunts, uncles, parents, or grandparents were ever in the medical profession.

**WCR:** *Was there a fairly large extended family in Beaumont? You mentioned your father had 2 brothers.*

**FDW:** My paternal grandparents and a great grandmother lived there. We spent a lot of time at their homes when I was young. My father had a brother in Houston who had 3 children. We visited them periodically. Our activities revolved around my father's family. My mother's family lived in Oklahoma. I had some fun summers in their home in Tulsa.

**WCR:** *How did your mother and father meet?*

**FDW:** Dad had graduated from the University of Texas with a degree in accounting and was working for an oil company in Tulsa, Oklahoma. Mother had a psychology degree from the University of Oklahoma and was working at a different oil company. They met at a church picnic, dated for 2 months, and then became engaged. They were married 2½ months later. Two years after that I was born. With Mother graduating from the University of Oklahoma and Dad from the University of Texas, there's been a lot of rivalry around football games.

**WCR:** *What did your family do for fun when you were growing up?*

**FDW:** During the summers, we took family vacations. Typically, we piled into the station wagon and went cross-country—to both the East and West Coasts and Canada. There was a lot of driving around and staying in small motels with pools. We loved swimming. Dad encouraged that. We saw a lot of the country from the back of the station wagon growing up.

**WCR:** *Did your father and mother expect you to be the leader of the siblings since you were the oldest?*

**FDW:** They did. I learned a lot from that. Dad seemed to be firmer with me. He wanted more discipline and timeliness and superior grade performance. He wanted me to help keep the other kids in line. All my siblings were good. We didn't have any bad apples in the barrel, and we all seemed to get along fairly well, except for the usual tussles of youth with a lot of kids in one house. Our house in Beaumont was small. My 2 brothers and I shared a room with a triple bunk bed. We were pretty crowded there. I was fortunate to be on the bottom bunk. We had 1 small closet and didn't have a lot of clothes. (I'm often amused now with our 2 children in separate rooms with separate closets and bathrooms.)

**WCR:** *You were born in 1950. Was your house relatively new?*

**FDW:** No, but it was remodeled a couple of times. We later added a porch and remodeled the kitchen. It might have been 5 or 10 years old when we moved into it. It was small for the family. Later in high school we moved into a bigger house in Beaumont.

**WCR:** *I learned recently that the average house built in the late 1940s and early 1950s was 750 square feet, which is about the size of some of today's garages.*

**FDW:** That may have been the size of our house because the rooms were small.

**WCR:** *Was there enough money to make life relatively easy?*

**FDW:** I don't think we ever wanted for anything. Dad was very frugal, so if you wanted to get a hamburger, you either got a milk shake or fries but not both. There were those kinds of issues. He taught us quite a bit about being responsible about money. If we wanted something, we had to earn it. He encouraged us to get jobs early on. My first job was at age 14 working at the local filling station. I worked from then on, through high school, college, and medical school.

**WCR:** *How did you decide which college to go to?*

**FDW:** I had planned to go to the University of Texas. My dad was president of the alumni association at that time. I was excited about going to college. However, during my senior year in high school, my father and mother decided that it wouldn't be a good idea for me to go to the University of Texas. They were concerned about the unrest on the larger college campuses. That was around the time of the shootings at Kent State and the major demonstrations at Berkeley. They decided that I should stay closer to home and go to Lamar University at least for a year or two. I didn't understand or appreciate that decision. I stayed in Beaumont. As a consequence, I got on the fast track and took a lot of hours. I got accepted into medical school after 3 years in college. It got me pointed in the direction I wanted to go rapidly. There were no distractions for me in college because I was trying to get out of there and get on to the next phase of my career.

**WCR:** *Did you live at home during college?*

**FDW:** I lived at home for the first 6 months. Then I moved into the Sigma Chi fraternity house.

**WCR:** *What kind of university was Lamar University? How many students were there?*

**FDW:** It was a moderate-sized state university with about 10,000 students at the time. It had a large campus. It was known for its engineering school. It also had a premed program that was said to be outstanding. If you were recommended by the premed advisor, you got into medical school. Dr. Edwin Hayes was in charge of that department, and I got to know him and he supported my goals. I was a couple of credits short of graduation after 3 years so I was granted my college degree after my first year in medical school.

**WCR:** *What were your activities in college?*

**FDW:** I worked through high school and through much of college at the Baptist Hospital in Beaumont. My dad knew that I had an interest in medicine, and he thought it might be good to work in a hospital to see if I really liked it. That proved to be a good idea. I worked as an orderly stationed in the emergency room but had responsibilities around the entire hospital. I saw a lot of the hospital setting. I enjoyed that quite a bit. I worked evening or night shifts in college so I could keep my hours up.

**WCR:** *You were a busy guy.*

**FDW:** It seemed that way at the time, but I enjoyed what I did. I don't ever remember being tired. It seemed like I could always work things in, but I was busy.

**WCR:** *What kind of town or city was Beaumont? The money in Beaumont came mainly from oil refineries and petroleum?*

**FDW:** Several oil refineries were in Beaumont then. That's where my grandfather had worked. We had a lot of neighborhood friends and family friends. It was a good environment.

We were strong in the church. Dad was the treasurer of the church, a volunteer position. He used to count the money that was given in the offering on Sundays. We often counted the money with him. We were always expected to be in church. I was the president of the Junior Youth Methodist Fellowship organization. He encouraged that. That was a fun experience for me. We went on campouts and had activities in the church on Sunday evenings. Church was a big part of our life growing up.

The YMCA sponsored a club in high school called the High Y Club, and I was president of that. That was a social organization that raised money for the Salvation Army, the Red Cross, and the YMCA. We also had campouts. We did a lot of camping growing up. I enjoyed the outdoors in all those different activities.

**WCR:** *Was there alcohol in your home?*

**FDW:** I never saw it if it was there. My parents weren't teetotalers, but they didn't drink in front of us.

**WCR:** *College was a good experience for you?*

**FDW:** Yes, it was. I also dabbled in research back then. I loved organic chemistry and strove to do well in it. The first 4 to 6 weeks I didn't know what was going on in that course. It was like learning a new language. After about 6 weeks the "language" kicked in and it became fun. The organic chemistry teacher, Dr. Margaret Cameron, asked me if I would work with her the next year in the research lab. I was flattered to be asked to do that. She set me up in a lab making compounds called ureides that hadn't been made before. One ureide had previously shown antitumor activity in rats. She wanted me to make as many related compounds as I could and then send them off to the National Institutes of Health for experiments on animals. After working in that lab awhile I realized that I didn't have a lot of aptitude for bench research. I was alone in a lab many afternoons, and that wasn't what I enjoyed. That was when I decided that I didn't want to be a research scientist or research physician. I liked people.

**WCR:** *Were studies easy for you?*

**FDW:** They were. I had learned good study habits early on. I made high grades with less work compared with others. I learned to focus, to get my studies done early, and then do other things I wanted to do. I was active in the fraternity. I was president of the pledge class, which had 21 members. We had a lot of social activities, and I attended all of those. I might have been a couple of hours late because of working in the lab or studying in the library, but I would show up eventually at all fraternity activities. I took 17 to 21 credit hours per semester. I didn't think that was a lot at the time, but my kids now talk about 15 credit hours being a lot. Either studies have gotten more intense in college or things were different then.

**WCR:** *What were your working hours in college?*

**FDW:** I worked the 3:00 to 11:00 PM shift when I didn't have a lab in the afternoon or the 11:00 PM to 7:00 AM shift if I had a lab that went until 6:00 PM.

**WCR:** *That was in Baptist Hospital?*

**FDW:** Yes. I had a full-time job working 40 hours most weeks.

**WCR:** *Do you need much sleep?*

**FDW:** I typically get 6 or 7 hours a night, and I get by fine with that. I can get by with less if I have to.

**WCR:** *What about when you were in college?*

**FDW:** It was the same. I needed an alarm to get up, but once the alarm went off I was up and out the door to do whatever I had to do that day.

**WCR:** *Did you have time for many activities in college other than your studies?*

**FDW:** Between work, school, and the fraternity, I was pretty busy.

**WCR:** *How did you decide to go to the University of Texas Medical Branch at Galveston?*

**FDW:** I applied to San Antonio, Dallas, and Galveston at the advice of my premed advisor, who said these were all great schools. San Antonio was new, so he told me to look at it carefully. He said, "I think it's going to eventually be a good medical school." There was something different about Galveston. It was a friendly collegial environment. I didn't get that impression at the other medical schools. When I got accepted at Galveston, I jumped at the chance to go there. It was also fairly close to home.

**WCR:** *How did medical school strike you? You'd been in hospitals by that time for 5 or 6 years. You weren't totally naïve to what physicians did. Did you have any surprises in medical school, particularly initially?*

**FDW:** I was very bored and felt unchallenged my first 2 years of medical school. I had pursued a double major in biology and chemistry in college, and it seemed like many of the medical school classes were a repeat. I found another freshman student with the same opinion. He and I decided we'd do something else. We took a course at the community college in Spanish just for interest in the evenings. This apparently had not been done before, and the local newspaper reported it. They put us on the front page: "Medical students take additional classes outside of medical school." I worked also in the laboratory at the university hospital. That was an evening job which wasn't usually very busy. I could study some while at work.

**WCR:** *What hospital was used by the medical school in Galveston?*

**FDW:** John Sealy Hospital.

**WCR:** *How many students were in your medical school class of 1975?*

**FDW:** I think there were 350 students per class when I started in 1971.

**WCR:** *Did anybody in medical school, either faculty or student, have a major impact on you?*

**FDW:** Yes. When I was in college I had made up my mind to be a surgeon because I had a lot of strong influences from the surgeons who worked at Baptist Hospital in Beaumont. I used to go to the operating room with them when the emergency room wasn't busy and be essentially a first assistant on an appendectomy or a strangulated hernia repair, and I loved that excitement. I put on casts under the supervision of orthopaedic surgeons, and I sewed up lacerations. I enjoyed doing that. I loved working with my hands and the excitement of surgery.

Surgery at medical school, however, seemed to be an oppressive field. You had to pay your dues, be subservient, and put up with a fair amount of harassment to work your way up the chain. On the other hand, William Deitz, chief of medicine and a won-

derfully kind and caring physician, made internal medicine sound like detective work: if you were thorough and careful and listened and examined, you could solve the problem. It was an adventure, and one felt great finding the answer. He made internal medicine exciting for me. In my junior year, I decided that I didn't want to go into surgery but wanted to be an internist.

**WCR:** *Did you work in the summer back in Beaumont while in medical school?*

**FDW:** No. I stayed in Galveston to work or took trips. I backpacked around Europe for 6 weeks one summer but otherwise stayed pretty close to Galveston through those 4 years.

**WCR:** *Did you work in college and medical school because you needed the money for tuition or because you thought it was a good thing to do or both?*

**FDW:** My father always paid for books and tuition but expected me to pay for the rest. When I moved out of our home during college, I had to find the money to pay for the college fraternity dues, housing, and food. In medical school it was the same.

**WCR:** *After those first 2 years when you hit the wards, how did that strike you?*

**FDW:** It was a welcome relief from the drudgery of the first 2 years of classroom activities. That's when I really regained an interest in medicine. During my first 2 years I knew I was going to finish medical school. There was no question about that, but the first 2 years were just something you had to go through to become a physician. I questioned the whole medical educational process. I came to medical school idealistic, and I wanted to get involved with patients quickly. Not seeing a patient the first 2 years was disappointing. We'd occasionally see a patient in a demonstration.

Only a couple of courses fascinated me the first 2 years. One was anatomy. We had 4 students to a cadaver in a wonderful amphitheater that had been there for 50 or more years. I had 2 women and a squeamish man on my team, all of whom were anxious for me to do all the dissecting, which I loved. I spent a lot of time there. Back at the medical school fraternity house where I lived, I along with the other freshman classmates who dissected were made to sit at a special table for meals because we smelled like formaldehyde.

I really got turned on in my junior year, and I was excited to be on the wards. I loved every rotation, but I liked medicine the most. It was the most exciting. The other rotations weren't the challenge that medicine was to me. I became more and more interested in going into internal medicine.

**WCR:** *How did you come out in medical school from a class standing?*

**FDW:** I was in the top quarter. I wasn't in the top 10 because I didn't apply myself my first 2 years. During those first 2 years a roommate went to the classes and took notes for both of us while I rode my bicycle or swam. At the fraternity I was in charge of the pool. I found the classes boring. Also, every class had a transcriber, so I didn't see any reason to attend. I was a couple of places behind my friend who was there every day and studied all the time. I felt pretty good about that. I wish in retrospect I would have spent more time in classes to get my standing up.

**WCR:** *How did you decide to come to Dallas and BUMC to do your internship?*

**FDW:** It was the influence of one of my classmates in medical school. When I was looking for internships I had decided I wanted to go to one of the busiest, biggest hospitals in the country. I thought if I saw a lot of patients and worked my tail off, I would become a better physician. I applied to Los Angeles County, Harbor General, Parkland, and Cook County (Chicago) Hospitals. A medical school classmate a year ahead of me was at BUMC. He called and wanted to know where I was sending applications for internships. He said, "When you're coming to Dallas to visit Parkland, come to BUMC." I remember telling him that I wasn't interested in a private hospital because I wanted to see a lot of patients. He said, "Just let me show you what we're doing." I did, and he convinced me that at BUMC I could see more patients because I could concentrate on becoming a physician and not waste time on "scut work." He said it was a better experience plus he convinced me that I would have broader exposure to different ways of practicing medicine. At BUMC, a houseofficer has many mentors. I came to BUMC and have never regretted it. BUMC is a great place to train.

**WCR:** *What was internship at BUMC like? How many fellow interns did you have in medicine in 1975?*

**FDW:** There were 8 or 10 of us at that time. It was a great experience. I loved being an intern. I had helpful and encouraging residents who pretty much let me go my way. Call nights on the wards were the most exciting. I'd see so many patients. At that time there was developing concern about interns and residents working too hard. A rule was instituted that after so many admissions on a given night, you couldn't take any more patients. I'd sneak them in anyway. I'd admit them to my service and take care of them because I wanted to see as many patients as possible.

**WCR:** *You never regretted that you became an internist rather than a surgeon?*

**FDW:** No. I have enjoyed the practice of internal medicine. As an intern and resident I still liked to do procedures. I did cutdowns and subclavian catheter insertions. I did procedures whenever I could and did them for the other interns and residents when allowed.

**WCR:** *Who had the most influence on you at BUMC during your internship and residency in medicine?*

**FDW:** The chief of medicine, Ralph Tompsett, had the most influence on me. He was a wonderful individual who set the standard for professionalism. I still can't walk down the halls and chew gum or drink a cup of coffee because Dr. Tompsett taught that it is not professional. You don't eat or drink walking down the hall with a white coat on. You don't do that in front of patients. His demeanor had a strong influence on my career. There were other people also. John S. Bagwell was a wonderful physician. He was, to me, the Marcus Welby physician. I just loved to go in and see him sit on the bed with the patients and talk to them. He was so kind and patient and caring. It was clear to the patient and anyone around that he was what a physician ought to be. Jabez Galt was a bit crustier but also had a positive influence on my career. Lloyd Kitchens also was a great physician. The way he related to and cared for patients was quite influential.

The American College of Physicians has also had an important influence on my career. Early in my practice, Dr. Ralph Tompsett encouraged me to join this organization and to become

a fellow. He himself had risen to the top of the organization and was awarded a mastership in the American College of Physicians. Dr. Lloyd Kitchens and Dr. Marvin Stone have also become masters and important leaders. The American College of Physicians encourages continuing education in scholarly activities. I currently serve as the governor of the Texas Northern Region, which allows me to interact with the other leaders from around the country.

**WCR:** *When you were completing your residency in internal medicine, you had to decide whether to specialize in a subdivision of medicine or whether to go into practice. Was that decision difficult for you?*

**FDW:** I made the decision early that I wanted to be a general internist. It came from my enjoyment of being on the wards. Being on the wards as an intern and resident taking care of patients was the most satisfying thing for me. I enjoyed the patients and their variety of problems. On some of the specialty rotations, I got restless. I just didn't find a specialty that hit it with me. A couple of specialties in particular seemed a little bit routine, always treating the same organ system. I liked the variety of internal medicine.

When it came time to choose a practice location, I looked quite a bit at both North and East Texas. I talked in particular to several physicians in Denton and to the chief executive officer there. They laid out the red carpet for me to come there. Ralph Tompsett strongly encouraged me to stay at BUMC. I talked with members of several of the larger groups at BUMC at that time—John S. Bagwell, Charlie Mahaney, Billy Oliver. All 3 groups had openings and were interested in my joining them. While I was trying to decide which group to join, Ralph Tompsett called me into his office and said, "I want you to start off on your own." I'd never seriously considered that. I asked him why he thought that. He said, "First, I think you can do it. Second, there's not been a young group starting at BUMC in about 15 years, and it would be good for the system." So I did. I spent the last 3 months of my residency trying to figure out what kind of folders, furniture, and equipment to buy. There is a lot of work in starting a practice. There also wasn't much help at that time. There weren't any formal programs or any money available to start physicians in practice. I ended up making a presentation to a banker who loaned me money on a line of credit to get started. All that was kind of exciting and fun. I opened my office in Wadley Tower. The established groups were supportive, and they all sent me patients. By the time I started practice, I had the first 2 weeks booked with patients who had been referred to me.

**WCR:** *Your practice has been closed for new patients for some years.*

**FDW:** Correct. Essentially, that is true.

**WCR:** *What has practice been like for you? I know things have changed but particularly when you started out and after you'd been in practice 5 or 10 years, what were your days like? When did you leave the hospital? When did you get home? When did you go to bed at night? When did you wake up in the morning?*

**FDW:** I have always gotten to the hospital early. It was a way to take care of the hospital patients and still have a full practice in the office. Typically, by 6:30 or 7:00 AM I'm at the hospital making rounds. I start seeing patients in the office at 8:00. It varies some from day to day, but I've kept to that pretty much



**Figure 6.** David and Reneé on their wedding day, August 11, 1979.

from the beginning. After the full day in the office, I go back to the hospital to see patients. I get home earlier now than I used to.

My wife and I got married after my first year in private practice (*Figure 6*). We used to go to a restaurant that served food until 11:00 PM because typically it would be 10:00 or 10:30 before I could get there. We often ate late night dinners and talked about the day. That has gotten better since I've cut down on hospital consultations and the number of patients hospitalized. We don't admit as many patients to the hospital as we used to. I've never taken an afternoon off. I've played very little golf. I've always worked the full 5 days a week. Initially, I was on call most weekends, and when I affiliated with Paul Muncy I got every other weekend off. We did that for years.

**WCR:** *You brought in Paul after how long?*

**FDW:** Paul joined me after I'd been in practice for a year. He was 1 year behind me in the residency program. After my first year in practice, things were going well, and I needed some help with the patient load.

**WCR:** *That's impressive. How many patients does it take to fill up a general internist's practice?*

**FDW:** It can vary. It's typically between 1500 and 3000. It's hard to know how many patients you actually have because some come in frequently and others come in only every 3 to 5 years. Probably 2000 would be appropriate.

**WCR:** *How much time do you generally spend with a new patient?*

**FDW:** It depends on the patient's age and needs. It can be from 45 to 90 minutes. I've always seen new patients and completed evaluations in my office in what some people call the consultation room. We sit there and go through the reason they are there, the past history, and all the other related history. Then we go to the examination room. We usually finish up there dis-



**Figure 7.** David, Reneé, Brittany, and Dave on the family sailboat, *Cool Change*, 1999. Photo: John Haynsworth.

cussing the plan, what testing may be necessary, and how we're going to get back together, either in person or by telephone.

**WCR:** *How much time do you generally plan to see a follow-up patient?*

**FDW:** They are booked for 15 minutes. Some (particularly those I've seen for a long period of time) take less time and some take longer. It can be anywhere from 10 to 30 minutes, depending on what the needs are.

**WCR:** *How many patients do you see as a rule each day?*

**FDW:** I average about 20 a day.

**WCR:** *What time do you get home at night now?*

**FDW:** Now, it's around 7:00 or 7:30 PM.

**WCR:** *Do you still get to the hospital about 6:30 AM? You are putting in about a 13-hour day. What about Saturdays and Sundays?*

**FDW:** Yes, I still get to the hospital early. Typically, weekends when I am not on call have been with the family. We enjoy time outdoors. My son and I have done a lot of hunting and fishing together. We also have had a sailboat on Lake Texoma for the past 23 years. My wife and I have a lot of fond memories from experiences on the lake, and our son and daughter have also learned to enjoy sailing (*Figure 7*).

**WCR:** *Did you hunt with your father?*

**FDW:** Not very much. He wasn't into hunting and fishing. My best friend's father, Kenneth C. Mathews, was a big hunter and fisherman. That's where my interest was nurtured.

**WCR:** *What do you hunt?*

**FDW:** Mainly dove and duck (*Figure 8*).

**WCR:** *Do you fish fairly often?*



**Figure 8.** A successful day of hunting with his dad, Fred D. Winter, Sr.

**FDW:** We have a bass boat that my son and I use quite a bit on Lake Fork (Figure 9). We've had some great times fishing.

**WCR:** How often are you on call now on the weekends?

**FDW:** Now I'm on call every sixth weekend. That can be a busy weekend covering for 6 doctors. I'll see 20 to 30 patients in the hospital, and that occupies most of both Saturday and Sunday.

**WCR:** What time on Friday does the weekend start when you are on call?

**FDW:** At 4:30 PM.

**WCR:** What happens when you get home in the evenings on a typical weekday?

**FDW:** Now that the children are off to college, my wife and I will either eat at home or more commonly go out somewhere for dinner. We'll come back and chat for a while. I'll then try and read a bit before bedtime.

**WCR:** Where did you and your wife meet?

**FDW:** When I was an intern, I moonlighted quite a bit. We were on call every third night, so there were 2 nights free. One of those nights I would typically moonlight in a small hospital in the suburbs. I met my wife in one of those small hospitals. Her mother was in charge of nursing at Garland Medical Center. My future wife worked there as she pursued her nursing career. We dated for 3 years—through my internship and residency—and got married after I'd been in practice a year.

**WCR:** What is her name?

**FDW:** Her maiden name is Reneé Annette Martin.

**WCR:** Where is she from originally?

**FDW:** She grew up in Mesquite.

**WCR:** What is Reneé like?

**FDW:** She is a very strong, bright, and independent woman. She handles herself well in any setting. She's quite involved in charity activities in Dallas (Figure 10). Each time she's taken over a project she has moved it up to another level. She has a strong



**Figure 9.** Dave outfishes his dad again! In East Texas, May 2000.



**Figure 10.** Reneé chairing the Multiple Sclerosis All Star Rodeo Ball, 1993.

network of female friends. She plays tennis in a tennis league. She's interesting and fun.

**WCR:** Do you play tennis? Do you play together sometimes?

**FDW:** We do. For the longest time I would always win and she didn't like that. She took lessons and now she's hard to beat, and she enjoys that more.

**WCR:** Tell me about your 2 children.

**FDW:** My son, Fred David Winter III (Figure 11), is a sophomore at Southwestern University in Georgetown, Texas. He's a wonderful kid—kind and caring. During his freshman year in college he learned a lot, and I am confident he will be a great success in whatever field he chooses to pursue. Dave is fluent in Spanish and has worked in a hospital in Costa Rica and on construction areas here in Dallas. He is quick to gain the respect of those around him with his industriousness and his affable personality.

My daughter, Brittany, is artistic and creative and is committed to a career in fashion. She just graduated from Highland Park High School and wants to someday design her own clothing line. She's been accepted to Parsons School of Design in New York City, one of the most prestigious design schools in the country, and will begin in September 2002. My wife and I were surprised yet impressed by the intense requirements of a top design school.



Figure 11. A son is born, December 3, 1982.

(I thought medical school admission was a challenge.) Brittany is very bright, independent, and talented. I am sure she will go far in her career.

**WCR:** *How is life going to be beginning this year with both of your kids gone?*

**FDW:** Reneé and I are looking forward to it. We've planned more trips and time together. Although we've been close through the years, kids can be distracting.

**WCR:** *How much time do you take off a year from your practice?*

**FDW:** I haven't taken much. Typically, a couple of weeks, usually split up (Figure 12). I've taken 2 weeks in a row only once.

**WCR:** *David, would you talk a bit about your television work? When did that start and how did it come about?*

**FDW:** I got into television reluctantly. In 1988, Tony Wainwright, a top executive in the advertising business, a major BUMC benefactor, and a good friend of John Fordtran, proposed that BUMC should have its own television show. He brought BUMC representatives and WFAA-TV (Channel 8) to a table with that concept and got them to agree. Then it was a matter of who was going to be the host. I knew people in the BUMC public relations department and had done a couple of interviews for them. They and Boone Powell, Jr., asked me if I would fill the role. My initial response was that I didn't know how to do it. They promised to get me some help. They hired a couple of coaches who taught me how to communicate in front of the camera and how to deliver an effective message. At first, it was quite an adrenaline rush and still can be, particularly when the live camera comes on. I have to focus on what I want to say to get the message across. It's been an educational experience for me. I've enjoyed it (Figure 13).

**WCR:** *Has it made you a better physician?*

**FDW:** It certainly has made me more appreciative of specialties outside of internal medicine. We do stories on every field of medicine. I have to read or scan a lot of journals each week to get story ideas. It has helped me keep up with the latest developments in medicine.

**WCR:** *You are the one who initiates the stories?*

**FDW:** I have a team that does that. Early on it was pretty much me, but now I've got a staff and we all pitch in with story ideas.

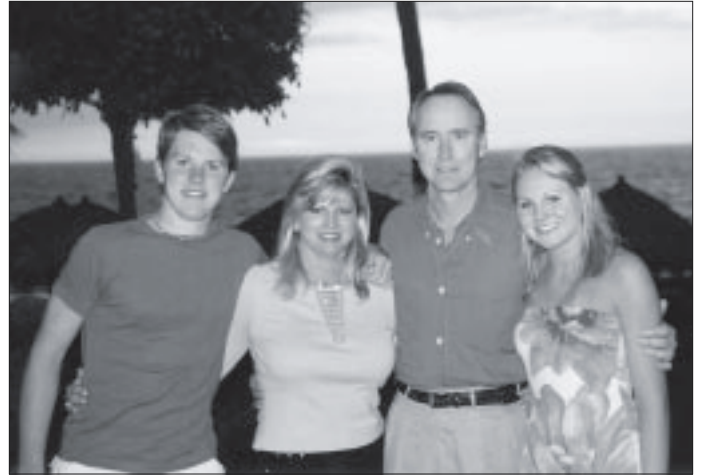


Figure 12. Spring break with Dave, Reneé, and Brittany, Puerto Vallarta, 2001.

**WCR:** *How much time does the TV work occupy for you?*

**FDW:** We film one afternoon every week. That's for the pieces that are produced and packaged and run over subsequent weeks. Now I spend probably 30 to 60 minutes a week in preproduction thinking, planning, and looking for ideas. It used to be much more than that, but my staff has made it a lot easier. I do a live report at noon on Mondays and Wednesdays. I spend 30 to 60 minutes the night before or early that morning coming up with a story idea. I write those myself, submit that script to the television station, and do those at lunchtime. It's easier to do the produced piece because I have a staff who does a lot of the work and makes me look good. If I don't like what I do, I just redo it. The live reports are more of a challenge. Once that camera starts rolling on the live pieces, I have to be focused despite distractions around me. I enjoy doing that quite a bit.

**WCR:** *The live portion is how many minutes on television?*

**FDW:** Two to 2½ minutes.

**WCR:** *You film that twice a week?*

**FDW:** Yes.

**WCR:** *Your afternoon TV work is mainly interviews. Is that a full afternoon for you?*

**FDW:** It takes from 2 to 5 hours, depending on the complexity of the stories. We like to do stories on location. If it's a story about certain food items, we might go to the farmer's market or to a grocery store. I've done stories in a lot of different settings, including golf courses, lakes, ski slopes, and even skydiving from an airplane. Many stories, however, are done in my office, which has been set up to be a studio. There are special lights and a camera in my office. We have a direct microwave link to WFAA-TV.

**WCR:** *You have mentioned "your staff." How many people are you talking about?*

**FDW:** On the day we shoot, 4 people are with me: a BUMC public relations employee, a producer/director, a cameraman, and a camera assistant.

**WCR:** *Are you involved in the editing of it later?*

**FDW:** No.

**WCR:** *It sounds like you are involved with your TV shows about 8 or 9 hours a week.*

**FDW:** That's about right.

**WCR:** *Although it has really bitten into your life, the TV work has expanded your influence incredibly.*



Figure 13. At the television studio in 1988. Photo: David Buffington.

**FDW:** I may see only 20 patients a day in the office but I communicate with thousands daily through the television. The evening show has between 300,000 and 500,000 viewers, and it's about half that for the noon show. We're reaching a lot of people every day.

The most rewarding feedback I get is from television viewers who, for example, write and say, "You did a story on melanoma and I found something on my husband's back that was taken off. It was a melanoma at an early stage. Thank you for saving my husband's life." Some patients sick with heart failure have seen our stories about a new drug or technique and subsequently visited with one of the BUMC cardiologists and are now doing better. Those kinds of stories are particularly rewarding.

**WCR:** Tell me about the awards you've won for your television work.

**FDW:** I won the Jules Bergman Award from the National Association of Physician Broadcasters. Jules Bergman was a famous broadcaster on one of the major networks and was involved in the first space program. The award is given in his name to the strongest video on a medical topic in a given year. The Academy of Medical Communicators has a similar competition for what they call the Marcus Welby Award.

**WCR:** I think it's fantastic that you do this television work. It's good for you and good for BUMC. What kind of feedback have you gotten from your shows?

**FDW:** It's all been positive. We get a lot of phone calls that come either to my office or directly to the Baylor 1-800 line asking for more information. We get thousands of phone calls on

particular stories from people wanting services, a consultation, or a physician. I've never taken patients in my practice as a result of the TV shows because of concern early on that doing so might be viewed negatively by other physicians, and I didn't need the patients anyway. We've referred a lot of patients out from stories that we've done.

**WCR:** When you and your wife walk into a restaurant, do a lot of people recognize you?

**FDW:** I get some of that. I have learned to be careful about what I eat. I've always eaten well, but I've also learned that someone is likely to come up and see what I've had to eat. If there is something unhealthy in front of me (in their opinion), they are going to say something about it.

**WCR:** Can you describe the clinical research you have done?

**FDW:** I have not done much research or publishing in my career with the exception of a study done back in the late 1980s. At that time, I was team physician for the Dallas Sidekicks soccer team. The players were intrigued about the use of oxygen on the sidelines. They had seen it used in football games and basketball games and asked if I would supply this. I told them it did not make sense and it would not add anything to their performance. They were skeptical and questioned this, so I went through the literature to try and prove my argument. I found a lack of sound studies on the subject and organized one to settle the issue.

Along with Dr. Jim Stray-Gundersen and Dr. Peter Snell, the athletes exercised to exhaustion while we administered either room air or 100% oxygen in a blinded fashion. We crossed over the athletes so that each one served as his own control. No difference was found in their performance or lactate levels. This was published as a lead article in the *Journal of the American Medical Association* on July 14, 1989 (1). I am gratified that to this day, oxygen has not been introduced into the sport of soccer, although it continues to be used in football and other sports.

**WCR:** David, you've been a major player in initiating Med-Provider and HealthTexas. Can you talk about that and how each came about?

**FDW:** About 9 or 10 years ago, several of us in internal medicine thought that there was a need to get a large group together. Managed care was becoming more influential in Dallas. There were concerns about how that was going to be disadvantageous for us. About 20 of us met every month to try to figure out how to get a group together. Initially, there was a lot of enthusiasm, but that waned. After about a year the attendance fell off, and there just didn't seem to be a way to get a large group together. I told my partner, Paul Muncy, that I still thought this was going to work. He agreed with me. I hired an attorney and an accountant to help put together an organizational plan and bylaws. I used Dr. Muncy as a sounding board and came up with a plan that we thought was fair. We talked 5 other physicians into forming a nucleus (MedProvider), and the group began with 7 in 1993. That was a great experience.

**WCR:** You are president of the group. What does that entail?

**FDW:** I now spend 2 afternoons a week in administration. We have 67 nonphysician employees and 37 physicians. We have an operations manager, JoAnn Martin, and a master of business administration executive, Cindy DeCoursin, who help run the business side. I work with them to make sure that the organiza-

tion runs well. We also have a strong corporate staff run by Gary Brock, Bill Roberts, Jim Thaxton, Barry Smith, and Sarah Gahm. They give important oversight and are involved with negotiations, strategic planning, and development. We've done a lot of things as a group that we couldn't have done individually. It's been rewarding to see that happen. Some of my partners simply come to work, practice medicine, go home, and have nothing to do with the business side or even with the staff. They love that. Other physicians in the group have sought out leadership positions. We all work together. We have a board of 7 physicians that meets every other week. We also have physician committees on personnel, compensation, and medical records. Those meet regularly.

**WCR:** *What is the connection between MedProvider and BUMC?*

**FDW:** About 7 or 8 years ago, BUMC was interested in forming a relationship with physician groups. They approached us about merging with them in an organization called HealthTexas. HealthTexas is set up to have a board of full-time practicing physicians and what's called "a member," which is the hospital. It's been an ideal arrangement in that any major thing we want to do has to be approved by the physician board and financed by the hospital. We're wedded together to make decisions, and so far that has worked well. We've enjoyed a very good relationship with the hospital.

**WCR:** *Members of the MedProvider group became salaried employees of Baylor Health Care System (BHCS)?*

**FDW:** Yes. We sold our practices to BHCS and became employees of BHCS. The HealthTexas division runs the physician practices through its physician committees and board.

**WCR:** *What does that mean, "You sold your practice to the hospital"?*

**FDW:** HealthTexas as a division of BHCS owns our assets, medical records, and accounts receivables, and the employees are all employees of BHCS. The way the organization is set up, MedProvider is a subdivision of HealthTexas. We feel like we have a lot of control. If we want to change our staffing or modify aspects of our employee relationship with our nurses and front office staff, we do that on our own. Our financial structure is independent of other divisions of HealthTexas. If we want to have more nurses per doctor or fewer nurses per doctor, it affects only us. We've got our own operating budget that we work within.

**WCR:** *When you say "we," you are talking about MedProvider?*

**FDW:** Yes.

**WCR:** *Are all the physicians in HealthTexas a part of MedProvider?*

**FDW:** No, MedProvider is just one division.

**WCR:** *Who are the other groups?*

**FDW:** There are 2 other large groups. Family Medical Center in Garland has about 26 physicians. Dallas Diagnostic Association, currently stationed at Medical City Hospital, has about 28 physicians, and there are many small groups around the metroplex. There are small groups in Rockwall, Ennis, Waxahachie, Carrollton, Southlake, and Irving, and we've just affiliated with a group of physicians at Baylor All Saints Hospital in Fort Worth. We've got physicians scattered all over the Dallas-Fort Worth area.

**WCR:** *What's the total number of physicians under the umbrella of HealthTexas?*

**FDW:** There are approximately 290 employed physicians. HealthTexas also contracts with about 1500 physicians who aren't employed but are able to use our contracting services.

**WCR:** *What does that mean?*

**FDW:** We've got a department that works with insurance companies on rates and terms. By having that unified voice, we're able to be a lot more effective in the negotiations. We've found that with insurance companies, the fee they pay you is typically less important than the terms (particularly in the last years with managed care). If a physician can't order a test that he or she wants or can't make a referral he or she wants, it impacts the practice of medicine, the care of the patient. We've been careful to craft terms in the contract that usually weren't there when the contract was first presented to us to make sure we can practice medicine the way we want to practice.

**WCR:** *All of these 290 physicians are on salary from BHCS?*

**FDW:** Yes, although the salary they are on is decided by the physicians themselves. MedProvider and HealthTexas each have compensation committees. We've developed a production-based model in which physicians are paid according to the amount of work they do. It has worked well. Physicians are encouraged to see the number of patients they want to see, and they are paid accordingly.

**WCR:** *Has this arrangement been positive for BHCS? Is BHCS making money or losing money on this arrangement?*

**FDW:** Years ago when Paul Muncy and I were together in one office, Boone Powell, Jr., took me to lunch to encourage me to take in a new physician partner. I explained to him that to take in another partner would add work—it would take time to mentor that doctor to get him or her started—and would cost us money. We don't make money off younger partners like some law firms are said to do. There wasn't an advantage to taking in another physician. Boone Powell, Jr., concluded that something needed to be done to encourage physicians to expand their practices, many of which were already filled with patients. We were turning away patients that BUMC needed. One of the motives for putting HealthTexas together was to increase the number of BUMC and BHCS physicians. When HealthTexas was first formed, we had about 70 physicians. Now there are almost 300 physicians, and the hospitals are full. All the 300 physicians, who are predominantly in primary care, refer to specialists and to Baylor hospitals. The result has been a greatly increased number of hospitalized patients and outpatient procedures for the system. In that sense, HealthTexas has been very successful.

**WCR:** *Has your practice changed as a consequence of producing MedProvider and HealthTexas? Are you as happy now seeing patients as you were when you went into practice in 1976?*

**FDW:** The practice of internal medicine has changed. We are becoming more focused on preventive measures and upkeep of general health. We're now trying to make every patient encounter an opportunity for prevention and early detection of illnesses. I'm in charge of the quality committee for HealthTexas. We've come up with some mandatory standards for all physicians in HealthTexas related to mammograms, colon-rectal screening, cholesterol and blood pressure surveys, and immunizations for flu, pneumonia, and tetanus. We audit the standards regularly for

compliance and also look at outcomes: How well do we manage cholesterol and blood pressure? How well do we care for patients with acute myocardial infarction, asthma, and diabetes mellitus?

It's a challenge because when patients come into the office with an acute problem, oftentimes associated with a lot of emotion and anxiety, it's important to focus on that acute problem. Nevertheless, the acute problem may not be the most important problem in their health at that time. If they strained a chest wall muscle, for example, that's not a big deal for them. But if they have an underlying breast cancer or colon cancer, that's a big deal. We want to try to get physicians to look at the patient's total picture at every opportunity. Some patients don't come in regularly. They may come in only once every year or so. We may have trouble getting some of them back for follow-up. We're trying to encourage physicians and the nonphysician staff to use preventive medicine charts and if, by another example, a pneumonia vaccination is required and the physician has agreed to it in advance, the vaccine can be given without talking to the doctor. Colon and rectal examinations and mammograms can be scheduled automatically. We also have enlisted the help of the patients by putting up posters and brochures in the examining rooms to remind patients of these preventive procedures in a friendly way. By improving preventive practices and making sure we are doing the right things for the management of chronic illnesses, we hope to raise health care to a higher level.

The members of the quality committee working with me are passionate about these preventive activities. We've sent 12 of us to school to become experts in how to implement quality measures. We have learned how to set up clinics for warfarin management and for the treatment of asthma, for example. We are hiring a nurse specialist who can help us with management of diabetes mellitus. All of these things take a lot of work and a lot of organization. It would be difficult to have a solo practice today.

**WCR:** *When you say you are improving standards for HealthTexas, that's for the nearly 300 physicians who are under the HealthTexas umbrella, not the other 1500 physicians whom you contract for?*

**FDW:** Correct. The information, however, is available to all 1500, and we are in the process of publishing some of this data to influence even more physicians.

**WCR:** *David, do you have any hobbies?*

**FDW:** Most of my nonmedical activities have been with my family. Sailing has been a big hobby. I hunt and fish with the children.

**WCR:** *Does Renee like those outdoor activities, other than tennis?*

**FDW:** She used to love to assist me with sailing. We used to be quite a team sailing together. Nineteen years ago, when she was pregnant and I was sailing, she realized that I could do all the work on our sailboat without her assistance, and since then she enjoys riding and not pulling on the sails and the ropes.

**WCR:** *Do you have a lot of social activities? Do you entertain a good bit in your home?*

**FDW:** My wife has been very involved with charity activities in Dallas. She has chaired and been involved with many different fund-raising organizations. We've done a bit less of that the last several years because of the kids' involvement in high school. She's currently gearing up to do more of that again. She

has chosen charitable functions that benefit medical causes—the Multiple Sclerosis Society, the American Cancer Society, and the Kidney Foundation.

**WCR:** *I gather that you are quite pleased with the way that BUMC and BHCS have been moving in recent years.*

**FDW:** BHCS is a very progressive and visionary organization. The system has taken some wonderful and innovative steps. The relationship developed with HealthTexas physicians has rarely been duplicated around the country. In most other medical centers where this type of organization has been tried, it has failed. It has succeeded at BHCS because of forward-thinking leaders like Boone Powell, Jr., and now Joel Allison and Gary Brock, who realize that we need to do this together. If we both benefit, then we benefit more than either party could alone. They've done some creative thinking to make this an organization that works for both sides. They've given us a lot of control and a lot of latitude in the way we've developed HealthTexas. I'm very pleased with BHCS, and I'm grateful that I chose to stay at BUMC.

**WCR:** *David, the development of HealthTexas and MedProvider and your television work, in addition to your splendid practice, must have brought a great deal of satisfaction to you.*

**FDW:** The most rewarding and exciting thing that I've done is working with other physicians in MedProvider and HealthTexas. My partners are some of the top physicians in the country, perhaps in the world. Their flexibility and participation in building the organization were invaluable. It couldn't have been done without that. The way we work together, the way we are progressing, and the way the practice of internal medicine is evolving are exciting. Working with physicians can be challenging, but it's most rewarding because you are dealing with very bright people who sometimes have unique ideas that need to be considered and sometimes accepted or modified and worked out within a group. That's been challenging but the most rewarding thing I've done thus far in my career.

To further develop business principles that might apply to the practice of medicine, I was given the opportunity to participate in the master's program organized by the University of Texas Southwestern Medical Center in conjunction with the University of Texas at Dallas. This was a 2-year program that required 1 week on campus every 3 months. Curriculum included leadership and organizational behavior in medicine, health care accounting and finance, quality management, medical risk management and contracting, health care information systems, strategic management, managing change in health care, and the role of government in politics and health care. In May 2000, I was awarded the master of science in medical management. Lessons from this educational experience have helped me in every aspect of my involvement with physicians in our organization. It also stimulated the development of the quality committee of HealthTexas, which I think will help to make significant improvements in the delivery of health care for our patients and should also serve as a model for other physicians and physician organizations.

**WCR:** *You are 52 now. You've been working pretty hard since you were 5 or 6. Do you have any plans to do anything differently in the future?*

**FDW:** I still have a lot of energy, and I enjoy what I do. I'm fortunate to have a variety of responsibilities that make it all

interesting. I love going into the examining room and seeing a patient, but after a day or so of that it's kind of fun to go and study new ways to improve the efficiency of our practice and then to have an afternoon to do some exciting things with television on new developments in medicine that I can help communicate to the public. The variety has really kept my interest up. At this point, I don't see any reason to change what I am doing.

**WCR:** *David, could you discuss "mentoring" a bit?*

**FDW:** Mentors obviously are important. We need to have people to look up to and to fashion our lives and our careers after. You can find mentors in all walks of life. Most of my mentors have been in medicine, but I've also had some influences from reading biographies of Winston Churchill, Abraham Lincoln, John D. Rockefeller, Franklin Roosevelt, and Theodore Roosevelt. That is why I encourage you, Bill, to put your thoughts together about what you have witnessed from all the interviews you have done.

**WCR:** *I agree. I wish I had known earlier in my career what I've learned in the interviews. There are some commonalties among those I've interviewed. Your parents, for example, pushed scholarship on you. You were required to do well in school. It was not an option. You were busy. You worked after school, on weekends, during summers. You learned a lot from those outside jobs. The parents of many of the interviewees in The American Journal of Cardiology, particularly in the Jewish community, were not able to go to college. In turn, these parents wanted to make absolutely certain that their kids did attend and that they did well so Hitlerism would not be able to take away that education that could be used anywhere in the world. I have learned an awful lot about BUMC through these interviews. My appreciation of BUMC and BHCS has expanded enormously by talking to the interviewees. I hope that it will be possible to put together the BUMC interviews and the AJC interviews in separate collections in the reasonably near future.*

**FDW:** I can see a book with examples. You probably could come up with multiple chapters on personality traits of highly successful individuals. I'd like to read your conclusions, and your examples would enforce them.

**WCR:** *Thank you. Have you always loved biographies?*

**FDW:** My interest dates back to several years ago when I realized that mentors were important in my life but that many of my mentors had retired or had died. I felt an absence of role models and leaders. I began reading biographies. Biographies describe upbringing, influences, and what develops and drives people. Charles Lindbergh was described by Scott Turbeau as an individual who did things otherwise unheard of in those days. Teddy Roosevelt grew up as a sickly kid with asthma and was made fun of because he wore glasses. He became not only a powerful president but also one who loved to ride on horseback in South Dakota in the wintertime and camp out on his saddle and hunt to survive. There was nothing wimpy about that guy. John D. Rockefeller did not come from a very good family background. He did not respect his father. He grew up to be a strong Christian leader and the wealthiest man in the world. Then, in his mid 50s, he retired and spent more energy and more time the rest of his life (he died in his 90s) giving his money away. He wanted to make sure it went to the right causes. The drive that he had to give money away was as strong as it was to make the money in the first place.

Biographies teach a lot. Mentors teach us a lot. I like the word *mentor* better than *hero*. Heroes can be an example for some folks, but they're not real. John Wayne is not a real individual. The persona of John Wayne isn't something that should be a role model like a Rockefeller or a Roosevelt.

**WCR:** *Do you spend as much time with the housestaff now as you used to?*

**FDW:** I try to keep an eye on the bright ones coming out because we want to recruit those for our group. They are fun to work with. They certainly keep you honest and on your toes. They come up with some of the most innocent questions that keep you young.

**WCR:** *David, you are great. Thanks for your thoughts, your openness, and your experiences.*

**FDW:** Thank you, Bill.

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1. Winter FD Jr, Snell PG, Stray-Gundersen J. Effects of 100% oxygen on performance of professional soccer players. *JAMA* 1989;262:227-229.