

LYNNE ANNE MARCUM KIRK, MD: a conversation with the editor

Lynne M. Kirk, MD, and William C. Roberts, MD

Lynne Kirk (*Figure 1*) was born in Sioux City, Iowa, and grew up in Spencer, Nebraska. She graduated from public high school as valedictorian in 1970 and from the University of Nebraska in Lincoln in 1974. From there she went to the University of Nebraska College of Medicine in Omaha, graduating in 1977 with distinction. Her internship and medical residency were at the University Hospital, Boston University Medical Center. She was chief resident during her last year of residency. After completing her training on June 30, 1980, she came to Dallas, Texas, and joined the faculty of the University of Texas Southwestern Medical Center, where she has been ever since. During her time at the medical school she has been director of the student health service, medical director of the physician assistant program, assistant dean for clinical affairs, medical director of the Parkland Memorial Hospital outpatient clinics, associate dean for medical education, associate dean for graduate medical education, and associate chief of the Division of General Internal Medicine. For a number of years she was the Peter and Jean Dehlinger Professor in Biomedical Science, Department of Internal Medicine. Since September 2005, she has been the Toni and Timothy P. Hartman Distinguished Teaching Professor in Medicine at the University of Texas Southwestern Medical Center at Dallas. Through the years she has held a number of offices in the American College of Physicians and presently is its president. She has published nearly 30 articles in various peer-reviewed journals. She is the mother of two. She is simply an outstanding lady in every respect and a major asset to both the city of Dallas and its medical school. At the invitation of Dr. Marvin Stone, she gave the Lloyd Wade Kitchens Memorial Lecture at Baylor University Medical Center on August 15, 2006, on professionalism. The following interview took place shortly thereafter.

William Clifford Roberts, MD (hereafter, Roberts): *Dr. Kirk, thank you for your willingness to talk to me and therefore to the readers of Baylor University Medical Center Proceedings. Could we start by discussing some of your early memories, your*



Figure 1. Dr. Lynne Kirk.

parents, your siblings, and what it was like growing up in rural Nebraska?

Lynne Anne Marcum Kirk, MD (hereafter, Kirk): I grew up in Spencer, a very small town in north central Nebraska, about 8 miles from South Dakota. The town is isolated, about 250 miles from Lincoln or Omaha. At the time, the town had a population of about 600; now it has about 500.

I had kind of an idyllic childhood (*Figure 2*). My father, who's now retired, was a large-animal veterinarian, the only one in the county, so he covered a wide territory. He cared mainly for hogs and cattle but also for other varieties of animals. My mother, who had a bachelor's degree, managed his office. A big part of my growing up was spent in the veterinary office. I went there after school because my mother was there. I learned how to do the bookwork. As I got older I went on calls with my dad in his pickup truck that contained a box with his equipment and medications. I assisted him by running back and forth to the truck to get the needed instruments and medicines, and I also helped him with surgeries. With time, I was able to spay a dog on my own. Working with my father got me interested in medicine. I went to public school in Spencer and graduated in a class of 33, one of the largest classes that the school had ever had.

Roberts: *Was that high school or junior high?*

Kirk: All 12 grades were in one building. It was a very small school, just the town kids through sixth grade and then the country kids from the rural schools for grades 7 to 12.



Figure 2. At age 2.

From the Division of General Internal Medicine, the University of Texas Southwestern Medical School, Dallas, Texas (Kirk), and the Baylor Heart and Vascular Institute, Baylor University Medical Center, Dallas, Texas (Roberts).

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Figure 3. At the fair.

Roberts: *What was the total student enrollment?*

Kirk: I'm not sure exactly. There were 120 students in high school and maybe an equal number in kindergarten through eighth grade. I knew everybody in town and everybody knew me; generally that was a very positive experience. The townspeople looked out for one another. We didn't lock our doors at night. My dad owned 23 acres outside of town, and we had a small hog and cattle operation. I was very active in two 4-H clubs—one was only for girls and that was sewing and cooking, and the other one was coed and that was the livestock club. I raised Holstein cattle, Landrace hogs, and chickens. We showed them at the county fair (Figure 3). I didn't show livestock at the state fair but had displays there related to home economics (Figure 4).

It was very unusual for a high school graduate from my school to go to college. Out of my class of 33, only 6 went on to college or some sort of higher education. Foreign languages weren't taught in the high school. I took German by correspondence to obtain some foreign language credits. (It is very hard to take a foreign language by correspondence. One can't speak the language when taking the course that way.) Nevertheless, there were many advantages to growing up in my small town.

Roberts: *Did you have brothers and sisters?*

Kirk: I have a brother, Steven Marcum, who is 2 years younger than I am. He went to Nebraska Wesleyan, which is in Lincoln. He is an accountant and still lives in Lincoln.

Roberts: *Where were your parents from?*

Kirk: Both were from Sioux City, Iowa. My father grew up there and went to Iowa State School of Veterinary Medicine in Ames. My mother also lived there from middle school and graduated from Morningside College, a small Methodist college in Sioux City. She taught high school for a year before marrying my father after the end of his first year of veterinary school. They got married in 1951.

Roberts: *What are your parents' names, and when were they born?*



Figure 4. At a 4-H demonstration.

Kirk: My father, Jack Clifton Marcum, was born in 1927. My mother, Mildred Lona Hoar, was born in 1928. Both are still living.

Roberts: *Was your father in solo practice?*

Kirk: The veterinarian in Spencer wanted to retire within a decade, and he recruited my father from Iowa State between his second and third years of veterinary school. When that veterinarian retired, my father took over the practice. The whole county has a population of about 4000 people. It's on the edge of the Sand Hills and is somewhat arid. People farm, but crops were far from abundant because rainfall is relatively low. It is mainly ranching country—lots of hogs and cattle. At that time, it was all small family farms.

Roberts: *He stayed quite busy?*

Kirk: Yes. In the springtime during calving season, he worked day and night "pulling" calves. At the start of his practice, he would take his pickup truck out to the farms. Veterinary medicine changed during my youth such that he built a clinic with clean pens to handle the cattle. Farmers then brought a sick cow in. For vaccinations and those sorts of things, he'd continue to go out to the farms where they were working cattle.

Roberts: *I gather you enjoyed getting in the pickup truck with your dad?*

Kirk: I did. I didn't enjoy doing the chores when it was -20°F in the winter, but that was part of it. We had to break the ice off of the water to provide drink for the livestock and haul the feed for them even in the wintertime. Overall, it was a good experience.

Roberts: *Did you have horses in addition to cows, pigs, and chickens?*

Kirk: No. My dad had a very utilitarian vision toward animals. Cows and hogs served a purpose because you ate them. We ate our own beef and pork, but horses were a kind of luxury. We didn't have enough land to need horses to work the cattle. We never had horses, but I wanted one. I rode my friends' horses on their farms.

Roberts: *How many cows did you have?*

Kirk: The most was probably 30 to 40 head.

Roberts: *Did you milk cows?*

Kirk: We didn't have milk cows. Ours were largely for the beef.

Roberts: *Where were the slaughterhouses?*

Kirk: There was a locker plant in Spencer. The butcher would slaughter the livestock and then store the beef in a big freezer. There was a sale barn where people sold and bought livestock. That operation required a veterinarian on site to do the vaccinating and inspecting before cows were shipped. That buying and selling was in a town 10 miles away. My dad covered the sale every week.

Roberts: *You didn't eat much chicken?*

Kirk: Not much at all. We ate lots of meat and potatoes, the typical Midwestern diet.

Roberts: *What is your mother like?*

Kirk: She is a very warm and social person, very gregarious, one of those pillars of the community. If anybody needed help, she would be one of the first people there. She is very kind and very community oriented, and she instills that need for helping people. I think a lot of that I got from her.

My mother is very curious and very interesting. I learned more from my mother than I did from my formal education in the public school. Our small school district had minimal funding, so it was hard for it to attract teachers. My mother had been an English teacher and knew more grammar than many of my teachers. She was interested in books and art. She was a major influence on me. She taught me much about the world and encouraged me to get involved in many activities. I was less provincial than many of my friends growing up because my parents had lived elsewhere. In fact, the community is largely a Czech community that was settled in the 1800s. Most people in the community were born and raised there, so many community members were related. My parents have lived there over 50 years and are still considered somewhat "outsiders" because they were born elsewhere. I always felt a little bit different from other people in Spencer because my family was a little bit different.

Roberts: *What is your father like?*

Kirk: He's more reserved, possibly because the veterinary practice took him away from the house so much. Even though my mother worked in the office and my brother and I were there when we weren't in school, she was much more of a physical presence and had significantly more influence on our character as we developed than did my father. My father was simply less available for that.

Roberts: *Was dinner at night a big deal?*

Kirk: Yes. We ate "dinner" at noon and "supper" at night, which is a Midwestern thing. Even when going to school I'd usually come home for lunch at midday. My mother would come home from the office and fix something and then go back to the office. Then we would have supper always at 6:00 PM. In the small town, the fire whistle rang at noon and at 6:00 PM, so it cued us when to eat. Invariably, the farmers knew that my dad ate at 6:00 PM and they would call him at mealtime.

His life was similar to that of a physician: on call 24-7. The veterinary office was open from 8:00 AM until 6:00 PM, 6 days a week. Wednesday and Saturday were "town nights," so all of the stores were open so the farmers could do their shopping. My father's office also was open those two nights. My parents would work six 10-hour days and then 3 or 4 hours 2 evenings a week, similar to resident hours, and then my dad would still go out again at night. It was hard work.

Roberts: *Would you go in on those Wednesday and Saturday nights to help?*

Kirk: Yes. When my brother and I were old enough, when we got out of school, we would go watch the office so Mom could go home and fix supper. We also had a feed business, and people would come in and buy feed for their animals. My brother and I helped out. It was the rural culture where the whole family contributed to the business, and it took all of us to get everything done.

Roberts: *What would a typical dinner or supper be like? If there weren't many telephone interruptions, would you talk about the day's activities, what you were learning in school, politics?*

Kirk: I had this conversation with my children and my brother-in-law recently. Politics was my father's avocation. He's extremely conservative. He has always been very active in the Republican Party in Nebraska. We discussed politics and current events frequently at the dinner table. When I was 17 the voting age was lowered from 21 to 18. I wrote a letter to my congresswoman saying that I didn't think it should change from 21 to 18 because that meant that my dad had two votes: between ages 18 and 21, I would vote the way my dad voted. I was significantly influenced by him even though I knew that I had a mind of my own at that time. I just wasn't quite able to exert it then.

Roberts: *Did you and your father get along well?*

Kirk: We did generally. We had arguments because as a teenager I was much more liberal than he. I would always be the devil's advocate and try to tease apart his beliefs. Most of the time, we enjoyed those discussions. I now try to avoid those discussions because he never changes my mind and I never change his.

Roberts: *Your mother was involved in town activities. She was very busy also?*

Kirk: Yes, she was very busy. A lot of evenings she worked with the clubs or various groups or did volunteer work. Even now at age 78 my mother does Meals on Wheels for all the older people because she is considered relatively young in the town. (The average age there has increased significantly.) She is still very involved in many organizations, some of which disappear as the people disappear. She still has the bridge club; they used to have three tables (12 people) but now they are down to one table, and people forget which cards are which.

Roberts: *Did you play bridge?*

Kirk: I did from the time I was 8 years old. When the bridge club met at our house, if one of the women had to go to the bathroom, I would take her hand. It was an important skill to have growing up in small-town Nebraska.

Roberts: *What was your home like growing up in Spencer? Were there a lot of books around?*

Kirk: Yes. My parents built the home in 1959 and they still live in it. They rented houses before that after moving to Spencer in 1953. The house seems quite small now, although it seemed huge at the time. It is a little ranch house. There is a Carnegie Library in town, a wonderful old structure built by the Works Progress Administration in the 1930s. The library was open on Wednesdays and Saturdays. The most books one could check out was two, so I would check out two and read those and then bring them back the next time the library was open and get two more. I enjoyed reading from the start. We had plenty of books at home. The library, however, was a treasure for me.



Figure 5. At age 12.

Roberts: *What did you like to read?*

Kirk: Growing up I read all of the children's series. I read all the series of little orange-covered books that were biographies of famous people. I was always interested in how people developed and what they ended up doing. I read history, biography, and popular fiction.

Roberts: *Do you read fast?*

Kirk: I do.

Roberts: *It sounds like you and your family had little time for vacations. Did you ever go anywhere?*

Kirk: We didn't really do vacations. The veterinary practice would quiet down a bit in the summer when farmers worked the fields rather than their livestock. If we had time away, we usually visited relatives. I had aunts in Sioux City, Lincoln, and Denver. My initial career goal—formulated when I was in the eighth grade (Figure 5)—was to be a nurse and to marry a doctor and to live in Denver. I failed in achieving my initial career goals.

Roberts: *Was there enough money in the family to be comfortable and not worry excessively about it?*

Kirk: There wasn't a lot of money, but my father was one of the few professionals in town. There was no physician in town. There was a dentist and an optometrist. Most people were either farmers or small-business people running grocery stores, hardware stores, etc. Relative to other people, we were very comfortable. When I reflect back on it, money was tight, but we had a garden in the summer and all of our own livestock. The cost of living is relatively low in a community like that.

Roberts: *How far was the school from your home?*

Kirk: It was on the other end of town, but that was only about five blocks, so I would walk or ride my bike to school every day.

Roberts: *Were there any teachers through those first 12 grades who had a major impact on you?*

Kirk: There was one, Karen Kopecky, who is still a friend of mine. She is not too much older than I am. She had grown up in Spencer. I had known her when she was in high school. She, of course, was ahead of me. She married the basketball star. (Spencer won the state championship in 1962 in basketball.) They went away to college. He came back and became

the coach and she became the math teacher. Since there were so few high school students who went on to college, there were few college prep courses. She, however, created a calculus course and taught the few of us who were interested in going on to college. She is a very bright woman and a mentor to me; she reinforced the idea that I could do whatever I wanted and that there were lots of opportunities. She still lives in Spencer. She quit teaching after several years and became a mail carrier. Her husband became a rancher. She has been on the school board and fights very hard to maintain high standards of education. She is the only person on the school board who has a college degree!

Roberts: *What about classmates? Did you have any close friends? With only six going on to college, did you receive any intellectual stimulation from other students?*

Kirk: I did have a core of close friends who are still friends of mine. One very good friend went on to nursing school, came back to Spencer, and is now the school nurse for the entire county. She also does hospice care. She married a man who is also a good friend. He was in my livestock 4-H club. He got a degree in agriculture. They now have a farm about 8 miles from Spencer, and they have eight children (seven natural and one adopted from Romania). He also now is the superintendent for the one school that I went to growing up (it is now three consolidated schools). I visited with them over the Memorial Day holiday and he was saying that the kindergarten class for this combined school had six children in it. He anticipates that the school will eventually disappear. Unfortunately, the school is a central part of the community. Another good friend became a medical assistant and runs the physician's office where my parents receive their care in a town 35 miles away. There is an internist there and several family practitioners who practice with her. Another friend is a teacher who now lives in Omaha. We still keep in touch, and when I am there we try to get together. Another friend, who married a farmer, lives on a farm outside of town.

Roberts: *When you go to Spencer to visit your parents and friends, where do you fly to?*

Kirk: I usually fly to Omaha and then drive to Spencer, which is about 4½ hours away.

Roberts: *I gather your father was the one who got you interested in biology and medicine? And your mother got your brother interested in accounting?*

Kirk: Right, I guess so. Although my mother kept the books, she also focused on the liberal arts part of our education.

Roberts: *Were many extracurricular activities available to you in high school?*

Kirk: Almost every night there was some sort of activity. I belonged to two 4-H clubs and the youth group at our Methodist church, and I sang in the church choir. In small rural schools, everything revolves around sports. Female sports were

just getting started at that time. There was volleyball, but I didn't play. I was a cheerleader. (There were so few girls that just about anybody could be a cheerleader.) We traveled on the school buses to the towns where we played sports, 60 to 80 miles away. We would get on the bus after school on Friday and travel to another town for the football or basketball game and then get home after midnight on the school buses, which had no seat belts and which travel on the small dark rural roads. We somehow all survived.

Roberts: *When it came time for college, was it just taken for granted that you would go to the University of Nebraska?*

Kirk: Yes. The university had close to 20,000 students, so it seemed that it would offer every possible opportunity. I had a full scholarship for tuition. I was valedictorian of my high school class (Figure 6) and did well enough on my SATs to have a full scholarship, which was very financially appealing. I had saved money whenever we sold our hogs and cattle and put it into a college fund because I was clearly going to have to work to put myself through college, so the more scholarships I could get the better.

Roberts: *As valedictorian, did you give a speech at graduation? What did you talk about?*

Kirk: Yes. I talked about setting goals, your typical "you can be what you want to be" sort of thing.

Roberts: *When you went off to college, did you know you wanted to be a physician?*

Kirk: I didn't. I knew I was most interested in math and science. I didn't go to nursing school. I knew that that wasn't right for me. I went to college thinking, "Do I want to be a medical technologist, or do I want to go to graduate school?" Those thoughts were in the back of my mind, but I hadn't specifically made the decision to be a physician yet. I grew up at the cusp of women being socially affront. Even though she always worked managing my dad's office, my mother was very supportive of my father. There weren't a lot of role models for women physicians. My high school counselor told me that the only reason women go to college was to find a husband. I tried to convince him that that wasn't the reason I was going to college, even though I did meet my husband there.

Roberts: *It sounds like you were relatively spunky from the beginning. You could hold your own.*

Kirk: Yes, generally I was.

Roberts: *How did this big town of Lincoln, Nebraska, hit you after coming from Spencer, with its population of only 600?*

Kirk: It was a little bit intimidating at first, but I got into it quickly and was able to develop a network of friends. I really enjoyed the classes and the academic stimulation. Since I had taken the German correspondence course I didn't feel too confident with my foreign language background, so I went to the summer school session the summer after I graduated from

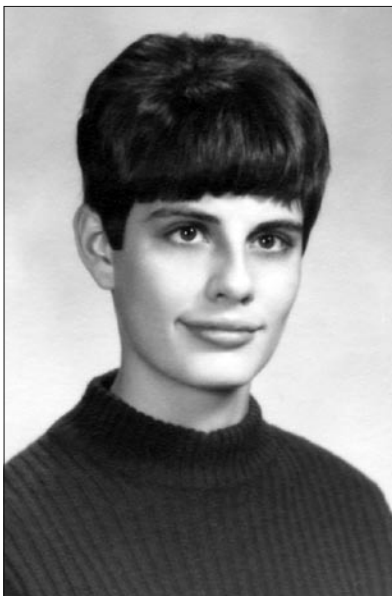


Figure 6. At high school graduation.

high school. I took German and sociology and got to know the campus when fewer students were there. I lived in a dorm. I was very homesick that summer but felt confident after the summer courses. An aunt whom I was very close to lived in Lincoln, so I could always visit with her on weekends and she could help me if I needed things.

Roberts: *What did you major in?*

Kirk: I majored in zoology, essentially biology. I started out taking honors courses in math and science because of my academic record in high school. I took philosophy and English. I had some brilliant teachers from whom I learned a lot, and they convinced me I could do what I wanted academically.

Roberts: *Did you have to study hard, or did grades seem to come easy for you?*

Kirk: Most of the time it was pretty easy. I certainly studied more than I had in high school.

Roberts: *Were there any teachers or fellow students who had a strong impact on you in college?*

Kirk: My honors math teacher later became dean of the college of arts and sciences. He took students under his wing and got to know us personally, and he convinced us that we could accomplish what we wanted to.

Roberts: *Did you participate in extracurricular activities in college?*

Kirk: I joined a sorority and was involved in several organizations. I was very active in the student YWCA program, which had a lot of services for students, and I got involved in the national YWCA. I was president of my sorority in my junior and senior years.

Roberts: *What sorority were you in?*

Kirk: Tri Delta (Delta Delta Delta).

Roberts: *Were sororities and fraternities big at the University of Nebraska?*

Kirk: They were. I wanted to find a small community within the huge university, having come from a small community, so the sorority gave me a manageable group of people whom I could get to know and get close to. For that socialization, it worked well for me.

Roberts: *You lived in the dorm the first couple of years?*

Kirk: I lived there the first year and then I lived in the sorority house.

Roberts: *Did you enjoy the sports?*

Kirk: I wasn't an avid football fan. I got my season tickets for \$17 to \$20 and sold them for \$200 in the community. I was a scalper. Starting my sophomore year, I worked at a bank on Saturdays, so I couldn't go to the games anyway. It was easier to sell my tickets and keep the money. Nebraska football tickets at that time went for pretty high prices.

Roberts: *Where along the way did you decide you wanted to go to medical school?*

Kirk: The explicit decision didn't come until my junior year in college. I really liked my math and science courses, but it took me awhile to commit to being a physician and realizing that I could do it.

Roberts: *When you told your mother and father that you wanted to be a physician, what kind of reaction did you get from them?*

Kirk: Both were very supportive, but my father said that he would never marry a physician. I said, "I would never marry you, so we are okay." He still has a hard time dealing with the fact that most veterinary school students are women. (His entire class of 1953 was men.) The socialization of women has been a little bit harder for him to accept.

Roberts: *What was your academic standing in college?*

Kirk: I was in Mortar Board, an honor society, but I didn't make Phi Beta Kappa, mainly because I worked most evenings and weekends. Trying to balance academics and work was hard.

Roberts: *How many hours were you working each week?*

Kirk: I worked in the Banc Americard section of First National Bank, which was the biggest bank in Lincoln. In the early 1970s there were no computer systems. If you went into a store and purchased something over \$50, they had to call and make sure you had that amount in your account. I was the person called. I worked 5:30 to 10:00 PM, alternating between a Monday, Wednesday, Friday schedule and a Tuesday, Thursday schedule. Every other weekend I worked 12 hours on Saturday and half-day on Sunday. It was great because in between phone calls, I could study. It was very quiet—just me and the guard for the whole bank. It was a good job for a college student.

Roberts: *You worked all through the first 12 grades and all the way through college?*

Kirk: I worked for my parents, so it's hard to say I really worked. I didn't work my freshman year in college. I started at the bank the summer between my freshman and sophomore years and worked during the school years thereafter.

Roberts: *When it came time to pick a medical school, was it pretty apparent to you that you had better go to the University of Nebraska Medical School in Omaha?*

Kirk: I had a friend who applied to Washington University in St. Louis, and I also thought about applying there for a while. In the end, I applied to only one medical school, the University of Nebraska in Omaha, and I received a scholarship.

Roberts: *In both college and medical school, your tuition was paid by your scholarships but you had to cover everything else?*

Kirk: Correct. I paid for books and housing. Tuition at that time was about \$1500 a year.

Roberts: *How did medical school hit you? Were there surprises?*

Kirk: When I started medical school in 1974, several national reports indicated that there was going to be a shortage of physicians, so several medical schools, including the University of Nebraska, moved to a 3-year curriculum, supposedly to try to push out physicians more quickly. I started in July 1974. We had maybe 4 weeks off the summer after the first year and then we went straight through until May 1977.

Roberts: *How many were in your class?*

Kirk: About 125.

Roberts: *How many were women?*

Kirk: Twenty-three.

Roberts: *Did you enjoy medical school? Were you working elsewhere?*

Kirk: I didn't work during medical school. I got married after my first year in medical school, and my husband worked while I went to school.

Roberts: *You and your husband were classmates at the University of Nebraska?*

Kirk: Yes, we met in college. We were the same age. He majored in journalism. I met him through friends. We didn't have classes together. Although we knew each other casually, we didn't start dating until our senior year.

Roberts: *When you announced to your parents that you were getting married right after the first year of medical school, how did that go?*

Kirk: That was pretty common at that time, so it wasn't a big deal. He was very bright and ambitious and my parents didn't have a lot of trepidation.

Roberts: *Was he from Nebraska?*

Kirk: Yes, he grew up in Lincoln.

Roberts: *What was your experience of medical school?*

Kirk: I enjoyed it overall. I formed close friendships with some fellow students. Initially, I lived in an apartment with two roommates: one had been a classmate in college (she is now on the faculty at the University of Minnesota); the other was a friend of hers who was at Creighton Law School. Thus, we were two medical students and a law student, so there was a lot of studying going on in our apartment located a couple of blocks from the medical school. Another classmate and good friend later became an oncologist at the University of California at San Francisco and became president of the American Society of Clinical Oncology. We formed study groups and supported each other throughout medical school. It was a positive experience. There was much material to learn, and fortunately I figured out after the first anatomy examination what it took to master it.

Roberts: *As you rotated through internal medicine, surgery, pediatrics, and other specialties, did you have a hard time deciding on internal medicine, or was that pretty apparent early on?*

Kirk: It was the latter. When I entered medical school the only physicians I knew were family practitioners. I intended to be a family practitioner. I didn't know anything else, having grown up in a rural area. I learned in college what an internist was. In internal medicine, I was immediately exposed to a nephrologist who was just brilliant. I liked the intellectual challenge, and I liked the idea of long-term relationships. When I had decided to do a nonsurgical specialty, I remember feeling that I would miss operating. I preferred, however, using my brain more than my hands.

Roberts: *Besides the nephrologist, were there other faculty in medical school who had a particular influence on you?*

Kirk: Dick Osterholm, who ended up being a general internist in Omaha and still practices there, was an excellent, enthusiastic young teacher who knew the literature firsthand.

That kind of intellectual curiosity stirred me. He clearly practiced evidence-based medicine before it was even defined, and that was very attractive to me.

Roberts: *What was your husband doing during your time in medical school? What is his name?*

Kirk: Kenneth Kirk; he's actually deceased. I was widowed in the 1980s. Kenneth majored in journalism at the University of Nebraska and during college and 1 year afterwards worked at the *Daily Nebraskan*, the local newspaper. Initially, he was the editor and then the advertising director. Then he switched to a company called Selection Research, now Gallup, a company started by an educational psychologist, Donald Clifton, who wrote a best-selling book, *Now Discover Your Strength*. Selection Research did a wide variety of things, including interviewing people to determine what they would be good at workwise. Kenneth worked for them for 2 years and was involved in several different projects. His plan was to get a master's degree in business administration after I finished medical school.

Roberts: *When did you marry?*

Kirk: 1975. When Kenneth died, our daughter was 4 years old and our son was 13 months old. It was a challenging time.

Roberts: *What did he die from?*

Kirk: He died suddenly from coronary heart disease at age 36.

Roberts: *Prior to that time, you had never really had any tragedies in your life?*

Kirk: Correct. I had had one of those charmed lives where everything happened as it was supposed to happen.

Roberts: *Your husband's death certainly changed things for you. How did you pick your internship?*

Kirk: As with other two-career couples, it was a family decision. My husband was very bright and decided that he wanted to get an MBA at either Stanford or Harvard, which were the two top business schools at that time. I realized that both would be hard for me because of the competitive environment of those two residency programs. I left it up to my husband to choose one or the other and I would apply either just in Boston or in San Francisco/Palo Alto. He decided on Harvard, and I applied only to residency programs in Boston. He got into Harvard and I got a residency at Boston University Medical Center in Boston (now called Boston Medical Center).

Roberts: *Did University Hospital include Boston City Hospital?*

Kirk: At that time they were two separate residency programs, but about one third of the time Boston University residents were at Boston City Hospital, and one third of the time Boston City Hospital residents were at University Hospital. The two programs were beginning to integrate then and are fully integrated now. All of our emergency room experience was at the Boston City Hospital.

Roberts: *How did the 3 years of residency (including internship) work out? Were you pleased with your program?*

Kirk: Yes.

Roberts: *Going from Lincoln and Omaha, Nebraska, to Boston, Massachusetts, must have been quite a shift for you. How did you react to Boston and to the Boston University Medical Center?*

Kirk: Overall it was very positive. Boston is a wonderful city, especially for students. There are lots of activities going on in Boston. Because Ken was at the Harvard Business School, we lived in student housing on the Boston side where the business school is located, across from Harvard on the Charles River. We had the whole Harvard campus at our footsteps. Although I was working 110 to 120 hours a week, we nevertheless took advantage of the many opportunities afforded to us there. We enjoyed the city and got exposed to things we hadn't been exposed to in Nebraska—art, symphony, etc. I moonlighted for the Boston Symphony, which had to have a physician in house for all performances. As a consequence, we often got two or three tickets to the symphony.

Roberts: *Did you have enough money to enjoy the activities?*

Kirk: Yes. Boston has a student culture. In addition to the free tickets to the symphony, there were free lectures frequently on the Harvard campus.

Roberts: *What did your mother and father say when you told them you were going to Boston?*

Kirk: They were very supportive. They understood that we wanted to get the best education possible.

Roberts: *How did your medical internship and residency go? Most of your fellow houseofficers and faculty at Boston University must have been Easterners. There were more people living in the city of Boston than in the entire state of Nebraska.*

Kirk: We became a part of that community quickly. Those of us in residency really relied on one another. Unbeknownst to me at the time, there were biases because of where I had come from. One anecdote exemplifies it. During my third year in Boston, I was one of two chief residents. As such, I arranged all noon conferences. Jerry Kassirer, who later became the editor of *The New England Journal of Medicine*, was the program director at Tufts at that time and came over to give a noon lecture. I hosted him. While having something to eat before he spoke, he looked at me and said that he didn't remember my being interviewed at Tufts. I said I didn't interview at Tufts because he didn't invite me for an interview. He asked where I had gone to medical school, and I told him the University of Nebraska. He said at that time they interviewed only candidates from either coast, but now they realized that the top students from the middle of the country were fine too. He admitted to me that my file was thrown away just because I was from Nebraska. I did not even realize that that sort of discrimination had gone on. The program at Boston University was superb.

Roberts: *That was pretty open of him to mention that bias. Were there faculty at Boston University who had a particular influence on you?*

Kirk: Yes. The chair was Norman Levinsky, a nephrologist, a good friend of Donald Seldin (which is one reason I ended up at Southwestern), a broad, humanistic, and brilliant physician. He took morning report every day. Later in his career, he published a lot on ethics and similar topics. He inspired me. He was a major positive influence.

Roberts: *How many interns were in your program?*

Kirk: Fourteen.

Roberts: *It was an honor to be picked to be chief resident out of the 14.*

Kirk: Yes. Two of us in our senior year got to be chief resident.

Roberts: *How many of the 14 were women?*

Kirk: Three.

Roberts: *Did you decide during your houseofficership what you eventually wanted to do?*

Kirk: I had decided in medical school what I wanted to do, which was very different from what I ended up doing. I had decided I wanted to be a medical geneticist and do research of the type now being done at Southwestern. I wanted to understand the genetic basis of heart disease. Since my husband had gotten his master's degree in 2 years, he worked for a year in New York at *Newsweek International* while I did my senior residency. We were trying to decide where we wanted to go thereafter. He was interested in starting an alternative news weekly. We looked around the country seeking what might work for both of us. We went to Seattle and I interviewed with Philip Fialkow, a hematologist-geneticist, who ultimately became dean. He discovered that certain hematologic malignancies, like myeloma, were diseases of a single cell going awry and reproducing itself. He accepted me to a fellowship there, and Ken thought he might be interested in working for *The Seattle Weekly*. But during his year at *Newsweek International* he went to a meeting in Mexico City and on the way back stopped in Dallas. His best friend from college, who had been his best man in our wedding, was working in Plano in advertising and he introduced Ken to Bob Walton, who was also interested in starting an alternative news weekly. Ken and Bob developed a business plan, so instead of our going to Seattle and my doing a fellowship there, we decided to come to Dallas where Ken started the *Dallas Observer*, a weekly arts and entertainment publication.

In the spring of 1980, I came to Dallas to look for a job. Since all I could do was general internal medicine, I was looking for a job in that specialty. We planned to be in Dallas for 3 to 5 years and then I would do a fellowship. I interviewed at the medical school with Ron Anderson, then chief of general internal medicine there. I also interviewed at Methodist Hospital and at Baylor University Medical Center (with John Fordtran). I ended up in general internal medicine at Southwestern and have been there for 26 years. It's funny how those things work out. We moved to Dallas in June 1980. I helped with the *Observer* also, so we both were very busy.

Roberts: *What were you doing with the paper?*

Kirk: We raised capital for the *Observer*. Bob was the editor. The first issue of the *Observer* came out in October 1980. Initially, it was biweekly and free. I kept the books, billed the advertisers, and helped with the production. Bob and Ken did all the production themselves. I entered text into the computer, printed it out, and laid it out. (I had worked with Ken in Nebraska in college laying out the paper, so we both had some editing and production skills.) By January 1981, we had spent all our capital and had to decide whether to close the *Observer* or continue. The readership was increasing, and that was encouraging. Ken and Bob quit taking salaries so we were living on my

salary. All of the editorial staff essentially was freelance. The sales people did not draw salaries; they worked only on commission. By the end of the first year we were making money and were able to continue. I distributed bundles of the *Observer* at the medical school. We filled up the back of our cars with papers, which we distributed. There was no one but us to do that. It was hard work but fun at the same time.

Roberts: *How did Dallas hit you?*

Kirk: In 1980 Dallas was booming. Ken had good analytical skills and had looked at all the major metropolitan areas and identified those that did not have an alternative news weekly like the *Village Voice* in New York. Boston actually had two alternative papers at that time. Dallas had no such publication, and Dallas was very well off economically (before the price of oil dropped in the mid-1980s). We also had a network here of his friends in advertising.

Roberts: *What was your reaction to the medical school here after having come from Boston?*

Kirk: It engendered a lot of loyalty. I became integrated very quickly and developed a kind of pride about the place. It was clear that the faculty was very bright, interesting, and very collegial. I didn't get a competitive "dog-eat-dog" feel and consequently embraced the place and felt at home quickly.

Roberts: *What is general internal medicine in a hospital where there are so many blossoming researchers in the various subspecialties?*

Kirk: It has evolved a bit differently across the country. At Southwestern, the division had been started by Ron Anderson just 4 years before I came. There wasn't general internal medicine across the country until the early 1970s when the Robert Wood Johnson Foundation provided some seed grants to start divisions of general internal medicine in academic centers. Dr. Seldin chose to do that at Southwestern in the mid-1970s. At Southwestern it started and has continued as the clinician-educator model, a focus on education and clinical practice. We were the faculty for the internal medicine part of the emergency department at Parkland Hospital. We attended on the Parkland wards more months than did other members of the department. We ran the medicine clinic for the residents so that they would get their continuity experience. Research was incidental to our education-practice model. Whereas some other academic general medicine divisions became health services research powerhouses, we never developed the infrastructure for that within our division.

Roberts: *By 1990, you had been at Southwestern for 10 years. What was your day or week like at that point?*

Kirk: It changed with time. I had a transition in there. From early on I was involved in teaching, clinical work, and administration. When Ron Anderson became chief executive officer of Parkland Hospital in 1982, I became medical director of the outpatient clinic, so I had some administrative duties in that capacity. I was on the inpatient Parkland wards for 4 or 5 months each year and spent every afternoon in the medicine clinic teaching the residents. It was a combination of teaching, administration, and practice. In the mid-1980s, I got federal funding through Title VII, the Health Resources

and Services Administration, for our primary care residency training. (It looks like Title VII is disappearing this year.) I had two sources of funding for about 12 years: one for the primary residency training program and one for faculty development for general internal medicine. Because most faculty in general internal medicine had not done a fellowship, the latter grant was to help develop some administrative, research, and teaching skills. I was fortunate to get that funding and with it was able to develop a curriculum for primary care residents. I did these activities through all of the 1980s. When Ken died, it was much harder because I was then a single parent with two children and was also publishing a newspaper, which I inherited. The staff at Southwestern was wonderful after Ken died. I thought seriously about going back to Nebraska. A year after Ken died, I was offered the position of chief of the Division of General Internal Medicine at the University of Nebraska Medical School. At the same time, Kern Wildenthal, Southwestern's president, indicated that he would like me to stay, that he understood my family situation, and that he would work out a way for me to do more administration and have fewer clinical responsibilities or night call.

About 2 years after Ken died, I met Bert Moore. We married about 2½ years after Ken died. Bert is a dean at the University of Texas at Dallas (UTD). Thus, there were several reasons for me to stay in Dallas. I became an associate dean at the medical school in 1990.

Roberts: *How did you meet Bert?*

Kirk: He was a friend of a friend, Barbara Waller, who was the associate dean for student affairs at Southwestern and is now retired. They had been good friends for a long time. My children were in preschool at Callier, which is on the Southwestern campus. Callier is owned by UTD and is a part of the school that Bert is the dean of. At UTD they teach about communication disorders, audiology, and speech pathology. The preschoolers who have impaired hearing but are otherwise normal are mainstreamed with employees' kids at Southwestern. One day after arriving to pick up my 5-year-old daughter, Anne, I found her playing with a friend. She turned around and said, "I hate you, Mommy" because she didn't want to go home. Bert was coming right up behind me at that point and we started talking. I attribute our getting together because he thought I was such a pathetic single mother that he needed to rescue me by marrying me. Somehow it all worked out.

Roberts: *You and Bert together have no children?*

Kirk: Correct. He has an older son, who is a graduate student in California.

Roberts: *How did you get so involved with the American College of Physicians (ACP)?*

Kirk: It was largely because of mentors like Lloyd Kitchens. I belonged to ACP as a resident, mainly to get their publication, *The Annals of Internal Medicine*, which I have always read. Al Roberts, who was the Texas governor of the ACP, asked me in 1981 or 1982 if he could put my name in to be on an ACP committee. The college had a membership subcommittee for underrepresented groups, and one of the underrepresented groups was young women then coming into internal medicine in higher

numbers than previously. I joined that committee, which also included people like Nancy Gary, who later became dean at the Uniformed Services University of the Health Sciences. I was on that national committee for several years. When Lloyd Kitchens was Texas governor of the ACP, he asked me to be a candidate for election to the state council. I was elected and joined the Texas Council in 1988 and then became president of the Texas ACP. Marvin Stone, who became governor after Lloyd, asked me to run for governor for North Texas after him, and again I was elected. That position got me involved in the national organization. Then I became chair of the board of governors and joined the board of regents. The board of governors has 68 members, including the governors of Canada and Latin America.

Roberts: *Are you the first female president of the ACP?*

Kirk: No, I'm the fourth. Christine Cassel, who is now head of the American Board of Internal Medicine, was the first.

Roberts: *How often do you go to Philadelphia, the ACP's national headquarters? What has this year been like as president?*

Kirk: I estimated that I would be on the road about 50% of the time, and so far it's proven true. I attend all the meetings of the board of regents, which are held four times a year. The president and chair of the board of regents also are ex officio members of all of the committees. The president is expected to attend most national committee meetings and to provide leadership for them. I travel to Philadelphia on average about twice a month. I also travel to some chapter meetings. A member of the board of regents goes to each chapter meeting. I attended more of those last year than this year, but this year I've been attending the meetings of many international chapters. I've been to Chile and Panama so far in 2006. I'm going to Poland for the European Federation of Internal Medicine in September 2006. The president of the ACP is the spokesperson for the college internationally and governmentally. I testified in July 2006 before the House Committee on Energy and Commerce about physician reimbursement and Medicare. There are opportunities to represent the college in a wide variety of venues, which is interesting because many policy issues must be dealt with.

Roberts: *How did you like testifying before Congress?*

Kirk: It was interesting. The House Committee on Energy and Commerce has a health subcommittee, which is responsible for Medicare. This hearing was for the members of the subcommittee to get input about the cuts in Medicare Part B, which are scheduled to go into effect in January 2007. Those cuts are scheduled because of the formula by which the Medicare pot can't grow. The more things are done, the less each thing gets reimbursed. That formula is called the Sustainable Growth Rate. Even Congress has admitted that it's flawed because it doesn't relate to the cost of providing care. Eight medical organizations were invited to testify about how we thought those cuts would affect physicians and their practices, as well as Medicare recipients. It was a pretty easy topic to talk about.

Roberts: *How did they treat you? What happened when you went to the Capitol?*

Kirk: The hearing was in the Rayburn Building of the House. Each committee has a set committee room. I had a conference call with the staff of that committee. The woman

who is the aide to the chair of the committee and staffs the committee is an attorney and has a wide view of what the committee members want to hear and what is important to bring to them. I went over with her the topics I was planning to present, and we refined them. She asked me to focus on topics that they hadn't heard much about before. My purpose was to educate them to some extent, although they are clearly very knowledgeable. Each of the eight physicians had 5 minutes to present his or her prepared remarks. Each committee member had 5 minutes to question the panel as a whole or any particular panel member. It was a fairly rigidly conducted session but well done because it allowed much information to be exchanged within a relatively short period of time.

Roberts: *Did you come away with any different views about our national government?*

Kirk: As I've gotten more involved in health policy, I have gotten more frustrated with the political process. I'm starting to understand the process a bit better. It is important to communicate in a way that reflects what patients experience. The people in Congress do not respond well to data or to the latest evidence or *P* values. They respond better to stories, such as explaining why this physician in this community will not be able to take any new Medicare patients if a 5% cut is enacted in January 2007 because he or she can't afford to do that and maintain the costs of the practice. Anecdotes speak louder than data. Whether the projected 5% reduction in Medicare reimbursement for physicians will be rescinded is unclear at this time.

Roberts: *The ACP presidency, I gather, isn't really a 1-year commitment but a 3-year commitment. The year before the presidency and the year after the presidency also involve duties. How does the medical school handle your being away so much?*

Kirk: I've been very fortunate. I didn't begin the process of trying to get nominated until I had gotten permission from the faculty I work with most closely within the medical school—the dean and my division chief, Gary Reed. They were both supportive before I entered into the election process and since I have been elected. I've had to balance what I can do while I'm there and what somebody else can do when I am not there. When I'm there I still supervise the residents in the clinic. I gave up my private practice, which I had for 25 years, in December 2005 because it's very hard to provide continuity of care to patients when you're away. I have seen private patients a half day a week in the Aston Center since I came to Southwestern. I usually have had a fourth-year student on the ambulatory care rotation with me in that clinic, so I would be teaching at the same time I took care of my own patients. The remainder of my clinical work was supervising residents either in the continuity clinic at Parkland or on the Parkland wards.

Roberts: *When you are on the wards 4 or 5 months a year, how many days of the week are you involved?*

Kirk: Seven days a week. When I first came we did the inpatient rounds in 8-week blocks. We now do them in 4-week blocks. I have been excused from the ward service for this year. The general internal medicine physicians usually do 4 to 8 months yearly. Some of our general internal medicine physicians are primarily hospitalists, and they spend as much as

8 months on the St. Paul Hospital wards yearly. The traditional ward rounds are about 2 hours a day during the week and are more variable on the weekends. Generally, we make rounds in the morning (our traditional rounds), and then at the end of the day we return to see any patients who had been admitted. I would go after clinic at 5:00 PM and see any new patients, and then come again at 7:00 AM to see any new patients admitted during the night. The ward service occupies several hours each day, about 50% of our time when we are on the ward service, including teaching and writing notes in patient charts.

Roberts: *If you take the ACP activities out of your routine, what is your day like? What time do you wake up in the morning?*

Kirk: On paper, my job is 50% administration and 50% clinician-educator, although on any particular day it can be different. I get up about 5:30 AM and walk in my neighborhood for about 30 minutes, just under 2 miles. I usually get to work between 7:00 and 7:30 AM. My clinic schedule is normally 3 to 4 half-days a week, so if I have a morning clinic, like at Parkland Hospital, I'm there from 8:00 until noon. Afternoon clinic is from 1:00 PM until whenever the residents get done. Usually half of each day is spent in a clinic. The other half I do administration or teaching. It's a nice combination.

Roberts: *What time do you leave Southwestern in the evening?*

Kirk: It depends on if I'm on the wards or have late rounds or have late meetings. We have several meetings that begin at 5:00 PM or so. Generally, however, I leave Southwestern by 6:00 PM.

Roberts: *You get home between 6:15 and 6:30 PM?*

Kirk: Yes.

Roberts: *So you work "half-days"?*

Kirk: Right, as do most physicians.

Roberts: *What about weekends? When you are on the wards, do you go in?*

Kirk: Yes. When on the wards I generally round 7 days a week to see patients, talk to the students and housestaff, and make sure everything is running smoothly.

Roberts: *When were your children born?*

Kirk: Anne was born in 1984, and Kory was born in 1987 (Figure 7).

Roberts: *What are they doing?*

Kirk: Anne graduated from Pomona College, Claremont, California, and her major was neuroscience. She is taking a year off working and is interviewing for medical school right now. She is working in a neuroscience lab with Eric Nestler, the chairman of the department of psychiatry at Southwestern. She is doing addiction research on rats and mice and is enjoying it a lot. In September 2006, Kory began his sophomore year at Villanova University, and he is majoring in computer science.

Roberts: *How do you handle being a wife, mother, dean, clinician-educator, and president of the ACP? How do you stay balanced?*

Kirk: It takes a lot of balancing, but my family has been extremely supportive. I chose to begin my term as president of the ACP after my kids had left home for college. I could not



Figure 7. In 1989 with her parents, Jack and Mildred Marcum; her brother, Steven Marcum; and her children, Anne and Kory.

have done the ACP presidency prior to that. My husband and I pretty much do everything together in terms of managing the house and family. We are pretty interchangeable. When I'm not there he's easily able to handle everything and vice versa. I think we function fairly interdependently but are able to do things okay. The last 2 years of travel have been relatively easy with the children pretty much on their own. Prior to that, it was a balance. I had very good child care when my kids were little, either preschool or after-school care. I strongly believe that the quality of time spent with my kids is very important, and they have stated that too. Both of my kids traveled with me when they were in high school. Both went on one of my trips to Washington, DC. They visited senators and members of Congress about health care for the uninsured. They are very familiar with the major health policy issues because they have been exposed to them from a young age.

Roberts: *When your kids were living at home, was dinner at night a major family gathering?*

Kirk: Yes, with the limitation that all of us are busy. With both kids home for the summer we tried to have family meals in the evening together and talk about what was going on, such as current events. My children accuse my husband and me of having boring conversations because other families talk about television shows and movies and we don't because we don't watch television or go to movies.

Roberts: *How much time do you take off a year for vacations?*

Kirk: We have had a house in Santa Fe, New Mexico, for about 3 years, and so far I've been there for 1 week this summer. We hope to spend more time there in the future.

Roberts: *What do you do when you get there?*

Kirk: I try to do as little as possible. We hike. We don't ski. I read a lot, mainly for pleasure.

Roberts: *What are you reading now?*

Kirk: Thomas Friedman's *The World Is Flat*. I read both fiction and nonfiction. The book I finished in Santa Fe was *Saturday* by Ian McEwan, a British author I like. It was a fiction book about a neurosurgeon.

Roberts: *What is your home like? Do you have a lot of books and magazines and newspapers around?*

Kirk: We get three newspapers a day. We have lots of books and periodicals about the house.

Roberts: *You read them at night?*

Kirk: I look at the headlines in the mornings, but I don't read the newspapers before I go to work.

Roberts: *What time do you turn the lights out at night?*

Kirk: Around 10:00 or 10:30 PM at the latest.

Roberts: *You like 7, but you do pretty well on 6 hours of sleep?*

Kirk: I like the 7 or 8 hours better.

Roberts: *Do you have hobbies?*

Kirk: Mainly just reading, my family, and walking. Not a lot beyond that. I still have a sewing machine, but I rarely sew. I just haven't found time to do those types of things.

Roberts: *What do you want to do professionally from here on out?*

Kirk: That's a good question. There are opportunities for transitions. One thing I have been peripherally involved in, but hope to get more directly involved in, at Southwestern is what we're calling *colleges*, a kind of learning community. Our medical school classes now number about 240 students. Starting in the fall of 2007, we're planning to divide the classes into seven or eight colleges with 30 to 40 students in each college. A faculty member will oversee each college, and several faculty members will be facilitators in each college. There will be a curriculum stream for the first 2 years for each college. Faculty will meet with the students for a half day each week. They will discuss ethics, physical diagnosis, behavioral medicine, patient-doctor relationships, etc. I want to be involved in these activities.

The other new thing at Southwestern is a *teaching academy for teachers*. Twelve of us were elected as inaugural members of the teaching academy. We are working to develop the infrastructure for teaching faculty who want to make teaching a significant part of their professional lives. We hope to have a small grant program to fund those wanting to develop an innovative curriculum. I hope to spend more time in the teaching academy and as a clinician-educator. I realize some of the advantages and disadvantages of having education as a big part of one's professional life. I think there will be lots of opportunities in these arenas.

Roberts: *When did you realize that you enjoyed teaching others so much?*

Kirk: That evolved. As a resident I always enjoyed teaching the students, and as senior resident and chief resident I enjoyed teaching the interns and residents below me. In general internal medicine, it was easy to make being a teacher a big part of what I did. One mentor told me that when you take care of patients you can have significant influence on them, but that's a very small group of people. When you teach medicine you have an influence not only on your own patients but on the patients of all of those students you are teaching to some extent for the rest of their careers. I endorsed that view and am convinced that it is worthwhile to spend time teaching. It certainly has been for me. I've enjoyed it a lot.

Roberts: *Have you noticed any difference in the attitudes of medical students or houseofficers during the 25 years you've been teaching?*

Kirk: As individuals or as small groups I think there aren't many differences. Medical teachers fortunately deal with a group of very bright, very motivated, quite idealistic young people. Some values may change. Certainly there is an interest in a more balanced life now—not having work be all-consuming—but I don't think that's a negative thing. Our challenge is to help these young people figure out how they can do that and become the sort of physician that I see them wanting to be. I'm very optimistic about the future of medicine.

Roberts: *You're certainly on the front line of where medicine is going with your participation in the ACP. How many members are in the ACP?*

Kirk: If you count the medical students, there are 120,000 members.

Roberts: *What is the total number of physicians in the USA now?*

Kirk: I think 850,000.

Roberts: *If you had to bet how medicine would be practiced in 2025, hardly 20 years from now, do you think hospitals will have acquired many more groups of physicians and put them on salary? I've been on salary all my life, and I like the idea of salary rather than fee for service. What is your prediction?*

Kirk: A frustration of many physicians now is that we have a relatively dysfunctional payment system. Some things we know are best for our patients—especially older ones with multiple chronic diseases—are difficult to get reimbursement for as the system is now. Both Medicare and the private payer systems are volume driven. There are huge numbers of people without health insurance, and it is challenging getting them what they need to stay as healthy and functional as possible. Unfortunately, the number of uninsured is growing, and the number of people with employer-sponsored insurance is declining. I don't see either issue being addressed at the federal level at this time. Some states are doing some innovative things. I think it is going to happen on a state-by-state basis. There will be experiments. Whether solo or small-group practice will be part of the system in 2025 is unclear.

By 2025, health information technology will be flourishing. Individual patient data will be available by that time wherever the patient shows up. If I am seeing a diabetic patient, my computer will indicate that he or she is due for a hemoglobin A_{1c} determination and will ask me to order it. There are tools to help me do what I want to do to begin with. And then pay-

ment will be related to various performance measurements. The American Board of Internal Medicine will be able to say that I still am a competent internist and that I can continue to be certified and licensed, without disclosure of any patient information. If the insurance company, which requires me to get A_{1c} levels on 90% of my diabetic patients, sees that I am at 94%, I will get a little bonus for that. But what I will be able to do is take good care of my patients, and that is the important thing. I think the future is exciting. We have some challenging times to get through. How we are going to fund health care and how we are going to ensure that it is equitable is now unclear, but by 2025 it will be clear.

Roberts: *Eugene Stead has opined that acute problems (like broken bones or acute pneumonia) should be taken care of without the patient suffering or the hospital suffering or the physician suffering, but we are spending way too much money on the chronic illnesses, and the number of patients we are able to help is relatively small. Couldn't we use some of that money for better purposes, such as better educating our children?*

Kirk: That's a part of the dysfunction of our system. As a society we haven't really looked at that and we haven't made those decisions. We have a few experiments along those lines in the Oregon health plan, which defined what Medicaid in Oregon was going to pay for based on a pretty utilitarian point of view, i.e., what would help the most people for the longest period of time. Immunizations were very high on that list, and cancer chemotherapy was much lower. Presently, care is based on the availability of resources: insurance, Medicare, Medicaid. The patient gets whatever he or she pays for and his or her physician chooses. At the same time, some people can't even get blood pressure medicines. Looking more carefully at how we can more comprehensively prevent complications of chronic diseases is an important thing for our society to do. Presently, that is not the way we make decisions with individual patients. We make decisions on what a particular patient needs and wants, and I don't see that changing anytime soon.

Roberts: *Is there anything that you'd like to discuss that we haven't touched on?*

Kirk: We've hit most everything. One of the most rewarding things I find at this point in my career is to encounter students and residents I've taught and see how well they have gotten on with their lives.

Roberts: *On behalf of the readers of Baylor University Medical Center Proceedings and Baylor University Medical Center, thank you, Dr. Kirk, for pouring your soul out here, so to speak.*

Kirk: Thank you for giving me that opportunity.