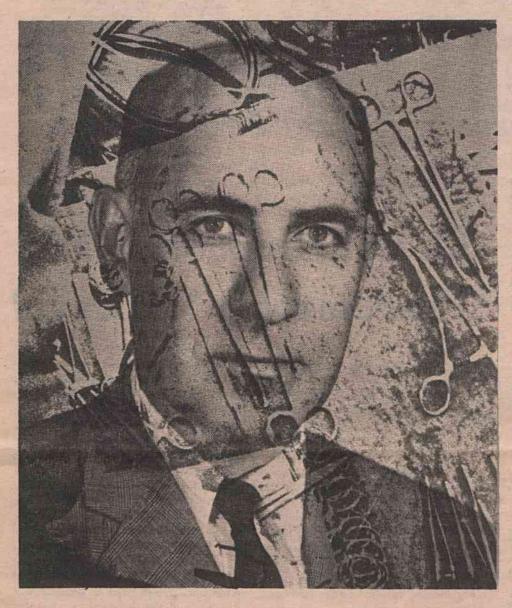
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**DURHAM, NORTH CAROLINA** 

Dr. Anlyan Gets an Inside View

## When the Doctor Becomes a Patient at Duke



## It's Official - Duke Named A National Cancer Center

Everybody felt certain it was going to happen, but it was still good news when Dr. Frank Rauscher stood before a Congressional subcommittee in Washington last week and made it official.

Rauscher, director of the National Cancer Institute (NCI), announced that Duke and seven other institutions had been named as sites for Comprehensive Cancer Centers.

At the time of the announcement, Dr. William Shingleton, director of the center here, was just outside Washington in Bethesda, Md., attending a meeting of the National Cancer Advisory Board.

"The Duke University Medical Center," Shingleton said, "is indeed fortunate in being named a Comprehensive Cancer Center, for this provides a challenge and an opportunity for us to help in finding a solution to the cancer problem."

Duke's vice president for health affairs, Dr. William G. Anlyan, expressed pleasure at Duke's being chosen and said, "This is in keeping with our long-term major endeavor in the care of cancer patients and in research in cancer."

In June of 1972 the NCI awarded Duke a grant of \$5.4 million to construct

a basic cancer research facility and an isolation laboratory. The main structure, to be known as the Edwin L. Jones Cancer Research Building, and the laboratory will be built on Research Drive, with construction expected to begin later this year.

In his announcement last week, Rauscher also said Duke will receive a core support grant of \$600,000 to help finance the center's operation during its first year.

Another multi-million dollar grant, to help finance construction of a clinical cancer center, is pending with the government.

Federal funds are made available on a matching basis, with Duke required to provide 25 per cent of the project costs.

The other seven institutions designated as sites for centers were:

Children's Cancer Research Foundation, Boston; Johns Hopkins Medical Institutions, Baltimore; University of Alabama School of Medicine, Birmingham; University of Wisconsin Medical Center, Madison; Fred Hutchinson Cancer Research Center, affiliated with the University of Washington, Seattle; University of

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How does it feel to be a doctor, a surgeon who has performed thousands of operations on other people, who suddenly finds himself in the reverse role—the surgical patient instead of the surgeon?

It can be a revealing experience.

And it was, last week and the week before, for Dr. William G. Anlyan, Duke's vice president for health affairs.

For one thing, "Being a patient is something every doctor should experience sometime," Anlyan said.

For another, it gives the physician a clearer and more complete picture of the entire patient-care process.

But perhaps more important for someone in Antifan's position as the person upathately responsible for the total administration of the Duke Medical Center, it gave him the opportunity to evaluate patient care and observe some of its pluses and minuses.

Admittedly, the "boss" could expect top-level care and consideration, but he said, "Every patient who comes to Duke should expect, and receive, nothing less than that."

On Monday, June 11, Anlyan began experiencing pain which was diagnosed as resulting from a kidney stone. He went into the hospital that afternoon. On Thursday and Friday he had a commitment to go to Chicago to deliver a pre-commencement banquet address and receive an honorary Doctor of Science degree at the Rush Medical College.

He decided to go, admitting now that "it was probably very foolish," and suffered another attack at the Thursday night banquet. He managed to get on a plane early Friday morning, returned to Duke Hospital and underwent surgery for removal of the stone Monday morning, June 18. He was back in his office the next morning.

Here are some of the doctor-patient's observations about Duke Hospital:

"By and large, the things that impressed me were the high-caliber of personnel in nursing service on all three shifts—their dedication, their high-motivation, their friendliness. There seemed to be an esprit de corps and excellent team spirit.

"And one thing I'd like to emphasize is that just because I happened to be on Reed Ward doesn't mean that this is only present on Reed, because I know from other patients' reactions and my own

interactions with the staffs of other wards that this is common on all other wards.

"I was also impressed by the Urology Service and the crew from top to bottom, not only the staff itself but also the clinic staff. I was impressed by the fact that they were going full steam on Saturday morning and providing patient care services.

"I've often wondered if we shouldn't be functioning seven days a week or as close to it as possible. The fact that I was in an acute pain situation and something could be done about it—not just on a crash emergency basis but as part of a routine operation on a Saturday morning—was impressive.

"I was equally impressed with the whole business of being a patient going through the operating room, all the way from the anesthetic pre-medication on the ward, to the transportation, to the operating room.

"One innovation I wasn't aware of that I think is a major step forward is to have a nursing service person at the elevator doors on the fourth floor as a screen to make sure that I was the right patient for the right procedure at the right time, making all the necessary last checks before I was admitted to the OR suite.

"Once in the OR suite I think the management by the nursing service personnel, the staff, the anesthesiologists and everybody was so that if one had to have an operation, they made it as comfortable as possible.

"I have absolutely no recollection of falling asleep until I woke up in the recovery room and asked, When are we going to get the show on the road?"

"It was interesting that on Sunday night, having never been a surgical patient myself before, I was at complete peace of mind knowing that the absolutely best institution and the best people were going to be taking care of me, and what else could you ask for?

"That was perhaps the single most important factor giving me peace of mind. I also recall that when the pain struck me in Chicago, all I was hoping for was to make it back to Duke Hospital. With nothing negative meant about Chicago and its magnificant hospitals, there was just nowhere else I wanted to be sick.

"Once the anesthetic wore off, I was (Continued on page 3)

