

Western Trauma Association
Past President Interview
R. Christie Wray, Jr., MD interviewing Dave Kappell, MD
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Wray: Dave why don't you tell us just how you first got interested in the study of medicine in general, not your specific specialty.

Kappell: I'm not sure how that all came about because it goes back so far for me because my decision was made at age 9 to go into medicine. As I said before, why anyone would let a nine year old decide with their life was probably brained damaged. But I had a sister who died at a very early age of undiagnosed neurological illness and I had a mother who was an office nurse for two brother family practitioners. So I suspect both of those things were the keys that lead me to pursue a career in medicine. There was always something from third grade on that I was going to do.

Wray: Where did you go to undergraduate and then medical school?

Kappell: I went to the one place that I could afford to go and catch a ride to and that was the State University in Morgantown so I went to WVU for undergrad and also to medical school, cause the price was right and the school was fine.

Wray: And then going on with your training, in general surgery, where did you train and why did you choose that location?

Kappell: Coming out of medical school I went for a rotating internship in a private Swedish hospital in Seattle because I hadn't decided yet what I wanted to do. I thought I wanted to be a plastic surgeon coming out of medical school, but we didn't have any plastic surgeons at Morgantown and one of my ENT residents suggested I go to Swedish, where I could rotate with past president's society and some good plastic surgeons. Dr. Thorne was out there at the time and so I did the rotating internship and did my plastics elective early in the year and decided yes, that was what I wanted to do. From there I applied at places that I thought had pretty good plastics programs at the time and I ended up going to Kansas, the University of Kansas to do general surgery in an effort to get into their plastics program and arrived to find out they had never taken a Kansas surgery resident into their plastic program.

Wray: Then where did you end up in plastic surgery?

Kappell: By the time I got through my full general surgery residency they had expanded the residency in plastics to two years and started taking from their own program if they were interested. And I interviewed several places including St. Louis with Dr. Wray and Dr. Weeks but ended up staying in Kansas for my plastics.

Wray: What was it about plastic surgery that interested you or led you to make that a lifetime work?

Kappell: I actually became interested in it as an undergraduate and had written a paper on it and it's obviously the creative part of plastic surgery that drew me. Most general surgery at the time I trained was ablative or destructive surgery and plastics was one of the few fields that was reconstructive and creative. At the time it was the creativity of plastic surgery and problem solving.

Wray: Do you see much difference and if so can you describe any differences you see in plastic surgery as you practiced it as a resident and plastic surgery as you practice it in 2003?

Kappell: Mostly, the difference is the expansion of what I do. When I finished in plastic surgery we were just really getting a good hold on microvascular surgery and it was an exploding part of our field. Subsequent to that because I do a lot of hand surgery, I've been able to tack on wrist surgery. The expansion on application of flap surgery is certainly far different than what we did as residents, a lot of the time honored things are still pretty much the same, cleft lips and palates. I've done a little bit of craniofacial surgery with a neurosurgeon, which was also an augmentation of what we did as residents.

Wray: And how about the proportion of cosmetic surgery that you saw during your residency or that you participated in during your residency and the percentage of cosmetic surgery and say the group of plastic surgeons with which you were associated?

Kappell: We may be a phoneme, because of where we practiced in West Virginia, in what we call the rust belt, because of all the closed steel mills. There is not a lot of disposable cash in the area where we practice so our cosmetic surgery is probably only 10%, which is less than in residency.

Wray: What are your thoughts if any about the seemingly increasing influence in cosmetic surgery in plastic surgery if you consider all plastic surgeons in the United States?

Kappell: I'm disappointed in the direction that the specialty has taken. I was particularly disappointed that they dropped the reconstruction from the name. My impression is that the way it's going, that rebound will be that somebody will start a residency in reconstructive plastic surgery to fulfill the needs, especially with the trauma fields but certainly chronic wound care, trauma, cancer reconstruction, all those things including traumatic accidents that we do, the emphasis on cosmetic is not going to answer it.

Wray: Switching subjects, how did you first get interested in the Western Trauma Association and what was your association?

Kappell: In 1976, I was a senior resident in plastic surgery and my long-time friend and co-resident at the time Dr. Ferris, suggested that we submit a paper to Western Trauma. In those days our residency program had a standing rule that if you got a paper accepted

that they would send us. So we submitted papers without really telling our chief that this was a skiing meeting and once it was accepted he had to send us. So, in 1976 we first came as residents and I started coming every year I've only missed 2 meetings since that time, and now it's sort of an addiction, Western Trauma.

Wray: Can you describe any difference in the scientific program, comparing the first years you came to the meeting and the present time?

Kappell: Oh, it's changed dramatically. When I first started coming they were desperate for papers. Probably why I got my paper accepted. Papers were presented on how to do it. I gave a paper on reconstruction of the eye lid, our interesting reports rodeo injuries and since that time the papers as you know have become world class scientific papers with all the T's crossed and the I's dotted.

Wray: What was the social program like when you first joined the organization?

Kappell: At that time, because of the size of the organization it was a little more intimate and occasionally there would be entertainment in somebody's condo or home if someone was renting one, because the size of the group has grown so much we don't have that as much, but the camaraderie has persisted and the contact with the residents is pretty much the same.

Wray: How did you get involved into the organization and officer candidates and all, how did that evolve?

Kappell: I think part of it evolved because I would involve myself with discussion of the papers. I was on the program committee and was on the board and George Peirce who was one of my professor's at Kansas was instrumental in nominating me for the presidency.

Wray: What are some, if any, of the scientific program highlights that you can recall over the years that you've been coming to the meeting?

Kappell: I think the highlight for me has been the papers that have been sort of landmark papers in surgery, trauma, but probably the thing I like the best in the scientific program that has developed over the years are the multi-center trials. As we all know, trying to get statistical significance in one institution for injuries that are so unusual or widely scattered is most difficult and the collaboration between the institutions for the multi-center trials I think has been excellent.

Wray: What are some of the highlights of your time in the Western Trauma Association either socially or scientifically?

Kappell: The highlights for me unfortunately have been associated with injuries; my good friend Dr. Ferris had very significant tib-fib fracture in the NASTAR at one meeting, which required open reduction internal fixation. A good friend, Dr. Wray, had an amazing

maxillofacial injury. And if you look at all the things that draw the group together probably these events sort of are the lightning rods that pull everybody together and reveal the warmth and friendship that underlies the group.

Wray: Speaking of unfortunate occurrences; do you have any personal recollection of Earl Young or the situation in which he died.

Kappell: I was at that meeting of course, I was not up the mountain with that group of skiers when it occurred but it sort of signifies letting the air out of an event. But what has come about in memoriam of Earl Young has probably been one of the achievements of the group; to have the resident competition.

Wray: Do you have any words of advice or directions you would like to see the Western Trauma Association take in the future?

Kappell: I do. I think that as the involved surgeons we're often involved in the technical details of what we do the day to day grinding out of the progression of the science. But the Western Trauma Association has had and continues to have a capacity to look at the big picture in the surgery of trauma, not only the development of residents, the mentoring of these young people, the solidifying of the sub specialization which is now broadening early. And really try to carry the group through what I see as very significant years of stress coming in the practice of medicine in general and highly stressful in the practice of surgical specialties.

Wray: What are some items that will be stressful or mechanism that stress is going to be induced?

Kappell: Ones that already exist of course are the socio-economic pressures on medicine. In many ways we've lost the status of public appreciation, we seemed to have. And I think in large part due to the politicians and the lawyers and in some part the press we seemed to have developed a bad guy image and probably because we make a living from other people's suffering. So there's this bad aspect of trying to encourage young people to become physicians. The financial incentives that were probably overly built into the system in the 60's have been cranked down significantly and now you will compete with more lucrative professions for the young bright people. The malpractice litigation issues that exist are being battled all over the country and the after effects will be around for many years. The other thing that is happening is the government and the insurance companies are collaborating to reduce the expense of medicine which has really ratcheted down the progression as I see it in technology and research. So all of the things that have been our holy grail; science, technology, progression of the science, confidence, toughest hardest working hours are all being curtailed and I see the mission for many of us to get back to the core values that make physicians, physicians. Stress that to the young people that want to follow and use those as sustaining values to keep the profession alive until society realizes that they've gone down the wrong road and

that they need to come back more to a sensible direction for the advancement of medicine for the decades to come.

Wray: That sounds like useful advice for anyone who is choosing a career in medicine. Is there anything else you would like to say?

Kappell: I've said that in West Virginia, the practice there you need to add the heart of a missionary, kindness of a preacher and the nerves of a gunslinger. I think that really applies that you have to have compassion, altruism. You have to be a spokesman for medicine, you have to stand up and stand out for medicine and you have to have the resolve and stamina and apply that in order to have a positive attitude as you practice medicine and not be drawn down by all the negatives.

Wray: Thank you David.

Wray: This is Chris Wray again and David Kappell again. David had some additional thoughts about Western Trauma Association and what it has meant to him.

Kappell: I think being president of Western Trauma altered my career in a very positive way. Subsequent to being president here I was selected to be the State Chair of the Committee on Trauma in West Virginia. Because of that I have been very actively involved over the last three years in developing a statewide trauma system in a very rural state. We've been able to get foundation money for data collection. We've been able to work closely with the Governor and the Legislators to develop legislative protection for trauma issues, which hopefully will be passed in the current session, and so I see as a result of the event of being selected president of this organization very positive impact on the lives of the citizens of my state. We've been actively involved in reestablishing the level one trauma center at the University, which was very influential obviously for many injured people. Thanks.

Wray: I take this as part of your life-long interest of improving those who live in Western Virginia Dave.

Kappell: Yes.

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