

## Western Trauma Association

### Past President Interview

R. Christie Wray, Jr., MD interviewing Scott Milliken, MD

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Steamboat Springs, Colorado

**Wray:** Scott, why don't you tell us how you got interested in going into medicine and what lead you to want to be a doctor.

**Milliken:** I'll tell you Chris, being a doctor is the first thing I ever wanted to do. It was the only thing I wanted to do. I can remember wanting to be a doctor since really the age four or five. I never went through that period when I wanted to be an athlete. I never wanted to be a fireman or policeman. Somewhere along the line I became interested in medicine. I think it was from seeing some early TV shows. I grew up in Los Angeles and television came pretty early to LA and I remember there was a show. I particularly remember about surgery and I can even remember taking a stuffed animal that I had and taking off the eye button or the button that was the eye, taking that off and pulling out stuffing and tying the eye button back on to the animal. So, it was something I always wanted to do. I also ran into, or had the opportunity to meet several physicians along the way. There are no physicians in my family except an uncle, but my aunt who I spent summers up in Indiana with was friends with the Clatworthy family, Bill Clatworthy was Chairman of pediatric surgery up at Ohio State. So I got to know the Clatworthy's pretty well and he was someone influential in my getting interested in medicine. I kind of headed in that direction and the further I got the more I wanted to be a doctor.

**Wray:** Where did you go to undergraduate school?

**Milliken:** I was at the University of California at Irvine.

**Wray:** And why did you choose that school?

**Milliken:** It was interesting. I went to a college prep school in Anaheim, which is in Orange County. I guess back in those days I didn't have aspirations of leaving California very much and I applied to Loyola and to UC Irvine to go to school. They were in the general area and I knew they have good pre-med programs and I ended going to UCI. They had a good biology program and I thought it was a good stepping stone towards medical school.

**Wray:** Now, you looking back would you recommend that school to others?

**Milliken:** I think it was a great school for me; it's gotten better over the years. I was down at UCF Irvine last year, the campus is getting huge and it's sort of a dominant player in the UCV

system. The thing I guess I would do differently though because when I went to Irvine it was a small school. I didn't feel like it had a very good undergraduate experience. I've encouraged my kids to think about getting away from home for their undergraduate experience.

**Wray:** And then where did you go to medical school?

**Milliken:** Then from Irvine it was off to Vanderbilt in Nashville.

**Wray:** And why did you pick Vanderbilt?

**Milliken:** Well, back in the days when I was applying for medical school it was difficult to get in. I wouldn't say that I was a superstar student. I think I had about a 3.5 average and I applied to schools after my third year, after going to college for three years and I applied to private school. I didn't apply to any of the state schools in California because I didn't think I'd have a chance to get in. I got into Vanderbilt and I think the University of Kentucky and Woodcreaten. Vanderbilt just looked like a great place to be and in the end, it was...and turned out to be a wonderful experience there. I loved Vanderbilt, it was a great medical school and I met a lot of great people. So, I guess what I'm saying is my initial run at medical school applications was really almost a trial run just to kind of see how things went and in fact I got in and ended up going to medical school after three years of college.

**Wray:** And then next comes internship which is always an exciting time. What were you thinking when you were looking for internships?

**Milliken:** I ended up going to University of Colorado for internship and residency. What I was looking for was A. a good reputation, B. a solid surgery program obviously and one of the other things I thought was important was to go to a place that had sort of multiple facets to the program. Colorado had a VA hospital. They had a University Hospital. They had a lot of private rotations, and they had the city hospital. I thought that that gave sort of a broad representation of the surgical problems that one might encounter in the real world and I applied at Colorado, I also looked at San Francisco. UC San Francisco was actually number one on my list. I had been out there the summer before and worked at the San Francisco General with Don Trunkey, and I couldn't get in out there but got in out to Colorado and headed out there.

**Wray:** Then you changed locations for cardio-thoracic training?

**Milliken:** Yup!

**Wray:** What lead to that change?

**Milliken:** I always thought that during my training it was good to go to different places and see different things, and how different people do different things. I had a chance to stay out

at Vanderbilt for a residency and I didn't want to do that and moved to Colorado and the Mayo clinic seemed like a great opportunity to practice cardiac surgery or to get cardiac training I should say and that's what I want.

**Wray:** What was it about cardio-thoracic surgery that interested you in particular in comparing with staying in general surgery for instance?

**Milliken:** Well cardiac surgery for me, I've always enjoyed cardiopulmonary physiology. I love the anatomy north of the diaphragm. I think that cardiac surgery for me is somewhat artistic. Doing bypass surgery or valve surgery was much more creative to me in my mind than say going in and taking out a gallbladder or doing some other extirpative surgery. I think creating new blood supply to the heart was a technical challenge and still is for me today. I had a chance when I was in medical school to work with the cardio-thoracic group for a summer and it was just incredibly fascinating to me and hooked me and I never looked back.

**Wray:** What changes have you seen in cardio-thoracic surgery; that you would compare how you practice or how the attending physician practiced while you were a resident in cardio-thoracic surgery to your current practice?

**Milliken:** I think we are a lot better at cardiac surgery now than when I started. It was almost 20 years ago now. I think that patients do better. I think we protect the heart better. I think the risk of cardiac surgery has gone down despite the fact that we're operating on older and older, sicker and sicker patients. I think we operate on patients today that we never would have even thought about operating on 20 years ago and by and large the results are good. So, I think it's been an interesting evolution to watch. The other thing that's come along is the introduction of new technologies into our world; what we call "off pump surgery". Where heart surgery has been interesting to see develop and then to see the switch from operative intervention to non-invasive using stents and angioplasty for patients with coronary disease has been a big factor for us.

**Wray:** Where would you see cardio-thoracic surgery going in the next five to ten years?

**Milliken:** I think the future of cardiac surgery is as foggy as looking up at the mountains here today. I think it's hard to know where it's going to go. Some people think that this advent of aggressive use of stents will eventually come back around, as these patients will eventually require surgery. Others see this as the death knell of coronary surgery. I don't know how it's going to go. I can honestly say that I'm not sorry that I'm on the tail end of my career here.

**Wray:** How did you first link up or become associated with the WTA?

**Milliken:** My association or my first pass at the WTA was when I was an intern at Colorado and through my association of Gene Moore. I remember it must have been December of

our internship, Gene had gotten a bunch of residents together and we talked about going to this meeting he had heard about called the WTA and we all piled on a plane over in Denver. I remember it was, I think it was like \$38 each way or it could have been a round trip. It was on Frontier airline, it was a bargain basement airline ticket. We piled on the plane came over the Salt Lake City and took a shuttle up to Snowbird and I remember (laugh) when we arrived, I don't think the WTA had ever seen residents before and weren't quite sure what to do with us but after some negotiation we got to attend the meeting and had a great week.

**Wray:** How has the scientific program changed over the time that you've been a member and a guest at the WTA?

**Milliken:** I tell you Chris, I think it's been stunning how the quality of the science has improved over the years. Back when I started with WTA, it was a rule you had to present a paper every three years or at least submit an abstract. But there were so few abstracts submitted you were almost certain to get on the program and people were giving very little papers with a few patients here, a few patients there. I remember one person presented a case of a pneumothorax treated with a chest tube and that was it. Now we've got major medical institutions, major trauma centers participating actively in the WTA and the quality of science is at the highest level.

**Wray:** On a different level, but again about WTA, have you seen much change or evolution of the social activities?

**Milliken:** I think the social aspect of the WTA is quite similar and I think that's one of the things that's so great about this meeting is the camaraderie and collegiality that we all have with one another. I think the aspect of skiing with the WTA has been sort of a uniting factor. It was a great meeting to go to, a fun meeting back in 1980 and it still is in 2004.

**Wray:** How did you become involved in the officer positions in WTA?

**Milliken:** I started out on the Board with the WTA and it was actually a guy who's been on the Board named Jim Johnson and passed away. He was a neurosurgeon from Billings and I took over his term and was reappointed to another term on the Board.

**Wray:** Do you remember any highlights from prior Board meetings?

**Milliken:** well I'll tell ya.....I would have to say know I remember the Board meetings were long...(laugh).

**Wray:** Yes they were.

**Milliken:** If there was a highlight maybe we had a short Board meeting in there.

**Wray:** The wives and significant other have always suffered from that.

**Milliken:** Yes they have.

**Wray:** You mentioned some things, but are there other things that have been important to you about the WTA?

**Milliken:** I tell you for me the most important thing about the WTA is an opportunity...I think I said this in my presidential address. The WTA for me is a way to punctuate my life; it's something I look forward to, really, when I leave this meeting I'm looking forward to the next one. It's my favorite meeting. It's my favorite group of people. I love getting together with friends. When you have been doing this as long as I have, coming to this thing, or you Chris, I mean is something that, it gives you some ground work, some framework to your life and I look forward to seeing people every year. I look forward to meeting colleagues that are not necessarily practicing cardiac surgery. Doing other things, the other thing I think is very important or has been an important aspect of this for me is that my kids grew up coming here. They got to know a lot of other kids from other families, kids that they keep in contact with still today. I think that the family aspect of this meeting, the social aspect of collegiality, the multi-disciplinary aspect of this organization is really terrific.

**Wray:** Do you have any thoughts or beliefs about the future of the WTA?

**Milliken:** I think the WTA is in pretty good shape right now. I have seen it evolve and maybe in my mind dangerously toward becoming a general surgery critical care organization and I think, I would hope that we would somehow be able to maintain the multi-disciplinary aspect of this organization. Although I think it's going to take a strong effort on people's parts to recruit colleagues from various disciplines to find an interest in this organization. I think once people are involved with this organization I think that the attention to membership shouldn't be difficult. But I think the whole issue of not having very many orthopedists is kind of a glaring example of a difficult problem. If we can maintain the multi-disciplinary approach to this organization and keep the family aspect of it, keep the social part of it and maintain the excellent quality of the program I think we're in good shape.

**Wray:** Well, thank you Scott, you've been recorded for posterity.

**Millikan:** Okay, thanks

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