

Western Trauma Association
Past President Interview
R. Christie Wray, Jr., MD interviewing Tom Thomas, MD
March 3, 2000

Wray: Tell me something about your educational background and how you came to go into medicine?

Thomas: First, how I came to go into medicine. I am not really sure. The moment I knew was in high school, actually, that I wanted to go into medicine. My mother was a nurse when we were growing up. There were two children in our family, my sister and myself. We never really were pushed. Mom didn't work as a nurse after we were born and there may have been some friends in the family who were physicians; a couple of people that we knew. I just had the feeling or sort of knowing that I wanted to go into medicine in high school.

Wray: So, college did nothing to change your initial inclination toward medicine?

Thomas: No it didn't. I actually chose the college which is actually in my home town for two reasons. It was Hope College, a small liberal arts school in Holland, Michigan. I chose that because they had a good pre-med program and also because it was smaller and I could do sports and continue to play football in college.

Wray: How did you select the medical school you went to?

Thomas: At that time I applied to several schools and actually went to Emory University in Atlanta, Georgia. Part of the reason was my father was from the South and I had some affinity for the South. I was looking for a school down there and tended to apply to private schools rather than state schools for some reason. I am not sure why. Actually, I remember very clearly. They were the first school to accept me. I said at that point the first school to accept me I was going to go to.

Wray: How did your interest in orthopedic surgery and where you took your orthopedic training, how did that come about?

Thomas: I am not sure exactly. There was no big defining moment that I said I am going to go into orthopedics. As we got into our clinical years, junior and senior year, in medical school I was pretty aware that I wanted to go into one of the surgical specialties. I had actually for a period of time considered pediatrics because I liked kids but I spent a rotation on pediatrics and was pushing platelets in leukemics and decided that part of pediatrics I didn't want to deal with. I went into surgery. During my senior year rotation I believe the applicability of taking a broken bone or taking someone who is injured and having a real impact initially. It is fairly mechanistic. I just enjoyed that.

Wray: As you look back now on your choice, what would you say about the wisdom of our original choice of orthopedic surgery?

Thomas: It fits me very well. I am happy that I did that. I still like it for the same reasons. I have a big impact on people who are acutely injured and basically they with rare exception want to get better. That influences my practice and has a big influence on my life. It has been a big enjoyment to do that.

Wray: Switching subjects from education to somewhat more personal information, tell me about how you met your wife and how that has evolved over time.

Thomas: That is an interesting story. I don't know that a lot of people know that. Let me go back though because I never finished tracking the University of Vermont connection. In medical school we were applying for internships and residencies and I wanted a University program but I wanted a smaller hospital. The University of Vermont sort of fell into that category and so that is where I ended up. It has been a good choice for me. It actually led me to the Western Trauma interestingly enough, when I did a surgery internship and then orthopedic residency at the University of Vermont. When I was a surgical intern rotating on the general surgery service my third year resident was Gene Moore and that association goes back and then I moved out to Denver I got connected to him again and ended up in Western Trauma.

The story with my wife is actually every bit as interesting. We dated in high school. Fairly seriously the junior and senior year and then I stayed in Holland, Michigan and went to Hope College and Klasina went to Colorado College. The long distance relationship lasted about a year and a half and then petered out. I then married a lady after college and we were married for about 10 years during medical school training and several years in Denver. After our divorce, probably five or six years later, I am not exactly sure how. It may have been at a class reunion back in Holland, Michigan, Klasina and I became reacquainted and after dating for four or five years decided it was the thing to do. So we got married and that has been an interesting experience. To marry someone that you dated a long time ago and sort of knew the family. It was a very comfortable feeling. She has five siblings and I knew all of them earlier and of course didn't know them as adults but there was an association that somehow made it easier to come in a large family.

Wray: You talked some about your initial interest in the Western Trauma Association through Gene Moore. Do you remember or what can you recall about the first Western Trauma Association meeting you attended?

Thomas: I am trying to recall. I think it may have been the meeting in Vail. If that wasn't the first it was actually one of the first as you and the older members of the association know. At those times the meetings were smaller. They were good meetings but less scientific and the discussion was great. Gene Moore was never one to hold back his thoughts or

comments and I remember arguments going on in the back of the room with the speaker and then it would be the side of the room and the back of the room. It was an interesting meeting. It was a good association of friendly rivalries back then.

Wray: What was the breakdown or makeup of the various specialties involved in Western Trauma when you first stated attending?

Thomas: To my recollection it actually was pretty much the same. There was percentage wise more specialty people because the trauma and the general surgery was less.

Wray: Do you have any recollection or thoughts about the social aspects of the meeting when you first started?

Thomas: With a predominantly younger crowd, the social aspects were two; one, it was interesting to have a meeting where families were included and two, the after-hours activities and number of beers consumed during the afternoon discussion were somewhat increased over what they are today.

Wray: How did you first get involved in becoming an officer of Western Trauma Association?

Thomas: I was on the Board of Directors. I remember very vividly Peter Mura asking me if I would be willing to take the position of Secretary and I said I would. That sort of being the beginning of the involvement. I am not exactly sure why. I didn't have a big desire to become an officer but I enjoyed the position and was honored to do it.

Wray: Are there some particularly memorable experiences or interpersonal relationships that you remember from your time in Western Trauma Association?

Thomas: There are a lot of memories and some of them are with members who no longer attend. Jim Good was a member for a long time. He was a pulmonary physician at Denver General for a number of years. Actually, we are working at the same hospital, Swedish Hospital in Denver. I can remember skiing with him in knee deep powder at Jackson Hole. The ski experiences have been great but watching the kids of the members grow up has been a great treat. When they come back to meetings like Katherine Sugerman is here and she is in her late 20's. She came back for two days because she was in the area. Of course, Harvey is here with Betsy. It is a great experience to watch them grow. The kids at the time certainly don't understand that but knowing that there are people all around the United States with kids who you sort of watch. It is interesting.

Wray: You mentioned something earlier about controversies. Are there any particular controversies or any particular person involved in controversies that you recall?

Thomas: Those were the strongest view points and the loudest voices. Dave Feliciano and Gene Moore used to get into it. I think they had different philosophies to some degree in the management of penetrating trauma. Also, I think were struggling for their voice and

finding their own niche in the world of trauma and feeling that theirs was perhaps the correct view and the other was incorrect. They brought it to the forefront in some of their discussions.

Wray: What are some of the changes in the Western Trauma Association you have noted over the years?

Thomas: The increase in membership. The predominance of the general surgery and critical care aspect of trauma. That is part of the growth of an organization, I think. Seeking out a level that it can be sustained.

Wray: Is there anything that you would wish to tell or a message that you wish to pass on to new members or potential new members of Western Trauma Association?

Thomas: I think the biggest thing is to look around and be aware of the history of the organization and one of the real purposes of the organization. Someone asked me last night at the banquet did we have a mission statement and I said, I think, no we don't really. But, you know, I tried to put in words that the mission is and I think it is a combination of bringing cutting edge, if you will, aspects of trauma and advances in trauma care to an organization with your family. It is a unique aspect of this organization and is important to the younger members to understand that there are equal parts of information and care of the patients and exchange of information. But mixed with a friendly atmosphere in which the family and friends are equally an important part.

Wray: Thank you very much Tom.