

Western Trauma Association
Past President Interview
R. Christie Wray, Jr., MD interviewing Harold Sherman, MD
February 26, 2007
Steamboat Springs, Colorado

- Dr. Wray:** Harold how did you first get interested in a career in medicine?
- Dr. Sherman:** I expect I got interested under the influence of my father, who was a classic family practitioner/general practitioner in the Bronx.
- Dr. Wray:** You didn't follow his chosen career as a general practitioner. What factors went into your decision to become a surgeon?
- Dr. Sherman:** Well, Dad never wanted me to – I'm not sure he wanted me to do medicine. But he certainly didn't want me to do general practice, or anything that he thought would require me to work as hard as he worked. He kind of envisioned me as being a pediatric endocrinologist or some other 10-4, four-day-a-week job. But when I got in medical school, surgery was what was fun.
- Dr. Wray:** The medical school you attended – why did you choose it?
- Dr. Sherman:** Embarrassing question – it was the only one I got accepted to!
- Dr. Wray:** Did you take part in any sports – even intramural sports – in high school or college?
- Dr. Sherman:** I did in high school. I played some intramural football and Pop Warner football, and other than that – Little League baseball.
- Dr. Wray:** And where did your interest in skiing arise?
- Dr. Sherman:** That started way back again with my family when I was probably 7 years old. We would make family trips from New York City to Lake Placid, New York.
- Dr. Wray:** Did any other fields of medicine besides surgery attract you at least temporarily?
- Dr. Sherman:** Well I started out in medical school thinking I might want to be a pediatrician, but then discovered that pediatrics, for the most part for me, was either terribly boring or unbearably tragic, and not nearly as much fun as surgery.
- Dr. Wray:** You would be interested to know that another past president was accepted to one medical school and originally wanted to be a pediatrician, but was bothered by the suffering. Switching to general surgery, it's changed a lot over your professional career, I expect. What are the things you have seen change most from your residency to the termination of your practice?

Dr. Sherman: Well, I guess the over-arching change is technology – both to the good and to the bad. When I was in medical school and my early residency, sonography was high tech – we went into CT scans and certainly nothing beyond that. But without technology, you were required closer rapport with your patients and a closer interaction with your patients, and I think that's fading for many reasons, and the technology is one of them.

Dr. Wray: What factors led you to be specifically interested in trauma surgery?

Dr. Sherman: Well, by the time I'd practiced general surgery in a small town for about five years after my training and the hospital was having a shaky future and I kept looking into my own crystal ball and seeing myself doing the same thing time and again and getting bored with it, and so I decided at that point being six years out of my training already that I needed to do a fellowship. I didn't think I wanted to be in a metropolis at that time; heart surgery I found uninteresting. I thought colon and rectal surgery as a fellowship was kind of redundant to my training and trauma seemed like fun – it was always something I enjoyed doing anyway.

Dr. Wray: And how did Pittsburgh appear on the scene?

Dr. Sherman: Pittsburgh appeared on the scene after my fellowship. I spent a year in Knoxville, Tennessee, helping a level two center set up and Pittsburgh came along – seemed like a good idea at the time. Tennessee was kind of a dead end because I didn't think that program would survive very long and while I didn't relish the idea of Pittsburgh, the job seemed to fit my needs at the time.

Dr. Wray: And what would you say about Pittsburgh having lived there a good while?

Dr. Sherman: I would say Pittsburgh – on paper- is a fabulous city. It has art, culture, sports; the cost of living is reasonable. Getting around is not too bad – traffic's not ugly. Air pollution's not too bad. The climate is ugly and it's way too far from the ocean.

Dr. Wray: What have been some of the high points in your career exclusive of the WTA because we'll talk about that later?

Dr. Sherman: I think the high points have been the surgical triumph of a patient for whom I could really make a difference and the residents who finished the training program and were able to look back and think I really taught them something.

Dr. Wray: Coming to the WTA, how did you first hear about the organization and become associated with it?

Dr. Sherman: I heard about it through Barry Esrig, and when he first talked to me about it, I told him he was out of his mind, that I didn't do trauma, I didn't publish papers, and I wasn't going to start publishing papers because I was practicing in this little town in Massachusetts and I had nothing to publish papers about. Just two years later, I quit my

practice and went into the fellowship and came to the Western Trauma Association meeting.

Dr. Wray: Do you recall where the first meeting was located that you attended?

Dr. Sherman: Steamboat Springs, 1988.

Dr. Wray: An ancillary part of the WTA is the social events. Have there been highlights in social interaction that you would particularly like to mention?

Dr. Sherman: The highlights of social interaction really culminated for me a couple of years ago here when I came to a meeting personally shaken up from events in my life and found – had originally decided not to come to the meeting and came anyway. I found that the people here were really the people I needed to be around. They were the people who helped me and supported me and really helped me get through a bad time.

Dr. Wray: What, if any, have been changes in the scientific program that you've noted over your long association with WTA?

Dr. Sherman: Well, I suppose the most obvious change is the lab science. There's a lot more laboratory science than there was when I started and I think that's probably good. I think it's certainly where a lot of research is going. I think it gets and keeps productive people interested in the organization.

Dr. Wray: How did you get involved in the officer position with WTA?

Dr. Sherman: Well a whole bunch of years ago, riding on a lift once, some guy named Dr. Wray said, "Yeah, I think you ought to get more actively involved."

Dr. Wray: Are there any concluding thoughts you'd like to leave to those who will run the organization as you grow older?

Dr. Sherman: (Laughter) Yes, I'd like for them to be able to cultivate and perpetuate the same kind of feelings that the older generation has about this organization for themselves and that they and their friends and their families – when they're the "gray hairs"—have the same warm feelings looking backwards about it.

Dr. Wray: It seems you can't give up. I notice you were behind the table this year doing something helping with organization.

Dr. Sherman: Correct. It's hard to give up, and the organization doesn't really let you – once you're part of it, you're always part of it.