David Seegal

Ic ne wat and other maxims of a master teacher

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A 1921 graduate of Harvard College, David Seegal began his professional career as a physical anthropologist at Columbia before matriculating in Harvard Medical School's class of 1928 (AΩA, Harvard Medical School, 1927).[1] Returning to the new Columbia-Presbyterian Medical Center as a medical intern, he rose to be a professor of Medicine in 1951. In 1964 he became emeritus.

Seegal believed that first-rate clinical research began at the bedside and he helped elucidate the role of beta-streptococcal infection in the genesis of glomerulonephritis. In 1935, he was named director of the first service devoted to research and treatment of chronic diseases at Goldwater Memorial Hospital on Welfare Island, a joint project of Columbia Presbyterian Hospital, the Rockefeller Foundation, and the City of New York. Some have called it a precursor of today's clinical research units and even, in part, of the NIH itself.[2]

Seegal and his wife Beatrice were major contributors to Alpha Omega Alpha through their endowment of the Leaders in American Medicine series, a priceless trove of 122 interviews with respected men and women physicians (a list of the interviews follows the article). The interviews can be accessed through the AΩA website (http://alphaomegaalpha.org/leaders.html). To encourage AΩA members to sample them, the late Dr. Oliver Owen (AΩA, University of Colorado, 1961) summarized six interviews in previous issues of *The Pharos*.[3–8]

Seegal was also a prolific writer whose hundreds of contributions to the medical literature included the classic *Pharos* article "Never a Dull Day for the Compleat Physician"[9] and haiku, an art form he came to late in life.[10]

Yet, the accomplishment for which he is best remembered by more than one thousand students at the Columbia University College of Physicians and Surgeons (P&S) is the mark he left on us during a two-month subinternship at Goldwater.[10] He personified Henry Adams's famous epigram, "A teacher affects eternity; he can never tell where his influence stops."[11p535] Why does David Seegal still live on in so many of us? Probably because, along with conveying a sense of the great privilege and responsibility we would assume on becoming doctors, he dispensed a philosophy of life as well. I still remember our first encounter as we began our Goldwater rotation. We milled around in the solarium until he called us to order, asking us to take our seats and face forward. Did we notice anything that seemed out of place in a medical school classroom, he asked? When no one spoke up, he pointed out the statue of a baseball player and other things that were seemingly out of place. In so doing, he was highlighting the importance of observation that he would reinforce on rounds, noting what was on the patient's bedside table like a family picture that could help us connect with the patient or provide some clue to who the patient was.

Seegal's first teaching session would invariably involve his writing *Ic ne wat* on the blackboard and asking us what it meant.[12] When no one responded, he would say it meant "I don't know" in Old English, a springboard to his most famous admonition: know your limitations. He worried that when we put on the long white coat signaling the achievement of doctor status we would be reluctant to utter that phrase. He'd say that if we didn't say "I don't know" at least ten to twenty times a day, even as experienced doctors, we would not be true to our patients or ourselves.[12] He then said that we couldn't just stop there. It was just as important that we then "want to know," followed by "look it up," triggering the CML[2] cerebro-mano-libro reflex or brain-to-hand-to-notebook-to-textbook.[13] Today, one might substitute a trusted computer site for the textbook.

Another Seegal maxim was "Do it now."[2] Despite good intentions, important things might be put off with unfortunate consequences. He labeled procrastination the enemy of the conscientious clinician. Or take another maxim that hit home with me: "Be on time."[2] He said being late showed a disrespect for the patient and colleagues, implying that their time was not as important as our own. Still, he used to tell us that we should always, when correcting someone, allow them a way to escape to safety. In my case, he pointed out that I was an optimist, always thinking I could do more than I thought in the time allotted. When I slipped into my "late Dr. Dans" habit, his words came back to me. Other admonitions in his Decalogue included "Know your patients," "Maintain an open mind," and "Check and recheck" when presented with conflicting data.

Photo of David Seegal courtesy of the Columbia University College of Physicians & Surgeons.

Noting that the term *doctor* comes from the Latin root *docere*, "to teach," Seegal impressed on us that being effective clinicians depended on our being effective teachers.[12] He told us that if we looked patients in the eyes while instructing them, we could discern whether they would follow the plan, and could respond accordingly. Being a good teacher also extended to our peers and colleagues in whom, he said, we should strive to "Bring out the best." Finally, he urged us to "Practice the Golden Rule" in helping our patients make difficult decisions, what he termed, "close calls."

Okay, you say, isn't this just plain old common sense? Of course it is, but, sadly, as Voltaire said, "Common sense is not so common."[11p306] Seegal anticipated and risked that reaction from students who were not all that different from those of today. One of his former students, Quentin Deming, said, "There aren't many people who can drill students in truisms and get away with it. Seegal could." I have found that most of today's students hunger for evidence that their teachers not only preach the values Seegal espoused, but, more importantly, live them.

Take the necessity to say "I don't know." The students in my junior/senior seminars agree with this admonition; after all, they are in school to learn, and one learns best after admitting ignorance or error. In my study of anonymous self-reporting of cheating and lying, thirteen to twenty-four percent of four classes reported cheating in the clinical years.[14] This probably was an underestimate—as one student said, admitting you cheated is the hardest thing to do. This included recording tasks not performed, making up values when they were "sure that the data were normal" and saying they saw the fundi and heard a murmur when others did but they didn't. One woman admitted making up exact values after being reprimanded by her resident for saying "I don't know" on professor's rounds because he said that it reflected on him. Another reported being told by a resident that she would come off better if she "lied a little." Others feared that saying "I don't know" would put them at risk of being graded down and losing the opportunity for that hoped-for residency.

Students also commented on behaviors such as "gunning" (referring to hard-charging students who try to show up their peers), clearly contrary to Seegal's admonition to create a milieu that "brings out the best in our colleagues." They called attention to one clinical service that had a number of "toxic residents" who were insensitive to patients, laughed at them, or repeatedly used pejorative terms in referring to them. I have been interested in this phenomenon since writing "Dirtball" in 1982 (using a pseudonym so as not to call attention to Hopkins for what was probably a universal practice).[15] Indeed, it struck such a responsive chord that six months later *JAMA* reprinted a sample of the many letters they received, including one—ironically—from an ex-Hopkins Osler house officer.[16] Having canvassed four Hopkins graduating classes on the subject as recently as 1996, the good news is that the practice appears to have declined, but the bad news is that it is still prevalent.[17] But the idea isn't to get self-righteous about it, as one faculty member did in telling me

Dr. Beatrice Seegal. Courtesy of the National Library of Medicine.

that "they wouldn't dare do that in my presence." Rather, the trick is to try to understand why it happens and to conduct much of the discussion of the patient, as Seegal advised, not in the conference room, but at the bedside or in the clinic, to model the handling of even the most difficult patients and sensitive data with prudence and tact. It is admittedly harder to do in our fast-paced, bottom-line-oriented environment, where interactions between doctors and patients are often fleeting—but that's the challenge. As Seegal would say, we "are the ones with the high IQs," and if we fail to meet that challenge (paraphrasing Shakespeare in *Julius Caesar*), the fault lies in ourselves and not in our stars.

The timeliness of Seegal's message is underscored by the fact that most diseases today are chronic, something that Seegal anticipated when he joined forces with Joseph Earle Moore, Hopkins's renowned syphilologist, to begin the *Journal of Chronic Diseases* in 1955, a publication that flourished before the era of specialties and subspecialties.[18] Just as in an earlier time, many patients are desperately seeking compassionate care and relief of suffering. Seegal was fond of quoting Longcope that the patient should be better off for the physician's visit *irrespective of the seriousness of the illness*, else why do it (his emphasis). He warned against projecting a dour mien, calling "cheerfulness" the "intangible elixir in the doctor's bag."[19] Seegal endured a twelve-year bout with polymyositis that ultimately claimed his life, so he knew whereof he spoke.

Seegal also had excellent advice for treating our increasingly elderly population using what he called the "principle of minimal interference."[20] He cautioned us to be wary of causing iatrogenic disease through a well-meaning activism and polypharmacy, a problem that if anything is greater today with more medicines being given to patients by more doctors whose care is not coordinated. Still, he was no therapeutic nihilist. He just as forcefully warned against "pigeonholing" the elderly and chronically ill by ignoring the cues and clues that could possibly indicate something different and treatable.[21]

Finally, we hear a lot about the importance of lifestyle as students seek a sense of balance between their professional and personal lives. Seegal had much to say on this. Happily married to Beatrice Carrier Seegal, a distinguished professor of microbiology at P&S, he cared about his students' personal lives. He enjoyed meeting our parents and significant others. He once wrote me to say he had given me "the highest marks" in supporting my fellowship application, "particularly" after having met my wife. He urged us to cultivate, in Juvenal's words, *mens sana in corpore sano* ("a sound mind in a sound body") by adhering to Tolstoy's balanced menu of "work, love, play, and worship."[9] Seegal's most lovable trait was his willingness to poke fun at himself as he did in this poem he submitted for his report for the fiftieth reunion of his Harvard college class in 1971.

Skidoo
Emeritus
Quit making a fuss
You've had your day
To shape man's way
Hand others clay
Banish dismay
Go 'way and play.

Alvin Barach captured him best in the title of his obituary: "David Seegal, the magnanimous."[10] Seegal indeed had a great soul. It is a pleasure to introduce David Seegal to a new generation of readers. To learn more about him, I recommend the David Seegal tape made in 1975, in which his colleagues and former students Walsh McDermott, Arthur Wertheim, Quentin Deming, and John Loeb give their recollections, intercut with clips from The Making of a Clinician tape of Seegal teaching a group of students at his apartment shortly before he died (http://alphaomegaalpha.org/pdfs/Leaders/SeegalDE.mp4 and http://alphaomegaalpha.org/pdfs/Leaders/MakingClinician.mp4). He clearly was a shadow of his former self, but unlike what he wrote in the haiku, he wanted to teach until the very end. One might say that he died with his boots on.

Patient care and medical education have changed so much since David Seegal's time, I would be interested in hearing from those on today's front lines as to whether his maxims still apply—PED.

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