

DATE: September 9, 1998

TAPE: Tape 18

INTERVIEWEE: Thomas Scully, M.D.

INTERVIEWER: Eileen Barker

PLACE: Dr. Scully's home, 1400 Ferris Lane

TRANSCRIPTIONIST: Dianne Fernandez

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**EB: Today is Wednesday September 9, 1998. Dr. Scully, let's pick up where we left off. You had talked about the book tour that you did for your book and your heart attack in 1989. We spoke about Dr. May taking over the Dean of Students in the spring of 1990. Then you became the Associate Dean for Alumni Affairs?**

TS: Yes, right Associate Dean for Alumni Affairs in the spring of 1990. At that time, Bob wanted to get started with some formal activities, I guess basically to make contact with Alumni and also try to develop some fund raising. His secretary, do you remember the secretary who had come with Bob from Indiana?

**EB: She sends her best regards, by the way, I spoke to her a few days ago.**

TS: You are kidding?

**EB: She calls about once a month.**

TS: Oh, you keep in touch with her?

**EB: Yes.**

TS: Oh, well say hi to her.

TS: For a long time after Bob got here, she would sort of do the alumni with her left hand a couple of afternoons a year. She would put together a dinner and initially the dinner use to be on

the same weekend as the hooding and the graduation. At that time, Bob with the support of others said that becomes such a long week, they would start with a student show on Wednesday night and then there would be the golf tournament and then there would be the awards ceremony and then the hooding and the graduation. Then by Saturday night to have an alumni dinner, usually at one of the local hotels, just became overwhelming. So then, I started sending out a survey and I got a bunch of the local alumni together and we tried to put together a little more organization. I think that before that they had come up with (Cheryl Hug who was one of the first presidents), a set of bylaws and we formalized those and started electing officers. Then we started having alumni dinners either in the fall or the spring. We started having them in Las Vegas and then back and forth. Also, I would then take from Bob, (he was over worked anyway), I would take a lot of the letters that went out and I would sign them personally and write a personal note on them, attempting to reconnect with a lot of the alumni. I did that actually off and on with a full time job. I did that for the next three or four years. Most of my time was taken up with teaching physical diagnoses and Ethics. I really got back into more teaching, at that time. When I got out of the job of Dean of Students, which really was a full time job, that was a lot of work, writing deans letters for graduation and residencies and doing a lot of counseling of students. Once I got out of that and Jerry May took that over, the Associate Dean for Alumni Affairs was a part-time job, no more that ten to twenty percent of my time. From about 1991 until I was ready to retire was been the spring of 1997, for those six years most of my work was teaching ethics. I usually taught a class in the fall and one in the spring. I did some teaching on the lower campus with Barbara Thorton in her class. She used to teach an ethics class to undergraduates. Then I would teach Pediatrics. At the time, Jack Lazerson and subsequently Trudy Larson was chair; I would teach some aspects of pediatrics, mostly mental retardation and

developmental problems. Then I spent a fair amount of time teaching physical diagnosis. I would make rounds at the hospitals, ethics rounds. Mine was really a potpourri those last six years. Occasionally, Bob would call me and ask me to get involved and troubleshoot something or chair a committee of one kind or another. Then about 1995, (I can look the date up), but the last couple of years I was there Bob asked me to do some more administration. I got involved as the Associate Dean for Basic Sciences. That started when the school was growing, looking at the organization of schools. Miles Standish and I put together some proposals for reorganization of the school which Bob and the faculty accepted.

**EB: What was Miles Standish's title? He was at the VA?**

TS: Yes, he was. He then left the VA and came to the school as an Associate Dean. He was really responsible for the coordination of all the administration of residencies, which is what Miles did, at that time. As I recall, the idea was to help Bob with administration. Because Bob was getting more and more involved in national affairs with the AAMC.

That was more or less what I did the last couple of years. Then I told him in the fall of 1996 that I was going to retire in the spring of 1997, which I did. That was more or less my time there. The other thing that took a lot of my time in those four or five years (1991-1996), was the Board of Medical Examiners, which as I said earlier is all ready recorded in an oral history, that we can look at later.

**EB: You did nothing more than with the Special Children's?**

TS: No, I never went back to Special Children's after 1987. I was also doing a fair amount of consulting, public speaking and consulting on ethical issues. People would invite me to talk. I would go to conferences and talk.

**EB: As a result of your book?**

TS: Yes, as a result of my book and the result of the fellowship at the Hasting's Center. So, really the last few years, I would really have to look at my calendar, but I was doing lots of different things and getting paid essentially as an associate dean, a professor of pediatrics, teaching ethics and physical diagnoses. I did a lot of that with Tracy Veach and various odd jobs that Bob would need done.

**EB: Since the spring of 1997, have you been involved up there?**

TS: A little bit, yes, I retired officially, after graduation, June 30, 1997. Then for the next six months Celia and I left town for Boise, Idaho to be with our daughter, when she had her twins. I was hardly here at all. I finished my term with the Board of Medical Examiners in the summer of 1996, I had been president of the board that last year and previously I was the secretary and that took a lot of time. When I got out of that, in 1996, I essentially just spent time at the school. Then when I retired, the first six months I went to Boise and then we returned here in the winter. I taught an ethics course last spring and I have already taught several classes so far this fall.

**EB: So, you are back doing that?**

TS: Yes, but there is very little time spent.

**EB: Do you not want to do it anymore?**

TS: No, It is not that, actually the way that the curriculum has evolved with the problem solving that they are now using, I think that it is appropriate and I support this. Tracy Veach and Burt Dudding and others in the educational arena have developed clinical problems for the freshmen and sophomores to deal with. They have built ethical issues into that. There is not a separate course in ethics. They are trying to get the students to address, not only the basic sciences, anatomy, pathology, and pharmacology with some of the clinical problem solving, but also what some of the ethical issues are and I have helped them with those. They have built the ethical

issues in. I think that is the way it should be done. I don't think that it should be some separate course. For that matter, I think that most of the basic sciences should be integrated as well because that is the way patients present to you. They don't present with an anatomy problem. They don't present with a pharmacology problem. They present with a medical problem with multiple facets including ethics, sociology, economics, etc.

The other thing I have done since I retired is some consulting with the Board of Medical Examiners. They have had a few projects that needed some input from a physician, so I put in some time there and they pay me a very small consulting fee. From time to time I go up and see Bob and he has some questions he wants to discuss with me.

**EB: Basically, you are out of the pediatric business.**

TS: Yes, I have not done pediatrics in several years, and of course I have seen no patients for a number of years. So, that is more or less what has been going on.

**EB: So, you don't miss that part of it?**

TS: No, I think that there is a time for sowing and time for reaping and a time to quit and a time to get out of the way. I have always felt that way. When you are finished, you are finished, get out of the way and let someone else do it. Don't stand on the sidelines kibitzing.

**EB: The most recent event is that an eighteen-year dean of the medical school is resigning.**

TS: It will be eighteen when he finishes next year. He came in the spring of 1981, so he has been there seventeen years. He announced his resignation a couple of weeks ago. Actually I had heard that it was coming. He called a special faculty meeting. Generally the dean doesn't call a special faculty meeting, unless there is something going on. I am sure that some of his colleagues and friends at the school knew what was going on. But, anyway I went up and was there when he announced that. I think that he is doing the right thing. Rather than just walking away from a job,

announcing it in advance, and setting in motion through the presidents office, (Dave Westfall is the Vice President under Joe Crowley), an orderly transition. They are going to start a search. They have already announced that Tom Kozel in Reno and Bill Zamboni in Las Vegas will be the co-chairs of the search committee. I don't know who is going to be on the committee, at this point. I am sure they will ask a lot of us our opinions, but the actual search committee, might not be all ready formed. I know the president has announced and it is public that Bill Zamboni, an alumnus of the school from the class of 1984. A surgeon in Las Vegas, Tom Kozel has been here almost as long as I. They will chair the committee. They will hopefully find candidates and get someone on board or at least identified by next spring. It will be helpful for the school, if that person goes to the legislature with Bob this spring. Obviously Bob will have to do the legislative session come January.

**EB: A slower transition.**

TS: Sure. Then Bob has agreed, or he told us at the meeting that the president has agreed, he has tenure, so he will stay as a professor of medicine and so will Sandra. Sandra of course has her big grant. Bob is going to remain and be a professor of health policy. He is interested in that and he is getting very involved in AMA, AAMC and that entire sort of stuff.

**EB: He is very much going to stay in the political arena?**

TS: Yes, you are right the political arena, and economics, and HMO's and managed care and all of that stuff.

**EB: What do you see for the future of the medical school, in Reno and Las Vegas? The growth of Las Vegas is phenomenal.**

TS: It is enormous, it is amazing. I don't even know the latest statistic. Every time you turn around or look in the paper, or ask anybody the population goes up. Las Vegas is over a million

and I think that Clark County is probably one million two hundred thousand. I read in the paper the other day, that they are opening another twenty schools I don't know how many thousand school age kids. So, there is little question that Las Vegas will continue to grow and Reno in the north, grow modestly. Just look at what has been happening. Bob has been spending half of his time down there. Almost all of the growth of the clinical programs is there. The growth of the faculties, medicine is growing there, surgery is growing there. Virtually all of the surgeons are down there, except for a few here, Ralph DePalma and a few at the VA. Pediatrics is almost all down there and they have started a residency. All of OB is there. The big part of medicine is there. Family practice is still about half-and-half. There is an equal number of family practice residents and faculty at each end of the state. Psychiatry is more here than there. I didn't actually add it up, but I am guessing seventy to eighty percent of the clinical programs are now in Las Vegas. Yes, the first two years are focused here, but they could be in Tonopah or anywhere.

**EB: Do you see, we don't have to put this in the final transcript, but do you see keeping the dual campus concept?**

TS: Yes.

**EB: For what reason?**

TS: Primarily, the investment that has been made so far. There is no particular justification that I can see for picking up and moving the basic sciences to Las Vegas. They can be essentially taught anywhere. That I think would be terribly disruptive, at least for the next ten years. I think that there needs to be another eight or ten years of maturing of the clinical programs in Las Vegas. I envision eventually all of the clinical programs, except maybe family practice, will be there in the next few years. I would not be surprised at all if the new dean ends up living there and putting his energies there. Or her energies, it might very well be a woman. There are more



and more women being made deans. So, I would think that. Now, in the future fifteen or twenty years from now, there are a number of examples of schools being picked up and moved lock stock and barrel from one time to another. Seton Hall closed, (we told you that story in New Jersey when I went there). was sold to the state and became the New Jersey College of Medicine, left Jersey City and moved over to Newark twenty miles away. Virtually in the matter of a month, at the time of the Newark rites in 1967. Stanford Medical School used to be in downtown San Francisco for years. That was picked up lock stock and barrel. I don't remember the date, but back in the early to mid sixties. It was moved from downtown San Francisco to Palo Alto where it now is. There have been other examples; UCLA was really a break-off from Cal in the north. It is just a matter of money and will power, if the legislature says we have the clout in the south, the money in the south, we want the medical school in the south, nearly seventy percent of the population of Nevada is in the south. That is where the patients are and most of the doctors. It would simply be a matter of saying, well it will cost you "x" million dollars, pick it up and move it lock, stock and barrel. In the process you will lose a lot of faculty who will not want to move. In the meantime you need to hire other faculty there. Having lived through the New Jersey experience and knowing Stanford and other similar examples, I don't see anything that would prohibit it. It will be a matter of political will power and money. The willingness to spend money. Now, you would have to replace what you have here. Really when you think about it, the medical school now, the basic sciences at the campus at UNR, are pretty much separated from the rest of the academic environment at UNR. We have very little to do with the rest of UNR, except in research. Maybe some minor associations. UNR gets a big chunk out of the grants that the medical school faculty bring in. The medical school faculty brings in better than sixty percent



of the their money to the research effort at UNR, that money is shared. I don't even know how that is all done. So, at any rate...

**EB: That is a problem, I hadn't thought about was the research that is done here.**

TS: That would be a problem.

**EB: It isn't just a case of moving fifty students?**

TS: No. It is faculty, research and facilities.

**EB: I hadn't thought about that.**

TS: There have been other examples, Oregon is one, where the medical school in Oregon use to be a part of the University of Oregon and they broke off and the legislature made them their own separate university, with their own Vice Chancellor and deans and that sort of stuff. It is now the Health Sciences University of Oregon. There are other similar examples around the country in bigger states that have now essentially Health Science University where they have the medical school and nursing school, and the physical therapy and all of the rest. They are totally separate state entity. Is there a model in Nevada? Of course there is, the Desert Research Institute, was started years ago and put directly under the chancellor. The Desert Research Institute started; (Dr. Fred Anderson was the one, as a Regent, who started it actually in the fifties or early sixties). I would have to look that up.

**EB: The DRI?**

TS: Yes.

**EB: Fred Anderson.**

TS: Fred Anderson was on the Board of Regents. He was very, very forceful and powerful in getting that started. He saw the need, along with others, for desert research being a native Nevadan. Water conservation and all of that. So, they started the Desert Research Institute, got it

independently funded. Now, it is funded with grants. It has its own faculty and its own administration and it reports to the chancellor directly. It doesn't report to the president of UNR or UNLV. So, that would be another model. It would be possible for the legislature and the regents to say we are going to create the University of Nevada Health Science College and stick it under the chancellor and it, like other institutions, could rent space from UNR or UNLV. Right now most of the faculty of the medical school in Las Vegas is housed in hospitals and other clinics that are rented or pay fees of one type or another.

**EB: So, lacking your crystal ball; you don't know how it is going to turn out?**

TS: Oh gosh, no, I have no idea.

**EB: It could easily stay the way it is.**

TS: It could easily stay the way it is. You have a dean who has to travel back and forth. Maybe lives in Las Vegas and comes up to Reno periodically or vice versa. Either way, the dean whoever he or she is, will have to have a fairly strong associate dean to run the clinical programs in Las Vegas, which they apparently now have, or everyone is very positive about.

**EB: How is that?**

TS: Dr. Schapira and all you would have to have a strong associate dean for the basic sciences. There are a number of people. They would need to find someone who would oversee the basic science and research on the Reno campus. Those associate deans would report directly to the dean. The dean would then have a broader overview of the entire school, the legislature, fund raising, affiliation agreements with hospitals, the politics with medicine and the contracts with HMO's and all of that sort of stuff. It probably wouldn't make any difference where the dean lived, as long as he had lots of time to fly around. I could see it staying exactly as it is now, in terms of location and just acknowledging that more and more of the school is in Las Vegas. I

think that the Las Vegas politicians, legislatures and regents are going to want to see over time more identification with Las Vegas. I mean that is natural. But, whether they administratively change it or re-organize it some way I don't know. That may be for the next dean to study and the dean after the next one. I mean Bob is a novelty in that he served for seventeen years. Very few deans last more than five to six years. There have been a fair number of deans who have been around seven, eight, nine or ten years. So, whoever becomes the next dean, just on statistical probably, he or she might be appointed in 1999 and last to the year 2005, 2006, or 2007, who knows. Maybe part of that persons responsibility will be to reorganize the school for the next millennium. Joe Crowley has been there for twenty years and who knows how much longer he will stick around.

**EB: Chances are the new dean will be someone outside of the University?**

TS: I would think so, there are people within the school who are capable of being the dean, I would guess there are. I think that if you look at what has been going on at the UNR campus over the last few years, almost all of the deans have come from the outside of the campus. I think that has been sort of Joe's philosophy, Joe Crowley. I think that it has been the regent's philosophy and I think that there has been always the attitude, I don't think that it is always right, but it is the attitude that we should get someone from outside who doesn't come into the job with a lot of local political baggage that they have to deal with.

**EB: Especially since we have the north and south to deal with.**

TS: Absolutely. I think it would be hard for politicians and the regents from the south to accept someone who has been in the north or vice versa.

**EB: No matter what decision he made, he would be criticized by either...**

TS: I think that you are right. You have been around here as long as I have, but just on the face of it, in the legislature this spring with the enormous clout that they have, if Las Vegas wants to make a drastic change and the regents agree with them, it is just a matter of doing it.

**EB: With the tremendous growth of Nevada since you were dean, do you think this fifty-two student limit is going to change?**

TS: I think so, I think that it should.

**EB: Do we have enough room for that many new physicians?**

TS: Oh yes, there is plenty of room for new physicians. You just have to look at the statistics, the board of medical examiners, in the last four or five years has, on the average, been licensing somewhere in the range of two hundred to two hundred and fifty physicians...

**EB: A year?**

TS: Yes a year.

**EB: So, they are coming from other places in droves?**

TS: Oh sure, foreign graduates and American. That is what we expected. When population grows, what happens? You have to have more teachers, more doctors, more lawyers, etc. When we edit this section I will get the exact figures and I think that they ought to be put into the book someplace. I think in the last few years it has been averaging around two hundred fifty to two hundred new licenses issued and about half of them roughly one hundred and fifty to two hundred have of actually come to Nevada and started a practice. My colleagues and people my age don't like to think of this, but you die and retire. We die and retire at the rate of 2.4 percent a year, AMA statistics. About 2.4 percent of the physicians practicing this year will be dead or retired next year, so they have to be replaced. There are three thousand physicians now practicing in Nevada so two percent of that is about sixty. Just from death, if there was absolutely no

growth, just from death and retirement you need to have about fifty to sixty new doctors coming into Nevada each year. If you then add the growth in the state two to three percent each year, that is another sixty or seventy who have to make up for that growth. So, of a class of fifty, at the moment, only about sixty percent of students return to practice in Nevada. But, even if one hundred percent of our graduates stayed and practiced in Nevada they would still only make-up about half or even less of the number of physicians that the population needs, unless something dramatically happens in the way medicine is practiced. So, my answer to your question is yes, even by attrition fifty is not enough, we are not going to glut the market, which as you recall was one of the big issues when the school converted years ago. Somehow we are going to glut the market with doctors. Well that is nonsense. I think in the last year, our students who have returned in Nevada have only made up a small percentage of actual practicing physicians. The other side of the coin though is as the state grows; more and more young people will want to go into medicine. The basic training of medicine is through our medical school, the University of Nevada, School of Medicine. Sure there are always a few who go out of state to other schools, private and such. Most state schools only accept their own residents, so I could see our school growing just to met the student demand for first year places, but also to keep up with the demand of physicians at the end of training.

**EB: This has to be among the smallest in the country, number of students?**

TS: Yes. I think that you are right Eileen. I would have to look that up. The AMA puts out all of those figures every year. I don't think that there is any other school that has only fifty students per year.

**EB: The benefits to the students at this medical school have been the small size of it.**

TS: I think you are right, absolutely.