

Pathway to Medicine: Eric Neilson

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I remember always wanting to be a physician. No one in my family had ever been a doctor, and no one is sure how I latched on to this notion at such an early age. Maybe it was the house calls we received from our pipe-smoking pediatrician when I was feverish. However, after arriving and poking around with a tongue depressor, he was as likely as not to give me an injection of penicillin from a dullish needle and syringe that my mother first had to boil on our kitchen stove.

I also remember, as a small child, crying on my back porch during summers in the mid-1950s because my mother wouldn't let me play outside with other kids for fear of catching polio. Then there was that moment of turmoil in our house one evening when my parents told me I would be receiving a hypodermic of Salk vaccine when I got to school the next morning.

I sometimes wonder if these unwelcomed mini-traumas fueled my inspired moment. Maybe in some peculiar way I linked the progress of medicine with the opportunity to play with my friends again, who knows. Even today I have no idea what I would do with myself if it were not for medicine; perhaps that is the best definition of a vocation. Strong urges in one direction often form by not being able to visualize another choice. As near as I can tell, most young children are just as mystified as anyone as to why they hold so pertinaciously to odd and sometime grandiose ideas. I certainly had no concept of how complicated it would be to achieve my goal.

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I attended college during the turbulent Vietnam War era. As a Quaker, I was a conscientious objector. To muddle matters further, in the first draft lottery held by the Selective Service my birth date was drawn first out of a large bowl while everyone watched on the television. My draft board on Long Island had a quota of 1,000 men per month, which made it pretty clear following several appeal denials that no one was going to give me an exemption for religious beliefs. Eventually, I was accepted to medical school at University of Alabama In Birmingham (UAB). My induction notice came shortly thereafter, but my acceptance gave me the exemption I needed and I was off to Birmingham.

I found UAB a wonderful medical school located in what at that time was a tempestuous part of America. Although Birmingham was rightly deserving of much derision during the civil rights era of the 1960s, I also came to realize that the hometown of my youth on Long Island had much to answer for in this area.

I will share one quick story about that era in Birmingham. This story is about physicians of conscience and the power of medicine's social contract to occasionally surprise us with a teachable moment.

UAB in the last third of the 20th century was a medical powerhouse – in the southeast there was almost nothing quite like it. Its stellar faculty included Tinsley Harrison, perhaps the best-known internist in America, who taught my introduction to clinical medicine; Clifton Meador, a brilliant endocrinologist, who was dean of the medical school; and then there was a remarkable heart surgeon and chairman of surgery named John Kirklin. These physicians freely roamed the hospitals and laboratories as mythical creatures.

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As the story goes, in the spring of 1965 – a number of years before I would arrive – Joseph Volker, vice president for health affairs, initiated the desegregation of the Jefferson-Hillman/University Hospital. In spite of his directive following the Civil Rights Act of 1964, when Kirklin came to Birmingham in the summer of 1966, he found housestaff at the hospital still cared for African-American patients without supervision from attending physicians. Kirklin was repulsed and haunted by this imprudence.

As Meador later related to me, Kirklin told then dean, Richardson Hill, that he would single-handedly integrate the surgical practice in the hospital over an upcoming weekend. On the appointed day, Kirklin had all unassigned patients on the surgical service assigned to him personally and proceeded to make rounds on them daily with his chief resident. In a storied act of leading by example, the rest of the faculty soon joined in the work of supervising all patients in the hospital regardless of color or ability to pay, and the whole clinical practice was transformed in a matter of days.

I would like to think over subsequent decades we have made progress in addressing many of these lingering cultural aberrations, but we all know too well such work is never really done. No child of any color is ever born with prejudice – they have to be taught – and we adults must forever strive to be more accountable teachers. In reflection, for me, the actions of Kirklin gave new life to a fundamental and timeless question – what does it mean to be human? Academic medical centers are one of the few places that can address this question – not only as to how we evolve, develop, and function as biochemical and multi-cellular organisms, or respond to disease and its treatment, but also, most importantly, how our cognitive behavior and environment influences human health and the changing values of our culture.

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As a student I loved being around John Kirclin – I grew up both emotionally and intellectually just being in his shadow. Actually, I was going to be a heart surgeon until he told me if I was going to train with him, I would have to change my hand from left to right, something I was neither emotionally nor neurologically equipped to do. So, with the encouragement of other mentors, off I went to the University of Pennsylvania to become an internist, nephrologist, and scientist, and I was never happier for choosing a different pathway to my career.