DAVID WESLEY BARNETT, MD: a conversation with the editor

David W. Barnett, MD, and William C. Roberts, MD

David Barnett (*Figure 1*) was born in Lubbock, Texas, on August 17, 1963. Although he lived for short periods in Washington, DC, and Dallas, Texas, he grew up mainly in Lubbock. He graduated from Texas Tech University cum laude with a BA in chemistry in 1985 and from the University of Texas (UT) Southwestern Medical School, ranked number 8 in his class of 197, in 1989. His general surgical internship was at Emory University in Atlanta, Georgia, and his neurosurgical residency from 1990 to 1996 was at the same institution. After completing his residency, Dr. Barnett returned to Dallas, Texas, and joined the staff at Baylor University Medical Center (BUMC); not long thereafter he headed the neurosurgery department. Since he came to BUMC in 1996, the number of neurosurgeons has grown from three to nine, and the number of neurologists and neuroradiologists has also expanded. He has been a major player in the development of the Neuroscience Center at BUMC, and the neurosurgery department has become one of the very best in the country as determined by the *U.S. News & World Report* annual survey. David is married to Holly Bell Barnett, and they are the proud parents of two offspring. David is a great guy and a tremendous asset to BUMC.

William Clifford Roberts, MD (hereafter, Roberts): *Dr. Barnett, I appreciate your willingness to talk to me and therefore the readers of BUMC Proceedings. We are in my house on February 13, 2007. To begin, could you talk about your early life, some of your earliest memories, your family, your siblings, and what it was like growing up in Lubbock, Texas?*

David Wesley Barnett, MD (hereafter, Barnett): I was born in Lubbock on August 17, 1963 (*Figure 2*). My parents were high school sweethearts. They married in college and I came shortly thereafter. As soon as they graduated from college my dad entered the University of Texas Law School and we moved to Austin. Since my father was in the Reserve Officers' Training Corps during college, he was drafted into the army immediately after he finished law school. He did a 4-year tour

Figure 1. Dr. David Barnett during the interview.

of duty, including 1 year in Vietnam. During that time we moved to different US cities: Baltimore, Maryland; Fort Benning, Georgia; and Killeen, Texas (Fort Hood). He completed his military career at Fort Hood when I was in kindergarten, and then we moved to Washington, DC, where my father took a job with the Justice Department. I have happy memories of Washington, DC.

When beginning second grade, I developed Perthes disease, or avascular necrosis of the hip. For 3 years I was seen at Children's Hospital in Washington, DC, and here in Dallas. Although treatment has changed, at that time it consisted of restrictions on walking for several years. My mother told me, "If you want to walk normally later, you cannot walk now." I was put on crutches and fitted with a leg brace. For the next 3 years, there was no running, no going to the playground, and no weight on that hip. Perthes disease had a substantial impact on my childhood. My being a hyperactive kid, I believe, worked to my advantage in the long run. I learned patience.

I didn't get out of that leg brace until I was in the fifth grade. By then we had moved to Dallas, and Dr. Charles Gregory, who was chairman of the orthopaedics department at UT Southwestern, took care of me. My hip healed completely, and, in the end, the leg disorder may have been a blessing to me because it taught me a lot of lessons in life. My first interest in the medical profession came as a result.

Roberts: *Which hip was affected?*

Figure 2. At age 3. Photo: Northcutt.

From the Department of Neurosurgery (Barnett) and the Baylor Heart and Vascular Institute (Roberts), Baylor University Medical Center, Dallas, Texas.

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Barnett: The right. Later in life, because I had not used my right leg for 3 years, I became left-leg dominant even though I was right-handed. In junior high school, high school, and college I played soccer and was ambidextrous but favored my left leg.

Roberts: *Did you have any symptoms or signs early on that suggested that you had Perthes disease?*

Barnett: I remember having subtle hip pain and my parents' noting that I started limping. After I had been limping about a month, they took me to a physician, and the radiograph disclosed the problem.

Roberts: *What part becomes necrotic? Is it the pelvis or the ball joint?*

Barnett: It's the ball joint.

Roberts: *Does anybody know what causes Perthes disease?*

Barnett: Not that I am aware of. Adults can get avascular necrosis from high doses of corticosteroid treatment.

Roberts: *What happened during those 3 years of being in the cast? What could you do? How did you get back and forth to school?*

Barnett: I had to wear a leg brace, and as long as I was in the leg brace I had a shoe on the other foot with a 5-inch sole. With my right leg in the brace I could walk, but I could not put any pressure on the right leg. It was an uncomfortable cast. I was always relieved at the end of the school day when I got home and was able to take that brace off and use my crutches.

Roberts: *Initially, you were put into a cast and then into the brace?*

Barnett: It wasn't a full leg-length cast. It was a cast of the upper part of the leg which was attached to a brace that would go the whole length of the leg. When I would walk, it wouldn't allow me to put any weight on the right leg. I wore a boot on the left leg, which simulated walking around on stilts.

Roberts: *How often would they change the cast?*

Barnett: Every 3 months, they would measure to see if I had grown. I would get a new cast every 6 months or so.

Roberts: *How did you handle the inability to walk when your siblings and playmates were running around everywhere?*

Barnett: Kids don't really feel sorry for themselves. I never remember feeling sorry for myself. I just remember wishing I could run and play and go to the playground. I had to learn to sit on the sidelines and watch and entertain myself.

Roberts: *How did you get in and out of your automobile, for example?*

Barnett: I could do that because my hands were free. I could open the door. I was very independent. I never had to depend on anyone to do anything for me because I was mobile enough to get around.

Roberts: *What did you think of the doctors who took care of you? In 3 years you had a lot of contact with physicians?*

Barnett: I had a very positive experience with the physicians and I had a high regard for the medical profession. Dr. Gregory was a good man, and I remember looking up to him.

Roberts: *How long were you and your family in the Washington, DC, area?*

Barnett: We were there for 2 years, during my first and second grades. After second grade we moved back to Dallas. My

Figure 3. With parents Judith and Wendell Barnett and sister Julie in 1980. Photo: Bill S. Weaks.

father was still in the Justice Department. We lived in Dallas for 4 years—in the Lake Highlands area—and then we moved back to Lubbock when I was a seventh grader, age 13.

Roberts: *During the fifth grade you got the cast and brace off?*

Barnett: I remember going in one day and quite unexpectedly Dr. Gregory showed my parents the x-rays and said that my hip looked fully healed. He said that I could come out of the cast, start playing soccer again, and start bearing weight again. From then on I was completely active. I don't think you would have ever known that I had had a cast for 3 years. We had a big celebration! The experience made me appreciate my good health. Thankfully, my condition was completely curable.

Roberts: *Why did your family move back to Lubbock?*

Barnett: Our family ties were in Lubbock; my dad's parents were still in Lubbock. My mom's parents, at that time, had retired and lived in the Hill Country. My parents wanted to return to their hometown to raise their family. My dad joined a law firm in Lubbock and went into private practice. The first day we moved back a sandstorm occurred. I thought, "Where in the world have we moved?" But I have fond memories of growing up in Lubbock, and I consider it my hometown.

Roberts: *After the sandstorm, you got pretty used to Lubbock?*

Barnett: Lubbock kind of grew on me. Moving in the seventh grade was a little traumatic, but I quickly made new friends and played sports, so I had a pretty normal childhood. I don't remember anything out of the ordinary after that. My junior high and high school years were in Lubbock (Figure 3).

Roberts: *What kind of lawyer is your father?*

Barnett: He's a tax attorney.

Roberts: *What are your parents' names, and when were they born?*

Barnett: My father, Wendell, was born in 1940. My mother, Judith, was born in 1941.

Roberts: *Do you have brothers and sisters?*

Barnett: I have a sister, Julie, who is 18 months younger than I am. She and I were very close and still are. Julie and her husband now live in Dallas on Caruth Street.

Roberts: *What was your home life like growing up in Lubbock?*

Barnett: I was fortunate to have two parents who really cared about each other. I had a happy family life. My parents were both involved, and my father was my soccer coach in junior high. We took many vacations together. We spent a lot of time in New Mexico because it's so close to Lubbock. We started snow skiing in New Mexico when I was in the seventh grade. When I was young my mother's parents had a lake house in the Hill Country, so we spent a lot of time going there and water skiing.

Roberts: *Was dinner at night a big deal in your family?*

Barnett: It was not a big deal, but we usually ate as a family. My mother wasn't much of a cook. She probably wouldn't appreciate my saying that. We would either go out to eat or bring something home, but every once in a while she would cook.

Roberts: *Your parents encouraged you and your sister in educational pursuits?*

Barnett: Yes. My parents always stressed the importance of getting a good education, but they weren't overly aggressive about it. My dad wanted us to be happy in whatever we pursued. I remember even in grade school wanting to be a doctor. I presume that that desire had something to do with the Perthes incident. The desire stayed with me all through high school and especially when I got into college. I wanted to make good grades so I could get into medical school.

Roberts: *Were there any physicians in your extended family?*

Barnett: No. I was the first.

Roberts: *Was your father's family large, with lots of uncles, aunts, and cousins?*

Barnett: My father's parents were originally from the Collin County area. Both had grown up on a family farm in little towns like Blue Ridge, Farmersville, and Princeton; now these are suburbs of McKinney, but back then they were rural areas. My dad grew up picking cotton on those family farms. He had three brothers and sisters whom we visited with frequently. They lived between Dallas and Lubbock. He had lots of aunts and uncles, who still live in the Collin County/Richardson area. A lot of his aunts and uncles became public school teachers and principals.

Roberts: *What about your mother?*

Barnett: My mother had two sisters, both of whom live in Dallas. Both of her parents grew up in the Hill Country. Her father was an entrepreneurial type. He went to Texas Tech University in Lubbock and stayed there after graduation. He was a businessman. Although he had a ranch in the Hill Country, in Lubbock he had a pawn shop, a shoe shine shop, a furniture

store, and, at one time, a dealership for planes. He was an avid pilot. When he was in his 60s or early 70s, he decided to sell his businesses and move to the lake house.

Roberts: *Did you learn to fly?*

Barnett: Neither my dad nor I learned to fly. I knew of several physicians who had plane crashes. I've been tempted, but I've never gone down that road.

Roberts: *What was Lubbock like in the mid-1970s when you were growing up? Besides school, what were your activities?*

Barnett: Lubbock had a population of 150,000 to 200,000. The people in West Texas are very friendly. I remember cotton fields, flat land, and few trees or mountains. I was very active in sports. Soccer was my favorite sport. I ran the mile in track, and I played free safety in football. I was really too small to be a top football player, but I played and enjoyed it.

Roberts: *How big were you in high school?*

Barnett: I was about 155 pounds and 70 inches tall.

Roberts: *You were fast?*

Barnett: I was quick.

Roberts: *What was your time for the mile in track?*

Barnett: I never broke a 5-minute mile but came close. During my senior year I participated in only track and soccer. I gave up football because I knew I wouldn't start. I also played soccer intramurals in college and in medical school until I injured my knee.

Roberts: *It sounds like your family was quite close. Were you and your father real close?*

Barnett: Yes, we were, and my dad and I are still very close.

Roberts: *It sounds like there was little fussing or bickering in your family.*

Barnett: Correct. My family was and is great. My mom and dad remain happily married today. My sister lives 2 miles from my home. When I moved to Dallas to go to medical school, my mom's two sisters lived in Dallas. My parents then decided to move back to Dallas, and my dad relocated his practice.

Roberts: *Your parents live in Dallas now?*

Barnett: Yes. They live in the Caruth Haven area.

Roberts: *Did your mother work outside the home when you were growing up?*

Barnett: No. She was the classic homemaker.

Roberts: *So there was enough money for you to feel comfortable and not have to worry about that?*

Barnett: We weren't rich, but we were comfortable and secure.

Roberts: *You mentioned going to New Mexico and the Hill Country for vacations. How much time did your parents take off per year?*

Barnett: When we lived in Washington, DC, we went to see historical sites, such as Gettysburg, Civil War battle sites, Boston, and Williamsburg. When we lived in Dallas, we visited other parts of the country such as California and the Grand Canyon. Every year we had a major family trip. My sister and I were relegated to the back of the station wagon.

Roberts: *Were there any teachers in junior high or high school who had an influence on you?*

Barnett: Yes. I had a lot of great teachers, but two in particular had a profound influence on me: my high school chemistry teacher, Ed Jarmon, and my high school calculus teacher, Ms. Hildenbrand. Both were great teachers. I still remember Ms. Hildenbrand shaking her finger at me, "Every dog will have his day." I'm sure she thought I would be bussing tables to this day.

Roberts: *Did studying come easy for you, or did you have to work at it?*

Barnett: I always had to work at it.

Roberts: *You enjoyed learning?*

Barnett: I was highly motivated, and I enjoyed reading.

Roberts: *Do you read fast?*

Barnett: No. My wife reads twice as fast as I do, but I am a diligent reader.

Roberts: *Did you take to the sciences quickly?*

Barnett: Science and math were always my favorite subjects, and English was always the one I struggled with. I enjoyed biology, physics, and math.

Roberts: *When it came time to pick a college, how did you decide on Texas Tech? Was it convenience?*

Barnett: A lot of it was convenience. If I chose now, I probably would have gone further from home. I did look at a couple of other colleges. I was accepted to the University of Texas in Austin. A friend and I had considered being roommates there, but he was not a diligent student and I decided against that. I thought I would probably be more grounded at Texas Tech to pursue my studies. Besides, both of my parents and my maternal grandfather had gone to Texas Tech.

Roberts: *What was your grade-point standing in your high school class?*

Barnett: I was in the top 20th percentile. I wasn't stellar, but I was good enough to get into college.

Roberts: *Were you a class officer in high school?*

Barnett: No. That didn't come until college. I was a late bloomer. I was a bit shy and introverted. In contrast, in high school my sister was head cheerleader and very popular, but those things weren't as important to me.

Roberts: *How big was your high school?*

Barnett: My graduating class had about 500 students.

Roberts: *The competition for all those sporting teams was pretty tough?*

Barnett: Yes, especially if you wanted to start on the football team. I would have been second-string.

Roberts: *What was the other college you applied to?*

Barnett: Baylor University in Waco.

Roberts: *How did college work out for you?*

Barnett: It worked out very well. At Tech I had good roommates and was able to pursue my academic endeavors.

Roberts: *You started at Texas Tech when?*

Barnett: I started in 1981 and finished in 1985 with a bachelor of arts in chemistry. When entering college I knew I wanted to go to medical school so I hit the books very hard. When I applied to medical school, I had a 3.97 grade-point average and had done well on my Medical College Admission Test. That said, I played enough my senior year to go from summa cum

laude to just cum laude. I missed magna cum laude by 0.003, and I could have kicked myself for that.

Roberts: *Did you have Phi Beta Kappa there?*

Barnett: I don't recall. I was in all the honor societies but I don't recall that one.

Roberts: *You would have made it if they had it. During college, you lived on campus?*

Barnett: I lived on campus the first 2 years and then in a house with two other friends my last 2 years.

Roberts: *How big was Texas Tech when you were there?*

Barnett: About 22,000 students.

Roberts: *Were you in a fraternity?*

Barnett: Yes. I was a Kappa Alpha.

Roberts: *Were you an officer in your fraternity?*

Barnett: I was asked to be president but I settled for being treasurer. I did not want the full-time duties of being the president. I thought it would take too much away from my studies.

Roberts: *You played intramural sports in college?*

Barnett: Yes, I was very active in them. I enjoyed playing sports and I enjoyed running in college. I didn't run track for the team, but I did a lot of running. College was a great experience for me. Some of my fraternity brothers had a lot more fun than I had, but I kept my grades high and don't have any regrets about it. My roommates were fraternity brothers. Both were engineering majors, so we all had a good academic influence on one another. We all studied hard. I made the best of my fraternity. I went to some of the parties, and as a social outlet it was a good experience.

Roberts: *Was there alcohol in your home growing up?*

Barnett: Very little. My parents were almost teetotallers.

Roberts: *What about cigarettes?*

Barnett: None.

Roberts: *Were you a religious family? Did you go to church?*

Barnett: Yes. My parents grew up in the Baptist Church. My maternal grandfather had been a deacon at the First Baptist Church in Lubbock. Our family is still very active with our faith and religion.

Roberts: *How did you choose a medical school?*

Barnett: I applied to numerous schools, including Duke and Vanderbilt and all the medical schools in Texas. I was accepted to all the medical schools in the UT system. I liked UT Southwestern the best. Southwestern had and still has a great reputation. As soon as I received my acceptance, I ranked UT Southwestern the highest of all the medical schools to which I had been accepted.

Roberts: *Were there any teachers in college who had a particular impact on you?*

Barnett: There were a couple. One was the head of the history department, Dr. Traylor, who also was our fraternity advisor. He was very academically oriented. He encouraged people to study and pursue their academics first and everything else second. Then, Dr. Jerry Mills, who recently died, taught chemistry and was my chemistry advisor. He wanted me to get a PhD in chemistry and was disappointed when I announced that I wanted to go to medical school.

Roberts: *Did you do any research in college?*

Barnett: No. I was so busy trying to make good grades that I did not have much time for research in college.

Roberts: *What was medical school like? Did you have any surprises when you first arrived?*

Barnett: I experienced some culture shock. In college most of the guys in my fraternity and my friends weren't academically oriented. My medical school colleagues were much more serious. There was not much of a social outlook. I knew that it was going to be hard. I entered medical school with the thought that I had better come prepared to study hard. From the moment I entered medical school it had my full attention. I probably would have been described as the classic gunner since I spent all my time studying. A couple of guys in my medical school class were good friends. We enjoyed water skiing and did a lot of running and played on the medical school soccer team, but other than that I really studied hard.

Roberts: *How many were in your medical school class?*

Barnett: We had 197 at graduation (Figure 4).

Roberts: *When you rotated through the various subspecialties, did you have a hard time deciding on a specialty?*

Barnett: No. I knew when I went to medical school that I wanted to be a surgeon. It had kind of been in my blood. I thought I wanted to be a heart surgeon. I was fascinated by the heart. Between my first and second year of medical school, I went to New York and spent time in the heart surgery department doing research with Dr. Wayne Isom, chief of heart surgery at Cornell.

Roberts: *He's from Lubbock.*

Barnett: Actually, he's from a little town outside of Lubbock, called Ida Lou. I spent time in his lab, and when I wasn't in the lab I watched operations. I spent time with Drs. Thomas Shires, Malcolm Perry, and some of the other surgeons as well.

Roberts: *They were general surgeons?*

Barnett: Dr. Perry was a vascular surgeon and Dr. Shires was head of the general surgery department. That was in the mid-1980s. When arriving in New York I was pumped up for heart surgery but found that the cardiac surgeons there were quite concerned that the new technology, mainly angioplasty and thrombolytics, were going to take away many of their coronary bypass operations. Thus, I reconsidered my plan and started looking at other specialties.

In Lubbock, a friend of the family was a neurosurgeon. He had a daughter my age and we were friends. He advised me to think about neurosurgery. He said to come spend a couple of weeks with him and see some neurosurgical operations, and so I took him up on it. I saw a craniotomy for a brain tumor,

Figure 4. Medical school graduation, 1989. Photo: Gittings.

removal of a spinal cord tumor, and a couple of spine operations and thought it looked interesting. I shifted my focus thereafter to neurosurgery. I pursued it and have enjoyed my career.

Roberts: *How did you enjoy medical school? You obviously worked very hard. Were any of the faculty particularly influential or impressive?*

Barnett: I did enjoy medical school. I enjoyed learning. I enjoyed the second year more than the first year. At first it was a little overwhelming, just the sheer volume, but it was also one of those rewarding experiences because I studied hard but also made good grades.

Roberts: *Did you have much contact with Dr. Donald Seldin?*

Barnett: Yes. Dr. Seldin is a great inspiration to everybody. He was still active at that point. Drs. Brown and Goldstein had just won a Nobel Prize, the first Nobel in Dallas. That was remarkable at the

time. It engendered much excitement through the medical school and also in Dallas.

Roberts: *Did you enjoy your experience in surgery as a medical student?*

Barnett: Yes. I enjoyed internal medicine and surgery the most.

Roberts: *You decided by the beginning of your junior year that neurosurgery was probably the thing for you. Although you had to intern in general surgery, you had to apply to a neurosurgery training program while you were a senior in medical school.*

Barnett: Yes.

Roberts: *How did you choose Emory?*

Barnett: Many factors were involved. I had to find a good training program in a city that my wife could enjoy.

Roberts: *You met your future wife in Dallas?*

Barnett: Yes.

Roberts: *When did you meet?*

Barnett: We met in 1988 when I was a junior in medical school.

Roberts: *What is her name?*

Barnett: Holly Barnett.

Roberts: *What were her features that attracted you to her?*

Barnett: She was pretty and smart. My wife is an attorney, and at that time she had just graduated from Southern Methodist University Law School. She also grew up on a ranch. She is down-to-earth, smart, and capable of standing up for herself. We were set up on a blind date. Just 2 or 3 months later we were dating steadily and knew this could be something more serious.

That was also about the time that I was looking at residency programs. I told Holly that I was interested in neurosurgery and that the specialty was hard on its residents. (This was before the 80-hour work week.) About that time I spent a month on UT

Southwestern's neurosurgery service. About 4 or 5 days into the neurosurgery rotation, Holly and I could see how hard the neurosurgery residents worked. She told me that I was working an awful lot and asked if this was the way it was going to be in residency. She asked if I could find another specialty, so I met with the head of ophthalmology at Southwestern and announced that I was going to switch to ophthalmology. He looked at my grades and said that I would have no problem matching. I spent the next day on the ophthalmology service. I decided afterwards I was completely bored. It was not meant for me. The next day I switched back to neurosurgery and told Holly that if we were going to get married she was going to have to endure the residency with me.

Roberts: *Your month in neurosurgery was at Parkland?*

Barnett: Yes. They didn't have Zale Lipshy Hospital at that time. Dr. Sampson was the new chairman due to Kemp Clark's recent retirement. Dr. Hunt Batjer, current chairman of neurosurgery at Northwestern and a great guy, was my clinical advisor at the time. He had a great influence on me. He was an excellent surgeon with a smart and witty mind. He was my role model. At that time I also realized that I needed to look at different neurosurgery programs. I looked at the University of Michigan (Ann Arbor), New York University (New York City), George Washington University (Washington, DC), the University of California at Los Angeles, and Emory University (Atlanta). Because I was graduating at the top of my class, I knew I would be able to match at a good institution. I decided to rotate in Atlanta. Dr. George Tindall was chairman at Emory, which had an established reputation for training neurosurgery residents. Spending a month there had a big influence on me.

Roberts: *You rotated there when you were in medical school?*

Barnett: Yes. During my fourth year in medical school, I spent a month in Atlanta. I liked the program because it had a university hospital, a public hospital, a private teaching hospital (Crawford Long), a veterans hospital, which we didn't operate in very much, and a pediatric hospital. Emory's faculty was very well rounded: a pediatric neurosurgeon, a peripheral nerve surgeon, a spine surgeon, a movement and disorder surgeon, a vascular neurosurgeon, and a brain tumor neurosurgeon. They had all the bases covered. I liked that about the program. The program here in Dallas was very vascular oriented and didn't have the well-roundedness of Emory. I chose Emory.

About that time Holly decided she was going to stick it out and we were going to get married (*Figure 5*). She was not interested in moving to Ann Arbor or New York City. She knew that if I was going to be working a lot, she wanted to be in a livable city. Being an attorney, she also wanted to go to a city where she could get a job with a law firm. We decided that Atlanta would be a good choice because it had an excellent training program and was a place where Holly could live and get a job too. In 1989, 3 months after we were married, we moved to Atlanta.

Roberts: *Where did you live in Atlanta?*

Barnett: We lived in the unincorporated Sandy Springs area, close to Chastain Park.

Roberts: *That's a long way from Emory.*

Figure 5. With Holly on their wedding day.

Barnett: It took me 15 to 20 minutes to get to Emory. Buckhead was 10 minutes away. I could be at Grady Memorial Hospital in 20 minutes since I left home at 5:30 AM. Rounds for us started at 5:30 or 6:00 AM depending on whether or not there was a conference.

Roberts: *You made Alpha Omega Alpha in medical school and ranked number 8 in a class of 197. How did the first year at Emory in general surgery go?*

Barnett: I had a good year. My general surgery interns and I became close and remained friends throughout our residency. I knew that I wasn't going to be a general surgeon, but I knew that I needed to learn basic operative techniques and how to take care of surgical patients. I applied myself diligently.

Roberts: *At that time were the Emory University Hospital and Grady Memorial Hospital programs combined?*

Barnett: Yes. Emory University, much like UT Southwestern and Parkland, had at that time a duty to staff and oversee Grady Hospital, the public hospital for Atlanta.

Roberts: *How did the neurosurgery situation work out? Is the training now 5 or 6 years?*

Barnett: At that time the nonacademic programs were 5 years. The academic programs were 6 years, with 1 year being dedicated to research. I decided that I wanted an academic program so that if I wanted to go into academia, I would have the opportunity. It was 1 year of general surgery and 6 years of neurosurgery: 7 years in all.

Roberts: *What was it like starting in neurosurgery that first year?*

Barnett: It was a lot of work. I worked hard as an intern but there was time off. The hours by neurosurgery standards weren't horrible. I had very little contact with the neurosurgeons during internship. Then, all of a sudden, one day I showed up for neurosurgery rounds and life was completely different. My neurosurgery chairman was old school and ruled by intimidation. I had a very compulsive chief resident the first 6 months on the Emory neurosurgery service. He was an extremely hard worker, and he would have us up there every night until 10:00 or 11:00.

We would check every detail until we were sure everything was taken care of for the next day. The next morning we were there at 6:00 for rounds, and we could not be 1 minute late. There were few vacations. For the next 2 years it was all work.

Roberts: *During those first 2 years in neurosurgery, did you ever have any doubts or think you had made the wrong decision?*

Barnett: Every once in a while I would think, “Why in the world did I pick a specialty that works so much?” But I loved what I was doing and I could see myself progressing. I think it was natural sometimes to wish that I had chosen a field where the workload wasn’t quite so intense. But I was enjoying it and Holly fortunately was enjoying her job in Atlanta, so I can look back with more fond memories now.

Roberts: *How much time in those 6 years of neurosurgical training did you spend at hospitals other than Emory University Hospital?*

Barnett: Most of the time was spent at Emory University Hospital or at Grady Memorial Hospital. During the 6 years of neurosurgery, I spent 6 months as a junior resident at Grady and then 6 months as a chief. I spent about 1½ years on the clinical services at Emory University Hospital and 6 months on the pediatric neurosurgical service at Children’s Hospital. I did a full year at Crawford Long Memorial Hospital. Neurosurgical residents also had to have rotations in neurology, neuroradiology, and neuropathology.

Roberts: *Did you have a couple of periods when you could breathe?*

Barnett: Yes. I was happy when I got those.

Roberts: *Did you find any area of neurosurgery that you liked more than others?*

Barnett: At first I found what I did not like. I did not like movement disorders, epilepsy, or pediatric neurosurgery. I really liked brain tumor surgery, spinal surgery, and vascular surgery. I also enjoyed surgery for Chiari malformations. Some of the attending physicians had very focused practices. Others, who may also have had a specialty, were good at the whole gamut of neurosurgery. At Emory, the neurosurgeons did most of the peripheral nerve work. We did a lot of carpal tunnel releases, ulnar nerve decompressions, and brachial plexus surgeries. I enjoyed the whole spectrum of neurosurgery, but I also realized that when I left Emory I would probably need to eliminate certain subspecialties to stay current.

Roberts: *How many neurosurgeons are in the USA?*

Barnett: There are about 3500 board-certified neurosurgeons.

Roberts: *Are there enough?*

Barnett: Yes, but they need to be dispersed better than they are now. Approximately 120 neurosurgeons finish their residencies every year in the USA.

Roberts: *Are neurosurgical residencies still very competitive?*

Barnett: Yes, but I don’t know if they are as competitive as in the past. A lot of residents now look for residencies that offer better lifestyles. With the 80-hour work week, training programs may have been “equalized” and neurosurgery may become more popular again.

Roberts: *When during the 6-year residency did you get to operate as a primary surgeon?*

Barnett: One thing I loved about Emory was the exposure early on in our training at Grady Hospital. At that time, although the faculty would staff our cases, the residents would be given a lot of free rein. We had a lot of hands-on experience in the Emory program much earlier than in most other programs. The staff wouldn’t let a second-year resident clip an aneurysm or be the sole surgeon on a brain tumor case, but, nevertheless, the resident did a lot of primary operating.

Roberts: *You grew up in a hurry from high participation.*

Barnett: I got my feet wet early on, such that when I came back to Emory University Hospital as a senior resident, and especially as a chief resident, I had more operative experience, and many attending physicians were willing to let me do more. I clipped my first aneurysm at a younger age than most residents around the country. The staff trusted me enough at that point since I already had surgical skills.

Roberts: *How many neurosurgeons were at Emory when you were there?*

Barnett: When I finished Emory there were probably 10 full-time dedicated faculty on the staff, plus a few private neurosurgeons who were peripherally involved with the program. Two residents were accepted into the program every year.

Roberts: *The total was 12 residents during your time? How many neurosurgical operations would be scheduled a week at Emory?*

Barnett: A lot. Emory was the primary teaching hospital, and that was a busy clinical service. A minimum of two staff faculty operated each day and oftentimes four. There were two residents on that service when I first started. The year after my second year, the number increased to three. There was plenty to keep three residents busy full-time.

Roberts: *A typical craniotomy operation, let’s say for a meningioma, takes how long?*

Barnett: That is very dependent on the location and surgeon—a minimum of 2 to 2½ hours. Highly complex skull-based cases might take the entire day and into the evening.

Roberts: *In addition to the long days (5:30 or 6:00 AM to 11:00 PM) did you have “overnights” as well?*

Barnett: Neurosurgery residents had a lot of overnight call too.

Roberts: *Every other night you were sleeping at the hospital?*

Barnett: Not quite. Most of my call was every third night. My third year at Grady I did a lot of every-other-night call. We had two “rotators”—i.e., general surgeons, emergency department residents, and oral surgeons—rotating through neurosurgical services. Most of the rotators did not want to be on the neurosurgery service, and so they would schedule vacations.

Roberts: *How much of your training involved trauma?*

Barnett: There was much trauma at Grady when I was a junior and a chief resident. Although Emory was not a trauma hospital, our attending physicians still accepted some trauma victims, much to the chagrin of some of the other physicians at Emory.

Roberts: *You had your hands full at Grady.*

Figure 6. With Holly at their ranch in 1991.

Barnett: Yes.

Roberts: *What did you want to do when your training was over?*

Barnett: During my residency I knew I wanted to do as many operations as I could to get as much experience as possible so that when I finished I could go out and be a confident neurosurgeon and not have any doubts about my skills or judgment. I worked diligently to do that. I wanted a job where I could have a well-rounded practice. I also wanted to be the one who decided what type of disorders I would see.

Roberts: *You finished when?*

Barnett: I finished in 1996.

Roberts: *It sounds like the Emory program provided you with about as much training as you could have gotten anywhere.*

Barnett: Yes, it did. It is a very well-thought-out neurosurgery program.

Roberts: *You came back to Dallas in 1996?*

Barnett: We had a lot of family in Texas. My wife is an only child, and she had a ranch in her family (*Figure 6*).

Roberts: *Where is the ranch?*

Barnett: About 2½ hours west of Fort Worth. With all the family in Texas, we knew that we wanted to return there. I thought about Austin but did not consider it an outstanding medical climate. I was mainly interested in the Dallas–Fort Worth area. The faculty at Emory wanted me to look at UT Southwestern and be an academic neurosurgeon. I knew that I didn't want to go to a suburban community hospital and do only routine operations. I wanted to go to a hospital where my training could be put to good use. In the Dallas–Fort Worth area I looked at Harris Methodist, BUMC, and Presbyterian. I felt that BUMC had the best reputation, was a tertiary medical center that would attract complicated cases, and had a superb medical staff; also, at that time, BUMC had a very strong need for neurosurgeons. Despite being a large tertiary university medical center, BUMC had only three neurosurgeons. Only one, Dr. Sam Finn, was extremely busy. The other two neurosurgeons, Dr. Bennie Scott and Dr. John Coon, were very good surgeons and had trained at the University of Michigan but were at the stage in their careers when they had little desire to pursue challenging and risky cases; they concentrated on

spine procedures. I contacted Bennie and John about 12 to 18 months before finishing my training, and we started discussing my joining their group.

Roberts: *Did you talk to the administration before you actually came to BUMC?*

Barnett: Yes.

Roberts: *What were some of their goals?*

Barnett: The administration recognized the importance of upgrading the neurosurgery department, which years earlier had been quite strong. Having only three neurosurgeons and a level 2 trauma center produced serious staffing difficulties in the emergency department. When I came to BUMC many neurosurgical cases coming to the emergency room were being transferred to other hospitals. That was a black eye for the administration and for the emergency department physicians. This type of scenario is a problem in many medical centers today.

Roberts: *What do you mean by that?*

Barnett: About 75% of neurosurgeons in the USA don't want anything to do with brain surgery. They want to do only spine surgery and go to a community or suburban hospital and limit their practices to the back and neck. These procedures pay well, and these operations do not have to be done in the middle of the night.

BUMC was a natural fit for me. BUMC had a strong need, I was coming out of a strong program, and I wanted to do complicated cases. Partly because BUMC was underserved with neurosurgeons I was able to develop my practice very quickly and rapidly. I enjoyed that.

Roberts: *You came to BUMC in July 1996?*

Barnett: Yes.

Roberts: *How has neurosurgery developed from 1996 to 2007?*

Barnett: Several of us have been involved: neurologists, neurosurgeons, and administrators. We realized early that we needed to cover the emergency department and we needed to expand the neurosurgery department so that BUMC would have a thriving, well-rounded neurosurgery department that could handle any problem in neurosurgery just as well as the Johns Hopkins Hospital or the Mayo Clinic or any other large tertiary medical center. Boone Powell, Jr., Tim Parris, and John McWhorter have all been very supportive of our efforts to recruit both neurosurgeons and neurologists, such that nearly all subspecialty areas are now covered.

Roberts: *How many neurosurgeons are on staff now?*

Barnett: Nine. We went from three when I came on board to nine now. That's a lot of neurosurgeons. One neurosurgeon, Dr. Cole Giller, is a full-time Gamma Knife–CyberKnife radio-surgeon. He also performs some functional neurosurgery. Eight of the nine neurosurgeons cover the emergency room. During my first 4 to 5 years at BUMC, only four neurosurgeons covered the emergency room. Dr. Irene Willingham was recruited in 1999, Dr. Chris Michael in 2001, and others later. BUMC now serves as a tertiary medical center for complex neurosurgery patients. We also have eight or nine full-time neuroradiologists, something our community does not adequately appreciate. Most community hospitals will have a radiologist who might read a

neurologic magnetic resonance scan, but he or she will read all body scans. At BUMC, we have dedicated neuroradiologists, and that is all they do. That specialization makes a difference in the quality of interpretations and in establishing a diagnosis. We also have gone from one neuroradiologist dedicated to interventional radiology to three. The work has greatly expanded BUMC's capability to treat neurologic disorders.

Roberts: *How many neurologists are there at BUMC?*

Barnett: At least 12. Dr. Gary Tunell and his colleagues have done a good job recruiting a talented and well-diversified staff. We have a lot of expertise to treat the spectrum of neurologic disorders.

Roberts: *On average, how many neurosurgical patients do you have in the hospital at any one time?*

Barnett: I probably have one of the busier neurosurgery practices in Dallas. I usually have one or two in the intensive care unit (ICU) and three to six on the floor. I'll usually also be consulting on two or three trauma patients in the ICU and floor at the same time.

Roberts: *That's about 10 patients. If you take your entire group of eight or nine neurosurgeons, how many neurosurgical patients are in the hospital at any one time?*

Barnett: It would be hard to make an accurate estimate. We probably run 5 to 10 patients in the ICU and 10 to 20 on the floor at any one time.

Roberts: *How many operations do you perform a week?*

Barnett: A minimum of 6 and a maximum of 10.

Roberts: *Do you operate every day?*

Barnett: No. I operate 3 days a week with an additional emergency case periodically.

Roberts: *What type of cases do you do primarily?*

Barnett: My practice has changed. The first 5 years at BUMC I had more cranial cases than spinal operations. As my call duties were reduced and we were able to recruit additional neurosurgeons, my cranial cases have dropped to about 25% and the spinal operations have increased to about 75%. When I first came to BUMC, only Sam and I were doing the intracranial aneurysm-clipping operations. As a result, I had a big vascular load and a lot of emergency operations. More neurosurgeons are now taking emergency department call and because of a major increase in endovascular techniques, my emergency and aneurysm-based patients have decreased considerably. As a consequence, my lifestyle has improved dramatically.

Roberts: *What is the typical day like for you now? I know every day is different. What time do you generally get up in the morning?*

Barnett: I usually get up about 5:15 or 5:30 AM and leave my house about 6:30 AM. I am at BUMC usually by 6:45 AM. Now I have a lot of meetings that I have to attend, and they usually start at 7:00 AM. I try to leave the hospital for home around 6:00 PM.

Roberts: *How often are you on call now?*

Barnett: Every eighth night.

Roberts: *When you are on call, do you stay at the hospital?*

Barnett: No, I stay at home. The level 1 guideline stipulates that the neurosurgeons have to be within a 20-minute distance,

Figure 7. With Daniel, Emily, and Holly at a wedding in 2000.

which I am. It would be very unpleasant if the neurosurgeons had to stay in the hospital when on call.

Roberts: *Do you come in every Saturday and Sunday?*

Barnett: I do every third weekend.

Roberts: *Is that considered your "on call"?*

Barnett: I have two separate coverage duties. In addition to the emergency room duty, which is every 8 or 9 days, my two partners and I split our practice call every third night.

Roberts: *On the weekends you are on call, do you come in mainly to make rounds?*

Barnett: Yes, unless I'm on emergency room call, and then I see new consults and take care of all the emergency room admissions.

Roberts: *How long does it take you to make rounds on weekends?*

Barnett: If it's a weekend when I'm on call taking care of new patients, I usually get home about 2:00 or 3:00 PM. If it's a weekend when I'm just making rounds, I'm home usually by 11:00 AM. This schedule also depends on whether I have to add any emergency patients.

Roberts: *You come in early on weekends?*

Barnett: Yes. Usually by 7:30 or 8:00 AM.

Roberts: *You got married during your senior year of medical school. Then you went into neurosurgery. You've been married since 1989 but really only about 5 years.*

Barnett: That's what my wife would probably say. She's a champ. We both knew that it would have its challenges. Holly and I have a wonderful relationship. She is enough of a self-starter that she can keep herself busy when I am gone. She had her law practice when I was in residency. My daughter, Emily, was born in 1995, close to the end of my residency. When we

Figure 8. Father-daughter trip to New York City in 2005 to celebrate Emily's 10th birthday. Central Park "The Gates" exhibit in the background.

moved back to Dallas, Holly decided to become a full-time mother, and that has worked out well for our family. She has kept her legal credentials so that if she ever wanted to go back she could. Our son, Daniel, was born in 1997, shortly after we had returned to Dallas (Figure 7). There is a very high divorce rate among neurosurgeons, but between our faith and relationship we have been able to maintain a good marriage. I don't have a lot of extraneous activities, such as golf, because I know that as much as I work, I need to dedicate any free time to my family and kids (Figures 8 and 9).

Roberts: *How much time do you take off a year?*

Barnett: About 6 weeks.

Roberts: *Are you really gone those 6 weeks?*

Barnett: Yes.

Roberts: *Do you have a place that you escape to, or what do you do?*

Barnett: During those 6 weeks we have some time that is defined, but we try to take our kids for new experiences. My grandparents' lake house is still in the family, and we try to spend a week or two there because it's great family time with just the four of us. My kids enjoy the lake. We try to go to Holly's family ranch at spring break and spend the entire week out there, and that's an enjoyable experience. We usually spend one week on a family ski trip around Christmastime. That leaves us about 2 weeks a year to go on some adventurous trip. We are going to Yellowstone Park this year.

Roberts: *Do you have any hobbies?*

Barnett: Yes. I enjoy hunting, water skiing (Figure 10), and snow skiing. I also enjoy being outdoors and doing ranch work.

Roberts: *What do you hunt?*

Barnett: I hunt birds, such as dove, quail, pheasant, and ducks. I also enjoy big game hunting. This last year I went to the Big Bend area and hunted mule deer. I deer hunt with a group of Baylor physicians: John O'Brien, Rick Hebel, Tim Valek, Jay Franklin, and a few others. Periodically, I will go on

Figure 9. With Holly, Emily, and Daniel on a recent trip to Washington, DC.

Figure 10. Barefoot water skiing in 2003.

other hunting trips. Two years ago I went to the Northwest Territories for a backpack hunt for Dall sheep and caribou. I enjoy being in the woods and "roughing it." I wish I had more time for it.

Roberts: *Did your father hunt?*

Barnett: Yes. He started hunting with me as soon as my leg brace was off. He taught me how to shoot a gun. I am now teaching my son, Daniel. We just enjoy being out in the great outdoors.

Roberts: *How many guns do you have?*

Barnett: I probably have over a dozen guns of one sort or another.

Roberts: *Rifles and shotguns?*

Barnett: Yes, predominantly. I have one pistol but I don't shoot it very often.

Roberts: *Do you fish?*

Barnett: A little bit (Figure 11). I enjoy fishing. I'm not a very good fisherman.

Roberts: *Do you read much?*

Barnett: I spend a lot of time reading. I don't watch much TV. I'm a history buff. In my office and at home are a lot of

Figure 11. With son Daniel catching a catfish in the summer of 2006.

historical things. I particularly read about the Civil War. I collect first-edition Civil War books. I read anything that has some historical significance. I love reading about Teddy Roosevelt, Winston Churchill, and Thomas Jefferson. I also read the Bible every night.

Roberts: *How many hours of sleep do you need to feel good the next day?*

Barnett: I can do well on 4 hours. But, I like to sleep about 6 to 7 hours a night, and I usually do.

Roberts: *How is neurosurgery training going to work out with the 80-hour weekly limit for houseofficers?*

Barnett: The houseofficers coming out today with an 80-hour work week will not be nearly as prepared as the physicians and surgeons who were being trained before that 80-hour work week went into effect. A lot more operative cases and overall clinical experiences can be gained without the restrictions of an 80-hour work week. As a consequence, those finishing their training will be learning on the job once they are in their private practices, and they are not going to be nearly as equipped to handle call duties if they go to a hospital with an emergency program. One problem with neurosurgery right now is that it is much more lucrative for a neurosurgeon to go to a small community suburban hospital and do spine work rather than go to a hospital like Methodist or BUMC, which has a major emergency department component and lower-income demographics. As a consequence, a lot of hospitals with trauma programs struggle with neurosurgery coverage.

Roberts: *When you say spine operation, what do you mean?*

Barnett: Most spine operations that I perform are for pinched nerves due to disc herniations, stenosis, or slipped vertebrae.

Roberts: *Are you a major fan of Harvey Cushing and Walter Dandy?*

Barnett: Yes.

Roberts: *Who was the greater of the two?*

Barnett: Harvey Cushing, no doubt about it. No disrespect to Walter Dandy, who was a great man who made many contributions, but Harvey Cushing is the father of neurosurgery. He was the greatest neurosurgeon of any and all time.

Roberts: *He was technically magnificent?*

Barnett: Brilliant. Technically magnificent. What is amazing is that Harvey Cushing operated in an era that by our standards would be considered very crude. Few diagnostic studies were available. The equipment was primitive by our standards. They didn't have the cautery and hemostatic agents that we have now, yet he was a master. He did over 2000 intracranial operations, and while there was a very high mortality and morbidity rate given the setting, he did an amazing job with what he had. Harvey Cushing also trained numerous neurosurgeons. He was the father of neurosurgical training programs in the USA.

Roberts: *Do you have any idea about his daily activities? Did he operate like a maniac? Did he sleep at all?*

Barnett: He required very little sleep. To say that Harvey Cushing was a workaholic is an understatement. He was highly dedicated to his field. He had a fascinating career. He started out in general surgery. He didn't have any special neurosurgical training; there wasn't any in his day. He took an interest in it and took off with it and ran. He did so many "firsts" and was the first to describe so many different neurosurgical procedures. He also was the first to keep an anesthetic record of all things at the operation. He also published a prolific number of articles and books.

Roberts: *The year I spent in Boston I looked at some of his drawings of findings after a craniotomy in the medical charts at Peter Bent Brigham Hospital. The amount of writing he did was absolutely incredible. His book on Osler won a Pulitzer Prize.*

Barnett: It's amazing the records he kept, which included the details of every operation he did. He lived at a time when neurosurgery was ripe for the picking. He was the one who made people think that brain surgeons are smart; he gave neurosurgeons the reputation we have today!

Roberts: *David, what is the Baylor Neuroscience Center?*

Barnett: The Baylor Neuroscience Center is an idea whose time has come in Dallas–Fort Worth. It is a collaborative effort. Those who take care of patients with a neurological disease are aligned, both as physicians and administratively, to provide the best care possible for these patients. This type of center is something that can be created only at a large tertiary medical center. BUMC fits the bill naturally. Our goal is to compete on a national level. We have already achieved a good reputation in the Dallas area.

Roberts: *Obviously, you have been enormously successful at BUMC. Has there been tension between your program and that of the medical school?*

Barnett: Not really. Duke Sampson, who is the chair at UT Southwestern, and I have a good relationship. He has a good department. They serve their needs, and we serve ours.

Roberts: *What do you mean by that?*

Barnett: The neurosciences at Southwestern and the neurosciences at BUMC were the only two in the same city in Texas that made that *U.S. News & World Report's* list of top 50

programs. We are in each other's backyards, and yet they do their thing and we do our thing. We probably compete to some extent with one another for patients, and yet there is little antagonism or hostility between the two programs. I respect the physicians over there and hold them in high regard. If a patient is not coming to Baylor, I would rather see him go to UT Southwestern because I know they will take good care of him.

Roberts: *You do not have a training program for neurosurgeons here at BUMC. Are you going to consider that some time in the future?*

Barnett: Yes. We are already looking at fellowships. Neurosurgery training programs have really been ratcheted down. The American Board of Neurologic Surgeons is very careful about who they will and will not appoint these days. They have been burned with a couple of new programs and then had to shut them down owing to poor training. The board is very leery about opening new training programs when there is not a medical school directly attached to them.

Roberts: *How many brain tumors do you see at BUMC a year?*

Barnett: I believe we do more brain tumor operations than any other hospital in this area, and that includes Southwestern. They probably have a bigger vascular neurosurgery program because Duke Sampson has really developed and culled that program. We have the second-largest program in vascular neurosurgery after UT Southwestern. We have a full-time dedicated neuro-oncologist on staff. That makes a big difference in addition to having capable neurosurgeons.

Roberts: *Is there anything we missed?*

Barnett: No. I'm just excited about the future of BUMC and the neuroscience department. I think we've covered it all.

Roberts: *Are you still a good Baptist?*

Barnett: My wife and I are regular church attendees. We joined a nondenominational church called Watermark 2 years ago.

Roberts: *When you get home at night or on weekends do you have a drink of alcohol?*

Barnett: Yes. My wife and I both enjoy wine. We periodically have wine with dinner. I don't drink hard liquor at all and might drink a beer once a year.

Roberts: *David, thank you!*

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