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Tribute to Wayne Fenton, MD (1953–2006)

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Late on a Sunday afternoon, during the recent long Labor Day weekend, Dr. Wayne Fenton left his home in suburban Maryland to see a patient at his private office a few blocks away. According to press reports, within 30 min of the scheduled appointment, he was found dead in his office and the patient, who was apprehended nearby, reportedly admitted to beating Dr. Fenton to death.

In the aftermath of this tragic event there have been many tributes to Dr. Fenton. More than 800 friends, family, and patients attended his funeral; national print and radio coverage described his career and his contributions; and a memorial service by his colleagues included remarkable examples of lives he touched during his 25 year career. Each of these tributes was profoundly sad, noting that the death of this passionate and dedicated clinician was not only a loss for his family and friends, but for the nation, especially for patients and families with schizophrenia.

To understand the impact of Dr. Fenton's death, you need to recognize what he has accomplished. Trained at Yale, he joined a new research unit at Chestnut Lodge Hospital, where he ultimately became medical director. At the Lodge, Fenton ushered in medical treatments for schizophrenia and, with his mentor and close friend Dr. Tom McGlashan, conducted classic longitudinal studies that demonstrated the ongoing needs of patients with schizophrenia. He oversaw the closing of Chestnut Lodge in the late 1990's and then moved to the NIMH, bringing along some of the best talent from the Lodge.

At NIMH he led the charge to re-focus the Institute on the most disabling mental illnesses and, in particular, on the most disabling aspects of these illnesses. Fenton realized that the cognitive deficits represent a large source of the disability in schizophrenia and that the field had neither good consensus measures nor good treatments for this aspect of the illness. He led the MATRICS and the TURNS initiatives to address these gaps. Fenton also understood that NIH was best as a facilitator but not as a sole source for drug development. He brought the FDA and the pharmaceutical industry to the table and used NIMH as a catalyst to spur investment in this area. By 2006, the MATRICS battery for assessing cognitive function was complete and the first clinical trials for treating these symptoms, under TURNS, were underway. These initiatives have arguably done more than anything else in the 60 years of NIMH research to address this critical public health problem.

While Wayne Fenton may be best known for his work on these NIMH programs, his impact was far broader. While at the Institute, he developed a curriculum for middle school students to increase their understanding of mental illnesses. He co-directed a public-private-academic initiative to develop new drugs for mental illness. He was the first director of the Division of Adult Translational Research, an extramural division developed to translate neuroscience and basic behavioral science discoveries to biomarkers and new interventions for mental illness. He was also the Associate Director for Clinical Affairs, meaning that he was the “go to” person at NIMH for public inquiries related to psychiatric emergencies and clinical issues.

To all of these roles, Wayne brought a refreshing sense of passion, idealism, intelligence, and even irreverence. After 6 years at NIMH, he remained a “new” government employee, not quite at home with the layers of bureaucracy and always managing to get new things done in

spite of the many barriers to change. In one of his passions outside of work, attending the Sundance Film Festival, he was known to be an incorrigible gate crasher. Wayne brought this same strategy to the office, following Hannibal's alleged dictum to "either find a way or make one." Because he viewed himself as advocating for those who could not advocate for themselves, he would always make sure that the Institute was funding the grants and developing the programs that would have the greatest impact for those with schizophrenia.

He leaves a wife and four children. He leaves scores of grateful patients, many dating back more than a decade. He leaves many admiring colleagues at NIMH and in the field. Were he available to comment on this tragic loss, he would undoubtedly point out that the circumstances of his death only emphasize the need for better treatments and better care for those with schizophrenia. He would encourage his colleagues to do more to ensure that research reduces the burden of this devastating illness. And he would probably quote, with his wry smile, the words of Dr. McGlashan, who said at the funeral, "Schizophrenia when it strikes always takes a life...this time it took two."