

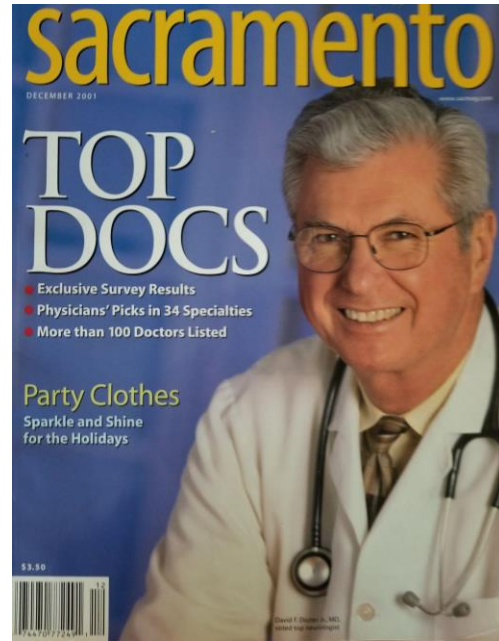
The Gold of Sacramento Valley: Experienced Physicians and their Nuggets of Advice

By Shay Nair Sharma

About the author: Shay Nair Sharma studies Human Biology at Stanford University (graduated from Franklin High School, Elk Grove, CA). He has a fascination in medical history and a passion for sharing the contributions, experiences, and stories of physicians by passing on lessons learned after a lifetime career of service.

Welcome to this educational, informative, and entertaining article series highlighting nuggets of advice from my conversations with retired Sacramento Valley physicians. This is also an opportunity to highlight and thank the healthcare heroes, of different specialties, for their service and contributions to the people of Sacramento Valley.

Dr. David Dozier is our first featured physician. Upon graduating from Stanford Medical School, he completed his Internal Medicine internship year at King County Hospital, University of Washington. His specialty training in neurology was completed at Cornell University Medical Center, New York Hospital. He practiced Neurology for 40 years -- 3 in the Navy and 37 in Sacramento. He comes from a long lineage of 5 generations of physicians.



Dr. Dozier on the cover of Sacramento Magazine, voted Top Neurologist for the Top Doctor Award 2001

Tell us about growing up.

I grew up in Sacramento in what were considered halcyon times. It was 1936 when I was born. We didn't face war time until Pearl Harbor in December of 1941 when I was 5. At that point, my dad who had been a busy solo general practitioner decided that he wanted to volunteer for the military as a general medical officer. He was assigned to the 76th Evacuation Hospital in New Guinea which was within an hour of enemy lines. This was a tense time for my mother. She had four children at home to take care of. While my father was overseas, he contracted a form of dermatitis and malnutrition, plus he lost about 40 pounds. Eventually, he returned and resumed his medical practice for another 30 years.

My dad made house calls and I would often go along with him in the evenings, after dinner. Coming home one night he said, "Would you like to drive?" and I, at the age of 14, was thrilled at the prospect. We were in William Land Park, near our home, and I took the wheel

of the car. As we arrived at home he turned and said “Now don't tell you Ma” which I did not. A few months later, my mother said that she was going to teach me how to drive. We went out in the car she usually drove and she said, “I'm surprised at how well you've driven for a beginner” and I said nothing, except “thank you.”

I went to local schools -- Crocker Elementary, California Junior High (now called California Middle School), and CK McClatchy Senior High School (named for the founder of McClatchy newspaper). I had the very good fortune of developing great friendships from the time I was about 5 years old, with whom I went literally from kindergarten through college. One of them was John Hamlyn, now a retired attorney who worked in Sacramento for a large firm. Another friend, Roy Jacobes, came up in the car business with his father, RC Jacobes. I was a friend and neighbor of Tony Kennedy, who is now a retired Supreme Court Justice. All of us have kept in touch from time to time, calling on birthdays or holidays, or just to chat.



Dr. Dozier with his wife, Krystin, and former Supreme Court Justice Anthony Kennedy, his childhood friend of 80 years

How did you get interested in medicine and what influenced your choice of specialty?

I have probably been influenced the most by my father, and my older brother, who was a general surgeon. When I was in medical school at Stanford there was a particular Neurology instructor, William Hofmann, who was a model of brilliance, charisma, empathy, and wry humor, all of the things that really called to me as models for behavior. At the time, I think Neurology was regarded as a kind of mysterious science with very few of the tools that we have now, particularly in imaging, with the ability to make profound diagnoses on the basis of a few physical clues. Neurologists seemed kind of like magicians. It was the dawn of the expansion of knowledge and diagnostic accuracy in Neurology at that time. My Internal Medicine internship was at King County Hospital in Washington, based on the recommendation of a fellow medical student. The hospital had a university affiliation with the University of Washington, which was important to me, as rounds were conducted by full-time faculty members and senior residents. When I arrived, I met with my future departmental chief, Dr. Fred Plum, a rising star in Neurology, who later went on to publish a seminal book with his colleague Dr. Jerome Posner, called “Stupor and Coma.” Dr. Plum was called from his role at University of Washington to come in to fill the spot as Chief of Neurology at Cornell University Medical Center, New York Hospital. Cornell itself is in Ithaca, but all of the medical facilities are in Manhattan and that appealed greatly to me. After a year for Internal Medicine in the University of Washington system, to go to New York, and live in Manhattan was both a challenge and a great opportunity. The Residency included rotating through the New York Hospital system, including Memorial Sloan Kettering Hospital, which was one of the few dedicated cancer hospitals in the country, and Bellevue Hospital, which served people of

lower income and a variety of minorities. This was during the time of the conflict in Vietnam. Many young doctors were being drafted right out of residency. I had the chance to join the Berry Plan, a program in the Naval Reserve. This enabled me to complete my Neurology training on the presumption that immediately upon completion, I would go into the military. Many young doctors in training were drafted in the middle of a residency and were used as general medical officers. I felt that if you have planned a career in a particular specialty, the sooner you can get started in it, the better. So, it worked out very well for me to complete my residency, and then go into the Navy. As it turned out, there was only one overseas opportunity for a Neurology specialist in the Navy and it was in Japan.

Tell us about your years practicing.

I arrived in Japan at a base called Yokosuka, which was the home port of the Seventh Fleet. I spent three years in Japan and lived, as they say, *on the culture*, meaning living in Japanese neighborhoods, using Japanese grocery stores, laundry services, and so forth. Later, I had a chance to move on base into a nice house, so my military experience was good in most ways. The only thing that was negative was what I saw. My office was just outside the Psychiatry ward. I saw troubled sailors and marines who hardly had the faintest idea why the United States was in Vietnam. Many injuries I saw were non-combat accidents that were unnecessary. At home in the United States, there was a growing resistance to the war, and I became somewhat distressed with the way the country was managing it.

After my service, I came back to Sacramento, with the thought that I would look in Northern California, to find a space to set up a Neurology practice. I interviewed with a few Neurologists in the San Francisco and Berkeley area while staying with my parents in Sacramento. I was reconnecting with my friends from my school

days, Roy, John, and Tony and found that I was enjoying it and felt at home. My father would occasionally murmur something about, “You know, a Neurologist could be busy right away in a town like Sacramento.” This led me to joining a practice with local Neurologist Dr. Bryant Sheehy, one of two Neurologists in town. We were later joined by two additional partners, Drs. Kurt Sligar and Rick Atkinson, and we had a thriving practice.

One of the things I most appreciated about Neurology in Sacramento was that everyone was friendly with each other.

Tell us a memorable story of your family history of doctors.

I am the 5th and last of the Dr. Doziers in my family lineage. My paternal grandmother was also quite an influence because she was my father's mother, but her husband's third wife. When they married, he had just turned 36 and she was 18. Grandma Dozier was a force of nature and often shared thoughts about how important education was. After her husband died, she went to UC Berkeley, and became a teacher at Commerce High School in San Francisco. At the same time Grandma was at Berkeley, my father was going there as an undergraduate. Interesting to have your mother going to college at the same time that you are! When my dad was about ready to apply to medical school, his father died suddenly, near Susanville, CA. He apparently had fallen outside in the snow and was found frozen to death. My grandmother was suddenly on her own. My dad thought he would go to the same medical school that his father had been to, which was the University of Virginia, but decided to stay closer to his widowed mother and applied to UC Berkeley medical school. The university claimed they couldn't find his father's records and asked him to send them documents and said “It's gonna be a number of months until we can get back to you.” So he went to Stanford's admissions

office, walked in, and as he said, “without a scrap of paper”, they interviewed him, then said, “Why don’t you take that desk over there,” and pointed to a desk. There never was a more grateful Stanford alumnus than my father after that experience.

Do you have any particular interests within medicine?

I was a founding member of the Sutter Community Hospital’s Bioethics Committee, acting chairman for a year, and member for 35 years until I retired. A bioethics consultation is never required by any law or regulation. It’s only recommended when there are communication differences within families or with members of a medical team. The godfather of Bioethics, Dr. Albert Jonsen, and his writings on Bioethics, laid the foundation for how to approach these problems, and to recognize and respect the dignity and the nature of communications with families, particularly those in conflict. The nature of Neurology often involves seeing patients who are in states of uncertainty as far as their prognosis and what the appropriate degree of medical effort should be. This can lead to misunderstandings and conflict. Members of a Bioethics committee attempt to be supportive of the families, let them open up, speak about their feelings, and hear their perspectives. Sometimes, there’s just no easy answer on some of these Bioethical cases, but empathy and open communication are critical.



Is there one medical patient or story that had a major effect on you?

Something that’s stuck in my memory is when I was taking care of an elderly man with a severe cerebral hemorrhage in the ICU of Sutter General and he had just a terrible prognosis. The question came up about how much intervention the family wanted, whether he should have orders written for cardiopulmonary resuscitation if needed, or no Code Blue. He had three kids, two daughters and a son. The son’s attitude was “do whatever you think is right.” One daughter was still hoping for full resuscitation and recovery. This struggle went on for several days. Then one day one of the daughters called me and said, “You know, doctor, we’re ready to have you take him off full ventilator support, we know that this will result in his death.” I said, “I think that is sadly, the right step” and she said, “Well, we’ve been talking about this, and we all felt this has been so hard on you.” I thought, what altruism and it still moves me to this day that they were concerned about my welfare. As it turned out, he was taken off the ventilator and he survived less than an hour.

The nurses were relieved because in the ICU, there are often a few patients with extreme cerebral deficits, but they are surviving in persistent vegetative states, which is something that nobody wants, but a condition that families often struggle with.

How has the field of medicine changed over your career?

In the early days, hospitals really had minimalist emergency care. Sometimes it was literally just a room with a towel and a box of Band-aids. The advancement of emergency care, and emergency rooms staffed with physicians specialized in emergency medicine is one of the major changes in medical care from the time that I started practice. They save lives. Heart attack and stroke victims survive, and now they need more subspecialty care.

Clearly, medicine has become much more electronic in terms of being able to get a diagnosis on a computer by entering some of the symptoms. Computers already know what the choices are for a differential diagnosis. I find that process is anathema to me because I was brought up on medicine that involves acute observation and assessment, patience, imagination and experience. If the computer does all that for you, it kind of takes the zing out of it.

The advent of imaging, which occurred during the latter part of my practice, first with CT scans, then MRIs and other techniques, made one able to make a diagnosis faster than you might have in the early days of history, physical observation, and medication trials.

Then came the development of new medications. The single most important new medication in Neurology was levodopa for Parkinsonism, which came out within a year of my starting practice. It is interesting because the name

derives from fragments of Latin words, “sine”, and “emesis”, meaning without vomiting. So, picking a medicine that didn't cause vomiting led to the name Sinemet®, which I thought was kind of a beautiful irony. A variety of new anticonvulsant medications have been invented and even more since I've retired.

When I was in Residency, people would ask what field I was in, and I'd say Neurology. Some people responded “Oh, they never cure anybody and only half the time do you know what they have”. This was kind of a persistent image, except for a few centers that had very strong Neurology departments like Harvard, Columbia, and Cornell. Unfortunately, up until the 1980's, if a patient had a stroke, there was not much that could be done... You could provide a diagnosis, get a bed, and start physical therapy. Now, there's a whole medical subspecialty of stroke care, and stroke prevention, with a literature all of its own, and it is making a positive difference in the mortality and morbidity of stroke patients.

Looking back, what would you have done differently?

This question is challenging, because I honestly think that I've been very fortunate in the selection of partners and camaraderie of colleagues. I've had some wonderful experiences practicing medicine.

Where do you see the future of medicine?

It looks to me like it's becoming more administrative and electronic. It may not attract as many of the bright eyes and minds that you'd like to see coming into a specialty. It may lead to greater diagnostic accuracy, but along with it comes a certain degree of impersonality. Older physicians, if asked what they most enjoyed about their practice will say, it's the relationships they shared with their patients and with their colleagues, particularly the

camaraderie that comes with the doctors facing the same medical issues.

If there is one thing you could tell your 20-year-old self, what would it be?

Well, I've thought a lot about that. To value intellectual honesty, above all, to pursue your interests in which you feel a natural bent or aptitude, and to not let yourself be deterred by bumps in the roads, if what you're doing contributes to the good of mankind, even in a small way. There are satisfactions from doing something well, even if it's meeting with a family and agreeing that a ventilator should be turned off, even if the ending is tragic, that those things can be done diplomatically and well. If you have the skills and patience to take on the hard tasks, you're making a contribution.

How have you dealt with stressful times during your life?

I've certainly had some disappointing times in life, but I've always had strong family support. I'm a fairly strong person and have the resources to deal with stress so I have never felt like I was overly impacted by stress. I've had two siblings that committed suicide and I've been through two divorces, so it hasn't necessarily been an easy or charmed life. If you hold to the values that I mentioned earlier that somehow you get through them, and other people may look to you for strength, which is actually the highest compliment you could get. My 21-year-old grandson, also named David, pulled me aside to tell me that he has never seen me speak or be mean to anyone, and he admired me for that, which is the best compliment I think I've ever had. I try to live my life that way.

Dr. Dozier and his twin sister, Dotty Dixon, celebrating their 85th birthday Sept 2021

What would you say are the major values



or principles that you live by?

Punctuality is right up there, and intellectual honesty. My dad was very big on that. Kindness, generosity, sense of humor, where it's appropriate are important. Plus, determination, and resilience. Those are the big ones.

What do you enjoy doing outside of medicine?

I have a wonderful family and I love to spend time with them. My two daughters remain local, and I have 4 grandchildren, now young adults all living nearby, so I am very fortunate. My wife of 25 years is my best friend, companion, and partner for life, so I am blessed.

I play racquetball twice a week and walk every day. I like to write poetry. I do play the ukulele, for my own entertainment, and sometimes sing along. There was a music store in Folsom that had a weekly strum along ukulele class, but COVID forced it to close. My friend, John Hamlyn, and I used to play at parties, and we could sing and harmonize on a few songs, which was fun. I am a fan of the crossword puzzle. There are usually two puzzles in the newspaper every day. One is called a Universal Crossword Puzzle with the same degree of medium difficulty every day. Then there's the New York Times crossword, which starts on Monday with a fairly easy one, then day by day, it just gets

harder. By Thursday it is pretty brutal. On Friday, and Saturday, if you decide that you have nothing else to do and want to stare at a newspaper for a few hours, it can be fun.

We have this wonderful rescue dog Ginger, named after the color of her hair. She is the sweetest, smartest pet that either of us have ever had. So, I walk every day for about 40 minutes. She is a great companion and comfort to us, just part of the family.



Dr. Dozier with his dog Ginger

Dr. Dozier Fun Facts

Favorite books

Cutting for Stone by Abraham Verghese

Sailing Alone Around the Room by Billy Collins (poetry)

Favorite movies

Monsoon Wedding

The Quiet Man

Bullitt

Favorite foods

Homemade Gazpacho from garden tomatoes

Baked prosciutto-wrapped figs filled with Manchego Cheese

Favorite quote

A line from a movie I saw years ago, when a man was asked “What makes you successful?” He answered “Guts, brains, and willpower.”

Favorite place you have visited

Paris, France



Charles A.
1887



Barton
1876



Leonard Franklin
1868
*1878



Wm. Erwin
1884



Linwood
1912

THE DOCTORS DOZIER IN CALIFORNIA



Thomas J.
1931



David F.
1962



Dave E.
1926



William E.
1956



Elizabeth Gist
1928

Dates show year licensed.

*Dr. L. F. started practice before license act was passed.