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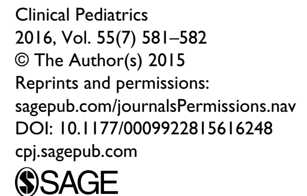

The Loneliness of a Long-Distance Academic

Victor C. Strasburger, MD[1]

I love being an academic pediatrician. I didn't start out to do that—I thought I would be writing novels and working part-time in an inner-city clinic. I wrote with Robert Penn Warren in college, and my first (and only) novel[1] was published when I was a senior in medical school. But things don't always turn out the way you expect them to. In my case, after a long career in academic medicine, I didn't expect to be rejected, unwanted, and discounted once I turned 65 and retired from my University of New Mexico position.

If you were Chair of a Department of Pediatrics, or head of a search committee, or in charge of hiring for your practice or your federally qualified health center, whom would you rather hire? A 65-year-old retired distinguished professor or a 35-year-old person with 30 years of potential work ahead of him or her? That's the obstacle I'm now facing, and I really can't blame people for choosing the latter. Age discrimination? Not really. Just plain common sense.

At the same time, I like to think I'm *better* than any 35-year-old—certainly better than when *I* was 35. I know more, I'm wiser, more sensitive. I'm better clinically than I was 10 or 20 or 30 years ago. I know how to examine babies and children and adolescents and how to talk to their parents. I'm pleased with my progress, even though it has taken years! Having my own children has helped immensely, but I've also learned from my many mistakes. But now it seems that it's all going to waste.

Why not just volunteer? Do I need the money? Well, yes and no. You can never be too rich or too thin, as the saying goes. It would be nice to have some extra money to travel, to help our two 20-something children out, and to be paid for the expert work that I'm capable of doing. Several colleagues have suggested "doing something else . . . diversifying." I *am* doing just that, having started working as a Medical Consultant at Social Security Disability reviewing childhood claims. It is exactly like learning a new language, and every week I pride myself in creatively approving benefits for a child who might otherwise never have received them. But it's no substitute for the hands-on examining of patients and the joy of teaching medical students and residents.

My situation will probably be all too familiar to many readers. My wife's mother is 87 years old and in failing health in central Connecticut, and my wife (the only daughter) was desperate to move closer to her. She is a neuropsychiatrist, 6 years younger than I and had no problem finding a position as medical director of the largest mental health organization in southern Vermont. On the other hand, I could find nothing, not even remotely nearby.

I'm flexible. I would be very happy with a part-time job in academia or in private practice and have looked intensively for more than a year. First I applied to a well-known academic center in northern New England, where one of my friends is Chair. The search committee decided to interview one candidate (a 35-year-old) and hired her. My friend, the Chair, decided to stay out of it. Then I applied to another academic center in the mid-Atlantic region, which desperately needed an Adolescent Medicine specialist to fulfill its Residency Review requirements. The general pediatricians vetoed my hiring because they did not believe that I could generate $250 000 per year in income. They were right! Finally, I asked the Chairs of 2 different New England medical schools if I could just come and lecture and teach for 1 to 2 days a month. Both said their faculty would be "upset" if "outsiders" were allowed in. I also looked at private practices, but I was considered "too academic" even for part-time work, even though I've always done many clinics per week and greatly enjoy seeing patients. Most recently, a state medical school advertised that they were looking for someone to teach their medical students and residents in Pediatric clinic. Perfect, I thought. After I applied, their response was,

> I'm sure your teaching and mentoring skills are excellent, as attested to by your references. You are also nationally known and well recognized for your work, which gives you the opportunity to present around the country. It would be difficult to meld the schedule changes that that will inevitably

[1]University of New Mexico School of Medicine, Albuquerque, NM, USA

Corresponding Author:
Victor C. Strasburger, 10344 2nd St NW, Albuquerque, NM 87114, USA.
Email: VStrasburger@salud.unm.edu

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> come with your opportunities with the clinical needs of our clinic.

So the response from an academic medical center was, "You are too academic for us." Forget the fact that I am traveling much less than I used to. It's the first time my accomplishments have been held against me.

Academia has apparently changed.[2-5] I am what used to be called a "triple threat"—patient care, teaching, and research/scholarship. But those no longer seem to matter. I am a high-profile public health advocate, having written more American Academy of Pediatrics policy statements than anyone in the history of the organization. I've been on *Oprah* and the *Today* show and National Public Radio. None of that seems to matter anymore. It's the almighty dollar that counts most—actually, counts 100%. Research and scholarship suddenly seem to have faded to a distant second place. More and more pediatric departments seem to want faculty to "pay for themselves." That seems patently both unfair and wrong. Shouldn't faculty get *paid* for teaching? Public school teachers get paid for teaching (albeit, not as well as they should be paid). Should faculty have to buy-out their "free" time? It's not really free time—it's time desperately needed to do research, scholarship, and program development and planning.[5]

Why am I writing this commentary? Not for pity, or even sympathy. It's because I suspect there are many others out there in a similar situation, and I want them to know that they are not alone. It's also to alert those administrators and chairs who are in charge that perhaps things need to change—you're missing out on a group of clinicians and teachers who are experienced, expert in their fields, who might contribute to your programs far more than you might guess. As for me, I will keep on looking (keep on trucking, as my generation used to say); but I am not optimistic.

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