

MIND TO MIND

Creative writing that explores the abstract side of our profession and our lives

Stephen T. Harvey, M.D., Editor

Aging and Relevance in Academic Medicine

Thomas J. Papadimos, M.D., M.P.H.

How have 65 years passed in the blink of an eye? I have often written about my mentors, my respect for them, and how I held them in considerable awe. I think of how they stayed relevant through the years, even though they physically declined. I recall one of them telling me, “I stood where you are now, and you will stand where I am.” They understood my situation as a young physician climbing the ladder of position, practice, and scholarship, but I failed to understand their predicament, which is now mine: how to stay relevant as an aging academic physician.

I ask myself more frequently, “Have I lost half a step? Am I compensating with wisdom and experience?”

In an academic environment, surrounded by the vibrant search for knowledge that comes with youth, it is easier for an older physician to stay abreast of new knowledge and innovation. The trick is to stay out of the way. By that I mean, let the next generation of physicians shine, let them make decisions, let them be the authors, let them lead. I plan for them to replace me, to stand on my arthritic shoulders, and for me to bear the weight of their success.

There will come a point where my usefulness to students, residents, and colleagues will diminish. I keep asking myself, “Am I still relevant?” Relevance and competence go hand in hand, and I think I have had to re-learn the entire field of medicine every decade.

Sitting in the cafeteria at lunchtime between cases, I watch the future of medicine walk by as youthful visages of what I once was. They nod at me politely as they stroll by. I ask myself, what causes those nods? Are they in deference to my physical appearance? Are they out of respect for my constancy toward them as I help them spread their wings and fly? Or are those polite nods acknowledging a perception of loss or decline?

From the University of Toledo College of Medicine, Toledo, Ohio. thomas.papadimos@utoledo.edu

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Relevance and competence are connected, but the bridge between them is attitude. If I have a good attitude, I will do whatever it takes to stay relevant, even if that means doing something a little different professionally. When younger colleagues offer me criticism, I get an edgy feeling. I am sure they see a change in my facial expression or my voice, but I never shout or rage. I try not to ignore the criticism or dismiss it.

To the aging academic physician, competence, attitude, and respect are the cornerstones for the necessary self-reflection required to stay relevant. The ability to change allows me to marshal the confidence, integrity, and emotional insight necessary to contribute my best to the education of those who follow.

I have changed over time, and time has changed me. As Heraclitus once said, “No man ever steps in the same river twice, for it’s not the same river, and he’s not the same man.” I want my younger colleagues to know this and not fear it.