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FORUM: REVITALIZATION OF ACADEMIC MEDICINE

Academic Medicine: One Job or Three?

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Academic medicine consists of three vocations: clinical care, research, and teaching. Many argue that academic medicine is undergoing a crisis. In response to the crisis a debate has been initiated to discuss how to revitalize academic medicine. The debate is to examine "the fundamental nature of academic medicine." The present editorial seeks to explore one problematic feature of academic medicine: the fact that it consists of three vocations. This problematic feature is fundamental to academic medicine.

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Academic medicine consists of three vocations: clinical care, research, and teaching (1). Many argue that academic medicine is undergoing a crisis (2-6). In response to the crisis a debate has been initiated to discuss how to revitalize academic medicine (2,3). The debate is to examine "the fundamental nature of academic medicine" (3). My article seeks to explore a problematic feature of academic medicine: the fact that it consists of three vocations. This problematic feature is fundamental to academic medicine. However, there are many current problematic features that shall be left unaddressed (4).

Can the Three Vocations of Academic Medicine Be Combined?

Some vocations are easier to combine than others. It is easier to combine the vocations of an artist, an entertainer, and a social critic than those of a carpenter, a musician, and a translator. How combinable are the three vocations that academic medicine consists of? In theory they are fairly combinable: clinical care can provide data for research, clinical experience as well as research can provide input for teaching, and the aim of research and teaching can be seen as improving clinical care. In light of the combination of the three vocations, academic medicine promises a varied and challenging career: a medley of reflection, instruction, and relief. A fundamental question remains, however: does the academic medical doctor have to do three jobs rather than just one?

Skewed Criteria of Success

A problematic factor in combining the three vocations is that the criteria of success in academic medicine are skewed. The significance of publications outweighs clinical expertise and teaching effectiveness (5). Quality of teaching is hardly rewarded (5). An additional problem is that the publications produced in academic medicine are harder to publish in journals with high impact factors (4). Hence the criteria of success in the discipline do not reflect what makes someone a good academic medical doctor. Combinability of vocations works better in theory than in practice.

Pressures to Leave the Discipline

A further problematic factor in combining the three vocations is that each of them produces pressures to leave academic medicine. Most importantly, academic medicine, just like other academic disciplines, faces that fateful "publish or perish" dilemma. Yet it is a false dilemma, especially for those in academic medicine: one can always leave the discipline. One need neither publish nor perish when one can open a private practice. In light of the pressure to publish, academic medical doctors will be more inclined to limit themselves to only one of their three vocations. They might yield to the pressure to publish and abandon clinical work for bench science. Or they might withdraw into a non-academic track of clinical work. The pressure to choose one of the vocations is increased by the prevalent demand for academic specialization, especially within medicine (6).

What to Do?

The question of how the three vocations of academic medicine can be combined deserves further reflection. This can be fruitfully explored in future dis-

cussions within the proposed debates (3). Academic medical doctors who have had instructive experiences in combining their vocations should share them with other academics.

In the course of future discussions, academic medical doctors should formulate explicit criteria of success in academic medicine, which adequately reflect whether someone is a good academic medical doctor. The criteria should seek to balance competence in all three vocations. Besides publication record, the criteria could include patient responses, teaching evaluations, and letters of recommendation from colleagues. University committees could then employ the criteria in offering posts to academic medical doctors.

The problematic feature of academic medicine singled out in this article is the need to combine three vocations. This feature is problematic not just in times of crisis; it is a problem intrinsic to the fundamental nature of academic medicine. Such fundamental problems are bound to be more intensely felt in times of crisis. The present debate, however, is a good forum for addressing them.

References

1 Clark J. Polishing the tarnished image of academic medicine. BMJ. 2004;328:604.
2 Clark J, Smith R. BMJ publishing group to launch an international campaign to promote academic medicine. BMJ. 2003;237:1001-2.
3 Tugwell P. Campaign to revitalise academic medicine kicks off. Croat Med J. 2004;45:241-2.
4 Bell J. Resuscitating clinical research in the United Kingdom. BMJ. 2003;237:1041-3.
5 Stewart P. Academic medicine: a faltering engine. BMJ. 2002;324:437-8.
6 Academic medicine: resuscitation in progress. Can Med Assoc J. 2004;170:309.

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