Academics versus Private Practice

As I have spent time in my career as both a university and private practice radiologist, one of the most common questions medical students and residents ask me is, "What are the differences between academics and private practice?" My usual response is, "Private practice is twice the money for about three times the work and headaches." Usually, these people are wrestling with their own career choice and want another perspective. I guess my road was slightly different from that of many of my colleagues. Through college and medical school, I had no aspirations for academics whatsoever. In fact, I never gave it a second thought. My father was a private practice radiologist (in Hawaii)—what could be better than that? I didn't even pretend to be interested in academics during my radiology residency interviews. I later found out that I was labeled by my own program as "good candidate, but no academic potential."

After completing my fellowship in VIR, I joined my dad's group in Hawaii. Circumstances (in this case impending marriage) brought me back to the Windy City. For the first time, I had to make a choice between academic radiology and private practice. Many aspects of private practice were appealing to me. I was used to it. I liked both diagnostic and interventional radiology, the pace of work (get them in, get them out), and the salary and vacation time. On the other hand, there was a definite appeal in training our future radiologists, exploring clinical research, and participating in complex medical treatment. Clearly, there were negative implications with both sides also. Academics affords little or no practice autonomy, and accepting the morass of bureaucracy is a way of life. Private practice can be a dog-eat-dog world with brutal call and workloads. As I had already seen private practice, I decided to try academics—after all, I reasoned, I could always go back to private practice if it didn't work out.

That was 6 years ago, and sometimes I still wonder if I made the correct choice. Most of my friends have joined private practice groups and most are quite

happy. But then again, so am I. I make substantially less money than my counterparts in private practice. However, my children aren't worried about where their next meal is coming from and driving a Mercedes has never been high on my list of priorities. As one of my medical school buddies, Bob, liked to say, "You're in America. You have food. Stop whining." I'm also as busy or busier compared with my old practice. Try running a hectic VIR service, training fellows and residents, and finding time to write and do research. It's tough—in my opinion, just as difficult but probably no worse than private practice. After all, many people in private practice do all 10 subsections of radiology—academic radiologists often forget that when they critique the work of community hospital radiologists.

There is a certain low level of animosity between the two groups. I guess it is natural—everyone wants to believe that they made the "correct" career choice. Pointing out the deficiencies of the other side is one way to feel better about your choice. At a recent SIR meeting, one of the speakers introduced himself as a "recovering academician." I couldn't help but think that anyone who has that mindset *belongs* in private practice. He probably should never have been in academics in the first place. Some radiologists are destined for one type of practice or another. I've heard private practice radiologists comment, "there is no way he/she could do private practice." In some cases that is true, but in my experience this view is greatly exaggerated. The majority of radiologists could do either very well. And I'm certain that the most productive people in both types of practices could easily excel at the other.

What does all this mean? Simply put, we need both to keep the field healthy. Enjoy your practice. You made the right choice.

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Pharmacology in Interventional Radiology; Editors in Chief, Brian Funaki, M.D., Peter R. Mueller, M.D.; Guest Editor, Richard D. Shlansky-Goldberg, M.D. *Seminars in Interventional Radiology*, volume 22, number 2, 2005. Address for correspondence and reprint requests: Brian Funaki, M.D., Section of Vascular and Interventional Radiology, University of Chicago Hospitals, 5840 S. Maryland Avenue, MC 2026, Chicago, IL 60637. ¹Section of Vascular and Interventional Radiology, University of Chicago Hospitals, Chicago, Illinois. Copyright © 2005 by Thieme Medical Publishers, Inc., 333 Seventh Avenue, New York, NY 10001, USA. Tel: +1(212) 584-4662. 0739-9529;p;2005,22,02,067,067,ftx,en; sir00295a.