Shifting Sands

Michael Stillman, MD and Steve Williams, MD

Boston University School of Medicine, Boston, MA, USA.

It was fall of 1994, and Steve and I were adrift.

A put-upon pediatric intern in Virginia, Steve dreamed only of finding other work, going so far as to send for applications for Luce and Fulbright Fellowships. And I couldn't find a job, perplexed as to why my liberal arts undergraduate degree wasn't enticing to prospective employers. We lived in an inexpensive apartment, ate pasta most nights, and worried we would never find professional satisfaction.

Steve decided to transfer to Boston University's (BU) residency in PM&R, and with that we were whisked from the doldrums. Our insistent pessimism cracked, we scoured old yearbooks for people we may know in Boston, and we felt daring and bold and hopeful.

Neither of us had ever lived in a city. We were as frightened of driving as we were of being mugged. Steve's attending physicians and nurses at BU were our parents ad locum, treating us to meals and buying us kitchen wares. They made us feel welcome when we were very much alone, and some of them remain dear friends.

BU became the hub of our lives. Steve was named medical director and then chair of his department, while I graduated from the medical school and stayed on for residency. We built our careers at BU and felt rooted in its soil. Our colleagues and patients respected our contributions, our wards and clinics felt like a home outside our condominium, and we happily contributed to the academic life—teaching, advising, and sitting on committees.

We sometimes kidded that we'd become institutional "grand-daddies"—mythical mentors who receive birth announcements from former students, affable old men trotted out at reunions. Our relationship was strengthened by our work at BU, and we hoped that BU was a stronger institution for our devotion.

And then we were recruited.

Last fall, Steve was approached by Frazier Rehabilitation Hospital in Louisville, Kentucky. He already knew that hospital's research staff from years of collaborative work, and he was offered a career-changing position that included

hospital administration, program development, fundraising, and research.

Although I was the "plus one" in the recruitment, leaders at Frazier and the University of Louisville sought ways in which I could meaningfully contribute to those institutions. Just as I had been mandated to work ten clinical sessions a week in Boston, I was offered in Louisville funding and protected time for teaching, education, and research. Exposure to facets of academic medicine I had yet to explore.

As Steve and I signed our letters of intent, there *was* this electric sizzle. A re-kindled sense of adventure, possibility and, yes, heroism we hadn't felt since our move to Boston 17 years prior. Yet we *are* middle-aged, and comfortable with our routines. So even after formally announcing our resignations from BU—even as I casually advised friends that they, too, should flee the northeastern academic "death match"—we were frightened of all we stood to lose.

We worried about having to find footing in a new city. Most of our dearest friends—including my brother and his family—live in the Boston area. We know Boston's backstreets, undiscovered eateries, and best-respected tailors. And we are comfortable living in a "blue" state, and the first in the nation to approve gay marriage. Boston is a big-minded city, where day laborers read the "New York Times" and very few people are intrusive. This has been a comfortable place for us to live.

We also wondered how we would go about re-building our professional networks. We have worked with our BU colleagues for years, and they are people with whom we've struggled (and sometimes failed) to save lives, with whom we've joked, *kvetched*, and cried, and in whom we trust. We each know physicians we can page for reliable "curb side" consultations and nurses who will care for our patients as if they were their own family. We are surrounded at BU by sounding boards, role models, and confidants. A professional home is not easily replicated.

Finally, we mourned the loss of our patients, and this is a difficult subject about which to write. After signing our

contracts, we both came home nightly and spoke of patients we had seen for the last time. This was particularly painful before we announced our departure, as we felt we were deceiving people who had become dear to us. We felt we owed them more.

Some of my patients have been with me since I was a resident, and many since my first year in practice. They have bravely escorted me, I tell them, from “full-on incompetency to moderate ineptitude.” And Steve is a regional expert in spinal cord injury, so some of his patients drive six or eight hours to see him in clinic. Our patients have taught us both a great deal about loyalty, even as our society is increasingly concerned with convenience.

Steve and I are not so arrogant as to think we’re irreplaceable. Our patients will find other physicians and most, we hope, will be well cared for. But we have both inherited patient panels from retiring physicians, and have enormous respect for the physician–patient relationship. It takes *years* of attentiveness to establish a rhythm with a patient—a sense of mutual trust, an ease of communication, and knowledge of and regard for what is *not* written in the chart. These bonds are hard-won, and we felt that in moving we were squandering them and forcing our patients to begin afresh.

Two dear friends—an elderly couple who speak their minds—once counseled us to leave BU. “Opportunities

await at other institutions,” they chided. “*You must leave home.*” I doubt they imagined we’d bolt the Northeast, but I do think they were correct.

Steve and I owe BU a great deal. He is not yet fifty and has already run a department. He may never have been given that opportunity at a less progressive institution. And I have become a seasoned clinician, learning (and re-learning) the care of the patient from some of the best physicians in the country. Yet grand possibilities await. Seismic change. Upheaval and turnover. Ten years from now, Steve may be a dean, a chief medical officer, or a foundation president. And I may be a program director, a researcher or . . . a full-time clinician. Neither of us knows.

Are we sad to leave home? Certainly. And are we apprehensive about staking a place in a new community? Absolutely. But perhaps even in middle age we are a bit more nubile than we thought. More elastic and adaptable and tensile. Perhaps radical shift is just the thing.

We’ll let you know how it goes.

Corresponding Author: Michael Stillman, MD; Boston University School of Medicine, 732 Harrison Avenue, Suite 511, Boston, MA 02118, USA (e-mail: Michael.stillman1972@gmail.com).