Letter to the Editor

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REVENUE SHIFTING IN ACADEMIA

The presidential address by Joseph B. Warshaw to the Society for Pediatric Research was candid and clear. It deserves a thoughtful response by everyone who heard it, because it is a sneak preview of the ivory tower in the eighties. Here is mine.

I take no issue with what you see but I have a totally different perspective of how the economy is going to shape the teaching, research and service amalgam that we call academic pediatrics.

When I left the University of Colorado in 1965 to join the staff of Children's Hospital in Denver, I was not allowed to keep my academic appointment. The Children's Hospital was not acceptable as an academic site, although there may have been a hidden agenda.

It is humorously ironic that in 1982, 18, of the 40 staff members at Children's Hospital hold full academic appointments and make generous contributions to the stature of the University. Not only does the faculty at Children's Hospital generate their own support (more than one million dollars in 1981), but they include the best of the teachers, at least by vote of the residents. The Children's Hospital faculty does not contribute as much basic science investigation as their University Hospital colleagues, but their clinical research and their collaborative research projects with University Hospital staff are considerable. And in the critical area of health care delivery, Children's Hospital faculty is at the cutting edge of creative changes in the state of the art. So why all the gloom?

In the ebbing cash tides of this decade, it is highly appropriate to examine our academic pediatric programs and to participate in controlling the rate and style of change in programs. It is wistful and wasteful to try to bring back the inequalities and ante-Reagan styles in academic programs. Rather, we should apply our academic energy to the reorganization of pediatric teaching, research, and service.

Although your address brought the economic issue out of the closet, you left us in the dark.

In 1965 it was my fantasy that the University mission in teaching and service, and in research to some extent, could reach out to the community. It seemed incongrous that the town-gown apartheid both preserved a moat mentality and ignored a huge cash resource.

I have interviewed intern candidates for twenty-five years. They always have and still do recite a pledge of allegiance to *both* academic philosophy and clinical practice. To waste generation after generation of willing and conciliatory physicians is the epitomy of short-sighted and effete thinking.

At this time, a high level committee is discussing the possibility of a Children's Hospital—University Hospital common faculty. That construction of academic faculty in a matrix of private and university environments just could be our clinical karma—a far cry from the elitist views in the ivory tower in 1965! It would establish a uniform base of benefits but also recognize performance by incentive programs. It would maximize the case production of the two components of the program. It would generate cash for research and development. It would provide a unique balance of environments for teaching and service, with role models who are relieved of some of the administrative and funding hassle of today's cloistered cells. And most significantly, it would place a high priority on the pride of the health consortium and the setting of realistic goals in today's terms.

If you could have injected this kind of realism into your address, you would have done more than complain about the dark—you would have turned on a light.

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