

Making It in Medicine: An AACAP Past President's Reflections on a Lifetime Career

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On February 27, 2016, 140 medical students from across the country attended the Klingenstein Third Generation Foundation Medical Student Conference to learn about the field of child and adolescent psychiatry. The conference—celebrating its 10th anniversary this year—was held at the Yale School of Medicine. To open the conference, Andrés Martin, MD, MPH, editor-in-chief of the Journal of the American Academy of Child and Adolescent Psychiatry (JAACAP), invited John Schowalter, MD, Professor Emeritus of Yale's Child Study Center and AACAP Past President, to address the attendees and reflect on his accomplished and enduring career in child and adolescent psychiatry. The following piece is an adaptation of the talk he delivered. We at JAACAP Connect are excited to share with you the incredibly sage (and humorous) advice of a prominent figure in our field.

—Oliver M. Stroeh, MD, Associate Editor

My mother was born in 1890. I was her youngest child, born when she was 46 years old, during the worst depression in US history and in the midst of a crippling Wisconsin blizzard, which I was often told later made my birth in a hospital “iffy.” Obviously, my parents’ car was 1930s vintage. I understandably might have been born with a two-digit IQ. Yet, I was accepted by the University of Wisconsin Medical School at the age of 19 and was the 2014 University of Wisconsin Medical Alumnus of the Year. I am thus a poster child for the truism that being born smart is dumb luck.

One rule in life is that you should never promise more than you can deliver. This mistake is cleverly highlighted in your program by promising that in less than thirty minutes I will teach all of you how to “make it in medicine.” Please try to believe that I did not personally choose this title. This title and one later-to-be-mentioned item were requested of me.

Perhaps again it’s my age, but I firmly believe that old advice (such as clichés) is usually more valid than a “hot new thing,” whether social or scientific. Clichés sound boring, but that’s the good news. Boring means that they have been worth repeating for a very long time. Just two examples are that many composers’ best-known works are based upon hundreds-of-years-old folk music, and one literary example is that the plot for *Hamlet*, Shakespeare’s most popular play, is based upon a story first written around 1200 by the Danish monk Saxo Grammaticus. Saxo earned his last name because he could read and write. On the other hand, the relatively new Higgs Boson particle theory is still being challenged regularly by this or that new electromagnetic field finding. And, socially, my male generation’s fascination with baseball caps—visor right, left, front, or back, depending on your personal preference—has given way to the heavy tattoos of Justin Bieber, David Beckham, et al. “Tats” no doubt helped Beckham in December become *People Magazine*’s 2015 “sexiest man alive.” I’ll give you long odds, however, that by mid-century, tats will also have tumbled in popularity (all fads have a shelf-life), and grandchildren will look at their progenitors’ old, wrinkled ink with sour distaste. Fortunately for me, baseball caps were a lot easier to remove.

Since it is true that both “making it” and “medicine” have various meanings for those in this room, I will narrow my focus on what I have seen and learned as an academic child and adolescent psychiatrist.

I believe that two prime virtues for health professionals are wisdom and compassion. What is wisdom? Facts and data alone are not wisdom. Wisdom develops over time from the synthesis of both information and experience. The most important aspect of experience is that it teaches the common exceptions to the rules that we were taught in the classroom. Wisdom does not require