A career’s twisting road

I wanted to be a physicist. When I was in elementary school, I corrected a teacher about the orbits of the planets. In high school, I told a teacher that we could directly image single atoms; she didn’t believe me even after I showed her the journal article I saw it in. My parents were of two minds: proud of my scientific aptitude but, being of modest means and Jewish descent, hopeful their only son would become a “real” doctor someday, the medical kind.¶ I enrolled in the University of Maryland (UMD), College Park, in 1969 and obtained two bachelor’s degrees, in physics and astronomy, in 3 years. Michael A’Hearn, my astronomy adviser, told me he was content to add a tiny bit of knowledge to the world—prophetic words from the future team leader of Deep Impact, the space probe that blasted a hole in comet Tempel 1 35 years later. I decided that I, too, wanted to make a small contribution, in experimental physics.

In 1970, the Selective Service System held a lottery to determine the order in which men born in 1951—my birth year—would be called up for service in the Vietnam War. I won. My birthdate came up first. My physics adviser got a low number, too; he went abroad to medical school. With pressure and support from my father, I entered medical school at UMD. It kept me out of Vietnam. There were five other physics majors in my class.

Research was still my goal, so I worked in a neurobiology lab. After graduating, I went to Duke University Hospital for a combined residency and postdoc in neurology. For the next 30 years I was an academic neurologist, seeing patients, teaching, and doing basic research—the academic triad. I kept up with developments in physics (to which I yearned to return) by reading, especially Science. I learned that my physics adviser had gone into medical practice.

Retrospectively, I can see how good those decades were for medical research and researchers. Good ideas and valid protocols were rewarded with grant money, despite the high level of competition. Many hard-core scientists who had entered medicine to avoid the draft did important work.

I garnered an international reputation in my specialty, but my father never considered me a real doctor like the practitioners he saw in the cardiology and internal medicine clinics he frequented. Yet, before he passed away with a stroke in 2008, he made it clear he thought I’d had a good career. I agreed. Three years later, I retired.

My retirement didn’t last long. My wife said I should get a job—she said I had too much energy—so I started filling in for absent neurologists in the field of stroke management. For 3 years, I have worked at hospitals in small towns across the United States, learning a new approach to medicine.

Medicine, it is said, is an art. The academic medicine I had practiced, though, is science. Everything you do for and to your patients is based on the best evidence, calculated for maximum efficacy, and reviewed and criticized by yourself and colleagues. It took me 3 years to stop looking at every problem as a possible publication, to stop answering every question with a PowerPoint presentation.

Now that I’m a real doctor, the kind my father so wanted me to be, I am practicing the art of medicine, although I still occasionally ask whether patients know the square root of two during mental-status exams; once I even found a patient who knew Ohm’s law. My bedside manner has sharpened. I detect gratitude from my patients—a new type of satisfaction. It’s an experience my father knew as a patient and wanted me to have on the other end. It took me 40 years, but here I am.

I haven’t tried being a physicist yet, but careers are long, and only at the end can they be fully measured.

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