

## On Renewed Fall Activities

My Mediterranean upbringing did not prepare me for the visual pleasures of a Canadian autumn, or the fall, as it is aptly referred to over here. This year offered the usual wondrous color explosions, with lingering late-summer warmth to accompany the daily strolls and gentle crunching of October leaves underfoot. It is also a relatively new and joyous reminder that the start of a new academic year does not carry the same resonance it once did. It has been 2 years since I stopped greeting the season with the annual mix of excitement and anxiety elicited by new mandated challenges, along with regret that the summer days were over. There would be no repeats for me of a 40-year era of rigorous scheduling and the sinking feeling that there would never be enough time to undertake all the planned assignments.

Today, there is no rigid template for my new life. I control my time as I please—except for my weekly single day of treating patients—as I edit this journal and travel abroad, though no longer exclusively on lecturing assignments. The latter are now planned sojourns to visit old friends and make new ones—enriching intervals with gently placed teaching interludes.

This fall, I visited Mainland China and then Fukuoka, Japan for one more superb ICP meeting, and then traveled on to Taiwan, Hawaii, and most recently Dublin, Ireland. It continues to be gratifying to find such an explosion of interest in academic prosthodontics, and above all such a profound appreciation for what this journal of ours represents. It all resonated particularly in the familiar refrain from both older and

younger colleagues that clinical academic careers still offer enormous fulfillment. The dual satisfaction of teaching and learning was repeatedly asserted, although concerns about limited structured time for clinical research continue to threaten the scholarly integrity of purpose. It seems that most dental schools continue to fail to appreciate that careers in clinical scholarship demand protected time, and that the very nature of caring for patients makes serious inroads into the academic's timetable. Furthermore, the inevitable administrivia can combine with the triteness and frustration of committee assignments to further compromise scholarly progress.

It was all familiar territory of course; a predicament that Sreenivas Koka (an important member of our Editorial Board) suggested was aptly reflected in his Mayo Clinic colleague's recent editorial in *Endocrine Practice*. I obtained the necessary permissions to include Dr F. John Service's incisive piece in this issue, since I too presumed that it would elicit amused recognition in our international readership. It seems that academic medicine demands similar humorous tolerance from its loyalists. The challenge for the developing scholar is to not only be protected from the sort of committee culture Dr Service so wittily refers to, but to keep insisting that the essential agenda of protecting clinical scholarly time be given absolute priority.

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## The Importance of Being Important

*"...some are born great, some achieve greatness, and some have greatness thrust upon 'em.'"*

Acknowledging the possibility of a rare exception, I nevertheless hold to the position that none of us consorts with a person destined from the womb to be important and, furthermore, only rarely may any of us encounter, in our professional activities, a colleague whose importance stems entirely from merit. For the most part, we associate with those who have been elevated to a rank or position of importance. Almost

universally, these persons have similar and readily recognizable characteristics. The initial transformation among the *nouveaux importants* is the rooting of the delusion that their innate worth, previously oblivious to their peers, has been validated by the very act of elevation. They view themselves as having been plucked from the dross of commonality like overlooked nuggets to be placed in their rightful positions of importance. These individuals commit the cardinal error of confusing the importance of the new task or rank to which they have been assigned with their own

importance, which perforce is inflated. Consequently, once their finite term of duty has been completed, these self-important persons rarely revert to their previous status among the hoi polloi and seldom are comfortable taking directions from their successors. There seems to be an unwritten rule that “once important, always important.” Accordingly, self-important persons experience progressive elevation to jobs of increasing stature or rank, regardless of quality of performance at lower levels.

Self-important persons often comport themselves with a serious demeanor, with a mien suggestive of chronic suffering from bearing not only the strangling restrictions of political correctness but, even more, the perceived (by them only) unrelenting and crushing burden of major decision making. Self-importance is incompatible with humor, and frivolity is totally unacceptable—except perhaps with other consenting self-important persons.

There is an affinity among self-important persons. Encounter one self-important person in a corridor or elevator, for example, and you may receive polite, although cool, greetings; encounter two self-important persons in the same circumstance, and you may as well be invisible. Self-important persons congregate at social events to the exclusion of others. They appear to have, if not a language, at least a system of communication foreign to us ordinary folks. I suspect that this behavior arises from the need to feed the insatiable appetite for confirmation of importance through association with other self-important persons. Like a slowly leaking balloon, their inflated egos require constant reinsufflation. And what about the double-cheek kiss among this ilk, which can be witnessed even in the socially restrained and emotionally arid Upper Midwest? Surely this activity must contravene some ordinance of the Joint Commission on Accreditation of Healthcare Organizations or at least raise some sanitary concerns.



**D**r F. John Service graduated from McMaster University (BA) in 1958 and McGill University Faculty of Medicine (MDCM) in 1962. Following a year of rotating internship at the Royal Victoria Hospital, he spent a year in general practice at the Cottage Hospital in Botwood, Newfoundland. He returned to Montreal for a 12-month stint as a junior assistant resident in medicine prior to beginning his training in internal medicine and endocrinology at the Mayo Graduate School of Medicine, Mayo Clinic, Rochester, Minnesota. During his 4 years of

But, I forget; these self-important persons rarely see patients. If scheduled to do so, they often manage to evade the responsibility with the excuse of being “on administrative time” or having an impending committee meeting. The spawning ground for self-important persons is the committee system. Although I do not accept that there is a gene for greatness, I am prepared to consider that there may be one that provides tolerance of, and (for the homozygote) a proclivity for, committee machinations. The “good committee person” never challenges the chairperson, never criticizes a proposal directly, never endorses with enthusiasm any proposal with a tinge of controversy, always defers to other committee members, always votes with the majority, and unctuously agrees to perform any assigned task.

Self-important persons cultivate an aura of expertise, even in areas remote from their professional training. They are obliged to manifest their status as an important person by monopolizing conversation and dominating the flow of factoids, which the kowtowing unimportant spectators are too intimidated to challenge. It is rare for a self-important person to linger in the background listening, with only the occasional offering of an opinion. This behavior is a sign of illness or impending loss of importance.

Enough of this railing against “helium heads.” We should acknowledge that it is both a full-time job and hard work being self-important. There should be room in the diversity tent for these folks; why, some could replace the center pole.

F. John Service, MD, PhD, FACE, FACP, FRCPC

## Reference

1. Shakespeare W. Twelfth Night. Act II, scene v, line 159.

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training at Mayo, he completed the requirements for a PhD and was a participant in some of the pioneering work conducted by Dr G. D. Molnar, former chairman of the Department of Medicine at the University of Alberta, in continuous blood glucose analysis and quantification of blood glucose behavior. Dr Service has been editor of *Diabetes Care*, a principal investigator of the Diabetes Control and Complications Trial, and president of the Minnesota affiliate of the American Diabetes Association. His research career essentially behind him, he is now a full-time clinician in the Division of Endocrinology and Metabolism at the Mayo Clinic.

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