Before we talk about the balancing act, let us discuss what can define each of the three activities that comprise the clinician’s work schedule: clinical work, academics and research.

Clinical work can be defined as the direct interaction with patients related to the amelioration of their illness. This is perhaps the most important reason why we have qualified as doctors. Academics can be defined as acquisition and dissemination of knowledge while research can be defined as the delving into the world of unknown or partially known.

Practice of clinical medicine involves broadly speaking, diagnosing the condition, administration of medical treatment and performing surgical procedures where needed, with compassion as the main driving force. Academics as we practice involves interaction with trainees, publishing in peer reviewed journals, presentation in conferences etc. Research can be purely clinical or a combination of clinical and basic science research.

At their core however, all the three facets of our functioning would need relevant knowledge, logical thinking, sound judgment and practical experience. The knowledge acquired initially through proper training and teaching during our formative years forms a good basic foundation. However, an equal or more amount of knowledge is added by constant updating through journals, conferences, visiting senior clinicians etc. This acquisition of knowledge helps in turn to treat our patients better. One should remember that, in this era of the internet, the patients can be more informed than the clinicians about the most recent developments—since they will be concentrating on digging into information on one disease that they are interested in.

Academics helps one to keep abreast of latest developments. The preparation for lectures, interaction with the trainees, writing articles for journals, reviewing articles written by others etc. are all ways of enriching one’s mind. It is not a waste of time nor is it second in its importance to clinical care. It is a vital activity to maintain one’s talents as a good clinician. Hence it is not a question of clinics versus academics but clinics and academics for as long as we are practicing medicine.

I would recommend everyone to read the book by Arthur Hailey, ‘The final diagnosis’. Fifty years after it was written, it is still relevant in its message. A great pathologist had to resign in ignominy when he fails to keep up with knowledge and makes a blunder.

Research is like the icing on the proverbial cake. It is mentally stimulating and generates creativity in a person. Even the very act of trying to write a grant application is a huge learning process. A clinician–researcher cannot say he/she will not see patients but do only research. Where will the ideas come from, if one does not see enough clinical spectrum of disease? Research does not have to be always in the form of a major project. Small ideas, which can potentially improve the delivery of health care or make it more efficient, can also be research projects. Interaction between clinicians and basic scientists creates a fertile ground for generating new ideas that can be converted to good-quality research projects.

Having said that, research can still be optional. There may be many reasons why a clinician may not be able to indulge in research—interest or lack of it, available time, priorities etc.

Balancing is a part of life in general and equally applicable to the professional life. While one can prioritize what one wants to do and what one does not want to do, there is one activity, we as clinicians are committed to do and hence duty bound to do—i.e. good patient care. To enable this to be consistently of the highest order, academics is a must.

We have to run to stay at the same place, lest we are dragged backwards and have a shameful fall. Often one offers ‘lack of time’ as an excuse. But more often than not—‘improper utilization of time’ is the cause. One should seriously ask oneself if the time off from clinical work is properly utilized. Setting long-term goals and short-term targets is a good way of proportioning this academic time and making best use of it. Research (done to any extent) tends to round off the professional satisfaction one gets. If one does not want the icing on the cake, so be it.

Broadly, one should be able to do justice if 80% of time is allocated for clinical work; 10% for academics and 10% for research, with the proviso that the time is well utilized for the purpose intended. Finally, one should remember that there is never enough of what we want—money, affection, time, power etc.