Scholar, Interrupted: The Need for Compassionate Medical Leave Policies

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In September 2018, an MRI identified two large masses in my liver. They were thought to be benign adenomas, but their size was troubling and I would likely require extensive surgery. I was in a panic. I had just begun what was supposed to be my last year of a PhD program at the University of Rhode Island. How could I continue writing my dissertation during a major health crisis? In retrospect, I should have known that something was wrong. My energy level was much lower than normal, and I felt foggy. I had difficulty writing, and for the first time I was unhappy with my dissertation progress. I prepared to meet with my major professor and Chair of my department to discuss my situation. I was informed that I was entitled to four semesters of medical leave and that my work on my dissertation could resume when I returned to the university.

I was relieved that the university had this policy in place since I feared that I would have to work on dissertation chapters while recovering from surgeries. Instead, I found nothing but compassion and earnest wishes for a quick recovery from the entire university. The process of applying for medical leave was simple, merely requiring an online form. Once submitted, I was free to drive away and take care of myself. I left the university on a warm fall day expecting to be back in January. My condition was much more complicated than imagined. Due to the size and positioning of the masses, I could not have immediate surgery. The adenomas had to be shrunk down through four painful embolization processes that took at least three weeks of recovery apiece. Once I consulted with my surgeon and realized that returning in January would not be feasible, I reached out to my Chair once more.

Once my second semester of leave was in place, the university left me to recover as much as possible. When there was an urgent issue with changing a student’s grade, I was able to authorize the chair of the department to complete the form and deliver it to a campus office since I was in Boston recovering from a procedure. Since I left the university, there has been no pressure to write. I have continued to consult with the Chair on how to proceed with what remains of the semester and the summer. In early June, I went through a complex but successful surgery, which enabled me to return to the university in September 2019 and resume my dissertation and graduate in May 2020.

I have been continually humbled and warmed by the compassionate care I have received from the Chair of my department and the university. When I initially left, my Chair shook my hand and said that they looked forward to seeing me as a scholar among them once more. The remark struck me powerfully. I was becoming an interrupted scholar. For the time being, I had more important things to focus on but my place among my fellow scholars was still secure. I was allowed to recover at my own pace and my scholarship was more thoughtful and unclouded with anxiety. I had confidence that returning to the University of Rhode Island would enable me to complete a compelling dissertation as a healthy woman. I
commend the University of Rhode Island’s medical leave policy and the Chair’s compassionate and helpful assistance, and I urge other universities to follow their example.

My own positive experience with medical leave led me to question the situation at other universities. Though my medical crisis has certainly been difficult, I realize how lucky I have been. I live near a city with some of the best hospitals in the world, and my tumors were in fact benign. Furthermore, my university allowed me the opportunity to focus on my health and nothing else. I fear for scholars facing the same situation or worse without compassionate medical leave policies in place or being forced to return to their university without being fully recovered.

There can be many reasons why a scholar might need to seek medical leave. Family medical leave is a very important and often embattled issue in the United States. Other scholars might have a sudden, acute medical crisis, as I did. Chronic conditions may require their own form of treatment and leave. Mental illness can also be a medical crisis requiring immediate treatment. Whatever a scholar’s reason for seeking medical leave, it should not be the business of the university to question the scholar’s health. While medical issues can impact anyone, situations surrounding pregnancy and maternity leave disproportionately affect women. In addition, women make up a large percentage of many graduate programs, including my own. Susan Wendell’s work argues that feminist theory has been biased in favor of healthy and nondisabled perspectives. Her 1997 book *The Rejected Body: Feminist Philosophical Reflections on Disability* alters this narrative. As Wendell (2001) notes, chronic illnesses and other health problems are more prevalent in women. In instances where comprehensive leave policies are not in place, women can become disadvantaged in academia. The growing trend in feminist theory to acknowledge health and disability are feminist issues must continue.

When scholars are in the process of completing a dissertation, it is easy to feel that the dissertation is or should be their number one priority. However, the dissertation should not always be the number one priority, especially during a medical emergency. When I received my diagnosis, I had many fears on my mind. After my meeting with the Chair, and with my medical leave in place, it was immensely freeing to admit that my dissertation was now the last thing on my mind. Scholarship produced under harrowing conditions cannot be expected to reflect a scholar’s true ability. When we are given the freedom to put our scholarship aside to focus on graver concerns, our scholarship becomes more thoughtful and focused when our health returns. For me, being able to return to complete my degree has been a life-changing experience. I feel more confident in my writing, more focused as I complete my revisions, and most rewarding of all, everyone has commented on how healthy I look now.

An interrupted scholar should not have to risk their academic progress or career. If comprehensive and compassionate medical leave procedures are put in place, I envision a world in which graduate students do not have to lessen their mental and physical health to pursue their academic careers.

References
