

## Appendix 6A: Common Questions About Being a Parent In Medicine

### 1) *When is the best time to start a family?*

Woman physicians are often asked this question. The answer is, of course, "it all depends....." There is general agreement, though, because of the time demands and stress of new clinical responsibilities, that the most inconvenient time to be pregnant is internship. A close second may be the third year of medical school. However, numerous women have successfully accomplished both pregnancy, child care and training responsibilities during even these years.

An extensive study of pediatricians revealed that men had an average of 2.6 children; and women, 1.7. For both sexes residency was the most common time to have the first child; however, board certified women were more likely than non-certified women to have postponed their childbearing until fellowship or after training (LeBailly and Brotherton). A 1988 survey of women internal medicine faculty revealed that, of the women who were currently married or had been married, 79% had children. The mean age at the birth of the first child was 30.6 years and at the birth of the second, 32.9 years. Seventy-nine percent of these women faculty with children reported breastfeeding their infants for an average of 6.5 months; 81% returned to work while doing so. Forty-six percent of the respondents with children had their first child after completion of training. Almost three-quarters reported being satisfied with the timing they had chosen (Levinson, et al.).

A study of male and female residents whose families experienced a pregnancy during residency also produced noteworthy results (interestingly, this study of residents grew out of and utilized AAMC's Women Liaison Officer network). About 30% of both the female residents and the spouses of male residents said they should have timed their pregnancies differently. Both groups missed little work because of pregnancy (fewer than 7 days per trimester), but spouses took much longer maternity leaves (15.5 weeks) than female residents (5.8 weeks) (Harris et al.).

While there is no "ideal" time to start a family, women working toward a career in medicine should be encouraged by these reports that medicine and parenthood are not incompatible. Experienced physicians recommend, however, that young women planning families be careful not to convey a sense of entitlement regarding institutional accommodations to their childbearing or childrearing aspirations. Such an attitude is likely to undermine colleagues' or superiors' support. Another piece of advice to women wanting to start a family during residency is to look for a large training programs that might have more flexibility to modify schedules (Iserson).

### 2) *What else does a physician-in-training need to think about regarding starting a family?*

- *Childbearing* marks the beginning of child *rearing*. In addition to investigating maternity and paternity leave provisions, the availability of assistance with child care must be carefully explored. Students need to ask themselves such questions as: will I be able to rely on members of my family to help? how much additional debt will child care expenses entail? can I afford to borrow this extra sum? is having a child caretaker who speaks the same language as I do important to me? what is the minimum age of children that day care facilities in my area accept? what resources are available for when my child is sick?

- All parents need support. Many physicians have the tendency to deny their limitations and to maintain that, if they just put their minds to it, they can do anything. But, especially in households where both parents are professionals, parents need help in meeting their responsibilities to their children. Practical supports are easy to name but often hard to find and keep: child care center, babysitter, housecleaner, professional or live-in domestic help. A good support system also includes a sympathetic pediatrician, a network of colleagues, and, if not members of the extended family, then friends in the community.

- A resident who becomes pregnant will want to initiate a discussion with her program director *early on* in order to maximize the planning time available and to minimize disruptions for patients and for the other residents. If she is in a relatively small program, a resident should evidence awareness that her pregnancy is likely to have a high impact on the program, especially if any other resident is also pregnant. A cooperative and realistic, rather than demanding, approach to the resulting disruptions will help the other residents and program director to adjust.

### **3) *How should medical students respond to program directors' inquiries about their personal lives and childbearing plans?***

Senior medical student responses to AAMC's Graduation Questionnaire show that residency directors ask women personal questions more frequently than men. Women are more likely to be asked about the stability of their interpersonal relations (25% of women compared to 17% of men) and their intention to have children (40% compared to 16%). Women are five times more likely to be questioned about their commitment to medicine and twice as likely to be asked about their spouse's support for their decision to pursue medical training. Women are also seven times more likely than men to report an offensive incident occurring during their interview.

The law prohibits discrimination in hiring decisions on the basis of sex (including pregnancy), race, religion, national origin, age, and handicap. Questions pertaining to any of these subjects may be evidence of an impermissible discriminatory intent. Candidates are not required to answer them; and if a program does not select a resident, the fact that the questions were asked can be offered in support of a claim against the program.

If a student feels that an interviewer is overly aggressive in pursuing questions, he or she may contact the federal Equal Employment Opportunity Commission or the state agency that handles discrimination claims. Understandably, few women have ever filed a claim because of questions about childbearing plans. Applicants naturally wish to please rather than alienate interviewers and therefore try to respond to all questions. Before their interviews students should prepare and practice answers to predictable personal questions. Immediately after their interviews, students who are uncomfortable about anything that occurred should write down their memories of what transpired so that they have a record for possible later discussions with their student affairs dean.

Women who hope to have a child during residency or who are uncertain of their plans need to think very carefully about how their responses may be received. The first dilemma is whether to be honest or to deny childbearing hopes. Most program directors have experience with residents who claimed not to be considering pregnancy but who did become pregnant during training and are now suspicious of other residents "misleading" them. Students should realize that questions regarding pregnancy are usually asked out of legitimate concern for staffing requirements (Bickel). Prospective residents can use these inquiries to find out how supportive the program director is, how the leave policies work, and how

absences are handled. This discussion will provide the student with valuable insights and the student can use this opportunity to assure the program director that she understands that any resident's pregnancy has implications for the program and can relate her plans for managing the increased responsibilities related to parenthood. Students should also remember to turn the conversation back to their commitment to medicine and to their academic and professional qualifications.

(Adapted from Bickel, J., *Medicine and Parenting: A Resource for Medical Students, Residents, Faculty and Program Directors*, Washington, DC: AAMC, 1991)

## References

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