Respect

...with the broader literature indicating the kinds of challenges encountered by physicians and other health professionals who have children or who carry significant family responsibilities during their training years. For these reasons, I was particularly interested in a number of excellent submissions focused on parenting and the vulnerability of medical students and health care workers’ families, particularly in the time of a pandemic, that were sent to our journal in this past year. Five of these articles and an Invited Commentary appear in this issue of Academic Medicine.

The paucity of data on pregnancy and parenting in medical school and the underdevelopment of parental leave policies for medical students are highlighted in 2 articles in this collection. Durfei et al suggest that the growing literature on parenting in graduate medical education and faculty life has failed to adequately address the topic of parenting in medical school. The findings of Kraus et al support this “hemineglect” hypothesis; they found that only 33% of 199 MD-granting and DO-granting medical schools have parental leave policies available online or in their medical student handbooks. Kraus et al conclude that many schools lack parental leave policies that are easily accessible online or in student handbooks, separate from other kinds of leave, allow for at least 12 weeks, and permit students who are parents to complete their educations in their original timelines.

My own early empirical work suggests that among physicians-in-training, addressing personal health needs, including reproductive health needs, and caring for family can inspire a lifetime of dedicated, compassionate patient care practices. As noted by Callahan and Salazar, personal health experiences can lead to appreciation and empathy for the patient experience. More worrisome are the systematic data and narratives illustrating how medical training can be disruptive of personal and family relationships of health care professionals. Several studies suggest that physicians-in-training experience considerable role strain and stigma associated with parenting or family responsibilities. These data fit with the broader literature indicating that health professionals, in general, set aside their personal physical and mental health needs. The curricular implications of these findings merit ongoing investigation and discussion in the current context of medical training.

The health risks, childcare needs, and financial burdens experienced by health care worker families in the time of the pandemic are the focus of the work by Donroe et al and by Robinson et al. In both articles, the authors emphasize the responsibility of health care institutions to support and protect their faculty, trainees, and staff. Donroe et al recommend mental health resources, childcare and home assistance networks, and additional administrative efforts to help faculty, trainees, and staff to share their concerns and identify solutions in a supportive work environment. Robinson et al highlight the importance of access to affordable childcare, and Donroe et al identify dual health care professional households, single-parent households, and households with an ill family member as especially vulnerable to added health issues and stress.

In their heartening Innovation Report, Lane et al describe their experience of rapidly setting up a childcare support network for essential health care workers at their institution. Their article joins recent reports and narratives published in our journal related to insufficient childcare resources in medicine during the COVID-19 pandemic. Lane et al outline the organizational and communication skills, public health knowledge, and morale and personal fulfillment dimensions of this local effort. The COVID-19 pandemic demonstrated societal inadequacies and...
health inequities throughout the world, and it also revealed the resourcefulness and generosity within communities to support essential health care workers, as illustrated in this report.

This collection enlarges upon the emerging literature that recognizes health professionals as whole people—people who have chosen the path of service to others in health care and who also have responsibilities in caring for their loved ones. But the unique experiences of personal responsibilities appear not to have received sufficient attention by educators and policymakers. The contributions and sacrifices of medical students and health care workers and their families may go unnoticed and unspoken but deserve our full consideration professionally and our deep respect personally.

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Editor’s Note: The opinions expressed in this editorial do not necessarily reflect the opinions of the AAMC or its members.

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