Contributions and Sacrifices of Medical Students and Health Care Workers With Family Responsibilities Deserve Our Attention and Respect

I had my first child just after completing my second year of medical school. Women made up the minority of our class, and I knew of only one other student with a child in the entire school.

One day, one of my classmates, eyeing my belly, said to me, “You’re pregnant? I thought you were going to be a good doctor!” Realizing what he had said, he coughed, panicked, and ran off. I still do not know exactly what was meant by his offhand comment. At best, it was an awkward response to my visible nonconformity with the expectations of a “proper” medical student. At worst, the spontaneous remark represented an insensitive and biased dismissal of my capacity to become a competent physician while also being a mother.

Once my new daughter arrived, I took several months off to spend with her. My classmates moved on to their clinical rotations, and I started to connect with other young mothers in our university neighborhood. When I was facing the anguish of returning to my medical training full time, the other mothers shook their heads, expressing their doubt and concern. “What’s going to happen to your baby? I could never do it.”

An outlier in both the roles of medical student and mother, I learned very quickly to stay quiet, protecting my capacity to become a responsible student and mother, I learned very quickly to stay quiet, protecting my capacity to become a responsible medical student.

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 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

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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 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.

References

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