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Compatibility of Family and Profession: Exclusively a Womens´ Problem in Medicine? How Surgeons May Cope

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Introduction

The tension between family and profession is a frequent topic in the medical literature of industrialized countries [1-8]. While this is most often examined for women intending a demanding professional career in medicine, that emphasis does not reflect that many husbands or partners of female doctors are male doctors [9,10]. Because of this career similarity, there is no objective argument against sharing child care on equal terms. However, this seems to be a special challenge for doctors in training for time-consuming and formally demanding qualifications, such as surgery [1,2,5,8]. This manuscript describes my experience interrupting clinical work for one year of parental leave as a father during surgical training in Germany in 2002 with regard to short- and long-term effects on both parents´ career and the child´s wellbeing.

Methods

During the one-year break from clinical work, time spent on comprehensive child care of a one year old, including household chores and the time required for continued medical education (reading medical literature and attending training courses) were documented prospectively for 360 days of 24 hours each. The outcomes of surgical training and experience were compared to the average figures given by the Professional Association of German surgeons (BDC) and the German Medical Association (Bundesarztekammer, BAK) as a benchmark. Time management was documented prospectively, as were the consequences of family engagement on further training and a long-term career in surgery.

Results

The average daily time, not considering training courses and holidays, was spent as follows: duration of sleep: 6.6 h; child care and household chores: 13.4 h; recreation/leisure/sports: 1.7 h; studying literature 2.3 h. Overall 3,325 pages of scientific literature were read and the following courses were attended: basic course sonographic diagnostics (4 days), course in emergency medicine (8 days, 52 journeys in the emergency doctor's car), course in radiation protection (4 days), another 14 certified further training courses of at least 2 hours duration. In leisure time, the coastal shipping license was obtained (one fortnight on board). Days of complete absence from the family, thus, took place during the 6-weeks overall mother´s annual leave from her work. 14 days were spent on a family holiday. About one year before termination of the further training, my level of training as given in the number of performed relevant surgical interventions corresponded to numbers given as bench marks by the BDC and BAK. The overall duration of clinical surgical training was 5.25 years (6.25 years total with the one year of parental leave).

In contrast to widespread expectations, no openly negative comments or apparent discrimination occurred from any colleagues or supervisors when communicating the decision for parental leave, nor afterwards on re-entering clinical work.

No further career interruptions were necessary for our daughter. Her mother qualified as dermatologist in 2004, three years before my qualification in general surgery. At a 15-year follow-up, no negative career effects of equally sharing the responsibility for child care were noted. My current position is that of a consultant general and GI surgeon with full accreditation in colorectal, lower-GI, upper-GI and endocrine surgery and the mother´s position is a consultant dermatologist with additional accreditation as an allergist. Our income levels are the same, today.

Discussion and Conclusion

My wife and I were at the same stage of our careers (second year) in different medical subjects by the end of the year 2001, when our daughter was one year old. My wife´s clinical work had

been interrupted yet for 14 months perinatal and postpartally. No options for child fostering such as a nursery or kindergarten were available at that time where we were living. Arguments for following conventional models of providing child care by women alone instead of sharing the burden on equal terms even in equally qualified couples were searched for but not found. Equal goals between our daughter´s equally qualified parents in following a medical career made interruption of my clinical work at a leading German university surgical hospital a logic requirement for providing care of our daughter, thus.

Use of parental leave was very uncommon for male surgeons in 2002, especially at university hospitals. Sex ratio between women and men on parental leave working in medicine was 96% versus 4% [10]. Meanwhile, legislation gives strong support to planning parental leave for women and men throughout all professions in Germany and the numbers of men interrupting their work for child care are increasing regarding total workforce [11]. However, in the medical field the proportion of male doctors on parental leave has even declined: according to the latest survey by the BAK from 2016, the female vs. male ratio is 97.5% vs. 2.5% [12].

Effective time management during one year of parental leave may make it possible to use this time for fulfilling formal didactic educational requirements and for in-depth reading of medical literature. One year before the completion of further training, the training level was equal to the bench mark. Thus, there were no differences in surgical experience or in the time necessary until graduation when compared to colleagues who did not interrupt their clinical work [13,14]. In conclusion, an equal share in the responsibility for child care does not necessarily have a negative influence neither on surgical training nor on the long-term career as a highly specialized consultant.

As a secondary goal, I tried to convey this positive experience regarding the effect of sharing child care on equal terms in a surgical career to the surgical community in Germany by reporting at different occasions: 1. at the annual meeting of the German Society of Surgery [15], 2. in the leading German surgical journal [14], 3. in the journal of female medical doctors in Germany and 4. in a leading German weekly quality paper [16].

However, even though my colleagues´ and supervisors´ reactions to my decision on sharing family work on equal terms for at least a period of time were at least not openly critical, current data suggest no trend towards following my example by a relevant proportion of male doctors [12]. Furthermore, my personal positive experience is in strong contrast to results of a survey and observational study from Engelmann et al. from 2015 [17] who documented severe impairments for career options in the medical field after parental leave. The question, however, why these career impairments are mostly accepted by women and just by an obviously even diminishing minority of men [12] are bewildering and remain unanswered.

The effects of shared child care on the relation between each parent and the child would go beyond the scope of this manuscript. Nevertheless, it seems of high value to me as well that our daughter has a strong and stable relation to both parents and gives positive feedback concerning her experience both with shared care for her and with shared career chances between her parents.

Apart from inevitable time periods during and surrounding pregnancy, no valid argument exists why combining family and profession should be a womens' problem alone in medicine. The vast amount of scientific evidence for lack of gender equity in medicine and in particular in academic surgery [1-10] gives reason to call for urgent improvement on this. The findings from this reported experience should encourage fathers who are worried about disadvantages to their career with use of parental leave to contribute to equally sharing responsibilities and burdens of family life with their partners.

In addition, a positive side effect would be that employers would no longer have to worry about a rising proportion of women striving for a career in surgery or other technically demanding medical careers [18,19] as their partners would hopefully in the future share the burden of child care and no longer let female doctors alone face the impairments that Engelmann et al documented in their study. Incorporating both family and profession may become a shared value as well as a shared burden between couples in the future so that parental leave will no longer be a gender-based barrier to career choice.

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