

Family or Career— Must We Choose?

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am a wife, a mother of two, and a career-driven woman. As both my husband and I are orthopedic surgeons, balancing family and work has been a challenge. I have always prided myself on my dedication to work, ability to complete tasks, multitasking capabilities, and interpersonal skills. I am ambitious, conscientious, and detail-oriented. I am also healthy, or I was until a recent setback.

Ignoring the Warning Signs

Last year I had some problems, all of which I attributed to stress. I was in my fourth year of residency applying for hand and upper extremity fellowships. Because last year happened to be particularly competitive for this subspecialty, it was quite stress provoking. For several months I struggled with insomnia, anxiety, night sweats, mood lability, hot flashes, dyspareunia, increased urination, and infrequent menstrual cycles. I chalked these symptoms up to the stressors of the application process, and to the many other activities that occupied my time beyond residency. After skipping some periods, I bought a pregnancy test. My husband laughed at me, since I had a tubal ligation at the time of my second caesarian section. Needless to say, the result was negative. I knew the problem was not a thyroid disorder, as I had recently obtained blood work for a life insurance policy, and my thyroid stimulating hormone level had been normal. By process of elimination, I concluded stress must be the cause, and went on ignoring my symptoms.

One weekend when my parents came to town, my mom noticed how I was dressed for bed—in a tank top, shorts, and no socks. She also noticed I had a fan blowing at full power. She was confused. In the past, I had been in the habit of wearing flannel pajamas (full sleeve and pants) and socks to bed, as well as using several blankets, and

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Am J Orthop. 2014;43(1):E28-E29. Copyright Frontline Medical Communications Inc. 2014. All rights reserved. have never been able to sleep in the cold or in any draft. This change in behavior concerned her. She knew instantly something was wrong, and she demanded I see a physician.

With some reluctance, and only when I could finally squeeze the time into my resident schedule, I visited an internist, who was concerned as well and ordered thousands of dollars' worth of tests. This significant workup led to the simple diagnosis of premature ovarian failure, which is essentially early menopause. I was 35 and did not have menopause in mind. Although I was relieved anything malignant had been ruled out, I also felt a sense of loss. Somehow my womanhood was over. I could supplement with hormone therapy, but knowing I wouldn't be able to produce my own estrogen was demoralizing.

Bad Diagnosis Is a Reminder of Good Fortune

After reflecting on this diagnosis for some time, I realized I was incredibly fortunate. Many career-driven women decide to wait to have children. It is now relatively common for a woman to postpone starting a family until her mid-30s. In a new book, Do Babies Matter: Gender and Family in the Ivory Tower, Mason and colleagues¹ explore the family sacrifices women often make to succeed in academia. In my case, I had decided to have children while obtaining my PhD as part of a combined MD/PhD program, and managed to avoid a major career setback. Women aiming for high positions in the professional, corporate, and academic worlds often delay marriage and childbearing to focus on tenure, promotion, and career advancement. In interviews, faculty members have described sacrificing family time simply to demonstrate they're committed to their work.1 Junior faculty members are sometimes advised to wait to have children. Had I waited until the completion of residency or until I obtained a faculty position, I would not have been able to have children of my own, as I am now infertile.

I was also fortunate to have complication-free pregnancies, though I did suffer a miscarriage after giving birth to my son and before delivering my daughter. Hamilton and colleagues² studied the childbearing and pregnancy characteristics of more than 1,000 women orthopedic surgeons and found the overall reported complication rate to be significantly higher than the rate in the general US population (31.2% vs 14.5%). They also found a higher risk (risk ratio, 2.5) for preterm delivery in orthopedic surgeons than in a general US population cohort matched on age, race, health, and socioeconomic status. Working women must also contend with these devastating possibilities.

Many women believe they have to choose a main priority: either career aspirations or family life. Data suggest that having children truly does affect women's careers, whereas men's are not nearly as affected.¹ There also appears to be a gender gap in academia, with a real glass-ceiling phenomenon.^{1,3,4} Although some workplaces have implemented structural changes, such as stopping the tenure clock for childbirth, granting generous childbirth leaves, offering on-site child care, and allowing for modified duties, many others have yet to do so.

My husband and I struggle with work-life balance. He certainly does not have it easier simply because he is a man. Neither of us makes every school play, music recital, or sporting event, but we focus on attending what we can. Our children know we love them, but they realize we have a responsibility to our patients and a commitment to use our knowledge to give back to society. They are starting to express pride in what we do and not resentment that we are not with them at all times. We are incredibly fortunate to have a wonderful live-in nanny who serves as a third parent to our children. I realize that most parents do not have this luxury.

I cannot imagine life without my kids and do not regret having them when I did. Knowing my childbearing days are over, I am incredibly grateful I did not wait. The challenges are not over, and the most difficult year lies ahead—when my husband, children, and nanny will stay in Columbus while I train in my subspecialty elsewhere. Having a strong support system is paramount. As physicians, we spend so much of our time caring for others that we often forget to care for ourselves—mentally, physically, and emotionally.

Conclusion

We should not feel guilt over not being stay-at-home parents, but instead should know we are guiding our children to be good citizens. When home, we spend quality time with them and shower them with love. The balancing act of family life and career can work, and I would not give it up for anything. I decided, as have many others, to attempt to balance career and family. Because I made that commitment and have a strong support system, I am able to have both a wonderful career and a family life. If we do not pursue our desires, circumstances may choose for us.

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