

Mothers in Medicine

Katherine Chretien
Editor

Mothers in Medicine

Career, Practice, and Life Lessons Learned

 Springer

Editor

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ISBN 978-3-319-68027-9

ISBN 978-3-319-68028-6 (eBook)

<https://doi.org/10.1007/978-3-319-68028-6>

Library of Congress Control Number: 2017958349

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Printed on acid-free paper

This Springer imprint is published by Springer Nature

The registered company is Springer International Publishing AG

The registered company address is: Gewerbestrasse 11, 6330 Cham, Switzerland

For Jolie, Jean-Luc, Pascal, and Jean-Paul

Foreword

Much of medical school orientation was a blur. But there is one presentation that I remember so clearly, even all these years later. A stern-looking geneticist told us that she and her husband wanted to have children while they were in medical school. But life was too hectic, so they decided to wait until they graduated. But then they were in residency and things were way too crazy, so they decided to wait until fellowship. But research overwhelmed them, so they decided to wait until they were attendings.

You probably know where this story is going. When they were finally safely ensconced as attendings, they decided to start their family and they were not able to conceive. The moral was, clearly, don't wait. But that's not the message that I took from this presentation. As a newbie medical student about to plunge into an MD-PhD program that seemed to have no end in sight, my take-home was, "Shit, that stuff is way too complicated and way too scary. I'm avoiding it at all costs!"

Despite the geneticist's warning to us, though, almost no one had children during medical school and residency. Other than a few orthodox Jewish couples, I didn't see anyone pregnant during my training.

Fast forward two decades when I was now an attending. The medical ward was practically a maternity ward! Everyone was pregnant—residents, fellows, students. I was blown away, but I was also impressed. People were choosing to have kids at whatever time was the right time for them, and they'd figure out the details later.

For me, the right time had turned out to be when I was a new attending. In fact I was early in my second pregnancy when I was making rounds with a new team one July. I noticed that the third-year medical student was quite noticeably pregnant. Rounds were long, and it was hot, so I offered to let her sit down. I thought I'd be able to offer my great wisdom, both as an attending and as someone who had been through the pregnancy-childbirth-daycare ordeal before. She smiled and shrugged off my offers of help. "It's okay," she said. "I have triplets at home, so this is nothing."

That's when I realized that we really *had* come a long way. Medical training was no longer the seventh circle of hell that you had to get safely behind you before you

could start your life. It *was* your life, and you could make choices about what you did and didn't want to include in that life.

I don't kid myself that these vaunted choices aren't acutely framed by finances, family support, workplace support, and random chance. But the idea that you were actually living during those years, not just biding time until you could make your debut as a bonafide adult, was a radical conclusion. And it applied not just to having children but to all aspects of life.

A medical classmate of mine confided in me that he'd always wanted to play the saxophone. There was clearly no time for music lessons during medical school, but he realized that if there was no time during medical school, there certainly wouldn't be any time in residency or fellowship. He didn't want to wait a decade to see if he actually liked the sax, and so he scraped up time to play (usually in lieu of meals). He ultimately concluded that it was really only the low mournful notes of the saxophone that appealed to him, so he switched to cello.

His story stuck with me for years as I took up the cello in mid-attendinghood. I now had three kids and a full-time academic job, plus a writing career. I certainly had no time for cello lessons. But until when, exactly, could I put this off: Emeritus? Retirement? Nursing home? Post-mortem?

And so I just did it—bought the cello and signed up for lessons. I fell in love and the cello has become an essential part of my life. I don't miss my lessons *or* practice unless someone is actively hemorrhaging or in status epilepticus—patients or family! It's grown now to the point where we've formed a string quartet that practices in the hospital on Thursday nights after my evening clinic session.

Having children, pursuing music, taking up writing—these are all things that have come to define how I live. There are still only 24 hours in the day, of course, so we all have to prioritize and inevitably give some things up. I'll confess that my medical journals pile up in the bathroom unread and that I've never seen a single TV series after "ER." My children remain eternally embarrassed that I know nothing of pop culture and they don't want to be seen in the presence of my thrift-shop clothes or 10-year-old shoes. They've resigned themselves to the fact that we have only three different dinners, and these have been in rotation for 15 years, with little prospect of changing in the next 15 years. Those are the trade-offs I've chosen to make to create a livable life for me. Every person will figure out their own trade-offs.

The experiences of those who've contributed to "Mothers in Medicine" are frustrating, rewarding, agonizing, creative, exhausting, and illuminating. They are as varied as the individual personality types multiplied by the different medical specialties multiplied by the range of resources available. What they have in common, though, is the recognition that life is lived in real time.

We in medicine are inculcated in the culture of deferred enjoyment, of sacrificing our lives now for some distant rose-colored, board-certified future. But here's the breaking news: No chapter with unlimited time and resources is ever going to magically open up in our lives. No fairy godmother will miraculously graft 8 hours onto your day or stock your house with groceries or impress the 16 kinds of vasculitis into your cingulate gyrus.

Postponing “until” turns out to be a futile exercise in continually moving the goalposts northward. At some point, we all have to accept that we are living in the here and now. Our life is not a staging ground for the real life that starts at some undefined moment in the future. What we have is what we have.

I admit that this could be a depressing thought, especially if you are working a 36-hour shift right now and sleeping in a call room that smells like an adolescent’s socks. However, shedding the burden of “waiting until” could also be liberating.

I encourage all of us to accept that our life—warts and all—is now. At the very least, this gives us an honest knowledge of what our life is. And it is certainly easier to plan around an imperfect reality than around some fuzzy future idyll, which may or may not ultimately bear any resemblance to what we’ve been counting on.

“Carpe diem” may be an old chestnut. But the current diem is the only diem we have, certainly the only one we know. It pays for us to choose what we want to do in this diem. If we leave everything to a future diem, someone else—or some other circumstance—may end up making those choices for us. The music is starting now.

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Danielle Ofri, MD, PhD

Preface

Mothers in Medicine is a group blog by physician mothers, writing about the unique challenges and joys of tending to two distinct patient populations, both of whom can be quite demanding. We are on call every. single. day.

-www.mothersinmedicine.com

On a Friday night in May 2008, my husband and I were driving back home to D.C. after an event. I had recently published an essay “Paying at the Pump” that chronicled my experience as a new mother back at work [1], juggling pumping and my clinical practice. This meant developing an unhealthy relationship with my breast pump and a certain level of mania. I wrote about that time lovingly and with humor, even though it wasn’t nearly as lovely or funny *at the time*. It was often chaotic, trying, and sometimes very lonely.

After the piece was published, my inbox exploded with emails from men and women from around the country, thanking me for writing about a topic they felt was critical but underrepresented in the medical sphere. The outpouring convinced me that we needed more of these stories shared—messy, imperfect stories of women and motherhood and medicine.

I was telling my husband, also a physician, about some of those responses in the car that night when I had an idea. “What about a group blog of physician mothers telling their stories, forming an online community of support?”

We talked through what it might look like. At the time, I wrote a personal blog and contributed to several other blogs. I thought about people I knew from the blogging world who were physician moms. By the time we reached our home, I had already formed the email message in my mind to prospective writers. On Saturday, I sent emails out, some to women I had never talked to or interacted with before but who wrote blogs that I admired. By Sunday, I had already received an enthusiastic “Yes!” from everyone I reached out to. Those women signed on to be the first regular contributors of the group blog, taking a huge leap of faith along with me. That weekend, Mothers in Medicine was born.

The first post was published on May 26, 2008.

“While in high school, I heard that some store managers were suspicious of teens due to shoplifting incidents. Afterwards, I felt guilty whenever just browsing a store with managers in view. I had no reason to feel guilty. I didn’t have sticky fingers. But, somehow, I had already learned to internalize projected judgments of others onto myself.

I get the same slinking feeling whenever I’m leaving work on the early side, taking advantage of getting all of my work done early to get home to spend more time with my children while they’re still awake. Even if I plan to continue doing work after they go to bed, I feel like a shadowy criminal trying to get away with something.

I dread running into people who may look at me with all of my bags and then glance down at their watch. I dread running into a supervisor.

It doesn’t matter if I’m incredibly efficient and productive during my time at work. Or if I’ve worked through lunch scarfing down a sandwich in between keystrokes on the computer. It’s what the hands on the clock read when I’m leaving the building that determine my innocence.”

—KC, “Criminal,” May 26, 2008

From the beginning, my goal of Mothers in Medicine (or MiM affectionately in short) has been to support women navigating motherhood and a career in medicine through the open sharing of our stories. We have had dozens of women who have contributed to the blog as regular contributors, and perhaps hundreds have written guest posts or sent in “MiM Mail” for advice. Regular contributors have spanned an array of specialties and now also include medical students and residents. Writers have shared their vulnerabilities, triumphs, observations, joys, and tragedies over the years to a growing community of readers throughout the world. I have often referred to MiM as a labor of love; we all write and support the site on a voluntary basis. When a reader writes in to say that she only survived medical school or residency by reading our blog or that another reader decided to pursue a career in medicine because of it, it reminds us all of the power of a freely accessible forum of support, that our stories are important.

This book is a natural extension of MiM and aligned with our mission of supporting all mothers in medicine, current and future. In the chapters ahead, our authors, some longtime MiM writers, some new, share insights and wisdom gleaned from their own personal experience as well as drawn from the over 1500 posts and thousands of comments from the community posted to the blog to date on key topics that mothers in medicine face. Selected post excerpts and reader comments are sprinkled throughout the chapters. Chapter 1 starts us off with reflections on the initial considerations when choosing (or being chosen) to become a mother in medicine. The final chapter, “Question and Answer,” synthesizes the collective wisdom shared on the blog in response to the most commonly asked questions we have received over the years. And in between, our authors discuss everything from having children during medical training, to work-life balance, to navigating life challenges such as divorce, to occupational hazards for the mother in medicine. The chapters do not

have to be read in order as readers may be in different stages of their career and motherhood and mentorship; readers can pick and choose as appropriate.

A colleague once asked me, “Why do you share?” It was a general question, an innocent question, asked after he heard about Mothers in Medicine and some of the personal stories I have shared in the medical storytelling space. That question went to the heart of me: why *do* I share? Upon reflection, I believe that sharing our authentic stories, particularly of struggle, of insecurity, of vulnerability, weaves a net of hands by which to catch others who may fall. Shared joys and revelations of meaning in medicine, motherhood, and the intersection of the two can help magnify our purpose and remind us of our blessings. It fuels understanding, empathy, and community. It requires trust, and it breeds trust. I hope in the pages to follow you will find some advice, some guiding principles, and some truth-telling that can support you and lift you up during your journey as a current or future mother in medicine.

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Katherine Chretien, MD

Reference

1. Chretien KC. Paying at the pump. *Ann Intern Med.* 2008;148(8):622–3.

Acknowledgments

Were it not for the many women who have contributed to the Mothers in Medicine blog, this book would have never been. I am grateful to each one for pouring out a little of themselves onto the pages, sharing their laughter and struggles and everything in between. A special thank goes out to all of the “original cast” who embraced the idea of the blog and helped get it off to a running start including Terry, Liz, Artemis, Christie, Heather, Martina, Genevieve, Fizzy, Julia, Pathmom, Tatiana, Sarah, drwhoo, and Anesthesioboist. Terry, Heather, and Fizzy continue to be writers after 9 years earning them special MiM stripes for longevity: seeing you all blossom in your writing and careers and life over the years has been a treat. MiM stripes for prolificness go to Fizzy, Gizabeth, Monique, and Jalan. You have all contributed so importantly to the fabric of MiM with hundreds of posts combined. Gizabeth, thank you for your friendship and for being such a wonderful support to everyone.

The blog introduced me to Terry, who has become my academic collaborator, peer mentor, and friend. We now have offices close by in the Deans’ Suite, something we couldn’t have imagined during our first in-person meeting in the Children’s National courtyard. Thank you for your encouragement, wise counsel, and support in this project and in all life/career projects.

To all the readers of MiM who sent in their questions, wrote guest posts, commented on posts, or just followed along, you are why we share. Thank you for being part of our community.

I am indebted to Janet Foltin, previously of Springer, who listened to my pitch at SGIM and who believed in this book from the very beginning. Thank you for not giving up on the idea and for your guidance. Margaret Burns, developmental editor, patiently shepherded the manuscript and all of its many authors. Miranda Finch of Springer took over this unconventional project and helped see it through. Thank you all for making this book a reality.

For all the chapter authors Terry, Ashley, Hilit, Raeshell, Monique, Andrea, Jenni, Fizzy, Miriam, Gizabeth, Dawn, Kat, Jane, Audrey, and Rebecca, thank you for being part of this project and contributing your voices. I am honored to call you

my colleagues. Thank you also to Maria Latham for serving as a reader and helping as part of her medical school independent study project.

Finally, many thanks to my mother-in-law Jane, a chapter author, and my mother Jenny who are amazing examples of motherhood for me. And, always, thanks to my husband Jean-Paul and children Jolie, Jean-Luc, and Pascal who have made me the luckiest mother in medicine there is.

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The original version of this book was revised. An erratum to this book can be found at https://doi.org/10.1007/978-3-319-68028-6_12

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